

instances that the deeper and graver causes of a psychosis are only brought to the point of pathological emergence by the addition of more superficial and removable pathogenic factors. The latter can very frequently be dealt with by psycho-therapeutic means. And though it is often dangerous in these disorders to attempt a radical form of mental therapy, much may be done by means, especially, of re-education measures in guiding patients towards a more healthy outlook on life, and in teaching them to react in a balanced and stable manner towards the difficulties they must inevitably encounter.

[(^c) Sir Thomas Clouston laid the greatest stress on this. Surely it is the practice of all experienced psychiatrists!—Eds.]

Occupational Therapy. A Series of Papers read at a Meeting of the Scottish Division held at the Glasgow Royal Mental Hospital on Friday, May 2, 1924.

I.

By D. K. HENDERSON, M.D.Edin., F.R.F.P.&S.Glasg., Physician-Superintendent, Glasgow Royal Mental Hospital.

THE time for a discussion of occupation as a means of cure or betterment in cases of mental disorder has long been overdue, and needs no apology. The papers which have been read deal with its practical aspect, and relate in a convincing way what has actually been accomplished. My aim is twofold. In the first place, I wish to give a short historical *résumé* of occupation as it has affected Gartnavel, and in the second place, to discuss its importance and value.

The reports of the Glasgow Royal Mental Hospital date back to 1810; many of them are of absorbing interest, and merit the most careful study.

At the laying of the foundation stone of the Asylum on August 2, 1810, Dr. Stevenson Macgill, the minister of the Tron Church, delivered a most enlightened address, in which he emphasized the importance and wisdom of cases being taken to mental institutions early in the development of their mental disorder, and remarked also on the importance of patients being treated as human beings with natural feelings. He said—"The notion that with the loss of reason our fellow creatures have lost all sensibility to pain or pleasure is a gross and vulgar error, unworthy of a people of humanity or of observation. In many cases they manifest very acute sensibility to neglect and personal injustice; often you see them keenly

alive to the ridicule of the unfeeling, and often shrinking from the look of contempt, or of the tone of severity. . . . All have their tastes, which may often with safety be gratified, and few are not capable of some employments which are calculated to amuse and to please them. But these cannot be enjoyed with safety in the ordinary haunts of men, never in the abodes of the poor, the labouring and the busy; seldom with convenience and comfort in the houses of the affluent. Where confinement is necessary, asylums furnish a comparatively happy retreat, and where the state of the patient renders greater liberty safe, they furnish an abode best adapted to his condition. Comforts are provided suited to his state, evils warded off to which he is exposed, and means of enjoyment and occupation are conferred which in other circumstances might be dangerous or could not be afforded."

The Asylum was opened in 1814, and in the second Annual Report of the Directors, published in 1816, there is a reference as to how occupation may be used as a means of cure. The case is recorded of an old dragoon of The Greys, who during twenty-three years, every three months had a dreadful attack of outrageous insanity. Gradually, however, he improved, and it is recorded that he became "very happy knitting worsted gloves, until a proper place of residence could be found for him." In the same report it is stated, "Two looms have been erected by the Superintendent, which made one patient who had been for some years listless almost to torpor, exclaim that 'the house was now altered indeed; it was now worth living in.'"

In the third Report of the Directors, published in 1817, it is recorded that "Two looms and five spinning-wheels are generally kept at work; clothes are made or mended, stockings and worsted gloves are knit, and occasionally a little muslin is flowered, though, on the whole, this is the least profitable manufacture, because when any freak or wrangling occurs, the figures are apt to rise on the wrong side. Every encouragement, however, is given to the exertions of industry, because nothing contributes so much to promote a cure and prevent a relapse."

In the years 1818-1819 statements are made to the effect that "cures have been promoted and relapses prevented by providing opportunities for billiards, bowling, reading, and other recreations."

The Report of 1820 mentions some of the common physical methods of cure, but especial emphasis is laid on the moral management of the patients. The Report states, "Sociality has often been promoted, while the irksomeness of confinement has been alleviated by various occupations and amusements. Bowls and billiards have been favourite games, and reading, music, drawing,

have often served to arrest attention and to dispel illusion. Some write letters or poems, one solves mathematical problems, and another has long been busily engaged in composing the history of a voyage round the world. But many have been more profitably employed. Some have laboured in the garden or shrubbery grounds; shoes have been made and cloth woven by various individuals, and one patient is at present very useful as a joiner. Some of the females have knitted and sewed diligently, and so many of them have been industriously employed in spinning that almost all the bed and table linen now used in the asylum is the product of their labour."

Another matter, perhaps not quite pertinent to the discussion, but of interest to record, is that in the Report of 1821 the statement is made that in 1819 divine service was instituted: "Our Asylum, we believe, is the first establishment of the kind in which a sermon was ever preached. . . . We are not aware that divine service, as in Church, was ever performed in any lunatic establishment in this country until it was introduced into our Asylum, and we are much gratified to find that our example in affording the benefit of religious instruction and consolation to the insane begins now to be generally followed." At the close of this interesting meeting one of the boarders of superior rank respectfully approached the clergyman and gratefully thanked him for his kind condescension in preaching to the unfortunate inmates of the Asylum, adding that he himself felt peculiarly gratified that now he was thought worthy to attend public worship.

In the Report of 1827 it is stated that "Due attention has been paid to those two important points, viz. the greatest practical degree of personal liberty, and the use of proper means of employment. We are inclined to concur in opinion with those who judge that lunacy, like fever, has a certain course to run. And, as the malady in most of our patients, when they are admitted, is in the progress of that course, a great part of our treatment consists in the use either of the means of moderating excitation, or of promoting convalescence. The most useful of these means, especially for the latter purpose, are such amusements or occupations as may engage attention, and afford some degree of bodily exercise. . . . In the winter season, especially when the inclemency of the weather obliges these patients to keep within doors, many of them are necessarily idle, and, of course, not the less prone to mischief. . . . Some means therefore of employing these patients so that they may enjoy the benefit of free air and exercise, yet without injurious exposure to the weather, is much wanted, and might, perhaps, at no great cost, be obtained."

