



LIBRARIES

UNIVERSITY OF WISCONSIN-MADISON

Cue. Vol. VI, Issue 12 July 16, 1971

[s.l.]: [s.n.], July 16, 1971

<https://digital.library.wisc.edu/1711.dl/SMA5A7P2GJMTA8O>

This material may be protected by copyright law (Title 17, US Code).

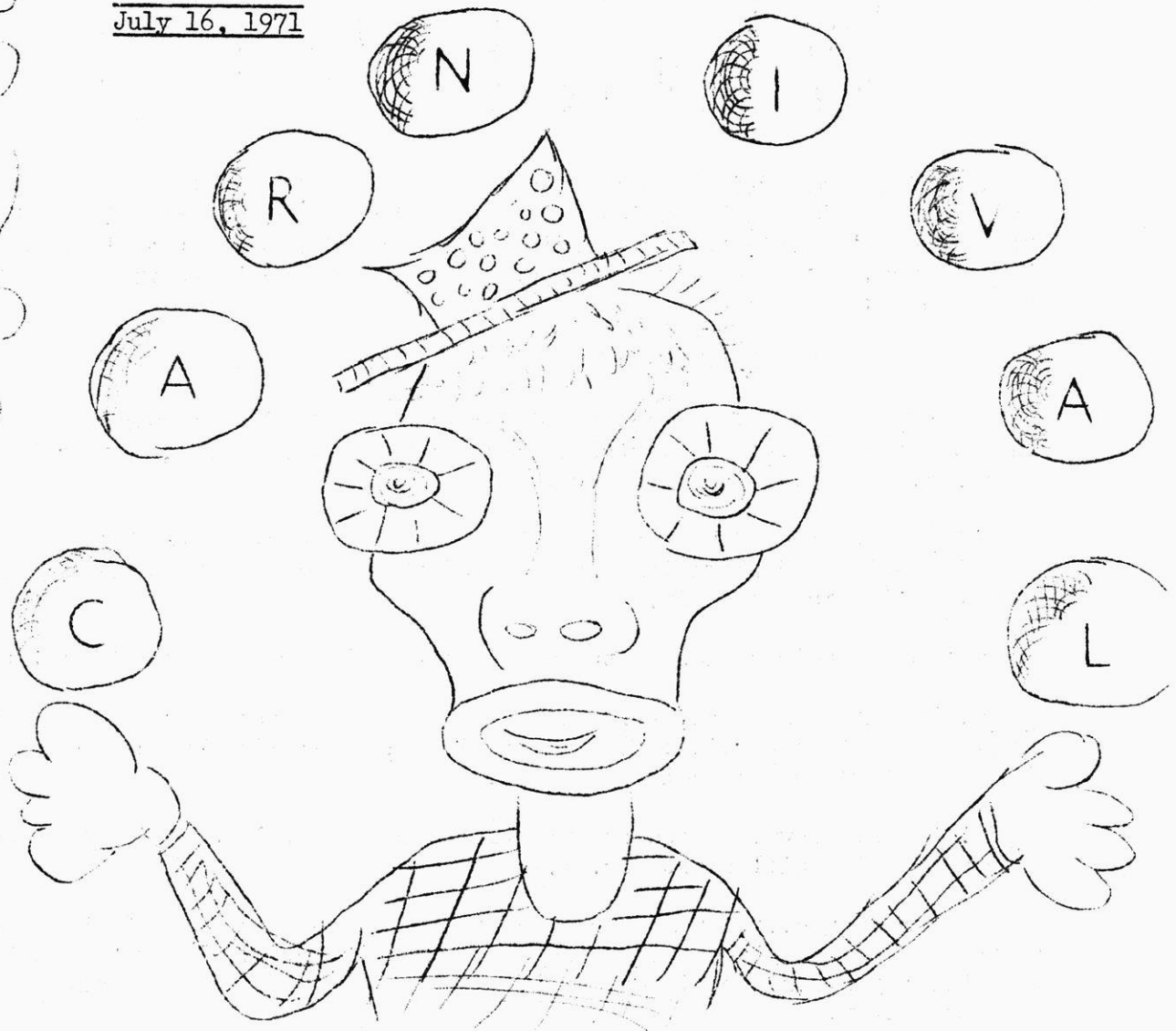
For information on re-use see:

<http://digital.library.wisc.edu/1711.dl/Copyright>

The libraries provide public access to a wide range of material, including online exhibits, digitized collections, archival finding aids, our catalog, online articles, and a growing range of materials in many media.

When possible, we provide rights information in catalog records, finding aids, and other metadata that accompanies collections or items. However, it is always the user's obligation to evaluate copyright and rights issues in light of their own use.

C
U
E



The annual Carnival Fun Fest will be held on Wednesday, July 28, Ken , chairman, told the CUE this week.

The restful wooded area bordered by Kempster Hall, the Nurses Residence and the Food Service Building will almost magically be transformed into a fun filled Midway from 1:30 to 4:15 in the afternoon.

A number of exciting games will be available to you amid the gaily decorated Midway. You will find the "Dunking Tank" among the games scheduled. Here you can dunk a person of authority without fear of the consequences. Tickets will be available both at the Midway and on the ward. There will be a photo booth on hand again this year as it was such a success at last year's carnival.

There will be prizes galore to meet the fancy and tastes of all ages. You are bound to win a prize.

The gala Fun Fest will be concluded with a bountiful picnic supper from 4:30 to 6:00. You can eat any time within this period.

