

Pioneering Mental Health: Institutional Psychiatric Care in Chiropractic

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For the better part of four decades, treatment of the mentally ill was a highly-motivated discipline within the chiropractic profession. At least a half-dozen substantial institutions existed, which emphasized a positive treatment approach in a no-nonsense atmosphere, and with considerable individual attention to the patient.

Documentation, both in and out of the profession, suggest that standards of care in chiropractic institutions was superior to that expected in state hospitals during the period observed. The author, who was associated with one of these progressive institutions for some 20 years, reviews this fascinating chiropractic experiment and details the reasons for its eventual demise.

The early 1920's was a period which evoked in chiropractic a growing optimism. Most chiropractic schools were prospering and the Palmer School alone had one class which exceeded one thousand students. Kansas, California, Iowa and a dozen other states had provided for the licensing of chiropractors. Along with these signs of growth was a changing demeanor among its practitioners – an emerging breed of chiropractors eager to challenge any and all bastions of medicine.

Among these bold adventurers was Gerard Martin Pothoff (1889-1937). A native of Gelderland, Holland, Pothoff immigrated to America in 1907 and entered Notre Dame University to study engineering. After graduating, he was employed by the Tri-City Railway Company in Davenport, Iowa, as a civil engineer. There he became decidedly interested in the chiropractic profession, entering the Palmer School of Chiropractic in 1919 and being graduated in June of 1922.¹

Dr. Pothoff was said to have experienced a series of cures with severely ill mental patients under chiropractic care which convinced him that spinal adjustment offered far more than did medical treatment for psychiatric disorders. He was aware that psychotic patients were often unmanageable at home and if he

was to prove his belief he would have to have a hospital facility in which the most severely ill could be confined and treated.

In the fall of 1922 in the Forest Park section of Davenport, he opened the first exclusive chiropractic psychiatric hospital. This institution was named the Chiropractic Psychopathic Sanitarium but would become better known as the Forest Park Sanitarium.

The first structures erected at Forest Park were separate units for male and female patients, and an administration building which also had dining facilities. Recreational areas were planned which lent a pleasant, reassuring atmosphere to the institutional setting.

A professional institution depends upon members of its own profession for referral of patients if that institution is to survive. Without delay, chiropractors began referring patients to Forest Park so that in those early days, at least, patients' flow was not much of a problem. Dr. Pothoff had some reason to believe he had launched a project which would soon capture the attention of the world and change the course of mental care forever.

As the patient population expanded, an increasing staff of chiropractic doctors was added. Pictures taken during the late 1920's show a large staff of employees and doctors, of which a few were full-time.

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In the beginning, the sanitarium had the blessings of B.J. Palmer who, as the president of the Palmer School of Chiropractic, and the acknowledged leader of thousands of chiropractors, could and did influence support for the new hospitals. For example, the dean of the Palmer School, A.B. Hender, M.D., D.C., was permitted to hold the post of medical officer at the sanitarium and a half dozen Palmer faculty were regular staff. But as often happened, philosophic differences relating to treatment between Dr. Pothoff and Dr. Palmer led to a rupture of their relationship.² With the withdrawal of B.J.'s approval, the Palmer faculty resigned. Evidently Palmer's support was not critical at this point because in the early 1930's the Forest Park corporation faced a need for additional facilities. Accordingly, an imposing two-story brick building was erected to house 80 more patients. Besides dormitories, private rooms were included along with treatment departments, administrative offices and recreation facilities. Matters appeared to be going well with Dr. Pothoff's dream.

To properly appreciate these developments it must be remembered that these events were occurring during the beginning years of the great economic depression and there were no insurance policies to ease the financial burden on a patient's family. It is difficult to avoid the conclusion that chiropractic care was filling a desperate need.

Meanwhile, in 1926, an interested layman, Harvey Fennern, and Dr. John Baker, a Davenport chiropractor, formed a corporation to build and operate a chiropractic mental hospital which they named Clear View Sanitarium. The building was constructed at the top of a knoll on seven and one-half acres in East Davenport which up until the sale had been part of a large farm. The building was two stories with a functional basement and constructed of cinder block and reinforced concrete which provided considerable protection against fire in a building located several miles from the nearest fire station.

In the beginning no special relationship existed between Clear View and the Palmer School, but within a few years Dr. A.B. Hender took up the same sort of duties he had at the Chiropractic Psychopathic Sanitarium and in 1930 his son, Dr. Herbert C. Hender, a Palmer School faculty member, was invited to accept the position of consultant.³ Dr. Herbert Hender was an extraordinarily charismatic personality and teacher. He had a deep interest in psychopathology and psychotherapeutic theory. His influence molded the

nature of patient care and was largely responsible for the Sanitarium's survival during the economic hard times of the 1930's. Dr. Hender was in continuing demand as a lecturer on the subject of chiropractic and mental illness. He spoke at chiropractic conventions throughout the United States, becoming the principal stimulus for patient referrals as well as sensitizing the chiropractic profession to the extent of mental illness in our society.

