



LIBRARIES

UNIVERSITY OF WISCONSIN-MADISON

Cue. Volume IV, Issue 3 April 5, 1969

[s.l.]: [s.n.], April 5, 1969

<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.

← CUE →

VOLUME IV

April 5, 1969

ISSUE 3

THE OPEN DOOR

Suppose we look at our life as taking a long walk together. We have been in many places, passed through many experiences. We have gone in and out of many rooms, some bright, some not so pleasant. In some we would have liked to stay, from others we were glad to hurry away. But all of them took us toward the end of our journey. Finally we come to another door, a dim hallway, a dusky corridor, a dark passageway (although some do not seem to find it dark at all). As we make a turn, there bursts upon us the most wonderful view we have ever seen. Through the open door just ahead appears all the brilliance, glow, beauty, and desirability that we have ever imagined would go with perfection.

This is the OPEN DOOR OF LIFE, the door opened for us on Easter morning by our Lord. The glory we see is the glory of the resurrection morning, the glory of heaven, the glory that stunned the guards and shone forth to the women as they heard the news. The approach to this OPEN DOOR OF LIFE is through the corridor that we call

death. Jesus approached it this way: unless He entered that corridor; there could be no bursting open of that eternal door of blessing. Therefore the Cross.

Our approach is through that same corridor. It has a generally dark aspect, yet it need not be so. The darkness is from unfamiliarity, lack of understanding, and therefore fear. But if we are conscious enough of the door at the end, even the corridor becomes brighter. And always at the end stands that happy, glowing, inviting door.

That corridor may have received some of our loved ones since last Easter, and we may have mourned to see them disappear in the dusk. But if Jesus is the Way, He is the Way through this corridor as well. That is the consolation and the thrill of Easter: that if they have gone through that door, the same path and the same door remain to the end of the world, for us to pass through and stand with Him as well.

Chaplain Van Deusen

CATHOLIC SERVICES

Thursday - Mass of the Lord's Supper
6:30 PM

Friday - Good Friday Liturgy 1:30 P.M.

Saturday - Mass of the Resurrection
6:30 PM

Confessions - 6:00 - 6:30 PM

PROTESTANT SERVICES

Good Friday Service 2:30 PM

Easter Service Sunday 8:45 AM

All services held in the auditorium.

EDITORIAL

Winnebago State Hospital is an accredited 800 bed hospital. Daily census varies between 650 and 700 patients. Of this number, about 185 are 18 years of age or younger and about 120 are age 65 or over.

The average number of patients admitted per year is about 2,200 with the average length of stay (1967) 107 days or slightly over 3 months. Length of stay for children is generally longer. Only 16 patients have been in the hospital over 10 years and only 27 from 5 to 10 years.

About 28% of these patients are here on a voluntary basis and about 25% are on an inebriate commitment with the remainder on mentally ill, mentally infirmed or criminal commitments.

About 38% of admissions are re-admissions. That is, the patient at some time in the past has been in the hospital previously. The interval between admissions may vary from a few days to 30 years.

There are (16) full-time physicians on the staff and (13) of these are psychiatrists. The hospital also has a medical-surgical service with a full-time internist in charge. There is a full-time pediatrician and there are additional consultants in nearly every medical specialty.

In addition there are (92) registered nurses; (34) practical nurses; (247) psychiatric aides; (6) registered occupational therapists; (5) recreation therapists; (12) activity therapy assistants; (12) psychologists; (2) dentists; (4) chaplains; (20) social workers; (6) x-ray and lab technicians; (13) teachers; (2) pharmacists; (2) vocational rehabilitation workers; and (2) dieticians.

In addition to these, there are 265 administrative and service personnel who contribute both directly and indirectly to the treatment program.

The hospital has a large commitment to research, training and education. Programs are in operation for the training of psychiatrists, psychologists, professional and practical nurses, teachers, clergymen, occupational therapists and social worker trainees. Extensive in-service training programs run continuously for psychiatric aides, nurses and activity therapy personnel.

The reason for the statistics, facts, figures and general information pursuant to the following questions which we of the CUE felt became necessary are to provide background for any comments whether they be pro or con to the editorial.

