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### **News article by Dr. Carroll Osgood describing his 42 years at the Milwaukee Sanitarium**

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# In 42 Years of Psychiatry, Doctor Has Seen It All

By Neil D. Rosenberg  
of The Journal Staff

From tincture of opium to mechanical horses, to electroshock to psychotherapy to antidepressant drugs.

In his 42 years as a practicing psychiatrist at the Milwaukee Psychiatric Hospital, formerly the Milwaukee Sanitarium, Dr. Carroll W. Osgood has seen them all come — and most of them go.

He has seen the schizoids, manic depressives, the senile and now — with increasing frequency — the young, confused and alienated in a world moving too fast for them.

He has been with the psychiatric institution for almost

half of its 90 year existence and in an afternoon interview he looked back at a career closely bound up with the history of the hospital.

## Glimpse Afforded

In doing so, he offered a glimpse into the ever evolving, frequently groping world of psychiatry.

Osgood went to the hospital, at 1220 Dewey Rd., Wauwatosa, in 1932 after a job with A.O. Smith Corp. was washed out, along with the company's entire medical department, as a result of the Depression.

He was not a psychiatrist but after a period of self-described "inner turmoil," he accepted a job at the sanitarium

and decided that the injured mind would be his lifelong field.

"There were no psychiatric programs to speak of at the time, and what I learned was mostly on the job training.

"I still learn as much from the patients as they learn from us. Every new patient gives me more insight into life," the 76 year old psychiatrist said.

## Depressive States

In those Depression years many of the patients, not surprisingly, suffered a variety of depressive states.

The hospital population, which ranged from 140 to 150 daily, included those suffering from schizophrenia and



Dr. Carroll W. Osgood

elderly patients suffering from senility or altered mental states as a result of hardening of the arteries.

The latter, he said, were virtually permanent residents, for nursing homes were few, and fewer still had the resources, ability or even motivation to provide the custodial care necessary.

The room rates were \$45 to \$50 a week, plus special nursing care costs. Now the rates are about \$70 a day.

## "Moral Treatment"

It was a time when there were no specific treatments for the myriad of mental disturbances encountered. Instead, the hospital used a system of treatment that had been in vogue for more than 100 years. It was called "moral treatment."

"The idea was to treat the patient with respect, to make sure he was well fed, provide comfortable surroundings and encourage him to do things—like basket weaving and rug hooking.

"We tried to use the common sense approach and did things that would make people feel better and give them a sense of accomplishment."

But there were some treatments, that at this date appear zany if not downright bizarre.

The tincture of opium, given in three or four drops several times a day, was used as a sort of sedative and on occasion had a calming effect.

Then there were the Zan-

Turn to Osgood, page 6, col. 1

## Osgood

## Changes in Psychiatry Described

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der machines, designed to give passive exercise. One of them simulated the motions of a horse.

"President Cal (Calvin) Coolidge used a mechanical horse every day," Osgood pointed out.

When asked whether that was a subjective opinion on Coolidge's mental condition, Osgood smiled and added, "Instead of using a swimming pool, he had his mechanical horse."

There was also hydrotherapy in which high pressure streams of water were played up and down the spine of a patient while the temperature was quickly alternated between hot and cold.

## Electrical Table

Another device was an electrical table on which the patient would lie and receive a low level electric current.

Did any of this work?

"All of it was the best we had at the time. It didn't do any harm, and whether it did any good is still open to question," Osgood acknowledged.

But he offered further comment. Paraphrasing one of his old bosses, Dr. Josef A. Kindwall, medical director from 1945 to 1958, he said: "In the old days nobody expected us to cure anybody. The psychiatric patient was forever doomed according to the lay population."

"Now they want to know what is wrong if we don't cure everybody."

## Insulin Shock

The first move forward in solid treatment was in 1937 when shock and convulsive therapy came into vogue.

First was insulin shock. Pa-

tients were given insulin which, when added to their own naturally produced insulin, caused a coma. Sugar was then given to bring them out of the coma. When they awoke, they frequently felt better.