The unique thing about this Carnival is the team work which is demonstrated by all disciplines and patients. It is definitely an overall integrated program. Everybody is involved in some way. This is a FUN DAY for everyone, and we want everyone to come and join the merrymakers. Dine, play and dance to your heart's content.

GROWTH AT WINNEBAGO

The following article appeared in the Sunday edition of the Appleton Post Crescent. Besides introducing the new staff members, the article reviews some of the recent improvements in medical care at Winnebago State Hospital. For this reason, the CUE is reproducing the article so those who did not see it can read it:

WINNEBAGO STATE ADDS 5 DOCTORS: STAFF NOW AT 30

The addition of five new physicians to the staff this summer brings to 30 the number of full-time doctors at Winnebago State Hospital, according to Dr. Thomas J. Kelley, clinical director.

Thirteen of the 30 hold some sort of specialty board certification and all are state-licensed physicians, any one of whom could, if he wished, enter private practice in Wisconsin.

Beginning their duties at the hospital July 1 were four psychiatrists:

Dr. Shujat Barney and Dr. Glen Shaurette, both assigned to the hospital's adult psychiatric service; Dr. Albert Finney, geriatrics unit; and Dr. Kwo-Hwa Tseng, children's and adolescent unit.

Dr. Lee H. Brown, a general practitioner who will work in the alcoholism treatment unit, will start Aug. 1.

Dr. Barney received his education at Government College, Shikarpur, West Pakistan, and the Liaquat Medical College at Hyderabad in the same country. He took his psychiatric residency training at the Mental Health Institute, Independence, Iowa.

Dr. Finney is a graduate of Denver University and the Colorado School of Medicine. He comes to Oshkosh from 18 months of residency training at the Gulfport, Miss., Veterans Administration Hospital.

Dr. Shaurette attended Lakeland College at Sheboygan, the Presentation School of Nursing at Aberdeen, S. Dak., and Northern State College, also at Aberdeen, before taking his medical degree at the Creighton University School of Medicine, Omaha, Neb. His psychiatric residency training was at the University of Wisconsin-Madison.

A graduate of Taiwan's National University College of Medicine, Dr. Tseng also served his psychiatric residency at the UW-Madison.

Dr. Brown was educated at Miami University and the Ohio University College of Medicine. (Continued on Page 12)

CUE'S EDITORIAL DEPARTMENT

Published By and For The Patients Bi-Monthly

Five Years Old, But New Every Two Weeks

J

Advisors:
Lucy Jeffers
Chuck Lemieux

REFLECTIONS

WHAT IS GOING ON?

This article is an attempt to help the new patients at Winnebago State Hospital. Whether you came here voluntarily or court-committed, the first thought is: something is mentally wrong with you or someone else thinks there is something mentally wrong with you. I came to Winnebago State last December as a voluntary patient. At that time I had a court case involved which made matters more confusing. I was lucky in coming here because I had a criminal charge to face, and most cases like this go to Central State Hospital at Waupun. I was admitted to Sherman Hall. I was depressed, confused, and didn't talk much or show any emotions for some time. Some advice to new patients who think they have a problem: First understand that you do need help with your problem, but most important accept that you do have a problem. Until you accept this fact, your progress will be very limited. When I came in, I understood I had a problem but didn't accept it. After 4 months the acceptance came. You can't rush your acceptance of a problem; it will come to you in time if you let it.

Most patients for the first few days feel that the hospital isn't doing anything. At the time it can be very confusing to a new patient. When I was on the admitting ward, I didn't see my doctor for about three days. Hardly any staff members talked to me and I didn't know what was going on. When I did first see the doctor all he did was ask my name and how I was. Then he walked away. This really got me confused because I expected to have some long talks with the doctor right as soon as I was admitted. Looking back now, the first few days are some of the most important in a patient's stay here. For the first few days every new patient is under observation from the staff. Most of what the staff observes is written in your chart. After the doctor has reviewed your chart and talked to the staff members, then he will begin having talks with you. During this time the staff determines if you have a problem and how serious a problem it is. Later on, the doctor will determine what type of problem you have and what treatments

you should receive. I have several problems but luckily I haven't received any medication.

The next step is going into the doctor's office. Don't believe what you've read in books or seen in the movies. My first reactions were nervousness and anxiety. This is normal for anybody in a new situation. Don't expect your doctor to talk. You're not here to find out about him. You as a patient are to let the doctor know about you. A big area where I failed in first talking to the doctor was not showing my inner feelings. I just talked with him and didn't show him the total me. Not showing the doctor the total you is going to lengthen your stay here. Another of my faults was that I agreed with him too much. Instead of arguing back, I just let things get bottled up inside. As a patient, don't believe everything the doctor tells you. Don't go up to your doctor expecting him to have answers to all your questions.

I believe doctors are really no better off than the patients. I've been told a number of times to stop playing games with the doctor. Doctors, you are just playing games with the patients. They find out as much as they can and then apply pressures to the patients to see how they react. In my opinion psychiatry is not a science of the mind but rather an art in which a great deal of guessing is done as to the patient's problem and the best treatment to be used to help cope with the problem. You as new patients are questioning: How does this tie in with me? The answer is easy. When talking to your doctor, first be yourself, then be honest with him, show emotions, don't accept everything the doctor tells you, but at the same time, don't disagree with all that he says either.

I've been hospitalized seven months now, and every time I talk with the doctor I still show nervousness. I've improved since being here, but I would rather have a different doctor. The main reason is this doctor is fairly young, and I believe he goes on the knowledge he learned in a textbook rather than on practical experience. I find it hard to talk to him because of this. Another important reason why I have resentment for my doctor is that

(Continued on Page 4)

REFLECTIONS

(Continued from Page 3)

he has the reputation of keeping his patients here for a longer period of time than other doctors do. You may be saying, "If you keep this resentment of your doctor, how do you ever plan on getting out?"

