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A study of the mental health program of the state of North Carolina

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A STUDY OF THE MENTAL HEALTH PROGRAM OF THE STATE OF NORTH CAROLINA

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CHAPTER I

INTRODUCTION

"Throughout the world the care and treatment of the mentally ill was, until about 50 years ago, the darkest chapter in the history of medicine. The story is replete with the confinement of the violent in jails and dungeons where they were chained in filth, while the more tractable patients were neglected and abused."[1] Perhaps the most striking crusader in the field of hospital reform was Dorothea Lynde Dix. This militant woman, although handicapped by ill health and unsatisfactory home conditions, paved the way for many of our present reforms by fighting for the humanitarian approach which became effective in the latter half of the 19th century. She worked valiantly in the United States and in later years extended her efforts to England, Canada, and to certain European countries. In modern times the administration of mental hospitals has been greatly improved. However, it has been very difficult to use them as general hospitals are used. This is due to the fact that for so long the hospitals were not considered as places of cure or treatment but institutions of confinement.

The public attitude has been slow to keep pace with the advancement in the field of psychiatry. Henderson and Gillespie, outstanding British psychiatrists, say that they do not consider it will ever be possible to use mental hospitals as general hospitals are used; even though in their actual management, and in their medical equipment, " a good attempt is being made to approach general hospital standards."[2] These two psychiatrists point out that the public still has not completely rid itself of the conception

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[1] Governor's Commission, A Study of Mental Health in North Carolina, (Ann Arbor, Michigan, 1937), p. 113.

[2] D. K. Henderson & K. P. Gillespie, A Textbook of Psychiatry, (London, 1936), p. 46.

of the mental hospital as an institution chiefly interested in custodial care. General hospitals have found it comparatively easy to introduce new standards but it is hard for the average lay person to conceive of a mental hospital being actively engaged in therapy. For this reason the public is apt to approve of changes of standards in the general hospital but disapprove, or take little interest in attempts to introduce change in the mental hospital.

But no longer is a good mental hospital a place of custody only. A good mental hospital is characterized by the following standards:

> The newer cottage type of hospital planning permitting adaptations of structure to special uses and promoting the classification of patients in accordance with individual needs.
>
> Adequate equipment including laboratories, diagnostic clinics, physio-therapy rooms, dental offices, occupational therapy centers, gymnasiums, libraries, medical and surgical units.
>
> Adequate personnel, both as to numbers and as to training. There should be at least one physician to every 150 patients, and one nurse to every 8 patients.
>
> Definite provision for the supervision and training of the younger staff.
>
> Upon admission, each patient should be given a thorough physical and mental examination, his personal and family history studied, and appropriate treatment instituted.[1]

The functions of a mental hospital include the treatment of the patient for his remediable difficulties, the prevention of relapses after his return to the community, and, where necessary in protracted cases, the adjustment of his environment to the phases of his disorder that resist treatment. Thus the modern mental hospital is a place of active medical, surgical, psychiatric, and social treatment, with all the allied physical and occupational therapies that modern science has accepted.

It is absolutely essential that everything possible should be done in the mental hospital from the medical, nursing, laboratory and

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[1] Karl M. Bowman, "Mental Hygiene," Social Work Year Book, (New York, 1939), p. 250.

occupational points of view to make it a place where sick people can be nursed and satisfactorily cared for. However, it is believed that this period of modern care into which we have entered, should concern itself especially with education, early diagnosis and with the prevention of mental disturbances.

Mental Hygiene as a movement, exerts a pressure to have the content of its field recognized and practiced within the arts with which it is closely allied, such as teaching, medicine, social work, theology, and law. As a process, broadly speaking, it is the effort to make these arts more valuable to people and more conducive to mental health. If it is thought of in this broad sense, it approaches identity with the objectives of these associated fields.

The facts, theories, and principles of Mental Hygiene have been chiefly derived from medicine, psychiatry, psychoanalysis, education, psychology, and social case work. The study of the life history of patients, delinquents, dependents, and pupils has revealed the genesis of mental problems and the opportunity for prevention, and has created methods of measuring abilities and disabilities, and of studying human environment, relationships, and social activities. In this way, Mental Hygiene provides a means whereby the facts discovered by one field are made more generally available.

Thus, Mental Hygiene is not just a tool of one profession but is the wide spread concern of several professions. Much of the technical progress in the Mental Hygiene movement has come through the activities of private agencies that have depended more or less on the leadership of their national bodies.

The Mental Hygiene movement owes its origin and much of its success,

to Clifford W. Beers, himself once a patient in a mental hospital.[1] The National Committee on Mental Hygiene, founded by Beers, has its local committees in every state. Under its auspices, a great deal is being done in some states toward the prevention of mental disorders, and the education of the public in matters in which it has hitherto been kept in almost utter ignorance. The National Committee on Mental Hygiene has been able to do this with the cooperation of the out-patient clinics (of general hospitals), judicial authorities (aided by court psychiatrist), those education authorities (who compile accurate school records), public and private welfare authorities and individual trained social workers. The Committee has made comprehensive surveys of state systems for Mental Hygiene care, and recommended changes; and has thus rendered substantial aid to states in raising standards of care of mental patients. In recent years it has taken a leading part in the movement for the prevention of mental disease and delinquency growing out of the same, and in the promotion of the psychiatric training of physicians in medical schools. It has cooperated with the American Psychiatric Association in the adoption of a standard classification of mental disorders and the establishment of uniform systems of records and statistics in the state hospitals for mental disease through the United States. The committee assists local communities in planning Mental Hygiene projects both from the professional and the administrative point of view. About twenty-five privately supported state societies for Mental Hygiene and about forty local societies are in operation.[2]

Among the federal agencies that have furthered Mental Hygiene are the

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[1] Clifford W Beers, A Mind That Found Itself, (New York, 1935), p. 168.
[2] Karl M. Bowman, "Mental Hygiene," Social Work Year Book, (New York, 1939), p. 252.

Division of Mental Hygiene of the Public Health Service, the Child Hygiene Division of the Children's Bureau, and the Division of Special Problems in the Office of Education. State Departments of Health, Welfare, Education, and Correction are especially active in shaping their work with the mental health of their beneficiary in mind.[1]

In keeping with its progressive spirit, North Carolina has in the last seven years started a concentrated effort to improve its present facilities for the treatment of mental diseases and to expand its Mental Hygiene program. The governor, through the interest and generosity of the Rockefeller Foundation, was able to appoint in 1934 a commission to study the care of the insane and the mentally defective of the state. This was a most exhaustive and comprehensive study.

The Commission stated in the preface of the study that they found the care of the insane and mentally defective far more than a medical problem.

> It is also a social, economic, and psycho-biologic problem. If mental health means a reasonably satisfying adjustment of an individual to his environment, then it is important to know what opportunities are offered by an environment for the satisfaction of such fundamental needs as health, security, social contacts, some form of prestige, and the biological urges toward self and race preservation. What a state has done and can do in the future in the care of its unfortunates and in the prevention of such conditions, depandends on all the resources of that state and the ability of the people to use these resources.[2]

The Commission lived up to its promise to present a complete picture of all phases, past and present, of the Mental Health Status of North Carolina.