The Reports in subsequent years all deal with the importance of occupational work, and I would particularly draw attention to the Report published in 1839, in which the following statement is made: "It was long justly complained of as a radical defect in almost all the institutions for the treatment of the insane, that no proper plan

for the employment of lunatics had been adopted. The idea of teaching lunatics to perform any useful handicraft operation would at one time have been treated as altogether chimerical, but by such well-devised occupations as experience has shown to be practicable, this difficulty has been surmounted, and the means have been discovered of affording salutary exercise and amusement to almost every description of the insane, while daily employment is now universally confessed to be the most effectual means of promoting recovery." In the same year a plan was submitted for the erection of more workshops.

In the following year the necessary improvements had been effected, and it is said: "In our capacious workshops, weavers, tailors, shoemakers, carpenters and saddlers may be seen diligently pursuing their avocations, while in the workrooms, laundry and washing-house, the various operations of sewing, knitting, cording, spinning, winding, shoe-binding, washing and dressing are carried on with cheerfulness and alacrity. The convalescent ladies are employed not only in ornamental work, but in the benevolent occupation of making articles of dress for patients of the poorer classes. The means of mental improvement through the medium of rational and harmless amusements have also been increased, while at the same time we have taken care that they be as much as possible suited to the rank and taste of each class of patients."

In 1841 it is stated, "Daily occupation not only diverts the mind from its delusions, and thus lessens their intensity, but frequently puts an end to the restlessness which attends so many forms of insanity. To secure all the advantages that may be derived from it, it must be regular, of such a nature as not to tax the mental powers, and at the same time adapted to the habits of the patient and his position in society. To employ a well-educated man in menial work would be as absurd and prejudicial as to amuse a labourer with billiards or chess; and to teach a patient a new trade when he is already acquainted with one in which he can be beneficially employed, would be clearly a waste of time. To engage anyone in an occupation which he has associated with loss of caste tends to degrade him in his own estimation and renders him careless of his habits and conduct."

These extracts must suffice. They indicate more clearly and forcibly than any words of mine the value attached by some of our predecessors to occupation as a means of cure. No doubt an examination of the archives of most of our mental hospitals would reveal similar views. Is it not strange, then, that so valuable a help should have met with so little recognition, because instead of being elaborated and systematized, it has been allowed to fall into

the background, and only now are attempts being made to resuscitate it? In 1899 Marr made a short report on the Brabazon scheme in an asylum, but otherwise I have failed to find any reference to it in the files of the *Journal of Mental Science*. In 1880 Lady Brabazon proposed a scheme to employ the infirm and crippled inmates of workhouses, and offered a grant of money for materials to any workhouse or infirmary that would try it. In 1895 this scheme was introduced into Scotland at Barnhill Poorhouse, and in January, 1898, it was introduced into the asylum at Woodilee. A number of ladies held a meeting in the asylum once a week, and patients of both sexes were collected into a large sitting-room. A great variety of occupations was taught, and "Brabazon Day," as it was called, was greatly looked forward to. In commenting on this scheme, an editorial in the same number of the *Journal* states, "Provided the work be carried on with the sympathy and accord of the asylum officials, as doubtless it would be, we see no objections to the Brabazon scheme in these institutions; at any rate, for our pauper asylums the plan appears to be well worthy of an extended trial." Such niggardly, negative praise and criticism seems to have reflected the average opinion, because this scheme apparently was regarded as a well-intentioned fad, and no attempt was made to extend its usefulness. In contrast, think of the time and money which has been expended on investigating the action of this or that drug, think of the discussions, many of them fruitless, which have waged round the use of hypnotism, suggestion, psychoanalysis, the action of the endocrines, etc., and yet a topic of the acknowledged importance of occupation has never previously been considered worthy of an afternoon's discussion by any division of the Medico-Psychological Association. Why has this been so? In my opinion, it has been due to the fact that occupational therapy has been regarded from the utilitarian and economic point of view, and the curative aspect, if considered at all, has largely been lost sight of. Many of you may repudiate that statement, but I maintain that it is so. No thought has been expended in prescribing work for the majority of our patients, but it has been largely a question of helping out our employees, and of sending so many to the garden, so many to the farm, the others to the laundry, the kitchen and the sewing-room. I agree at once that all such forms of employment are necessary and important, and no doubt many patients are happier so employed than in any other way. By all means let us maintain our garden squads and our kitchen workers, but don't let us stop there. Let us ask ourselves the further question—Have I expended all possible curative means? Is there anything more I can do to help this unfortunate man or

woman? In other words, instead of thinking in groups, we must develop a more individual touch than has ever previously characterized mental hospital organization. After all, in our educational system we have come to realize that it is useless attempting to teach children by set plans, but we must have a system elastic enough to suit all kinds of children. So it is in mental hospitals; we must not only be elastic and progressive, but we must take a broader view of mental disorders, and must think of them in a biological way. By so doing we will proceed a step further than our forefathers, and will be better able to apply the practical means of treatment. The accurate clinical symptomatological methods of Kraepelin, the dynamic, biological conceptions of Meyer, the investigations of Hoch and Amsden on personality and "make-up," and the stimulating and inspiring work of Freud, Jung and others, are all outstanding, making, it seems to me, epochs in the life-history of psychiatry. We do not now consider the sayings and acts of the mentally disordered as empty nothings, but we try to analyse the symptoms so as to understand their mechanism, and what they mean to the individual exhibiting them. In this way I am sure we come to a much better understanding of our patients, and therefore we must be in a position to treat them more skilfully and rationally than heretofore. This viewpoint is of particular importance in reference to such a topic as occupational therapy. For one reason or another, psychic, social, toxic, organic, patients suffering from mental disorder have been unable to hold their own; they have failed in their adaptations; they have become for the time being social failures. The majority of them are particularly conscious and sensitive about this, and however they may attempt to compensate, their innermost reaction is one of hopelessness. We have found in the past that with rest, watchful care, good nourishment, drugs, etc., an adequate compensation may sooner or later be built up, but there is nothing which will sooner and more satisfactorily increase a person's self-esteem than his ability to accomplish something. It does not matter in the least how simple the work is, provided it is successfully accomplished. It is therefore our duty to attempt to establish well co-ordinated, purposeful ways of doing things, instead of idleness, apathy, or inadequate reaction. We must plan and organize our patient's day, so that adequate time is provided for work and rest and play, so that interests are stimulated, and—to borrow a word from Meyer—exteriorized. Even although the patient has been a failure in the world at large, we must attempt to make him a success in his hospital environment, and if we are able to do that, there is no saying what further result may follow. This may all seem simple and commonplace, and easy