Prior to his involvement with Clear View, Harvey Fennern had traveled extensively as a salesman. His imagination had been captured by California's superb climate, swelling population and a rapidly growing chiropractic profession. He became convinced that time and California were ripe for another chiropractic mental hospital. He persuaded his associate Dr. Baker to join him in this new project. Together they found a group of mission-style buildings surrounded by a high wall, an arrangement perfectly suited to their needs. They bought the property, which was located in Gardena, and soon after were accepting patients in the new facility. Dr. Baker returned to Davenport while Fennern remained in California as manager of the second Clear View Sanitarium.

Western Clearview Sanitarium did not endure long. The exact causes for its failure were not made very clear but the author recalls conversations in the early 1940's which attributed the lack of success to the heavy hand of the depression and poor management by Mr. Fennern. Whatever happened, the sad note is that it was closed in 1933 after three years of operation. The California Clear View passed through several hands and today is still functioning as an alcoholic rehabilitation hospital and is still called Clear View Sanitarium. It is located in 15823 South Western Avenue in Gardena.

The writer joined the faculty of the Palmer School and the Clear View staff in 1940. As a beginner at the sanitarium he was assigned 15 institutionalized chronic schizophrenic patients. His principal duties were to provide daily chiropractic care to this group. Gradually his responsibilities widened to include the full range of psychotic problems as well as initial patient interviews, case reviews for discharge, on-going psychotherapy and diagnostic workups. He did not know it at the time but these were to become his most compelling concerns for the next 34 years.

The patient population of both Clear View and Forest Park remained reasonably high during the war years and well into the post-war era. However, Forest Park's role underwent a sudden and unexpected change on the night of January 7, 1950 when a deviating fire roared through the three story psychiatric unit of Mercy

Hospital in Davenport. A number of patients died that night in the fire but those who survived were driven off in ambulances and private cars to Forest Park because there were no other psychiatric facilities available in the Quad City community. This unanticipated loss led to an arrangement between Scott County and Forest Park and another arrangement between the local psychiatrists and Forest Park to provide custodial care for their patients while under medical treatment.

As a direct result of this (agreement), Forest Park was licensed as a psychiatric hospital and its name was changed to Davenport Psychopathic Hospital. For better or worse the patient population expanded rapidly with mounting revenues.

The writer visited the hospital many times in the ensuing years as a guest of the president and director, Dr. E.H. Morris who had joined the staff in 1927 and had been the president since 1940. In 1958 he told this writer he had become thoroughly disenchanted with the direction the hospital had taken, principally because chiropractic had been relegated to an insignificant role with chiropractic patients dwindling to a mere handful. He said he was eager to retire and looking for a purchaser. It was a good time to look because the nursing home industry was growing rapidly and they were seeking facilities which could be converted into nursing and or retirement homes. In 1959 Forest Park was sold to a Lutheran Church affiliate and today is known as the Good Samaritan Nursing and Retirement Home.

As for Clear View, there were factors which this writer believes contributed to its success between 1926 and 1951. First, although the environment was austere, offering no more than marginal comforts, the institution was managed with a firm hand within the limits of its economic resources by its Matron, Mrs. Marie Hender. There existed a tight control over patient management along with a no-nonsense atmosphere which translated into a strong and positive therapeutic milieu. Patients knew they were there to get well and not to spend a useless life.

By contrast, state hospitals were then not much better than prisons. Consider that in the 1920's, 30's and 40's prevailing authority insisted that the only real cure for mental illness was prolonged and intense psychoanalysis. The majority of states had thousands of patients in their hospitals and many of these institutions considered themselves fortunate to have one psychoanalyst. Since traditional psychoanalysis demanded one hour a day, five times a week, it

required little arithmetic to conclude the situation was completely hopeless. Up until 1954 the only treatment alternatives were group psychoanalytic sessions, several different varieties of shock therapy and heavy sedation.

Overcrowding, neglect and often brutal treatment in an environment of despair made state hospitals places to avoid like the plague. By contrast, a clean, well-managed facility in which there was considerable individual attention offered a refreshing refuge to those who could afford private care for their loved ones.

Another factor was that chiropractic treatment became a welcome alternative to that found in the orthodox medical hospital for the "insane." The restoration of many who had been previously judged incurable became the stimulus for further patient referrals.

Another interesting factor was that in the surrounding states there were prominent citizen spokesmen who championed the cause for chiropractic for mental illness. An outstanding example was that of Judge Ponath who sat for the South Dakota Circuit Court. Judge Ponath's authority required that from time to time he commit persons to the South Dakota Hospital for the Insane. He had become aware that a number of cases he had committed had been treated at Forest Park Sanitarium by chiropractic and upon inquiry he discovered that an impressive number of them had recovered. The judge became so convinced of the correctness of chiropractic after a visit to the sanitarium, and so opposed to state hospital care, he often refused to commit a patient if he felt the patient's family could afford private care at Forest Park.