As a result of the recommendations presented in this study, many outstanding improvements have been made in the field of Mental Hygiene in North Carolina. However, there has been no follow up study to supplement

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[1] Karl M. Bowman, "Mental Hygiene," Social Work Year Book, (New York, 1939), p. 252.

[2] Governor's Commission, A Study of Mental Health in North Carolina, (Ann Arbor, Michigan, 1937), p. 7.

the picture presented by the Governor's Commission. The present author's interest in the Mental Hygiene program of North Carolina was stimulated by three months' experience as a neuro-psychiatric attendant at Duke University Hospital, Durham, North Carolina, during the summer of 1941. While working at Duke Hospital, the writer had the opportunity to visit several clinics and state hospitals and these first hand contacts proved very stimulating.

Purpose of the Study.--The purpose of the present report is:

(1) To supplement the comprehensive study made in 1937 by the Governor's Commission by pointing out improvements made in all phases of the broad Mental Hygiene program since that time.

(2) To point out, wherever possible, the particular problems confronted by the Negro in the present state Mental Hygiene set-up.

(3) To explain some of the future plans of the State as they have been expressed by the Director of Mental Hygiene and his colleagues.

Scope of the Study.--The study will be confined geographically to the state of North Carolina, except when the Mental Hygiene movement in other states is used for the purpose of comparison. By content it will discuss not only the institutional set-up, but also the more nebulous organization of the clinics and the activities of the Division of Mental Hygiene of the State Department of Public Welfare.

Method of Procedure.--The bulk of the data for this study have been gathered from three sources:

(1) Books, articles and monographs relative to the subject.

(2) Visits made by the author to clinics and hospitals in the

of North Carolina while employed as a neuro-psychiatric attendant at Duke Hospital, Durham, North Carolina from June, 1941 to September, 1941.

(3) Interviews with outstanding leaders in the field of Mental Hygiene in North Carolina and with government psychiatrists in Washington, D. C.

It is hoped that the value of this study will lie in the presentation of what actually can be done by a state after it decides to make a determined effort to meet "the biggest problem yet remaining in the field of Public Health."[1] North Carolina is a southern state and the South has been notoriously slow in developing an adequate program of Mental Hygiene. A study of the program in North Carolina might well prove a source of inspiration to other southern states.

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[1] Statement by Dr. James Watson, Director of the Division of Mental Hygiene of the State Department of Public Welfare, North Carolina, personal interview, July 20, 1941.

CHAPTER II

THE STATE HOSPITALS

A Brief History of the North Carolina State Hospitals .— The struggles of Dorothea Lynde Dix to establish a state hospital in North Carolina were exhausting to her but very fruitful to human well being in the state of North Carolina. As a result of her untiring efforts, the first state hospital in North Carolina, and the only state hospital named after Miss Dix, was opened at Raleigh in 1856.

Before the establishment of the state hospital at Raleigh, the mentally ill of the state of North Carolina had been cared for in homes, almshouses, jails, and in hospitals of adjoining states, especially South Carolina. Virginia was the first state in the country to establish a hospital for mental diseases. It was located at Williamsburg, Virginia, in 1773, almost a century before the Raleigh, North Carolina, State Hospital was opened.[1] The hospital in South Carolina, opened in 1826, depended for some time on receiving patients from other states.[2] North Carolina and Delaware were the last of the original thirteen states to establish hospitals for mental diseases.[3]

The Governor's Commission could find no specific reference to the care of the mentally ill in the colonial laws of North Carolina. Prior to 1843, about the only reference in legislative acts was the following, passed in 1785:

> And be it further enacted by authority aforesaid that persons either distracted or otherwise deprived of their senses, so that wardens shall judge them incapable of self preservation, shall be under the care of said wardens, who are empowered to keep them confined in such houses as long as they may deem necessary. [4]

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[1] Governor's Commission, A Study of Mental Health in North Carolina, (Ann Arbor, Michigan, 1937), p. 113.

[2] Ibid.

[3] Ibid.

[4] Ibid.

For 71 years thereafter the diagnosis and treatment of the mentally ill was left, not to physicians, but to wardens.

In 1841, Governor Morehead recommended to the legislature the establishment of "an asylum for the protection of unfortunate lunatics."[1] The population of the State in 1840 was 753,419 and the Governor estimated that at that time there were 582 insane in the State. His foresighted interest and attempts to bring action failed for the time being, but in 1848, Dorothea Lynde Dix came to North Carolina at her own expense, visited almshouses, jails, and homes, and then wrote one of her famous memorials. In part, she said: "I come not to urge personal claims nor to seek individual benefits. I appear as the advocate of those who cannot plead their own cause. In the Providence of God, I am the one whose piercing cries come from the dreary dungeons of your jails - penetrate not to your walls of legislature. I am the hope of the poor crazed beings who pine in cells and stalls and cages of your poorhouses."[2]

This dramatic presentation did not bring action at first and it remained for the impassioned plea of Representative Dobbin to bring an almost unanimous vote for the establishment of the Raleigh State Hospital. In 1880 the hospital at Morganton was established and in 1883 the Negro State Hospital was established at Goldsboro.

In order to learn how the standards of the mental hospitals of North Carolina measure up to the ideal, each hospital in the state will be compared with the hypothetical standards given in the introduction.

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[1] Governor's Commission, A Study of Mental Health in North Carolina, (Ann Arbor, Michigan, 1937), p.114.

[2] Ibid.

Each hospital will be considered in relation to: (1) Physical structure and equipment, i. e., whether it uses the cottage or congregate type of hospital administration and the treatment facilities which are available. (2) Personnel (3) Provisions for supervision and training of the younger staff.

The Raleigh State Hospital

Buildings.—As previously mentioned, the cottage plan permits the adaptation of structure to special uses and promotes the classification and treatment of patients in accordance with individual needs. Unfortunately, the Raleigh State Hospital is not organized along this plan.

The main building of the hospital is used for administrative purposes. To the right of the main building is a wing for male patients which contain six wards. The admitting ward is especially sub-standard, housing different types of mental disorder in the same ward and housing some patients who are only physically ill. The condition of the other five wards can, in general, be described as almost as sub-standard as the admitting ward. The wards, 7 - 11 (including the male ward for tuberculosis) are housed in a series of small buildings that have been added to the main building. They are old and it is very difficult to keep them in good condition.

The fifteen female wards (including the female ward for tuberculosis) are all located in old buildings. The Erwin Building is perhaps the newest, but it has been used for many years. Throughout the various wards there is considerable need for repair. Some wards should be entirely reconstructed or replaced. The Brown and Harvey Buildings for female patients are in better condition than any other building for women.

Colonies for male and female epileptic patients were established in

1910 with a combined capacity of 192 patients.[1] In 1913 occupational therapy was introduced and provisions made for separating various patients with tuberculosis. There is one building for the farm colony. The various colonies are located about one half mile from the main hospital building.

In 1925 a building for the criminal insane, with a capacity of 100 was opened. The Royster Building, which is the medical center for the hospital was opened in 1921 and has recently been accepted as an accredited hospital by the American College of Surgeons.

The School of Nursing was reorganized in 1913 and in 1932 was given an A grade rating by the North Carolina Nurses Association and Board of Registration. The name of the School was officially changed to the Dorothea Lynde Dix School of Nursing.

