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THE INFLUENCE OF OCCUPATION IN THE PREVENTION OF MENTAL REDUCTION.

BY H. A. TOMLINSON, M. D.,

Superintendent St. Peter State Hospital.

MR. CHAIRMAN AND GENTLEMEN: The writer has frequently had occasion to call attention to the fact that, in the public mind, and therefore to a large extent in the official consciousness, the insane have been, and are, considered almost entirely from the custodial point of view. When the care and treatment of the insane are discussed in public gatherings, this same point of view is dominant, and supplies the subject matter of the discussion. Boards of management, too, for obvious reasons, have thrust upon them the fact that the insane are increasing in number—always have been and are a great financial burden upon the state, for which there is no apparent material return. Then, too, the institutions for the insane are peculiar in that they have a dual function, that of a hospital for the treatment of disease and at the same time a place of custody. Unfortunately the custodial aspect of the work of our hospitals for the insane is so conspicuous that the real object of their provision is lost sight of. This is quite natural, for in spite of public enlightenment and sentimental theories to the contrary, the insane are placed in the custody of the state, not because they are insane, but because they have been or are likely to be guilty of criminal acts, or because of vagrancy; therefore custody and the necessary restraint are apparently all that is required for their care.

As the result of this point of view there has grown the belief that the insane constitute a body of dependents upon the bounty of the state whose status is that of permanent incapacity. Consequently on account of their increasing number and the persistence of their incapacity everything connected with their care and management must be looked upon from the standpoint of the strictest limitation of expenditure, while that which is

sufficient for the custodial care of the many becomes the standard for the treatment of all.

So far as public sentiment or philanthropic interest are active, they are directed toward the provision of agreeable surroundings, plenty of room and the maximum of personal liberty for the chronic quiet and well behaved patients. The proper treatment of the recent cases is not considered, nor are the disastrous results that follow the overcrowding and enforced idleness of the disturbed and noisy patients given any attention. In other words, public interest has so far been confined to the amelioration of the condition of those who are already hopelessly insane, and has not concerned itself with methods of prevention, as they might be applied to the elimination of the mental disturbance that makes the individual who is insane dangerous to himself or others. That these preventive measures are sometime to be the most important is as certain as is the fact in general medicine that means of prevention and the methods of their application are becoming the most important part of the armamentarium of the physician. It is true that the use of preventive measures must depend upon public enlightenment, and that the physician is handicapped by the fact that he is not consulted as a rule until it is too late to apply them. Still, he does use such measures, and the extent to which their utility is being recognized is constantly increasing. So it is with the treatment of the insane. While, unfortunately, the insanity is not recognized as soon as it should be, and usually the patient is not brought to the hospital until there is considerable loss of mental capacity, still preventive measures can be used to stop mental deterioration and restore as completely as possible the capacity that has been lost.

The history of the care of the insane shows that their conduct has always been the reflex of the attitude of their care takers. Whenever we think of the insane we have a picture in our minds of the mad man, wild eyed, with matted hair and torn garments, and our superstitious fear makes us endow him with all sorts of demoniac attributes. The difference between this picture, which represents the common belief, and the actual condition of the patients in a hospital for the insane shows that insanity as we see it is not a different condition, but that our changed attitude toward the insane has eliminated the attributes tradition taught us to believe were inherent in mental alienation. We have learned from experience in the care and treatment of the insane, from the medical point of view, that prevention is the most important factor. Because the insane man has been disposed to behave as tradition and superstition have taught us to believe that he should there has been the disposition to accept his conduct as inevitable and simply provide for his supervision or restraint whenever it is necessary. However, experience is gradually teaching us that this belief is without foundation. We have learned that, aside from our efforts to remove all general or special physical sources of mental disturbance, we must also recognize the fact that the insane man must be re-educated in the self-control he has lost and retrained to persistent effort, which the

mental enfeeblement accompanying his insanity makes impossible. It remains to be determined just what means are best adapted for this re-education.

It has been learned, in dealing with the defective, that the training of the eye and ear and the education of the muscular apparatus in co-ordinate movement, were the first steps toward successful effort in mental development, and that the next step was to teach the individual to utilize this training in creative occupation, because each achievement was not only a stimulus toward greater effort, but also the means to acquire persistence and self-control. As the result of his insanity there is developed in the individual a condition of mental enfeeblement, analagous to the primary lack of capacity in the defective. In the insane this mental enfeeblement results from the exhaustion of capacity through disease and excessive morbid mental activity. Afterward this loss of capacity is increased and often made permanent by enforced idleness and restraint. It is all the more surprising that the significance of this unfortunate condition in our institutions has not been recognized as the result of the enforced idleness of the patients, when these same conditions as affecting the inmates of some of our state prisons in consequence of the attitude of the labor unions has been so generally discussed and appreciated. It may be stated as an axiom that disuse of the higher functions of the brain brings about loss of capacity just in the same way that the muscles become enfeebled if not used.

