MENTAL HOSPITALIZATION IN MISSISSIPPI

AS KNOWN TO A PATIENT

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*As the future advances there is always a clearer word to be written about the past. In this article about Mental Hospitalization in Mississippi I feel that I have had the unique opportunity to look across the changing years seeking a comprehensive evaluation of their meaning, however what has been written falls short of setting a true picture of the whole in clear view.*

by Fred Chaney

This manuscript was published in five issues of *The Whit* in 1953 and submitted to the Dept. of Archives and History in 1957. It is unknown when Fred Chaney wrote the document, but it can be assumed that it was written around 1952. This would also be about the time he wrote the manuscript “1945-1949” describing the history of his hospitalization.

Chaney wanted the entire document published in *The Whit,* but Dr. Jaquith would only allow him to submit it in consecutive issues. Dr. Jaquith did not censor or revise the manuscript and was taking a chance on Chaney’s description of his hospitalization, and what impact it would have on the patients. Over the years Chaney wrote numerous critical letters and manuscripts about Whitfield and many of the documents brought about the changes he proposed. He describes in this manuscript his earlier hospitalizations up until the early 1950’s.

Fred Chaney edited his original draft, and the following manuscript was the final version published in *The Whit*:

*MENTAL HOSPITALIZATION IN MISSISSIPPI AS KNOWN TO A PATIENT*

*Since returning to Whitfield more than a year ago, after an absence of four years I have written to many people that this hospital is miraculously changed from what it was as short as four, five and six years ago and while I was getting a worm’s -eye view of it then, and describing some of its detailed tragedy in smuggled out mail addressed to family members, to college friends of by-gone days, and to anyone whose solid citizenship or sense of civic decency I hoped could be challenged by this story, if only they could be made to believe.*

*How many of these letters were received or believed I do not know. I got encouraging answers from high-placed officials and from leaders in many walks of life outside. Yet until the turn of certain almost incredible events I remained where I was and the hospital showed little difference as I had come to know it through many years.*

*Mental patients are often quick to complain about conditions of life anywhere and they get the truth out of focus often too, as do some, not said to be mental.*

*The long institutional record that I had accumulated by them indicated I was a mental case and my experiences as a patient had begun back in the mid-twenties following a nervous collapse while attending the law school at the University of Mississippi.*

*Afterward I had stayed home a full year and my behavior was a grief to my family since the time I did not spend hiding from people, and refusing to go to work or trying to interest myself in something constructive I spent drinking or seeking any sort of escape from reality that tormented thinking might devise.*

*Not much was known about nervous break-downs or mind sickness in those days and the institutions for its treatment in Mississippi (as elsewhere in the nation) were anything but effective in their handling of this most frequent of all human illnesses. Indeed the circumstances found in places of public service did more to contribute to the gravity of the problem than to lessen it. So there was an impasse; a dead-end-street and created by both the inability of loved ones to cope with the proposition of a mentally sick family member or little to be hoped for by seeking hospitalization. Long delay in doing so was the usual thing.*

*After that year at home, I enlisted in the Marine Corps, going through the recruit’s training at Parris Island and the sea-school at Norfolk, VA. With this steady service life I improved. Yet before my first year had been completed I was sent as a patient into Saint Elizabeth’s Hospital located on the outskirts of Washington, D.C.*

*I spent eight months there undergoing five days a week, four hour “loose-pack” treatments and hydro-tub therapy (about all there was known to do for mental disorder at even the best centers in those times since insulin, mentrazol or shock methods were unheard of then.) Some of the time was spent weaving baskets and binding books, the only occupations open to patients. I remember that the food was of medium quality, there was plenty of it and I never witnessed any abuse or mishandling of patients while at Saint Elizabeth’s.*

*During the Henry L. Whitfield administration in Mississippi, (’24-’28), millions in money, (I do not know the exact figures--but it was close to $10,000,000 a staggering sum, for the times) were appropriated for the construction of the present institution named in the Governor’s honor.*

*The site of the abandoned Rankin County State Farm, 10 miles South of Jackson was chosen for it’s location.*

*Then followed the laying out of the beautiful grounds and the erection of the seventy-two well ventilated spacious building that still comprise the splendid physical features of this place. Mr. N.W. Overstreet, it’s chief architect, told me during a tour of inspection once, that he and Dr. C.D. Mitchell, (long the superintendent of the Jackson asylum, and the new one too) had visited nearly every state institution in the United States and ten in Canada before the blueprints were drawn for Whitfield.*

*However, seven years were to elapse (1928-35) between the beginning of the new plant and the removal of patients there.*