Recently a young female patient died in one of the half-way houses available to the hospital. We are reluctant to make any comments as to the cause of death, reasons, faults, etc., as we do not wish to conjecture, but simply pose a few questions we feel are in perfect order and timing.

What are some of the determining factors in reaching a decision as to whether a patient is ready for release or not?

What is taken into consideration when a patient is released?

Who actually decides on the release of the patients?

What is the policy of the hospital in the follow-up and supervision of the patient after release, especially those who are sent to these half-way houses?

It certainly must be a difficult task to ascertain just when a patient is ready

ISSUES & ANSWERS

ARE SOME PATIENTS BEING RELEASED TOO SOON?

No. Once you are well enough you have to depend upon yourself. The longer you stay, the harder it is to leave. It also becomes harder to cope with the outside world.

Florence

Some yes but not all.

E.

I do not believe that there is any sure fire way of knowing if a patient is being released too soon as we are humans and inclined to make mistakes.

C.

Yes, some are, as evident by those who come back from conditional release.

A

No. You do not feel so, but feel some are kept too long.

S.

No. While it may look that way, we do have many Mental Health Clinics where the patients may go to receive Out Patient Care.

Mr. ss RN

No, definitely not! My opinion is that after 10 days, a patient should be discharged unless he or she is unusually nervous or bad. I've been here 10 days and am very anxious to get home. I don't particularly enjoy being locked in or perhaps I should say lock up all the time.

Ma

My impression is that less is demanded on an admission ward and more demanded on an open ward. That has been my experience.

J.

No. The new approach of treating alcoholics with short term stays of 4-8 weeks is better than the former method of 4 months without home visitations. Problems can be faced and resolved during these periodic home visits. The staff is qualified to decide the time of discharge.

Anonymous

No. The present plan of discharging patients in from 4 to 8 weeks is an improvement over more length stays. The problems which the patient has to face are on the outside and cannot be solved by prolonged commitment. The release should be accompanied by a systematic follow through, preferably by some qualified person to whom the patient may go for help and advice.

Mrs. Kopitzke RN

No. I don't think patients are released too soon. I think a person should be returned to society as soon as possible. Give a patient the program and the facts, then let him go. It is up to him. In my case, I enjoyed what I was doing here.

It is difficult to determine who can say when a patient is ready to go back into society. Only the individual can answer for himself whether he is ready.

No, I don't really think so. The staff is usually quite sure if they agree to discharge a patient. There have been cases where patients were not ready to leave that did leave-- against medical advice. There may be times when the patient does not feel he is ready to go but the staff feels he should go. In these cases the staff may feel that the patient is capable of doing allright once he is discharged.

Chet Follett, Aide

ISSUES AND ANSWERS

Continued from Page 3

In some cases yes. How else can you explain being readmitted to the hospital after having been gone only a few days.

Anonymous

I personally feel that a patient shouldn't be released only when the staff says so but rather when the patient feels that he can make it. No one knows the patient better than the patient himself. Why do you think so many of the patients here in the hospital are repeaters? Think about it.

In my opinion, which happens to be of little value around here to begin with, there are certain patients who are released too soon and some not soon enough. But the doctors and staff already have enough problems with their various duties without adding to them. Permit me to say this though: May God bless the quicksand they walk on.

Anonymous

Some are being released too soon while others are retained too long. Not all patients are of the same age; not all are in the same general physical condition; not all have the same mental stresses and attitudes when admitted. In the case of an alcoholic, this usually depends upon how long and how much they have been drinking and sometimes what pattern they have followed in their drinking. The individual should be taken into consideration. Personal problems, mental stress and general outlook and attitudes should also be included in determining a person's length of stay. Some patients could be released in 2 or 3 weeks.

