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History of Aurora Psychiatric Hospital (an unpublished manuscript)

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The History of Aurora Psychiatric Hospital

A story of patient-centered care from the 19th century to the present

By

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Aurora Health Care

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Introduction

Aurora Psychiatric Hospital has been in existence since 1884. During this time, the hospital has been a model in proving compassionate and groundbreaking psychiatric care for its patients. From the use of fresh air, open space and the “cottage system” in the past, to the patient centered model of care today, Aurora Psychiatric Hospital has been a leader in the psychiatric field. This booklet is a tribute to those who have both worked here and have received care here. Their experiences have made the hospital into the fine institution that it is today. It is hoped that future generations will carry on the fine traditions and history of care that this facility has proved to those who have needed its assistance and support.

Previously, those seeking psychiatric care were not treated with the respect and compassion that they receive today. Prior to the 18th century, psychiatric patients were often seen as a burden to society. Many were either abandoned by their families and left to beg on the street or locked up in asylums. Some patients were thought of as wild animals that had lost their reason. Very little treatment was provided, and restraints were used to control those patients who were in the asylums. At some institutions, the patients were viewed as a source of entertainment (and profit) for those who paid to view these “animals”, like going to a zoo today.

These attitudes and preconceptions towards the mentally ill began to change in the 18th and 19th centuries with the introduction of humane and “moral treatment” approaches. This treatment implemented a more personalized approach to handling those with mental illnesses. While patients were still restrained, it was not to the degree seen in the past. If patients behaved, they were rewarded. Patients began to be viewed as people. They were talked to and treated with sympathy and kindness. In the United States, social activist and reformer Dorothea Dix was a notable figure in this movement.

As this approach spread into the 19th century, attempts were made to pass federal legislation (Bill for the Benefit of the Indigent Insane) that would prove government funds for the establishment of asylums in each state for the care of “indigent insane persons”, as they were referred as at the time. While supported by Congress, the President vetoed this bill in 1854. President Pierce’s veto established the precedent of federal non-participation in social welfare for almost a century. This precedent would not be broken until the National Mental Health Act was passed in 1946.

Since federal assistance was not forthcoming, legislation in many states was passed in the 1800’s requiring local authorities to build and provide asylums for the mentally ill that were run with the principles of moral treatment in mind. As these asylums were established, they quickly became overcrowded. As the patient populations expanded, the quality of care decreased. This created an opportunity for the creation of private facilities to care for the mentally ill.

The Brattleboro Retreat was established in 1834 in Burlington, Vermont. This was the first private, psychiatric facility in the United States. They viewed mental illness as a

medical condition, not a character flaw. Their treatment methods consisted of fresh air, therapeutic and physical activities, and a supportive staff.

In Wisconsin, legislation was passed in 1854 to provide care for the insane and for the establishment of a "State Lunatic Asylum" near Madison. In 1857, the Wisconsin State Hospital for the Insane (called the Mendota Mental Health Institution today) was established in Mendota, Wisconsin. In 1880, the Milwaukee County Hospital for the Insane (now called the Milwaukee County Mental Health Complex) was established in Wauwatosa, Wisconsin. Dr. James McBride was the first Medical Superintendent of this hospital from 1880-1884. Finally, in 1884, the first private institution for the care of the insane was established in Wisconsin- the Milwaukee Sanitarium. This is where our story begins...

The Early Years

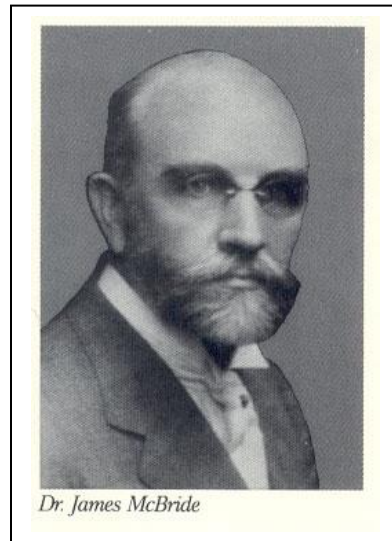
The Aurora Psychiatric Hospital has been known by several names over its existence. It was initially known as the Milwaukee Sanitarium. In May 1884, Wisconsin joined a growing list of states with private psychiatric hospitals when the articles of incorporation were filed to establish the Milwaukee Sanitarium as an institution "...which will care for the mildly insane". Prominent business leaders in Milwaukee raised \$30,000 in capital stock, to purchase land and establish the necessary facilities for this new hospital. The Milwaukee Sanitarium was established and would remain a private, for-profit facility until 1954.



MPH.446 Announcement in the *Milwaukee Sentinel*, May 4, 1884

The stockholders of the Milwaukee Sanitarium association appointed James McBride, MD to establish and run the hospital. Due to his previous experiences as the Medical Superintendent of the Milwaukee County Hospital for the Insane, he felt that some people could not be cared for in the overcrowded public asylums. He felt that fresh air and an

open county was the best medicine to promote mental health. He was Milwaukee Sanitarium's first Medical Superintendent (1884-1895).



MPH.438.P Dr. James McBride, founder of hospital

In 1884, Dr. McBride acquired about 15 wooded acres of land from Mr. Oliver Harwood. This land was on a bluff overlooking the Menomonee River in the town of Wauwatosa. On this property, he established a hospital "...for the treatment of nervous disorders (in both men and women)." Initially, the hospital consisted of a remodeled brick farmhouse and a few outbuildings. The remodeled farmhouse became known as the **East House**. This building was Dr. McBride's home and housed the sanitarium's more disturbed patients. He admitted his first four patients in 1884.



MPH.290.P Original farmhouse, known as the "East House"

As demand for the hospital's services increased, the East House was expanded on numerous occasions. It eventually had three floors. Portions of the original East House may have still been used into the 1980's when the **Kradwell Building** (new name for a series of three buildings that the East House was part of) was torn down to make way for the new psychiatric hospital. It was located approximately where Unit 3 (northwest wing of the hospital) is today. Unit 3 is the northeast wing of the hospital.

Next, Dr. McBride built a large frame, three-story structure that was to be known as the **Main Building**. This building could accommodate 16 patients, and with its construction, the sanitarium could care for 20 patients. This building was located approximately where the cafeteria is located, in the current hospital building. It may also have been referred to as "The Cottage" or the "Convalescent Building". This building was demolished in 1930.



MPH.397.P & MPH.718.P Main Building in the early 1900's

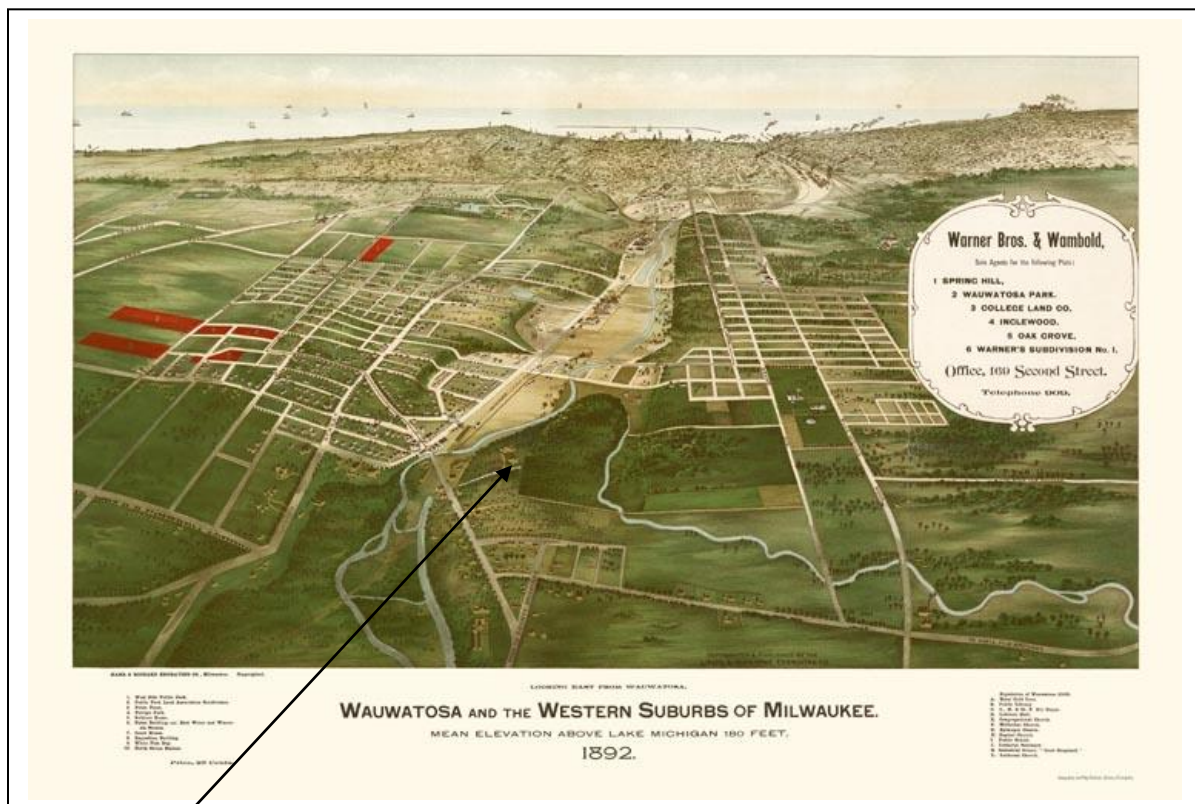
Due to the hospital's growing reputation for quality and inventive care, people came from all over the Midwest to the Milwaukee Sanitarium for treatment, rest and recuperation. Patients to the hospital would arrive by either train or streetcar and would be dropped off at the train depot located in the Village of Wauwatosa. A coach or vehicle from the hospital would be available to pick up the patient and transport them to the hospital.

Patients entered the hospital by its gate, at the bottom of the bluff. This gate was located on what is known as Harwood Avenue today, west of the City of Wauwatosa parking lot. The one of the original stone pillars, the one next to the sidewalk, is still there today.



MPH.256.P Entrance Gate to the Milwaukee Sanitarium, near the train depot in the Wauwatosa village

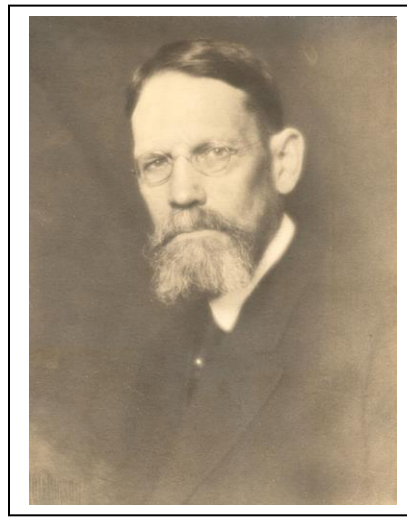
As the picture below shows, Wauwatosa was still a mixture of farmland and businesses in 1892. A train line ran through the valley in Wauwatosa and connected the village with the larger city of Milwaukee (to the top of the picture). This train line can still be seen running along State Street in Wauwatosa today. An arrow points to where the Milwaukee Sanitarium was located in 1892.



Milwaukee Sanitarium, on the bluff in Wauwatosa, Wisconsin in 1892. (Public Domain image)

In 1895, Dr. McBride retired and moved to California. In 1904, he founded another psychiatric hospital, The Southern California Sanitarium for Nervous Diseases. He was the medical director there until 1918. The motto of the hospital was “not just to live, but to enjoy living”. This hospital still exists today and is now called the Aurora Las Encinas Hospital and is part of Aurora Health Care in Pasadena, California.

Following Dr. McBride’s departure, Dr. Richard Dewey took over as Medical Superintendent. He led the Milwaukee Sanitarium for the next 25 years, from 1895-1919. Dr. Dewey was an internationally known and respected leader in psychiatry. He viewed his patients not as “cases” but as fellow human beings that he was privileged to help. He was the editor of the *American Journal of Insanity*, now the *American Journal of Psychiatry*, from 1894-1897. He was a leader, and President (1896) of the American Medico-Psychological Association. In 1912, Dr. Dewey served as the Chairman of the committee that declared John Flammang Schrank insane. Schrank attempted to assassinate for President Theodore Roosevelt while he was in Milwaukee, Wisconsin on October 14, 1912. In 1916, Dr. Dewey was the co-author of *Treating the Insane in the United States and Canada*, the leading manual for care of the mentally ill at that time. In 1917, Dr. Dewey was a co-author of *The Institutional Care of the Insane in the United States and Canada*.



MPH.260.P Dr. Richard Dewey, M.D.

Dr. Dewey introduced the concept of the “cottage system” to the Milwaukee Sanitarium. Under this setting, the patients resided in smaller, self-contained rooms, or individual houses, or “cottages”, based on whether they were deemed curable or incurable. This relaxed setting allowed patients to feel more at home and aided in their rehabilitation.