In our institutions for the insane the pedagogical aspect of the work has been overlooked to a great extent, and particularly there has been a failure to appreciate that the teaching of the insane must be like the teaching of children; it must begin with the simple and rudimentary; also this teaching must be in the form of occupation, so as not to tax the weakened mental capacity of the patient, and because our object is not so much to teach him something new as to prevent his losing what he had already acquired.

Heretofore, in discussing the subject of occupation for the insane, it was too apt to be considered merely from the standpoint of commercial utility, leaving out altogether the consideration of the effect of occupation upon the patient and its function in the treatment of insanity. It is unfortunate that the medical treatment of the insane should be generally understood to consist of the administration of drugs and the application of hygienic measures, and that the regime of the hospital, which the custodial care of the patient makes necessary, should be thought of as something apart from the medical treatment. Really everything that is done for the patient is a part of his medical treatment, and among the means at our command nothing is more important or useful than occupation. The insane man is not only deranged mentally, but is also, on account of his condition, without capacity to carry on his usual occupation, and this difficulty is further increased by his confinement in the hospital, with the resulting deprivation of opportunity. The most serious conditions we have to combat in the insane are loss of self-control and failure of mental ca-

pacity. As the result of the loss of control the patient becomes indifferent, disturbed, noisy, destructive and even violent, because there must be some outlet for the pent-up energy which is no longer expended in the usual way, or the inaction that results from depression leads to deterioration of his faculties from disuse. Again, the want of occupation affects the physical welfare of the patient. Sitting idly all day and yet eating heartily soon makes him the victim of self-poisoning with the waste products of his bodily activities, and this condition in its turn increases whatever mental disturbance may be present. Occupation of some sort, therefore, becomes the chief essential to the mental welfare of the patient. Among the men this need is in the summer time in a measure met by the necessities of the economic management of the institution. The farm work, care of stock, garden, etc., give considerable employment, but this work is available practically for the chronic quiet and well-behaved cases only who can be trusted to work with general supervision, but does not help the large class of recent cases or the able bodied patients who are disturbed and cannot be trusted to work without constant and close supervision and who require instruction. Among the women the domestic work of the house furnishes very little opportunity for employment of the recent or disturbed cases, and there is nothing else for them to do.

So far as we treat the mental condition of the patient directly it must be by re-education and the restoration of self-control and lost capacity. This, like any other kind of education, is the result of the training of the faculties by use and the provision of means that will stimulate and encourage not a normal but an abnormal intellect with lessened capacity. Consequently we must furnish something for the patient to do that will be not only simple and direct, but also attractive and stimulating. Nothing is better adapted for this purpose than industrial occupation which is creative. If it were possible for us to put our patients to work as soon after coming to the hospital as they were physically able, we would undoubtedly in time eliminate the idle, turbulent and destructive element. But this cannot be done by providing monotonous mechanical occupation only. There must be something to stimulate the patient to work; therefore some form of occupation that will attract him away from himself and yet not be fatiguing. Besides there must be some one who is intelligent enough and sufficiently interested to find suitable occupation for each one, according to his capacity, and encourage him in the doing of it. Equally as important is the provision of a suitable place outside of the wards, where these occupations may be carried on. In this way such efforts become actually a part of the medical treatment of the patient, and not only contribute to his present welfare, but expedite his recovery, while in those cases where complete recovery is not possible habits of industry are established and the patients become useful members of the institution household instead of a burden and a charge.

The methods of the kindergarten are as applicable to our purpose in the retraining of the weakened intellect as they are in cultivating the undeveloped mind, but for our particular purpose these methods have to be adapted. Both men and women may be marched about and put through simple gymnastic movements to the accompaniment of music. This is an excellent method to allay irritability, and it may be practiced in the ward to check disorder. Men may be set to do the simpler tasks about the greenhouse a part of the day, and those who can be interested in the growing of flowers may be said to be on the road to recovery, either complete or relative, according to the length of time their mental disturbance existed before they were brought to the hospital. Both sexes may be benefited by the practice of simple games which bring into play co-ordinated muscular movements, rhythmical in character, and in which there is a definite object in view. Women, in our experience, do best with creative work, which has for its object the designing and making of simple articles for personal adornment, or for the decoration of the wards and their rooms. Music and dancing are very useful adjuvants to other methods and help to break the monotony of institution life, as do the simpler forms of gymnastic drill. These methods, however, are useful only in proportion with the skill and interest of the instructor. The mere mechanical routine dancing and drill do not appeal to adults who have to be stimulated to activity. Therefore this method of entertainment, to be useful, must have a definite object toward which the patients are to work, such as the preparation for an entertainment, for an exhibition drill or for the accomplishment of some special object in individual training.