*When that time came I remember that Collier’s magazine published an article telling of the advantages of the new “cottage type” institution over the old ones and stating that Mississippi (still accounted one of the poorer states) now had accommodations for comfortably caring for 3,800 patients in Whitfield’s separately maintained male and female areas and its equal divisions made for white and negro.*

*Living conditions were from the start, vastly different. Patients in the chronic divisions lived in more ease in the atmosphere of much less desperation. The majority left their quarters three times a day in walks to the main dining hall building and they lived in a two storied “Cottages” housing 150 more or less each, and which were well heated in winter and sunny and lighted always.*

*There were wards for special classifications of patients of different divisions within some of the “Cottages” themselves enabling the less seriously sick to be segregated from those more so.*

*So that the CHANGE from the ancient Jackson hole of horror to out HERE must ever stand as a miracle of achievement and greatness to the name of Dr. C.D. Mitchell who more than any Mississippian--more than all the others put together--GOT IT DONE.*

*Whitfield’s creation and actuality alone was enough the establish Mississippi as an American leader in the proper “housing” of its mentally ill.*

*Yet the same ideas of “detention” and rejection from the sight and thought of society, the “lock and key”, the “jail the creatures and forget them” --this continued as the unvoiced but REAL METHOD of regarding the new institution’s population as had been true through the years of their past.*

*It is further tribute to Dr. Mitchell, “THE FATHER OF WHITFIELD” that with little more than $2,000,000 for each biennium appropriation (sometimes less) to take care of the multiple needs of thousands, often sick physically as well as mentally, there was, so long as he had been leader a minimum of exploitation by crooked and self-serving politicians.*

*Since the presence of thousands of patients prohibits more than superficial psychiatric treatment in most state operated hospitals, the hospital facilities aimed at helping patients to help themselves, becomes the most important factor in the chances for recovery of those sent to public institutions. Facilities such as occupational pursuits and the recreational features brought improvement in their individual problems in mental health.*

*Yet how can much be done in these directions when there is not enough money provided to furnish a sufficient diet, not enough proper clothing for bedding. And with the demands for these basic necessities increasing steadily with an ever increasing population.*

*To briefly follow the personal record. Not long after my discharge and upon reaching Mississippi again the historic flood disaster of 1927 fell upon the Delta country and the members of my family became refugees in railway box cars in front of our flooded property near Greenville. It was a Delta catastrophe that drowned some, left thousands destitute and obliterated a full crop year for those it not kill or ruin.*

*During the flood’s early stages, my mother ran a Red Cross kitchen for rescue workers in the chain of box-cars. The reason I mention this is seen in the fact that one woman brought there had been shocked into imbalance by the loss of her baby born of the roof of her home before rescue boats reached them. The new born “flood child’ died of shock and exposure. Later it’s mother was sent to the “old asylum” in Jackson where in 1929, I was to come also, following a brief period of law practice.*

*Both the mother and I would have been luckier to have drowned than to be sent to such a place.*

*The story of it’s lack of everything except rats, vermin and wretched people defies any attempt to get the true picture before your eyes. But one hint as to its life in general you should have from the fact that it’s one huge wooden-floored brick building, whose center-situated administrative offices separated the three-storied wing of women’s wards from it’s corresponding wards for men. This construction was so old that a cannonball fired in a battle fought during the Civil War lay embedded in the masonry of it’s walls.*

*Not many families sent even their most seriously affected members into it and this held the herded tragedy, the crowded wretchedness, down from WHAT IT MIGHT HAVE BEEN. Thousands suffered and pined away, death-in-life existences across the spans of their confinement there. This huge relic for whites and a smaller brick one, close by, back of it, for the negro insane were Mississippi’s only provision for housing it’s mentally stricken from antebellum times up through the late nineteen twenties and that found me a patient there. I used to pace the darkened wards of it’s corners of misery thinking of my mother’s Grandfather who, a Confederate General and Civil War Governor of Mississippi, after battle wounds ended his military service, and a leader too, throughout the Reconstruction had (with so many other leaders, since) NOT HAD TIME TO HELP MORE HERE.*

*It is true to say, I know, that Mississippians, small or great, never gave much thought to that place or it’s pitiful people as the decades came and went. As who in fairness can blame them for NOT DOING, seeing that there was hopelessly little KNOWN TO DO ANYWHERE to help the mentally deranged--seeing that even the shameful “housing” places in our state were no worse, no more negligent than was common everywhere over the United States--ever the civilized world.*

*In 1930 in desperate rebellion I broke out of a third story ward of the Big Building, badly smashing my feet when the ‘escape sheets’ tore, plunging me onto the concrete walk below. An invalid for months, afterward, unable to walk, I wrote from the hospital unit for the physically disabled (the only unbarbaric) part of the “old place”) about the three-storied Bedlam near-by. Telling how at any time a patient might start a dead-run or a zig-zag run down the corridor to try to smash his head against the bars of the windows at the far end. At the same time, several fights might break out among the other patients. Even during It’s quietest moments the wards presented sights terrible to see. All this I did escape from when some months later I came home once more--and with one makeshift or another remained until 1939 when I entered the new hospital out here.*