Anonymous

EDITORIAL STAFF

- Mar.
- Gle.
- Don
- Ear
- Cor
- Bev
- Nan

Advisor:
Chuck Lemieux

Kappy Birthday

LADIES

APRIL

- 4 Ann
- 9 Nan
- 10 San

GENTLEMEN

- 1 Ral
- 2 Eug
- Jam
- Dav
- 3 Jam
- 4 Cha
- Jer
- 5 Mark
- Leo
- Hen
- 6 Jam
- 9 Edw
- 10 Wil
- 11 Joh

On the Sober Side

MY STAY IN THE ALCOHOLIC TREATMENT CENTER

It was well spent. It gave me a new look on life. I was AA Chairman most of my stay here and I enjoyed it. We had wonderful speakers to come in. The patients and the staff, they are all good people in my book. All of you together helped me to understand myself, and I hope in some small way I helped you all.

I wish you all continued sobriety just as I hope and pray to stay sober and serene myself.

SURPRISE PARTY HONORS OFFICER'S ALCOHOLISM AIDE

Police Lt. Joseph Matejcka, who has spent 15 years helping alcoholics while assigned to the courts as a liaison officer, was honored with a cake and a plaque Saturday night during a weekly seminar on alcoholism in the courtroom of County Judge Christ T. Scraphim.

Matejcka, 49, of 3732 N. 61st St. said he planned to retire from the police department in May. He joined the department in 1944.

About 60 persons, some of them members of the Matt Talbot Lodge, a halfway house for alcoholics, attended the seminar and surprise ceremony for Matejcka.

PRAVDA HAS CURE

MOSCOW, USSR - Pravda suggested Wednesday that women give their husbands a good scolding when they come home drunk.

"Women's attitudes to their husband's drinking is extremely important", the paper said. A woman must react very strongly the first time she sees her husband in a drunken condition. If this is done, we would not have so many alcoholics."

* * * *

Here's one from Louise O'Brien that will put you in solid with TV viewers. "Dean Martin is enlarging his house. He is adding a wing to his liquor cabinet."

ALCOHOLIC'S NURSERY RHYME

Starkle, starkle, little twink;
Who the heck you are I think.
I'm not under the al-co-fluence of
incohol,
Though some thinkle peep I am.

DRUNK JOKE

Two drunks were walking up the hill on the railroad tracks - the spacing of the ties was such that they took two ties at a time. One drunk said, "the steps on this stairway are spaced awkwardly". The other drunk replied, "I don't mind the steps, but how about this low hand-rail!"

DRUNK JOKE

Two drunks were on a binge in a 2nd story hotel room. One decided to fly home. The other drunk went to see him a few days later and he was still unconscious. The doctor asked the 2nd drunk why he didn't stop him from flying home. He answered: "When he flew out the window, I thought for sure he could make it home."

CHAIRMAN ELECTIONS

New elections were made for a four (4) week period on March 31st, and the following officers were elected:

Ward Chairman
Co-Ward Chairman
Ward Chairman
AA Chairman

CRIBBAGE RESULTS

A Cribbage Tournament was held on March 27th and the winners were:

ISSUES & ANSWERS

ARE SOME PATIENTS BEING RELEASED TOO SOON?

No. Once you are well enough you have to depend upon yourself. The longer you stay, the harder it is to leave. It also becomes harder to cope with the outside world.

Florence

Some yes but not all.

E.

I do not believe that there is any sure fire way of knowing if a patient is being released too soon as we are humans and inclined to make mistakes.

C.

Yes, some are, as evident by those who come back from conditional release.

A

No. You do not feel so, but feel some are kept too long.

S.

No. While it may look that way, we do have many Mental Health Clinics where the patients may go to receive Out Patient Care.

Mr. ss RN

No, definitely not! My opinion is that after 10 days, a patient should be discharged unless he or she is unusually nervous or bad. I've been here 10 days and am very anxious to get home. I don't particularly enjoy being locked in or perhaps I should say lock up all the time.

Ma

My impression is that less is demanded on an admission ward and more demanded on an open ward. That has been my experience.

J.

No. The new approach of treating alcoholics with short term stays of 4-8 weeks is better than the former method of 4 months without hbma visitations. Problems can be faced and resolved during these periodic home visits. The staff is qualified to decide the time of discharge.

Anonymous

No. The present plan of discharging patients in from 4 to 8 weeks is an improvement over more length stays. The problems which the patient has to face are on the outside and cannot be solved by prolonged commitment. The release should be accompanied by a systematic follow through, preferably by some qualified person to whom the patient may go for help and advice.