Besides there must be a definite classification of the patients according to their adaptability, and this grouping can be made to serve the purpose of an added stimulus by inciting to emulation among the different groups. Among the men these simpler methods of training should be considered as the means to prepare the patient to take, according to his capacity, some place in the economy of the institution, so that for a part of each day at least he may help toward the maintenance of its autonomy. The writer believes that even an insane man does not appreciate what he does not work for. He also believes that our institutions should make and mend their own furniture, such clothing as may be required to supply the special needs of the men, and that dressmaking and millinery might be taught to a sufficient extent to enable the women to make their own dresses, trim their hats and supply articles for their personal adornment. The writer knows of nothing so depressing as the ugly uniformity of pattern in the institution dressmaking and the absence from our institution economy of the means to stimulate the women to personal neatness and attractiveness.

It is true that a great many are neat, disposed to care for their personal appearance and willing to work. For this reason they are allowed to do all the work, and no effort is made to stimulate those who do not want to work and who are not neat. It is true also that the necessities of the institution economy compel the forcing of those who are willing to work into monotonous and irksome tasks which they are obliged to keep at all day. In an institution, as in the world outside, the six pence tends to go

to him who does not work; so that we must constantly combat the tendency to allow the willing ones to do all the irksome work while the unwilling and the incapable do nothing. It is for this reason that the training of the recent case is so important, not only for his own welfare, but for the advantage of the institution as well.

To do this work of re-education and retraining as it should be done and to attain the object sought involves the employment of teachers who have themselves been prepared to do this kind of teaching and whose time shall be entirely occupied in giving instruction in some form of occupation to a group of patients. There is just as much need for such teachers in our hospitals for the insane as there is in the schools for the feeble-minded. The success they may attain is much greater, for they do not have to develop what does not exist. Their work is to help the patient to retain what has already been acquired. In our experience, circumstances have often placed a patient, soon after his arrival in the hospital, in a position where he was attracted out of himself by coming accidentally into contact with some form of occupation which interested him for the time being. Persistence in this work, under encouragement, has developed a capacity he had no idea of, and he not only has recovered, but has acquired a degree of culture that will stand him in good stead after he leaves the institution. Should he, on the contrary, be one of those who will be a permanent resident of the institution, his training makes him not only a useful member of the hospital family, but a contented one as well.

These interesting exceptions, however, should not take our attention away from the class of patients who make us so much trouble afterward because they have not been properly trained in the first place—the disturbed, noisy, destructive and violent. Every institution man knows that these people are his problem, and he also knows that very few of this class are disturbed continually when they first come to the hospital, but that, on the contrary, outside of the cases of delirium and acute maniacal excitement, most patients are fairly well behaved during the time they are under medical observation and the constant supervision of the nurses, so that after all the avoidance of the kind of conduct on the part of the patient which makes him undesirable and a burden depends upon the use of preventive measures. We all know how common it is for a chronically disturbed patient, who has been taken ill and been transferred to the infirmary, to react to the regime of the sick room so as to become quiet and orderly. We know, also, that he will remain orderly and neat for a long time after he returns to the ward, and sometimes his conduct and habits are changed permanently. This result is attained by persistent personal attention, first with regard to bodily cleanliness, next by constant supervision of the toilet and manner of wearing the clothing, and finally the orderly arrangement of time in the daily routine. When we stop to think, this is exactly the same method that is used in the domestic environment in the training of the little child. Just as this training of the child is successful in establishing habits of neatness and order will it be useful, and just in

proportion as the child as it grows older has this training, both at home and at school, amplified to develop the habits of persistence and restraint will he be prepared to resist those conditions in the environment which might otherwise bring about mental alienation by loss of self-control and impairment of mental capacity. The analogy between the conditions which bring about mental alienation and reduction and those which determine its persistence is complete. In the insane man the mental alienation brings about a reversal toward the primitive capacity of the child with its brutal egotism, active self-consciousness, furtive suspicion and lack of restraint, while at the same time the man has the knowledge and habits of the adult. This difference constitutes the necessity for restraint for the adult where supervision would be sufficient for the child.

Physically the same conditions are present that have been described as affecting the higher functions of the brain. Indeed, the activities of the balance of the organism are dominated by the mental state. The overwrought nervous system cannot maintain the balance between waste and repair, because it cannot co-ordinate and direct the activities of the rest of the organism. It would seem that in violent disturbance of the nervous system and in profound depression all other activities are lessened or suspended in the effort of the organism toward the conservation of energy in the direction of greatest need. It is for this reason that in dealing with these conditions as they are manifested in the insane we have to deal with the general organism first. After we have restored so far as we can the general physical well being we must recognize the fact that nutrition increases in a direct ratio with the demand for it, and there is nothing that will create that demand like muscular and visceral activity. Therefore we have to overcome the inhibition resulting from the mental state by stimulating muscular activity through use and restore the lost co-ordination and control through regulation and direction. Systematic and definite muscular activity results in successful effort, so that there is brought to bear the attitude of expectant attention in the patient, replacing his perverted mental activity. Inactivity and seclusion are the necessities of introspection, whereas muscular activity in well directed effort brings us to the realization of external impressions with new ideas and trains of thought sinking the ego in activities external to the individual.

