THE

JOURNAL OF MENTAL SCIENCE

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SUPPLEMENT

JULY, 1939.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

QUARTERLY GENERAL MEETING.

THE QUARTERLY GENERAL MEETING was held at 11, Chandos Street, Cavendish Square, London, W. 1, on Tuesday, May 23, 1939, with the President, Dr. J. R. Gilmour, in the Chair.

The minutes of the previous meeting, which had been published in the Journal, were taken as read and confirmed.

OBITUARY.

The PRESIDENT announced the deaths of three members since the last meeting. The first was Dr. William John Dodds, who was the senior member of the Association, having been elected in 1879. He was an Edinburgh graduate, and was for a time at Morningside. Subsequently he went out to South Africa as Medical Superintendent to the Cape Town Mental Hospital and became Inspector in South Africa.

The second member was Dr. A. R. Boyd, of Antrim, who had been a member since 1934. He was a Belfast graduate and was for a time at Warwick Institution. Later he returned to Ireland as Medical Superintendent at Antrim.

The third was Dr. John Bain, of Derby, who had been a member for thirty years. He was Medical Superintendent at Rowditch Mental Hospital.

The members stood in silence in token of respect.

REPORT OF THE COUNCIL.

The HON. SECRETARY (Dr. W. Gordon Masefield) read the Report of the Council as follows :

Drs. A. A. W. Petrie, F. Douglas Turner, H. G. L. Haynes, G. W. Smith and the Hon. General Secretary have been appointed to represent the Association in response to a letter from Sir Arthur Hall, Chairman of the Mental Nursing Sub-Committee of the Athlone Committee, to meet, under his chairmanship, the representatives of the General Nursing Council in order to endeavour to clear up the present unfortunate position regarding the dual examinations.

Drs. W. Brooks Keith, W. J. T. Kimber and W. Gordon Masefield have been appointed to represent the Association at a conference with delegates from the Mental Hospitals Association to consider a letter from Sir Laurence Brock concerning the question of fees charged by witnesses in petitions for divorce on the ground of incurable unsoundness of mind, especially in cases brought under the Poor Persons Act.

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The following is a letter sent to the Secretary of the Board of Control and signed jointly by the British Medical Association, the National Council for Mental Hygiene, and the R.M.P.A. :

9th May, 1939.

DEAR SIR,

You are familiar with the recent case of Shipman *v.* Shipman, in which the President of the High Court of Justice, although satisfied that the respondent was incurably of unsound mind, found that the petitioner for divorce had not established his case under the Matrimonial Causes Act, since the respondent had not been " continuously under care and treatment " during the five years preceding the petition.

You will recall that Sir Boyd Merriman held that the reception order had remained in force at all material times, but on the wording of the Act he could not bring himself to hold that liability to be detained, if and when the reception order was called out of abeyance, was the same thing as actual detention. While he would not be prepared to hold that detention would be interrupted by routine outings in the daytime, or by occasional absence of leave for three nights or four days granted by the manager of the institution under the regulations, it seemed to him that, if detention was in fact requisite, " absence on trial for prolonged and indefinite periods must be on the wrong side of any reasonable line which could be drawn ".

The implications of the judgment given in this case, so far as medical superintendents of mental hospitals are affected, have been considered by the Psychological Medicine Group Committee of the British Medical Association, the Royal Medico-Psychological Association and the National Council for Mental Hygiene. As you know, it is quite usual for patients in mental hospitals to be given leave of absence for several weeks—particularly in summer for the purpose of a holiday by the sea ; but it is felt that medical superintendents may now be deterred from recommending such leave, lest by doing so they would cause the intention of the Act to be defeated in the event of the spouse of a patient bringing an action for divorce on the ground of incurable unsoundness of mind.

