A study of fifteen female patients with chronic diseases in a public welfare hospital in Massachusetts.

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Boston University
A STUDY OF FIFTEEN FEMALE PATIENTS
WITH CHRONIC DISEASES IN A PUBLIC
WELFARE HOSPITAL IN MASSACHUSETTS

A thesis

Submitted by
Margaret Virginia Doherty
(B.S., Boston University, School of Nursing, 1946)
In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service
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CHAPTER I

INTRODUCTION

Purpose of the Study

The purpose of this study is to determine answers to the following questions:

1. What facilities are available at the Tewksbury State Hospital which help stimulate and encourage chronically ill patients to make a good adjustment to their illness?

2. What circumstances make it necessary for them to be placed in a state hospital?

3. What needs and problems do they have in connection with their illness?

4. How does the hospital try to meet these needs and problems?

5. What is the role of the social worker in assisting patients to make a good adjustment to a long period of hospitalization?

Selection of Cases

Selection of cases was made with the assistance of
Miss Flora Burton, Director of Social Work, Miss Loretta Smith, the social worker assigned to the majority of cases in the study, and Miss Eleanor Gaffney, Superintendent of Nurses.

An effort was made to include fifteen female patients with a varied group of medical conditions and social problems, which were thought to be fairly representative of chronic illness.

The social problems in two of the six cases presented were of major importance and hospitalization was recommended to prevent further complicating their medical condition, and also to prevent their becoming a social problem in their communities. Marital problems resulted from the patient's illness in two of the cases studied. These and other cases studied help illustrate the lack of facilities existing in the cities and towns where patients resided before entering the state hospital in Tewksbury.

The six cases selected for detailed presentation were patients who had made a good adjustment to their illnesses. Two patients were ambulatory, two were bed patients, and two were confined to a wheel chair during the day.

Scope of Study and Sources of Data

A study was made of the total service given to the
patients, including medical, nursing, and social work. The
study proposes to discover the needs of this group and illus-
trate how these needs were met. A review of literature on
chronic illness was made, in order to understand the care
and facilities recommended for these patients. Two, and
sometimes three, interviews were held with each of the fif-
ten patients. Dr. Lois Crawwell, staff physician supervis-
ing patients' medical care reviewed the diagnosis and treat-
ment recommended for each patient. The greater part of the
material was obtained from interviews with the social worker
and with patients, and from the medical record for each
patient. A schedule was used in obtaining information, in
order to extract and classify the material collected for
this study. (See Appendix.)

Miss Loretta Smith, social worker assigned to the
majority of the cases in the study, gave the writer informa-
tion regarding social problems of the patients.

Limitations

Since the study was limited to fifteen cases, con-
cclusions drawn can give only a limited picture of how a
chronically ill patient is served.

Emotional undercurrents were not always possible
to obtain because the writer did not have continued contact.
In most instances, there was a lack of information regarding the patient's social history before she came to the hospital. Public Welfare workers referring patients frequently send a very meager history. Obtaining information from bed patients by interview was not always satisfactory because patients in most instances were in open wards.
CHAPTER II

SETTING OF THE STUDY: THE TEWKSBURY STATE HOSPITAL

History, Purpose, and Scope

The Tewksbury State Hospital is a general hospital, which is maintained by the Department of Public Welfare of the Commonwealth of Massachusetts, in the town of Tewksbury. It is situated twenty-four miles from Boston, and four miles from Lowell, a city with a population of over 100,000. Tewksbury has always been a hospital resource for persons who are without funds in cities and towns where there are few facilities. Local Boards of Welfare send such persons directly to Tewksbury upon application to the institution or to the Public Welfare Department office. The medical and social needs of the individual are the determining factors for admission. It is a general hospital for the care of poor or destitute persons having no legal settlement or residence in the state, who are feeble or in distress, or who are suffering from acute or chronic diseases.¹

Three of the earliest institutions in the Commonwealth of Massachusetts were the almshouses of Bridgewater, Tewksbury, and Monson. Bridgewater was transformed into a

¹ John H. Nichols, Report of the Tewksbury State Hospital, Seventy-fifth Anniversary, 1929, pp. 1 and 2.
workhouse, and Tewksbury had separate quarters for the insane. This hospital, where are housed the indigent and inform, remains the greatest unclassified public dependents' institution in the Commonwealth.²

The majority of admissions are chronically ill and aged sick, requiring long time and frequently terminal care. Persons who are not committable to the Department of Mental Health are acceptable for care and supervision when there are no home resources; i.e., senile aging, the mentally retarded, physically handicapped, and young people with chronic diseases. Persons with short term illnesses requiring convalescent and rehabilitative care are accepted. Maternity patients are largely unmarried mothers and are usually referred to the hospital through the Youth Service Board. The well babies born in the small maternity ward are discharged with their mothers under the care of social service or are placed by the Division of Child Guardianship in foster homes or for adoption. Abnormal babies, mentally or physically handicapped, are admitted until such time as they can be transferred to the Department of Mental Health. As new buildings become available in the Department of Mental Health, it is expected that these patients may be transferred.