Laboratories.—The clinical laboratory is located in a large basement room of the Administration Building. Artificial light is necessary, regardless of the white walls. The equipment is good, except for the water still and a basal metabolism apparatus (Sanford) which is fairly satisfactory now but cannot last much longer.

There are two technicians, both of whom are college graduates. They are interested and enthusiastic. One female patient from the epileptic colony assists in the laboratory work.

Within 24 hours of the admission of every new patient, urine analysis, red and white blood corpuscle counts, hemogoblin estimation, quantitative blood sugar and urea examinations, and blood tests (Wassermann) are done.

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[1] Governor's Commission, A Study of Mental Health in North Carolina, (Ann Arbor, Michigan, 1937), p. 189.

All Wassermann tests are made in the State Laboratory. Venipunctures are done by the nurses, but blood for corpuscle counts and hemoglobin is taken by the laboratory technician. The cerebro-spinal fluid Wassermann tests are done with varying quantities of fluid. Blood urea and blood sugar reports and other important findings are sent immediately to staff physicians. Spinal fluid cell counts using a special counting chamber, globulin tests, and colloidal gold tests are done on specimens sent to the laboratory. No quantitative bromide estimations are made of the blood or the spinal fluid. The colloidal gold solution is made in the laboratory.

Due to the prevalence of malaria in certain sections of North Carolina, the technicians examine for malaria whenever the general blood examination indicates such a possibility.

This laboratory service is reliable and expedient. However, there is need for replacing some of the equipment.

Other Laboratories.--There is no pathology laboratory and very few autopsies are performed. The surgical pathological specimens are sent to the Department of Pathology at Wake-Forrest Medical School. There are no laboratories for research work. No physio-therapy, electro-therapy, or hydro-therapy is practiced. Phycho-therapy is practiced only in rare instances.

Diagnostic clinics.--Clinics are held in the hospital for Wake-Forrest and Duke Medical School students and for some sociology and psychology classes of neighboring colleges. The staff physicians assist the superintendent in these clinics.

Dental offices.--There is one full time dentist. Some of his time is given to taking x-ray pictures for the medical staff and to supervision of the "dark room." The dentist examines every new patient and does what

work is necessary. There is systematic examination of patients who have been in the hospital for some time, but they are referred to the dentist by the staff physicians when necessary.

There is one dental office which is located in the Administration Building. The natural and artificial light of the office is adequate. The dental cabinet is very old but satisfactory. The dental instruments are slso considered satisfactory in quality and number. A dental hygienist would help considerably in improving the dental work.

Occupational Therapy Centers.—There is one occupational therapist who has been in the employ of the State Hospital for several years. Two basement rooms are used for occupational therapy, one for men and one for women. About 20 to 30 women and 10 to 20 men come to occupational therapy each day. An additional half-dozen, of both sexes, do some work for the shop on the wards. At present, there is nothing in the budget for occupational therapy except the salary for the therapist. The proceeds of sales of products that are not used in the Institution go back into the general funds of the hospital and cannot be used for purchasing more occupational therapy material.

In the room for women several crafts are carried on, for example, fancy work, weaving and basketry. In the room for men there is but one work bench and consequently it is stated that only one patient at a time can be engaged in making even minor articles of furniture. In this same room, there is equipment for broom making and all the brooms used in the Institutions are made by these patients.

The author is under the impression that there is very little individualization of therapy.

Gymnasiums.--There is no gymnasium in the hospital. However, there is an amusement hall which is quite large and the floor is in good condition. The platform is not equipped for any stage performances. With the advent of talking pictures, motion picture shows were discontinued because of the expense. The weekly dance held on Friday night in the hall is one of the definitely planned forms of recreation.

Libraries.--There is no budget allowance for medical or psychiatric libraries. Through private subscription, some medical journals are available. There is no library for patients.

Medical and Surgical units.--Surgical and medical treatment of disease are carried out efficiently.

Personnel.--The superintendent of the hospital is Dr. J. E. Ashby. There are five assistant physicians. Two physicians are assigned to the male service and two to the female service in the hospital. The fifth physician serves the colonies. The physicians are greatly overworked, due to the presence of epileptics, inebriates and criminal insane. The physicians usually have over four hundred patients assigned to their individual care.

The majority of a physician's time must be spent in history making and examinations of new patients. He is not assigned to definite wards or definite cases, but must know the details concerning all patients on his service.

Nursing service is rather superior in this hospital because of the presence of the Dorothea Lynde Dix School of Nursing, which is afilliated with the hospital.

Supervision and Training of the Younger Staff.— For the most part the medical staff is young and four of the physicians have had all of their experience in psychiatry in this hospital. Because of the heavy case load of the physicians, there is little time for further study or research. This is due not only to lack of time but also to lack of funds. The most valuable educational experience in which the young doctors participate is the medical staff meetings which are held five mornings a week. The assistant physicians give reports on sickness, injury, admission, and discharges. The findings on every case, except of the male inebriates, are presented within a week or ten days after admission of the patient. If the patient is able to come to the meeting he is interviewed for a few minutes. The history is not presented in the patient's presence and the brief opinions which the physicians may have are given after the patient has left the room.

Upon admission the patient is given a thorough physical examination. A record is made of his or her physical and neurological state. The latter findings are in abstract form, but contain the important positive and negative observations. The individual and family histories are obtained almost entirely from the patients. Though an attempt is made to provide appropriate treatment for each patient, the medical staff is greatly handicapped by the lack of adequate equipment, personnel and money.

The Morganton State Hospital

After several years of effort on the part of interested citizens, the legislature of 1874-75 appropriated $75,000 for the establishment of a State Hospital in the western part of the State.[1]

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[1] Governor's Commission, A Study of Mental Health in North Carolina, (Ann Arbor, Michigan, 1937), p. 214.

The need was emphasized by the fact that a minimum estimate placed the number of "insane" in the jails and county homes of the State at 700.[1] An excellent site was provided by the town of Morganton, plans were drawn and foundations were laid. Opposition arose and nothing more was accomplished until the legislature ordered the completion of the main building and one wing. This was impractical and not until 1863 was the building ready for occupancy.[2]

Originally, the Morganton State Hospital received patients suffering from all types of mental disorder from the western part of the State, but with the establishment of the epileptic colonies at Raleigh in 1910, it was relieved of these patients.[3] Later arrangements were made to send all inebriates and criminal insane to the Raleigh State Hospital, so that today very few patients of these three types are admitted to Morganton. Until recently, the Morganton State Hospital was the largest of the three, but now all three hospitals have close to 2,000 beds.[4]

Buildings.--The hospital does not use the cottage type of administration. There is one central administration building to which several buildings have been added.

There are twenty-eight wards for women which are contined in the Administration and several ajoining buildings. Some of these wards need painting and repair, but in general they are well kept. They are well ventilated, clean and not particularly crowded.

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[1] Governor's Commission, A Study of Mental Health in North Carolina, (Ann Arbor, Michigan, 1937), p. 214.

[2] Ibid.

[3] Ibid.

[4] Ibid.

There are twenty-four wards for male patients which are located partly in the Administration Building and partly in the surrounding buildings. These wards are also well kept and some provision is made for the classification and segregation of patients.