Before I came here part of my problem was holding feelings back and not expressing what I thought of people. I'm now telling my doctor what I think of him and what he is doing. All the feelings I have aren't bad about my doctor. I have respect for him and believe he is trying hard for me.

Another area some of you new patients will be exposed to is group therapy. You will be placed in a group for different reasons. The main reason is to get you to interact with other patients. I've been in group therapy almost five months now. Before coming to the hospital, I didn't talk my problems out with anyone but kept them inside and tried to figure them out myself.

Since being in group I believe that getting involved with other patients and talking out problems was the turning point in my hospitalization. Through group, a patient gains confidence in himself and others. The group I first started in was very good. The patients' ages ranged from 19 to 56 years of age. This helped me in that I realized I could communicate with both generations and they both understood my problems. This helped me in getting closer to my parents. As different members enter and leave the group, it always changes. We've had four or five sessions where a lot has been accomplished, and then there are times when nobody says a word.

This has been a hard article to write. It was a real challenge to tell new patients what is going on and at the same time incorporate my own feelings about Winnebago State Hospital. I've tried to give the new patient a better outlook. At the same time I was writing this article, it amazed me, looking back at my stay here, how much I've done. I can remember feeling at times "at the rope's end" and just giving up. Somehow I pulled

through. I believe in God and trust that He pulled me out of it. I think people, especially patients, have to have religion because God has helped me many times since being here. I pray all of us will be out of here soon with clear and stable minds. I also pray that the doctors are making the right decisions. Peace.

P.S. Another confusing thing is that before coming here I was to have my 6-month dental check and my teeth cleaned. Since being here, I've asked and sent letters four times asking to get my teeth cleaned. The answer is the dentist is too busy. It has now been 13 months since they have been cleaned. What is going on here? Do we as patients really have any rights? Think about it.

ABOUT FACE

My hospital stay has consumed about six months thus far of my shortening life. Ambivalence grips me in regard to it, for my reason tells me that a longer stay was necessary, but my emotion wants to "get up and go."

Acceptance is a quality I most admire in others, so I've endeavored to cultivate that quality in myself. It is most difficult.

One of the hardest things to accept in life is the fact that there are people who don't care if one likes them. Kipling called one a vampire, "the woman who did not care" and "never could understand." People should care if they are liked, if honor and principle are not involved in the tie.

I suspect that lack of insight is the fault, one about which little or nothing can be done in people of adult age. The best one can do is "put up with it" if one wishes to maintain relations with another patient; or ignore that patient as much as possible if one does not wish to be faced with upsetting situations.

It is self-defeating to be tolerant of someone who is not tolerant of you.

One can't help but admire those aides and nurses who must deal with all patients but find a way to treat all in a satisfying way.

The above are autobiographical notes about the writers' sojourn in the hospital. These were compiled to help others gain insight or recognize common situations. It is hoped you will read this material, contemplate your stay here and write up your own observations for submission to the CUE.

DENTAL HYGIENE

What You Should Know

Many patients have some questions about dental care while in the hospital. Therefore, Dr. Frey has answered questions garnered from patient interviews.

Question. Does a patient get called automatically, after initial examination of teeth and gums, for needed dental work?

Answer. Generally, no, with the following exceptions. (A) If there is evidence of infection or pain. (B) If patient's stay at the hospital will exceed six months.

Question. Can anything be done to correct teeth malformation?

Answer. Preventive orthodontics is done for adolescent patients. If adults need similar service, it can be done privately.

Question. My dentures are loose. How can I get them to fit better?

Answer. If possible, return to the dentist who constructed the dentures. He has the important records, and can outline a satisfactory procedure. If they may be evaluated for this service which is dependent on the type of commitment and length of stay at the hospital. Important: do not use relining material purchased in drug stores. Improper use harms the redges, and future proper fit can not be assured.

Question. I need dentures, but do not have money to pay for them. Does the state pay for the dentures?

Answer. Need for dentures are evaluated and provided dependent on length of stay and type of commitment.

Question. Are X-rays taken before teeth are extracted? Are X-rays ever taken before teeth are filled?

Answer. Yes, to both questions.

Question. What do I do if I get a toothache during the night?

Answer. The situation should be reported to the nurse who will contact the physician on duty. If the ache

can not be controlled by aspirin or antibiotics, the dentist is called.

Question. Do you cap teeth and is this method expensive?

Answer. Yes, teeth are recapped, if the situation warrants. The procedure is seldom more expensive than any other major dental procedure.

Question. If a bridge is necessary, how long does it take to make and fit one?

Answer. Two weeks.

Question. Does the time a patient spends at the hospital make any difference if dental work has to be done?

Answer. Yes. The type of commitment and length of stay are determining factors.

Question. If I make a dental appointment on my ward, how long will it take to be called? At present, it has been two weeks since I asked at the nurses' station.

Answer. If pain is present, prompt treatment is available. A consultation slip is necessary for a routine evaluation, and these are processed almost immediately. If there has been a delay, check to make certain a consultation slip has been submitted to the dentist.

Question. Do you pull a tooth that is abscessed?

Answer. Yes, in combination with antibiotic therapy.

Question. If I suffer a toothache, will I be called the same day for treatment?

Answer. Yes.

Question. If I lose a filling, how long will it be before I am called to the dental clinic?