to arrange, but it is really a most difficult piece of work. It is not a question of arranging and planning the day for those who are willing to work, but it is a question of encouraging the unwilling, and of attempting to alter those activities which are perverted and misdirected. During the half-dozen years I spent in America, I was greatly impressed by the use of occupation as a means of treatment. During the past ten years further advances have taken place, and nearly every mental hospital throughout the United States has its occupational therapy department under an adequate *personnel*. This work seemed to me to be so valuable that I determined, if the chance ever arose, to make a start in this country along somewhat similar lines.

In 1919, with the co-operation of Miss Darney, who was Matron of the Hospital, a beginning was made in the development of this work. We had no trained help, but with the co-operation of the nurses, and of the patients themselves, a beginning was made with the simpler types of handicraft, and basket and raffia work, rug-making and leather work were started, and thus a nucleus was established. Under such circumstances it was not possible to have more than one class per day; we only reached the more intelligent patients, or those who were convalescing, and the particular trouble and difficulty was the lack of continuity, the irregularity of attendance, and the fact that there was no one person who was officially in charge, and responsible for its development. Even with such an inadequate arrangement, I felt that sufficient interest had been aroused, and that results had been obtained which warranted my placing the matter before the Directors. They immediately recognized the importance of such a form of treatment, and the good which might result from it, and they sanctioned the appointment of a whole-time occupational teacher. I was fortunate in being able to enlist the services of Miss Dorothea Robertson, and in December, 1922, she was appointed instructor in occupational therapy. During the past year Mr. Murray was appointed as her assistant. In addition, both the female and male nurses who accompany the patients are given a training in this work. The question of suitable *personnel* is probably the most difficult one, but an almost equally important matter is suitable accommodation. At the beginning we utilized a poorly-lit and badly ventilated room next the laundry, and the general surroundings were so uncongenial that many of the patients gave this as their reason for not wishing to take part. The Directors then agreed to sanction the erection of a suitable pavilion in a pleasant part of the grounds, detached altogether from the main buildings. This has been a great boon, and has added materially in the development of the work. The

short experience we have had has demonstrated, already, the need for even more accommodation.

Is all this, then, merely a fad, an idle dream, something which does not mean anything, of no practical importance, or does this occupational therapy really help us in attempting to cure and improve our cases? I believe that the arguments are all in favour of the latter view. Allow me to take an analogy from the war years. During those years there were large numbers of invalided and convalescent soldiers whose *moral* had at all costs to be maintained, because otherwise they became "grouzers," they developed bad habits of one kind or another, discipline was irksome to them. Now it was found at that time that the development of occupational and recreational activities made all the difference in the world, and practically every hospital had its occupational centre. The same is true to-day in the hospitals for the limbless, the blind, or those suffering from incurable conditions. The one constructive, helpful thing in these hospitals is the fact that occupational activities have been developed to suit the needs of the individual. It is recognized that if such patients do not have their minds healthily employed they will become depressed, morbid, introspective, but where an outlet in work and recreation is provided, a contented, happy frame of mind is developed. It is not the work or the recreation as such which is of importance, but the essential thing is that something is being done, that the patient proves to himself that he is able to do something for himself, that life, after all, is worth while, and in consequence, self-confidence, self-esteem, self-pride become born anew. The same principles have been recognized in the special schools and homes for the mentally defective, and in our reformatories and prisons. The great majority of our patients in mental hospitals have at one time had much better brains than those belonging to the "mind-lack" and "mind-twist" groups, and yet in some ways we have done less for them. We have been too content to follow the well-beaten paths; we have accepted the situation in a matter-of-fact way, and have been content to let well-enough alone.

In this paper I have not attempted to maintain that occupational therapy is the only way of treating cases of mental disorder, but I do wish to insist upon its great practical importance. I am certain that by its means many recoveries are hastened, many improvements are effected, good habits are substituted for bad ones, physical and mental deterioration are retarded, and life is made more enduring for the great bulk of our permanent population.

II.

By A. G. W. THOMSON, M.B.Glas., Senior Assistant Physician,
Glasgow Royal Mental Hospital.

THE purpose of this paper is to present to you my experience on the place and value of an occupation department in a mental hospital, to cite a number of cases illustrative of its varied usefulness, and to consider to some extent reasons which lie at the root of that usefulness.

Occupation as a means of helping the mentally sick is not new ; indeed it is probably one of the oldest, if not the oldest, of the methods that have been used throughout all time. Work is always a means of attack in such illness, and in all hospitals. There is, however, a considerable difference between these many modes of employment—whether in the kitchen, in the garden, the sewing-room, the fields or the workshops—and that of a definite, specially equipped department with its own staff.

In the one case, the patient is engaged in what one may well call the machinery of the institution, is employed and assists the wheels of the hospital to go round ; whereas in the case of the occupation department, the work is solely for the purpose of stimulating the patient to employ himself ; the employment of the patient as a therapeutic measure is the only object in view. (My use of the word "employment" throughout this paper is intended to refer to employment as a therapeutic measure, as one of our means of helping the alienated.) The two forms of employment above noted are not to be considered antagonistic, very far from it ; they are to supplement each other. The occupation department is frequently to be the means of a first step to that larger usefulness which helps the community. Those other activities continue as before and are as valuable as they formerly were.

