ROUND TABLE ON RECORDS

Conducted by Horatio M. Pollock

We will now have a round table on a rather unpleasant subject. Records are sometimes considered more or less of a nuisance, but records like many other annoying things are necessary. Records constitute one of the differences between primitive life and civilization. Uncivilized peoples keep very few records and have no use for statistics. Records also constitute the basis of history and science. Any organization or group of people that does not keep fairly good records, has not advanced very far toward efficiency. The fact that we are interested in records indicates that we are becoming a scientific body.

I think all of us would like to see our records improved, and I hope this morning we will get some helpful suggestions. At the Philadelphia meeting, two years ago, I pointed out why the occupational therapist needs records. I will repeat a few sentences that I gave at that time. We need records, first, for our own guidance. I presume if our memories were infallible we could remember everything that we ought to know concerning our patients, and concerning the progress of the work. If this were so, we would not need records for our own guidance but our memories are not made that way and we need records so that we can tell definitely, not only what happened yesterday, but what happened a week or a month ago. We need records so that we can compare the work done this year with the work done last year. Not many departments of occupational therapy are able to do that yet. We also need records so we can compare our work with the work of other hospitals of the same class. We are not able to do that so far as I know. I know of no hospital for mental diseases that has an occupational therapy department that is able to compare its work in this field with that of any other hospital for mental diseases.

We have made a step toward that uniformity of records that is so desirable. You can see the necessity, if we are going to make occupational therapy a science, of having records and statistics that may be readily combined and compared. We also need records for the guidance of physicians and other hospital authorities; also for the information of state boards and legislatures.
I have yet to see a complete comprehensive statement of what any occupational therapy department has done. Although occupational therapy has been used to some extent in hospitals for nearly 100 years, I think no one has any definite records that they could present to a state legislature to convince that body that occupational therapy should be supported by appropriations.

I have already mentioned that we need records for the advancement of the science. Until we get uniform records in the same classes of institutions, so that we may know clearly our successes and our failures, we shall not be able to make much progress.

Just a word in regard to the kind of records needed. We need individual records, and these might be sub-divided. First, the prescription records; prescriptions, of course, are changed from time to time, so for the guidance of the physician and the aide there should be a complete file of prescriptions readily available to both. Secondly, we need an administrative record or card for each patient that is being given occupational therapy, and last of all, we need a yearly statistical card for each patient. We also need class records; we need to know the class attendance and what each teacher is doing. And, lastly, we need business records. The business side is coming to the front and we must have clear business records showing the cost, the investment, the outlay and the income. These were emphasized yesterday, and we are going to hear further concerning them today.

This does not mean that records should be complicated; in fact, no well-devised system of records is complicated. I think all records should be devised so that they would conform to the principle, that they should be simple, easily kept, give desired information, and constitute a harmonious system.

There are several members that have something to contribute to this round table, and after hearing from those who have consented to speak to us for a little while, the subject will be thrown open for general discussion. We shall be glad to hear from Mrs. Price.

Mrs. H. G. Price read her paper.

Chairman Pollock: Does anyone wish to ask Mrs. Price any questions concerning the records she has just described?

Mr. Kidner: Have they been copied in any transactions or journals, or if not, where could one obtain a set of them? I think they are excellent and could be adapted to any institution. Perhaps Mrs. Price can tell us.
Mrs. Price: They have not been published, but we will be very glad to send copies to anybody. We print them on our own press.

Mr. Kidner: You will get some applications I am sure.

Chairman Pollock: Are there any other comments concerning Mrs. Price's talk on records; Dr. Dunton, whom you all know, will continue the discussion of the records which are used at his hospital.

Dr. Dunton read his paper.

Chairman Pollock: These are very excellent and carefully devised forms. Do you wish to ask Dr. Dunton any questions concerning them? Miss Johnson of the Montefiore Home expected to take part in this round table, but unfortunately had to leave yesterday. She left some of the forms that are used in her institution. Mrs. Harter has submitted a form that is used in the county tuberculosis sanatorium of New York state. The hour is getting late, and we ought not to continue the round table unduly, but we would be glad to hear from anyone briefly concerning anything that is relevant to the subject.

Miss Brainerd: Do the general hospitals keep records?

Chairman Pollock: They keep individual records but I am not certain how complete the records are. Some hospitals do much better work than others. They all have some records. I think you can get information relative to the records of general hospitals from the Hospital Service Bureau of Chicago. New York City also has a similar organization.