Answer. This depends upon the amount of discomfort; nevertheless, it will be within two days.

Question. If my teeth need clean-

(Continued on Page 6)

What You Should Know (Continued)

ing, do I make my request on the ward?

Answer. Yes, but not every one admitted can have their teeth cleaned.

Question. Should I use a fluoride dentifrice? I am 30 years old; how often should I brush my teeth?

Answer. Fluoride toothpaste can be used at any time. Teeth should be cleaned after each meal and before retiring for the night.

Question. Can a person damage his gums by brushing up and down?

Answer. Yes, if too stiff a brush is used.

Question. Should I use a paste or powdered dentifrice?

Answer. Brushing one's teeth is a most important procedure. Whether paste or powder is used is immaterial. However, fluoride toothpaste is indicated for young people.

Question. Can I brush my teeth with ordinary baking soda, and is there any harm by doing this?

Answer. Prolonged use of baking soda is not recommended.

Question. Should a person rinse his mouth after eating?

Answer. If teeth can't be brushed after a meal, rinsing is good.

Question. Does the regular use of dental floss harm the gums?

Answer. Proper use of dental floss is advocated, but patients should have instructions in its proper use by a dentist.

Question. Does an acid condition result in the mouth when a person has both gold and silver fillings? I was told that I had galvanism resulting from such fillings. How can this condition be corrected?

Answer. Either all gold or all amalgam would correct the condition.

Question. What are the more common types of diseases of the mouth, and do you treat these at the dental clinic?

Answer. The most common type of disease is dental caries; the other is gingivitis. These conditions are treated at the dental clinic.

Question. Can an abscessed tooth cause arthritis?

Answer. An abscessed tooth can be a contributing factor.

Question. What makes an abscess?

Answer. Dental caries--decayed teeth.

If you would like to have Dr. Frey talk to your ward group, ask him to attend. He will be pleased to give you instruction on the proper care of teeth and preventive measures to maintain healthy teeth.

Clifford A. Frey, D.D.S.

WHITE ELEPHANT SALE

The White Elephant Sale held Wednesday, July 14, on the grounds south of Sherman Hall was a whopping success. \$147.33 was the total raised by sale of items donated by Sherman Hall patients and staff, and other hospital employees.

Proceeds of the sale, sponsored by Sherman Activity Therapy, will be used for patient activities in Sherman Hall.

Prices ranged from 1¢ to \$7. Objects for sale included a bag of dog food, golf clubs, lamps, knick-knacks, books, jewelry, clothes, children's games, pictures, dishes, pans, electric scissors.

Because of the success of this patient-employee project, another sale is planned for the fall. It will be announced at a later date.

Two weeks of time were spent on the project which was suggested as a money-making method by Dorothy Paffenroth, AT. Patients from OT groups did the pricing and made a few repairs on the items.

Miss Janeczek, speaking for AT staff and patients of Sherman Hall, extended their grateful appreciation to all who supported the sale by buying or donating.

* * * * *

When the people of the world all know beauty as beauty,
There arises recognition of ugliness.
When they all know the good as good,
There arises the recognition of evil.
--The Way of Lao Tzu.

FROM OUR GRAVEYARD

The Personnel Speaks

I would like to speak to the recent Cue editorial question, "Why Are We Placed on Display?"

Judging by the sampling of patient reaction to visitors touring the hospital, outlined on Page 3 of the CUE, the majority of our patients do seem to feel that they are on display. However, to give perspective to all, an elucidation of the reasons for permitting tours of the hospital by interested groups appears in order.

Obviously, we have not endorsed any procedure that would cause embarrassment to our patients. We are very concerned about our patients' welfare and that is one of the major reasons we have adopted an "Open Door Policy" to visitors. In order to be most helpful to the patients, not only must we be concerned about individual needs but we must be concerned about reducing the stigma attached to mental illness and mental hospitalization.

Therefore, by public education we feel that the public can be more accepting and more helpful to the individual who has been hospitalized but will return to the community.

Experience has taught us, and others in the field of mental health, that the more secretive and resistive we are to visitor inquiries, the more convinced they become that patients are oddities and not people.

I should indicate that ours is a qualified "Open Door Policy"; persons touring the hospital are first screened. The purpose of the screening is to prevent the "curiosity seeker" type of visitor. The extent of the tour depends upon the individual group needs. However, at our last year's Open House, visitors were welcome to visit any area of the hospital they chose. Our patient escort service served as guides. Judging by the response of the visitors and our patients, this was a most meaningful venture in achieving the objective of a better understanding of the mental hospital and its patients.

The practical importance of such public education can never be underestimated. It was not too long ago that

communities and families both were rejecting of the hospitalized patient. As a result, the development of rehabilitation houses, friendship groups, work adjustment, etc., things that we now take for granted, were slow to develop. We have also reached the point where most industries are cooperative in employing and re-employing patients.

The staff does realize and appreciate that patients will have individual reactions to visitors touring the hospital. I wish to emphasize however, that such a policy has had a positive and beneficial effect on patient care and to re-emphasize that these touring groups are screened. I would certainly agree with the suggestion in the CUE editorial that there should be prior announcement to ward areas that tours are forthcoming in order to allow patients to react in their individual ways. Such procedure will be instituted.

I would hope from this general question of tours each of us can learn an individual lesson. I am sure that it is true that in spite of screening visitors, there are a few that will always look upon patients as oddities and not as people. However, in my judgment, the majority of people are much more accepting of the mentally hospitalized patient when they understand more about mental illness per se.