Judge Ponath published a pamphlet in which he claimed that 85 per cent of mental patients recovered under chiropractic care. The origins of this oversimplified statistic are not known but it did reflect his exceptional enthusiasm for chiropractic. During his tenure he influenced a large number of families to place their loved ones in Forest Park and Clear View.

Finally, the close personal relationship of Dr. Hender and this writer to Dr. B.J. Palmer resulted in active approval by B.J. Such an endorsement could be counted on to supply a steady flow of new patients over the years.

In 1951, Marie Hender decided to retire. When B.J. Palmer learned of her intention he offered to purchase Clear View and to make it a part of the Palmer School. After Mrs. Hender and Dr. Baker agreed to sell, B.J. turned to a fund which had been initiated in the late thirties to build a chiropractic hospital. When the United States entered the war in 1941, the fund drive was

suspended and the money was invested in War Bonds. By 1951 the fund was worth slightly more than \$50,000.00, pitifully inadequate to finance a hospital project.

Furthermore, the second floor of the clinic building, which was to have been the hospital, was crammed with students in classrooms. Aware of these conditions, the Hospital Fund Committee quickly approved the purchase of Clear View. On September 1, 1951 Clear View was transferred to the Palmer School and this writer was appointed the director and principal operating officer. Dr. Baker was persuaded to remain on the staff which he did until his death in 1960. John Baker was a warm and humane individual who not only possessed skill as a chiropractor but a rare sensitivity to the needs of his patients.

It was a time of change. The report of the joint Commission on Mental Illness and Health had been published, which had a powerful impact on attitude and practices surrounding mental care.⁴ Federally funded research sprang up in universities, hospitals and in private institutions. The erosion of time was at last destroying taboos, hallowed but inane practices and obdurate biases, which had never been tested.

The funds made available by the Palmer School were not great, but they were sufficient to begin a program of modernized patient care in a remodeled facility with qualified persons to assist in providing an environment favorable to recovery.

There were serious problems to be solved. One of these was the fact that Clear View had been licensed as a nursing home since 1948 because there was no other category of licensure available. The State of Iowa had no legal provisions, we were told, for a special purpose hospital, licensing only the conventional multipurpose hospitals which were required to maintain a full-time medical and surgical emergency service. If Clear View was to survive it was plainly evident it would have to be licensed as a hospital to qualify for insurance coverage which families needed to keep loved ones under care. But it was beyond reason to expect such a specialized institution to meet the requirements of a general hospital.

The writer began a series of trips to Des Moines, the state capitol, with the purpose of pressing the case for licensure. Dr. Edmund Zimmerer, the commissioner of health, listened courteously to reasons why Clear View should be licensed as a chiropractic mental hospital; but as he began to realize how

determined and serious its advocated were, he lent as much assistance and guidance as his position would allow. He arranged for the writer to meet with the State Hospital Board. A request was made by them for a compilation of all the chiropractic hospitals then in existence.

The request stimulated a search for all the hospitals and sanatoria operating, not limited to mental and nervous disorders. The study revealed that by the mid 1950's that the only chiropractic institutions solely concerned with mental disorders were Clear View and Forest Park. It was disappointing not to have received a response from Dr. F. Lee Lemley in Waco or from Dr. Anne Farmer in San Antonio, who operated the Waco Sanitarium and the Bon Aire Sanitarium in Texas, both for metal patients. However, I was able to obtain brochures and information from eight facilities which had at least a chiropractic orientation.

When the report was presented to the Hospital Board along with pictures in some cases, it is not an exaggeration to say that they were stunned with the size and evident success of Sears Hospital in Denver, Colorado.

In 1955, the American Psychiatric Hospital Association solicited Clear View's membership in that association and listed it in its annual publication. This development seemed to trouble the board but it did not result in any action.

During this period this writer talked to many legislators, asking their support for a bill licensing special purpose hospitals. A number of small communities in Iowa were also seeking similar legislation to allow the licensing of less complete hospitals in their towns. We combined our efforts with theirs in a bid for successful passage.

Dr. Zimmerer requested the writer to draw a set of standards for chiropractic mental hospitals which were submitted to the Department of Health. The standards submitted were in essential compliance with those standards published by the American Psychiatric Hospital Association with the exception that for staff positions D.C. was substituted for M.D.

