Dynamic Chiropractic

PHILOSOPHY

Clear View Sanitarium, Part 5

THE EARLY OPERATION

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The beginnings of Clear View Sanitarium sprung from the motivations of two men, men whose interests were vastly different and whose personalities shared little in common.

Harvey Fennern was a traveling salesman whose items for sale changed frequently. He was more than average height and as time passed, of above average weight. He walked with a decided limp attributable to poliomyelitis which he contracted at a very early age. Harvey's manner and speech were extroverted, probably a mandatory trait for traveling salesmen. His complexion was florid, suggesting a possible overreliance on alcohol. My impression was that during the days of prohibition he carried a flask in his hip pocket -- a tool of his trade. At the same time he dressed well, could be charming and persuasive, and possessed the skill of a practiced raconteur.

Dr. John Baker was a local man who was raised on a farm just north of Kimberly Road, a two-way highway arching around the north edge of Davenport, Iowa. John was a warm, friendly person who seemed to congenitally lack unhealthy envy, offered friendship without obligations, and was profoundly sincere in his concern for patients. He practiced in Davenport for some years and was 40 when he met Harvey.

My best recollection was that Harvey had become John's patient and during that relationship learned that Forest Park Sanitarium located in West Davenport was flourishing as a chiropractic mental institution. Looking for greater security in his life as a salesman, Harvey proposed to John that they form a company to build and operate a chiropractic sanitarium for mental patients. John was interested and agreed to provide the money to Harvey, who would supervise the building and eventual operation of the proposed sanitarium, which included the finances and public relations. Within a year, Clear View Sanitarium was built and opened its doors to patients in 1926. Soon after, Harvey moved his wife, Marie, into the position of matron. Mrs. Fennern had an eye for detail and the mind of a drill sergeant. She was tough, insisting on immaculate wards and clean patients at all times. Fortunately, she had a good mind for money, quickly superseding her husband as comptroller.

Compared to the state institutions of that time, Clear View was a clean, abuse-free and modern mental hospital. The fact that Clear View offered chiropractic care to the mentally ill brought the bulk of referrals from chiropractors throughout the United States. There were, in addition, a significant number of patients who were admitted because of neglect, cruelty and absence of any effective treatment in the state asylums.

The appointment of A. B. Hender, M.D., as medical director of Clear View, brought approval from B. J. Palmer and his chiropractic empire. That sponsorship assured the survival of the sanitarium until its ultimate closing. A few years later, Dr. Hender's son, Herbert, a Palmer faculty member was appointed to the staff as a consultant. His appointment was a fortunate one because of his growing popularity as a chiropractic lecturer in the field of mental health. His post at the sanitarium provided the chiropractic profession with a man they could trust and consult regarding their patients. This source of referrals became of critical importance during the long depression

years in the field of mental health. Herb's identification with the sanitarium brought further referrals from the chiropractic profession, which became a critical issue during the depression years.

The treatment program was simple. Every newly arriving patient was examined by the medical doctor on the staff. The patient was bathed, put in fresh clothes and assigned to one of four wards. There was a men's and a women's ward on the first floor and a men's and women's ward on the second floor. The more disturbed patients were kept on the first floor, and the quiet and improved patients were assigned to the second floor. Each day, each patient was examined with the neurocalometer (NCM). If the clinician interpreted the NCM to indicate a nerve impingement, the patient was adjusted. In the beginning of the sanitarium's operation, treatment included full spine adjustments. Later, in 1933, Clear View followed B. J.'s lead when he introduced the upper cervical specific or HIO technique.

An x-ray machine and ancillary equipment were used for about ten years. Then it was decided to remove the x-ray equipment and send the patients to the Palmer School's x-ray facility (known as the Spinograph Department). If a patient became too violent, angry or frightened to obtain acceptable x-rays, they were taken to the school in wrist and ankle cuffs. Once there, the patient would be administered sufficient ether to cause unconsciousness. Once unconscious, or nearly so, he or she would be x-rayed as quickly as possible. On a number of occasions I adjusted patients after the x-rays were exposed, while they were still unconscious. The total lack of muscle tones was disconcerting, and to the best of my memory I didn't ever hear the usual sound of movement. This is not to say that something didn't happen, only that the experience was very different.

