

## REVIEW OF REVIEWS

Dr. C. Floyd Haviland, Superintendent of the Manhattan State Hospital, in New York, in an article which appeared in *Occupational Therapy and Rehabilitation*, the official organ of the American Occupational Therapy Association, discusses the importance of occupational therapy in Mental Hospitals, as follows:

"Occupational therapy is the most valuable single means of curative treatment in mental disease, and no mental hospital, either public or private, meets its reasonable obligations without a balanced program of occupational therapy, recreation and physical training. Such program is necessary to develop an approximation in the hospital life to normal community life, so essential in training mental patients, to return to normal life outside the hospital.

"The value of occupational therapy is obvious when the implications of mental disease are considered. It develops useful and social reactions for anti-social and social types of conduct, promotes productive activity for unproductive activity or lack of activity, promotes normal emotional reactions for emotional dysfunction, substitutes fact for fancy, stimulates interest with resulting development of power for sustained attention, in all of which results, the personal characteristics of the occupational therapist is a most important element. Occupational therapists are engaged in personality reconstruction, but should measure their success not alone in terms of recovery but in terms of improvement.

"In conclusion, I would emphatically assert that no state hospital can function effectively, no matter what other facilities it possesses, if it lacks a well organized department of occupational therapy. Furthermore, it must be remembered that lack of efficiency in the work of a mental hospital means failure to secure the best possible therapeutic results, which in turn means not only an increased waste of human life and energy but increased human unhappiness."

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Butler and Choisser, of the Health Department of Haiti, writing for the *American Journal of Tropical Medicine*, state that "every drop of water used in the Republic of Haiti is heavily contaminated, except the small quantities which are sterilized by individual or family groups."

As causes for this general contamination of all water supplies in Haiti, they give the following:

"1. Intense and universal soil pollution by human and animal excreta.

"2. The sponge-like porosity of the country rock (limestone) which exercises little or no filtering action upon the rain water which falls upon the surface but carries down freely the surface pollution and brings it to the surface at the spring and sources unchanged in this regard.

"3. The heavy contaminations of every stream of running water and every

lake in the Republic by (a) intense soil pollution of the banks and shores (b) contamination of the water by washing of the clothes of human beings and the bodies of man and animals.

"4. In the high mountain regions of Haiti where water is obtainable only from water holes, there is intense contamination and gross pollution of the water by human and animal discharges. Many of these water holes simply reek with filth and yet the water is consumed by human beings without treatment.

"5. At such special watering places as Sources Chaudes de Jérémie and Sources Chaudes de Terre Neuve, places which could be made to serve 'Hygeia' most admirably, such unspeakable conditions of filth and overcrowding exist as to make them more liable to spread disease, than to cure it.

"6. Lastly in this 'bill of complaints' is the dangerous piece of apparatus used throughout rural Haiti literally by hundreds of thousands of people to carry water from the sources and water courses for family use. We refer to the calabash and will say that if the special knowledge of the trained bacteriologist and sanitarian had been called upon to plan a perfect piece of apparatus for conferring the water-borne diseases upon human beings, it could not have devised a more diabolical thing than the calabash as used today in Haiti. First, this 'Necator haitiensis' cannot be filled without contaminating the water by human hands; second, as ordinarily seen on trips to and from the house, the person inserts the finger into the filler opening and contaminates the entire water for a second time; third, the water cannot be sterilized by legitimate amounts of chlorine or iodine introduced into the calabash before using. Bacteriological tests carried out by the laboratory of the Haitian General Hospital show that the entire dosage of these chemicals is 'absorbed', that is to say, is neutralized by the organic matter of the calabash itself without any disinfecting action taking place which can be detected by the tests. Lastly the calabash is easily broken and its life is short. Aside from its cheapness this would be its only redeeming feature but for the fact that when broken, it is immediately replaced by another calabash equally vile."

#### IMPORTANCE OF TAKING HISTORIES

The following editorial appeared in the February number of *The Journal of Laboratory and Clinical Medicine*:

"The foundation of many a reputation was laid when its possessor was an intern taking histories.

"To many residents, history taking is a bugbear and a nuisance, often because failure to realize that the hospital history is a *de luxe* edition of the stories to be elicited later in the office.

"Every patient has a story to tell, sometimes without knowing it, and the development of the tale in its entirety very often depends almost solely upon the ability of the interrogator. As has been said, he must combine with the shrewdness and pertinacity of a prosecuting attorney, the finesse and tact of a diplomat.

"Not infrequently a great mass of more or less irrelevant and nonessential details must be elicited and sifted to obtain the kernel of the story which may then be expressed in a sentence.

"The taking of a good history is an art and a revelation, at the same time, of the skill and general knowledge of its compiler.

"Each patient, in effect, subjects his physician to a general and searching examination as to his knowledge of the entire field of medicine. Very few patients will be prepared to recite a classical, textbook description of their complaint.

"It is not only what they reveal but what they wilfully or unwittingly conceal which is often of paramount importance and which must be elicited by devious and tactful methods.

"Pathognomonic symptoms are the exception. Most often it is suggestive 'leads' unexpectedly discovered or suspected and unearthed which, when elaborated and dovetailed with the other data, lead to the ultimate clearing up of obscure conditions.

"No part of the body is functionally a distinct entity from all the other parts and detection of a cardiac lesion or a renal deficiency should not be the determination of the examination but rather the starting point of an endeavor to correlate this finding with the rest of the human machine.

"Thoroughness first, last, and all the time is the keystone of success.

"Histories have other uses besides their application to the present case. Every good physician is a continual student, and the mien of his past experience often holds nuggets not to be found in books. Well taken and carefully kept histories more than repay an occasional rereading and study and bring to future cases the experience and information gained from past studies.

Moreover, the development of medicine depends upon the study and elucidation of past experience and it is, indirectly, from the compiled professional memoirs of physicians at large that the textbooks of the future will be written.

"It is not enough to record good histories, they must be studied continually and utilized. Carefully taken, intelligently filed so as to be readily accessible, they form a permanent record of past experience and an accumulation of knowledge for future use.

"Histories are compilations, condensations, and accumulations of answers to questions put by the examiner and the meat of the answers may often be expressed in a sentence. The value and significance of that sentence in suggesting a possible diagnosis depends as much upon the questions put as upon the answers received.

"It is sometimes of little avail to ask a patient point-blank whether he has had a venereal disease or is a heavy drinker, for many patients are very Chinese in their endeavors, for reasons hard to fathom, to 'save their face' and still others are supplying misinformation honestly.

"An old Scotch doctor in charge of a dispensary in a section where the morning emesis and nausea of prohibition days was comparatively common, was never known to ask the bulbous-nosed sufferer if he was a heavy drinker. He merely suggested that relief was sometimes obtained by a small drink of whiskey in the morning before breakfast; of course, the first one might not stay down, but the second would and gave comfort.

"Who could refuse in the presence of such understanding to relate how the remedy was well known and often tried with the described results? Then, when the patient had gone, with a quizzical look through his spectacles, the diagnosis would come; 'Alcoholic gastritis.'

"One must be on the alert in taking histories for unconscious hints as to further interrogations. Remember Cabot's simile of the cash register and devise your questions accordingly.

"Investigation, correlation, and interpretation are the keystones of diagnosis."