It is considered most desirable that the position should be clarified and it is earnestly hoped that the Board of Control will make a pronouncement for the guidance of medical superintendents. It is suggested that absence on trial or on leave for short periods not exceeding three months in one period should not be regarded as invalidating a petition for divorce under the Act, and it is requested that the Board of Control will consider the desirability of the introduction of amending legislation, should this be the only means of rectifying the present unsatisfactory position.

Yours faithfully,

(Sgd.) G. C. ANDERSON,
Secretary, British Medical Association.
(Sgd.) W. G. MASEFIELD,
Hon. General Secretary, Royal Medico-Psychological Association.
(Sgd.) DORIS M. ODLUM,
Hon. Secretary, National Council for Mental Hygiene.

The Association has received an invitation from the Congrès des Médecins Aliénistes et Neurologistes to appoint a delegate to attend their forty-third annual meeting. The meeting will be held at Montpellier from September 21 to 26, and the Council hopes that Dr. Helen Boyle will be able to attend as the Association's representative.

The adoption of the Report of the Council was moved by the SECRETARY, seconded by Dr. G. W. SMITH, and agreed to.

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Election of Members.

A ballot was taken and the following were declared unanimously elected members of the Association :

Hunter, Robert Munro Manson, B.Sc., M.B., Ch.B., D.P.H., Assistant Medical Officer, Herrison Hospital, Dorchester.

Proposed by Drs. P. W. Bedford, A. C. Sinclair and J. S. Horsley.

Hayward, Edwin William, M.A.Cantab., L.M.S.S.A.Lond., F.R.C.S.Edin., Lieut. R.A.M.C., Principal Medical Officer, Jodhpur, India.

Proposed by Drs. C. Lodge Patch, Banarsi Das and W. Gordon Masefield.

Recreational Therapy: Its Use in Mental Disorders and Mental Defect.

The following short papers were read :

Psychiatry Section—

"Practical Forms of Recreation," by Dr. P. K. McCowan (Crichton Royal, Dumfries), read by the author.

"Folk-Dancing," by Dr. J. M. C. Speer (Wilts County Mental Hospital, Devizes), read by the author.

"The National Fitness Movement and Mental Health," by Dr. T. P. Rees (Warlingham Park Hospital, Surrey), read in the author's absence by Dr. Bailey.

Mental Deficiency Section—

"Scouts, Guides and Concert Parties," by Dr. J. T. Curran (Lennox Castle Certified Institution, Stirlingshire), read by the author.

"Country Dancing and Scouts," by Dr. N. H. M. Burke (Cell Barnes Colony, St. Albans, Herts), read by the author.

Dr. P. K. McCowan : **"Practical Forms of Recreational Therapy."**

It must be fully appreciated that recreational therapy is a means to an end and not an end in itself. The end aimed at is not that our patients should engage in recreation, or that the hospital should have a recreational therapy department; it is the improvement of the mental or physical health of the individual patient.

The doctor should thoroughly understand in the case of each patient what exactly he hopes to achieve by recreational therapy, and he should take care to make this aim clear to the recreational therapist. It is no more justifiable to send a group of patients to an occupational or recreational therapist merely with a request for treatment, than it would be to send them to the dispenser with a request for a bottle of medicine. Results of a sort may be obtained from such methods, but most certainly only inferior results.

I would strongly recommend the appointment of separate full-time occupational and recreational therapists, so that a careful programme can be drawn up giving abundant variety for those patients whom it is desired to occupy morning and afternoon, while at the same time having separate classes for different types of patient. Once the novelty wears off, occupational therapy morning and afternoon without recreation tends with many patients to become either boring or routine, and it becomes difficult to keep the therapeutic aspect in the foreground.