Next came a treatment in which a drug was given to produce convulsions. Finally, in 1940, came electroshock treatments.

Patients were given massive electrical shocks that produced convulsions. However, the convulsions were sometimes so severe that

ingly radical treatments provided enough help and improvement to enable them to return to normal life.

## Peaked in 1948

The electroshock treatments, combined frequently with insulin shock, hit a peak in 1948 when as many as 15 treatments a day would be given at the hospital, he said.

Now it is used sparingly and only in hard core depressive cases, Osgood said.

In this same period of Kindwall's leadership barbiturates were also used fre-

quently. "Kindwall really pushed them," Osgood said.

At the time the drugs came in, liquids of red, pink and blue depending on the drug concentrations.

Hence patients were frequently referred to as "red specials" or "blue specials" depending on the severity of their illness.

—Dr. Carroll W. Osgood

*"In the old days the customer was always right. Make them comfortable and give them squab with artichokes on Sunday."*

bones were broken as arms and legs thrashed about. There were also bouts of amnesia and an occasional death.

## Often Helped

To this day, Osgood said, no one knows exactly how electroshock works but it frequently helped.

"People with thought disorders and confused perceptions, who were paranoid, could frequently relate to people and become lucid after such treatments," he said.

They would become calm and relaxed and hold rational conversations — but the symptoms could, and did in some cases, return in an hour.

But for many these seem-

ingly radical treatments provided enough help and improvement to enable them to return to normal life.

Hence patients were frequently referred to as "red specials" or "blue specials" depending on the severity of their illness.

## New Personnel

In 1958 Dr. Eugene S. Turrell became medical director. He brought with him several young psychiatrists who were more psychoanalytically inclined and made more use of psychotherapy.

Just before this the major drug breakthroughs had come, with tranquilizers in 1954 and antidepressants in 1957.

Also along this time the

old "moral treatment" was abandoned.

"In the old days the customer was always right. Make them comfortable and give them squab with artichokes on Sunday. And never ask them to do any work around the place," Osgood explained.

## Concept Changes

But in the 1950s this concept changed to one where it was the patient's responsibility to get well as much as it was the doctor's to treat him, Osgood said.

"The idea was that there was to be a therapeutic alliance, not an all-powerful physician just helping the poor sick patient. The doctor and patient had to work together."

During this period the patient population began changing. Because of the drug advancements, the use of psychiatric wards within community hospitals and the moving of elderly patients into nursing homes, the population is now less than half what it was in the 1930s.

## Future Shock

And the hospital now has more younger patients. Why?

"There have been a lot of guesses, but the one that makes the most sense to me is future shock."

"Changes are taking place more rapidly than kids or their parents can adjust to them. They are reflecting the uncertainty of the adults. Kids don't have a solid model to follow."

"There is so much information, so many different ideas, world travel, television. We are all suffering future shock or cultural shock if you will."

Reflecting this younger patient population, the hospital established in 1963 the Kradwell High School and Adolescent Therapy Unit. The hospital also has its Dewey Center for treatment of alcohol and drug dependence.

## Trends Forecast

Osgood sees several trends in the future. There will be greater use of family therapy. "Recognizing that the so-called designated patient is not the only one having problems, that it involves emotional disturbances in the people he lives with and works with."

Toward this end therapy now frequently involves husband and wife, children, aunts, uncles and even the neighbor next door.

Also, more people are going to be treated outside the hospital, though Osgood warns that "the pendulum could swing too far in this direction."

"The public has to accept the fact that we can't rehabilitate everybody," he said. "But the patients that used to be in the back wards are now back in the community. We do help people."

Friday, August 13, 1982

Osgood, Dr. Carroll W.  
Residence Friendship Village.  
Thurs., Aug. 12, age 83 years.  
Dear husband of Mildred. Father of Thomas (Shirley), Charles (Carol) of Chicago and Mary Chae. Further survived by 4 granddaughters. A Memorial Service will be held at the First Congregational Church of Wauwatosa on Sat., Aug. 14, at 3 p.m. Memorials to First Congregational Church of Wauwatosa or Life Care Fund of Friendship Village appreciated.