Would it not be worth while for us to have a committee to plan uniform records for each class of hospitals with which we are dealing so that we might get on a better basis. If we leave it to individual effort we will never get the uniform system that is greatly to be desired.

Miss Robeson: I move that the president appoint a committee on uniform records for this purpose.

The motion was seconded and carried.

Mr. Kidner: I am glad to appoint such a committee and the committee can report next year. Great progress has been made in the matter of uniform records during the past four or five years. We now have uniform records and statistics in state hospitals for mental diseases and in institutions for the feebleminded, and work is now being carried on to make uniform statistics in institutions for criminals and delinquents, and in institutions for children; but so far as I know, no effort has been made to make uniform statistics in occupational therapy. The forms that have been submitted will be left here on the table and you can look at them this afternoon or any time before adjournment.

The meeting adjourned at 12:45 p.m. until 2:00 p.m.
ROUND TABLE ON CRAFTS BEST SUITED FOR THE MENTAL AND NERVOUS

Dr. Dunton called the meeting to order at 8:00 p.m.

Chairman Dunton: A word in explanation of this round table is in order. We do not feel that any crafts are specific for the different types of disorders which are presented, and I hope no one has that idea. Possibly those who are new to it, who are not familiar with occupational therapy, may feel that there are certain crafts that are specific. I do not know whether you remember Dr. Philip King Brown's paper which came out in Nation's Health about a year ago in which he analyzed certain crafts, stating his reasons why he rejected some and why he approved of others. It was really a very valuable contribution and deserves to be well-known. An abstract was published in the Archives of Occupational Therapy. Some years ago in the Maryland Psychiatric Quarterly I published a paper in which an attempt was made to group occupations for the insane and nervous, but specially the insane, according to their interest. Personally, I do not feel equal to making a grouping of all of the occupations which might be given the insane. As you all know, some individuals take an interest in unusual things; that is the way we establish contact by something which is out of the ordinary. For example, I have had some women patients who have apparently wakened up because they have done some office work for me, like checking over the membership cards, perhaps addressing envelopes to the members of the society. It has been an out of the ordinary occupation, different from a domestic craft to which they were accustomed and so it has attracted their attention and interest. Mrs. Atwater, of Washington State, has an article in October Archives in which she makes a tentative suggested classification from the standpoint of the intelligence level of the individual. She makes use of the Class A, B and C groupings, with modifications of them. Then Mr. Haas has contributed an article for December Archives in which he has a table based upon the need for precautions, whether they are great or slight, of course depending upon the character of the crafts, whether many or few tools are required. Of course, those who have worked with the insane, every one of whom is a potential case of suicide, have to
consider these things very much more than those engaged in ordinary occupational work. The article does not deal alone with the classification from this standpoint; it has much more in it, and Mr. Haas is going to tell us something about that article; something about the reasons why he has grouped those occupations as he has, and I hope will reproduce in part his table. Mr. Haas, will you speak to us now.

Mr. Haas: Dr. Dunton has outlined a rather large job for me, but I will try to give you some insight into how the attitude towards occupational groupings which we take has developed. You probably have not noticed the charts which we had in our exhibit, but I have them here, and will pass them around so that you may study them. I have traced the history of the occupational work. The present development—there have been several developments in Bloomingdale Hospital, just as in other hospitals having as long a history, but we feel that the permanent organization for the men started in 1912, and at that time we had nine crafts. I do not know that we realized the precautions then that were needed just as we do now. But starting at that point we commenced to develop. We felt there was need for a variety of things, so that we have gone a long way since 1912, and at the present time we are using twenty-nine activities which we call crafts. These have a wide range in the technique they require, and having that wide range they bring in other elements which must be considered. When I tell you that we have everything from the simplest type of basketry, which you all know, all the way down the list to a full fledged blacksmith shop where a man can get hot iron, a 12-pound sledge and he must also use a cutting tool, you will realize that one must know what that man is thinking about, as a part of the problem of taking careful precautions.