*By this time shock treatments and the general advance of therapeutic knowledge about mental suffering had removed forever such scenes as “OLD BEDLUM” knew. But many aspects of mental hospital life in Mississippi were to remain just as terrible for years to come as the chaos, the helplessness of the tragedy of the old wards.*

*Thus, throughout the thirties and into the last of the forties, at the new place, occupational therapy programs and recreational advantages stayed upon a LOW LEVEL and though most of the available money went into the purchase of food, clothing and medical supplies, these things, too, stayed far below actual requirements, sink now and again to the depths of dark DEPRIVATION AND WANT.*

*After the death of Dr. Mitchell in 1943 came the custom in exploitation of easy opportunity in “steal and grab” from the already scanty funds set aside for “those poor people” by leaders more concerned with qualified voting segments of the public than with placing the right people in charge here with the kind of money to guarantee a real change in rehabilitation and recovery.*

*Yet as the total picture darkened toward despair even here at Whitfield and with general neglect, unsatisfied fundamental requisites and ever crowding again beginning to make mockery of the truth that Mississippi had once invested many millions in the making of one of the nations great hospital communities certain forces had been brought to bear to make the state’s citizenship aware that this was not as it COULD OR SHOULD BE.*

*A century of medical science had now all but conquered the scourge of tuberculosis, had made pneumonia a passing illness, more often than a fatality, had brought likewise the startling success sometimes seen in the use of brain surgery and shock treatment even among mental cases of long standing. It had brought the general advance of psychiatric techniques based upon the mind and personality theories of Sigmund Freud, Adler, Jung and other pioneer explores of the sub-conscious. It had seen, benefitted and learned from the results demonstrated at the Menninger Clinic of Mental Hygiene and practice at Topeka, Kansas and from other creative energizing centers. So that the impact of a century of scientific “know how” undreamed of an incredible was being felt surely, too in Mississippi in the lifted attitude of hopelessness changed to hope concerning its mentally ill and its mentally hospitalized.*

*Thus, the public was being readied for leaving off forgetfulness and for remembering the forgotten--AND TIME TOO--as it had been TOO LATE for many hundreds.*

*In this connection my thinking goes back to a scene in which Whitfield’s grand old man “Dr. B. J. Marshall ignoring the fact that his staff position was at stake made the change, “that as things were being conducted there was no use in having more than one doctor out here and that one only for the purpose of quality to sign death certificates as the PATIENTS STARVE”. That devastating testimony was backed with as equally vigorous and courageous statement by Flaherty, the dietician (then and now) that “but for food donations from the Federal Government, in it’s disbandment of hospitals and their supplies, some of which we receive I believe the patients would ALL STARVE.”*

*Both statements were widely reported in the newspapers. The manager responsible for food purchases was asked to resign.*

*At the time the menu consisted of yellow-mush and wheat shorts (an animal stock food.)*

*Some failed to survive the “tight-packing” and “tight-room”, and punishment stretches. Two favorite forms of “treatment” used frequently then and through the years until 1949.*

*Back in Saint Elizabeth’s “loosepacks” were prescribed for the treatment of strain and tension and they were often effective as such. But the sheets of a “loose pack” are never wrapped painfully tight around the patient lying naked upon a hard, narrow “pack table”, and they never last more than four hours.*

*“Tight packs” as practiced in Whitfield (during my stay at the disturbed building) were strictly something else. Nine sheets were ship sawed as tightly as possible about the body with “packers” on either side of the table then twisting ropes to encircle the chest, lower stomach and legs and to twist down under the table with sticks until breathing and circulation were nearly cut off. The victim to be left thus lying like an Egyptian mummy, triple trussed, through nine hours.*

*“Tight packs” came in series of nine, one day after another. Each “pack day” the patient being “punished” went into the pack early in the morning before breakfast and as it lasted through dinner no mid-day meal was eaten either.*

*Immediately after being taken out of a pack the patient was thrust still naked into a small window-boarded across, door sealed, “tight-room” and although fed whatever supper there was to be had, slept on filthy tick or on the concrete floor while awaiting the next morning’s “pack-time”. After the nine “pack-days” had been lived through (if they were) the punishment was completed by continuous further “tight-room” confinement for a total of thirty or sixty days.*

*While there I drew 81 “tight-packs” in all, with a total of 270 days and nights spent in the “tight-rooms” because of an ‘un-cooperative attitude”, and for “mail smuggling” in violation of the censorship maintained during those years. The orders were that I could have no writing materials, but the other patients and sometimes workers slipped them in the ‘tight-rooms”, and I certainly had ample time to try to think of something to say.*