Mention is made of these considerations, because the first thing that anyone asks is, " Is it necessary to add a special department, with special equipment and a special staff, to our hospital, when we have already so many excellent sources of occupation which stood by us well in the past ? Is this not another of these enthusiasms which sweep through the community, be it medical or lay, as pernicious and as lasting as, say, mah-jongg or roller-skating ? " I shall refer to this subject again ; but it is right in the first instance to draw attention to the fundamental difference above-noted, that the sole purpose of the occupation department is therapeutic.

It is right, also, that another matter be spoken of, namely the

nature of this particular hospital: for just as any phrase depends for its meaning and its value on its context—and any psychiatrist knows only too well the truth of that dictum—so the worth of any given opinion depends in large measure on the possibility of grasping the factors which come into play in the problem. This hospital is a private one; the average number of patients is comparatively small—about 500; and in addition to the usual fairly equal division of numbers by sex, there is a further division by rates of board—that latter division being unequal numerically, and indicating also, though in a rough way, the separation of those who have had greater social opportunity from those who have had less.

I mention those points because I do not in the least wish to dogmatize. Every hospital has its own nature; the requirements of a private hospital are different from those that are not; a hospital situated in an agricultural area must have needs of a different nature from one dealing with an urban population. For each of these an occupation department of a different type would have to be considered, because the original factors in the problem are different.

Allow me to quote a number of cases. The first three which I would refer to are cases in which I am of opinion that the occupation department was a definite aid towards recovery.

CASE 1.—The first case is that of a single woman, *æt.* 45, who was admitted to the Glasgow Royal Mental Hospital in June, 1922, in a state of acute depression, and following a suicidal attempt.

Her depression dated from three months previously, when she had had a hysterectomy performed.

On admission she was depressed, anxious and agitated, and had nihilistic ideas. This anxious, distressed condition continued during the earlier months of her stay, and she showed evidence of hallucinations. By November she became less agitated and restless, but was still very dull; although she could be got to brighten up momentarily.

By January, 1923, she had improved sufficiently to ask to get home and to have some hope that she might ultimately get better, and she was taking her food better and sleeping better. She was, however, still dull, and she continued so throughout the spring and early summer months.

In June, 1923, she was sent to the occupation class. At first she was on plain sewing and raffia, but with little result. It was when she was tried with work in coloured raffia that she became interested—as is evidenced by her request to take her work to the ward, so that she might work at it in out-of-class hours. That was a break from a level of monotony which she had been at before; and the result was obtained with the coloured work. Although her further progress was slow, she gave evidence of more initiative thereafter. She was discharged in February, 1924.

CASE 2.—A single woman, *æt.* 42, was admitted to the Glasgow Royal Mental Hospital in February, 1923, having been a patient also in 1911 and 1912.

In 1911 her case was one of excitement; in 1912 she was depressed. She kept well from her discharge in 1913 till, following an attack of rheumatic fever in December, 1922, she broke down in February, 1923.

Before and after admission she was noisy, over-talkative and over-active, and had violent outbursts, when she was dangerous to those around her. Even after three months she showed flight of ideas and distractability, and she was still far too active. Throughout the summer and autumn her noisy restlessness continued;

and at times she was difficult, sometimes withdrawing into herself and sitting in a sullen way, not answering questions and taking notice of no one, or boisterous, interfering, destructive and mischievous.

She was sent to the Occupation Department in January, 1924, and for several days she was a regular "pickle," interfering with everything, stirring up patients and irritating them; but she was gradually coaxed to do a little work, and was finally "got at" by some raffia work in colour, and during the time of the class behaved well. Soon this good behaviour extended to the wards. Her interest in the work is shown by her asking to take some of it to the ward, as she wished to finish a particular stage of her piece of work, so that she might start the next stage of it the following morning.

She was discharged in March, 1924.

CASE 3.—The following single woman, *æt.* 40, was admitted to the Glasgow Royal Mental Hospital in October, 1923. She had been ill on three previous occasions.

After admission she showed very great excitement and restlessness, she was talkative and noisy, showed flight of ideas and distractability, and possibly had hallucinations of sight.

This restless, elated, talkative, interfering condition continued, and all attempts to get her to occupy herself were entirely fruitless. Such a state of affairs lasted till January, 1924, when she was sent to the Occupation Class.

On her first going there she was restless, irritable, and interfered with everything; but apparently the atmosphere of industry gradually had its effect, and she began to work, not always well at first, but she did work; and as time went on her capacity and the quality of her work improved steadily (she was engaged in rug-making).

I consider that the Department was an undoubted help in her case—a help over and above that which could be given her in the ordinary way; it appeared to me to hasten her improvement specifically.

She was discharged.

The following cases purpose to illustrate the amelioration which has been effected in cases where the general outlook is considered bad, cases where the intention is to sustain and retain the patient at as high a level as possible, even to raise him to a higher. The first three cases are in comparatively young people, and the fourth is in a very old-standing case, which had reached a stage of grave dementia.

CASE 4.—A young woman, *æt.* 26, was admitted to the Glasgow Royal Mental Hospital in December, 1921; she had been a patient previously in 1920.

Her first admission, in 1920, was characterized by acute excitement, restlessness, flight of ideas and distractability in the first instance, but by indifference and apathy before her discharge.

On her second admission she was apathetic and indifferent, had bouts of causeless laughter, grimaced, and stood in strange attitudes, and her habits were degenerated.

For six months she changed little, but that for the better—she could be occupied with sewing, was less catatonic, and she was cleaner in her habits. She then became extremely noisy and excited, hallucinated freely, and her habits and language were of the most degraded nature. After some months the acute phase passed, and she continued in a state of dull uninterestedness, which was broken periodically by bursts of hallucinatory conversation. She never occupied herself in any way.