I would wonder how many times when we feel rejected by other persons because we have been in a mental hospital that actually the rejection exists only in our own sensitivity to having been hospitalized. Obviously none of us publicizes any kind of hospitalization indiscriminately. But there are times when it is essential to our rehabilitation and peace of mind that we deal with the facts of lives as they have existed. In other words, we must be aware of an oversensitivity to the question of mental illness and mental hospitalization. If we can accept ourselves as a person in spite of having been hospitalized, so will others.

T. J. Kelley, M.D.
Clinical Director

A popular diversion of lower and middle classes around Charlottesville, Va. in 1779 was sprint races, quarter-mile races between two horses of very great speed. This was also called "quarter racing."

PUZZLE PAGE

AUTOMOBILES OF YESTERYEAR

The names of 74 automobiles that once were well-known can be found among these letters. They read forward, backward, up, down, or diagonally. Draw a line around each as you find it.

GADEHAYNESREMAETSETIHW
 NMRCUNNINGHAMRBODURANT
 UNOCPFFOHSERREHNREIZOL
 LOCOMOBILELAGMAXWELLRC
 SOELOHSURBHSELDENROTOH
 RTVTBPMAQUDTRECROXTONA
 EOEIICIDUZEDARBYIGSAN
 DSMVLRDSTTVSMAHARGNNBD
 NEILEVODUOHSANLESWIREL
 UDDTONOTLBHUREVSRIGAOE
 NBRREPSUA EYEDEEKEYLECR
 AAROXRRDXTSOLLDMNETSE
 CFMEEA FEUIRRRLONLESSIK
 INSCCULEERE EGRANA KDIRC
 RSROWPUGIKERFKALLENBA
 EETSMECISAPJAARLGCSFP EB
 MUWACARBONEONAAONLNLRN
 ANIMPOELOCARTNNLIIEAOE
 ROJORDANROCLAKDNWWDXMK
 MOEHUGYELSORCLTROWALC
 OMLTHGINKSYLLIWINTONEI
 NOSREPPACKARDNRUBUAOER

Readers' Rhymes

UNTITLED

I feel depressed
 I know it's not the best.
 I could run and cry,
 But then I think suicide.
 I feel alone, so alone
 That I feel my friends here
 Feel my voice is an ugly tone.
 I feel that I should give up.
 But then what?
 My friends have gone and left me sit
 But don't realize I should fit.

I know the staff cares
 But why don't they take time
 To express ideas for us to share.
 I think about going back on drugs
 when depressed,
 To me I think that the best.
 I feel that there's nothing to live for,
 But when on drugs it's not such a bore.
 The tears I shed, the hall I walk,
 I feel like an old hawk.
 Locked doors here and there.
 God, they don't trust me anywhere.

I've heard Everyone Preach....
 But for help where do I reach?

MY INNER LIFE

I love to roam the land
 Walking barefoot in the sand,
 The sky as my roof,
 The earth as my floor.
 No windows, nor doors.
 I love the feel of the wind on my back,
 The look of the clouds,
 The sound of the birds.
 To you this may be a lie
 But you don't know how I feel inside.
 Just living my life free,
 Just living my life as me.

IN THE SHADE

With Canteen, dances, et cetera,
 ad phylum,
 What could be more fun than Winnebago
 State Asylum?

Unknown

FREEDOM TRAIN

Why don't you come along with me
 And ride Mercy Percy's train.
 String along and sing along
 Cause mine is bound for freedom.
 Not the kind that takes the bars away,
 But the kind that frees you inside
 yourself.
 Open your heart and mind.
 Appreciate what you yourself couldn't
 do for you.
 So, Baby, Don't Be Blue.
 You can go your way and I'll go mine,
 But I hope you'll ride this freedom train
 of mine.
 Use every avenue to your best
 they offer you.
 Yes, every avenue of service.
 Never be ashamed of being here,
 In the most wonderful, beautiful
 hospital,
 And the best trained people in the world.

An Admirer of Winnebago
 State Hospital,

AC -

AT CLOSE OF DAY

At close of day, I walk alone,
 A road without a sod,
 Yet every stone that bruised my feet
 Directed me toward God.
 The windswept fragrance from the hills
 Surlled close around my head
 And gave me confidence that God
 Had heard the prayer I said.
 And as the deep blue curtain
 Fell across the rugged land,
 I felt a strange new night was born:
 God offered me his hand.

CHICAGO

I go to the windy city,
 Which way the wind blows I do not know.
 I look, I search, the wind blows west,
 I have found her
 Starlit eyes
 Far in the woods
 Where the campfire burns.
 I sit by her,
 I look at her--fire....

LIBRARY BOOKS THAT MAY INTEREST YOU

Patanjali and Yoga (Eliade), an objective, clearly-written treatise on what is known of the history and practice of yoga, India's contribution to the mastery of self.

The Buddhist Way of Life (Humphreys) gives us help, as Western readers, to follow the "Middle Way" to "wisdom-love." The book points out that Western civilization holds a mainly intellectual approach to truth, and foresees the development of our own kind of Buddhism.

Exploring the Mind of Man (Freeman), a readable survey of the impression Freud has made on the world of psychology. Written for the layman to read.

My Search for Absolutes (Tillich), a book combining philosopher Tillich's life story and search for absolute truth with a comparison of the absolute and relative in the world of moral decision-making and in the world of religion.

An American Woman and Alcohol (Kent). Directed to the woman alcoholic herself, the book deals on a straightforward level with problems that drinking causes for appearance, emotions, career, and family.

