

# INSTITUTE SHOWS MAIN HOSPITAL NEEDS

## DESIGNS FOR HEALTH      **FOURTH MENTAL HOSPITAL INSTITUTE OPENS**

*(Our own abstract of President D. Ewen Cameron's speech at the Annual Banquet on October 20, 1952 at the Fourth Mental Hospital Institute, Columbus, Ohio.)*

During this summer, a part of which I spent in Europe, I was deeply impressed by the leadership offered by North American psychiatry and what it means there. Dr. Blain's own reputation has spread to the extent that both the World Health Organization and the World Federation for Mental Health have requested his help in solving their problems. These problems are the same ones which confront us all—how best to establish designs for health in mental hospitals.

During the quarter of a century that I have been in practice in hospitals, I have seen some of the most exciting new ideas develop. These have been in terms of defining and attacking mental diseases of all kinds. The malarial treatment for syphilis came out of a mental hospital, and I remember so well how in the early days we kept netting around the patients' beds to keep in the infected mosquitoes.

In the early days of convulsive shock, treatment was given by intramuscular injection of camphor, and the biggest problem was the prevention of fractures. I have watched a patient, after such an injection, walking along on a good soft lawn, followed by an attendant to catch him as the convulsion came on!

But we are today on the verge of a new and even more exciting adventure in the treatment of mental illness. We are discovering how to loosen and manipulate the powers of the group. This power has been known for years in terms of morale, but it is only now that the structured group is being brought into play to help the patient in the mental hospital. It will take bold planning and brave hearts to develop this field.

We know the extent to which disturbed patients, for instance, can contaminate the rest of the ward, bringing on episodes which we have to consider as emergencies. Again, we know that the spread of disagreements among staff members can affect patients, and actually impair their progress. I have heard a yet bolder and very valuable concept—that a demoralized mental hospital staff can affect not only community attitudes but even the legislature itself. At the thought of fifty or sixty patients strapped to chairs in a hospital, the medical staff becomes demoralized and so does the legislature. You will hear them say that patients are not like other people—they do not feel like human beings.

Then we see the spread of excessive anxiety from staff member to staff member. This is particularly noticeable when there is a long line of authority between staff member and patient. Each one tightens up to avoid personal criticisms and the end result is over-protection of the patient. The patient will not try to assume responsibility for his own life if he lives in an over-secure mental hospital.

The Fourth Mental Hospital Institute opened at the Deshler-Wallick Hotel, Columbus, Ohio, on October 20, 1952, with a registration of 249, including more than 160 superintendents and medical staff, 30 business managers and lay administrators, 14 public officials including members of State Boards, 23 nurses, several chaplains, trustees and other staff members. The diverse program was centered upon the one person in the mental hospital who had sent no delegate—the patient.

After all, the theory of therapeusis is to restore the maximum possible degree of freedom to the patient. When I was in Brandon, Manitoba, as long ago as 1929 we opened the wards. There are today no locked doors in the Allan Memorial Institute in Montreal, and in eight or nine years we have only lost two or three patients by suicide.

We have gone far in accepting the group as a factor in treatment. Not a group of a hundred—but of fifteen, twenty or twenty-five. This acceptance is being expressed in function; it is also being expressed in structure. We are building today not great massive blocks, but small ones.

Public attention is increasingly directed toward group formations. Some of the earlier ideas came from industry—the realization for instance, to what extent an informal organization exists beside the formal one. Thus, if one group produces say 60 units and another 25, the general informal group expectation that 40 will be produced overall brings the one group's production up to this figure and the other's down.

Similarly, patients whom the group expects will not be violent do feel a controlling influence. Group decisions, too, we have learned, are more likely to be followed than directions. Something intangible is transmitted when staff and patients work together as a group. We know that schizophrenics can be ambulatory for long periods with the help of contacts with staff members—and not necessarily trained ones.

We have a very considerable obligation to undertake social engineering. The movement in this direction exists everywhere. Business is increasingly being judged on its social adjustments as well as upon other factors. Economic man was always a figment of the imagination—today he is giving way to human man. Business now seeks to know what motivates human behavior—why people wish, for instance, to buy and to sell.

We have before us an exciting chapter indeed—a new attack upon individual diseases by the release and direction of the forces of the group. In mental hospitals opportunities are unparalleled for progress in this field.

### **PRESENTATIONS AT ANNUAL BANQUET**

TOASTMASTERS at the Annual Banquet of the Fourth Mental Hospital Institute were Dr. Lowell O. Dillon, Commissioner of Mental Health for Ohio, and Dr. Maurice Levine, Professor of Psychiatry for the University of Cincinnati School of Medicine.

Chairman of the local Arrangements Committee was Dr. George T. Harding, Medical Director of the Harding Sanitarium, Worthington, Ohio, who welcomed the delegates to the first session on Monday morning. Other members were Dr. Lowell O. Dillon, Commissioner of the Ohio Division of Mental Hygiene, Dr. Marlin R. Wedemeyer, Superintendent of Columbus State Hospital, and Dr. Ralph M. Patterson, Professor of Psychiatry at the Ohio State University Medical Center.

Immediately after the opening of the first session on Monday morning, Dr. Winfred Overholser, Chief Consultant of Mental Hospital Service, called for one minute of silence in memory of the late Dr. J. Fremont Bateman, former superintendent of the Columbus State Hospital, who died last March. It was through Dr. Bateman's arrangements, as a member of the M.H.S. Board of Consultants, that the Fourth Mental Hospital Institute was held in Columbus this year.

Dr. Dillon introduced a special group of mental hospital superintendents, who had each completed more than 25 years of service in Ohio institutions. They were Dr. Arthur G. Hyde, Massillon State Hospital, Dr. E. A. Baber, Longview State Hospital, Dr. C. C. Kirk, Orient State Institute for the Feeble-minded, Dr. C. H. Creed, Athens State Hospital, Dr. R. E. Bushong, Lima State Hospital and Dr. Guy H. Williams, Hawthornnden State Hospital, Macedonia.

Dr. S. T. Ginsberg, Chief Professional Services at the Veterans Administration Hospital, Marion, Ind., was then introduced, and presented an inlaid wooden gavel of walnut and maple to Dr. Winfred Overholser, Chief Consultant to the A.P.A. Mental Hospital Service. This gavel was specially made for M.H.S. by the patients in the occupational therapy department of the hospital.

Dr. Maurice Levine, in a brief talk, pleaded for closer relationships between medical schools and universities and all State Hospitals.

Dr. Daniel Blain, Medical Director of the A.P.A. and Director of the Mental Hospital Service, presented the 3 Achievement Awards for the current year. They went to Dr. S. O. Johnson, of Lakin State Hospital, West Virginia; Dr. R. C. Rowell, of Austin State Hospital, Texas; Dr. J. T. Naramore, Larned State Hospital, Kansas. Honorable Mention Certificates went to Dr. H. B. Knowles, Peoria State Hospital, Ill.; Dr. Harry J. Worthing, Pilgrim State Hospital, West Brentwood, N. Y., and Dr. Jess V. Cohn, Embreeville State Hospital, Pa.