Laboratories.--The laboratory is located in the Administration Building. The work consists of the routine Wassermann test and urine analysis, done in the laboratory, but other laboratory work such as blood corpuscle counts and spinal fluid examinations (except for the colloidal tests) are only done in the laboratory when requested by a physician. One of the staff physicians also ranks as a clinical assistant and does all of the laboratory work.

Other Laboratories.--There are no research or pathology laboratories and very few autopsies are performed.

There is present in the reception building for women a fully equipped hydro-therapy department. The equipment, although not new, is standard, substantial and distributed in a well planned manner. However, this department is not used, because the Hospital has not provided funds for the salary of a hydro-therapist.

Because of the extremely heavy case load carried by the physicians , there is little or no time for thorough phycho-therapy.

Physio-therapy in various forms is used by the medical staff.

Diagnostic Clinics.--There are no diagnostic clinics.

Dental Offices.--There is one whole time dentist who examines and treats all new patients and does the work for resident patients referred by the staff physicians. The dental office is satisfactorily equipped and the service is efficient. The addition of a dental hygienist would be valuable.

Occupational therapy.--Occupational therapy in the strict sense is not routinely used at present because there is no occupational therapist.

Gymnasiums.--There is no gymnasium, although the Hospital does have an amusement hall. The latter is located in a separate building surrounded by other buildings of the women's service. The hall itself will seat about 500 people and there is ample space for dances. There is a projection booth but no modern motion picture apparatus. The stage has equipment for dramatic entertainment. At the present time, no dances are given for patients because of the financial situation. A new recreation building should be provided or the old one completely remodeled at the earliest possible moment.

Libraries.--The hospital has no library for patients or physicians. The medical staff must supply its own literature.

Personnel.--Dr. John McCampbell is the superintendent of the Morganton State Hospital. There are four assistant physicians, all of whom have had considerable experience in psychiatry in this hospital. They have been on the staff from two to twelve years. There are two assistant physicians for the male service and two for the female service. On each service one physician is in charge. One of the assistant physicians ranks as senior assistant physician and is able to take over the duties of the superintendent when he is absent. Each physician usually has under his personal care over 500 patients. The nursing school, formerly operated by the hospital, has been discontinued. There is one nurse to every sixteen patients, although the best standards list one nurse to every eight patients. At present, there is one registered nurse in charge of the operating room. Eight other nurses who are graduates of accredited schools of nursing are in charge of various services.

Supervision and training of the Younger Staff.--The staff meetings which are held five times a week are a most valuable educational experience for the younger staff. These meetings usually last one hour. One or more cases are presented according to the number of admissions. Sometimes the patients are present during the presentation of their cases and during the discussion. The superintendent presides, but the assistant physician in charge of the case presents the data. At one staff meeting each week a physician presents a short paper on some subject of his own choice.

The same general condition prevails at Morganton as at Raleigh in regard to the examinations and treatment instituted. Though physical and neurological examinations are made and the necessary information recorded, it is difficult to institute the most appropriate treatment due to the lack of adequate equipment, personnel, and money.

The Goldsboro State Hospital

This hospital is for Negro psychotics, inebriates, feeble-minded, epileptics, and criminal insane of the entire state. It was opened in 1881.[1]

Buildings.--The Hospital does not use the cottage type of hospital administration. There are thirteen male wards, the majority of which are located in a wing of the main building. The entire male building is old and below the quality of the main buildings of the other two state hospitals. The wing in which these male wards is located

[1]Governor's Commission, A Study of Mental Health in North Carolina, (Ann Arbor, Michigan, 1937), p. 286.

is poorly constructed and the cement used was of such poor quality that it is easy for anyone to dig a hole through the wall. In 1927, some improvements were made but the building is still only moderately safe.

Eight of the female wards are located in the main building. This wing for women is only moderately well constructed, and its age is evident in its architecture and in the condition of the floors. The entire building is a fire hazard.

The Faison and Jones Buildings are more recent additions to the women's service. Both buildings are well constructed but have been damaged on the first floor by floods. They are well planned and the heating and ventilation are good.

Between the Faison Building and the Jones Building, there is an unnamed building which, although erected only a few years ago, is an example of very poor construction. It is still used but the patients are kept in the yard through the day whenever it is possible.

Across the Little River, a colony for women has been started and at present there are two modern brick buildings there, namely the Blue Building and the O'Berry Building. These buildings are fire-proof in construction and are well planned.

Laboratories.—The clinical laboratory is located in the O'Berry Building. All the laboratory work is done by one of the assistant physicians. Routine urine analysis and stool examinations are done on all new patients and blood corpuscle counts are done when indicated, but the latter is possible only because the physician has his own personal equipment. Some bacteriological work, especially examinations for tubercule bacilli is carried out. Blood tests (Wassermann)

are performed in the State laboratory. These tests are now done on all new admissions and from time to time the same test is done on spinal fluid specimens. No other spinal fluid examinations such as cell counts, colloidal gold tests, and globulin or protein estimations are carried out. There are no pathology or research laboratories and very few autopsies are performed. There are no provisions for microscopic examination of autopsy specimens. A full time trained laboratory technician should be added to the staff.

Diagnostic clinics.—There are no diagnostic clinics.

Dental services.—The Hospital employs a full time dentist.

Occupational therapy.—There is no occupational therapy practiced.

Libraries.—There are no libraries.

Personnel.—Dr. W. C. Linville is the superintendent of the hospital. There are three younger assistant physicians who have been on the staff from one to five years. Each physician is usually responsible for over 400 patients. The entire nursing staff is composed of Negroes and each nurse usually cares for approximately 25 patients.

Supervision and Training of the Younger Staff.—No definite provision is made for the supervision and training of the younger staff except through five weekly staff meetings.

Though routine examinations are made of new patients, this hospital is very inadequate so far as equipment and personnel is concerned.

General Considerations

The Chief executive officers of the three state hospitals in North

Carolina are well qualified physicians as well as experienced psychiatrists. Partisan politics have never interfered in their appointments or removals. In fact, it is the enviable record of these institutions that politics has never played a part in their administration. However, as has already been pointed out the medical staffs are very inadequate. This can be illustrated by the following averages.

North Carolina Average: Patients to assistant physicians 528 to 1[1]

United States Average: Patients to Assistant Physicians 252 to 1[2]

Even though the United States average does not approximate the hypothetical and ideal standard of 150 patients to one assistant physician, it is quite obvious that the North Carolina average is much further below standard. The hospitals do, however, meet the ideal standard of one full time dentist in each institution.

There is a consulting staff composed of specialists in many branches of medicine. These physicians are appointed by the governor on the recommendation of the hospital board, and serve without compensation. It is therefore possible in these hospitals to refer patients to the consulting specialists, at least in internal medicine, general surgery, organic neurology, diseases of the eye, ear, nose and throat, and radiology. This is seldom done, however, because there is no provision in the hospital budgets for such services and very seldom can the patient afford to pay the fee. However, the consulting physicians perform all the major surgery.

Clinical histories in state hospitals should be carefully kept on all patients and in proper files for ready reference. Needless to

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[1] United States Census Reports, 1940.
[2] Ibid.

say, there is very little in the records of the North Carolina state hospitals until after 1900 and those of the past two decades are not at all adequate. The physicians in the State attempt to keep accurate records, but secretarial help is inadequate and after the full admission information and examination data are recorded, the records are not kept methodically up to date. For the same reason it is difficult to keep statistical data relating to each patient as is required by the American Psychiatric Association. The individual histories, most of which have been obtained from the patients, follow in some details the outline generally recommended. The physical status is covered except for the recording of negative findings.