MR. S. W. LEAVETT, *Chairman of the Board of Control:* We all realize the necessity of occupation for the insane, and you have told us of an ideal state of affairs which, if it could be brought about at the institutions, would be very helpful in caring for the inmates.

If Dr. Rogers, who is doing for the feeble-minded what Dr. Tomlinson recommends for the insane, would take up the discussion of the paper along the line of what he is doing at his institution, it might open the way for a more enlightened discussion of the subject.

DR. A. C. ROGERS, *School for the Feeble-Minded:* The most that I could say would be to further emphasize what Dr. Tomlinson has stated and, incidentally, to object to one statement with regard to the feeble-

minded which, I think, the doctor did not mean, and that is, "that there is nothing to work upon with the feeble-minded." The actual systematic training as carried on in the schools for the feeble-minded is for those children whose mental status is below normal, but not for those who have nothing to work upon. To illustrate the advantage of diversity of occupation, I wish to speak of one case where the person was supposed to be absolutely incapable of anything but destructive exercise.

We have one boy, about twenty-four years of age, who came to us with destructive tendencies. He destroyed his furniture; he was ill-tempered toward those around him; he was nervous and irritable generally, often pounding himself, his face and his head; at night he destroyed the bedding, tearing into strips everything that he could get hold of, and those immediately in charge of him seemed unable to effect any improvement. While the boy's muscles were defective and his hands flaccid and moist most of the time, he was physically very strong, for short periods uncommonly strong.

I have long been convinced that at least a large percentage of such cases might be improved by very careful personal attention and by the direction of the destructive activities into methodical forms. I suggested that it would pay one of our supervisors to give his time to this boy for a while, to see if he couldn't interest him in something besides destructive exercise. Fortunately this summer we have had a man of the right temperament to do that. He made the remark that he was going to do something for Jake if he didn't do anything else for a month, and I told him that such a course had my approval.

The boy was first employed in picking up sticks and stones and carrying them off in a wheelbarrow, the supervisor assisting him. After a few days he seemed very much interested and got so that he would do the work without any specific direction. We were very much pleased with the result.

After perhaps a week of this kind of exercise with, of course, plenty of rest—he being occupied about an hour or an hour and a half at a time—we had him taken out of the room where he had been almost naked every night and put in a bed in the dormitory with the other boys. He slept as well as anybody in the institution, looked after his own personal functions in the night and gave no trouble whatever. At present he is employed every day with other boys, and with the exception of one night has torn no bedding for about six weeks. He now comes to our evening dances, where he behaves himself and is as much interested as some of the brighter and more promising boys.

It is a little uncertain just how much he does know. He does not talk at all, having no means of communication other than by signs. He will follow directions; he will hoe, shovel and do work of that kind; but we have made no effort to teach him to talk. He has a form of aphasia.

I mention this as a typical case where personal attention is required to start inmates in the right direction. The results are certainly very gratifying. The case is particularly interesting because prior to this time no one who had had anything to do with him had been able to improve his condition. We make no prediction as to his future.

I have no doubt but what the same method might be pursued with the insane, that being exactly in line with what Dr. Tomlinson has been talking about. I think the personal influence of the one in charge of the patient counts for much.

I believe that some mechanical employment can be conducted at a profit in an institution where the inmates are mentally defective. A few years ago we spent a great deal of time in our brush work, keeping a careful book account. Not considering any interest on the plant, and only material and wages, we made about twenty per cent profit. There was a traveling man who carried our brushes as a side line, selling them throughout Iowa, Wisconsin and Minnesota. However, I think the real profit manifests itself more in the satisfaction it gives the people of the state to know that their boys and girls are occupied and are healthy and happy than in the financial showing.

I can understand exactly why the superintendents of the hospitals find it difficult to answer the direct question, "What would you need to accomplish such and such results?" The difficulty is that it depends entirely upon the group of people you are working with. If you get a department very well organized, so much depends upon the personality of the one teaching that if you lose that person you lose the whole. It is always a problem to get a person who can get results industrially and one who at the same time can take a personal interest in the people under his charge. This last qualification is the one essential qualification.