We have done more than simply study our crafts with the idea of taking precautions. We have watched them to see if they were therapeutic, and that is a whole story in itself. You will notemarked on these charts, after a certain period of use of a craft, certain blank spaces. That means that in the area that have blank spaces we drop that craft and do not use it any more for certain definite reasons. I will enumerate some of these. We dropped the use of broom making, which may seem strange to some who are familiar with state hospital activities. I think broom making is a good craft in the state hospital, but we found in a hospital of the character of ours there were very few men who would be interested in making brooms when there were other types of activities more satisfying to them. If these men had any tendency to suicide you had to give them a very large percentage of attention, and that
percentage was so large only 3 patients could be handled by a single instructor giving his entire time to it. It took about six months to teach a patient how to wind the broom, and when we commenced to look the situation over we decided that it was not worth while either therapeutically or economically, because the same instructor now is taking care of three class-rooms and has a maximum of 18 or 20 people instead of 3. So it was well worth while dropping broom making, and other things have been dropped in the same way. I am not going into the details of this; I know you will all study that out from the chart. There is one thing I might mention, which will probably surprise some of you, and that is we do not consider clay modeling (simple sculpture) therapeutic for mental or nervous patients. The reason I say this is because the patient can get results, that you cannot deny look goo l, but he is getting these results by not obeying instructions. This represents mental drifting and he is therefore worse off at the end of the day than he was before. Things of this sort have entered into the dropping of the different crafts from time to time; so while we tried some 41 crafts in the period of history which is covered from 1912 to 1921, we are using, I think, just 29.

What I primarily designed these charts for was this, to try to show graphically that if a hospital went into occupational therapy seriously and gave facilities to take care of healthy growth of this sort, it would be repaid in two or three very obvious ways. I have tried to trace what that growth was; first, a growth of crafts from 9 to 29 in actual use. That costs more money to do; it costs more money to take care of the 29 crafts than it cost to take care of only 9. It means you have to have more floor space to start with. I traced the amount of floor space from 1912 when we had 2 rooms, a little over 500 square feet, to the present. When we moved into our new building where we had 12 actual class-rooms, with extra rooms which we use for storage, we had a floor area of nearly 6000 square feet, and you will notice that the red column represents the square feet of floor space; you can see how it jumps in 1916. The black column represents the money value placed on the product. That has increased gradually as the facilities increased, but when we got our new building we jumped above normal in this respect also, we came down to normal in the next year, and we have been climbing up ever since. I have been interested in tracing the relation between these columns. Here we have the increase in crafts in the dotted spots of color, and in the black column we have the tracing of the actual increase of the value of the output which is a very favorable increase on the in-
crease of crafts, so that the ratio has decreased between the two, and the same thing is true in the cost of production and the output. Here we have the value of the output, and here we have the cost of supplies and the cost in salaries, and you can see how these columns have gradually grown nearer to the same height. You have different problems, you have the problem of cost, and while the hospital authorities say to you it is worth while, when it comes down to dollars and cents they want to know something about it.

When you can show that the things you are putting into the hospital are worth so much, the output is worth so much more, and the therapeutic value is worth more too, the hospital will be interested in developing its occupational facilities. In 1912 we were able to reach and take care of 45 patients in the men's occupational department. The population of the hospital has not increased since then. The number of patients treated with occupation has grown until in 1919, when like other hospitals, we had made reservations for military patients we had our high water mark which was above normal. During this year 201 patients were treated in the occupation department. The number treated dropped nearly to normal the following year, and now we are treating 177 patients each year as against 45 men patients in 1912.

To get back to the actual precautionary problem, we believe it necessary to face three or four needs and face them squarely, and this is what we saw. We found that there was the man who needed the maximum of precaution, who could not handle any tools at all; and then another type who seemed to need no precautions. We also had another type of patient who would not hurt himself or others but yet he was afraid that any sharp tool he used would cut him. We had the man who might hurt others if he got the chance; there was the man whose condition was such that he could hardly wind cord into balls, and not because he did not understand what he was asked to do. His mind was so clear at the time that he was much embarrassed because he could not do the things he understood. He could understand the process of the technic that you had explained to him, but his coördination was in such a condition that what he understood never got any further than willing of the action. That man could not do what you asked him to do, and you had to get around that. You had to have a place where you could put him and make him feel that what he was doing was all important, that the occupational department could not run a single day without his activity; and I remember one eminent surgeon who was just in that condition; he was not equal to making the simplest
kind of a scrubbing brush, but when he was able to make his first brush in two weeks he was proud of it, and when he cut one day off of that two weeks he came to you and told you the whole story of it.