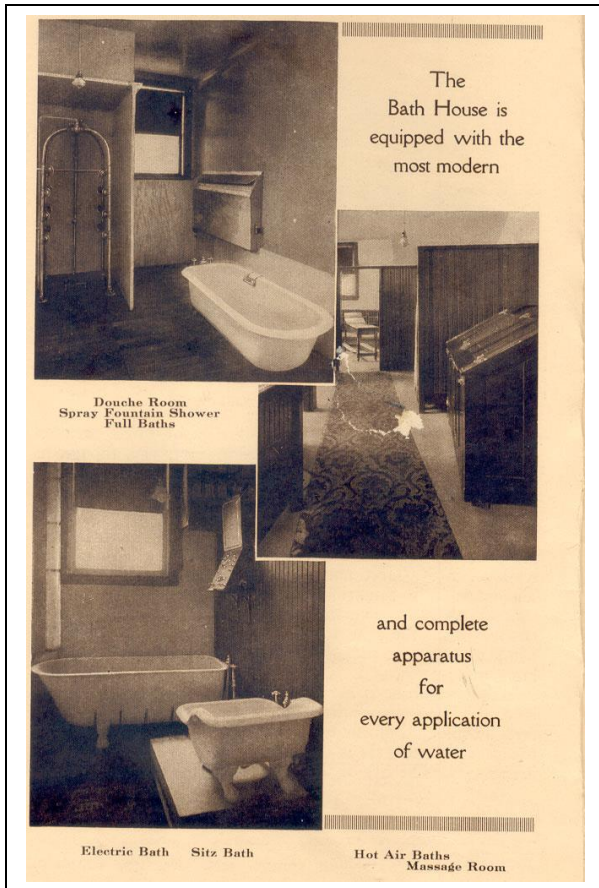
Dr. Dewey also inaugurated a program of training for attendants caring for the mental illness. Training non-doctor and non-male staff was revolutionary. Many of the assistants and the nurses at other psychiatric hospitals did what the doctors told them, nothing else, or learned on the job, as they progressed. The specific psychiatric training done by Dr. Dewey was unique in a psychiatric setting at this time.

In 1896 or 1897, Dr. Dewey established a dormitory for the nurses. At this time, it was common for the hospital's staff to stay on campus due to the long-term residency of the patients. He also constructed the **Bath House**. The Bath House was later called the **North House**. In the 20th century, the North House contained a classroom, the Medical Laboratory and the X-Ray Department on the ground floor. From late 1960's-1982, Kradwell School was in this building. The Bath House/ North House was located approximately where Unit 2 is in the hospital. Unit 2 is the portion of the hospital facing the Culver House. In 1982, it was torn down to make room for the new hospital.

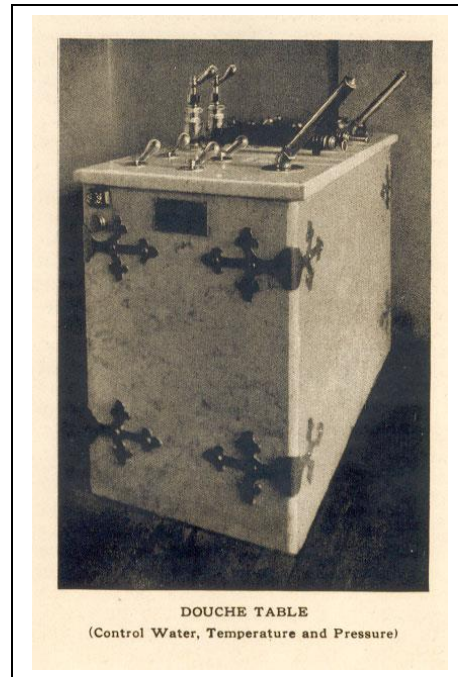


MPH.285.P The Bath House/ North House

The Bath House contained the first modern hydrotherapy department west of the Allegheny Mountains. Hydrotherapy involved the usage of water, of varying amounts, pressure and temperatures, for pain relief and for treating illnesses. For example, hydrotherapy was used to treat fevers, abdominal typhus, or hyperpyrexia. Physicians saw hydrotherapy as a “proven” therapy. This therapy could be used to calm disturbed and out-of-control patients. Patients would be wrapped in sheets that were soaked with either hot or cold water and placed in a tub of water to calm them down. Its use was not viewed as a means of restraint, but as a scientific treatment that could produce results via relieving “cerebral congestion” and/ or eliminating “toxic impurities” in the body. Some of the water treatments included sprays, jets, a douche table, fountain showers, full baths, and massage. The Bath House also used Electric and Sitz baths. The Electric Baths used water to conduct electricity to maintain good blood flow and to provide heat to the body. Sitz baths were tubs that one sat in. They contained warm water and were used to treat ailments in the pelvic region. The warm water allowed more blood to reach that area, therefore aiding in healing. Hydrotherapy may have been used until the middle of the 20th century at the hospital.



MPH.394.B Hydrotherapy Equipment, early 1900's



MPH.395.B Douche Table, early 1900's



MPH.425.P Hydrotherapy room at the Milwaukee Sanitarium, mid 1900's

In 1905, Dr. Dewey purchased an additional 10 acres of land adjacent to the hospital's property. He then set about constructing three new buildings. The first building he had built was the **West House**. The West House has nine patient rooms and a nursing station. Some rooms had private baths while others had en-site baths. The West House was demolished in the 1980's when the new hospital was built. The West House was located approximately where Unit 1 is in the hospital today. Unit 1 is the part of the hospital near circle driveway by the main entrance to the hospital.

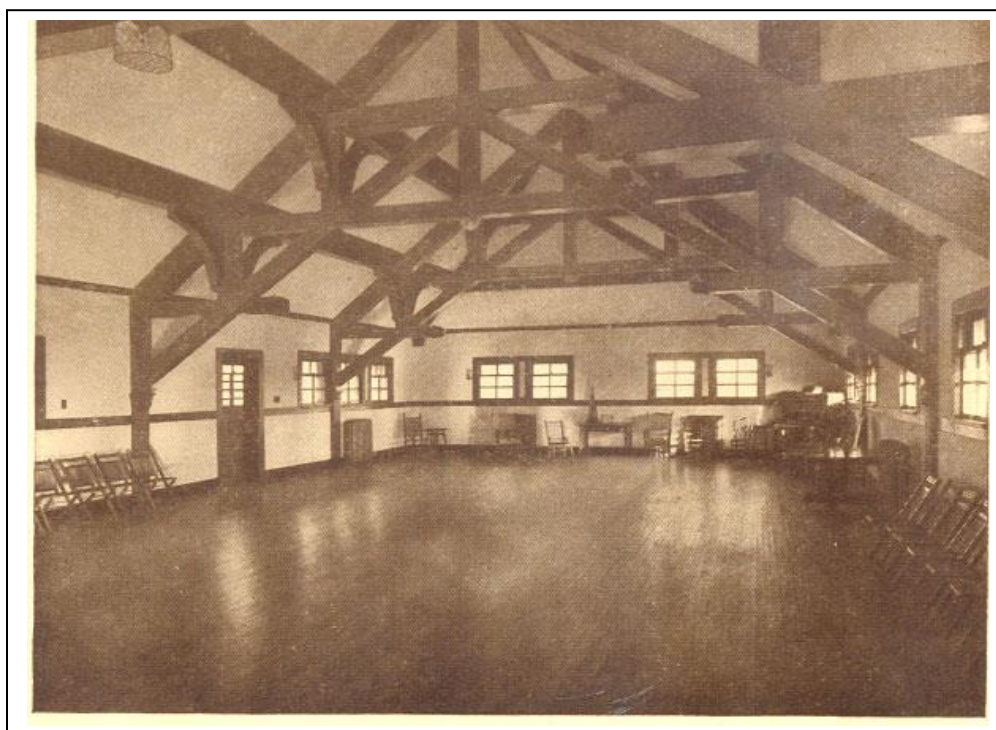


MPH.286.P The West House

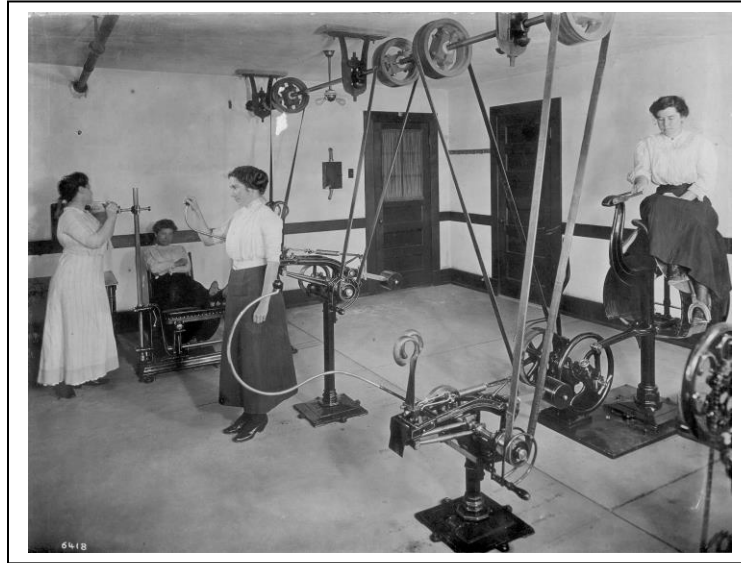
In addition, a **Gymnasium** building was constructed. This building was used for physical activities, dancing, and later movies were shown in the building. There was a billiards room in the building and an arts and crafts room on the bottom floor. The Occupational Therapy Department used this building at one time too. In addition, the Zander apparatus was housed in the Gymnasium Building. This was a series of equipment and instruments for “vibratory” treatment, passive exercise, mechanical and abdominal massage, and contained a saddle for horseback riding exercise. Later, the Zander equipment was moved to the North Building. The Gymnasium was knocked down in the 1980's when the new hospital was built. This building was located approximately where the present Gym is in the hospital today. The present Gym is located near the back-exit doors of the hospital.



MPH. 287.P Gymnasium Building



MPH.394.B A picture of the interior of Gymnasium Building from a promotional booklet



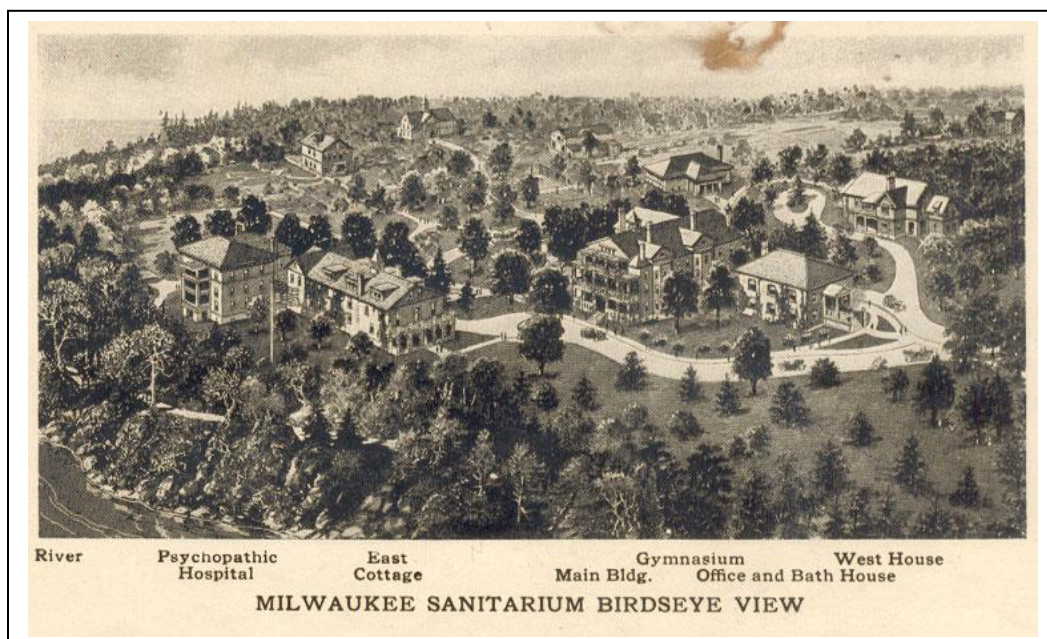
MPH.398.P Zander Exercising Equipment

The final building constructed by Dr. Dewey was a fireproof, three-story structure that was attached to the East House. Its construction allowed the hospital to house more patients. It added eleven rooms and increased the sanitarium's total patient beds to 52. This allowed the medical staff to expand to three full-time physicians. The three-story structure was referred to as the **Psychopathic Hospital Building** or the **Annex**. The combination of buildings would be referred to as the "**Kradwell Building**" in the 1960's. This building was expanded over its lifetime. It also housed the continuous baths. The continuous baths were a form of hydrotherapy that was practiced at the hospital at this time. It consisted of several large tubs, in which a hammock was slung for the patients to lay in while resting in the water. The hammock could be raised and lowered and moved from tub to tub. The patient was frequently wrapped in sheets while submerged. The temperature of the water could be manipulated, along with the time spent in the tubs. Finally, the building had sleeping porches for patients that allowed them to relax in the fresh air at all hours, day or night. This building was demolished in the 1980's when the new hospital was built.



Psychopathic Hospital Building, Milwaukee Sanitarium
<http://www.thetransportco.com/id15.html> and MPH.394.B & MPH.397.P

With all the advances in medical practices and construction that occurred during Dr. Dewey's time at the hospital, the sanitarium looked very different from when Dr. McBride was at the hospital. The following picture shows what the hospital looked like, circa 1914. As a point of reference, the driveway shown in the lower, right hand part of the drawing leads to where the current (2018) access road meets Harwood Avenue, by the Wauwatosa parking lot, next to the railroad tracks. This would be the path that newly arriving patients would ascend as they came to the hospital, at this time. This was where the entrance gate to the hospital was located, as seen in a previous picture.