A Window on Red Square (Rounds) and Only in Russia (Norton), two books describing life in Moscow by two men who lived there more than a year. Both books are easy reading.

Travels with My Aunt (Graham Greene), a comic, tongue-in-cheek sexual satire.

Mila 18 (Leon Uris), a novel of the Warsaw Jews' courage and dignity in the face of Nazi atrocities. Their uprising against Nazi terrorism. (Mila 18 is an address in the ghetto.)

Phyllis Diller's Marriage Manual. For the married who need a few laughs but still love their mates.

My Saber Is Bent (Jack Paar). Jack's account of his travels, anecdotes about famous people, and stories about his life with his family and in New York. In Paar's own understated way.

King (Lewis), the first critical biography of Martin Luther King, assesses both his triumphs and his failures. Lewis sees King, just before his assassination, as disillusioned and bewildered but unbowed.

FROM ONE ZOO TO ANOTHER

Once again a group from Kempster 2W and 2E were treated to another excursion. This time it was a trip to the Milwaukee County Zoo.

For once the weather man was on our side as it was a beautiful day for us. But, some of the animals that usually put on a great show for the amusement of everyone were a bit lazy and sleeping in the shade, as it was a little too warm for them.

We spent the morning touring the buildings that house the aviary, small mammals and gorillas. In the afternoon we took the long jaunt to all the outdoor exhibits which consists of bears, elephants, lions, tigers, bison, sea lions, and many more too numerous to mention.

The Milwaukee Zoo is considered one of the best in the country. The settings where the animals are housed were designed to duplicate the original habitats of the animals as closely as possible.

Anyone who has not been to the zoo has really missed a most memorable experience. It would be my recommendation that as many patients as possible be taken on this trip.

Even the lumpy, bumpy ride on the bus, in its own way, adds to the fun of a trip like this. That is, if you can stop shaking and sort out your "insides" after you get off the bus. That rickety old bus is really "something else."

Our most grateful thanks go to Miss Klamrowski, Mr. Robein, Mr. Hammend of 2E, and Mrs. Ecklor of 2W for a well-planned trip and for adding to the fun we all had.

NEW HOSPITAL DEPARTMENT

The Patients' Library is now one-third of a new administrative unit, the Department of Library Services, which combines the Children's Library, the Medical Library, and the Patients' Library. Miss Mary Campfield, Medical Library Head, will be Acting Department Head. Each library will continue to function separately.

A LAUGH & A WALK

A cowboy with nothing much to do ambled into the local blacksmith shop and picked up a horseshoe without realizing that it had just come from the forge. Instantly, he dropped the hot shoe, shoved his seared hand into his pocket and tried to appear nonchalant.

"Kinda hot, wasn't it?" asked the blacksmith.

"Nope," replied the cowpoke. "Just don't take me long to look at a horseshoe."

One man to another: "Equal rights for women! Eighteen-year-olds to vote! I'd get out of town if they'd let me have the car."

When I asked a coughing friend who lives in New York City why he didn't stop smoking, he said, "In this town it wouldn't do any good. I happen to be a chain breather."

Everything in the modern home is controlled by switches except the children.

A young woman whose car had recently had a major tune-up drove into the repair shop where I worked. I asked her what seemed to be the trouble now. "Well," she said, "it's hard to explain. But it sort of chokes up like I did when I got the repair bill."

The husband is the head of the house and the pedestrian has the right-of-way. Both are fairly safe if they don't try to exercise their rights.

"Last month," said a fellow at the office, "I bought a suit that's a real beaut. The wool was grown in Australia, the cloth was woven in New England, the thread came from India, the suit was made in New York and I bought it in Buenos Aires. It's remarkable that so many people can make a living out of something that I haven't even paid for."

Rorschach test: Think stains.

SPORTS

JULY 7, 1971

Sherman Hall brought its record to 2-0 in the second round of the Men's Intramural Softball League by posting a 21-2 win over Hughes. Sherman led at the plate with a 5X5 performance while Hughes had 2 safeties in as many trips for Hughes.

In the evening's other game it was ATU winning in a squeaker over Kempster, 20-19. ATU had 4 hits for the winners while Kempster homered. Kempster paced Kempster going 4X4 including two home runs.

JULY 15, 1971

Sherman Hall continued its winning ways by blasting the boys from Kempster 34-10. It was win number 9 for Sherman and brought their second half record to 3-0. Sherman collected 5 hits each for the winners. In the HR department Sherman and Kempster poked out 2 each while Kempster and Sherman had one. Kempster's offense was paced by Sherman and Kempster, all with 3 hits while Bonahome homered.

In other intramural action Hughes Hall dumped the ATU, 20-12. Sherman and Sherman each hit safely 3 times for Hughes with 2 of Sherman being 4 baggers. Sherman led ATU with 3 base knocks, one of which was a circuit blast.

STANDINGS

Sherman	3	0
Hughes	2	1
A.T.U.	1	0
Kempster	0	3

GROWTH AT WINNEBAGO

(Continued from Page 2)

Of Winnebago State Hospital's 30 full-time physicians, Dr. Kelley noted, 18 are psychiatrists, nine of whom are certified by the American Psychiatric Association, Washington, D.C.

Dr. Kelley said APA certification is awarded only after three years of recognized psychiatric training following internship, two years of practice after residency, and successful completion of oral and written examinations in the specialty of psychiatry.

Pointing out that Winnebago State's nine other psychiatrists have at least three years of formal, approved training past the internship, Dr. Kelley said the hospital wants the communities it serves 'to know both the quantity and the quality of the physicians working here on a full-time basis.'

