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State Inst Exam - Rogers

ACCIDENTS IN INSTITUTIONS FOR FEEBLE-MINDED AND EPILEPTICS

Professor Johnstone: I would like to ask Dr. Hardt what method he has of keeping a record of the accidents and bruises, and whether he thinks he gets reasonably prompt and efficient reports of these things from attendants?

Dr. Hardt: The system we have of taking care of the records is this: The medical board meets every day, excepting Sunday, and the work is carried on the following day for that day. We have a stenographer present and she takes down the work in shorthand; the doctor brings in a report from his wards and play rooms and it is recorded in these notes taken by the stenographer and one copy of that report goes to the governor and one copy to the State Board of Charities. We report everything, even pin scratches. The attendants report to the physician. The purpose is this: Many times people have complained to the governor or to the State Board of Charities about a child being injured—that a black and blue spot was found when they visited the child. Now, all we have to do is to turn to our record and find that this child had met with an injury at such a time.

Dr. Fernald: I think this is a very important subject. If parents find that there is an official record of an injury, as a rule, they are satisfied. I do not believe the patients in a well managed institution can be free from many injuries. The only way you can prevent the patients from getting injured is to put them in bed and pack them in cotton wool. If they play foot ball, or base ball, or go coasting, or engage in any manly sports they are bound to get injured. If they work in the hayfield, or chop wood, they are bound to injure themselves. For many years we have adopted this rule: That the house-mother of each group in her morning report must record any injury received the previous twenty-four hours, even a very slight injury, giving the source of the injury and briefly describing it. If, a week later, the mother of the child comes and discovers a black and blue spot, I find that in ninety-nine cases out of a hundred she is perfectly satisfied if she is shown the report that so and so, while coasting, broke his clavicle, or whatever injury was received. I think it is very impressive the way

complaints disappear when they see the official record, and know that the superintendent and officials are familiar with the occurrence. There is another side of this matter. In England, in the insane hospitals, the Lunacy Commission requires a very elaborate report of all injuries. The result of that reporting has been, to my mind, to curtail very much the treatment and training of the insane and feeble-minded. The English commission visiting our institutions were amazed to see that we allowed idiots and imbeciles to have sharp tools. For instance, if in some institution in England a patient cuts himself with an ax, and it is reported, it is apt to result in an order prohibiting the use of an ax by all imbeciles in institutions. The next day, if a patient cuts himself with a chisel, that is removed. They are so hedged about that the free use of the grub hoe and the ax by patients would be entirely impossible in English institutions. It seems to me the absence of accidents implies the absence of exercise and training which we regard as fundamental and important. It seems to me we ought to avoid the possibility of falling into that error because I think there is rarely a day in our institution that there are not several minor injuries of no real significance. I do not think we want to put ourselves in a position where the value of our institutions is judged by the presence or absence of black and blue marks and the honorable scars of daily life.

Dr. Hardt: That is a point well made. The accident that caused the investigation at Lincoln was just such an accident. On the evening of the 23rd of December, 1907, one of our epileptics, a case of practically no mentality, fell during a seizure and in some way, we were not positive how, the attendant being away at the time, secured a burn on the side of his neck about four by five inches. No telegram was sent that night and no letter, and before 10 o'clock the following morning the father came to visit and brought with him some Christmas goodies. On his arrival he was told about the accident. Just because he had not received the notification, which he could not have received under the circumstances because he left his home before the accident occurred, it left the matter in a position where he thought we would not have notified him and would probably have covered it up. He assumed we would have done that and that he would never have known the boy had met with an accident if he had not come that very morning.

Dr. Carson: Within my experience two quite serious accidents have occurred at Syracuse; the first one was soon after I entered the service there, on a Sunday, and I might say in this connection that our troubles usually happen on Sundays when about half of our force are relieved from duty. A small boy was in a condition where he needed a bath. A woman attendant in charge took him to the bathroom and then left him for a moment with an inmate while she, the attendant, went up stairs to get a change of clothing. While the attendant was gone, this inmate put the boy in the bath tub and turned on the hot water with the result that he was very badly scalded on his legs and hips. The boy belonged to a family in New York who were paying quite liberally towards his support. We notified his parents at once and they came on to see him. They were very reasonable about it, said it might have happened in their own family, took a very sensible view of it; the boy recovered and no trouble followed. The next one occurred about a year ago. An epileptic girl in a spasm seized upon a hot steam pipe and before her hand could be removed it was very badly burned and she was also burned severely on the face. The girl happened to reside in Syracuse and also had a brother living there. I notified him at once; he came and seemed to be perfectly satisfied that it was unavoidable.