This was much her state on being sent to the Occupation Department. At first she simply sat and gazed before her; but after a variety of trials she was stimulated when given pewter work to do. This she did well, and with fair interest—great interest compared with her previous apathy. There is no doubt in my mind that by this means her mental condition was lifted to and sustained at a higher level than it would otherwise have been.

CASE 5.—This is the case of a "Service" patient, a single man, *æt.* 24, on his admission to the Glasgow Royal Mental Hospital in December, 1918.

The patient served in Gallipoli, Egypt and France; he had dysentery, and was twice wounded in addition to the invaliding disability. He first took ill mentally

on July 6, 1918, in France, when he became subject to fits of uncontrollable laughter and talked to himself. He passed through various war hospitals before his admission to this hospital.

Here he was dull, apathetic and unemployable, with, at rare intervals, excitable outbursts, when he was dangerous and impulsive, on one such occasion declaiming that he was the Kaiser, and all-powerful. Hallucinations were present.

Throughout the following years he continued much the same, but the hallucinations became less dominating; he was very quiet, solitary and silent, and he did nothing.

On being sent to the Occupation Department he was tried at first on the simplest grade of work—that of sand-papering. For a time there was no change. He was next given basket-work; and now he is able to do good basket-work and also basket repairs. He is obviously brighter, more lively than he was, and much more accessible.

CASE 6.—The following is the case of a young unmarried man, *æt.* 35, admitted to this hospital in December, 1922.

At the age of 28 he had a mental breakdown, and was in the Crichton Royal from December, 1910, till June, 1917, suffering from delusions of persecution. After his discharge he joined the Army and served in France, and, for two years after the war, in India.

After his admission to the Glasgow Royal Mental Hospital he was extremely resistive and negativistic, sometimes having violent outbursts of excitement, at other times being mute and showing waxy flexibility. He was hallucinated.

He has become gradually more approachable, but continues moody, and has still bursts of excitement.

This man was sent to the occupation class, where he did rug-making and a variety of other work. He did fairly well, but it did not seem to have any special hold on him. Later he was tried at brass-work. The result was striking: there was a definite appeal to his imagination, and he went at the work with a will. He still has his bad days, but he is steadier than he was, more interested, more near to those about him, and altogether more approachable.

CASE 7.—This patient, single, and now *æt.* 58, first took ill at the age of 33, in 1899, and she had three attacks of mental illness before her admission to the Glasgow Royal Mental Hospital in 1909.

On her admission she believed that she was being persecuted by her sister and brother-in-law; she heard Divine commands and acted under their influence, breaking dishes, etc., and she refused her food.

In the course of years her delusions became bizarre, and she was more hallucinated. Her impulsive outbursts were more severe. Her general progress was downward, and as she became more deluded and the numerous schemes which she propounded more erratic and impossible, so her capacity for employment fell steadily, till latterly she did nothing—except give advice.

It was in this state that she was sent to the Occupation Class. On the first day she was as full of projects as ever, and, as was anticipated, she interfered with nearly everything within reach or sight—particularly with the paint bottles and a skein of silk (I was a witness to the performance). She was borne with, and, by her own choice, she commenced to paint a box. She was left to do it her own way, with results disastrous to the original colour scheme, but with excellent result as regards herself, for she got scope for her imagination. Within three days she was more settled. She enjoys the class, and she dislikes the day when there is none. In the ward she is more occupied and more industrious, and her behaviour is more settled and orderly.

The case which I propose to quote now I do to indicate the adequacy with which the Occupation Department adapts itself to the protean needs of the individual patient.

CASE 8.—This is the case of an unmarried lady, *æt.* 50, who was admitted to the Glasgow Royal Mental Hospital in March, 1923; she came in as a voluntary patient.

In addition to the present attack her history shows her to have suffered from attacks of mental illness which began at the age of 19, the second attack being

when she was 37, and others occurring at 41, 42 and 45. The last four attacks have been treated in this hospital.

The earlier attacks were characterised by manic features; over-activity, irritability, excitement; but in the last three attacks depressive symptoms, with dullness and inhibition of thought and action, have predominated, although short spells of over-energy and excitement have occurred. Hallucinations were present notably in one early attack, and again, but for a few days only, in the present one.

About September last she gradually settled down, and became a cheerful, natural member of the community—always, however, with a somewhat caustic tongue and dominant manner. In this state of betterment—as is usual with her—she is an active, excellent and teachable worker. She has one characteristic, common to herself and the type of her make-up: any work which she is doing she is interested in and does well; but she must always be doing something new. She starts any particular task, she attacks it with interest and with vigour; but after a time her general interest wanes, and she has to be stimulated by a form of work which she had not already attempted. It seems like a distractability in relation to work; the new is the attractive, the old is lacking in interest and is discarded. Already this lady has worked at china-painting, modelling of various kinds, lacquer-painting, brass-work, all in addition to many varieties of needle-work; all these she has done well.

The Occupation Department, with its more varied resources, gives the opportunity, and does help this lady in a manner that would otherwise be impossible.

These, then, are a number of cases which I am convinced were benefited through the agency of the Occupation Department, benefited in a manner that they would not have been with the other helps we have at our disposal, where the direct stimulus to improvement was the occupational work. Of necessity it must be a matter of personal opinion how we value any method of treatment; it is so in all medicine, but it is specially so in our own branch of medicine, where one of its baffling characteristics is the way in which our patients improve or become more ill for reasons which we are entirely unaware of; where it is far, far too easy to say that this or that nostrum is the source of the improvement; when, if the truth be known, the patient has improved, so to speak, in spite of us. Yet, while I take so guarded an attitude, I place the more weight on my conclusion. I am persuaded from my experience—which extended in this hospital to the period both before and after the advent of our Occupational Department—that the cases which I have mentioned were “got hold of” and aided by this means as they would not otherwise have been.