As recently as April, 1965, Dr. Kelley said Winnebago State had a total of only 13 physicians, two of them psychiatrists, to serve about twice as many patients as the hospital has today.

Six years ago, the patient population averaged approximately 1,200 at any given time. Now it's about 550.

'A lot has changed at Winnebago, all of it for the better,' the clinical director observed. 'The quality of care has improved proportionate to the increase in the size and quality of the medical staff.'

'With this kind of staffing, we have been able to develop experts in subspecialties within the field of psychiatry.'

The hospital has people, for example, who work only with children, learning everything there is to know in that field and directing their knowledge toward meeting children's needs. The same kind of treatment and research activities are also going on in geriatrics, alcoholism, drug abuse and other fields.

Dr. Kelley said he views such specialization as one of the advantages the hospital enjoys over what he termed the 'private sector' of psychiatry.

'We are constantly reviewing and evaluating results of our treatment programs in an organized, valid fashion,' he commented.

'What has happened with our recruitment of physicians also has happened with other professional personnel--nurses, social workers, psychologists, therapists, vocational rehabilitation counselors.

'In my judgment,' said Dr. Kelley, 'many of the treatment resources we have here at Winnebago State Hospital cannot be found in the private sector. The result of all this has been a higher level of patient care,' he added. 'The person who comes to this hospital is going to receive treatment as an individual.'

Dr. Kelley noted that more and more the hospital is called upon to answer complex technical questions from outside professionals, including psychiatrists and general practitioners, educators, attorneys and judges, clergymen, and social workers. He said referral of questions to hospital experts in many fields has been particularly noticeable the past two years.

SHERMAN WOMEN ON OUTING

Sherman women enjoyed an outing near Waupace Chain O'Lakes on Tuesday, July 13.

The outing was planned jointly by occupational and recreational therapists Jo Howard, Jan Janeczek, Jan Moyle and Joyce Schumacher. On board the bus we had approximately 20 patients.

Our first stop was at Whispering Pines Park which was where we met Jo. The wooded acreage was peaceful and serene. We all strolled leisurely through the park taking time to note points of interest and amusement.

The lunch was prepared and furnished completely by Jo Howard and was served at her cottage. The lunch was delicious and consisted of barbecues, baked beans, potato salad, relishes and brownies for dessert.

From the cottage we went to the other side of the lake to the Grand Army Home at King. There we toured their library and museum.

Thanks to Jan Janeczek's competent driving, we were back at the hospital by 3 o'clock.

COMPLIMENTS TO THE CHEF

A new feature, "Reflections" appears on Page 3 and 4 of this issue of the CUE. To keep this section going, your cooperation is needed. Write up your thoughts and experiences about your hospitalization that would help others to gain insight and encouragement. You may sign your contribution, or not, as you prefer. But write up your experiences and send it to the CUE. Enclosure in the coming issues will be decided by your fellow patients who are staff members of the CUE.

Have you ever asked yourself what it is like to serve in such a vital position as a director in the food service department? Well, if the lunches are delicious and appreciated by the majority of those consuming the meals, all is well. And that is what seems to be the case, at least for now. But things were not always that way. Around six months ago the CUE offered a commentary on how poor the dinners prepared in the kitchen were. Since that time, though, things have improved tremendously so that today one hears few criticisms except for "baked beans again" or "I am going to have to have to diet to control the size of my waist line."

FEMALE SOFTBALL COMPETITION

Tuesday afternoon, July 6, a crowd of 75 watched the season's first female competitive softball play, a match between Kempster women and the girls of Hughes Hall.

Hughes saw the winning light, after 1 $\frac{1}{2}$ hours of heated play, to the tune of 14-6. Pitching for Hughes was Nancy Trapp and taking the mound for Kempster was Jan Janecek of AT.

Hughes took the lead early in the five-inning game, garnering 8 runs in the first inning. The first big hit of the game was a two-bagger by Charla Schreiber of Hughes.

Action was livened by Kempster's clown plays.

KEMPSTER REC ROOM NEW LOOK

Anybody notice how Kempster Hall Rec Room looks lately? Everyone from Kempster Hall appreciates what Viv Schmidt, June Faulick, Ron Berry and Lucy LaPoint from Housekeeping did to clean up the recreation room.

Boy, it sure needed it! Thank Don Ilk for getting good people on the job.

A FAREWELL PARTY

Student practical nurses gave a party on July 8 on their last day of training for the women patients on Sherman 5 and 6. They played games and danced, and the nurses provided the refreshments of cookies, fudge, and Kool-aid. It was a wonderful party and we thank the nurses and miss them.

Even bagged lunches have taken on a pleasant variety. They are well packed and quite appetizing. And who can complain about such an excellent dinner as, for example, pork, apple sauce, mashed potatoes, gravy, corn and a cookie? Dinners like these help one savor an evening supper consisting of liver sausage, fried potatoes, peas, soup, and a brownie. So those who work for the CUE tip their visors to the cooks and dietician. We are impressed!

ORIGIN OF PIGGY BANKS

Most people assume that the origin of the piggy bank is related to its shape, but this is not the case. The bank's origin can be traced back to a kind of material used by potters during the Middle Ages.

Before metals were used to manufacture various household utensils inexpensively, most pots and pans were made from a type of clay called pygg. This clay was so durable that almost all earthenware containers were made from it. In time, people began to refer to their pots, pans and jars as pygg. The term itself became synonymous with earthenware.

Some women started saving coins in a pygg jar and eventually it became known as the family bank. Much later in 19th-century England, potters, probably influenced by that old name, began to make coin banks in the shape of a pig with a slot in the back. The piggy bank as such then caught the public's imagination.