It is not my intention to discuss the multifarious forms of recreation, but I would like to draw attention to four activities which I have found very useful, and which I can fully recommend to all interested in recreational therapy

(1) *Exercises in wards before breakfast.*—This consists of ten minutes' simple exercises carried out in the ward verandah, or ward garden, according to the weather. No uniform is necessary. At the Crichton the following instructions were sent to each charge nurse, and the recreational therapist turned up at the classes until satisfied that the nurses could carry on efficiently without supervision :

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" General activity, i.e., walking, running or jumping, followed by an easy head movement. A combined trunk and arm movement in simple rhythm, two or more balance movements to follow, and finish with a leg movement suitable to the type of patient. A lateral trunk exercise, and a movement to assist lung expansion, poise and posture.

" To be taught with informal commands by the sister or in the sister's presence by a nurse or another patient, using demonstration and imitation as methods of teaching."

(2) *Classes in gymnasium.*—Such classes should be held daily, and should be graded to suit the different types of patient. At the Crichton we have elementary, intermediate and advanced classes. Each class lasts forty minutes, and the members attending vary from twelve to twenty, the advanced classes being capable of dealing with the larger number. Swedish exercises are important, but tend to be boring if prolonged, and should only take up a comparatively short time of each class. The advanced and even the intermediate classes can be organized without much difficulty; the elementary class, including as it does resistive, retarded and impulsive patients, requires considerable patience and organizing ability, but the results fully justify all the trouble entailed. It is the elementary class to which I wish to draw particular attention, as I consider that the organizing of it is particularly important. The following activities take place in it: Climbing wall bars, balancing on forms, medicine ball, playing hoops, skipping and simple exercises to music. The patient under supervision and guidance is allowed to choose in which activity she will take part, and as the various activities go on at the same time, there is a free and easy atmosphere with a minimum of discipline apparent. In the good weather classes can be held with advantage in the open air, e.g., on the recreation field. In the more advanced classes a greater variety of games is, of course, possible, e.g., badminton, deck tennis, carpet bowls, squash, and of outdoor games I would mention that cricket has proved itself surprisingly popular with the female patients. A minor point which may be of interest to some is that at the Crichton the gymnasium, when in use, is flooded with ultra-violet light.

(3) *Indoor swimming.*—This is one of the most popular forms of recreation both with men and women, and I have been surprised at the number of patients who refused to take part in occupational therapy and other forms of recreation, or at least resented doing so, who were subsequently willingly introduced to these via the swimming classes. These patients include mute catatonics, hostile schizophrenics and, in particular, one deteriorated schizophrenic who had been largely confined to bed for years because of his impulsive behaviour, his faulty habits and his refusal of food.

(4) *Cycling.*—Recently I purchased a dozen bicycles, and this form of recreation for suitable patients has proved most beneficial. Some classes do not go beyond the hospital grounds, but a delightful hour's exercise can easily be obtained in this way. Usually the class starts about 2 p.m., returning after tea about 6.30 p.m. This activity has the advantage of not necessitating the personal attendance of the recreational therapist, and in the case of working patients, can take place after tea. I fully appreciate the mutual dangers of motor and cycle traffic, and that not all hospitals are so admirably situated as the Crichton in this respect, but I feel sure that the majority of our hospitals are so situated that I can warmly recommend the purchase of a supply of bicycles, second-hand if the governing authority tends to be parsimonious.

Dr. J. M. C. SPEER: **" Folk-dancing as Recreational Therapy."**

In a discussion on recreational therapy in mental hospitals, games, dancing and physical culture must be taken into consideration.

Games, while obviously very valuable, have a limited appeal, especially in the case of female patients.

It has been the custom for many years to hold weekly ball-room dances, which

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are always well attended and enjoyed by many patients who take no interest in games.

Physical drill classes are also very valuable, but again their appeal is limited.

Some four years ago, at the Wilts County Mental Hospital, we decided to introduce folk-dancing as a supplement to the usual weekly dances.

Perhaps a few words on the history of folk-dancing may not be out of place here.

Traditional folk-dancing in England originated in very early times, and its source might be traced to some ancient ceremony, perhaps of a social or religious nature. Traditional sword-dancing still takes place in some northern counties. Morris-dancing survived until sixty or seventy years ago, and was performed by villagers in the Midlands at Whitsuntide.