Dr. A. F. Kilbourne, *Rochester State Hospital:* It seems to me that anybody interested in the care of the insane will endorse the views set forth by Dr. Tomlinson. I think it is neither due to any lack of appreciation of the advantages to be derived from this course of treatment nor to any lack of initiative on the part of those caring for the insane that these methods have not long ago been carried out. It has been a choice, it seems to me, between providing for the custodial care of the insane and furnishing the means to give proper employment in order that we may gain the advantages to be derived from such employment. Until lately all the money we could get has been spent in providing accommodations for the increased number of insane. If you take the proper buildings for the increase, you will do without the proper building for the mechanical pursuit.

I don't know of anything more difficult than to find a person suited to supervise the employment of the insane and teach them how to work, arousing their interest in the work and holding it. A person capable of doing that should certainly command very good wages. I think our great advancements are to be made along this very line of work. It is a notable fact that the moment you get a patient interested in any line of work that patient's chance for recovery increases. Often the very first symptoms of recovery are shown in some interest in the work at hand.

With this work I would include schools for the insane, gymnasia with a physical director, and anything that would lead to instructive and creative employment. I would have them make their clothing, trim their hats and engage in every line of work in which it would be possible to employ them. Then I would have a regular school for the patients, where they could be taught the three R's. It would be the part of the school to arouse their interest, and we would send them out into the world even better fitted for it than they were before they entered the institution.

At the School for Feeble-Minded they have a tailor shop for girls, and the boys are engaged in making brushes and mattresses.

One point I wish to make is that at an institution where the people are abnormal mentally we shouldn't look for profit in the manufacture of anything. Our benefit will be the improved condition of our patients.

THE CHAIRMAN: I should like to hear from some one along the line of working with what we already have. It seems to me that if there is anything in Dr. Tomlinson's paper that is of value—and I certainly think that there is—it is the proposition that these people should be set to work, but is it necessary to wait until we can get a large appropriation with which to build shops and get a lot of machinery before we can do anything along these lines? Something is being done, I know, at all three hospitals for the insane. They are teaching women to sew and men to make furniture and work in the shops to some extent. Now isn't there some way in which this work can be increased with the means that we have at hand?

Dr. Welch, can you enlighten us along that line? You have had some experience in making furniture at your institution.

DR. G. O. WELCH, *Fergus Falls State Hospital:* I do not think that I can add much to what has been said.

In a small way we have already started industrial work, which means primarily the education of the hands as well as the re-education of the mind. By having another teacher we might increase the amount of work in various ways. For example, in the line of making clothing, and if it were a question of increasing output, a number of sewing machines could be put in; but for the most part the work should be with the hands. It is not speed or amount of output so much as results in training that we wish to accomplish.

For the men we could put carpenter shops in the basement and let all the work be done by hand, thus beginning in a small way, and gradually build up a considerable industry with practically a small outlay of money, as no machinery would be needed.

One person, watching another work, will gradually acquire the desire to do something unless he is so demented that the faculties of observation and imitation are entirely lost. In industrial work a piece of bright colored cloth attracts the attention of some of the women just as a bright color attracts a child. They want to handle it and finally to do something with it, and as soon as the interest is aroused reawakening of the dormant faculties is comparatively easy.

It seems to me that we can enlarge along the line that we are now working upon. By enlargement I mean the employment of additional teachers, especially in work along what might be called kindergarten lines. If we had $5,000 a year to use along this line, I think we could accomplish a great deal.

The most important proposition is the trained teacher; the shops will follow. We want more industrial teachers—a teacher on the men's side as well as on the women's. In every institution where an industrial teacher is working every nurse on the wards is bettered and broadened mentally. The example of the industrial teacher sets her thinking. She is more thoughtful of the patients, is more willing to give them personal service.

THE CHAIRMAN: We should be very glad to hear from Dr. Dewey.

DR. RICHARD DEWEY, *Physician in Charge, the Milwaukee Sanitarium, Wauwatosa, Wisconsin:* Mr. Chairman and Gentlemen—I have sometimes thought that it would be for the advantage of all concerned if the institution for the insane could be regarded and treated to some extent as a school, because education is really the keynote of everything of value that can be accomplished for a certain class of the insane, including nearly all chronic cases. Not education in the formal sense of having a school room and school books and a school ma'am or school master, although that, too, has been done to advantage in many institutions at various times, though the custom of maintaining a school appears to have fallen somewhat into disuse of late years. There was a famous school in Dublin, kept up for many years in the Richmond asylum, which was at that time a sort of model for other institutions. A large number of the inmates were brought to the school room and went through formal school exercises, in an elementary way, of course. The advantage of that was very noticeable, but still not in a sense of any great amount of education being acquired. The inmates, coming that way to the school, were given something new and something that would interest and divert them to a certain extent, but more than anything else they were given a discipline that was beneficial to them. Many schools have been inaugurated in the institutions of this country. Yet these schools seem to have been discontinued. Perhaps they fell into a sort of routine and lost their value, or, what is even more likely, it was found the needful means for keeping them up properly were lacking, as no specific appropriation has been made for such purpose so far as I am aware, and the expense of them had been squeezed from the ordinary fund. Such a school requires exceptional talent and originality on the part of the teacher to prevent falling into a perfunctory and routine manner of work. I believe that the keynote of the whole thing is individuality—the individuality of the patient and that of the instructor. As Dr. Rogers said, unless you can get some one who has a familiarity and a certain sympathy and understanding with these defective conditions of mind

you are wholly at a loss. That is almost the first requisite where one is dealing with these problems.