The day rooms of the upper wards were always sunny and bright. The floor and furniture glistened with polish, but a glance at the ward would have given the impression of a stop-action view. Patients did little else but sit quietly. There was nothing to distract or stimulate them. Improved patients were assigned work duties in the kitchen, laundry, or on the expansive lawn covering seven and one-half acres. Very few patients were allowed the freedom of the outdoors. When the weather was good, daily walks were routine. The unpaved and little-traveled country roads were ideal walking routes except for rainy days or when the snow thawed. The lower wards were less tranquil. The "pacers" moved back and forth through the rooms incessantly while obsessive patients walked about touching everything within reach. In contrast with the upper wards, there was an air of unrest. Occasionally, a patient became violent and would have to be restrained in cuffs -- in extreme cases in a straight jacket.

Meals were also simple. The principal meal was served at noon, often meatless, but when meat was served it was usually in a stew, soup or vegetable dish. Large servings of fresh vegetables came from a garden, prepared and planted by Dr. Baker. He loved the field work and nearly always took patients to the nearby garden with him to help. Roy invariably could be found with Dr. Baker. Although Roy was not totally adverse to work, he seemed to have set a limit beyond which he would not go. With time, that limit grew smaller and smaller.

Up until 1951 there were two work shifts for attendants. The first from 7:00 a.m., until 7:00 p.m., and the second from 7:00 p.m., until 7:00 a.m. Palmer students vied to obtain jobs on the second shift because of the obvious advantages to a student. First the patients were bathed and bedded down by 8:00 or 8:30 p.m. After an hour's cleaning of the ward, there was little or nothing of a routine nature left to be done. The wards were quiet which provided a perfect environment for study. Finally, after homework was finished, a hot meal was served them. By midnight they were ready to stretch out on a couch in the day-room. Most of the time they could benefit by six uninterrupted hours of sleep. The majority of students were hired to work three or four days a week, so there were no serious problems of fatigue or loss of sleep.

The other reason many wished to work at Clear View was to obtain a better understanding of mental illnesses. Large numbers of practicing DCs have told me how frequently grateful they have been for their experiences as ward attendants and how it helped them deal with patients in their own practices.

Until the 1950's, no medication was used at Clear View except for extreme and acute circumstances. On several occasions students with grand mal epilepsy would decide to take no more luminal or phenobarbital. Severe cases often turned violent and homicidal on sudden deprivation of these medications and required emergency hospitalization. In these instances the prescribed level of medication over a week or so returned the patient to pre-withdrawal behavior.

From a research standpoint, the total absence of medication kept one major parameter, that of treatment, free of statistical contamination. As for the non-mental disorders, it is notable that few serious diseases, other than diseases of degeneration, occurred among our patients. In the presence of severe infections, e.g., pneumonia, streptococcal infections, etc., antibiotics were administered by the medical staff. One has to ask if the absence of disease in a chiropractically treated population means that regular adjustments have elevated the resistance to disease in general. Obviously, there are many factors to consider. One is the fact that when flu or colds became epidemic outside the sanitarium, they became epidemic within as well. The other question is whether mental patients as a class have higher levels of immunity to disease. That doesn't seem to be the case.

More often than not, the harbingers of change are unrecognized by those who will be most affected by those changes. So it was one cold and blustery Saturday afternoon in February 1948 I had been having therapy sessions with patients. No one else of the professional staff was on duty. I was informed that a doctor was in the reception room hoping to talk with me. When I met him he introduced himself as a psychiatrist from New York. He was an executive member of the federally created Joint Commission on Mental Illness and Health, which was to have a profound effect on the future treatment of mental patients. He explained that he was traveling throughout the United States visiting every mental institution. He said he was severely pressed for time. He didn't want to take off his overcoat and kept glancing out toward the cab in the parking lot where the wind whipped the exhaust to shreds. He wanted a summary of what we did for the patients. I began to relate the general treatment we provided. He became more interested, finally sitting down. He questioned me in considerable detail before he wrapped his coat about him to run out to the cab. But just before leaving he remarked that the Joint Commission was convinced that no one system of treatment was conclusively superior, therefore, they were committed to an unbiased investigation of any and all points of view. I read about him in the future, but did not see him again for six years. The conditions under which I saw him next were largely attributable to his visit that afternoon.

In 1951, Clear View was purchased by the Palmer School. Thus, on the first of September I assumed directorship of that institution. One of the first innovations was the establishment of an intern program for senior students. The internship was limited to three months, with future plans to expand it to six months. The details of this development will follow soon.