² Robert W. Kelso, The History of Public Poor Relief in Massachusetts, p. 136.
The patient census of February 1, 1953, was 1723.

Older people come to Tewksbury in the winter. During the warmer months, if they feel strong enough to leave, arrangements are made by the social worker in order that there is a job for them or that care will be provided, if needed. Old Age Assistance and Social Security have made a difference in keeping down the population at Tewksbury.

There are seven doctors on the staff, including a medical director. The superintendent of the hospital is a layman and is chiefly responsible for the administration of the business of the hospital. The medical director is responsible for the medical care of patients and supervision of the medical staff. Unlike the state's special hospitals for tuberculosis, cancer, and mental diseases, all kinds of cases are given care at Tewksbury. The hospital is recognized by both the American Medical Association and the American College of Surgeons. The trustees of the hospital are appointed by the Governor and are drawn from the community.

The hospital has a training school for nursing attendants.

The objective of the school of nursing attendants is to select persons with aptitude for attendant nursing, and to teach them to develop that aptitude by preparing them to give the best services of which they are capable in the field of attendant.
nursing in an evolving democratic society, while achieving an optimum of self-realization and a measure of economic security. 3

Professional or registered nurses and supervisors instruct the student attendant nurse during her training period.

About one-third of the population at the Tewksbury State Hospital seek admission because they cannot afford to remain in general hospitals. These hospitals refuse to service chronic illness beyond a certain length of time. Nursing homes in most instances do not offer services to patients requiring the amount of nursing care which these patients must receive.

The hospital has an Occupational and Physical Therapy Department. Occupational Therapy is any activity, mental or physical, prescribed by the physician for remedial value. Physiotherapy is the therapeutic use of physical agents other than drugs. It comprises the use of physical, chemical, and other properties of heat, light, water, electricity, massage, and exercise. At present, the Physiotherapy Department is understaffed, due to the lack of financial appropriation in

3 Syllabus for School of Nursing Attendants of the Tewksbury State Hospital, Commonwealth of Massachusetts, 1951, p. 2.
the budget which is allotted to the hospital by the state.

Opportunities for worship and spiritual guidance are offered to patients by the three chaplains, minister, rabbi, and priest. Movies are shown at least once a week in the hospital chapel. Ambulatory and wheel chair patients attend all the activities held in the chapel. Band concerts and picnics with bus rides to various points of interest are scheduled during the summer. Many patients have their individual radios. Television sets were installed in each ward about two years ago and are located in the sections of the ward where all patients can view the programs. There is a hot house on the hospital grounds where flowers are grown to be used on the wards, in an effort to create colorful and attractive surroundings. Hospital walls are a pretty shade of pale green and a darker shade has been used for bedside screens.

Social Service Department

The function of the Social Service Department, which consists of ten social workers and a supervisor, is to provide the medical social case work services necessary for the patients in the hospital and infirmary. The Social Service Department is also responsible, with the cooperation of the local boards of Public Welfare and the Boston Institutions Department, for the admission and discharge of patients...
The staff of this sub-division of the Social Service Department is located at the Department's central office headquarters in Boston where administrative and intake services are carried out. The social service workers offer counsel and assistance to many ex-patients of the hospital who frequently come to the central office to talk over their problems or health, medical care, housing, employment, family situations, and their children.

Social workers cooperate with the hospital physicians and interpret to them the backgrounds and social situations of the patients, which sometimes affects their recovery and return to normal life. A most important part of the activity of the staff centers around the problems of reestablishing patients in the community on discharge from the hospital.

The case load of the social workers on the Women's Service varies with the type of case. Those who service the prenatal and maternity wards carry fewer cases, since the social problems of unmarried mothers require extensive investigation, careful planning, and follow up care in the community. The workers with the chronically ill and older patients carry larger case loads as there are generally fewer immediate problems and a longer time in which to plan or arrange for the discharge of the patients. In some cases it is necessary for workers to help patients make the adjustment to terminal illness.4

The social worker obtains a social history to determine the needs of the patient, the public welfare category to which he might apply; practical services might also in-

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clude information which he might obtain from time to time to enlighten relatives or interested friends. The worker also gives supportive case work which consists of sympathetic listening, ego support, advice, and help in focusing problems. Social worker assists the physician by gathering needed information for discharge, diagnosis, and other purposes.