In May 1961, after a long illness, B.J. Palmer died in Sarasota, Florida. This event was to have an unanticipated effect on Clear View's history. David D. Palmer, heir to the Palmer sovereignty, became the president of the Palmer School. From the beginning he made it clear he intended to move the college in a more academic direction. He selected as his education consultant Millard Roberts, a controversial president of Parsons College in Fairfield, Iowa. Among the

recommendations made to Dr. Palmer by Dr. Roberts was one urging the immediate closure of Clear View and to remodel the building into a nursing home which would be leased to a local operator. On October 1, 1961 the writer received notice that all patients were to be transferred by December 31, three months later.

Our quest for licensure and recognition had lasted nearly a decade but success came several months too late. On December 1, 1961 the writer received a letter from the Department of Health advising that with the passing of enabling legislation, the Department was ready to discuss the steps of licensing Clear View as a hospital.⁵ Thus, within two years, the chiropractic inpatient psychiatric experience in Davenport that had covered almost four decades was terminated, for reasons more economic than political, and not because either institution had been mismanaged.

Although Clear View Sanitarium did not bring large revenue to the Palmer School it had been operating in the black for more than a decade. One of the most valuable services the Sanitarium provided to the College was the training of interns. At any one time for a period of ten years there were between eight and ten senior interns in training. Scores of students worked as ward attendants on the afternoon and night shifts, obtaining a wealth of experience in the recognition and management of severe mental disorders.

The closing of Clear View interrupted a ten-year study to assess the record of recovery of patients under chiropractic care. Each year a follow-up form was sent to each patient released the previous year and prior years with a set of evaluating questions. It was not so difficult to release a patient but the real test was whether the patient could remain successfully in society. Seven years of follow-up records were obtained but these files and others were not moved to the Palmer College promptly. Workmen engaged in the extensive remodeling mistakenly disposed of many records. The net result was that only a fraction of those recovery statistics were salvaged. Those that remained were published in *Mental Health and Chiropractic*, an anthology compiled by Dr. Herman S. Schwartz, one of the most talented and dedicated men working in the field of mental health.⁶

During the years 1951 to 1961 several research projects were conducted at Clear View and the results published. Two noteworthy ones were a survey of chiropractic practices to determine what percent of an average chiropractic practice was composed of those with significant mental or emotional disorders. Another

was a biological evaluation of schizophrenic patients across a seven-month period.^{7, 8}

A word regarding chiropractic care at Clear View is necessary to help round out the role of the sanitarium. A contracted osteopathic physician usually performed the physical examinations and minor surgeries. Patients' x-ray was at the Palmer College laboratories. Patients were examined daily with the neurocalograph (a recording neurocalometer) and palpation procedures. Adjustments were made according to the doctor's judgment. Patients who were chronically ill and older were examined once or twice a week. The patient population varied between 50 and 57. It was a deeply rewarding experience to watch an extremely agitated, delusional patient respond to chiropractic adjustments to become manageable within a week to ten days and well enough to go home within a month to six weeks.

In October 1953, the first *Case Histories of Mental Illness Under Chiropractic* was published by Clear View. These were not testimonials but were compiled to reveal the type of patients who had responded successfully to chiropractic. In 1958 a second edition was published with the same purpose.

Ancillary care was considered a vital component of the patient's total treatment regimen. A registered occupational/recreational therapist and one assistant provided daily opportunities and guidance for positive activities. Dances, parties and films were scheduled regularly in order to strengthen the patient's social capabilities. Conditioning exercise was required of all those capable of participating. The sanitarium was located at the edge of the city where long brisk walks along country roads were scheduled to combat the constant problem of lethargy. Convalescent patients were allowed trips to the city for shopping or other purposes. Often an intern would invite his assigned patients to his home for dinner. It was a positive, motivating atmosphere.

With the closure of Clear View the flame of professional interest began to flicker. That flame has all but disappeared. A revival of concern and interest is doubtful but the results of the past would fully justify a serious and controlled reevaluation of chiropractic and its effect on mental illnesses, especially in light of the biological based disorder with serious impairment of normal brain function.

This outline of one of chiropractic's most fascinating experiments leaves much yet to be told. Pioneering personalities are always dramatic people as were those chiropractors who challenged the frontiers of mental illness with literally bare hands.

References

¹ *Who's Who in Chiropractic International*, Necrology, 2nd ed. (Littleton, Colo., 1980), p. 314.

² Personal interview with Herbert C. Hender, D.C., February 27, 1983.

³ *Ibid*

⁴ *Report of the Joint Commission on Mental Health* (1961). The commission was created under Federal Law 182 and funded by the National Institute of Mental Health.

⁵ Personal correspondence with Edmund Zimmerer, M.D., December 1, 1961

⁶ Quigley, W.H., "Physiological Psychology of Chiropractic in Mental Disorders", *Mental Health and Chiropractic*, edited by Herman C. Schwartz, D.C. (New Hyde Park, N.Y., Sessions Publishers, 1973), p. 116.

⁷ Quigley, W.H., "Mental Health", *International Review of Chiropractic*, May-June 1960.

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