Many years ago, when I had charge of a state institution, I built a large shop, one hundred feet long, two stories high, with a basement, in order to have a place for varied employments. We had at that time fifteen or twenty different trades going on constantly—on a small scale mostly—producing things that we could use ourselves, and the industries were of great value both to the patients and to the institution. We had broom making, basket making, chair caning and repairing, upholstering, mattress making, rug weaving of several sorts, rag carpet, mats, harness making, tinning, shoe making, tailoring, printing, copper tinkering, plate engraving, clock repairing, etc., besides the sewing room and all the usual domestic and outdoor employment in garden, farm and grounds. I have often felt that we should have been able to do but little had we not had several original and ingenious employes, who had been attendants, who were subsequently appointed to other positions around the institution, who knew just how to deal with this class of people.

What may be done in a private institution it is, of course, difficult for a large public institution to do, but there again the secret of the thing is making a study of all patients to discover what their aptitudes, if they have them, or their instincts may be, what their previous experience in life or their occupation has been; and it is often very surprising, both in a public institution and a private one, to see how a patient who has been supposed wholly incapacitated in a state of more or less dementia can be called back to new activity by placing before him means to occupy himself, especially some work that years before he became familiar with, which years ago became second nature to him. A great deal of this work is purely mechanical, but is done with great benefit to the patient. In the private institution there is not much opportunity for industrial work; the patients do not lend themselves to it; many of them desire rest. The rest cure is a thing that I have sometimes thought was carried to the extreme, and I have a great deal of sympathy with a method of treatment by occupation that I have heard was inaugurated two or three years ago in a private institution in Massachusetts. A physician there received into a house (I believe it was somewhere on Cape Cod) a number of nervous invalids with the understanding that they would engage in employments suitably selected in each case with a view of "working out their own salvation," and at the same time producing something useful or beautiful, or both, that would have a value which might go toward meeting their expenses. The pamphlet I read reported very gratifying results. I don't know whether the enterprise has been continued or not, but the idea at the base of it is a good one.

In some cases you have to interest the patients and find something they will like. In certain cases they can only be aroused through the play instinct. Many who will not work will engage in exercises in the gymnasium and in outdoor or indoor games. Others who are artistic will sketch or mould in clay or become interested in other forms of art, especially in

music. With me the effort at all times is to see whether some progress is being made, and, if what is being done for the patients seems to be of no advantage, to find something else, at least to keep always active in the direction of seeking some avenue through which the patient can be led out of the depressed and defective mental state to a more normal one. I have had several of my patients take courses of instruction in a correspondence school or in a business college, also learn to play musical instruments or take language lessons.

In reply to your inquiry I would say: At my institution I have fifty patients, more or less—usually more than fifty—and eighty employes in all. As attendants, nurses and companions, whose duties are personally toward the patients, there are about sixty. We have a very large number of patients who wouldn't be termed insane; they are simply neurasthenics. In the course of a year one hundred and twenty-five or one hundred and forty patients are discharged. The percentage of those cured is practically no more than fifty or sixty. We receive patients in the incipient stage when much more curable than the average of those who go to the state hospital.

Without doubt there is a limit to the percentage of recoveries in a public institution. Probably the present ratio is somewhat less than it would be if all the things we should like to undertake could be accomplished. How much it could be raised it is difficult to judge.

Dr. Tomlinson has said that the recovery rate in a public institution does not depend so much on what is in the institution as it does on the fact that the majority of the patients that go there are chronic:

I think most men endeavor to be conservative in reporting a person who has been insane as recovered, and will consider that in order to report a patient so recovered he should be returned to practically his previous normal ability to care for himself, to take up his former occupation. Of course, there are very fine grades of distinction that perhaps couldn't be considered. I suppose that in insanity or any other disease there is no such thing as an absolute recovery—the ideal condition, where that individual is no different after recovery from what he was before his attack—but in a fair estimate a patient that is again normal, recognized as being what he was before his attack, able to do the things that he could then do, may be regarded in a practical sense recovered.

THE CHAIRMAN: If no one else has anything to say, we will give Dr. Tomlinson an opportunity to take up the discussion.