The realization of these needs developed our system of arranging the occupational building. We had the opportunity and experience before the building was planned so that we could foresee some of these things, and we had a chance to take this building and divide it up and take care of these different needs. We wanted a place where you could start with no tools, with occupations which were simple enough to meet the precautionary needs of the very sick man, and also simple enough to meet his lack of coördination, a place where there were no noises. Then we wanted to grade around the line from this point and have a place where we could place each man within his sphere of activity. I simply want to show you how that worked out on a floor plan. The floor plan arrangement as in existence at our present building is now on exhibition out in the space. In it we have very frankly acknowledged places where we had to make mistakes, because the building had been too far tied up to be able to change it. When you come down to the actual arrangement of the building you have something like this. (Drew map on board.) We have an exhibit space in the center which we feel is very important. There are no tools in the basket and weaving room (indicating) that a man cannot pick up at any time; there is nothing there that he cannot help himself to, the cupboard is unlocked and he helps himself to what he needs for his work. When you come down this corridor (indicating you come into our book-binding shop, and there we require with the men just a little more precaution. He can still be a suicidal case. When he goes out into the print shop we require that the man's coördination be of rather a high grade, because if he forgets where his hands are we may have to hunt for them between the platens of the press some day. He may still have suicidal tendencies and be employed here. Then when you come around to the other side of the building here (indicating) we have to acknowledge a mistake. We were tied up in such a way that when we wanted to put jewelry into our work we had to put it there. I would not put it there if I had to plan the building again. We have placed jewelry making there and by doing that we have in this place a certain number of tools, and the man who goes into the jewelry shop must have no precautions as far as the misuse of tools is concerned either as to the injury of himself or others. The reason I do not like the placing of this shop is because we do not lock these doors (indicating). The patient works in the shop where he is
placed unless he gets the instructor's permission to leave it. If by any chance he strays out of the room the instructor in the next group meets him and tells him, "You will be very much missed; you had better go back," and he goes back. But I do not like the fact that he can get that far and enter a room so unlike his own. Then when you come in here we have a large cement room that works out very well. We have the chance to employ the man who needs to dissipate a certain amount of physical energy. He is in a condition where he has it, if you do not use it it piles up, and if a crisis comes on he is quite likely to use this energy in a way which is not healthy for himself or others. Back here (indicating) we have a room which now has the chair caning and brush making department located in it, and by moving that up here (indicating) I would get two crafts almost on a level as far as precautions were concerned with basketry and weaving; and then if a man got over here he would meet conditions very little different than he had left over there (indicating). Then I would have a complete sequence of crafts arranged as indicated within one building. Some day I hope to remodel this building, add new wings back here (indicating); then we will make this sequence absolutely complete.

Chairman Dunton: Are there any questions. Those of you who have not seen this building, I hope will make a pilgrimage to it. It is the most beautiful workshop of which I know.

Miss Brice: I would like to ask if the instructors have entire charge of the patients while they are at class, or if attendants go with them?

Mr. Haas: The only time we have a nurse or attendant in the building is when that patient has a special attendant assigned to him. Then he comes with the patient and is more or less responsible for him, but the instructors in the building are responsible for the patients even to the extent that we go to the hall and collect the patients and bring them to the occupation department. I find when a doctor gets in a corner, as he will every now and then when the patient asks a whole lot of question he answers yes to get away. The doctor says yes, yes, yes; and the nurse is supposed to be with the doctor, on that particular occasion, hears it, and may say that the doctor says, "Take the patient to the occupation department tomorrow morning" or that afternoon. If she was responsible for bringing him there, he would be brought into the department the nurse saying, "Here is so and so; put him to work this afternoon." No instructions, you know nothing at all about the patient, and there is a place where you can make a mistake. But by our method the occupational director meets the doctor every morning.
and gives instructions as to who is to go over to the building for the first time. By that method the occupational director knows ahead of time just what he can do with the patient, and there is less danger of putting him in the wrong place. When you have had the experiences some of us have had you will know it is necessary to safeguard yourselves in every way. The difference between your print shop and your basket shop may mean harm to the man, and when it occurs the question of responsibility arises. It does not take any longer for the doctor to tell you, and the doctor is always glad to do that.

_A member:_ Is it customary to oblige the patient to work, or is it at their option?