What are the forces that specially come into action in an occupation department? Some of them undoubtedly come into action in our other forms of employment; there are others which are not present at all. Personally, I think that the most important and specific factor is that alluded to earlier, namely, that the function of the department is therapeutics. It is the spirit that pervades every action, from the commencement of a policy to the choice of the most prosaic materials. Its eye is single.

Other influences are these. The actual leaving of the wards and the going to the occupation building are helpful in themselves; they break the routine of ward life, and add further variety to the day; they act as a stimulus to the dull, and to the excited they are a very simple mode of distraction. In the same way, the brightness and the cheeriness of the department, with its poster-pictures and its pleasant outlook, cannot fail to have an influence. All these things count, and that greatly. We speak from our experience of that period before the completion of the separate building, when the rooms in which occupational therapy was being done were not what we desired. At that time results were not so good as in the later period.

Suggestion is an important influence. Nothing has been more striking to me than the manner in which patients who are excitable, restless and difficult in their ordinary wards, and also on the first day that they come to the class, begin to be influenced by the sight of the others working; of how on a second visit they are hardly so restless; and at later visits manage to behave, perhaps not always in a fashion that is exemplary, but—most days—can keep a sufficient grip on themselves not to be disturbing. Suggestion comes into play, too, as an actual stimulus to work. One has great difficulty in picturing a healthy man sitting among a dozen others who were working without, after a time, beginning to feel that he must do something. Is it not one of the greatest signs of the abnormal state of our patients that so many can do so?

Another factor is variety. The variety of the work which is available in an occupation department is great; it is greater than could be possible in the ordinary course in a hospital. Things can be made which are not for use in the hospital [only, although these can be made also. The variety is of value, because what acts as a stimulus to one patient does not do so to another. When one fly fails to attract, another is cast, and the occupation teacher fishes with assiduity and with cunning, taking note of the psychic weather—whether clouds are about or whether it is clear—suggesting one variety of work at one time and perhaps different work on another occasion. Some patients will respond to work in raffia, for example, when they do not take an interest in basket-work; others will begin to co-operate when coloured raffia is made use of, when work in plain raffia was but half-heartedly done. One patient will—perhaps I should be better to say did—show an interest in brass-work, when formerly his efforts were mechanical. But I have already cited cases.

This subject of variety leads us by natural steps to the personal element. An Occupation Department has the opportunity, and it

has the means of moulding itself to the individual tastes and the aspirations of each personality in a manner that no ordinary departmental machinery can possibly do. It is able to get at the personal element in the patient; it makes some attempt to deal with the individual. That is a most potent thing.

The personal element applies also to the staff of the Department. The meeting of man and man, of teacher and patient, is the most crucial element of all. It is common to every part of our hospital work; without it every means would be unavailing. For the period of the class a massed attack is made, aided by all the various artillery of the occupational ordnance.

Where, then, are we to place the occupational department in our therapeutic domain? It is no cure-all. No greater harm can be done to the cause of occupational work—in the end—than to go forth blowing trumpets and declaring that the millenium has come. "Boosting" is its own reward, and at the last only its own. It kills what it would cherish. The reaction is likely to be as devastating as it is rapid. But I do say—and I say it without hesitation—that an occupation department gets at some patients whom we would fail to get in touch with otherwise, that it hastens by its natural interests and activities the cure of those whose cure would linger, and that in other cases it has sustained at or actually lifted the patients to a higher level than that to which they would have fallen. The end of the department is employment, and to that end is bent every force of example, of suggestion and of personal influence; not at haphazard, but with purpose and with forethought for the need and the requirement of the individual patient, and what he aspires to or is capable of.

I consider it the most important material instrument which we have in our hands.

III.

By Miss BRODIE, Lady Superintendent, Glasgow Royal Mental Hospital.

WORK has interested man throughout all the ages. The Jews of old held clean and honest work in great esteem. No such work was beneath their dignity. "Work," says Ruskin, "is a thing done because it ought to be done, and with a determined end." In order, however, to get something of the spirit of play into our work, it should be pleasing and interesting. Work for the mentally afflicted should be regarded from a therapeutic rather than an economic view-point. There have been difficulties in the way

the difficulty of introducing a sufficient variety, or work to suit all tastes, and the lack of suitable rooms, where such work could be carried on under healthy conditions, materials stored, and tools kept together. This is possible with a special occupation department. Classes are formed, and the teachers and nurses give individual attention to the backward members. The plan works well. Nearly all are interested, and even the restless settle down wonderfully to their respective tasks. Not all patients find their interest in the lighter crafts. Some find it in the garden, in the sewing-room, in the laundry, and in the kitchen.

Practicality must be the test of all our work, however idealistic. In the rate-supported institutions, where the economic aspect cannot be disregarded, careful selection, with a due regard to the inclination of the individual, would have to be made in order to get help for all departments. Any arrangement which would tend to deprive even one department of its quota of workers would be unwise. Even here, private hospital though it is, this point of view has not been lost sight of, as is evidenced by the amount of work which continues to be done. To mention only one item—the uniforms of the nursing and domestic staffs are made here, with the help of the patients.

It has often been suggested that a patient should not be utilized at his own trade, but should be given a change of occupation. There does not seem to be, in general, any good reason for this argument. The boot-maker, for instance, who is good at his job, would find his greatest joy in turning out a boot worthy of his best efforts.

To get all this work carried through, it is evident that there must be co-operation and a great deal of effort on the part of the staff. For instruction in the handicrafts, teachers are required, but for the every-day work of the hospital, and the greater encouragement of the patients, the nursing staff must bear the burden. In addition to the homelier virtues of darning and dressmaking, a knowledge of handicrafts is an asset to the mental nurse. Indeed, the nurse who possesses such knowledge, in addition to her other qualifications, is of value not only to the hospital, but beyond the hospital, in the nursing of private cases. We have had, and still have, such nurses on our staff, both male and female. It seems likely that there will be increased opportunities for obtaining such experience in the mental hospitals in future. Second only to the primary duty of caring and tending, the nurse should place that of interesting and amusing the patients.