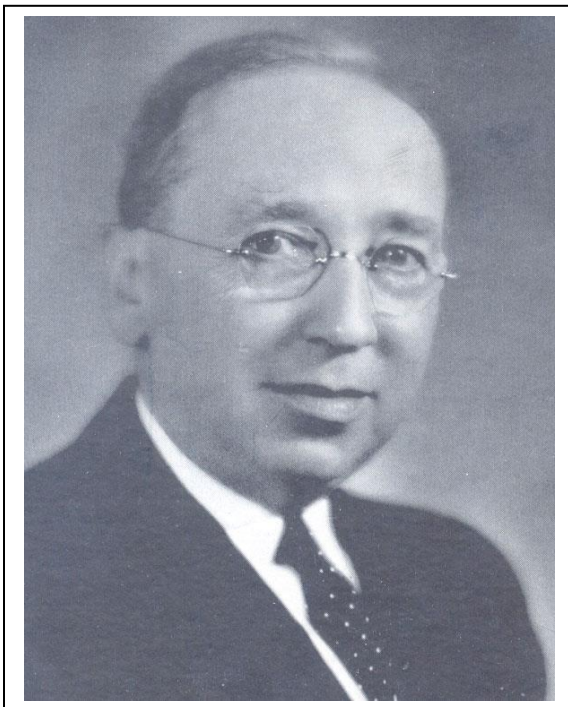
MPH.402.P The Milwaukee Sanitarium, circa 1914

Due to the expansion of the hospital, and the increase in the number of patients being served, Dr. Dewey had several assistant doctors working under him. One of the more locally famous ones was Dr. Arthur W. Rogers. Dr. Rogers was an assistant physician at the Sanitarium from 1895-1905. In 1905, he left to open the Oconomowoc Health Resort at the junction of the two Nashota Lakes in 1908. It is now known as the Rogers Memorial Hospital, a private, non-profit institution.

Dr. Dewey stepped down from his superintendent position in 1919. He retired to California. He died in 1933. He was a visionary and revolutionized mental health care across the United States while he was at the Milwaukee Sanitarium.

The Growth Years

During the first 35 years that Milwaukee Sanitarium had been in existence, it only had two medical superintendents. That stability allowed the hospital to grow in size and stature. After Dr. Dewey retired in 1919, the Milwaukee Sanitarium changed leadership models due to the hospital's increased patient load, profitability and national renown. The hospital began to have both a Medical Director and a Hospital Administer. Dr. Rock Sleyster, M.D. became the Medical Director and Mr. Gerhard H. Schroeder was appointed the Hospital Administer. These two gentlemen formed a very successful "business-like" relationship that contributed to the rapid growth and development of the hospital well into the middle of the 20th century. The leadership of both men allowed the hospital to maintain profitable during the Great Depression.



Dr. Rock Sleyster, M.D.
MPH.435.P



Mr. Gerhard H. Schroeder
MPH.440.P

Dr. Sleyster was only the 3rd Medical Director of the hospital and was the President of the Milwaukee Sanitarium. He served the Milwaukee Sanitarium in both capacities from 1919-1942. Dr. Sleyster was one of the nation's best-known physicians specializing in psychiatry. He was a native of Wisconsin and was the only Wisconsin man to be named President of the American Medical Association (1939). Due to his skills, the American Medical Association still has a scholarship in his name to this day. He was active in the Wisconsin Medical Society, was an officer and editor of the society's paper for several years. He received many honors over his career, including an honorary doctorate from Marquette University in Milwaukee, Wisconsin. He had excellent organizational and leadership skills. He passed away in March of 1942.

Mr. Schroeder served as the hospital's administrator for 33 years, from 1919-1952. He married Sophie Yoerg in 1940. He was President of the hospital, following the death of Dr. Sleyster in 1942. During his tenure, the hospital expanded in size (32 acres) and in capacity (152 beds). His business savvy allowed the hospital to remain a leader in psychiatric care during his tenure. He remained President of the hospital until his death in 1952.

The arrival of Dr. Sleyster and Mr. Schroeder marks the beginning of the greatest growth of the Sanitarium. Fourteen buildings were constructed over a period of thirty years and an additional nine acres of land was purchased in 1936. Of those fourteen buildings, ten buildings were constructed for patient use during this time. They were Colonial Hall, the English Cottage, Dewey Hall, the South House, the Garage, the Billings House, the McBride House (2 patient cottage), Avery Cottage (1 patient cottage), Kradwell House (2 patient cottage), the Cape Cod Cottage (1 patient cottage) and the Hospital Building. The other four buildings that were constructed were for business purposes. They were the Administrative/ Office Building, a Dormitory for staff, the Director's Residence, and the Medical Directors Residence. In addition, five houses across the street from the hospital, on Harwood Avenue, were secured for rental by the Milwaukee Sanitarium for the hospital physicians and medical staff to live in. These rental properties were no longer used by the hospital by the 1970's. This allowed the hospital to serve approximately 152 patients on its 32 acres of land by the middle of the 20th century.

Colonial Hall was built during Sleyster's time. It housed a central dining facility, lounges, a patient's library and a double deck sun porch for both summer and winter relaxation. By 1959, it was renamed **Sleyster Hall** in honor of Dr. Rock Sleyster. In 1965, the building was utilized in a slightly different manner. It was still used for patient lounge and dining area, but employees used the building for their cafeteria and lounge too. It also had a 27-bed nursing station and was used for storage too. At the same time, an annex was added to the building. The annex had 12 private, patient rooms and housed the main kitchen. In the 1990's it was renamed the **Lorton Professional Building**. Currently, the building is known as the **Lorton Professional Building** (Building 3). The building houses Psychiatrist/ Psychologist offices, the Aurora Behavioral Health Center and Medical Staff Services.



MPH.410.P Colonial Hall

The **English Cottage** was constructed during Sleyster's time too. By 1959, the building was used as a residence for female patients. In 1965, it was referred to as "**The Admissions Unit**". Nearly all patients were admitted for evaluation there first prior to being sent to specific units on the hospital grounds. It also had an 11-bed nursing unit. In the 1990's, it was referred to as the **Village Center** or the **Schroeder Building**. Outpatient addiction and recovery along with individual and family therapy were conducted there at that time. In the 21st century, the building was called the **Schroeder House** and contained the adolescent substance abuse program, the adult substance abuse programs and the intensive outpatient programs. In 2005-2006, Kradwell School held half their classes here while the Kradwell School building was being renovated and expanded. In 2016, the building, and the surrounding oak forest, was removed to make way to a two-story parking structure which provided close to 100 parking spaces for staff and cliental to park on campus.



MPH. 406.P The English Cottage

The **Dewey Hall** was another building constructed at the time. It may have been referred to as **Dewey Cottage** or **Dewey House** at one point too. It was a patient housing unit. It contained an 11 bed and 9 bed nursing units. The lower floor (basement?) was used as a patient recreation area and had kitchen too. In 1982, the hospital's in-patient school moved into the building. The house was then renamed **Kradwell High School**, in honor of Dr. William Kradwell. In 1986, an elementary program was added, and the school changed its name to **Kradwell School**. By 1995, the school no longer served the hospital's in-patient populations because of a restructuring in the hospital's in-patient services. At that time, the demand for the school's educational services from surrounding school districts allowed the school to offer a wide range of academic classes and a summer school program. In 2005-2006, the school was remodeled and expanded to better serve its increasing educational cliental. Currently (2018), **Kradwell School** (Building 10) is a private school with a dedicated staff of teachers and support personnel that educates 5-12th grade students from the surrounding school districts in the greater Milwaukee County area, and the counties that ring Milwaukee County.



MPH.279.P(K) Dewey Hall

The **South House** was built at this time too. It was constructed as patient housing. It held one nursing unit with nine beds. Very little additional information remains on its usage over time. It appears to have been destroyed in the 1970's. If not, it was definitely demolished in the 1980's when the new hospital was built. The South House was located where Unit 4 is in the hospital today. Unit 4 is the part of the hospital that faces Kradwell School.



MPH.404.P South House

The **Garage** was more than likely built earlier in Dr. Sleyster's directorship. It may have housed the hospital's horses and associated wagons and buggies. When Milwaukee Sanitarium got rid of its equine transportation, the hospital's laboratory was then located on the bottom floor. It also had employee apartments on the upper floor. After 1947, the laboratory moved to another building. The building then housed the hospital's vehicles

on the first floor, along with the hospital's beauty shop ("Vanity Fair") on the first floor too. Several employee apartments were still in use on the upper floor at this time. The hospital's grounds keeper, Curt Gardner, lived in the building during his whole career at the hospital. The Garage use to be located close to the present-day Gymnasium. The building was moved to its present position (south of Kradwell School) in 1982 to make room for the new hospital. In 2016, the hospital built a non-brick structure adjacent to the garage to house the campuses growing fleet of service vehicles. That structure replaced a similar looking building that was located behind the current brick Garage but was torn down in 2017 to make room for the new Dewey enter. The old brick **Garage** (Building 9) is still used by the hospital's Building and Grounds Department for equipment storage.



MPH.284.P Garage (original location, west of Dewey Hall)

The **Billings House** was probably constructed in the 1940's. It contained 2 nursing units: one 8 bed unit and one 12 bed unit. It was used for such a purpose through the 1960's. In the 1990's, it was called the **Bridgeway Dewey IRTP** building. It was an **Inpatient Residential Treatment Program** that provided individual and family care, self help and support programs, and activity therapy. In the 21st center, the building was called the **Dewey Center** and contained the adult chemical dependency services. The building was demolished in 2018 to make way for a newer and bigger Dewey Center that opened in 2018. The new Dewey building is located about 50-100 yards east of the original Dewey Center.



MPH.409.P The Billings House (old Dewey Center)

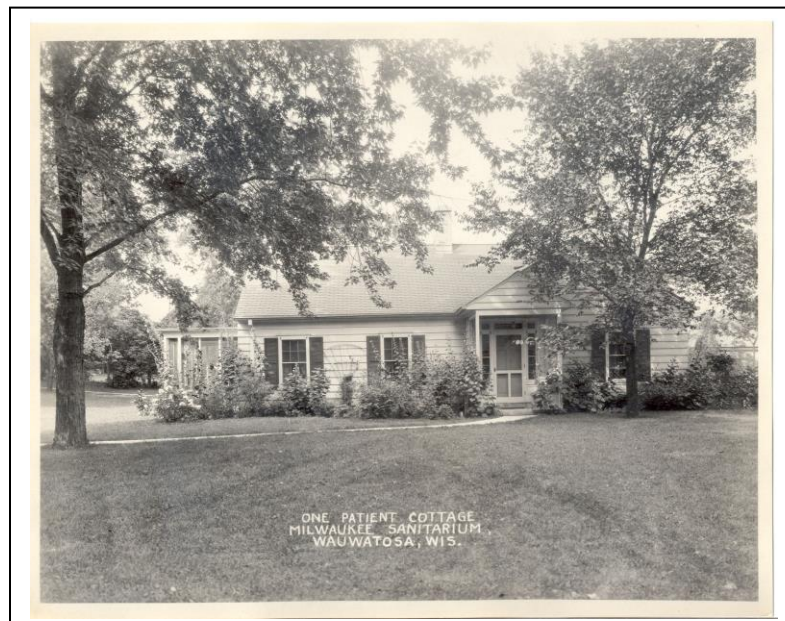
Some of the new buildings that were constructed by Dr. Sleyster and Mr. Schroeder continued the “cottage system” philosophy of care that Dr. Dewey pioneered during his tenure at the hospital. Many of the building discussed above housed patients in an apartment like setting (private or en suite baths) with nursing units that attempted to simulate a relaxing “home-like” atmosphere for healing. Despite this, there was still a need for a more private setting for patients who would be willing to pay for this level of care. To meet the needs of these patients, private homes (“cottages”) were built. This type of custodial care lasted for much of the 20th century with the last custodial care patient dying on campus in 1986.

One example of a private cottage that was constructed after 1919 was **Cape Cod Cottage**. This was a one patient cottage. While a patient stayed in this cottage, a private duty nurse cared for them. In the later 20th century, the house was renamed the **Valentine Clinic II**. It was used as an outpatient mental health clinic that treated patients of all ages. In 2016, the building was destroyed to make way for the new Culver Alumni House.