Mrs. Kopitzke RN

No. I don't think patients are released too soon. I think a person should be returned to society as soon as possible. Give a patient the program and the facts, then let him go. It is up to him. In my case, I enjoyed what I was doing here.

It is difficult to determine who can say when a patient is ready to go back into society. Only the individual can answer for himself whether he is ready.

No, I don't really think so. The staff is usually quite sure if they agree to discharge a patient. There have been cases where patients were not ready to leave that did leave--against medical advice. There may be times when the patient does not feel he is ready to go but the staff feels he should go. In these cases the staff may feel that the patient is capable of doing allright once he is discharged.

Chet Follett, Aide

around the grounds

THE MAN ON THE HILL

PAST

As some of my ancestors might have said the beginning goes back to when I was a mere "broth" of a lad. When we used to go to visit one of my sisters who was at that time working for a degree at Stout Institute at Men-No-Monie, Wisconsin, we used to drive past what was known as the Chipewewa County farm or as we younger kids laughingly called the Funny Farm or Crazy Bin. On the hill in front of the Main Building sat a Man, always in the same spot, rain or shine, be it morning, noon, or late afternoon. I don't recall a daytime trip in which I looked for him and gave him a return wave of the hand, which to certain people gauge their distance to their final destination. To me he was not a name then or now. He was and is known to me as the "Man on the Hill."

My mother tried to explain in her style that maybe the Man on the Hill was sane and the world around him was just a little "pixielated". My doctor father brought me and my younger sisters back to reality with the term "Manic Depressive".

PRESENT

Now after four sessions on the psychiatric wards in Duluth, St. Paul and Winnebago State Hospitals, I have become at least to this person, the present day symbol of "The Man on the Hill".

FUTURE

No one can predict the future and would not if he could. Doris Day puts it aptly in her rendition of "What Ever Will Be Will Be." I think of the Wulling oath that we as fledgling Pharmacists took on graduation. "I will do my best to myself, my patient, and the prescribing Doctor, no matter how distasteful the job may be. To thine ownself be true. So help me God."

And finally the pledge of our fraternity:

EACH NEEDS THE HELP OF THE OTHER.

LETTER TO THE EDITORS

Dear Tax Payer,

We have the distinguished honor of being members of a committee to raise \$500,000 to be used for the placing of a statue of Lyndon B. Johnson in the Hall of Fame in Washington, D.C. The committee is in quite a quandry about selecting a proper place for the statue. It was thought not wise to put it beside that of George Washington who never told a lie, nor that of Franklin D. Roosevelt, who never told the truth nor that of Harry S. Truman, who couldn't tell the difference.

After careful consideration, we think it should be placed beside the statue of Christopher Columbus, the greatest "NEW DEALER" of them all, in that he started out not knowing where he was going, and in arriving did not know where he was, and he did it all on borrowed money.

The inscription on the statue will read: "I PLEDGE ALLEGIANCE TO L. B. J. AND THE NATIONAL DEBT FOR WHICH HE STANDS, EXPENDIBLE WITH GRAFT AND CORRUPTION TO ALL."

Five thousand years ago, Moses said to the children of Israel, "Pick up your shovels, mount your asses and camels, and I will lead you to the Promised Land."

Nearly five thousand years later F.D.R. said, "Lay down your shovels, sit on your asses, light up a Camel, this is the Promised Land."

Then L.B.J. stole the shovels, kicked the asses, raised the price of Camels and took over the Promised Land.

If you are one of these citizens who has money left over after paying taxes, we will expect a generous contribution from you for this worth while cause.

Thank You,

Anonymous

Reader's Rhymes

Fires of ignited eyes, tiger-cut
through black stone, are the forerunner
of each new dawn of independence,
where desperation plays it swell and to
the hilt,
turning on waves of indigestion and
imbedded virtue
in variance now with Spring
come in its nightly spectre bordering
fame in pyramidal fashion
until the tragic warmth of rhyme
is predicated upon summer flesh

RJK

IN MEMORY OF -----

We'll ban all guns
The Congress said
Five years ago when John was dead
But the guns are fast and laws are slow
Ask the heartbroken, they should know.