_Mr. Haas:_ We first of all have to decide what we mean by compulsion. If you mean by compulsion this, the doctor says it is just as important for this man to do some work today as it is for him to be fed, then we try to do all we know how to make that man do a little work that day. You tell that man he has to work, and, if necessary, you try to put his hands through the actions of the work; but there is no way to force or oblige him to work.

_Mr. Dunn:_ How many hours do you keep them usually in trade work such as carpentry and blacksmithing?

_Mr. Haas:_ From our point of view these crafts are only used as occupational work, and no one in the hospital, not even the medical superintendent, would take the liberty of coming and saying, "This piece of furniture has to be made." It is on the same basis as all occupational therapy. Now, to come back to your question as to time. If the doctor says twice a day, the patient leaves the hall for the occupation department about eighty thirty in the morning getting twenty minutes exercise before entering the shops, and he stays there until about eleven thirty, unless some other treatment takes him away over a definite period. Then if the patient comes in the afternoon, he leaves the hall at half past one and leaves the occupation building again at three thirty, and that constitutes a day's work. Three fourths of the patients are working twice a day.

_Chairman Dunton:_ Are there any other questions, or has anyone some other observation he would like to volunteer?

_Miss Brainerd:_ Do you ever have any unfinished things, and what do you do with them?

_Mr. Haas:_ Yes, we have. We find from time to time you can get another patient to take care of the finishing, and often certain pieces pass through three or four hands before they finally are finished. I
know of one piece of metal work that was in active process of being constructed over a period of a year and a half, and I could not tell you how many patients worked on it. It was finally finished and was very satisfactory. If we need a basket bottom the man in the carpenter shop makes it for the man in the basket room because this patient cannot use the tools. Some pieces of work which do not suit us at all we have another fellow take apart. We do not allow bad work to live.

Chairman Dunton: Mr. Dunn, you ought to be able to tell us something about your experience.

Mr. Dunn: Mr Chairman and Ladies and Gentlemen: I am comparatively new in the work, insofar as it is connected with an institution for the mentally afflicted. I have had considerable craft work experience, having done craft and trade work in the public schools and among service men. I have been at St. Elizabeth's for two years. I was there at the inception of the work and we consider that we have done wonderful things at that institution. At the present time we are carrying on a various number of trades, or occupations as you might call them, and our system is very similar to that described by Mr. Haas, except that we are unfortunate in not having one building in which to conduct all the work.

Our work is confined exclusively to ex-service men. In our hospital, which is a government institution, operated by the Interior Department, we have a corps of occupational teachers, and we have had a long time, although at the present time not in operation, a shop for wood-working conducted by the Knights of Columbus. I can speak of the Veteran's Bureau work because I am more familiar with it.

We have a group of buildings which we built during the war, in which we have ward craft workers and also a shop at the end of the group for toy making. In these buildings weaving, basketry, toy making, etc., are carried on. We are working under a system whereby the doctors with the aid of the teachers are in constant touch with the progress made by the patients. In accordance with the recommendations of the teachers together with the concurrence of the doctors, the patients are advanced from one craft to another until finally they get to my department. I have all the industrial work.

We also have in operation an academic branch carrying on elementary arithmetic, English, mechanical drawing, freehand drawing, and a commercial department in which typing and stenography are taught. Stenography is not generally recommended and instruction in it is confined to a very few particularly adapted patients. The typewriting
has been very good. In the trade industrial building instruction in
wood working, cabinet work, machine shop practice, concrete work,
and electricity is being given.

It may interest you to know that when I went to St. Elizabeth's we
started our trade work in a little room 10 by 14 in a cellar. It was so
dark down there that without an electric light, you could do nothing.
It was a depressing place for me to work in, and, considering the men we
had to work with, it must have been more depressing for them. The
rules required that a lamp not larger than 40 watts should be used down
there; nevertheless we managed to procure a 75 watt light, hiding it
at the end of each day's work for use the following day. After we had
gone through the government system of red tape to get tools and equip­
ment, we started in on real work.

We have quite an up-to-date poultry plant and agricultural depart­
ment. This year we have had about seven acres under cultivation and
production has been really wonderful. The product has been turned
over to the hospital storehouse. The poultry department has a very
large plant and is specializing on fancy stock. Last year, at a poultry
show in Washington, there was a poultry judging contest conducted
for exservice men, prizes being offered to groups and to individuals.
We were the proud winners of second prize as a group and a second prize
for individuals was awarded to one of our men.