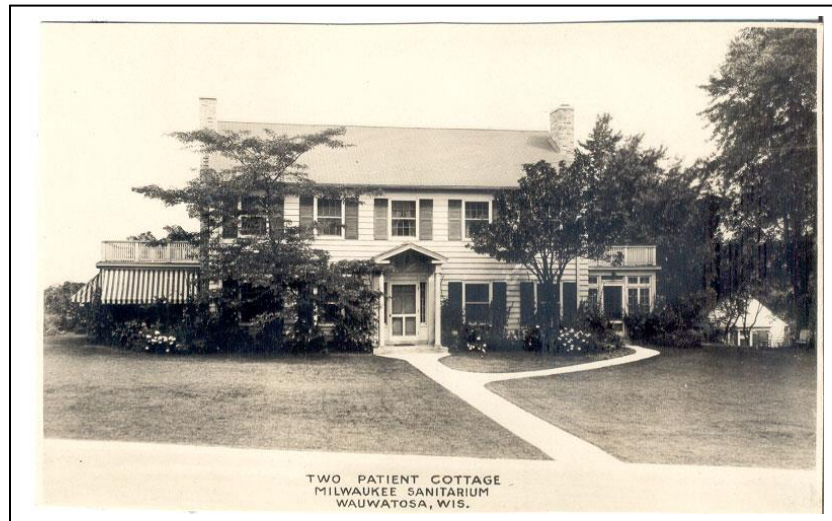
MPH.292.P The Cape Cod Cottage

Another example of the type of private cottages that were constructed on campus would be the **Avery Cottage**. This one patient unit appears to have been used by custodial care patients until the 1950's or 1960's. At that point, the house was used for vocational counseling. In the 1990's, Marketing and Public Relations for the hospital used this building. Quality Management and Philanthropy use this structure for a while after that. In 2017, it is referred to as the **Three Oaks House** (Building 5) and is used for staff offices.



MPH.278.P & MPH.697.P Avery Cottage or One Patient Cottage

One more example of private housing that was available on campus was the **Two Patient Cottages**. These buildings allowed for two patients to share the same structure. It appears that two (maybe three) of these houses were built in the first half of the 20th century.



MPH.288.P Two Patient Cottage

The first cottage was built directly north of the Administration building and was called the **Kradwell House** in 1959. This was the on-campus residence of Dr. William Kradwell and his wife until 1965. In 1965, this cottage was called the **High School Building** and served as classrooms for the hospital's adolescent patients. In the 1990's, the Activity Therapy Department was in this building. Today, it is the campus' Adult Substance Abuse Intensive Outpatient Center and is referred to as **Building 2**.

The second cottage, located directly north of the Avery Cottage, was called the **McBride House** by 1959. This house was a 6-bedroom ½ way house where patients lived as they made the transition from the hospital to the community at large. It was still referred to as the McBride house in 1965. In the 1990's, it was called the **Herrington House I** and was used for residential programs, as a treatment facility and as a ¾ way house for those with addiction issues. Today it houses the Aurora Behavioral Health Medication Clinic and is called the **Aurora Behavioral Health Center** (Building 6).

The third cottage may have been Sophie Schroeder's on-campus residence. This house was located south of the Director's Residence (Currently the Lighthouse on Dewey) on Honey Creek Parkway. This cottage was torn down when the Aurora Zilber Hospice building was constructed in the early 2000's.

The final building that may have been constructed during Sleyster's time, but possibly in the 1950's or 1960's was a building referred to as **The Hospital**. This building was attached to the northwest corner of the old East Building and formed what was called the **Kradwell Building** in 1965. There appears to be three buildings in this structure on the 1965 map. One of these buildings, or all of them, may have been called **Dewey Hall** at one point too. The Hospital/ Kradwell Building had one nursing unit of 10 beds, two nursing units of 12 beds, and a maximum-security unit of 6 beds. This structure was torn down in the 1980's to make room for the new hospital.



MPH. 407.P The Hospital Building at Milwaukee Sanitarium

In addition to the buildings constructed for patient use, four buildings were established to house the growth professional and administrative staff at the hospital. The first of these four buildings was the **Office Building**. It has been used as an office building/ administrative office building ever since. Today, it is referred to as the **Administrative Offices** (Building 1).



MPH.283.P Office Building, now Administrative Offices

The next structure that was built at this time was the employee's **Dormitory** building. It was located near the old Harwood Avenue entrance to the hospital. In 1965, this building

was called the **Research Building and Outpatient Center**. A psychiatric research lab was established in this building in 1964 due to a grant from the Allen-Bradley foundation in 1964. At the time, the lab at the Milwaukee Psychiatric Hospital was considered one of the finest in the country. In the early 21st century, it housed the hospital's teleservices. Today the building is called the **Benjamin C. Bugbee Professional Building** (Building 7). Child and Adolescent Day Treatment and Adolescent Partial Hospital Programs are located there today.



MPM.845.P Employee Dormitory building

The next building constructed by Dr. Sleyster was his private residence on campus, the **Director's House**. This house was a replica of an English Manor that Dr. Sleyster saw on one of his vacations to England. The completed house had maids, a butler, a cook and a gardener for the proper English Garden that were located on the west end of the house. The east end of the house originally had a porch on it. It was converted to a garage at a later date. The last President of the hospital to live in the house was Mr. Gerald Schley in the 1990's. After Mr. Schley left, the house was used for hospital storage. Finally, after some years of neglect, and being resigned to storage, attention was finally given to the old Directors House. In 2013, the building was remodeled and transformed into the **Lighthouse on Dewey**. The Lighthouse now provides a safe and welcoming place for those recovering from addiction issues through support groups and community activities. The mission of the Lighthouse will dovetail in with the services provided by the Culver Alumni House and the new Dewey Center.



MPH.684.P Director's House



MPH.715.P Formal Gardens, behind the Director's House



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Campus. It was used by the hospital's medical director until the 1980's. In the 1980's, the house was known as the **EVR Building** (educational, vocational, and recreation building). This building had programming for group activities, cooking classes, music lessons, woodworking and shop classes. In the 1990's, it was known as the **Herrington House II**. It functioned as a ¾ way house and was used for residential programs for the treatment of addiction issues. In the 21st century, it was called the **Alumni House** and was used as a transitional living facility for those patients suffering from substance abuse issues. In 2017, the building was demolished so the new **Dewey Center** could be built. The services previously offered at the **Alumni House** were transferred to the new Culver Alumni House in 2016.



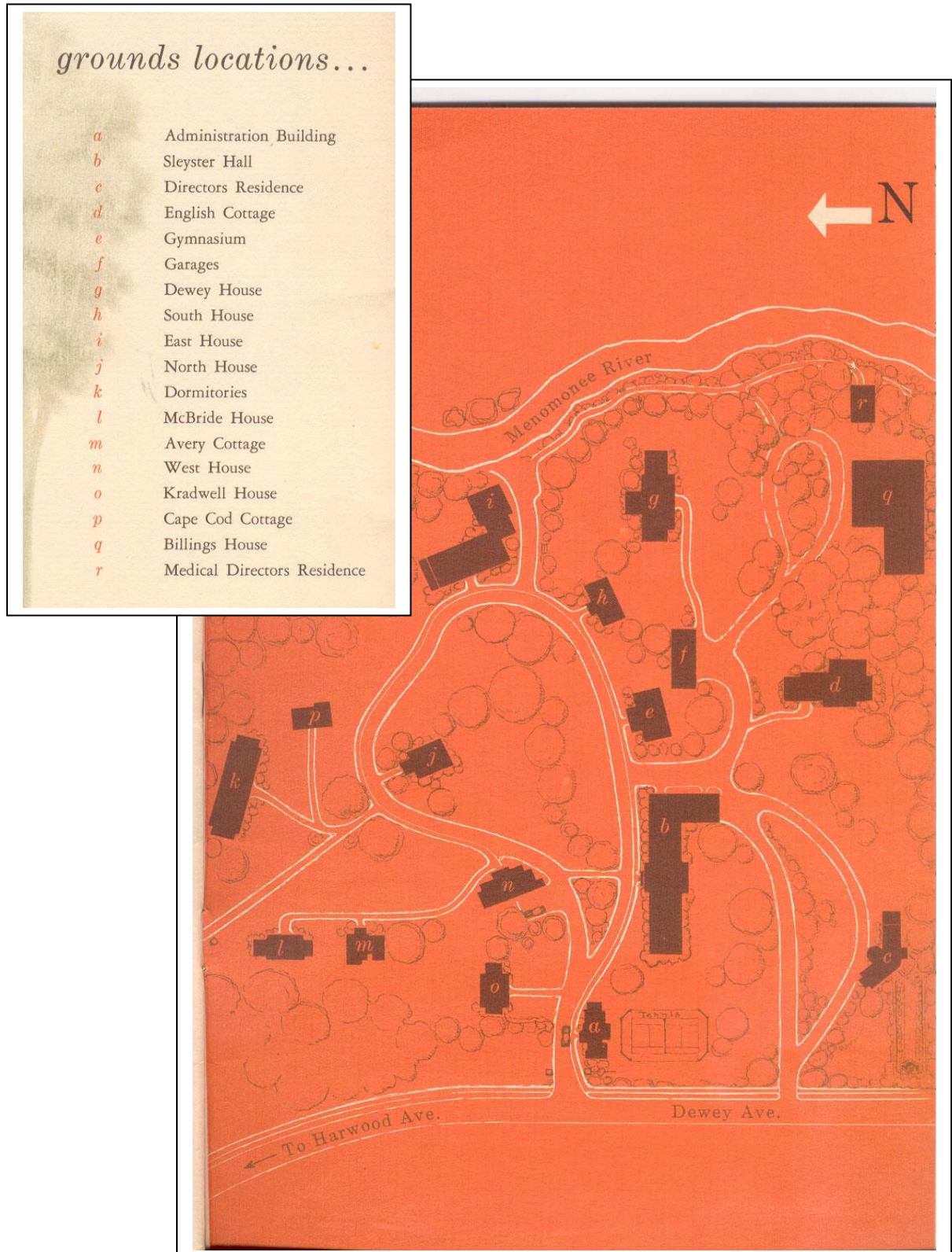
MPH.694.P Medical Director's Residence

As the hospital grew, and buildings were added, the hospital needed a new entrance to the community. This coincided with the rapidly changing face of transportation in the United States in the 1930's and 1940's. While many people still rode trains and streetcars, and Milwaukee County had a world-class mass transit system, people were driving more. Due to that societal change, Milwaukee Sanitarium changed its entrance. No longer would patients walk or drive up from Harwood Avenue, they would now enter the hospital via Dewey Avenue. The picture below shows this new avenue of access to care. This approach continues to function as the main access to the hospital today.



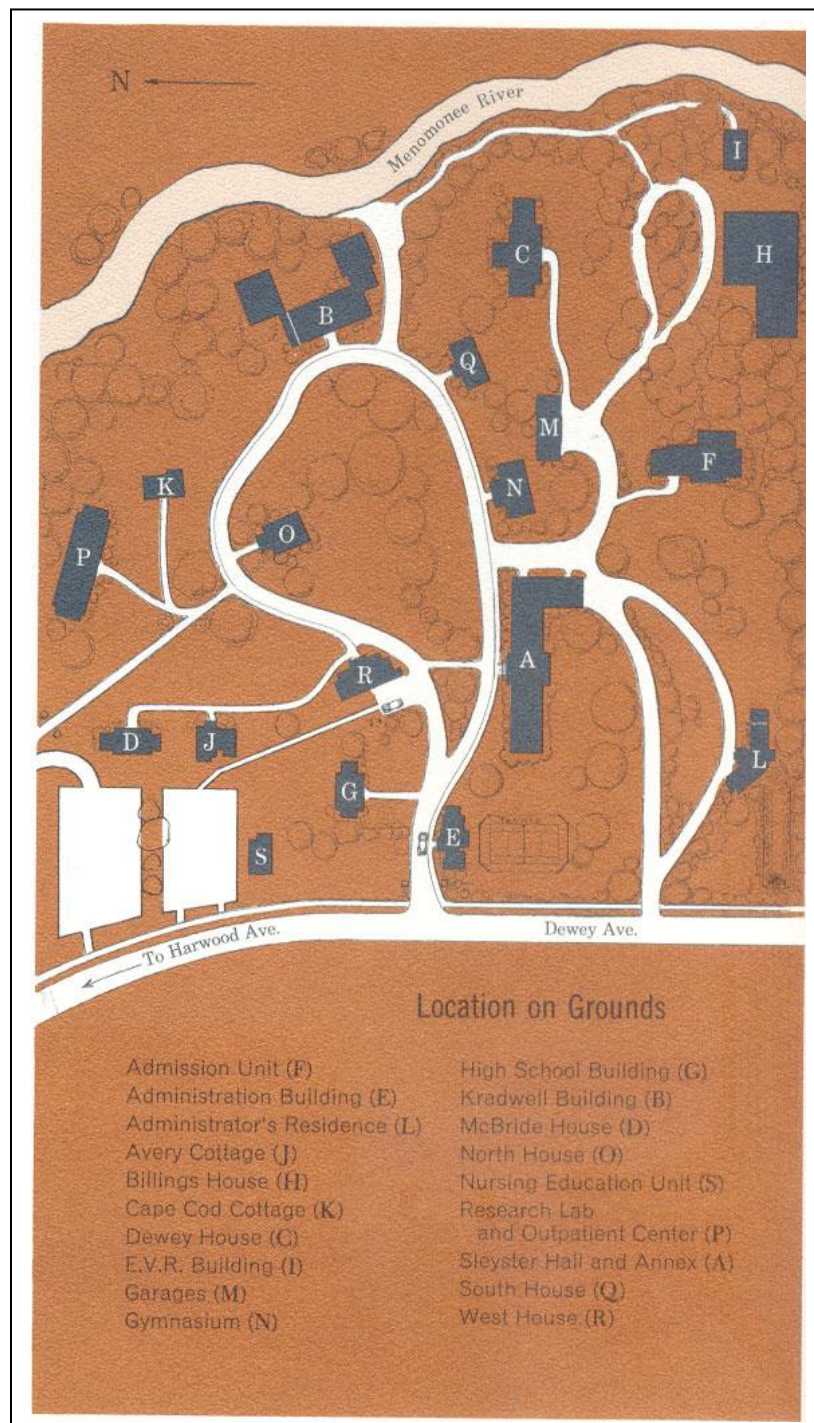
MPH.271.P Entrance to the Milwaukee Sanitarium Grounds

The location of these buildings that were constructed by Dr. Sleyster and Mr. Schroeder can be seen in a 1959 map that was included in the 75th anniversary booklet that the hospital published. The map is on the next page.