It would seem that with all this labour to command, the mental hospitals could be made to contribute more largely to their own

support than is the case at present. The chief difficulty in this connection is to find a market for the wares.

The question is sometimes asked, "Do the patients get any recompense?" It is true that all work should be, and usually is, valued for its own sake, and not primarily for the remuneration it brings. But some sort of payment enhances the self-respect, and creates a feeling of independence amongst those who are dependent on the State for their support, and considered in this light, payment of a suitable kind ought to be encouraged.

IV.

By Miss DOROTHEA ROBERTSON, B.A. Cantab., Instructress, Occupation Department, Glasgow Royal Mental Hospital.

ALTHOUGH the term "occupational therapy" may be a comparatively recent one, there has always been a certain amount of employment in every mental hospital. There is a large amount of sewing, knitting, and other domestic work for the women and gardening, farm-work, etc., for the men which must be done. These duties have always employed a number of patients, and will continue to do so. But there are many patients who are not attracted by such occupations. Some of them have said to me, "We are not here to work; we are here because we are ill," or "We might as well be at home doing the work there as doing it here." These patients need something different, something to which they are unaccustomed, something more stimulating, and occupational therapy seems to supply this.

Other patients, not interested in ordinary sewing or housework, but who would like to do something, see examples of various crafts, and are attracted to one because of its beauty or its usefulness, and feel they would like to learn it. There are others still who have lost all interest in work, and do not want to do anything, or who have lost confidence, and feel they cannot do anything. The atmosphere of the class-room infects them. They see everyone around them doing work—a contrast to the wards, where so many sit about listlessly, or else walk to and fro without any definite purpose. They need a lot of coaxing to begin work, saying at first to all work you offer them, no matter how simple it is, that they cannot do it. Patients have attended the classes for weeks before they could be persuaded to do anything, but there has only been one who absolutely refused to commence any kind of work. She has now begun looking at work other patients are doing, so she may eventually be persuaded to try.

The Occupation Department, too, meets the requirements of the individual in a way that the routine work of the hospital cannot do. It offers a choice of various crafts, and it is a question of finding out which is best suited to each patient. This does not rest entirely with the Occupation Department, as, with each new patient, the medical officer sends a chit recommending the type of work he thinks most suitable for the particular patient, and stating what precautions are to be taken. These chits are very necessary.

The average daily attendance is about 100, and the classes are usually of 1½ hours' duration. Many patients who have been at a class in the morning like to come again in the afternoon, and "parole" patients spend just as much time as they like in the class-rooms.

When the Occupation Department was first started, one of the chief difficulties was the accommodation. The two rooms used as class-rooms were rather dull, and had very little sunshine. Many patients came a few times, and then stopped because of this. The present building, with a southern exposure, is light and airy, attractively painted inside, and so situated as to be convenient to hold the classes outside in fine weather, as we hope to do.

The classes are graded and patients as they improve are moved up.

The chief difficulty as regards the ladies is that they seem so much more conservative than men. It is much more difficult to get them to try anything new. They would much rather do sewing or knitting. This is particularly noticeable among the patients who have been resident a long time. Knitting is very soothing for a certain type of patient, but, unfortunately, it is not always the patients who would be most benefited by it who engage in it, but others who really need to be roused and not soothed. They are inclined to reject cane-work, painting or modelling, because the materials are strange, and they have only been accustomed to using a needle or knitting-pins. With patients of this type it is useful to get them to do some embroidery, where they have to work out the design for themselves, even if it is only a simple darning stitch with brightly coloured wools on a piece of old blanket which can afterwards be made into a work-bag, or an easy embroidery stitch with raffia on canvas. When they have learned that, they can do something a little different, and be more interested in trying something altogether new.

With the newer patients who have not through years of residence become accustomed to thinking that the ordinary routine work of the hospital is the only work they can do, the question of interest and occupying them is usually very much easier.

The principal crafts for the ladies are raffia and pine-needle

basketry, raffia and other embroidery, underglaze and overglaze painting, colour craft work, rug-making, and a little metal work.

Raffia and pine-needle basketry is very beneficial for excited patients. Results are not obtained quickly, the design is simple, though, of course, they can work in a complicated design if they choose; they can blend their own colours, and the time from the beginning to the production of the finished article is not so long as to allow it to become tedious or irksome. This work, too, is suitable for being taken to the wards, where it can be continued, and may help to keep a restless and excited patient from annoying or interfering with the others.

In both underglaze and overglaze painting the results are achieved quickly, and the colouring is bright and pleasing. Patients who say, "Oh no, I couldn't do that, I've never painted," are surprised and delighted when they find that after all they can do it. It is important that the patient, if he or she is not able to make an original design, should draw on the design selected, and so have the satisfaction of knowing, when the article is completed, that the work is all his or her own. The designs chosen are very simple, and of such a character that a slight unsteadiness of the brush does not spoil the effect as a whole. This craft has been particularly successful with both men and women, partly, perhaps, because of the quick result, partly because of the attractive colourings, and partly also because of the feeling of confidence it inspires. So many people are so unaccustomed to using a brush, and so apt to think that one must be a "pukka" artist to do drawing or painting of any kind. One lady remarked, "The week I learned china painting has been the happiest I have spent in hospital."

Colour craft work, which is the modelling of a certain kind of clay into fruit or flowers, which are afterwards painted and used to decorate *papier-maché* ware, is extremely interesting. It requires much closer application and much more self-control than any of the other crafts we have tried. The patients usually find it a bit tedious at first, but when persuaded to continue, it seems to take a hold on them, and they become very much interested. The finished article is very attractive. Two very excited patients who were rather difficult to interest were shown examples of the various crafts, and both decided that they would like to do colour craft-work.