(Good Housekeeping, February 1971)

ON THE SOBER SIDE

TEAM THREE

DEDICATION vs. DEGRADATION

"The world will little note what is being done here" but the lusty, gusty men of team III won't forget. No sir.. you can bet your bottom dollar on that. They won't forget. They won't forget one moment of the quarter year they are spending on ward "C". They won't forget. They don't dare! They are dedicated to their own survival.

The hospital has provided them with the all but lost courage to carry on. To fight this degradation that has cost them the precious will to live. This gift of reborn courage will not be forgotten. How can it be when with every sober breath they breathe they live the truth.

Time, instead of being a killer is now the healer of minds and hearts. A dedicated search of soul rendering night mares, deep lost memories which reach up to first soothe then strangle its unknowing and tragically willing victim.

A pride has taken the place of rejection. A team spirit has been moulded into one driving desire. The desire to be the men they once were? No, the desire to be a man among people who accept them as a part of the whole. How proud they are to feel pride once again. To have a chance to gain something...and then in turn humbly give of themselves. Team III is thus dedicated...

Is the hand that reached out to save them from sure death or insanity the cold "Handout" of the State? Or is it one of true dedication?

Within their God given abilities, they will leave Team III and rejoin another team. Society's team...It will demand no more or less than it has ever done. But the tempered lust for life and the gusto with which it should be lived will meet the demands.

So when you meet them, when you see them walking their own mile: Give them your hand in a salutation of a job well done. You have walked with them. You know them as well as you know yourself.

TEAM III's "SALLY"

I think that I shall never see
A poem as lovely as a knee.
A knee with rounded contour pressed
Against the other for a rest.
A knee that may in summer wear
A coat of tan to make men stare.
A knee bared by a mini-skirt
To make eyes gleam, make men flirt.
But knees sheathed in thin nylon hose
Shake me to my very toes.
Poems are made by fools like me,
But only nylon makes a knee.

SAVE IT, MAN!

Don't spend your gold on gambling, son;
On women or on booze,
You may live to be a hundred,
But, I would not fill your shoes.

Though you hit the century mark;
You'll have this deep regret.
No high times to remember,
No women to forget.

MY TWENTY-FOUR HOURS

by

Take a walk, say a prayer;
There is hope for those who care.
Sing a song, play a tune;
Read a book, look at the moon.
Live for today, and today alone;
SOBRIETY: Something I've hardly known.

Today I:
Took a walk, said a prayer;
I've found God, He does care;
Sang a song, can't play a tune;
Read a book, there was no moon.
Today is done and now I'll pray;
Tomorrow--Sobriety--24 hours past,
Will I make it through another day?

THE MATERIAL FOUND ON THIS PAGE WAS
SUBMITTED BY THE MEN ON WARD "C" OF
THE A.T.U.

But for the grace of God you have lived
their life. You know, Oh yes, you know.

THE WEEK AHEAD

HOSPITAL ACTIVITIES FOR THE WEEK OF JULY 19 - JULY 25, 1971

July 19 Monday	9:00 am - 4:15 pm	CANTEEN OPEN*
	2:00 pm 2-E	Kings Daughters
	6:30 pm Barracks	Woodworking
	7:00 pm SH 7-8	Outagamie Red Cross
2:30 - 4:00 pm	HH Music Rm.	RECORD LISTENING
July 20 Tuesday	9:00 am - 4:15 pm	CANTEEN OPEN
2:30 - 4:00 pm	HH Music Rm.	RECORD LISTENING
	3:45 pm SH 5-7-8	Book Cart
	4:30 pm GH-AT Area	Canteen Social Chairmen Dinner Meeting
	6:30 pm GHS	Business Women of Osh.
	7:00 pm SH 1-2	Gray Men
	7:00 pm GH-AT Area	Card Club *
	7:00 pm KH Area	Sidewalk Dance - DODO Ratchmen*
July 21 Wednesday	9:00 am - 8:00 pm	CANTEEN OPEN
	1:15 pm SH 1-2	Appleton Red Cross
	1:30 pm GHS	Lutheran Ward Service
		Rev. Winter
2:30 - 4:00 pm	HH Music Rm.	RECORD LISTENING
	3:45 pm SH 1-3-4	Book Cart
	6:15 pm Softball	
	HH vs KH	Main Ball Park
	SH vs ATU	Kempster Field
July 22 Thursday	9:00 am - 8:00 pm	CANTEEN OPEN
2:30 - 4:00 pm	HH Music Rm.	RECORD LISTENING
	10:00 am GHS	Protestant Ward Service
		Rev. Windle
	7:00 pm Canteen	Sing-A-Long
July 23 Friday	9:00 am - 8:00 pm	CANTEEN OPEN
2:30 - 4:00 pm	HH Music Rm.	RECORD LISTENING
	3:45 pm 2-E	Book Cart
July 24 Saturday	10:00 am GHS	Favorite Hymn Recital
	11:45 am - 8:00 pm	Mr. Korn
		CANTEEN OPEN
July 25 Sunday	8:45 am Chapel	PROTESTANT SERVICE
		Rev. Van Deusen
	11:45 am - 8:00 pm	CANTEEN OPEN
	7:00 pm Chapel	CATHOLIC MASS
		Fr. Pierce

*ALL activities in CAPITAL LETTERS are for all patients.

Patient Library, SH Basement - 9:00 - 4:00 M-T-W-F
9:00 - 2:00 Thurs.

Mrs. Farron