MPH.58.B 1959 Campus Map

These same buildings, some with new names, can be seen in a 1965 map of the campus that was included in the “A Dynamic Approach to Concerned Progressive Patient Care”, a promotional booklet that the Milwaukee Psychiatric Hospital published.



This growth in physical size matched the hospital's growth in stature too. A 1934 publication about the Milwaukee Sanitarium credited the hospital with the following:

“While specializing in the care of patients suffering from emotional and nervous disorders, the Sanitarium is also equipped to care for patients convalescing from any illness. Many people, merely tired and in need of rest and a carefully ordered life, find a wholesome relief here from the complications and exhausting demands of business and the home. Here is leisure for reading, recreation, and complete relaxation, with the restorative influence of physical and mental training. Work rooms provide a wholesome objective interest of therapeutic value and more than diversional significance. In the realm of psychotherapy this Sanitarium ranks among the foremost”.

Changing Treatment Methods

As the physical face of the campus changed during Dr. Sleyster's leadership, so did the treatment methods that the doctors used on their patients. In the first half of the 20th century, treatment of psychiatric patients shifted from custodial care (making the mentally comfortable for the duration of their stay/ life) to an expectation that patients could be cured. Some of these “cures” involved hydrotherapy and sedative medicines to keep the patient calm and relaxed so that they would not hurt themselves or others. The open, natural atmosphere of the sanitarium was an aid in keeping patients relaxed.

In the late 1930's to the early 1940's, there was a shift in psychiatric practices from the use of sedative medicine and empirical psychotherapy (reassurance) towards more “shock” treatments and other “curative” practices. This was a major shift in psychiatric care. In the past, psychiatric patients were placed in custodial care (crowded asylums for those with no money/ private hospitals for those with money) and it was expected that they were to be made as comfortable as possible. Treating them was possible, curing them was not. As the medical community better understood the power of drugs and chemicals (kind of an off-shot of the chemical warfare studies of WWI), they began to experiment with pharmaceutical treatments that could cure psychiatric patients. Some of these practices included using a **Tincture of opium** to relieve agitation and depression.

The hospital also used **Sleep therapy** in which the prescription of hypnotic and sedative barbiturates, such as **sodium amytal** and **medinal**, to promote long continuous periods of sleep. It caused the patients to sleep between one and two weeks. It was used by doctors to treat schizophrenia, depression, obesity, PMS and addiction issues. It was a therapy of choice by doctors whose patients could not tolerate the pain of, or dreaded the repeated use of, electroshock therapy. It was discovered that while one was asleep for such a long period of time, they rarely remembered how long they were asleep, and what shock treatment(s) were given to them.

One shock treatment that was used was **Electroshock therapy**. It was used to treat patients with psychosis. After an electric shock, one is relaxed because all the muscles that were tensed up, due to the shock, have just released all their tension. Repeated shocks were thought to help relax patients with psychosis. Another shock treatment was the use of **Insulin Shock Therapy**. Its use caused convulsions or put the person in a superficial coma. It was used to treat people afflicted with psychosis, particularly schizophrenia.

In addition, **Malarial therapy** and **typhoid vaccine** were used to produce fevers. It was observed that insane patients improved after surviving a high fever from typhoid fever or TB infections. After a high fever, one is sometimes very calm and lucid. It was thought that repeated applications of medicines that produced high fevers could “cure” insane patients.

Finally, **Metrazol** injections were used to induce convulsions to “cure” schizophrenia. Unfortunately, it had the side effect of causing spinal fractures in almost ½ the patients. Dr. H. Douglass Singer, a leading psychiatrist from Chicago, spent time seeing patients at the Sanitarium for 2 days a week. He was the doctor who introduced both Insulin and Metrazol Shock practices to the hospital in 1937. **Curare** was then used to modify the convulsions associated with **Metrazol** treatments. **Anectine** (a muscle relaxant) was used to keep patients calm and sedate during these treatments so they would not injure their spine.

Doctors felt that the use of such practices would allow them to “cure” their patients of what ailed them and permit them to return home as productive members of society. These medical practices and methods of treatment were the beginning of major change in psychiatric care in America. Patients were no longer being locked away and cared for in institutions for their whole lives. That was no longer economically viable for many hospitals, or patients and their families. The middle of the 20th century, patients were staying for shorter periods of time in hospitals (months not years). A patient’s time in psychiatric care would continue to lessen as the 20th century advanced.

Along with the medical practices listed above, the hospital provided other therapies for its patients. For a brief period, the Milwaukee Sanitarium had Mary E. Black on staff. Ms. Black (pictured below) was a pioneer in using occupational and recreational therapy as a treatment for the mentally ill. She reorganized and set up an occupational therapy program for patients at the Milwaukee Sanitarium while she was here from 1939-1943. In addition, she worked on the draft to her classic text- Key to Weaving while she was at the Milwaukee Sanitarium. The Bruce Publishing Company of Milwaukee, Wisconsin published this seminal text on weaving in 1945.



<http://www.caot.ca/default.asp?pageID=1463> (accessed July 2010)

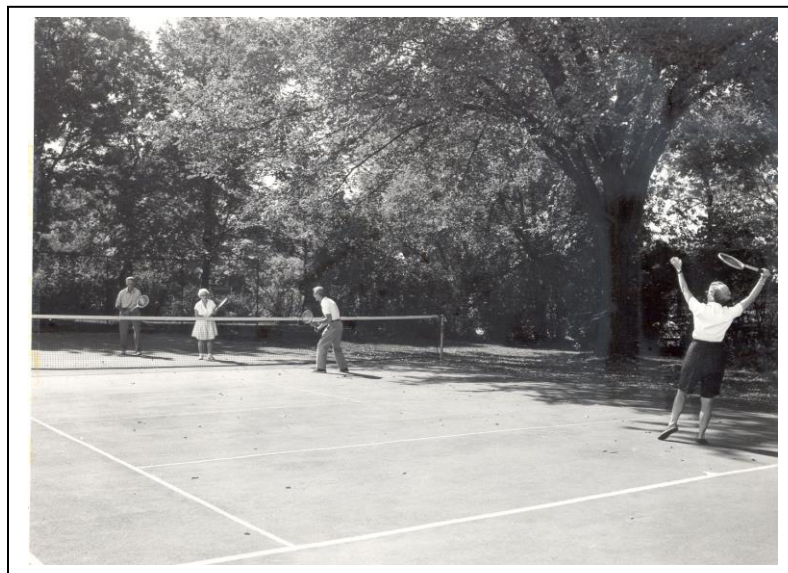
Recreational therapy was available in the gym. Along with the Zander equipment, patients could use the weights, participate in outdoor sports (tennis and archery, for example), or walk the grounds. The tennis courts were located on the east end of where the patient parking, behind Buildings 1 and 3, is now. The tennis courts also contained an outside basketball court too. An outdoor Volleyball net and court were added to this area in the latter half of the 20th century. This outdoor activity area was paved over in the early 21st century due to a need for increased patient parking on campus.



MPH.273.P Working out in the Gym



MPH.421.P Staff and/or patients practicing archery on campus



MPH.273.P Tennis on campus

Over time, other forms of therapy would be available to patients at the hospital. Art, music, theater, gardening and other occupational and recreational therapies would be offered. The hospital had a patient library and lounge for reading, talking and playing games in Sleyster Hall in the 1960's.



MPH.423.P Garden therapy

In the 1965 brochure “A Dynamic Approach to Concerned Progressive Patient Care”, the hospital highlighted the role of Activity Therapy in patient care. The brochure discussed how it used education, vocation, recreation, civic skills, homemaking and religion as a way to help patients heal and return home as smoothly as possible. Some of the vocational classes offered at that time included typing, filing, shorthand, office procedures and the use of the Dictaphone. Some of the arts and crafts offered were painting (in many Medias), wood working, ceramics, sculpture and leatherworking. Finally, offerings in recreation therapy included dance, golf, tennis, bridge, and other experiences in family living.

In the 1960's, the hospital began treating more and more adolescent patients. The Education Section of the Activities program started to offer high school and college classes taught by Wisconsin certified teachers at the hospital. In 1963, the freestanding educational program, known as “The High School” was initiated at the hospital. As previously mentioned, the school changed its name to Kradwell High School in 1968. The school changed its name to Kradwell School in 1986 when an elementary school teacher was added to help instruct the children from the new Schroeder Children's Center on campus. In 1995, Kradwell School was no longer instructing inpatient adolescents due to a restructuring of the inpatient services at the hospital. From that point on, Kradwell School served the educational needs of school districts in the greater Milwaukee community. The school was located in the North Building from the late 1960's until 1982. In 1982, Kradwell High School moved to Dewey Hall. The building was renamed Kradwell School has remained there to the present day. Mr. Mark Bialzik was one of the original teachers when Kradwell School was still part of the hospital in the 1970's. His almost 40 years of contributions to Kradwell as a teacher, and later as Principal, were

instrumental in building the school into what it became in the 21st century. Today, Kradwell School serves students from numerous school districts in the Greater Milwaukee County area with a staff of dedicated and caring professionals.



MPH.700.P 1960's classroom at the hospital, in the North House?

The growth of the Milwaukee Sanitarium in size and stature is due, in no small part, to the stability in leadership and medical guidance that marked the first 50+ years of the hospital's existence. Having only four people guide the hospital from 1884 into the middle of the 20th century helped to establish the hospital as a leader in the field of psychiatry and psychology. This institution owes a lot to Dr.'s McBride, Dewey, and Sleyster and to Mr. Schroeder for their vision and dedication. This began to change with the passing of Dr. Sleyster and Mr. Schroeder.

A Period of Instability

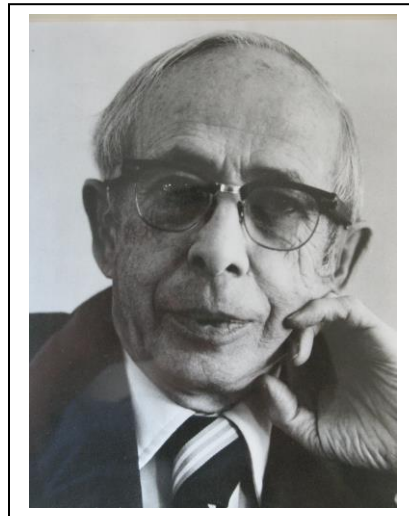
For 58 years, there were only three Medical Directors. From 1942 to 1982, there would be eight Medical Directors. At this time, many local hospitals were adding psychiatric wings to their hospitals. This meant competition for psychiatric services. In addition, the financial incentive of private practice was causing some of the doctors to leave their practices at Milwaukee Psychiatric Hospital, hence the high turnover at the Medical Director position. The eight medical directors are as follows:

- Dr. Lloyd H. Ziegler (1942–1945)
- Dr. Josef Kindwall (1945–1955)
- Dr. Carroll Osgood (1955–1958, acting)
- Dr. Eugene S. Turrell (1958–1963)
- Dr. B. Cullen Burris (1963–1967)
- Dr. Paul Stein (1967–1969)
- Dr. Morton Josephson (1969–1976)
- Dr. Cliff Simke (1976–1982)

Dr. Ziegler was an organizer and charter member of the American Board of Psychiatry and Neurology and author of numerous scientific papers. He served as Associate Medical Director for five years prior to 1942. He died in January of 1945.

Dr. Kindwall was a noted physician and psychiatrist. He was instrumental in bringing the drug Disulfuram (Antabuse) into active use in the United States. Disulfuram is used in the treatment of chronic alcoholism and causes acute sensitivity to alcohol. After Dr. Kindwall left the sanitarium, he went to work for the Veterans Hospital.

Dr. Osgood was part of the hospital for 43 years. He was a doctor on staff from 1932-1975. He served as a bridge from the “old” styles of psychiatric care (therapy and medications) to the “newer” styles of patient care (psychotherapy). He was the Associate Medical Director (1942-1955) and the Acting Medical Director (1955-1958). His writings on the time that he spent at the hospital have opened a detailed window into the history of the hospital and its medical practices while he was a doctor here.