DR. TOMLINSON: I am strongly opposed to exploiting the time or labor of the inmates of our institutions for commercial purposes; in other words, I am opposed to attempting to make anything for profit. I have classed the occupation of the patients as a part of their medical treatment—just as much a part of it as anything else—and I wish to consider it from that point of view.

There is a difference between labor and occupation. What I am considering is occupation, not merely labor. Occupation, in its etymological sense, is a means of training, not simply a means of passing the time or the doing of so much manual labor.

Unfortunately the main point in my paper was not touched upon at all, the question of prevention. The sole object of all this work should be the prevention of the conditions which make our institutions what they are with regard to a certain class of patients. It isn't the finding of something for chronic patients to do that I want; it is to do something with the recent cases that will afterwards prevent their being difficult to care for and hard to manage. The point that I make is—and I believe that experience in the training of the feeble-minded and the insane bears it out, just as the training in the army or the navy does—that if you train an individual to a definite mode of living, just in proportion as you are successful will he be free from those qualities which interfere with the welfare of others.

I base my contention with regard to the insane upon the fact that they are, by their condition, reduced to a state which is sometimes almost infantile mentally; at least they have the characteristics of childhood in that they have lost the power to control themselves and the capacity to carry out definite occupation. Our object should be to retrain them. We don't put a five-year-old child to work with tools in a carpenter shop or a blacksmith shop, although that child may be eventually a carpenter or a blacksmith. We don't start the child who is to be a physician with the study of chemistry or surgery; neither do we start the man who is to be a mechanical or a civil engineer with mathematics or physics. These are ends. What I am after is to discover means.

How are we to restore these people to that condition mentally where they will be able to control themselves and exercise their bodily activities in a way that will be useful to them and not harmful to the walfare of the institution? It isn't a question of the kind or form of occupation; it is simply that occupation, to be attractive, must be creative and not monotonous. It must appeal to the play sense, as Dr. Dewey says. It must be primarily just as it is with children in the training of muscular activity so that it will be co-ordinate; that is, they must learn to do simple things in a definite way, which by repetition become easy, and therefore a pleasure. A task done by a greenhorn is always irksome and fatiguing, but as he gets to be familiar with his work, capable of doing it with a sense of accomplishment, instead of being tiresome it becomes attractive. We have to stimulate in our people the desire to do something because it is going to be pleasant and agreeable to them after it is done.

Now, with regard to means. I recognize that anything of this kind begun in a public institution must prove itself in order to be accepted by the public. It must be started without any material demands upon the interest or the financial resources of the public; in other words, it will receive consideration just as it shows results and the ability to use the means at hand. I recognize that as a fact which we can't overcome. It is further a fact that in order to start this work there must be some one who has been trained in this kind of work. I, myself, used to do this in a private institution, where I kept thirty or forty men actively employed all of the

time, but I can't do it now because I haven't the time. Of course I can suggest and outline plans, but there should be some one under me who is interested. There are four institutions in the United States where the course of instruction has this in view.

Now with regard to the practical application of these methods. I believe if we had at St. Peter a young woman who was a graduate of one of these institutions—particularly one who had been trained in what is called domestic science; in other words, the art of housekeeping, the art of dressmaking and the art of millinery—that all the rest would be accomplished by the employes we already have. They need some one to set them the example and to show them how. That would become just as much a part of their duty, under the supervision of this person in charge, as anything else that they do. That is all that I would attempt to start with on the women's side of the house.

I would take every woman patient, as soon as she was out of bed, have her industrial capacity diagnosed by a person trained to do this; trained to know how the rudimentary work should be begun; trained to know how this particular individual should be stimulated, and in what direction, so as to make her use her hands first, and then her mind, in such a way that she will have no disposition to occupy herself in a way that is harmful. In other words, the patient will have to take up, as soon as she is out of bed, something that will keep her interested and attracted, that will exercise her muscular capacity in a way that will be useful rather than otherwise.

On the men's side of the house the difficulty in some respects is greater, because men do not make articles for their own personal adornment or wear, and they are more difficult to teach to do things with their hands, especially where, as in the case with practically all of our patients, they have been only day laborers or farmers. We need, more than anything else, an instructor in gymnastics.

With these two new employes, I should figure that I would be in a position to start the solution of the problem which I have outlined in my paper. Further, I believe from my experience in the management of the insane that those people who have been trained to deal with sane people, if they are interested and anxious to succeed, will be sure to succeed with insane people, because the more you treat the insane as though they were rational the more they behave like sane people. In proportion as we deal with these people as we would with any one else, do they develop characteristics which belong to sane people.