*False menu records, the practices of “punishment packs” and “tight-room” sentences--these were some of the BIG WRONGS uncovered in the 1948 investigation conducted by Hayden Campbell, Chairman of the state legislative hospital committee.*

*An investigation found among it’s details, that there was uncertain and inadequate laundry services, an over-worked barbershop, and beauty shop personnel (only four such shops for men and women exited to take care of the needs of the 2,500 or more white patients) that one dentist, Dr. R.W. McDonald (as he has often had to do during his seventeen years of service) bore the dental work of both white and negro divisions.*

*By 1948, too, the Mississippi Medical Association inspired by faith in the Campbell reports (despite high-placed official denials) went on record as “deploring in the name of hospitalization conditions allowed to exist at Whitfield.*

*Therefore most knew by this time that something more MUST be done than simply changing of personnel whether from top to bottom.*

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*In the late Autumn of 1948 in response to a letter, Hodding Carter (Pulitzer Prize Winner for editorial written in his Delta Democrat Times) visited me and before leaving promised a publicity campaign seeking to enlist support for a greatly increased appropriation and other changes for patients.*

*I don’t know how many editorials he wrote through the rest of ’48 and in ’49 about this, but they could be numbered by the score.*

*In addition in February of 1949 his paper sponsored a “patients” Reorganizational Plan with eight recommendations, that he had received.*

*The reason for some of it’s proposals were self-evident, the others had been formulated through discussions I held with other patients and were more the result of their serious thinking than my own as to how things could be made different, for those sent here in the future.*

*The patient’s plan sought to:*

*1st. IMPROVE THE DIET. Explanation: The food is not only scarce but such food as there is, is so monotonous, coarse and improperly cooked as to be indigestible. Because of such sub-human standards of feeing many weaken and die of starvation, there is nothing else to call it.*

*2nd.* *CHANGE THE PRESENT ADMISSION LAWS: Explanation: This should be done to prevent the easy “rail-roading” of people into the hospital who though unwanted in their own families ARE NOT MENTALLY ILL. The present admission laws work injustices especially in many cases of the infirm and old and are responsible for much of the overcrowding here.*

*3rd. GUARANTEE MEDICAL INSPECTION OF THE WARDS AT LEAST FOUR TIMES A WEEK*

*4th. GUARANTEE EACH PATIENT IN THE CHRONIC AREAS A GENERAL STAFF EXAMINATION AT LEAST TWICE A YEAR. CHECKING BY THIS “WHOLE STAFF” METHOD EACH PATIENT’S PROGRESS TOWARD POSSIBLE DISMISSAL OR PAROLE: Explanation: Ward doctors, who seldom have time during the scant inspections now made to observe patient would be more careful to do this if they knew that every patient could be called up for general staff examinations once every six months.*

*5th. CHANGE THE PLAN OF PAY FOR ATTENDANTS: Explanation: Many patients who live through the daily neglect of their needs think that a pay system that carries out the idea of some “bonus” award in addition to the straight salary received would prove itself more effective in getting help for themselves. It is elemental truth that no mental hospital can become any better than the services rendered by it’s attendants. Therefore, it is the conviction of many experienced in neglect, that some method of pay offering a small extra award for every patient who improved enough to leave the institution would be more realistically patterned to meet ward requirements--such bonuses to fall due after the dismissed patient’s absence for a year without return. Let some pay scheme to TRIED other than the straight salary method under which no increase of interest in the welfare of any patient can be expected. The bonus suggestion made here would, it is thought, prove better than the so-called “merit” system used in many FEDERAL operated places whereby attendants’ eligibility for promotion or extra awards depends not upon actual improvement of individual patients but upon the opinion of doctors, nurses or supervisors who can be considered “visitors” upon the wards moving through a “rigged” atmosphere of “good-fronting” and “best-footing” during their inspections. Try something besides the pay ideas used up to now-try a plan directly connecting the protection and help of the patient with the advantage or gain of the ward worker. If this does not work BETTER, go back to the old system UNDER WHICH WE LIVE AS WE DO.*

*6th. EXPAND THE OCCUPATIONAL THERAPY DEPARTMENT: Explanation: Mental patients have a wide variety of aptitudes and natural gifts both manually and artistically. And even for those who cannot become permanently rehabilitated an occupational program that provided for the use and improvement of their skills would make their lives more satisfactory and self-respecting while staying here. The present O.T. efforts have not even scratched the potential of this field for a more humane hospital organization.*