The men, on the whole, are more easily interested than the women—perhaps because to many of them all the craft-work is new, or perhaps because men are more accustomed to working for certain definite periods each day.

The chief crafts for the men are cane-work, metal-work, simple carpentry, rug-making, toy-making, and painting.

Cane-work is one of the most useful of the crafts. It is excellent for patients for whom precautions must be exercised. In its simplest form, using one strand of cane as a weaver, it is so easy that where a patient can co-operate at all, he can usually master it. It helps patients who have lost confidence in themselves to regain their self-esteem. They can so easily gauge their progress for themselves. A patient starts weaving with one weaver; when he has learned that he proceeds to use two, three or four weavers, and is conscious that each one is a step forward. From making baskets and trays he progresses to cake-stands, and later to chairs, both of which embody the principles of cane-weaving he learned first, but which, as finished articles, show a much more satisfactory result than a simple basket or tray. So far chairs have been the height of our ambition, but we are now going to make cane tables, settees, standard and table lamps. We have not yet arrived at the stage of being able to make the frames, so these have had to be made elsewhere.

Rug-making is not one of the crafts which appeals. As the work is slow, it is a long time before the patient can see the finished article. At the same time, it is one of the most valuable forms of occupation when patients become interested in it. It develops steadiness, concentration, and application, all of which are required if the pattern is to be successfully carried out. Colour plays an important part in this craft, and patients learn to make their own designs and choose their own colourings. Those who have become interested in this craft invariably want to take their work to the ward, so that they may continue when not at the class. It is often advisable with patients who have not done any similar work to start two on a rug, one at each end, as the competition stimulates interest.

At the carpentry bench the principal articles made are bases for baskets and trays, frames for toy barrows, bookrests, work-stands, and stools of which the seats are afterwards woven with dyed twine or sea grass.

I cannot say much at present of the value of toy-making, because we have not yet done enough of it. But I believe it should provide great scope for individuality both in form and colouring.

Metal work has been commenced within the last few months, and already we have some very fine pieces of work. It was first started by a deluded, hallucinated and incoherent patient, who had been tried with cane-work, rug-making and carpentry. Although he did some work at each of these, none of them seemed to grip him. He

was always ready to stop and sing, or amuse himself with a paper trumpet. The hammering of the brass seemed to supply the outlet his energy needed. He now works diligently, and takes great pride in his work, comparing each finished piece with his previous work to see if he has improved. Another patient of the same type who had done excellent work at chair-making seemed to be getting lazy, and was judged by the medical officers to be making no progress. He refused to try any of the other crafts, saying he preferred to make chairs, but was finally persuaded to try metal work. He is now much more active and interested, and attends classes both morning and afternoon. This case is quoted to show the need for variety. Some patients, of course, would like to try something new every day, but must be encouraged to finish one thing before starting on another. There are others who, having learned one craft, want, of their own accord, to try another. They must be permitted or their interest wanes. Those who always want to continue doing the same thing, either from lack of confidence, or because they do not wish to make any fresh mental effort, ought to be given new work of some kind, so that their self-confidence may be increased by the knowledge that they can do something hitherto untried.

It has been suggested to me on several occasions that, as this is a hospital where the patients are from the educated classes, it is easier to get them interested in craft-work, and easier for them to attain that degree of proficiency which makes them proud of their work, because probably many of them have previously had craft lessons. So far as I know, only four of those attending the classes have had any previous experience in craft-work. I am sure that in mental hospitals of all types it is possible to secure just as good a response from the patients as we do here, and to accomplish just as desirable results from the therapeutic standpoint.

A sale of work is held to dispose of the articles made in the Occupation Department, and the proceeds are used to buy new equipment and materials. Patients who wish to acquire a piece of their own work are allowed to do so on paying the cost of the materials. It should be remembered that the chief aim of occupational therapy is therapeutic, and not commercial or economical. But it undoubtedly helps a patient to regain self-confidence when he finds that he can make an article which is saleable for its beauty or usefulness, and not because of any sentimental value it may possess because of having been made in a mental hospital. The patients are encouraged to do something, and to keep on doing something, even though the results may be quite unsatisfactory from a commercial point of view.

Nor is occupational therapy meant seriously as a training for future employment. At the same time, one lady wished to make use of the crafts she had learned, and took some examples of her work to one of the leading shops in town. She was told that if she would work exclusively for them, they would buy as much of her work as she cared to bring them. She feels that when she goes home she will be able to augment her income and be less dependent on her friends. This is only an isolated case, and though patients may afterwards continue the crafts they have learned, as hobbies, their effect is intended to be curative and not vocational.

We all know how we enjoyed the ten minutes' break in the middle of the morning's lessons at school. Every day that weather permits the men now have a game, and the ten minutes' play seems to have the same effect on the occupational classes as on the children. Even the duller brighten up, and come into the class-room afterwards much more awake, and ready to take fresh interest in their work.

The patients have learned to like the occupational class. They look forward to it as breaking the monotony of the day. One lady who has been twenty-five years in hospital, and who had done no constructional work until she came to the class, said, "Oh, I don't like Sundays because there is no class." Expressions like "It wouldn't be Gartnavel without the occupation class now," are very common, and show that it provides a real interest in their lives.

The Case of Richard Loeb and Nathan Leopold. By
M. HAMBLIN SMITH, M.A., M.D., and ANNE FAIRWEATHER,
M.B., B.S.

AMERICA has lately been the scene of a murder, and a consequent trial, both of which were remarkable even for that land of sensations. The circumstances of the crime were quite out of the ordinary. The questions discussed at the trial were of the utmost psychological and medico-legal importance. The local newspaper reports, together with many other details, were sent to us through the kindness of Mr. Stephen M. Reynolds, of Chicago. We thus have information which few, if any, in this country possess. The actual trial lasted thirty-two days. The mere reading of the reports was a heavy task. We then had to separate from the mass of journalism those points in the evidence which might be taken as established. And we think that a summary thereof may be of general interest.