An attempt is made to classify patients in accordance with their mental and physical condition. This attempt is not successful in the reception services and, as the author pointed out earlier, the reception centers are crowded with physically ill mental patients, plus those who are suffering from mental disorders only. In the wards the doctors have managed to provide separate sections for tubercular patients and have segregated the deteriorated patients. But they are not able to make the necessary provisions for any special study and treatment of cases in each class. This type of classification would call for a separate reception and intensive study and treatment department or building and a special unit for acute physical illnesses and surgical conditions. The Raleigh Hospital is the only one which has a medical center.

All three state hospitals are equipped with clinical laboratories but, as has been indicated, none have laboratories for pathology or research. X-ray equipment is adequate in all hospitals, except at Goldsboro. There should be provision at all of the hospitals for the services of a consulting

radiologist, when such a need is indicated.

On the whole, the surgical operating rooms of the three hospitals are fairly well equipped, and as pointed out previously, each employs a full time dentist who has his own office and dental equipment. In regard to hydro-therapy, the hospitals are handicapped by the lack of equipment and the lack of provisions of funds to pay the salaries of physiotherapists. Occupational therapy is impossible unless a trained therapist is in charge and the Raleigh Hospital, so far, is the only one of the three to employ such a person. No formal provisions in equipment or personnel for treatment through physical exercises and games are made by the hospitals.

Regular staff conferences are held at least twice a week in each hospital when the work of the physicians and the examination and treatment of the patients is carefully reviewed and minutes are taken.

The nursing personnel in all of the hospitals is inadequate, although at Raleigh the situation is helped by the presence of the Dorothea Lynde Dix School of Nursing. An adequate nursing force should provide in proportion to total patients not less than one nurse to every eight patients. And to those patients requiring intensive treatment and the acute sick and surgical units, not less than one nurse to every four patients.

The following figures indicate that North Carolina is considerably below even the United States Average:

North Carolina Average:	Patients to nurses	17.9	to	1	(1)
United States Average:	Patients to nurses	10.8	to	1	(2)

North Carolina State Hospitals must resort to the use of seclusion all too frequently because of the small nursing forces. If mechanical

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[1] United States Census Report, 1940.
[2] Ibid.

restraint and seclusion is used at all, it should be done under strict regulations and a system of control and record by the physician, and should be limited to the most urgent cases.

A good state hospital should have one or more out-patient clinics. None of the three state hospitals have out-patient clinics.

Another serious gap in the facilities of the three state hospitals is a boarding home program. This might well be a function of the not yet existent out-patient clinics. Moreover, it could be a cooperative venture. There are many patients in state hospitals who could live in the community if the proper environment was available. Some of these patients have families but the family environment is unsuitable for the particular needs in the case.[1] In many instances, there are no established families and sometimes no living relatives. Placement of such patients under supervision in boarding homes at a cost approximating that of maintenance in the hospital would save the additional expense to the state of providing buildings and equipment for such cases.

Patients on parole have no supervision by the state hospital or any medical agency. They are paroled to the county welfare officers, but there is very little time spent or available for supervision. Either out-patient clinics or social service supervision from the hospitals would assist in the adjustment of paroled patients in the community and would sometimes avoid readmission to the hospital. It is true that letters are written to families before the final discharge but often they fail to bring reply. When a paroled patient fails to get along at home, there is practically no expert advice available unless he is readmitted to a hospital. Paroled patients are so scattered that only those in or near

[1] A. Meyer, Organization of Community Facilities for Prevention, Care and Treatment of Nervous and Mental Diseases, (New York, 1932), p. 237.

certain centers of population could at present be reached by out-patient clinics or social service, but even under these circumstances such activities should be developed.

These ideal standards are not met in all respects by any state, but several states approximate many of the requirements. From this study of the North Carolina State Hospitals, the author feels that for the present, a satisfactory goal would be to meet as high standards as those of any other state in the country, but the author also feels that it is within the realms of possibility to set as an ultimate goal the standards laid down by the American Psychiatric Association.

CHAPTER III

CLINICS AND EDUCATIONAL ACTIVITIES

Through the aid of the Federal Children's Bureau the Division of Mental Hygiene of the State Board of Charities and Public Welfare was able to realize another one of its plans to improve mental health conditions in the state of North Carolina. This was the organization of a children's unit within the Division. As director of this unit there was appointed June 1, 1939, Dr. R. F. Richie, a physicial eligible to practice medicine in North Carolina, with some years experience in general psychiatry and training in child psychiatry which he received through a Commonwealth Fund fellowship. Miss Mary Scovill, a psychologist holding a graduate degree in clinical psychology and with some years of training and work in institutions for both normal and abnormal children, was appointed November 1, 1938. In June, 1939, she became the psychologist of the Children's Unit. The following paragraphs from the plan of the child welfare services as approved by the federal authorities indicate the relation of Dr. Richie and Miss Scovill to the division of Mental Hygiene.

> The children's unit within the division of Mental Hygiene was organized early in the fiscal year of 1939-40 and the staff includes a part time psychiatrist and a full time psychologist. The psychiatrist serves Mental Hygiene clinics in two urban areas who reimburse the state board for his services. Approximately one-half of his time is available for child welfare services. His services to Mental Hygiene clinics have a two-fold purpose; that of offering treatment to children not otherwide having access to a psychiatrist, and that of broadened interpretation that comes through his service. Funds paid in by the two Mental Hygiene clinics are used in the development of the state wide Mental Hygiene program. The psychiatrist is available for consultation to the case consultants in the state office and occasionally to the child welfare service cases on a treatment basis in addition to his consultation services. [1]

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[1] Annual Report of the Director of the Division of Mental Hygiene of The State Department of Public Welfare of North Carolina, p. 6.

> The psychologist gives her full time to child welfare cases. Upon requests, she visits the counties for the purpose of testing children within the case loads of the child welfare workers. She also tests children in case loads of county social workers, giving consultation service, requests for which come through the case consultants.[1]

The services of the child psychiatrist have been given to the Charlotte Mental Hygiene Clinic and the Winston-Salem Child Guidance Clinic for periods of two days each on alternate weeks. As director of these community organizations, the psychiatrist has participated in activities such as the annual program of the Charlotte Mental Hygiene Society. In Winston-Salem a discussion group for teachers was organized with the psychiatrist as leader.

The Charlotte Clinics.--Charlotte is the birthplace of the modern Mental Hygiene movement in North Carolina. The Charlotte Clinic was held under volunteer auspices from February, 1933, to October, 1934. Services and equipment were donated until 1934, when the support of the clinic was assumed by the city and county. It was made a part of the Department of Health and one large room was provided for the clinic in the Health Building. At first, all types of cases were received, but since January, 1934, work has been limited to child guidance and in 1934 the name was changed to the Child Guidance Clinic.

The total budget for the clinic has been approximately $3,000.[2] For various reasons, the financial support was withdrawn in July, 1936. Dr. Sylvia Allen, an able and experienced psychiatrist of Charlotte, who guided the Clinic in its first year had departed for several months post graduate study and there was some question as to the placement and support of the Mental Hygiene clinic in the Health Department.

