

Forgotten Dead of St. Elizabeth's

Kelly Patricia O'Meara, August 6th, 2001

Tens of thousands of patients have died and been buried at mental institutions. But recordkeeping has relegated their memory -- and their remains -- to the dustbin of history.

They are the forgotten ones -- their deaths often went unrecorded in the public logs and frequently their passing went unnoticed by their own families, who had long despaired of them. Their graves often are unmarked and, in some cases, all that is detailed in official documents about them is their hospital identification number and a laconic note on the causes of their deaths.

They weren't casualties from a forgotten war waged in some remote part of the world. They were patients in American institutions for the mentally ill. And only now, as the result of the closing of many of the institutions -- partially the result of controversial use of mind-altering drugs -- are their dark stories beginning to emerge. Across the country, hospital neighbors and curious family members are stumbling on unmarked graves and undocumented cemeteries -- in one case in a Florida swamp.

Consider this: In the 14-year period between 1950 and 1963, more American deaths occurred in state and county mental institutions than in all of the nation's armed conflicts beginning with the Revolutionary War and ending with the Persian Gulf War. Between 1965 and 1990, the total number of mental-hospital inpatient deaths exceeded the number of battle deaths in the same wars by 70 percent. Inpatient deaths topped out at 1,103,000 during this 25-year period, compared with 650,563 recorded deaths in battles.

Yet these numbers of patient deaths represent only those reported or for which records were kept that many believe seriously under represent the actual numbers. Take the United States' most famous institution for the mentally ill -- St. Elizabeth's Hospital in Washington. The records of the tens of thousands of patients who were housed at its facilities are incomplete -- for both those who lived and for those who died.

The "Government Hospital for the Insane," as St. Elizabeth's originally was named, once was the nation's premier hospital for treating the mentally ill. Beginning in 1855, when the federally funded hospital first opened its doors to treat U.S. Army and Navy personnel and residents of the District of Columbia, at least 125,000 patients have received treatment at the 320-acre facility overlooking the Anacostia River. And of these, based on the best available evidence, between 15 and 20 percent died on the premises, many of whom were laid to rest in unmarked graves and whose records have vanished.

To the casual observer St. Elizabeth's -- nicknamed "St. E's" -- is more like a small town than a "hospital." Nearly 130 red brick buildings -- most now boarded up and in decay are in an arboretumlike campus setting resembling a sleepy retirement community. In its heyday it treated upward of 8,000 patients per year and was the first to utilize the newest mental-health

therapies, such as hydrotherapy (baths and other water devices to relax and stimulate) and Freudian psychoanalytic techniques. It also was the first to have a department devoted to psychological research and the first to use dance therapy and psychodrama. It also is famous for housing presidential assailants Richard Lawrence, who attempted to kill President Andrew Jackson, and John Hinckley, who shot President Ronald Reagan.

Today there are less than 1,000 patients still receiving treatment at the hospital, with nearly three-quarters of the bared-window buildings unused. The rest, like many records at St. Elizabeth's, have vanished without a trace. Out of curiosity about the facility in which Hinckley still is confined, Insight began asking questions about the famous facility and how much it costs U.S. taxpayers (about \$220 million a year). This led to an onsite visit and, when an Insight reporter began taking pictures of the buildings and unkempt fields and woods surrounding the complex, a confrontation ensued between the reporter and hospital-security personnel, who claimed it was against the rules to photograph the grounds.

It turned out, Insight learned later, that those grassy areas were where thousands of patients had been buried since before the Civil War in mostly unmarked graves. When the magazine began asking questions about who these people were, what they died of and where the records were that a dark and unspoken past was unearthed.

Surely records existed, right? Hospital staff admitted that there were substantial gaps in recordkeeping at St. Elizabeth's, along with the unidentified remains of many who had died, including the names of nearly 15,000 people who have brain specimens preserved in a federal-government warehouse.

A key reason for the lack of records, according to current and former staff at the hospital, is that the repository of knowledge spanning almost 150 years has been scattered among several agencies since the federal government turned the institution over to the District of Columbia government in the mid-1980s.