For five long years
We mourned this man
But saw his brother take command
When election year had come around
In every valley, in every town
We heard the people, hail the boy
Who grew up fast and became our joy.

Now Bob has gone to meet his brother
The gun once more
His life did smother.

Our hearts are broken, our spirits low
We ask our God, did they have to go?
Our nation is sick
Please help us we pray
Two brothers are watching, quite far away.

The eternal flame is burning bright
on this dear land, let's prove our might.

In making this land a safe place to be
for all our people, for you and me.

Don't ban all the guns
Just give us the Grace
To love one another
The whole human race.

Marie Dolan - September 9, 1968

THUNDER AND LIGHTNING

Damp and close the humid air,
of a summer afternoon,
Then a breeze, a stir, a wind, a gale,
Clouds appear, sail into view.

The sky transforms to darkening grey
From blue and tufted white,
As thunderheads begin to mount
And drifting, rifling mists fill the
up-above.

Then, swish, an angry downpour starts
to fall,
Releases tension in the hairiest
Streaked lightning rents the misty,
The air is freshened still.

The trailing mists well in the ground
Mud and pools are everywhere - but,
Yellow sun breaks through the blackness,
And the grass is greener, chunky.

James

DEAR FRIENDS

Once in a while a friend is found
Who's a friend right from the start,
Once in a while a friendship's made
That really warms the heart;
Once in a while a friendship's formed
To last a lifetime through.
It really happens just once in a while
To patients on "Winnebago" grounds.
And once in a while you'll be grateful
For these friends you found.

Dorothy

PATIENCE

Patience is something very few people
acquire
But I try my best--that's my desire
I really try my best, to comfort the
less enough.

Be patient my fellow friends
All good things and bad have their ends.
Just pray and pray, ask God to make the
way.
He'll hear your call no matter how far;
And He'll come to your aid life a falling
star.

Carrie

THE WEEK AHEAD

HOSPITAL ACTIVITIES FOR THE WEEK OF APRIL 7 - APRIL 13, 1969

April 7 Monday	2:30 - 4:00 pm	HH Music Rm.	Record Listening
	6:30 pm	Barracks	HHB1-4, Woodworking
	7:00 pm	SH 7-8	Outagamie Red Cross
	7:30 pm	Gym	Wolf River Square Dancers
April 8 Tuesday	10:30 am	GHS	Lutheran Ward Service
	2:30 - 4:00 pm	HH Music Rm.	Record Listening
	7:30 pm	1-W	Jayettes of Oshkosh
	7:30 pm	2-W	Gray Ladies
April 9 Wednesday	1:15 pm	SH 1-2	Appleton Red Cross
	2:30 - 4:00 pm	HH Music Rm.	Record Listening
	3:00 pm	Kem. Rec. Rm.	Patients Planning
	3:45 pm	Auditorium	Catholic Mass
	4:30 pm	HH Cafe	Canteen Social Chair- men Dinner Meeting
	6:30 pm	SH 3-4	Gamma Delta
	7:00 pm	NC	Menasha School of Homemakers
	7:30 pm	GHP	Lantern Organization
	7:15 pm	Gym	Movie - Where Were You When the Lights Went Out?
April 10 Thursday	10:00 am	GHN	Protestant Ward Service
	2:30 - 4:00 pm	HH Music Rm.	Record Listening
	6:30 pm	Sherman Wards	Patients' Library
	7:30 pm	GHP	Book Cart
	7:30 pm	SH 7-8	Mercy Student Nurses
			Oshkosh Homemakers
April 11 Friday	2:30 - 4:00 pm	HH Music Rm.	Record Listening
April 12 Saturday	10:00 am	GHS	Favorite Hymn Recital
	10:30 am	GHN	Favorite Hymn Recital
	6:00 pm	Auditorium	Catholic Confession
	6:30 pm	Auditorium	Catholic Mass
	2:30 pm	HHA-3	1st Eng. Churchwomen
April 13 Sunday	8:45 am	Auditorium	Protestant Service
	6:30 pm	HHB-3	Sr. Pilgrim Fellowship

Mrs. Julaine Farrow, R. 11.