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[1] Annual Report of the Director of the Division of Mental Hygiene of the State Department of Public Welfare of North Carolina, p. 6

[2] Dr. James Watson, Mind Your Mind, (Raleigh, North Carolina, 1941), Bulletin No. 2.

Finally it was made a part of the Division of Mental Hygiene of the State Department of Public Welfare.

At first Dr. Allen volunteered her services but after two years she received $50 per month for two afternoons a week in the clinics. However, much more than this was spent and Dr. Allen gave to the community a tremendously greater amount of work than was paid for. She did not resent this time put in and not paid for because she found the work fascinating. Dr. Allen encouraged the community agencies to use the clinic by personally appealing to their employees. Miss Elsie Larson, the psychiatric social worker, was trained at the New York School of Social Work and had experience as a supervisor in the Family Society of Richmond, Virginia. Both Dr. Allen and Miss Larson had had training in psychometric testing and this part of the psychological work was done by them. Dr. Alan Choate was consulting physician, doing physical examinations when needed. A full time secretary completed the personnel.

The Clinic served the city and the county. The schools, juvenile court, social agencies, physicians and nurses gradually increased their referrals of what they considered behavior problems and mental cases, indicating the need and nature of such services. The case load became so large that intensive work could not be done on every case. There was a trend toward consultation work, thereby giving the referring agency more responsibility in carrying out the advice of the Clinic. The full treatment cases had thorough case histories and physical examinations. Of course the author was not able to check personally on the results accomplished in cases of individuals obtaining the benefit of this full treatment but statements from reliable and competent authorities would seem to indicate that services of the clinic were unusually effective. The psychiatric

interpretations were concise and practical. Since 1940, the Division has taken over the responsibility of the Charlotte Clinic.

Other Clinics.--The agencies referring children in Winston-Salem included the Forsyth County Department of Public Welfare, the city juvenile court, the Associated Charities, the Salvation Army, schools and parents. An active bi-weekly consultation service was held for the juvenile court. Even when a child was the individual referred, the parent or some other adult was frequently treated in accordance with accepted child guidance concepts.

A community Mental Hygiene clinic has been organized in Raleigh under the Wake County of Social Agencies on a demonstrative basis. With the exception of the psychiatrist the expense of this clinic is being carried by several community organizations through the Community Chest. The Family Service Society has been doing most of the social service work. During the initial period the services of the psychiatrist have been supplied by the Division of Mental Hygiene of the State Department of Public Welfare. When the initial period is completed it is expected that a psychiatrist's services will be secured through the community fund. Psychiatric service from the Division of Mental Hygiene will then be offered to other communities on the same basis until Mental Hygiene services are available throughout the State. They will receive and pay for psychiatric services of the child psychiatrist of the Children's Unit of the Division of Mental Hygiene. These clinics are examples of what the Division of Mental Hygiene of the State Department of Public Welfare will endeavor to initiate and foster in many parts of the state. There has been close cooperation with the Children's unit and the child welfare service unit relative to this type of development. To date the actual work of this

clinic has been largely diagnostic although the importance of treatment and follow up have been indicated.

Demonstration Clinics.—In addition to the clinics already mentioned the Division has sponsored demonstration clinics in a few communities in North Carolina. At Ashville, North Carolina, a clinic has been established and Dr. Sullivan, a psychiatrist from Duke, gives one-half day per week of his services. The psychological services have been donated by the local teacher's college and the local county welfare unit supplies a social worker. Dr. Rose, of the Division of Mental Hygiene, gives his service one day a week to a demonstration clinic in Rocky Mount, North Carolina under the auspices of the Council of Parent Teachers' Associations. In most of these clinics because of their non permanent basis, the psychiatrists have been able to make their work more effective by simultaneously conducting institutes with local social workers and teachers. However, the Division of Mental Hygiene hoped that by encouraging these demonstration clinics that eventually the communities will integrate the clinics into their community social planning.

Services of the Child Psychiatrist.—The services of the child psychiatrist at the end of his first year's work included 422 interviews with children and adults. In addition there were 331 advisory conferences with agency representatives about their clients. Children have been referred from the following counties in North Carolina participating in the child welfare services plan: Anson, Buncombe, Caswell, Cumberland, Durham, Iredel, Nash, Orange, Pitt, Robeson, Surry, Wake, Warren, and Wilson. The problems presented by 149 individuals included truancy from home, school disobedience, stealing, lying, conflict between parents, conflicts

of children with each other, failure in school, disruption of classroom, sexual delinquency, and difficulties in child placements. The diagnostic and psycho-therapeutic help given by the psychiatrist has made improvement in status possible in most of these situations. Ten individuals with serious nervous or mental disorders were aided. Six of these made adjustment in the community so that institutional placement was not necessary.

Psychological Services.--The psychological services of the Division of Mental Hygiene have consisted of examinations of four hundred and thirty-one individuals during the months that the psychologist has been with the Division. This number consisted of 418 cases under eighteen years of age and thirteen cases eighteen years of age and over. Adults were included in the service only when they closely affected the welfare of certain children being planned for under the child welfare program. The ages of the children examined ranged from four months to eighteen years.

The Standord-Binet examination was given to almost every child of two years or older and special pre-school or infant tests to those under two. School achievement tests of manual ability were given to a large percentage of the children examined. The majority of the cases were examined in the counties in which the children resided. Psychological service was given to a total of twenty-six counties. This number included the eighteen counties in which the child welfare services program was operating, plus eight counties which were given consultant service by the child welfare case consultants and nine other counties.

Reports of all examinations were written, one copy of each being filed in the office of the State Board of Charities and Public Welfare, and one copy sent to the county by the case consultant through whom the case was referred. Advisory consultations were held with county superinten-

dents of public welfare, child welfare assistants, case workers, teachers, parents, and with the case consultants who guide the case work planning for children in the eighteen counties in the child welfare services program. An approximate total of 276 conferences have been held.

The purposes for which the examinations were requested were varied. Among them, the following were the most frequent:

(1) To determine the reason for a child's failure in school and to give advice as to educational and vocational planning.

(2) To aid case workers in making more intelligent and effective placement plans for children. Child welfare case workers are constantly confronted by the necessity for placing children either in boarding homes or in homes for adoption. It is essential that they have an understanding of the intellectual development and potentialities of a child for whom placement is being considered in order to provide the best possible adjustment of the child in his new home. Thus such tradegies as might be caused by the placement of a superior child with a family of cultural status that is low or the placement of a dull child with a family who expect to give the child a college education can be avoided.

(3) To determine whether or not a child is eligible for the state feeble minded institution.

(4) To aid in the study of children's behavior and personality problems. Truancy from school and home, disobedience, defiance of authority, lying, stealing and irregular sex activities are those commonly listed.

(5) A few children were referred because of speech difficulties.

While it has been possible for the psychologist to carry on systematic speech correction in these cases because of the transien nature of her service she has given suggestions for the patients to carry out.

Traveling Clinics.--Since 1922, South Carolina has provided psychiatric clinic services for eight of the larger cities. The state hospitals have one psychiatric whose entire time is devoted to clinic work. He is assisted by two psychiatric social workers who contributed part of their time to work on hospitalized cases. Each of the eight cities has one full day of clinic service every two weeks, and in the majority of the cities the clinic are held in the hospital out-patient department. Dr. Williams, the Superintendent of the South Carolina State Hospital, is of the opinion that these traveling clinics are one of the most valuable services provided by his hospital.