Occasionally, after patients have been hospitalized for a long period of time, an interested relative or friend inquires about the possibility of discharging the patient home or transferring her to a nursing home which is convenient to the patient's home. In many instances it has been found that the relative or friend has not properly evaluated the patient's physical limitations and is not aware of how very dependent the patient's needs are for medical and nursing care. It is necessary for the social worker or doctor to review with the relative or friend the complications which might be presented in such an arrangement, such as:

1. Expense: Nursing homes in most instances will not admit chronic cases requiring a good amount of medical and nursing care. Directors of nursing homes are not usually interested in having a variety of equipment or additional nursing staff which would be required in giving needed care to certain types of chronic cases.
2. Nursing homes are operated with the idea of receiving profit; therefore, directors feel they cannot afford to accept cases.

3. Nursing homes or the patients' homes do not have the facilities necessary to care for these patients.

"Friends of Tewksbury"

At the invitation of the Board of Trustees, in June, 1949, twenty-five women from the cities and town surrounding Tewksbury were asked to meet at the hospital with the Chairman of the Board of Trustees and the Superintendent to organize the "friends of Tewksbury", an auxiliary of women who would be interested in Tewksbury State Hospital and Infirmary, not only to bring extra services and entertainment to the patients, but also to help interpret the function of the hospital to the public.

... Some of the services they are providing include reading to the blind and infirm, floral decorations, instruction in rug making, stencilling, knitting and crocheting, and assistance to the librarian, not only in providing books at the bedside of the patients, but also by mending books and magazines in the library itself. Various types of entertainment in the chapel and in the wards including choral groups from Phillips, Abbot, and Keith Academies, have all contributed to the entertainment of the individual patients and to the improvement of the social activities of the hospital.

These friends provide friendly services and patients have sincerely appreciated the many delightful services and occasions from the many persons who are interested in
giving time regularly to serve the individual needs of the sick and who have vision and imagination to see that such service can help to regain for many, new interest in living.\textsuperscript{5}
CHAPTER III

CHRONIC ILLNESS

There is an ever growing concern in the United States over the problems presented by chronic disease. This concern has, in part, resulted from the belief that the prevalence of chronic disease, or of certain chronic diseases, is increasing. Whether or not there is an increase in the prevalence rate at any given age, it is certain that the total value of chronic disease is growing from year to year, since older persons, among whom chronic disease is more prevalent, are constituting a larger and larger portion of the population. If the statement is accepted as valid—that the greatest need for action in the field of public health is where the greatest saving of life and prevention of suffering can be made—then, without doubt, the chronic diseases merit the attention they are receiving.1

A public welfare hospital must be prepared to serve:

a. The chronically ill needing custodial care varying from those unable to help themselves and requiring much of the attendant care, to those needing only the general supervision of a nurse and periodic visits of the institutional physician.

b. Chronically ill with acute conditions needing constant medical and nursing service.

c. Young or middle aged chronics for whom preservation of health is possible and very important.

d. The homeless, able-bodied aged who in time will be subject to the handicaps of their years.

Classification and separation in this group is advisable, as some will be of the better social type who have met economic reverses or are homeless because of the death of relatives, and others will be derelicts of society.\(^2\)

The following reasons have been advanced to point out why general hospitals should not be obliged to care for chronic patients:

Hospital authorities generally agree that chronic patients need specialized care in separate institutions and after they have passed the acute stage of illness should not be retained in general hospitals, designed for the temporarily ill. Their facilities are unsuited to chronic patients and too costly for the

care needed by most of them.

To public welfare programs all over the country, the future implications of this major cause of dependency becomes even clearer when we examine the available natural data about the spread and incidence of chronic invalidism. In the National Health Survey of 1936-1937, it was estimated that one out of every eighty-seven persons (1.14 per cent) was a chronic invalid. However, because of increased percentage of the aged in the general population since 1937, and in the light of facts revealed by more recent studies, it is safe to say that the percentage of chronic invalids has increased, so that between 1.25 per cent to 1.5 per cent, or approximately one out of every sixty-seven persons, is a chronic invalid.3

Chronic illness is costly and in many instances presents a problem somewhat more difficult than acute illness. Chronic illness continues over a long period of time. Today, in a period of full employment, the biggest single factor creating need for public assistance among families is chronic invalidism.