Country dancing, or what is commonly called folk-dancing, has been practised at any time when men and women have met on social occasions, and appears to have had a widespread fundamental appeal to our people.

Forty years ago the art of folk-dancing had almost died out in this country and only survived in the memories of the old Its revival and present-day popularity are due to the great efforts of the late Cecil Sharp. There is now in London, Cecil Sharp House, 2, Regent's Park Road, the headquarters of the English Folk Dance and Song Society—a fitting memorial to a man who did so much to preserve these ancient customs. Anyone interested in this branch of dancing need only apply to the Society, and I am sure he will be given whatever assistance he needs

At the recent Wiltshire Musical Festival no less than 141 teams of from 6–12 members each, of all ages and both sexes, entered for the competitions. This is an indication of the present-day popularity of folk-dancing.

I had an opportunity of being present at the Festival, and I was amazed at the interest shown by all, young and old, and at the obvious enjoyment of the performers.

That visit has left no doubt in my mind that we have in folk-dancing a form of recreational therapy which should be encouraged as much as possible.

We had some doubts in the beginning as to whether it would prove popular, but these were soon dispelled, and we were surprised at the enthusiasm with which it was taken up.

When we introduced physical culture for those of our patients who did not take part in other such activities, we noticed that after a time enthusiasm tended to wane.

We found that folk-dancing has a much greater appeal than the physical training class, even when the latter is performed to music. This is probably due to reasons which I will shortly mention.

I do not minimize the value of physical training or all the other activities in mental hospitals, but I should like to emphasize that folk-dancing is a valuable complementary method of treatment for mental illness.

In these days, when encouragement is given to all helpful forms of self-expression in our patients, we found that while we could easily provide for the male patients, the female side of the hospital did not seem to get equal treatment. That was the primary reason which decided us to make this experiment.

On more consideration there were other reasons for adding folk-dancing to our list: for instance, (1) the benefit to be derived from active physical exercise; (2) to provide an interesting activity in which there is always something new to learn; (3) the team-work involved, which we hoped would help to overcome the introversion so common in many of our patients; (4) a means of mixing the sexes in something other than a ball-room dance; (5) the beneficial effect of the discipline employed in the class, mild though it is; and (6) the æsthetic appeal of folk-dancing.

Apart from these reasons which I have just mentioned, there are certain other advantages that folk-dancing possesses compared with ball-room dancing. In the ball-room of to-day the dancing appears to be very stereotyped. The art is comparatively easily acquired, and tends to become an almost automatic activity.

On the other hand, in folk-dancing there is an almost endless variety of dances to be mastered; the patient's attention must be constantly centred on what he or she is doing, and there is an infinite variety of movements for all the limbs.

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The success or failure of a folk-dancing class depends largely on the capabilities of the instructress, tact and patience being necessary, of course, in dealing with mental patients. We have been fortunate in being able to secure the services of a fully qualified instructress, and to her much of the success of the class is due.

I should like to tell you in some detail about our procedure. Classes, of one hour's duration, are held weekly during the winter months. Some fifteen to twenty patients of each sex take part. Any patient, male or female, who would co-operate in the class and who would like to attend, or who we think should attend, is encouraged to join. Those reluctant patients who we think ought to join are allowed at first to be spectators. It has been noted that after a few visits to the hall as onlookers they can then be induced to participate.

The class is not confined to the young patients, because many of the middle-aged, particularly women, who perhaps do not get much ball-room dancing, take part with great enjoyment.

The music is supplied by a piano, and if possible should be supplemented by a violin.

We have found that the provision of some sort of uniform is an added stimulus to the class.

In our hospital the women dance in blue and white checked print dresses with red belts, and the men in white flannels. The dress of the performers, instead of the usual hospital clothing, makes the dance more attractive to the spectators and to those taking part.