If the accidents are serious and the people are notified promptly and matters are explained to them fully, I think, as Dr. Fernald says they are as a rule disposed to be quite reasonable. In connection with that accident in the bath tub it occurred to me that I would hereafter relieve myself in a measure of responsibility in such cases, and I had printed notice framed and hung in every bath room about the institution (I think there is one hanging in each bathroom today) to the effect that attendants might secure the assistance of pupils in the bathing of others but must not for one moment permit them to supervise it.

Dr. Bernstein: We have a form of daily report in use here which is sent in from every ward. The charge attendant on each ward must fill out this report. We have not made a practice of notifying parents or friends of accidents but we have a record and can refer to it any time. Sometimes we notify parents or friends and sometimes we do not. I want to speak of a rather peculiar accident

we had at Rome—an especially funny one—funny for all concerned because it turned out all right. A year ago last March we had a carload of boys sent up from New York City. I think there were twenty boys and not over ten knew their own names. The attendant who started with them did not come with them here and the attendant who brought them here did not know them any better than we did, but we identified every one. After a little while a fellow who had red hair and blue eyes died. We notified the mother that her boy was dead and she came up here. She looked at the boy and says, "That is never my boy, my boy had black hair and black eyes." She wanted to look through the institution and we took her all through and she could not find her boy, and she said she would go back to New York and see about it. We got directions to ship the remains to New York, and we did. She went to see the authorities in New York and the Commissioner of Charities of Greater New York took the matter up, and, even though she claimed her boy had black hair and black eyes, they convinced her that this was her boy. They told her that living up here in the country his hair and eyes had bleached out—and she buried him.

Another matter I want to mention. We have the so-called "mixing valves" here for our spray baths, where the hot and cold water come together and mix and come through the spray. Sometimes the attendants, in their hurry, will turn the spray off and forget to turn off the other two valves. Almost invariably the hot water will rise and the cold water will drop and a little time after a patient going to the toilet to bathe walks out with buttocks or back scalded.

Another case the State Board of Charities were asked to investigate was the case of a little Renk boy who came from Syracuse. He died in a few days after he was brought here. This little fellow was put on our reception ward twenty-four hours and taken from there to our ward for little boys. He was there about two days; did not appear well; was not taking his food and was transferred to the hospital, where, in a couple of days, he died. The first night in the hospital he fell out of bed and bruised his face. There was a record of his bruise on the face but the Renk people felt very badly and thought the boy had been killed and brought on an investigation which amounted to very little except to consume valuable time

of manger, superintendent and other state officials and undermine discipline in the asylum through discrediting the truthfulness of the officials among the employes.

Dr. Rogers: The public does not realize the relation of the number of accidents in public institutions to the number of population in the general community. Some few years ago the superintendent of one of the western institutions for the insane took the trouble to collect statistics in the county in which the institution was located and he found the percentage of the same class of accidents was larger in the county than it was in the institution, for the same number of people. However, it is very important that the public have confidence in the institution, and it is also very important that the management of the institution prevent accidents, so far as possible, both in the interests of the children and in the keeping up of the morale of the institution. I think it is a splendid thing to keep a detailed report, as most all of the managements do, of accidents. We have for a number of years required a report to be made and, incidentally, the particular form that is used is one I saw at the Craig Colony, a little red printed blank, the red indicating danger. The blank contains a memorandum of the fact that an accident has occurred. It does not make any difference what it is. My doctors report anything that requires attention. He can get his information at first hand, or from the attendants. This blank goes immediately to the office. It does not make any difference what the time of day is this report is sent immediately to the superintendent's office with the initials of the physician affixed and if the accident is of any importance at all the parents are notified. I must say that in the last few years I think we have succeeded in establishing and maintaining wonderful confidence in regard to such things. The parents seem so pleased to think that even comparatively minor accidents (there are some too small for mention) are spoken of. Collaterally with these reports the attendants make their daily reports and they must note all accidents.

Dr. Hardt: (In answer to inquires of Dr. Stephen Smith) I do not know to what extent other states require reports made to the boards of charities, or governor. The plan began with us August 1, 1907. When this came up in Illinois the superintendents did not seem inclined to report, thinking it would give the institution a bad standing.

and some of them fudged a little bit, let some of the things slide, did not put them all down; but when they began to see that Dr. so and so reports for last week fifteen or twenty accidents seemingly without being worried or scared, the next time they got a little braver and finally began to tell the truth. It takes a little clerical work once a week to get it complete. Of course, if there is a major accident, the governor and the board of charities are notified at once. I have a case in mind that was brought up by Dr. Bernstein when he spoke of transfers. I think there is great danger in carelessly transferring patients, especially where you have the cottage system and the hospital department is in a separate building. The case I have in mind happened in a western institution. A woman was temporarily transferred to the infirmary but it was not intended to have her stay there that night. The employes on the hospital ward thought the attendant from the other building was to come and get the patient later. The woman wandered out into some underbrush, a cold night came on, and she was frozen to death and neither the infirmary nor the cottage from which the woman came knew what had happened to her. They supposed she was at the other place. The woman was found a month afterwards about 150 or 200 feet from the infirmary in a badly decomposed condition. Consequently, I think when a transfer is made to the hospital it should be made just as complete at once as at any other time or at any other building.