Our community hospitals, already congested and understaffed, were as is now generally recognized, intended primarily for acute cases and hence are not designed to cope with an ever-mounting influx of patients requiring protracted service. Referral to

3 Ibid.
incorporated private homes are necessarily limited by restrictive eligibility qualifications which are in turn often based upon more remote prohibiting factors, such as the terms of the charters and endowments, licensing restrictions, lack of skilled personnel, absence of suitable infirmary quarters, aloofness from and insensitivity to local needs, and like causes. Of all the problems presently vexing administrators of public assistance to the aged, it can assuredly be stated without peril of reasonable denial that there is none which involves more detailed difficulties or greater expenditure of money, time, and energy than that of providing satisfactory sheltered care for the post-surgical convalescent, the chronically and terminally ill, and the infirm aged.⁴

Today, because of the broad advances of the last quarter century in medical science and public health, people seldom die of pneumonia, diphtheria, typhoid, and other quick killers of the Nineties. Instead, more than two-thirds of deaths are caused by chronic diseases, following a long period of invalidism.

For two rather obvious reasons, this drastic shift is throwing more and more people on assistance as a last resource. Although the Blue Cross and other private insurance plans offer a way for the prudent and thrifty person to anticipate and provide for the cost of acute illness, the

⁴ John Griffin, A Socio-Medical Study of an Old Age Assistance Nursing Home Case Load.
overwhelming burden of the cost of chronic invalidism makes it impossible for most families to finance the necessary care. Frequently, more tragic than the situation of the chronic invalid himself, is the tyranny imposed upon other members of the household who must sacrifice careers or their own normal family life in the attempt to care for him. These devastating consequences exert a steady demand for relief through public assistance.

"The social problem resulting from illness of a member of the family depends considerably upon which individual is affected. When the father is incapacitated, the problem may be largely economic. When the mother is ill, usually the whole organization of the household is disrupted."

Facilities for caring for the chronically ill in Massachusetts, as elsewhere, are grossly meager. As mentioned previously in the report of the Social Service Department--:

"The limited capacity of the women's and children's wards (seven to eight hundred) makes it impossible to act promptly on applications for admission".

5 William Matthew Champion, Medical Information for Social Workers.

The following is taken from a study made of an Old Age Assistance Nursing Home caseload of one hundred and twenty-nine persons in the city of Somerville, Massachusetts, during the month of July, 1950. Somerville is an autonomous municipality immediately proximate to the capital of the Commonwealth, Boston. It is a highly residential center, 4.22 square miles in area, with a population of some 105,000. After carefully studying our clients in relation to their environments, we conclude that commercial nursing home are not, generally speaking, the solution for our ill aged. After sixteen years of study and experience, it is our profound conviction that a sound long range program must be based on other foundations. In fact, the exploitation of the sick and dying aged, for profit, in calculated business ventures is contrary to the whole history of the civilized care of the sick and offers no solution at all. These lucrative enterprises may, of course, be simply anomalous phenomena marking an inevitable transitional phase in our development of suitable facilities for the care of the stricken aged. The old type incorporated charitable institutions unquestionably have their drawbacks and often glaring defects, but their nobility of motivation has succeeded in transmitting a spirit of human dignity almost altogether absent from the proprietary asylums.7

7 J. J. Griffin, Quasi-Institutional Care of the Aged, Publication of the City of Somerville, Massachusetts, July, 1950.
CHAPTER IV

DESCRIPTION OF CASES AND CASE ILLUSTRATIONS

In order to have a clearer understanding of chronic disease, it might be well at this time briefly to review the symptoms and causes of a few of the chronic diseases included in the study.

Asthma is an allergy disease which is usually far more serious than hay fever. In this condition the allergic reaction consists in the production of a spasm of muscles which encircle the bronchi, and cause swelling and secretion of the mucous membrane of the bronchi. As a result, the patient has difficulty in getting air into the lung and a good deal more difficulty in emptying air from the lungs. This produces severe respiratory distress, and there is usually an accompanying paroxysm of coughing which is nature's effort to empty out the mucous secretion. The attack is likely to last for hours or days, and the picture produced in the paroxysm is one resembling suffocation.

Muscular dystrophy is a muscle disease, the etiology
of which is unknown. It has a slow progressive course, causing muscle weakness. There are two types of muscular dystrophy. The slow progressive type (illustrated by the case of Mrs. P., a patient included in this study) which can go on over a number of years with no acute symptoms. The patient has limited use of muscles and may live for a long period of time. The pseudo-hypertrophic type is more severe and is one hundred per cent fatal. It is familial in nature. A patient with this type usually develops a respiratory infection, and because of the weakened chest muscles, does not survive for too long a time after infection has taken place.