With regard to materials for occupation: When I spoke of things that might be made in the institution, it was from the point of view that there are certain things which the patients might make—furniture, for instance. The furniture that we buy, with the exception of beds, is unsuitable in every way for institution use. If we had it made outside of the institution, it would be very expensive; but with the proper person to oversee and direct this work furniture can be made in the institution as it is needed. After the institution was once equipped the matter of repairs would be so slight

that there would be no difficulty in keeping the work up. The same is true with regard to articles of clothing not manufactured in the ordinary ways of commerce, which, if we had them made for us, would be very expensive, but which, if made by us, would not be.

I do not mean that we could, nor should we attempt to, manufacture anything in the way that it is manufactured at the State Prison or the State Reformatory. I maintain that what we do is done as a part of the medical treatment of the patient, a part of the treatment of his mental condition. This is a matter of re-education and re-training, and it must be carried on as education and training are—that is, it must supply an outlet for the energy in the individual which will be useful, or at least harmless, or it must supply an outlet for that energy which will be constructive and creative.

What will be the result of this method of work? If it turns out as I feel quite confident it will, and as I have seen it in a private institution, the conditions which we now have to meet will progressively disappear. While we may not profit directly by this, we will profit indirectly by what we save in clothing and furniture. In any institution there are certain wards in which is congregated, because they must be kept away from the others, a large number of disturbed, noisy and violent patients who do nothing. Their energy is manifested by explosive violence, destructiveness and noise. This class of patients is progressively increasing in our institutions. If we can do anything which will prevent their getting into that condition, we are not only making the institution much better in every way, but we are indirectly saving a very material outlay.

The object of the kind of training to which I referred in my paper is not to teach these people a trade, but to train them in self-control, to stimulate their weakened mental capacity so that after they have reached a certain stage of education or retraining, or after they have gotten out of what you *might* call the primary grade, you can then take advantage of what trade or occupation they have and utilize it in the autonomy of the institution; but you can't do this in the beginning. You can't take an insane person out of bed and set him to work, any more than you can a man recovering from an attack of pneumonia. These people, as a result of this method of management, would be gaining not only their physical strength, but their mental capacity, having graduated from the primary to the secondary school.

I believe that none of these people are so happy as when they are at work. I don't believe any one appreciates anything that he does not work for and is not interested in. If we can get our patients to help make their own surroundings more agreeable, their own persons more attractive, we have done all that we can do, and in most cases all that it will be necessary to do in order to make them useful and able to live at home, and to make those who are obliged to stay with us satisfied to remain and become useful members of the institution family. A very large percentage of the people who come to us are hopelessly chronic when they enter the institution, so that we couldn't expect that they would recover. All we can do is to save from the mental wreck what we may and to employ that so as to make the individual useful.

AFTER-CARE OF PATIENTS DISCHARGED FROM HOSPITALS FOR THE INSANE.

By Richard Dewey, M. D.

Mr. Chairman and Gentlemen: The return to the outside world of a man or woman who has been in a hospital or asylum for the insane is surrounded with peculiar difficulties. There is not only the period of convalescence, which is a time *requiring special care in all diseases, but* the fact of insanity raises a barrier in numerous ways between its victim and his more fortunate fellows. Particularly is this the case if the person suffers from poverty as well. Even the well-to-do are at a great disadvantage, and the destitute and friendless are often completely submerged in the struggle for existence. How worthy an object, then, is that of helping the needy patient recovered from insanity! Aid for convalescents from general hospitals is given increasingly in all our communities, and the need thereof is well recognized; yet if destitute convalescents from bodily diseases need "after-care," even more do those from mental disease, because there is no malady from which recovery is in every sense more difficult or which requires more painstaking effort. The patient of small resources who has been insane has generally lost or exhausted all his means, and months, sometimes years, have passed during which he has produced nothing for himself or family. If he is without family, he has no place or person to depend on, and if he has a family, he is either adding to their burdens and their misery if they receive him, or if, as in many cases, he is repudiated *by his own nearest of kin, he is still* more wretched. The prejudice against one who has been insane may be ignorant and foolish—and, indeed, it is actually so in most cases—but it is, nevertheless, distinctly to be reckoned with. It leads to a general "passing by on the other side," and the foes of the insane convalescent in many cases are "they of his own household." Thus lack of employment, shelter, food, raiment—but, above all, lack of friends—is encountered, and exposure to the elements, to temptations, to vice and idleness again and again bring about a relapse and the last state of the patient is worse than the first. Not only is the principle on which the convalescent home is founded applicable to these cases, but another recognized and established form of benevolence—that on which the prisoners' aid societies are based—is equally fitting of application, for there is just as rooted a prejudice, though of a different sort, against harboring or giving employment to the person who has been insane as there is against the ex-convict. Furthermore, the discharged prisoner is almost invariably given by the state at least a suit of clothes and a fair sum of money, while the patient recovered from insanity generally gets neither the one nor the other. Finally, if all other conditions were favorable, the destitute ex-inmate of the insane