The construction of this poultry plant was the first big job we tackled.
We built quite an up-to-date plant making the houses of wood and the
foundations of concrete. When we finished that—it was before the
amalgamation of the Veterans Bureau and other bureaus—the
Public Health Department was in need of a dental clinic. There was
no place for it in the hospital. They needed this clinic badly and Dr.
Fuller, who had charge of the dental work, made a proposition to us
whereby he would procure two portable buildings used by his depart­
ment during the war and allow us one for a shop on condition that we
built the other up for him for use as a clinic. This we did. With as
many as twenty-four patients, about whom we knew very little, and
who used all kinds of tools, this building went up quickly and without
accident. When we had finished that, we built our industrial building,
adding two wings at either end of the portable building procured from
the Public Health Service. In our machine shop we have installed all
of our machines on concrete foundations. We ran a conduit about 200
feet from one building, installed a transformer which was larger than
that used by the hospital; we built this conduit with a four duct system,
installed a cable, installed all the electrical work in the building, connected up the machines, installed a lighting system and completed the building, and now we are housed in a nice little building to carry on the work.

Some of our work is very creditable indeed. We have built looms for our weaving department, and in fact have made equipment for our school to the value of about $3,000 to date. At present we are engaged in making looms for some of our other schools.

We have, at present, about 300 men in training, which I believe makes ours one of the largest institutions of its kind in the country. We have a corps of about 35 teachers and since we have been there we have returned from the Veterans Bureau something like 300 men as socially recovered. Of course, the hospital itself has a population of something like 3500 or 3800 people of which a very large percentage is being discharged every day; I am not familiar with their figures.

The work has been interesting from my standpoint and we can see excellent results with the men. We would like some of the folks to come around and see us.

Chairman Dunton: I am sure we are very much interested in Mr. Dunn's account of the work they are doing, and it is hoped that those of you who go to Washington will take advantage of his invitation to pay him a visit. Our time has expired, so we will have to close this round table.

Mr. Kidner: I have discussed at different times with Mr. Haas and others the question that is very often asked by hospital superintendents, "Are there any reasons why machinery should not be put in?" I can conceive two reasons. I would ask Mr. Haas to answer that question from the two points of view that occurred to me and have occurred to superintendents.

Mr. Haas: The first of two points which Mr. Kidner mentioned is the danger of machinery. We have taken the point of view in equipping our department to have it as complete as possible, but to eliminate all machinery which was absolutely unnecessary and that which might bring in the element of danger; and we have taken this point of view that in occupational therapy the crafts should be done more in the way that the old craftsman did them and that was without machinery. In my carpenter shop I would not have a power saw. Another reason why we do not want certain pieces of machinery is because in a number of instances we do not want to speed up. There are different times when we want to speed down. Here is a man who is so very active that he
is dissipating energy which he has not, he is bankrupt now, he is using next year’s supply of energy. Our problem is to make that man slow down, make him do the job in more time. I have seen a man come into the basketry room and in one morning make a basket which should have taken him a week, and the funny part of it was, he did it well. That man is certainly in worse condition having lost energy which he cannot spare than if he had been left unoccupied. Something must be done so we have eliminated the things which would speed up, and in that way we have made the job slower. Of course, you have the other type of man that you want to speed up; the man who would take two months to make a basket that any other man would make in two days and a half; he makes it so slowly; he picks the fuzz off the weave; and then he weaves it so slowly the fuzz never appears again. He should be speeded up. You can not do that with machinery.

*Mr. Dunn:* That is a point that has been much discussed—the use of machinery with each type of patients. When I first suggested putting in machinery, there was a loud cry of “No!” But by demonstrating, through the use of the machines in the hospital shops, how machine work compelled men to concentrate, we gradually won sufficient support to order machines for our shop. The results, so far, have justified our judgment and those of the doctors who were skeptical are now praising the results accomplished. Of course, we are careful to whom we give permission to use the machinery; the patients must be a long way toward recovery before they are allowed in the shop. All our switches are locked so that the machinery cannot be used except under observation. The results have been suprisingly good. Incidentally, I might add that the policy of the Veterans Bureau with regard to the work has been changed to the extent that they are now considering it from a therapeutic rather than prevocational standpoint.