Arthritis is a general term which means inflammation of a joint. There are many types of arthritis which may be divided into acute and chronic forms. The chronic forms are divided into two main groups. The first of these, which occurs much more in younger people, is spoken of as rheumatoid or chronic infectious arthritis. The actual infectious agent is unknown, but the consensus at the present time is that the disease is associated with localized infections. This type of localized infection is spoken of as "focal infection".
It is currently believed that toxic or infectious products are distributed from the focal points of infection to the joints and there produce the manifestations of disease. The second type of chronic arthritis is seen in middle age and in older persons and usually is spoken of as chronic hypertrophic arthritis. This is more probably the result of the metabolic processes of age than infection.¹

Multiple sclerosis or disseminated sclerosis is a chronic progressive disease of the central nervous system. It is a disease essentially of adolescents or young adults. At times it has a sudden onset; usually its beginning is insidious. It advances slowly with variable remissions and exacerbations, gradually assuming a characteristic state. As the name implies, it is characterized pathologically by numerous and widespread foci of sclerosis, scattered throughout the central nervous system. It follows, therefore, that the signs and symptoms are varied and multiple.²

The cause of the disease is unknown, although there are many theories concerning it. The first signs or symptoms have been observed to follow metallic poisoning, overstrain, chilling, mental shock, emotional disturbances, infectious diseases, pregnancy, sexual excesses, and injury. Still

¹ William Matthew Champion, op. cit., p. 106.
² Leopold Brady and Samuel Kahn, Trauma and Disease, p. 301.
others maintain that these occurrences are, in the main, coincidental.

Among the older authors, exposure to cold and wet was considered an important factor in the production of the disease. When associated with physical trauma, cold is mentioned repeatedly as producing the disease.

There is no effective treatment for multiple sclerosis at this time. Patients suffering from acute attacks must have bed rest, but after the attack has subsided, patients should be encouraged to sit up in a wheelchair and be as active as possible. One of the outstanding symptoms mentioned by the doctor treating the patients in this study is euphoria. Patients with multiple sclerosis frequently have a characteristic optimism and feeling of well being.
The incidence of chronic illness found by the Massachusetts survey (1931) was fifty per cent higher among the "poor" than among those who were better off. Among families receiving aid, sixty-two and three-tenths per cent had members suffering from chronic illness.\(^3\)

**TABLE I**

**PATIENTS RECEIVING FINANCIAL ASSISTANCE AND THEIR PUBLIC WELFARE CATEGORIES**

<table>
<thead>
<tr>
<th>Public Welfare Categories:</th>
<th>Part Payment</th>
<th>Paying Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>O.A.A.</td>
<td>D.A.</td>
</tr>
<tr>
<td>Mrs. A. D.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mrs. L.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mrs. P.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mrs. B.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Miss B.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Miss E.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Miss H.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mrs. H.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mrs. S.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Miss S.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Miss W.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mrs. E.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mrs. A.</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Miss F.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

Key to Abbreviations:
- O.A.A. - Old Age Assistance
- D.A.  - Disability Assistance

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\(^3\) Ernest P. Boas, *The Unseen Plague*, p. 72.
TABLE II

EXTENT OF INCAPACITY AND DIAGNOSIS OF FIFTEEN CHRONICALLY ILL PATIENTS

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>No. of Pts.</th>
<th>Extent of Incapacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma (pernicious)</td>
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<td></td>
</tr>
<tr>
<td>Anemia</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cardiac</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Addiction and varicose ulcers</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Fractured skull and neurological symptoms</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Muscular dystrophy</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Multiple sclerosis</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Neurological bladder and arthritis</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Osteo-myelitis</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Psoriasis and arthritis</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Tbc. of bone</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Tbc of lung and peptic ulcer</td>
<td>1</td>
<td></td>
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<tr>
<td>Totals</td>
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Insofar as the diagnoses of the patients were concerned, there were twelve different diagnoses, with multiple sclerosis heading the list. There were four ambulatory patients, three wheel chair patients, and eight bed patients.

Table III, page 26, shows that the patients' ages
Chronic invalidism is not exclusively or even primarily an attribute of old age. To be sure, the proportion so afflicted rises steadily with the advancing years. But altogether, the great majority today are found among those ages in the economically productive years between fifteen to sixty-four.  

4 Raymond M. Hilliard, *Chronic Illness, Major Cause of Disease.*
fifty to fifty-nine; two, between sixty and sixty-nine; and two, from seventy to seventy-nine years of age.

Although this study of fifteen patients was made in a Public Welfare hospital in Massachusetts, a variety of states and two different countries were represented. They included: Canada, one; Illinois, one; Maine, two; Massachusetts, seven; New Hampshire, two; New York, one; and Sweden, one.