MPH.441.P Dr. Carroll W. Osgood

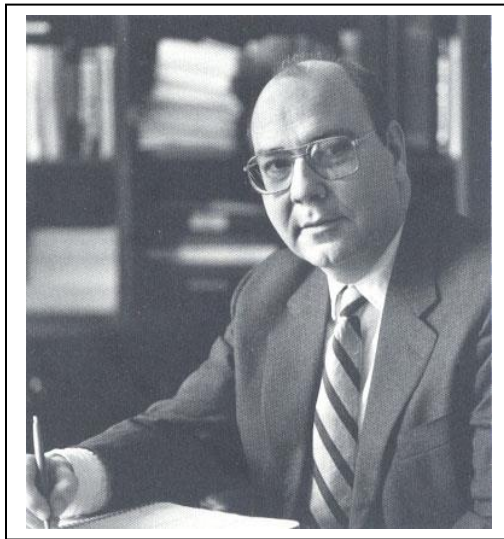
Dr. Turrell came from Denver to serve as the Director of Psychiatric Services (Medical Director). He was also the Chairman of the Department of Psychiatry at the Marquette Medical School (now the Medical College of Wisconsin). He was trained in psychoanalysis in the Freudian tradition. He left the hospital to go into private practice.

Dr. Burris succeeded Dr. Turrell. Dr. Burris continued to use psychotherapy. He also oversaw the expansion and enrichment of ancillary services and departments such as Social Work, Psychology, Nursing and Activity Therapy that began under Dr. Turrell. He resigned to go into private practice in Chicago.

Dr. Stein followed and fostered the development of psychoanalytically orientated group work, but soon left. Dr. Josephson succeeded Dr. Burris but left in a manner that cast a pall over the hospital and its otherwise fine work in treating its patients. Dr. Josephson

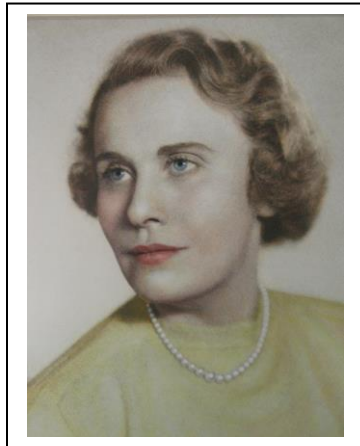
was found guilty of having an inappropriate relationship with a patient. He eventually had his psychiatric license revoked. Finally, Dr. Simke succeeded Dr. Josephson in 1976, but he left in 1982.

This revolving door of medical leadership would finally end in 1982 when Dr. Arthur G. Norris was appointed the 12th Medical Director. He oversaw a very large medical staff of over 70 psychiatrists and approximately 60 psychologists. He would provide the stability and leadership necessary from 1982-1990. He led the hospital through a remarkable transformation in 1982, the construction of the new psychiatric hospital. Before we can discuss this change, we need to step back and discuss the changes that the hospital underwent in leadership and financial direction in the middle of the 20th century.



MPH.82.B Dr. Arthur G. Norris

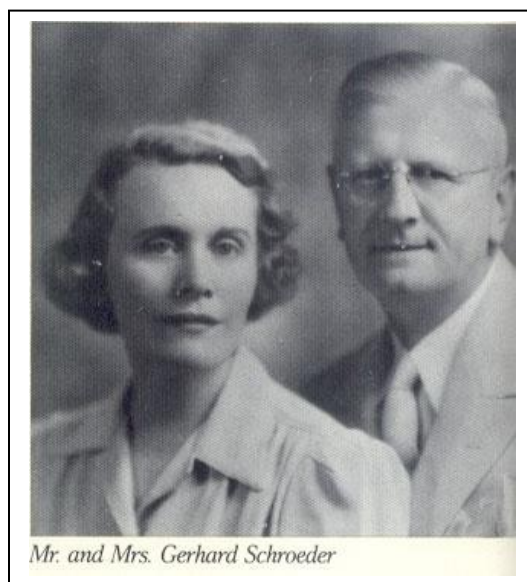
As it was previously discussed, the Milwaukee Sanitarium suffered a blow in continuity and leadership when Dr. Sleyster and Mr. Schroeder passed within a decade of each other. During this time of transition, the hospital was well served by Mrs. Sophie Schroeder. At a time in American history when women were expected to stay at home, and not be leaders in “male” occupations, Mrs. Schroeder was a trendsetter for feminists. She was a woman of remarkable leadership and drive that steered the fortunes of the psychiatric hospital for over 50 years.



MPH.442.P Mrs. Sophie Schroeder

Mrs. Schroeder (Yoerg) was married to Mr. Gerhard Schroeder in 1940. She was initially trained as a nurse. She began her nursing career at Children's Hospital in 1923. She became the Administrator of Children's Hospital in 1937 and served on their Board of Directors for 39 years.

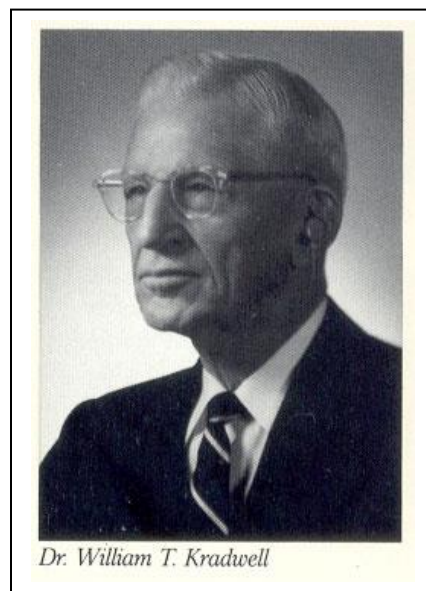
When Mr. Schroeder died unexpectedly in 1952, Mrs. Schroeder took over as President of the Milwaukee Sanitarium (1952-1953). After a new Administrator was hired in 1953, Mrs. Schroeder continued in her service to the hospital as President of the Board of Directors until 1974. In 1954, she worked with others, including Dr. William Kradwell, to create the non-profit Milwaukee Sanitarium Foundation, which enabled the hospital to achieve its non-profit status that same year. Mrs. Schroeder also provided the impetus for the creation of Kradwell School (1963) and the Dewey Center (1972). The Schroeder's lived in the house that was removed to build the Aurora Zilber Hospice. Mrs. Schroeder's legacy can still be seen and felt on our campus today.



MPH.398.B Mr. and Mrs. Gerhard Schroeder

Following the death of Mr. Schroder, Mr. Waldo Buss became the next Executive Director of the Milwaukee Sanitarium from 1953-1962. Under Mr. Buss' leadership, the institution continued to grow in both stature and prestige. In 1954, the sanitarium became a non-profit facility under Mr. Buss' facilitation and has remained so since then.

This change in status from for-profit to non-profit was in no small part due to Dr. William Kradwell and Mrs. Sophie Schroeder's leadership. Dr. Kradwell dedicated his career to the hospital and has the longest history of service with the hospital (60 years) from 1905 to 1965. He was one of Dr. Dewey's assistant physicians. He, along with Dr. Osgood, witnessed the many changes in psychiatric care and practices at the Milwaukee Sanitarium as the 20th century progressed.



MPH.389.B Dr. William T. Kradwell

Dr. Kradwell established the Ada P. Kradwell Foundation in 1946, in his wife's name and memory. This foundation provided the financial assistance needed for the establishment of the Milwaukee Sanitarium Foundation, Inc. in 1954. The Ada P. Kradwell Foundation bought up the hospital's outstanding assets from stockholders to allow the hospital to change its financial status to a non-profit medical institution. Mrs. Schroeder and Dr. Kradwell were two of the larger stockholders. When they sold their stock to the foundation, others followed. Dr. Kradwell was the Vice President of the Milwaukee Sanitarium Foundation, Inc. from 1954-1965. The change in status from for-profit to non-profit greatly increased the institution's prestige in the field of mental health. This also laid the foundation of the present broad facilities in patient care at the hospital.

In 1955, under Mr. Buss' leadership, the hospital became affiliated with the Marquette University School of Medicine and Froederdt Hospital. The Marquette University School of Medicine eventually became the Medical College of Wisconsin. The Dean of the

Department of Psychiatry was also the President of the Milwaukee Sanitarium Medical Staff. Psychiatric residents were trained at the hospital.

This close affiliation with Froederdt Hospital led some to believe that a diagnostic and research hospital would be established on the Milwaukee Sanitarium's grounds near the end of the 1950's. This "new" hospital would serve as medical center that would make possible the closely related and coordinated treatment of patients with a variety of medical and psychiatric needs. This would allow specialists from all branches of medicine to be at a central location. The concern by some is that the construction of this hospital would be at the expense of the relaxed, natural and contemplative "feel" of the current Milwaukee Sanitarium grounds. This did not come to pass. The medical center was still constructed in Wauwatosa, Wisconsin but further down the road. It is known as the Milwaukee Regional Medical Center, and Froederdt Hospital is one of its core medical facilities.

In 1957, an Outpatient Clinic was established for the first time at Milwaukee Sanitarium. The new Outpatient Clinic was established through funds received from the Ford Foundation. The Outpatient clinic was established in a response to the change in psychiatric care from long-term residency to shorter-term care. Also, the competition from other psychiatric hospitals and psychiatric wings at local hospitals (offering cheaper service) was one of the reasons why the Milwaukee Sanitarium began to offer a new kind of mental health care and services in their Outpatient Clinic.

The middle of the 20th century was pivotal time in the history of the Milwaukee Sanitarium. Mr. Buss left the hospital in 1962 to become an administrator of a hospital in New York State. Mr. Dean Roe followed as the 4th President of the Hospital from 1962-1972. Mr. Roe was a well-respected administrator and presided over a decade of significant change. These changes included the addition of a Music Therapy Center in 1963 and a center for the treatment of chemical dependency issues in 1972.

In 1964, the Milwaukee Sanitarium changed its name to the **Milwaukee Psychiatric Hospital**. This was done to better reflect the shift in care at the facility from being more of a "rest home" in the past (sanitarium) to an active treatment facility (psychiatric hospital).

This was also the time when changes in insurance made it lucrative for general hospitals to open psychiatric units. This created significant competition for patients and psychiatrists. The financial draw of private practice also resulted in additional turnover in medical staff at the Milwaukee Psychiatric Hospital.

In 1965, all members of the medical staff were fulltime employees of the Milwaukee Sanitarium and the Milwaukee Sanitarium Foundation, Inc. Then a Wisconsin law was passed making it illegal for hospitals to hire physicians as employees of the hospital. This led to the hired medical staff forming the Milwaukee Psychiatric Physicians, Chartered. This allowed the physicians to continue to work at the hospital, but have their services billed to the new organization. This independent clinic still exists today.

Mr. Roe left Milwaukee Psychiatric Hospital in 1972 to become the President of Froederdt Memorial Lutheran Hospital, a position that he held for the next 20-years. Mr. Roe was one of the driving forces behind the establishment of the Milwaukee Regional Medical Center in Wauwatosa, Wisconsin.

In 1964, a grant from the Allen Bradley Foundation allowed the Outpatient Clinic to expand. The grant allowed for increased individual and group therapy, family counseling, and education. Furthermore, the Outpatient Clinic led to an increase in the family's involvement in the patient's therapy. This involvement allowed the clinic to expand and grow even more throughout the 1960's and 1970's.

In 1970, the hospital's census was low. The hospital then looked at what services they could offer that the community could benefit from. In 1972, in recognition of a need in society, a chemical dependency unit was established. It was established in the Billings House under the direction of Mr. John Shafer and Dr. Craig Larson. Mr. Shafer was a social worker at that time. This was a center designed for the treatment of alcohol and chemical dependency. The center was named the "Dewey Center" in honor of Dr. Dewey. The Dewey Center is still known for its personalized and caring treatment for patients and their families in the community.

The 1970's also saw the establishment of adolescent treatment programs to address the needs of those from 12-18 years old. Furthermore, the Outpatient and Community Services center expanded, an adult day treatment program was established, a troubled employees program started, an eating disorders program and a young adult treatment program were started too. All these new programs demonstrated the hospital's ability to grow from a long-term "rest home" to a facility committed to being a leader in the psychiatric field by meeting the needs of their current patients.

Changing Treatment Methods Lead to Stability and Rejuvenation

Along with the later half of the 20th century seeing a change in the services offered by the hospital, a transition in care was occurring too. These included the use of **Carbon dioxide inhalation** for treatment of psychoneurosis. The hospital used **thyroid medication** for treating patients with relapsing catatonia. The hospital performed **Lobotomy** on about 20 patients. The practice was performed at what is now Aurora St. Luke's Medical Center, but the patients recovered at the Milwaukee Psychiatric Hospital. The hospital also used **Antipsychotic Medications**, such as Thorazine. It was first used at the hospital in 1956. The hospital started to use antipsychotics on those psychotic patients who previously prescribed sedatives, to keep them calm and safe. These patients were now able to function better and felt as if they were awakening from an extended nightmare. The hospital first used **lithium** for the treatment of those patients experiencing manic states and mood disorders in 1968. **Psychotropic medications** (tranquilizers and antidepressants) started to be prescribed at this time too. **Shock Treatments** were still used for those severely depressed patients who did not respond to other treatments.

