REPORT OF OCCUPATIONAL THERAPY IN CONNECTICUT

KATHRYN H. ROOT

When Dr. Dunton asked me if I would report for Connecticut it seemed a very easy matter, but when I came to do it I found it was extremely difficult. I have had to grasp at little bits of information here and there and follow up slight clews that led to our scattered occupational therapy activities. However, I have brought you a brief report not only of just what is done, but of the hospital and sanitarium situation in the state.

The first thing I did was to make a complete list of the general hospitals and the different types of sanitariums in Connecticut, and they fall very easily into three classes—the general, the tuberculosis, and the mental and nervous with a few miscellaneous. I find that there are 30 general hospitals. Some are very small, some very new. I communicated with some one in each of them, as I could get names and addresses. I asked them if they had occupational therapy and if they did not, why they did not have it, and what the attitude of their directors towards it might be. Twenty out of the 30 responded. I find that only one has what could be called occupational therapy. That is the general hospital in Bridgeport. Miss Hudson is working there under the Junior League by whom the department is financed. She has excellent cooperation from the staff; she has what equipment she needs and the privilege of buying more as she needs it. In the training school she may give as much instruction to the nurses as she will, and the chief of the medical staff has asked her to speak before the doctors this Fall when she goes back to her work.

In Stamford I have been doing voluntary work in the general hospital. They have given me nothing in the way of equipment and nothing in the way of financial support. I have had the privilege of experimenting on the patients to my heart's content.
The doctors have looked at me with curiosity. They have advised with me from time to time as to what would be best for the patients to do. They have been very generous in their praise when I had good results; they were tolerant when there were no perceivable results. I have lectured to the nurses in the training school.

There is no other general hospital in the state where they do regular occupational therapy. Three or four have some diversional work. Some of the hospitals said they did not have it, but wanted it, and asked for suggestions and advice as to how they could get it. Two of them said they were too young and still struggling for the necessities of hospital life, to consider it. Then there were 10 that said they knew nothing about it. Others said they felt it had no place in the general hospital. One superintendent wrote, "We do not use it because we do not have any but pay patients."

On the subject of what the general practitioner in Connecticut knows; I wrote to the president of the state medical society and the presidents of the 8 county societies. I asked them what they thought about occupational therapy, and if the services of a trained aide would be used if she were available. All but one of these men answered. They said in effect: "There are a few doctors in Connecticut who were in the war service who know something about it; the rest of us are ignorant. We do not believe the general practitioner would know how to use the services of a trained aide." They gave me valuable information about the hospitals in their various counties. One advised that I write to their program committees and try to get occupational therapy on the programs of their regular meetings.

As to the tuberculosis hospitals in Connecticut: There are 5 state sanatoria to each of which I wrote and 3 of them answered my questions. One said that their cases were too far advanced; the second said their patients were too young, and the third said it was impracticable in their type of institution. There are 2 private tuberculosis sanatoria. At one they have occupational therapy. They look at it very largely from the point of remuneration for the long-time patients. The superintendent said he
considered anything outside of remunerative work an expensive but welcome luxury. The Veterans Bureau Hospital in New Haven is our only government Veterans Bureau Hospital. One of their consulting staff told me that the work there was very satisfactory.

Of the mental and nervous sanitariums we have 2 state hospitals for the insane with a total population of something over 4000. At Middletown the department is better organized than the one at Norwich. They value the work very highly. I have seen some of their output and it was well made. At Norwich they wrote of a more industrial type but the superintendent wrote, "We believe it has very great therapeutic value." One thing I am especially interested in is the insane pavilion of the state prison. They report that they have wood work, bead work and needle work. Another state institution is the Mansfield Training School for feeble-minded and epileptics, 600 boys and girls, 400 of them doing hand work.

There are 10 private hospitals for the insane in Connecticut. Five of them answered my questionnaire, and they all have something, some have very little, and some have made beginnings during this year. I was very much surprised when my questionnaire came back from one institution where a year ago they showed me about 6 tiny little baskets, and the superintendent at that time said, "No, we do not do much with it. They are mostly depressed cases and they cannot do it." When this report was returned it was to the effect that they have a paid teacher, quite a number of crafts, and consider it one of their most valuable forms of treatment. Seventy-five per cent of the patients are getting some form of hand work. There are 2 hospitals for nervous cases only. One reported favorably, the other not at all.

I want to mention my own little shop in Stamford where I have been trying to establish a community center of occupational therapy. We teach weaving, basketry and toys. From this center we started the work in the Stamford hospital. We have done considerable work with shut-ins. Some of the patients who began in the hospital came to the shop to continue the work
and a number are sent by doctors, the visiting nurse association and various other sources. It seems to be needed. I have had more cases referred to me than I could follow up.

There is a state law in Connecticut which provides that all institutions that care for the sick are subject to investigation and visitation by the State Board of Charities. I wrote to the chairman of the board of examiners and asked him to tell me what he had seen of occupational therapy in the institutions he had visited and of the results they were getting. One sentence from his letter I want to quote: "From what I have seen it is one of the most valuable agencies employed in the course of treatment. In fact, it is difficult for me to see how many of the patients can recover without it. Excellent work is being carried on in our state hospitals and some of the private sanatoria."

Inquiries of the large insurance companies indicate that they have done nothing. I judge from their replies they are finding it difficult enough with the small hospital facilities in the smaller towns, at least, to get the necessary medical and surgical care for their cases without developing new forms of treatment.

The Federation of Women's Clubs has been just the least little bit interested. Two years ago the state federation asked Mrs. Slagle to speak at their annual meeting. At that time there was considerable interest, and we have been hoping that through the women's clubs we might succeed in getting financial support for occupational therapy in some of the hospitals that are unable to finance it. That is coming up at a meeting of the board of the federation this week.

The Stamford Women's Club has had one large exhibit of hand work, one section of which was devoted to invalid's craftwork. We had a very interesting exhibit assembled from hospitals and sanatoria in the vicinity; we invited all the doctors to come, and it made occupational therapy a better known word in the community.

We have been asked why we do not have a state society in Connecticut. I have from time to time asked this question of people whom I thought might be interested, but there has been very little enthusiasm, I think because we have never proposed
a definite program. I assume that there are not more than 40 aides working in Connecticut now, and the hospitals are scattered. We have no large city where we could form a nucleus and it would mean a great deal for the doctors and the aides to gather for a meeting. It would have to be very important and promise considerable results to justify us in asking them to meet; but I feel very strongly that if there is enough interest among hospital workers to ask for information and to say that they want occupational therapy that some one should provide it. Whether it can be done through a state organization or through Mrs. Slagle’s office, I am not quite sure. If there is any one here from Connecticut interested in taking it up I should be glad to meet them and decide whether there is in Connecticut a real need for such a society.