TABLE IV

BIRTHPLACE AND EDUCATION

<table>
<thead>
<tr>
<th>Birthplace</th>
<th>No of Pts</th>
<th>Grammar School</th>
<th>High School</th>
<th>College</th>
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<tbody>
<tr>
<td>Canada</td>
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<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illinois</td>
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</tr>
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<td>Maine</td>
<td>2</td>
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<td>1</td>
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<tr>
<td>Massachusetts</td>
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<td>3</td>
<td>2</td>
<td>2</td>
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Educational status of the patients was as follows: grammar school, four; high school, six; college, five. One
patient was graduated from college; four attended two to three years of business college.

Many of the patients discuss their problems with the workers and she in turn brings this information to the nurse, doctor, or staff member concerned.

Miss K. frequently discusses her physical conditions with her social worker. When Miss K. complained of losing weight and having a pain in her chest, her worker discussed these symptoms with the doctor. An X-ray was recommended by the doctor because Miss K. has had a serious lung ailment in the past.

Mrs. B., a patient with asthma, was anxious to be discharged because her condition had improved during her hospitalization. The doctor discussed the patient's condition with the social worker in order that she could fully appreciate the difficulties Mrs. B. might experience after discharge from the hospital. The patient is a widow and has one married daughter who has a very small child. Mrs. B. wanted to live in a rooming house because she believed she could be self-sufficient. After the doctor reviewed with the social worker Mrs. B.'s condition and the necessity of her having immediate medical attention during an asthma attack, the social worker helped Mrs. B. to understand the
importance of remaining in the hospital until plans could be made for her care after leaving the hospital.

Mrs. L., with diagnosis of drug addiction, made a request for permission to have a friend visit her at the hospital. Mrs. L. was known to agents in the Federal Bureau of Narcotics; therefore, the worker believed it would be advisable to confer with one of these agents to be sure that there would not be any repercussions as a result of this visitor's coming to the hospital. The Narcotics Bureau agent was very emphatic in refusing permission to this visitor, since he was a well known dope peddler and might create many problems if he were allowed to mingle with other patients in the hospital.

Miss F., another patient in this study, with diagnosis of pernicious anemia, has from time to time assisted a clergyman in another state by typing and mailing messages of various kinds for him. She enjoyed assisting this man in his missionary work and at one time asked if he would be interested in having her go to the city in which he lived and work on a permanent basis. He believed she was physically able to do the work; he was, therefore, interested in having her assistance. Miss F.'s social worker discussed the patient's plan with her doctor, who felt it was inadvisable for Miss F. to accept the position because she would not be
physically able to assume this responsibility. Miss F. was at first disappointed on hearing that her physical condition would not permit her to accept this responsibility, but eventually she accepted the decision that she could not afford to give the time and energy needed to function in this position. The social worker wrote to the clergyman, telling him of the patient's need for further hospitalization, and he in turn replied, expressing his gratitude for this information.

Mrs. A., one of the patients included in this study, was anxious to be discharged to the home of a friend. When the social worker discussed her case with her doctor, he pointed out the necessary medical and nursing attention the patient would require and suggested that the worker inform Mrs. A.'s friend of the care involved in assuming this responsibility. The patient's friend was not aware of how dependent Mrs. A. had become as a result of multiple sclerosis. After the social worker had made her fully aware of the patient's needs, the friend realized that she could not give Mrs. A. the care she would require. The social worker and the doctor were responsible for explaining the patient's condition to her friend in an effort to prevent the friend from assuming responsibility which she was not
in a position to cope with at this time. A discussion of the nature of the patient's illness is helpful to the patient because it prevents her from becoming a burden in a home which is not equipped with the facilities needed for her care.

A criticism offered by some of the patients was that their relatives lived long distances from the hospital; the patients believed that if their relatives or friends lived nearer to the hospital, they would have visitors more often.
Case Illustrations

Case 1: Mrs. L.

Mrs. L. is seventy-four years old and was admitted to the hospital in April, 1952. She has been a drug addict for twenty-five years, using eight to ten grains of morphine every twenty-four hours prior to admission. Mrs. L. was considered a "main liner", which means that she injected the drug directly into a vein, rather than subcutaneously or into the tissues. She is a widow and has one son with whom she has not been in touch for several years. Mrs. L. hesitates to divulge information concerning her son or her past experiences.

The patient was referred to the Social Service Department by a worker at a temporary shelter for the homeless, situated in Boston. She had been referred to the Home by a worker in the Travelers' Aid Society.

Mrs. L. said she had been in the Boston City Hospital with a diagnosis of varicose ulcers. After being discharged from that hospital she had no place to live. The landlady in the rooming house where she had been living had rented Mrs. L.'s room during the period of her hospitalization. Mrs. L. went to the Travelers' Aid Society for assistance after many unsuccessful attempts to locate living quarters.