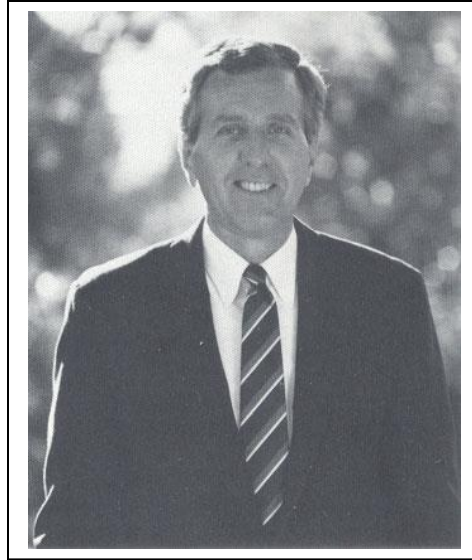
Finally, the hospital increased its usage of **Psychotherapy** and **Family Therapy**, along with **Occupational** and **Recreational therapy**, for patients to get them more involved in their treatments, and aid in their recovery. While the use of Psychotherapy had been present at the hospital since the beginning, the use of shock therapy in the 1930's and 1940's caused that type of care to be placed in the background. In late 1950's and into the 1960's, Dr's Turrell and Burris brought a more active approach to the use of psychotherapy to the hospital. They helped to establish a more therapeutic community and feel to the hospital and moved the staff away from the exclusive usage of shock therapies and antipsychotic and psychotropic drugs.

The increased usage of psychotherapy at this time was a challenge for the more traditional doctors (Osgood) to adapt to, but that was the way that the hospital was treating patients during the 1960's. In addition, the emphasis in treatment shifted towards group and family therapy at this time too. The use of psychodrama (under the direction of Dr. Reynold Nocella), art therapy, and music therapy increased too. There were also growing contributions from the Department of Social Work, under the leadership of Mr. Gordon Farr. Mr. Farr used behavior modification techniques with his patients.

Due to the growth and usage of so many therapeutic techniques, a special staff dining room was set up in the basement of Sleyster Hall in the 1960's. This was where members of different departments could confer over lunch and coordinate their therapeutic efforts. Along with staff conferring with each other in this room, the hospitals aides could be brought up to date with treatment procedures too.

Activity therapy, under Mr. Ron Wilson evolved at this time too. While there had been an Occupational and Recreation Therapy departments in the past, their activities were not coordinated to the degree needed at this time. Mr. Wilson combined all these activities into an Activities Department designated "EVR" (Education, Vocation, and Recreational).

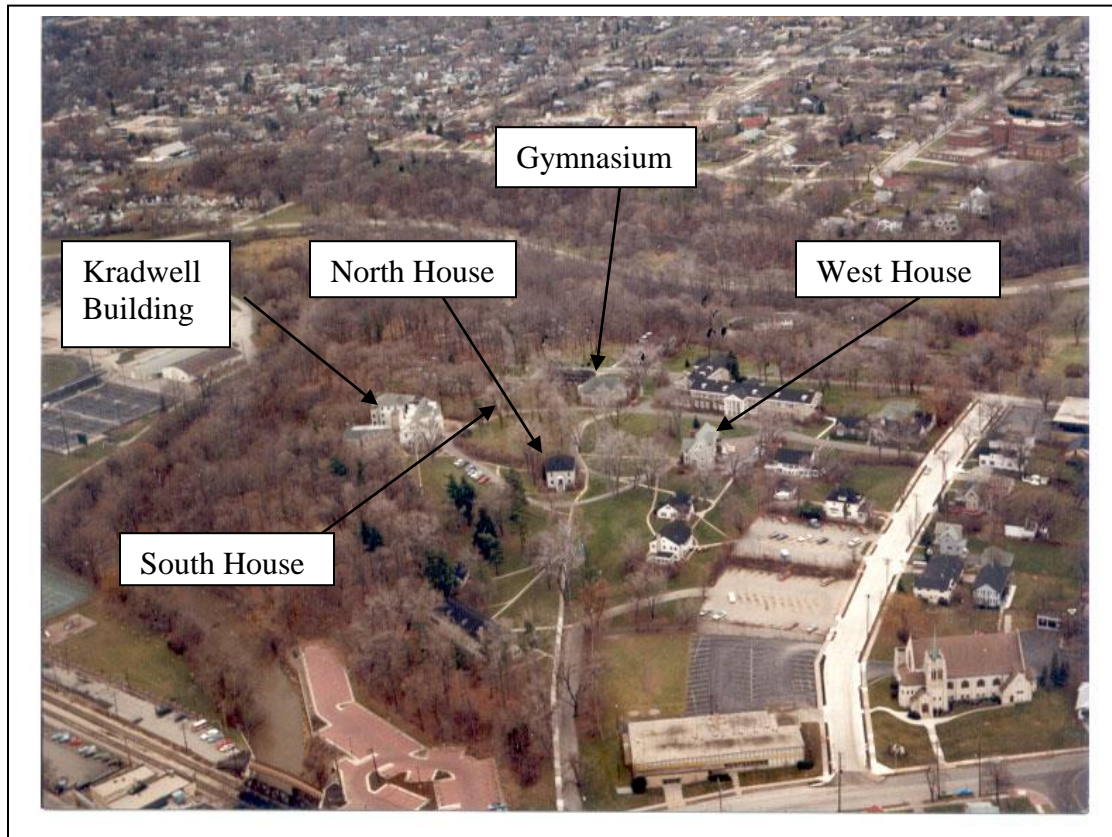
Mr. Roe managed these changes in psychiatric care with a capable hand. So, did his successor. In 1974, Mr. Gerald E. Schley became the 6th President of the Milwaukee Psychiatric Hospital. He served from 1974-1996. He guided the hospital through a period of relative stability and growth. One of the highlights of his tenure was the construction of the new psychiatric hospital in 1982.



MPH.82.B Mr. Gerald E. Schley

In the late 1970's, the hospital began to show its age. While the campus itself was testament to relaxation through its open space and natural look, the buildings needed renovation or replacement. Many of the buildings have been used since the early 1900's. To meet the needs of the next generation of patients, a decision had to be made: renovate the existing buildings or replace many of them with a new building. The leadership of the hospital decided to build a new psychiatric hospital to be more competitive and still offer the quality care that the hospital was known for.

To make way for the new hospital, five buildings were removed. They were the West House, the North House, the Kradwell Building, the South House and the Gymnasium. The locations of these buildings can be seen in the aerial picture (below) from the 1960's. As a point of reference, the top of the picture is looking south, Dewey Avenue is the major road to the right and Harwood Avenue is the street located on the bottom of the photo.



MPH.403.P Aerial photograph of the Milwaukee Psychiatric Hospital grounds, 1960's-1970's?

The groundbreaking for the new hospital occurred on May 13, 1982. The new hospital took about 2 years to complete. The completion of this new facility has allowed Milwaukee Psychiatric Hospital to remain a leader in psychiatric care and adapt to the changing ways that patients needing mental health care are treated.



MPH. 259.P Groundbreaking for the new hospital, May 13, 1982

In the image above, pictured left to right: Emily Weinel, Barb Multhoff, Marion Klippel, Annette Koch, Dean Gruenewald, Dr. Carroll Osgood(?), Jerry Schley, Dr. Benjamin Bugbee, Dr. Arthur Norris, Dr. Cliff Smike and Mrs. Sophie Schroeder.

The following pictures, taken by John Rydjewski from 1981-1983, show some of the destruction of the old buildings and the construction of the new hospital. All photos are from MPH.12.P, a photo album that chronicles the construction of the new hospital.



Tree Removal, May 5, 1982



Demolition of the Gymnasium, May 25, 1892



Floor removal of Garage, June 2, 1982



Cistern from original farm located, June 30, 1982



New gymnasium foundations, August 26, 1982



Roofing going in on Unit C, December 2, 1982



Demolition of the North Building, May 16, 1983

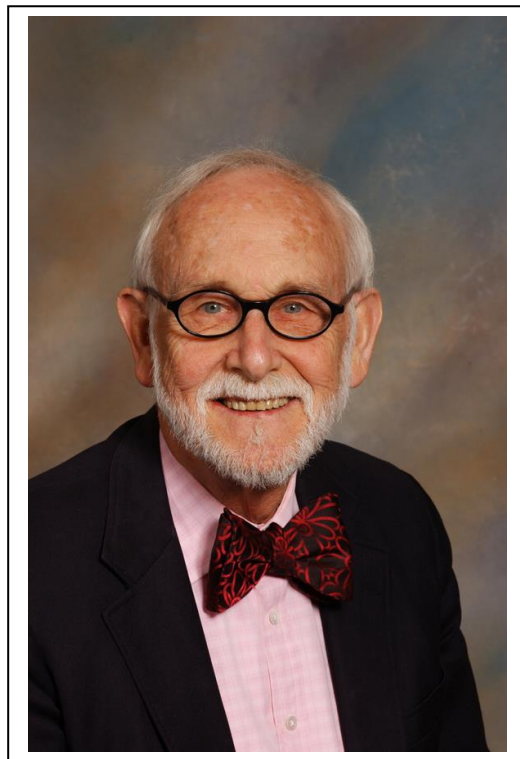


Main entrance to hospital, July 22, 1983

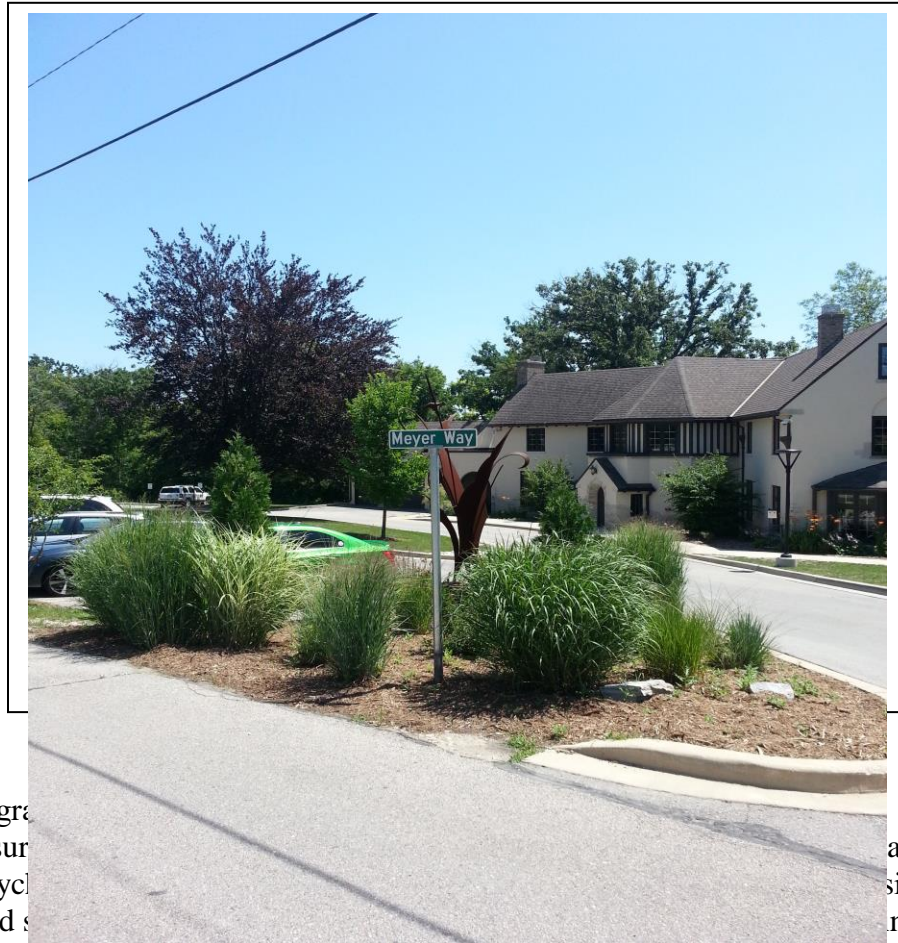


Entrance to the new Psychiatric Hospital, Aurora Creative Services Photo

In 1990, the hospital named its 13th Medical Director, Mr. Anthony Meyer, MD. Dr. Meyer has been associated with the hospital since 1962, when he started here as a medical student. Dr. Meyer was a member of the medical staff from 1976 to 2017. Dr. Meyer retired as Medical Director in 2017. Dr. Meyer had the 3rd longest tenure as Medical Director in the history of the hospital. In honor of Dr. Meyer's contributions to the hospital, its patients, and the community; the secondary driveway into the hospital, and road that winds around into the hospital, was renamed "Meyer Way" in 2017.



Dr. Meyer, Aurora Creative Services Photo



Medical programs were changing insurance companies (for-profit psychiatric programs and services). Inpatient hospital stays from months/years has changed to days/ weeks. There was also a development of mental health and addiction care for adults which included inpatient, residential (addiction only), partial hospitalization, and intensive inpatient and outpatient services. There has also been a development of mental health care for children & adolescents that included inpatient, partial hospitalization, day treatment and outpatient therapies. Specialty cares including eating disorders and substance abuse for adolescents and Opiate Recovery Program (Suboxone) for adults was added too. Kradwell High School expanded its offerings too and now educates students from 5th grade through 12th grade. The school serves over 25 school districts in Southeastern Wisconsin. Finally, there has been an implementation of the Planetree model of patient-centered care at the hospital. This patient centered care approach has added to the traditions of superior psychiatric care that the hospital has been known for over 100 years.

Near the end of the 20th century, the health care system was changing. Third party insurance providers and payers were encouraging psychiatric hospitals to release patients faster and include more outpatient services. New psychiatric wings in existing hospitals were being established to allow these hospitals to offer this service, and make money, in an area that they did not have in the past. Plus, the government was reforming health care at that time too.