At first the instructress will meet with many difficulties in her efforts to teach a simple form of dance, but once this has been mastered and can be performed reasonably well, then subsequent dances of a rather more difficult type can be easily added to the repertoire.

When a class has been organized and has been running smoothly for some time, it has been noticed that new patients joining very quickly fall into step and rapidly become useful members.

At the end of our first winter session it was decided to enter a team, five patients and one member of the staff of each sex, for the Folk-Dancing Section (Elementary Class—Seniors) of the Wiltshire Musical Festival. They gave a very creditable display, and proudly returned with a second-class certificate. The next year's effort was not quite so successful, but last year the team secured a first-class certificate—85% of possible marks. A fortnight ago at the recent Festival they secured second place out of five teams entered, being beaten by one mark by a team from our own local town. Three of the other teams were composed of members of the public from towns in the county, and one team came from a mental deficiency institution.

I am sure that most members of the other competing teams, as well as nearly all the spectators, were quite unaware that our entrants came from the mental hospital. It was arranged that there was no suggestion on the programme of the Festival, nor on the cards which each member of the class wore, to indicate the source from which our team came. After an enjoyable afternoon our party adjourned to a local café for refreshments.

I do not intend to produce statistics to show the numbers of patients that have been cured, improved, or who showed no change, but I should like to make a few remarks about the reactions of some of them to folk-dancing.

For some reason the class appears to appeal to the mild schizophrenic type. This may be because more young people than older patients take part in folk-dancing. At any rate, of the ten patients that composed our recent team, six would be diagnosed as schizophrenics.

One girl who always appears to be on the verge of retirement into a stupor gave a very good display at the Festival.

Another girl, who is at times very difficult in the wards, is a model of behaviour in the folk-dancing class.

A man, morose, surly, solitary and bad-tempered, is only interested in the folk-dancing class and the weekly ball-room dance.

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Another man, whom my experience leads me to suppose would have been a very difficult patient in earlier days, thoroughly enjoyed the Festival competitions in his own dreamy, self-absorbed manner. Although giving the impression that he was lagging a quarter of a beat or so behind the music, yet in some manner he contrived to be in time.

I could mention many more patients, but I think I have said enough to indicate to you the possible scope and value of this recreational activity.

I am sure that as a form of therapy, folk-dancing will help not only individual patients towards recovery, but—and this is a point of considerable importance—it will also assist in raising the general level of activity in a hospital, and be a great aid towards that resocialization of our patients for which we are continually striving.

I have to thank Dr. J. W. Leech, Medical Superintendent, for permission to publish this paper, and I am indebted to him and my colleagues for helpful advice.

Discussion.

Dr. S. A. MacKeith (Hatton, Warwick) said that as a kind of postscript to Dr. Curran's paper he would like to mention that Scouts and Guides, the use of which in a mental deficiency colony he had so interestingly explained, could, as he suggested himself, be used in a mental hospital too. In the Warwickshire Mental Hospital there was a very active troop of Guides, and of Scouts too, but these latter were just starting. It could be said that there was a much better place for the Guides in a mental hospital than might have been expected—certainly a much better place than he himself had expected. He had been surprised at the extraordinary extent to which the Guides had won a place in a mental hospital. He would, however, support Dr. Curran's statement about the wisdom of not trying to whip people into the movement, but making it a kind of aristocratic part of the mental hospital population, entrance to which was by way of a waiting list.

In recreational therapy at his own hospital, in the ordinary course of amusing the patient games such as cricket were arranged, but they had been surprised at the tremendous appreciation shown by the patients when cricket matches were arranged against outside teams. At first those responsible were rather timid about this, and only arranged matches against teams from similar institutions, but it was found that it pleased the patients very much to play against a team from a local works.

Dr. McCowan had referred to the use of cycling. At his own hospital they had not had the enterprise as yet to embark upon this, and recently he was called from the cricket field because a motor cycle had been delivered for a patient. He was afraid he sent it back, and he would be interested to know whether Dr. McCowan thought that this was an act of moral " funk ".