After Mrs. L. was admitted to Tewksbury, she was directive about her treatment; i.e., she wanted to prescribe her own treatment and advise nurses as to how they should carry out nursing techniques in applying dressings to her legs. Ulcers of the legs with cellulitis
had developed as a result of varicosities. She was resistive to treatment and suspicious that the doctor might not recommend the amount of morphine she had been having in the past. After a short period of time, Mrs. L. developed confidence in her doctor. She did not have her morphine dosage limited, and the condition of her legs improved with constant medical and nursing care. Mrs. L.'s social worker visits frequently. A weekly allowance from O.A.A. allotment has been given to her in order that she may buy cigarettes or other items from the variety store located within the hospital grounds.

Mrs. L. is a college graduate and also a graduate of a conservatory of music. She entertains the other patients daily by playing the piano. Patients find her very cooperative, in that she plays any musical selection requested with coaxing.

The patient's physician explained to the writer that morphine dosage has not been limited because the patient is seventy-four years old. Rehabilitation is not usually effective at this age. Discontinuing the drug when an addict has been using it over such a long period of time usually brings about a physiological crisis. Morphine inhibits lower bowel activity and a morphine addict usually suffers from constipation. To discontinue the drug in Mrs. L.'s case might create an acute dysentery and also cause marked upheaval of this patient's nervous system. An emotional and physiological upheaval of this nature might bring about the death of the patient. The social
worker stated that Mrs. L. has been in many nursing homes and other institutions over the past few years. She had not made a good adjustment to nursing homes and had stayed but a limited period in each.

Summary--Case 1

At the Tewksbury State Hospital, Mrs. L. has a home with medical and nursing services available. The amount of the drug to which she had become addicted over the years would not be provided for in most of the nursing homes in Massachusetts. The home in which she had lived prior to admission was a small room in a very crowded and unattractive section of Boston. There were few baths available, and no provision for any extra needs of residents. Obviously, in such a place, she could not apply the dressings required for treatment for the ulcers of her legs.

Mrs. L. has made a good adjustment to the hospital and enjoys playing the piano for the group of patients in her section of the hospital.

Case 2: Miss D.

Miss D. is fifty-nine years old and has a diagnosis of arthritis and neurological bladder. She was an assistant supervisor of music in the public schools of a large Massachusetts city prior to her illness. Miss D. first became ill with arthritis; she
had difficulty in walking and it was necessary for her to use a cane. During a week-end trip to New York, Miss D. tripped and fell in Grand Central Station, causing injury to her lower spine, with a resultant neurological condition. This condition affected the normal functioning of her bladder.

Miss D. had lived alone and after her illness, Public Health nurses assisted in giving her nursing care for a period of time after the accident. The patient eventually became very handicapped and needed more constant medical and nursing care. She made application to twenty-seven nursing homes and was not accepted by any because of the treatment and care she needed. The patient appealed to the Public Welfare Department in the city in which she resided because she could not find a hospital or nursing home which would give her the treatment her chronic illness required. The Public Welfare Department referred her to Tewksbury, and she was admitted as a patient ten years ago, in 1943. She became an invalid one year before she had planned to retire; her present income is derived from her retirement pay.

Miss D. has a single room and is surrounded by her plants, books, magazines, and correspondence. She was being visited by Miss R., a twenty year old blind patient, on the two occasions that the writer visited her. Miss R. and Miss D. have become very close friends in the past two years. Miss D. became interested in Miss R. after Miss R.'s admission to the hos-
pital. She noticed that Miss R. did not mingle with the other patients and that she appeared to be depressed. Miss D. learned Braille so that she in turn could teach it to Miss R. Lessons were requested from the Lion's Club of Orlando, Florida, an organization that sends lessons to any person interested in learning Braille with the intent of teaching it to the Blind.

Miss R.'s attitude toward life in the hospital showed a marked change after she learned Braille. She is devoted to Miss D. and is able to assist her in many ways. They have tea together every afternoon and the writer arrived during this usual period of relaxation.

Miss D. is occasionally placed on tidal drainage "to prevent the necessity for repeated catheterization when the neuro-muscular mechanisms are out of order, as in injuries to the lower part of the spinal cord. A catheter is left in the urethra (or, opening leading to the bladder) and this is attached to an apparatus which employs water pressure to empty the bladder when the pressure within the bladder approaches that which stimulates normal micturation". Her prognosis is not considered good. However, her condition may continue in this uneventful way for a long period of time.

5 Bertha Horner, *Principles and Practices of Nursing.*
Summary--Case 2

Miss D. is a mature woman who can give without asking too much in return. She has been a school teacher and once again she is happy teaching a subject which will give pleasure to another person. She has made an excellent adjustment to her handicap and to the hospital environment.