*7th. EXPAND THE RECREATIONAL DEPARTMENT: Explanation: So that daily exercise provisions are made for as many as possible to be taken from the wards for at least three hours out-of-doors each day that weather conditions permit. Beyond the single weekly picture show and two brief dances a week, which few are encouraged or allowed to attend, there is no recreational program.*

*8th. BUILD MORE BUILDING IN THE CHRONIC POPULATION AREAS: Explanation: To help relieve the desperately congested conditions of living in the back section of Whitfield.*

*The response to these patient’s proposals became more immediate and widespread said the Delta Democrat Times in a subsequent editorial than its editor had hoped. That was because the public already fired into a mood of shame and indignation by the disclosures of the Campbell investigation and the condemnation made by the Medial Association saw this program some concrete answers TO WHAT MIGHT BE DONE.*

*The then superintendent sent me an agreement to sign that long as I remained a patient I would send nothing more to “outsiders” about my ideas (or any patient’s idea) as to how “our hospital” should function.*

*A few weeks later the superintendent was asked to resign and Dr. W.L. Jaquith was asked to take charge. It was not long before I was given my chance once more “outside”.*

*I had deep faith in the personal qualities of Whitfield’s new leader--I knew that the informed public condemned the more recent history of the place that he inherited and wanted a different hospital for Mississippi.*

*Yet in spite of all that has been written by insiders or outsiders--or whatever had been said at any time by anyone about it all I did not see how it COULD BE DONE. It is comparatively easy even in the middle of HELL to dream or write about HEAVEN. Getting from one to the other calls for a MIRACLE OF ACTION ANDS TO MAKE HELL OVER INTO HEAVEN’S IMAGE DEMANDS EVEN MORE.*

*Now that due to chronic “phlebitis” and a glandular and nervous condition (which life at the disturbed building did not help to improve) and at my own request I have been allowed to return, I marvel anew each day at the changes I witness, the greatest of all being how Dr. Jaquith has won unlimited support of the legislature and the Board of Control in getting SO MUCH DONE IN SO SHORT A WHILE.*

*Who else could have done that job, I wonder, remembering back to some of the details of that not so far distant day when there was no ambulance to transport the sick, when they were carried by jostling stretcher crews recruited from the patient population anytime day or night that the frequent necessity arose. Seeing today that there are three dentist serving the 4,500 patients community (not just one), seeing today that where poor and irregular barbershop and beauty-shop facilities were always part of the old legend; this is no longer the story since each building has provisions seeking to take care of much major needs as to its patient’s appearance and cleanliness; seeing that there is regular daily mail service to keep the morale high, replacing hit or skip methods and that the mail truck comes to every ward twice daily during the Xmas. Season; seeing that the laundry washes clothes clean and returns them pressed instead of torn and riddled in the worn out machinery of yesteryear; seeing change now in myriad ways as to DETAIL ALONE in the requisites of hospitalization involving thousand I can only guess at the sustained effort that it took to get ALL OF IT DONE.*

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*BEHIND THIS MIRACLE OF CHANGE, thinking too, of the proven friends of Whitfield who contributed much indeed to this new order of things, friends such as Fielding Wright, (the Governor of the State) of Sam Lumpkin, Lt. Gov., and of legislative leaders like Walter Sillers, Joe Hopkins, Mrs. Price, John Junkin, Stanton Hall and others, who although Whitfield represented so little in any political sense, led in the action for a much greater appropriation ($4,371,000) for 1950-52 as compared with the 1948-50 hospital funds of ($2,9000,000) because of humanitarian reasons, because they had faith in our new leader and because they had become convinced that a larger investment of money in the long run would mean economy in the restoration of lives, able in many instances to reshoulder their own part of the tax burden.*

*IT HAS CERTAINLY PROVED OUT THAT WAY so that I note the following BIG CHANGES in the lives of us all as patients.*

*1st. A 100% IMPROVED DIET: Meaning better prepared food, a greater variety AND MUCH MORE OF IT. The most important difference of all since it has not only ended food shortage but gives everyone the chance to become stronger physically.*

*2nd. BETTER MEDICAL ANDS PSYCHIATRIC AIDS: Available because of the presence of more doctors and nurses because of the establishment of an outside service that places the skill of some of the city of Jackson’s best medical men in reach of those who need them here. A method of rotation of doctors on the various wards is in practice, too, now so that Nos. 3 and 4 in the 1949 patient’s program has been taken care of in these ways.*

*3rd. FAIRER ADMISSION LAWS: We now have them by action of the 1950 legislature. Laws that supercede the old “trap-closing” kind that left the staff or paid experts powerless to act in the cases of many who never should have been put here to begin with and which reduced the room and expenditures for those who needed to be.*