Dr. Stephen Smith: There is a great advantage in this reporting. Our board receives inquiries very frequently of accidents and occurrences in institutions, that lead to an investigation of the details connected with them, and a record, such as the Doctor describes would be once referred to. If we had a record of an accident that occurred at such a time it would allay popular apprehension in regard to the treatment in these institutions. No doubt the public are all the time a little suspicious that things are not carried on rightly in institutions, especially when it comes to personal assaults and injuries.

Mr. McCarthy: It is my misfortune not to be a regular member of this society, but I can say with confidence that my colleague, Dr. Smith, and myself, as members of the committee on idiots and feeble-minded of the State Board of Charities, are very much in sympathy with the suggestion made by Dr. Hardt. It seems to me that it will

not only protect inmates but will carry a further collateral good. Such reports must have an influence upon attendants when they know they will reach state authorities. The requirements will also dispel the feeling that prevails largely, without cause I think, that there is a lack of proper care and of proper sympathy and frequently a lack of humanity exercised by attendants towards inmates of all state institutions. It has occurred to me, Mr. Chairman, that if it is the sense of this conference that the requirement of prompt reports is a good one, and as I have said before, it is within the belief and the feeling of my committee here that the system should be enforced, I should like to suggest that the chair appoint a committee, of which Dr. Hardt be made chairman, to present some formal resolution upon the matter which may be brought before this conference for ratification or amendment. In this way we will have a concrete expression of opinion which I should like very much to submit to the State Board of Charities for consideration.

Dr. Carson: I make the motion that a committee of three of this conference be appointed to consider this matter of reporting to official bodies having jurisdiction over the institution, all accidents, casualties, etc., and that they make a report of some form which they think is proper and append thereto a form such as is used in the state of Illinois, with suggestions regarding the modification of that form.

The motion was seconded by Dr. Rogers and unanimously carried. The chair appointed Dr. Hardt, Dr. Rogers and Dr. Carson as such committee.

Professor Johnstone: I would like to ask if any of the superintendents are using for the recording of accidents any form charts. I saw, sometime ago, a card giving the body, front and back, divided up into spaces. I would like to ask if they are successful, who fills them out, and if any one is using them? The difficulty is to get the little bruises that only the attendants see.

Dr. Carson: I would like to make one inquiry, also, and that is, what record is made of a great many bruises which occur, black and blue spots which are seen, especially on girls and women, which cannot be explained—even the girl or woman herself will not be able to tell how it was caused. I have seen black and blue spots on women as large as my hand, and they were wholly unable to account for them.

Dr. Hardt: We have a form showing the different views—side views front and rear, and also certain extremities—and we indicate by an arrow the particular part of the anatomy affected and we draw on this picture about the comparative area of the accident or bruise. If the bruise is just a discoloration, or there is no break in the skin, or we do not know the cause of it, we state the cause unknown.

Professor Johnstone: In our state we had some little difficulty last year regarding the question of the abuse of a patient in one of the hospitals for the insane, resulting in the death of the patient, and now one of our largest has adopted the custom of having arrested any attendant who abuses or strikes or misuses any patient. It is a public arrest and a public trial. In our institution we call in the attendant when any question is raised, and the attendant offers testimony under oath as in the superintendent's office, with two or three present. It seems to work very well indeed, and I think we have gotten the truth where otherwise we might have missed it.

Dr. Rogers: I meant to have mentioned the custom we have followed a good many years in regard to severe accidents. In the first place, our physicians are required to inquire specifically in regard to the cause. We do not simply accept the statement that an accident has occurred. If the cause is not so evident the physician is required to examine into it particularly, and if there is still any doubt, or there has been any possible neglect or abuse, the attendant or employe is obliged to come to the office and give testimony for a stenographic report that is written out and becomes a permanent record. Of course, if the attendant is discharged, that matter is reported to the board at once. We have never allowed anything to pass for the last fifteen years that appeared to require special investigation and we keep the records. I do not want to wait until some investigation comes from headquarters.

Professor Johnstone: We have only been having this testimony under oath for the last few months. We used to have an examination but did not swear the people.