Some of the records are stored at the National Archives, while others are held by the Smithsonian Institution, the National Institute of Mental Health and the District of Columbia Department of Health. Those at the Archives appear to begin in 1855 and continue through the 1930s. They are fairly detailed about who was admitted and for what illness they were treated. For example, many thousands of patients were recorded by numbers in logbooks that included a description of the symptoms, the illness and the cause of the illness. The following are just a sample of what those aging records show:

- * Patient #2385 -- disease: chronic dementia; cause: masturbation.
- * Patient #2395 -- disease: acute mania; cause: masturbation.
- * Patient #7827 -- disease: chronic melancholia; cause: intemperance.
- * Patient #7838 -- disease: acute melancholia; cause: intemperance.

* Patient #6896 -- disease: acute melancholia; cause: poverty.

* Patient #6889 -- disease: acute mania; cause: prison life.

But what such records spanning nearly 80 years don't show are the number of patients who died on the property and are buried there. This is not to say that St. Elizabeth's didn't attempt to heal or otherwise provide its patients with the "most humane care and enlightened curative treatment." Rather, it shows how slowly the state of medical science progressed from the mid-1800s into the latter half of the 1900s and how society sought to help, but also hide, those considered mentally ill.

Ironically, given the stature of St. Elizabeth's and the volume of patients it treated, the hospital's contribution to mental health may now be best revealed in what was learned after its patients' deaths rather than in any treatment, techniques or procedures utilized while they were alive.

Between 1884 and 1982, more than 15,000 known autopsies were performed at St. Elizabeth's, detailing the neuropathologic findings by the physicians and pathologists who ran the laboratory at the hospital. The 15,000-plus specimen collection produced at least 1,400 intact brains soaking in formaldehyde in glass jars, more than 5,000 brain photographs and 100,000 glass slides of brain tissue -- literally, a brain trust of knowledge during the period of medical research before the advent of mind-altering drugs to treat mental illnesses.

The ghoulish collection is hidden away in a federal warehouse in Gaithersburg, Md., where, stacked floor to ceiling, there are wooden crates of patient remains. The brain collection is known as the Blackburn-Neumann Collection, named after Dr. Isaac Wright Blackburn, the first chief of the Pathology Department at St. Elizabeth's, who is credited with performing at least 2,500 autopsies, and Dr. Meta A. Neumann, the last neuropathologist to work in the Blackburn Laboratory. The collection was donated in 1986 by St. Elizabeth's to the National Museum of Health and Medicine, a branch of the Armed Forces Institute of Pathology, which now maintains the collection for research purposes.

Specimens include the brains of patients who underwent malarial therapy, shock therapies (electroshock, metrazol, insulin) and lobotomies, a tortuous procedure perfected by Dr. Walter Freeman, a one-time director of the Blackburn Laboratory.

While supposedly not allowed to conduct lobotomies on live patients while employed at St. Elizabeth's, Freeman conducted several thousand lobotomies at other area facilities and around the country. Yet buried in the case histories of the brain collection is a file on an 8-year-old boy who was subjected to a lobotomy at St. Elizabeth's. Freeman believed that a physical assault on the brain's frontal lobes could cure mental illness.

Freeman's lobotomy procedure included knocking a patient out with electric shocks, lifting the eyelids and inserting an "ice-pick-like" instrument through the tear duct. He pierced the skull bone by tapping on the instrument with a surgical hammer, then shoved the pointed steel

about an inch into the frontal lobe of the brain and moved its sharp tip back and forth. This procedure since has been universally discredited.

Sideshow aspects aside, this brain collection is important because it may be the only reliable record from St. Elizabeth's that documents to some degree the number of patients who died at the facility and, apparently, where most were buried. Linda Grant, director of public affairs for the District of Columbia Department of Mental Health, confirms to Insight that the mismanagement of the data is a problem as old as the institution. "Over time" explains Grant, "there has not been consistent data management, and an overwhelming amount of work has to be done so we can reverse this and bring St. Elizabeth's back as a premier institution."

Dr. Surya Kanhouwa, the current director of St. Elizabeth's Blackburn Laboratory, has for years tried to piece together the history of the hospital. But detailed information about the patient population is not something that is easily retrieved. Apparently, the records kept by administrators and medical personnel were closely guarded secrets, as were graveyard maps.