*It had been a patient friend, ...Robert Lee ..., who while confined with me for some time in 1947 had pointed out how unfair it was that under existing laws no patient could hope for dismissal no matter how improved, until the same people who had secured the commitment returned to “sign” the patient out. A friend had smuggled in several hack-saw blades to Dr. D., and I had helped him saw to freedom from the ward. He had carried out forty-two letters and after his escape he visited many of the leaders to who these communications were addressed to verify their accounts from an eye-witness standpoint. I wish he had lived to see what the aroused moral sense of Mississippians and their best leaders HAVE DONE. Many patients and workers alike who aided in every possible way the lone investigative efforts of Hayden Campbell know now that whatever the cost was, their efforts were not in vain.*

*So, in letters written now I point to those THREE BIG CHANGES mentioned as partially showing how drastically altered the place has become, and BECAUSE OF 4Th --OUR HOSPITALS BETTER OCCUPATIONAL THERAPY DEPARTMENT: With a wide variety of manual and artistic skills taught and practiced at the new crowded male and female O.T. workshops. It is this improved facility, too, under the supervision of Mrs. Louella Sanders that newdays is often host to women’s clubs from other localities who are interested in art, flowers, etc., visiting similar groups at Whitfield. The O.T. has become a medium that has found the approach to aid not a chosen few but hundreds, rekindling their creative energies, prompting self-confidence and even effecting permanent restoration.*

*5th. BECAUSE OF INCREASED AND ACCELARATED RECREATION FACILITIES: Under the college trained directorship of Charles Cottle there is a regimen of daily exercises, embracing walks from the cottages and about the grounds each morning for patients not attending O.T. classes.*

*There are dances at the auditorium nearly every morning for all who wish to go there. There is a well-equipped pool hall, a remodeled library with connections established that keep books and magazines streaming in. There is a song group or “glee club” that holds daily and sometimes nightly gatherings throughout most of the year giving monthly concerts frequently with the accompaniment of visiting groups from outside. Hundreds, too, are now interested in their community’s soft-ball team. In season it plays the leading ball clubs from Jackson--a team that plays on it’s own well-equipped field, wearing its regular athletic suits.*

*The drawing of so many into the expanding benefits of Occupational and Recreational Therapy removes Nos. 6 and 7 from the patient’s 1940 program, because the needs they explained NO LONGER EXIST.*

*8th--NEW CONSTRUCTION HAS BEEN COMPLETED: Patients no longer sleep on the floors of any cottages, just as they no longer are punished with nine hour “tight-packs”, or by 30 or 60 day stretches of smothering confinement in the “tight-rooms”. FOR “PACKS” ANDS “TIGHT ROOMS” ARE NO LONGER IN USE AT WHITFIELD. NONE IS NOW PUNISHED BY THE INFLICTION OF PHYSICAL SUFFERING.*

*Concerning new construction more of it is going on and more will be needed. But over-crowding has been relieved, too, by a system of classification and transfer to other Mississippi institutions whose standards are assured because of what has happened here.*

*The pay idea advanced in 1949 (my only contribution to the newspaper sponsored ’49 PATIENTS’S REORGANIZATION RECOMMENDATIONS) has not been tried. With patients no longer leading round-the-clock lives confined (most of them) twenty-four hours, out of twenty-four on the wards, and with daily medical ‘check-up” going on in back area cottages today as well as at the “front” such a different plan does not seem so important as it once did.*

*Although it was not listed among the Big objectives hoped for in 1949 let it be noted here as among the BIG ACHIEVEMENTS IN DIFFERENCE PLAIN NOW.--7th. BETTER BEDDING AND CLOTHING--AND MORE OF IT: And better furniture and furnishing about the wards, which means that although only a fraction of the patients total time is spent each week day at the cottages, more rest and comfort is available there during relaxation periods and throughout each night.*

*8th--Finally THE MOST FAR REACHING CHANGE OF ALL: I am conscious of the freedom from tension and fear, and of the spirit of easy comradeship that frequently lies between workers and the patients. This is to say then--THE ABSOLUTELY DIFFERENT ATMOSPHERE OF THE PLACE. And to think of this lies close to tears for it means the full recognition that patients have here now at Whitfield, AS PEOPLE------people no less worthy, whatever their troubles may be, than anyone else.*