To remain competitive, and to remain open, Milwaukee Psychiatric Hospital needed to affiliate with a larger organization. In December 1992, Mr. Schley and the hospital's Board of Directors voted to join Aurora Health Care. This allowed a niche hospital, such as Milwaukee Psychiatric Hospital, to remain competitive in an increasingly tough health care market.

DECEMBER 12, 1992 THE BUSINESS JOURNAL

Citing competitive local market, Milwaukee Psych joins Aurora

By JULIE SNEIDER

Milwaukee Psychiatric Hospital and Aurora Health Care have agreed to affiliate.

At a special meeting Dec. 9, Milwaukee Psychiatric's board unanimously approved the affiliation, which the Wauwatosa hospital and Milwaukee health care system have been studying since July. The Aurora board approved the affiliation Dec. 4.

With major health care reform looming and uncertainty over what form that would take, Milwaukee Psychiatric's board decided it had to be part of a large health care system to guarantee the hospital's future in an increasingly competitive psychiatric market, said Gerald Schley, president of Milwaukee Psychiatric.

"Going it alone is getting tougher and tougher," Schley said.

The agreement with Aurora will "help (Milwaukee Psychiatric) reduce its expenses during these times of declining reimbursement for mental health and addiction treatment," he said.

Russell Britt, chairman of Milwaukee Psychiatric's board, said board members have been concerned for some time whether the small specialty hospital "can keep alive" its niche.

"We've watched as some competitors have dropped by the wayside, and we felt this would put us in a strong position," he said.

After losing more than \$1 million in 1989 and 1990, Milwaukee Psychiatric turned a profit of about \$250,000 in 1991 and expects to end 1992 in the black, Schley said.

As an Aurora member, Milwaukee Psychiatric will maintain some autonomy, including its own board of directors.

Whether the affiliation will mean a cutback in programs offered by Milwaukee Psychiatric or Aurora has not been determined. Over the next six months, a team of doctors and managers will determine where services overlap and where systemwide coordination should occur, said Diane De La Santos, a spokeswoman for Aurora.

Psychiatry is considered one of the specialties at Aurora affiliate Sinai Samaritan Medical Center, Milwaukee. Aurora also offers mental health and alcohol and drug abuse treatment at other affiliated inpatient and outpatient facilities, including St. Luke's Medical Center, Milwaukee.

Milwaukee Psychiatric is the first specialty care hospital to be added by Aurora in a year of aggressive expansion into markets outside Milwaukee County.

"Our strategic planning includes not only expansion to other geographic areas, but also diversification," De La Santos said.

Aurora officials believe an integrated regional system offers the best opportunity to contain costs and improve access to health care services, she said.

Aurora and Milwaukee Psychiatric unsuccessfully explored an affiliation in 1988. Since then, the local market changed so dramatically that the hospital realized it had to be part of a larger system in order to remain competitive, Schley said.

Since 1988, three psychiatric hospitals have opened in the Milwaukee area and others have shut down. Kettle Moraine Hospital recently announced it will close its inpatient facility in Oconomowoc on Dec. 24, although it will continue to operate residential and outpatient programs at other area sites.

In addition to increased competition within the psychiatric care market, third-party payers have pressured psychiatric facilities to release patients faster and offer more programs on an outpatient basis.

As government moves closer to reforming the health care system, particularly as it relates to defining what's considered a "basic benefit package," Schley said he fears mental health and addiction treatment services may be eliminated altogether as necessary health insurance benefits.

1992 was quiet year for credit unions

By JOHN BANKER

Despite a recent cloudburst of activity, the credit union industry in Wisconsin remains in a merger and acquisition drought.

During the latter half of the 1980s, the state registered no fewer than 22 credit union mergers a year. But since 1990, the number of combinations has fallen off steadily; as of Dec. 1 of this year, there were nine credit union mergers or acquisitions, according to the state office of the commissioner of credit unions.

Dearth of deals

Since 1986, merger and acquisition activity has fallen 61 percent at state credit unions.

Year	No. of deals	% change
1986	23	77%
1987	22	-4

In 1996, Mr. Schley left Milwaukee Psychiatric Hospital. Due to the affiliation with Aurora Health Care, the hospital would now be known as an Executive Director. For the next 5 years, there was a series of three Executive Directors that came and went in almost a yearly fashion.

In 2001, the Milwaukee Psychiatric Hospital changes its name to the **Aurora Psychiatric Hospital**. In addition, stability in leadership once again returned to the hospital in 2001. Mr. Pete Carlson was named the Executive Director of the Milwaukee Psychiatric Hospital. Under Mr. Carlson's guidance, the hospital remains a leader in psychiatric care in the 21st century. Mr. Carlson is still the leader of the hospital in 2018 (when this was published), but his title is now the President of Aurora Psychiatric Hospital and Aurora Behavioral Health Services.



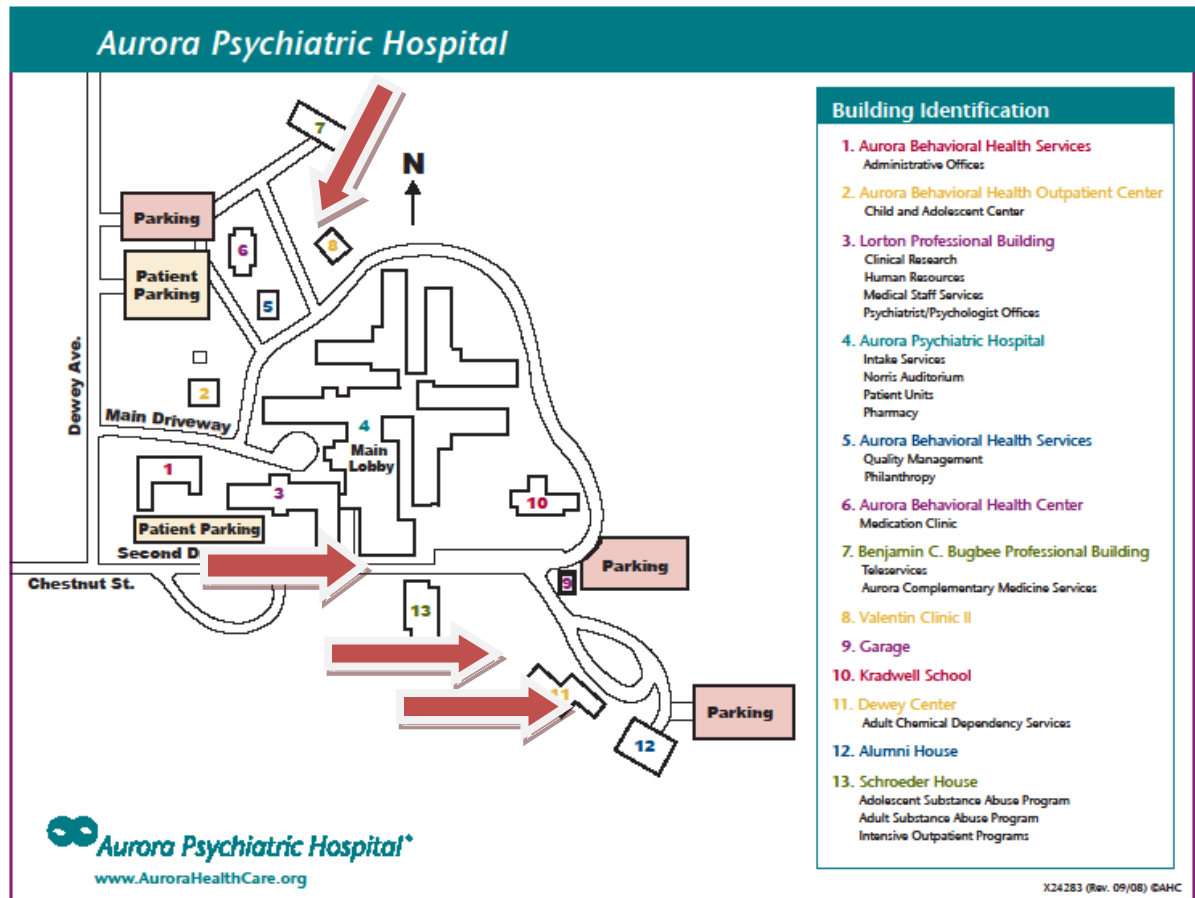
Mr. Pete Carlson, Aurora Health Care photo

In 2009, Aurora Psychiatric Hospital celebrated its 125th anniversary. The hospital has evolved from a farmhouse and some out buildings, to a 30-acres+ campus that can service a variety of psychiatric needs to a grateful patient population. In looking at all the hospitals that have come and gone in that time, for this hospital to remain in the same location and to be able to provide the same high level of care for so long is quite an accomplishment. This could not have been done with the efforts of all the past and present caregivers that have worked at the hospital.

A New Century Leads to New Buildings

In 2016, the hospital underwent its most recent renaissance. Approximately \$35 million dollars was spent to renovate and update the buildings and services offered at Aurora Psychiatric Hospital. At the end of construction in 2018, four of the older buildings were gone. Two newer and bigger buildings were built in their place. The main hospital was renovated to increase its capacity for additional patients and staff. A new, two story parking structure was built to help ease current on-street-parking congestion. Plus, existing buildings on campus were improved by upgrading their old and inefficient building systems and mechanical infrastructures to ensure their future longevity and usefulness.

The Aurora Psychiatric Hospital campus map from 2008 is below. It shows the hospital's grounds before the renovations began in 2016. The four red arrows point to the four buildings that were torn down to create space for the two new buildings.



In the Winter of 2016, the demolition of the four old buildings began. These buildings were constructed in the first half of the 20th century. Building 8, **The Cape Cod Cottage**, was the first to be torn down. This building was on the north side of the campus. Building 8 was demolished to make way for the newest building on campus, the **Culver Alumni House**. Construction was completed in the Spring of 2017. The building accepted its first resident in April 2017. The **Culver Alumni House** is a transitional living facility for up to eight residents that aids individuals in recovering from addiction issues. Residents can stay for two to four months. One housing manager lives there too. The functions of this new building replaced those of the old Alumni House (Building 12) that was demolished to make way for the newer and bigger Dewey Center.



in the Spring of 2016 and was completed in November 2016. The two-story parking structure took advantage of the existing grade of the land. The top level of the parking structure is level with the existing access road, while the lower level is accessible by driving around the building. This parking structure can accommodate about 100 vehicles.



Alumni House in April 2017.

The last building to be removed was Building 11, the old **Dewey Center**. The Dewey Center was taken down in the Fall of 2018. The new Dewey Center was constructed in 2 phases. The first section was completed in 2017. The second phase was completed in 2018. The new Dewey Center will continue to provide residency-based substance abuse services. The new facility will have new, private rooms that will increase the number of beds from 15 in the old Dewey Center, to 30 at the new building. Finally, the campus' substance abuse programs will be consolidated into this new building.



Demolition of Building 11, the Dewey Center- author image



New Dewey Center

As part of this \$35 million-dollar renovation, many existing buildings on campus were upgraded. Building 1 (the Administration Building) and Building 3 (Lorton Professional Building) had an ADA (Americans with Disabilities Act) ramp installed along with improved handicap railing and access to its main doors. The sidewalks connecting these two buildings with the main hospital were replaced too. Storm water drainage was improved, and the main driveway was redone with additional handicap parking added. The following pictures show the changes that were made to these two buildings and the main entrance drive to the hospital.



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Adm

The main hospital was expanded and rehabilitated to increase capacity and address growing patient demand. A new and expanded pharmacy was added in the main hospital. New group meeting rooms were added to several wings of the main hospital. Food Services equipment and offices were updated and expanded in the main hospital. More room for food service was added and the seating area was redesigned and updated. Furthermore, heating and cooling services in the hospital were updated, bathrooms were renovated, and janitorial storage was improved.

As part of this project, patient rooms that were being used as office space were revived to accommodate the burgeoning need for inpatient behavioral health services in Wauwatosa and the Greater Milwaukee Area. An estimated 18 additional patient rooms were added because of this upgrade. At the end of each unit, additional space was added for staff to utilize, for patients' rooms and for meeting areas. These design additions and expansions will help the campus to better provide mental health services in the 21st century.



Addition to Unit 2 with Culver Alumni House in background- author image

In addition to the new building and add-ons to the hospital, many other buildings had their aging and inefficient building systems and mechanical infrastructure brought up to date. This included updates to heating and air conditioning systems, replacement of windows and carpeting, increased Wi-Fi capacity and additional restrooms for staff and patients in many of the buildings on campus. All these updates and additions to the main hospital, and its buildings, will allow Aurora Psychiatric Hospital to remain a coveted destination for those in need of compassionate psychiatric and psychological care in the 21st century.

In 2019, the latest phase of construction on the hospital grounds will be complete. That coincides with the 135th anniversary of this institution. Very few private, medical facilities can boast to being around that long. Much less to being able to demonstrate that they continue to be leaders in their fields. While the hospital may no longer be a farmhouse and a few outbuildings, it is still a place that offers comfort, care and hope to those who need it. That vision and commitment to care will carry over long into this new century. Not finis but looking forward to the next chapter in the history of this remarkable institution!