Dr. Curran interposed the remark that the boys in his Institution were started as Scouts, and then each Scout was allowed to bring one friend into the organization. They did not " ram " Scouts down the throats of the boys. If a start could be made with half-a-dozen boys he thought it would go with a swing. A Rover troop should not exceed twenty-five. If there were more than that a second troop should be started.

Dr. Elizabeth Casson said that one of the speakers had stated that dancing was kept for the winter. But there was no greater pleasure to be had than dancing out of doors on the lawn in summer, and it could easily be arranged with the gramophone, or the patients might be got to run a drum and fife band. If the patients were used to dancing on grass they could go to country dance parties which were given all round the neighbourhood. About ten patients could spend a happy afternoon in that way.

Another point was the very democratic spirit country dancing gave. If a good folk-dance teacher were obtained from outside it was very comforting to

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patients to see their doctors thoroughly sat upon over the attempts they made at dancing! Nurses, too, in learning dancing gained an accomplishment they could use to advantage. The hospital that did not go in for occupying patients with recreation was a very bad one.

Dr. D. M. MacMillan said that it had been very refreshing to hear their friends from Scotland. He himself still retained a great deal of the Scottish love for dancing; country dancing and Scottish folk dancing had been taught in his institution near Walsall, and so popular had it become that quite a lot of people who wanted to come to the dance had to be refused. The value of the country dance was that everybody could be got on to the floor. In formal dancing there were always a number of " wall-flowers ", but in country dancing everybody could be brought in. Formal dancing also made large demands on concentration. It was said that normal people became demented if they had too much formal dancing. On the other hand there were such dances as the haymakers' jig, Sir Roger de Coverley, the petronelle, and quite a number of others which were suitable dances for patients. With regard to games, he had solved a particular problem by having five-a-side football competitions throughout the whole of the summer, which kept alive the interest of the boys in sports during the summer when they could not get cricket.

The President (Dr. Gilmour) said that from his point of view he was accustomed to look upon the weekly dance as offering one of the greatest opportunities of acquiring a more intimate knowledge of the patients. If one was doubtful whether a case was one of schizophrenia or not, very often the reactions of the dance were of the greatest value in coming to a diagnostic decision. If that was so, then undoubtedly from the therapeutic point of view for that patient the recreational therapy had an immense value. If it was of use in producing something which was of value to the medical observer, then it was capable of some value to the patient. It induced reactions not usually seen in a consultation.

He added that he was almost sorry that this discussion had been restricted to recreational therapy. He had hoped that Dr. McCowan, with the great tradition of the Crichton behind him, would have referred to the therapeutic methods of his great predecessor Dr. Brown. There was a group of patients to whom the mere physical and muscular reactions did not appeal, and Dr. Brown nearly a century ago had French, German and Italian classes and arrangements of that description to interest his patients, and to produce a therapy which had not quite been acquired in occupational therapy of the ordinary sort. One point that he did not wish to stress was the effect which the entrance of mentally defective teams into recreational competitions might have upon the normal person. Would the fact that mental defectives were doing folk-dancing prevent the entrance of more normal teams, from a disinclination to be associated with teams from mental deficiency institutions?

Dr. Curran, in reply to the President's last remark, said that he had not found a disinclination on the part of normal persons to enter teams against teams of mental defectives. They had visiting teams and troops, and as a rule the people from the institution were up to the standard of the others if not better.

SOUTH-EASTERN DIVISION.

The Spring Meeting of the South-Eastern Division was held at Runwell Hospital, Wickford, Essex, on Thursday, April 27, 1939.

In the forenoon members and their guests inspected the Hospital and Grounds.

The Meeting of the Divisional Committee of Management took place at 1.15 p.m.

Members and their guests were entertained to lunch.

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