When specifically asked about the number of patients that had died at St. Elizabeth's and were buried on the property in any of the three known graveyards, Kanhouwa, who also was curious about the numbers, could not provide the data. The lab director was aware that patients had been buried on the premises, but she could not even begin to guess on the numbers now resting in what can only be described as potter's fields.

From the main gates there is a perimeter road that takes visitors behind the hospital buildings to fenced-in fields where known graveyards exist. There can be seen roughly 300 to 400 headstones marking plots of military personnel who also happened to be patients at the hospital at the time of their deaths, mostly predating World War I. And, according to officials interviewed by Insight, there are separate fields at the edge of the property hidden from public view that contain remains of Civil War dead. The entirety of what appears to be the length of two, three or possibly four football fields reveals unmistakable indentations, burned-out grass or dirt and sinkholes that hospital staff believe are unmarked graves. How many is anyone's guess.

A former employee of St. Elizabeth's, who asked not to be identified, tells Insight that "there are at least several thousand people buried in the fields and, at one time, there was a record of each of the locations of the plots." Those records, including maps, cannot be located today. Even the chaplain of St. Elizabeth's, Dr. Carl Aist, is uncomfortable discussing the issue. "The way you care for the dead" explains Aist, "is not different than the way you care for the living. There cannot help but be anxiety on the part of everyone if you see an institution of the stature of St. Elizabeth's and how it represents itself in the community and not really being responsible for its gravesites and the people it buries. It's an extremely important boundary between life and death. Not just about the people who are buried here, but how the community perceives this. I'm very concerned about it," Aist says.

"Certainly there are civilians buried out there, and there is no question that there are unmarked graves. I think at a minimum there should be a record so loved ones can locate

their family members. I've had two families that have requested just this and I was unable to help them locate the gravesites. I just don't know of a way precisely to know where an individual is buried; this is ancient history. The respect for the dead is a sign of a civilized people. I find the unmarked graves very troubling" Aist adds.

What many others also find troubling about St. Elizabeth's missing patient logs and burial lists is that up until the mid-1980s, St. Elizabeth's doctors not only treated the patients but also were solely responsible for signing the death certificates, conducting the autopsies, preparing the bodies for burial and then burying the dead without notifying local authorities. Such practices, while common throughout the United States at one time among mental institutions, were abandoned in the early 1980s. Comforting to some is the fact that at least since authority was transferred to the District of Columbia, records have been kept about St. Elizabeth's practices; there have been no more autopsies allowed on its premises, including the 55 deaths known in the last four years.

Such shoddy practices did not occur just at St. Elizabeth's, Insight learned. For example, the Connecticut Valley State Hospital in Middletown, Conn., established in 1868, also buried several thousand patients in its cemetery, where identities are known simply by the number on the gravestone. Garrell Mullaney, chief executive officer of the hospital, says that "this was a common practice for state hospitals back then. It was felt that the families of these left behind might suffer some indignity that their relative was mentally ill. So these families basically buried them anonymously. Today we would protect their names under the rubric of confidentiality. But back then it was a common practice to number graves. There was a stigma associated with having a relative in a mental institution."

"We take care of the cemetery" explains Mullaney, "but we don't have a historian to go back and find out the cause of death. The list of the people who are buried here, through 1933, can be found right here in the local library. Today we're naming these graves on a directory. We're putting it in the cemetery on a 4-by-8 foot granite stone, which will have the names and marker numbers of all of the patients. Three hundred to 400 names will be engraved on this every year, and it will take a couple of years to get it done. We didn't think these people should remain anonymous, and we made our argument that there already was a record of the people buried in the cemetery at the local library."

Unlike St. Elizabeth's, Connecticut Valley apparently kept sufficient records in order to identify the plot of each of the patients buried in the Middletown cemetery. Without some intensive research it is unlikely that St. Elizabeth's, once the pre-eminent federal mental institution, will be able to identify all of the patients that were treated there, let alone those who died and were buried in fields with not so much as a name, number or marker. But this will require intervention by Congress to appropriate the funds and set up a commission to reconcile the books for the many dead and their families.