*As hard as it is for a returned patient to visualize THIS PLACE as the PLACE HE ONCE KNEW, when a friend, Charlie H. declared (after surviving nine days of ‘tight-packs” treatment) “If I owned both Whitfield and Hell I’d rent out this hole and MOVE INTO HELL.” THESE EIGHT CHANGES MAKE IT UNDENIABLY TRUE and so does an indefinite amount of continuing DIFFERENCE AS TO DETAIL: SUCH AS--to see the ambulance bearing a nurse through each night for rounds of inspection at every cottage. To see that the hours of ward-worker duty has been changed to eight instead of twelve hours at many busy places (at the hospital units, the receiving wards, the infirmaries, the disturbed buildings) making three fresh shifts in aid at those places. To see that at the building for the sick “special diet trays” are prepared for patients today, (to my mind a miracle in itself as it must appear to others who know the history of this hospital building where so many deaths in the past have been written off as due to “natural causes” when the truth would have shown how it had because of too little to eat). To see, at the hospital, too the installation of regular hospital beds with elevation gadgets for head and foot, easing the strain of bed-ridden sufferers. To see the electrically-cooled drinking fountains placed in all cottages, in some up-stairs as well as down-stairs. To see that there is no more processed milk but ice-cold homogenized fresh milk from the dairy so that everyone gets a proper share of cream. To see that bathing facilities are available at all times to patient when before bath rooms stayed locked except once a week, (even in summer) as patients were herded quickly through a few seconds of water falling across their skin-tight or hunger-swollen bodies. To see that not only have all professional offices been equipped with fluorescent lighting but that some of the wards have them, too. To see that good coffee is served at the fan-cooled stores these days for a nickel a cup, and that if you get as much as a dollar ahead on spending money you get that much in goods there instead of being robbed of your pittance as you would before.*

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*To see that money received by the store is returned to the recreational fund that furnished picture shows through the week, as the regular auditorium “big show”--To see that all these changes apply to the NEGRO DIVISION JUST AS THEY DO TO THE WHITE ONE. To see provisions made for holding both Catholic and Protestant Sunday Services with a chaplain in residence out here. To see an ALCOHOLIC ANDS NARCOTIC UNIT become part of the program of hospitalization at Whitfield. To see the erection here of a nurse’s home and school for training Mississippi’s young women who wish to become psychiatric nurse aids.*

*Patients used to have a saying, “two things you will never hear at this place--meat a frying or a kind word”. They ought to see it now--remembering as I remember they would agree that the MIRACLE OF what has come under the present leadership equals or surpasses the ASYLUM!*

*Now because I have the privilege of speaking my entire piece of thinking through the columns of our patient’s hospital paper, “THE WHIT”, I wish to point to some details in a critical sense. While conscious of the fact that in my doing so lies clinching proof as to how tremendously altered a patient’s status has become, since before it would have been dangerous or perhaps disaster-inviting to write adverse comment even in a private letter.*

*I wish to write in criticism that IT IS STILL TRUE that although Whitfield is located in a climate whose summer months scorch and burn into each brick and cement ward--(each containing over 100 men or women) there has been, with few exceptions, NO AIR COOLING SYSTEMS PUT INTO OPERATION.*

*This causes particular hardship and sometimes DEATH at the FOUR INFIRMARY BUILDINGS. Many of the old in those sun-baked INFIRMARIES twist in pain and the rigors of their afflictions made the more UNBEARABLE BECAUSE OF EXCESSIVE HEAT.*

*The necessity of the expenditure of a few thousand dollars in behalf of these older men and women goes beyond DETAIL on any scale of humanitarian measurement that I know. Cooling systems should be installed at ALL INFIRMARIES IF NOWHERE ELSE although there continues to be weeks of discomfort due to heat conditions every summer for the great majority of our hospital population.*

*Then as to things that are detail--in my discussions with patients they often bring up the subject of smoking allowances wishing that it could be increased unless, of course it had to be at the sacrifice of more essential things such as food, clothing or medical supplies. No one believes that it would have TO COME THAT WAY. But with instances here of a full cottage of men--some of them workers with the lawn crew or at the farms as well as O.T. workmen being allotted a total of 150 sacks of cheap tobacco A MONTH. In the opinion of most patients no tobacco ration at all would be better than this “teasing” of smoking desires.*

*There still exists today in such places as the White Hospital the emergency need for more rest room fixtures.*

*Some think that the acquisition of paper towel racks like those in use at bus stations or hotels would be a convenient change from the always dirty towel, or no towel at all still true of all the lavatories and wash-rooms here.*

*As to small matters, I might critically write , too, that there must not be enough money left out of the present $5.016.850 appropriation to take care of the need of dining room pitchers for milk, coffee, or juices since there is a shortage of pitchers there.*

*I have no recollection that flies have been scarce here and they are not scarce now--especially at the place where food is served. The spray machine that rolls around the grounds helping remove the mosquito nuisance does little to help reduce the swarms of flies.*