Outside of the southeast, many states have developed similar clinic programs.[1] In a state where there are few large metropolitan centers which can support their own clinic, it is necessary for the State to take the lead in organizing mental health clinics.[2] The example of South Carolina and the limited services of the Division of Mental Hygiene in North Carolina have demonstrated the feasibility and need for such a program.

Many functions can be fulfilled by traveling Mental Hygiene clinics. Among the more important ones are:

(1) Act as a "clearing house" for the state hospitals, training schools, correctional institutions and juvenile courts.

(2) Study and treatment of psychiatric condition in adults and

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[1] W.S. Carpenter, "Mental Hygiene Clinics in New Jersey," Mental Hygiene, (July, 1933), pp. 374-379.

[2] A. Holmer, "State Wide Mental Hygiene Clinics Program for Pennsylvania," Mental Hygiene, (April, 1934), pp. 205 - 217.

children who do not need institutional care.

(3) Cooperation with schools, especially in meeting the problem of the mental defective.

(4) Treatment and supervision of people discharged from state institutions.

(5) Assist in the development of a boarding house program for mental care.

(6) Assist in the development of a boarding home program for mental cases.

(7) Education of the public and of workers in medical and social agencies in principles of mental health.[1]

All of these functions are intimately related and should be closely knit together; and they need to be effective for the state as a whole. Diagnostic and treatment clinics serve to facilitate the adjustment of children and adults who are not able to adjust themselves without expert help but whose disorders are not yet serious enough to require care. Many cases admitted to the state hospitals could be adequately treated in the community if clinic service is provided, and many patients could be paroled much sooner if adequate supervision could be assured. Early diagnosis and treatment in mental disorders is just as important as it is in tuberculosis or heart disease, and out-patient psychiatric clinics help to meet this need. However, early diagnosis is not prevention, and the positive mental health side of clinic activities should be emphasized.

In North Carolina, there is a movement to extend the present clinical work of the Division of Mental Hygiene over a wider area of the

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[1] A. Holmer, "State Wide Mental Hygiene Clinics Program for Pennsylvania," Mental Hygiene, (April, 1934), pp. 205 - 217

State. While this program of dispersion is proposed by the Division, on the other hand it recognizes there is also value in bringing psychiatry and medicine into intimate relationship through out-patient clinics related to the State institutions. From the view point of economy, the maintenance of clinics at the state hospitals would save considerable money. The close contact of the clinic personnel with these institutions would keep the hospital in closer touch with conditions and resources in the community; would stimulate the entire hospital staff with a broader view of its responsibility and opportunities in the mental health field; and would develop a better understanding and cooperation between the hospital and the general public.

Lectures by the Child Psychiatrist.--Dr. Rose, of the Division of Mental Hygiene, lectures to organizations of the following type: the Rotary Club, Junior League, County Welfare Staff, private social agency boards, parent education groups, the Durham Crime Club, the North Carolina Mental Hygiene Society, the North Carolina Neuro-psychiatric Association, nurses' classes, groups of elementary school principals, business clubs, the Y.M.C.A and the Y.W.C.A, and graduate classes of the University of North Carolina. In 1939 he was appointed chairman of the Committee on Mental Hygiene of the North Carolina Board of Social Service. As a part of his routine duties he participates in district public welfare institutes, child welfare institutes and home and family-life education institutes.

The Bivin Foundation Lectures.--The Bivin Foundation lectures are given in North Carolina by Dr. James Watson, Director of the Division of Mental Hygiene of the State Department of Public Welfare. They are exclusively for the Negro Parent Teachers' Associations and trace the value of mental health from the prenatal period until maturity.

Each lecture is followed by questions and discussions. Consultation service is maintained throughout the year with parents, teachers, and social case workers. In selected cases treatment is carried on by Dr. Richard F. Richie, child psychiatrist, and psychological examinations are made by Miss Mary S. Scovill, child psychologist.

Introductory Lectures on Mental Hygiene.--These lectures are also given by Dr. James Watson, of the Division of Mental Hygiene, and are a part of the educational activities carried on by the latter. Each lecture takes approximately forty-five minutes and may be followed by a question period when desired. They are given free in any community, which makes a request for the series, but when possible the community is expected to pay the cost of travel.

The purpose of this series of lectures is to call attention to the problems and indicate the lines along which the community organizations may work and study in the field of the treatment of personality maladjustments. Obviously three lectures are not expected to cover the subject. It is hoped that following these lectures interested groups in the community will secure other speakers to further develop the subject.

A Course for Social Workers.--A course entitled "Psychiatry for the Social Worker" is given by Dr. James Watson at the University of North Carolina. It is the purpose of this course to present a general view of the field of psychiatry in order that the student may get a clear conception of this profession and its place among community assets. Most of the course is concerned with discussion of the few dynamic principles which are useful to the case worker in dealing with problems which occur in social service work. This course is for social workers in training.

Mental Hygiene Societies.--The following quotation from "Mental

Hygiene Society:

> A definitely organized society for Mental Hygiene, whether on a state, city or county-wide basis, has many advantages to offer the community which apparently cannot be otherwise conserved. It brings together all the widely scattered individuals in the community who feel concerned about problems of mental health and the opportunities for association stimulates and reinforces such individual interest, makes possible the further education of members and brings to the group increased power and influence in the community. The society provides an agency through which the special mental health needs of the community may be carefully studied and evaluated as to their importance and urgency and makes possible the development of concerted plans on a community wide scale to meet such pressing needs, instead of the promotion by isolated individuals of sporadic, competing and uncorrelated plans which do not visualize the needs of the community as a whole. The society represents a recognized central source of planned leadership and community education, encouraging confidence on the part of the public which thus more readily lends support, moral and financial, to its projects. Because the organization and improvement of facilities for the study, treatment and prevention of mental disorders very frequently necessitates government action and appropriation for tax-supported agencies, an organized society is the utmost value. It brings to the support of needed measures professional leadership and standards, distinterested and non-political plans, the coordinated effort of representatives of many influential community groups, facilities for wide-spread community education and the tempered force and enthusiasm necessary to secure any concerted community action. A society vigorously call the attention of the community to defects and needs in the mental health field and rallies the necessary public support in a way which is impossible for politically appointed or elected public officials, however sensitive to possibilities for further development they may be.

In 1932, a group of interested citizens of Charlotte, North Carolina, formed a local Mental Hygiene society. In the spring of 1936, following a visit by Mr Clifford W. Beers, several professional and lay people of Durham and Orange counties formed the second Mental Hygiene society of the State. This was soon followed by a tentative plan for a State society and in the fall of 1936 the North Carolina Mental Hygiene Society was definitely organized and working committees were appointed. The formulated purposes of the society are essentially the same as those given above in the quotation from "Mental Hygiene in the Community."