*My name is Fred Chaney and that is the way I would wish to sign anything written for the hospital paper. Although if it were optional some patients might prefer having their identities half revealed or conjecturally revealed by the initialing practice for every written contribution. I don’t believe many would. For public understanding has grown rapidly about the necessity for mental hospitalization not too surprising in view of the truth that 7 out of 10 hospital beds in the land are occupied by this type of patient. While most of us are not proud to be among that number ourselves why should we feel ashamed or feel the need for secrecy of the fact that we are in Whitfield. Personally I never get any sense of humiliation because of it at present unless it is over some ghost arising out of the past like a no-name rule for published statements. Yet, with the exception of MORE COMFORT AND AID TO OUR AGED Such criticisms are details--minutia ALL OF THEM and no amount of critical fact as to detail distorts or twists the truth of great change so plain today.*

*However, I find myself approached by a few who may, “You ought to write out again to the newspapers”, because of some minor want or lack like the ones now cited and who disregarding the BIG THINGS THAT EVERYBODY has and that for long NO ONE HAD, say, “It’s getting back LIKE IT USED TO BE.”*

*Too many fundamental changes have come that have helped too many hundreds to become well or satisfactorily readjusted. Too many effective mental health agencies have been set in motion not to go on receiving the legislative and administrative support necessary to keep them both going and expanding. TOO MUCH IS KNOWN OF THE WHOLE STORY TO FEAR REPETITION OF THE EVIL TERRIBLE PART IN OUR LIVES OR IN THE LIVES OF OTHERS WHO WILL COME.*

*No one, of course wants to stay in any hospital longer than absolutely necessary. Most rebel at being here. But how much more fortunate are we that we have the kind of hospital we do instead of what it still might be.*

*As the future advances there is always a clearer word to be written about the past. In this article about Mental Hospitalization in Mississippi I feel that I have had the unique opportunity to look across the changing years seeking a comprehensive evaluation of their meaning, however what has been written falls short of setting a true picture of the whole in clear view.*

*In closing I wish to say that I have known many wonderful people to be numbered among the mentally ill, from first to last, throughout the reach of experience with them that has been mine. And that today I know you here at Whitfield to be among the finest and best.*

*If there is any advice that you might accept from me then I would urge you to take advantage of the chances afforded you by your occupational therapy aids to learn some useful handicraft or trade, and to take advantage of the opportunity offered by your recreational department to learn to dance and to play games--how to participate in group efforts. For much of this can become a continuing source of profit or pleasure to you after you leave, and because of such opportunities new channels of self-development and increased living are before you now.*

*In time the majority of you will leave to go “outside”. If you have to return for any reason (as I have had to do) I thank God for the friendliness and understanding that I know will be waiting for you, as they have shown themselves to me throughout this past full year.*

*In behalf of many of you--if I may--and of myself, I should like to say that we believe much of the final credit for one of the greatest hospitals of its kind to be found throughout the world--our own Whitfield institution--properly belongs to the Mississippi leaders already noted herein and to such effective influential friends as Fred Sullens, George McClain of the Tupelo Journal and Oliver Emmerich of the McComb Enterprise just as credit for its continuing high course in bringing good care and aid in restoration to its nearly 5,000 patients should be placed to the credit of the members of its present Board of Control, to the Legislature, to the humane efforts of the gentlemen now Governor, Hugh White, and to Dr. W.L. Jaquith, Director of Mississippi State Hospital and to Dr. J. J. Head, Clinical Director.*

*However to a patient writing out of the perspective seen through these pages it must ever remain true that the MOST DESERVING of ALL ARE THOSE to when it is forever impossible to assess credit, to make acknowledgment or to give anything. Since they have been those who were sacrificed along the route of evolution in our state’s past history of mental hospitalization but whose FATE WAS THE SURE CERTAIN GUARANTEE AT LAST THAT CHANGES MUST AND WOULD COME.*

*by Fred Chaney*

*Written for “The Whit” – hospital monthly paper and appearing in the six issues running from July – through November 1953[[1]](#endnote-1)*

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Below is the first page of Chaney’s draft document. Both the draft and a final version without type overs is included in the Fred Chaney Papers at MDAH. There were only minor revisions in the final version. It is unknown if he typed the final version, if *The Whit* staff re-typed it for publication or if he sent it to his mother to re-type for archives.

Text, letter

Description automatically generated

1. Fred Chaney, “Mental Hospitalization in Mississippi as Known to a Patient,” The Whit, Vol. 3, No. 10, July 1953, pgs. 12-13; Vol. 4, No. 11, August 1953, pgs. 10-11; Vol. 3, No. 12, September 1953, pgs. 18-19; Vol. 4, No. 1, October 1953, pgs. 17-18; Vol. 4, No. 2, November 1953, pgs. 19-20, MDAH. Fred Chaney Papers (original document) submitted in 1957 to MDAH. Draft manuscript includes statement that it was written for “The Whit,” while final document excluded it. Note the manuscript was in 5 issues not 6. [↑](#endnote-ref-1)