CHAPTER IV

THE DUKE UNIVERSITY PROJECT

Duke Hospital, located in Durham, North Carolina, is a part of the richly endowed Duke University and is directly affiliated with the medical school. The neuro-psychiatric ward, which is very young, was opened January, 1941, and was named Meyer Ward in honor of the enminent psychiatrist, Dr. Adolph Meyer, of Johns-Hopkins University. The new service was added to the Hospital because it was felt that a private institution could do more in the way of research in psychiatry than a public institution and thus could show by example what was possible in the field of Mental Hygiene in the State. For this reason the author feels that is is desirable to devote a brief space to a duscussion of the neuro-psychiatric department of Duke Hospital.

Dr. Richard Lyman was chosen the director of the ward, and the psychiatric departments of the hospital and medical school. This brillant psychiatrist had been a student of Dr. Meyer. Previous to coming to Duke, he was head of the psychiatric unit of the Rockefeller Hospital in China. He gave up a more remunerative offer to head up the psychiatric department at Johns-Hopkins University School of Medicine to come to Duke. He felt that because he would be pioneering at Duke he would not be hampered in his work by traditions or by too many set rules and regulations. Unlike many psychiatrists, whose interest lies almost wholly in the medical and clinical aspects of mental illness, Dr. Lyman has a consuming interest in the broad aspects of Mental Hygiene and prevention. Feeling that he

had been essentially a research man and that he had somewhat lost touch with community life, it was his desire to create at Duke a department that was an integral part of the community's mental health planning and education, as well as that of Duke Hospital.

Dr. Lyman and his associates became interested in ascertaining whether the treatment of psychotic patients, especially those short time cases, could not be improved more rapidly by the introduction of a new type of practioner in the field of psychiatry. This person would occupy an area between the psychiatrist, the psychiatric social worker, and the psychiatric nurse. This new practioner would have enough education to understand the causes and the symptoms of mental diseases. Dr. Lyman was aware of the difficulties of financing such a person immediately but he felt that he might be able to obtain the type of people he wanted during the summer months, at a small remuneration and with the understanding that they would be given training in the field of psychiatry.

The function of these practioners was to remain on the ward at least four hours every day with patients, not only observing their behavior but also serving them in the role of attendants. It was the responsibility of these young people to report to the psychiatrist, at intervals, on their personal observations of the patients. It was believed that this new type of practioner would be more aware of changes in the patient's mental condition than even the nurses, due to their almost continuous contact.

Some of the Duke authorities were also interested in comparing the services of colored students on the ward with those of the white students

used in the winter months. The interest of these men were aroused by the theory that colored people had a very subtle technique of handling white people, learned perhaps during their slavery existence and handed down as a method of getting along in a "white man's world." They maintained that if this theory proved correct it would be of great value in handling mental patients, for they are extremely sensitive and must be handled very carefully.

The colored attendants served from June 15th through September 15th. They were paid $30 a month and also attended classes in psychiatry three mornings a week. It is too early to weigh the results of this experiment but if the Hospital authorities find that it was successful it may make it possible for the state of North Carolina and for other states to give a better type of psychiatric service to a larger number of patients.

CHAPTER V

CONCLUSIONS

Two distinct policies are open to the State of North Carolina in its dealing with the problem of those who because of mental disorder have become wards. One, a narrowminded policy of the strictest economy would limit the activities of institutions to those necessary for purely custodial care until time or death relieves the State of the burden. The other, a forwardlooking policy, would meet the challenge squarely by preventive activities and adequate early treatment measures calculated to restore the largest number of handicapped people to productive life.

Accepting the latter policy as the desirable one, the first objective to be considered is concerned with the diagnosis and treatment of those types of human maladjustments manifested chiefly by mental disease. Although not always a hopeful task, efforts must be made to restore these sick people to a more harmonious adjustment and these efforts must be based on a sound medical background, a broad understanding of the total personality and the milieu in which the problem developed.

The second objective, and one which is equally as important as the first, is to meet the problem of the neurotic and pre-psychotic personalities. This can be done by developing a system of clinics which reach out into the community and treat these individuals before they become cases for the state hospitals.

The State's Program as a Whole

Since the comprehensive study of mental health in North Carolina which was made in 1937, the State has made rapid strides in developing a constructive program for Mental Hygiene.

The State Hospitals.—The State hospitals have not progressed as rapidly as has the state movement in North Carolina as a whole.

State mental hospitals have been greatly handicapped in their efforts to modernize, due to the fact that for so long as they were regarded as custodians of the mentally ill.

North Carolina has three state hospitals, at Raleigh, Morganton, and Goldsboro, which are trying to care for the large number of mentally ill in that state. Efforts to improve these hospitals and raise their standards have been retarded because of the lack of public support and interest. At the present time, the hospitals are accommodating large numbers of patients and are steadily admitting new ones but their services are very inadequate. Budgets are limited to bare essentials and consequently the hospitals are greatly lacking in equipment, services, and personnel.

The hospitals of North Carolina were built with the idea in mind of conserving material and space and they cannot be converted into the more ideal cottage set-up without complete remodeling or reconstruction. On the whole, definite and successful attempts have been made to at least make the wards habitable but under present circumstances classification of patients in the wards is only partially successful and are total failures in the reception services.

The State can be proud of the fact that partisan politics have not hindered the administration of the hospitals. North Carolina has also been able to obtain well qualified superintendents but there is little to attract and hold young, ambitious physicians. Treatment of physical illnesses is adequate in the three hospitals because medical and surgical equipment, plus clinical laboratories are provided. However, little is done in

psycho-therapy because of the lack of specialized psycho-analysts on the staffs of the hospitals. An occupational therapist is in the employ of the Raleigh State Hospital but this therapy is not attempted in the other two hospitals because no provision is made in their budgets for the salaries of these specialized employees. It is also difficult to use physio-therapy and hydro-therapy for the same reason.

There are two other outstanding gaps in the State's hospital; no out-patient clinics are affiliated with their services and there is no boarding house program in operation.

Some patients are paroled from the hospitals but they are not supervised by the institutions or any medical agency.

The author is of the opinion that "The Study of Mental Health in North Carolina" presented to the State Legislature by the Governor's Commission did much to arouse their interest in the problem. Perhaps it can be expected that advancements in the state hospital care of the mentally ill will be slower than those in the broad field of Mental Hygiene because it will call for a complete change in policy.

Educational Activities.--Dr. James Watson, of the Division of Mental Hygiene, also lectures to organizations in the community. In addition, he teaches a class in psychiatry at the University of North Carolina for social work students. Dr. Rose of the Division of Mental Hygiene has lectured in several sections of the state and to various types of organizations also.

The Clinic.--The Division of Mental Hygiene of the State Department of Public Welfare has greatly extended its clinical services, especially in the last two years. There has been created a children's unit within the Division and Dr. R. F. Richie, a child psychiatrist, was appointed

as director. The services of this psychiatrist and of the psychologist of the Division were offered to already existing clinics in Winston-Salem and Charlotte, North Carolina. The latter clinics have done distinguished work but it has been primarily diagnostic rather than therapeutic in type.

In addition to these clinics the Division has sponsored demonstration clinics in a few communities of the state. Eventually it is hoped that the communities will integrate these clinics into their community planning.

The State should assume further responsibility for clinical service to the public through traveling Mental Hygiene clinics.

This calls for expansion of the present clinical services of the Division of Mental Hygiene, but the clinics should be more definitely related to certain hospitals. For the standpoint of economy if for no other reason the clinic personnel should have headquarters in the hospitals.

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