Case 3: Miss K.

Miss K. was nineteen years old when she was first admitted in 1929, to the maternity department of the hospital for unmarried mothers. The patient, now forty-three years old, was readmitted three years later, in 1932, with a diagnosis of tuberculosis. After two years of treatment she was discharged as an arrested case. In 1936, she was readmitted because of bleeding from the lungs which necessitated pneumo-thorax. After being hospitalized for four years she was discharged, remaining at home for only a short period of time before she was readmitted because of pregnancy. Both children have been legally adopted.

Miss K. developed a stomach ulcer about three years ago, in 1950, and was under treatment at the hospital for about one year. At the present time she has no specific complaint. She is not strong enough to maintain steady employment and requires a good amount of
rest after limited physical exertion.

The patient has been known to the Social Service Department of the hospital for over twenty-three years. She is presently receiving Disability Assistance. Although her mother and the other members of her family live in a city near Boston, she thinks of the hospital as her home. She has her own room in the "Women's Special", which is a hospital building housing about fifty chronically ill patients. The basement of the building has a kitchen and complete facilities for preparing and serving food. Miss K. enjoys assisting the dietitian in preparation and serving of other patients' trays. She has an afternoon nap every day and is most conscientious about keeping to her routine schedule of work and daily naps. The patient occasionally visits her family on week-ends, being transported by a social worker or one of the hospital personnel.

Summary—Case 3

The social worker and the doctor are aware of Miss K.'s physical and mental limitations. After maximum restoration of her physical capacity, this mode of her living has been recommended for her. The extent to which she may meet the stresses and strains of life without disabling symptoms, both in the present and in the future, has to be estimated. It is necessary to give careful consideration to the physical strain beyond which it is unsafe to go if well-
being is to be maintained at its optimum level. It is also necessary and equally important to evaluate the emotional disturbances--relative both to the disease and to life in general--to which the patient is likely to be subjected. These were the specific problems which had to be solved in the case of Miss K. Adhering to this way of life, the patient has made a good adjustment to her handicaps.

**Cases 4 and 5: Mrs. A and Mrs. H.**

The following two cases have been diagnosed as multiple sclerosis, and the patients are confined to bed, except for five hours a day, when each is placed in a wheelchair.

**Case 4: Mrs. A.**

Mrs. A. is forty-eight years of age. She is divorced and had been living alone for several years before being admitted to Tewksbury. She was referred to the Social Service Department after spending one week in a general hospital.

In 1933, Mrs. A. began to have difficulty with blurring vision. About three months after these first symptoms her legs and feet began to feel numb and uncomfortable. She was able to
do her housework and get about with a cane until 1945. At this time she lost control of her bladder and was hospitalized in a voluntary hospital. She was referred to the Tewksbury State Hospital because she could not afford to pay for care required for this chronic illness which would go on for an indefinite period of time.

Mrs. A. is a most cooperative person and is fully aware of the symptoms and progressive nature of her disease. During the first interview with the patient, Mrs. A. handed the writer a pamphlet which she had read recently: How To Outwit Multiple Sclerosis, by Jessie Olcott. This pamphlet is published by the Multiple Sclerosis Society and describes the very excellent adjustment which Jessie Olcott, a multiple sclerosis victim, has made to her illness.

Tidal drainage has been recommended for Mrs. A.

Mrs. A. has always appeared especially happy and optimistic when the writer visited at her bedside. In discussing the patient's attitude with her doctor, the writer was told that the doctor feels that Mrs. A.'s attitude may be euphoria, a mental symptom which many multiple sclerosis patients develop at some point in their illness. The patient's illness has been worsening progressively, although for the past year there have been no marked changes in paralysis or deformities.

Mrs. A. is a member of at least three clubs, all of them designed for shut-ins and invalids. She has
several pen pals as a result of her membership in clubs over a period of two years. The patient also makes leather belts, crochets a variety of items, and corresponds extensively. She has many diversions which prevent her from concentrating on her illness.

Case 5: Mrs. H.

Mrs. H. is forty-seven years old and was admitted five years ago, with a diagnosis of multiple sclerosis. Mr. H., the patient's husband earned thirty-seven dollars per week and could not afford to pay for necessary medical and nursing care which his wife would need over a long period of time. A social worker from a Boston hospital referred Mrs. H. to the Tewksbury State Hospital after the diagnosis of multiple sclerosis had been made. Mr. H. had been separated from his wife for several years because of her illness; Mrs. H.'s social worker explained that Mr. H. is a very ignorant man who lost interest in his wife after she became an invalid.

About eighteen years ago, following delivery of her first child, the patient noted weakness of her legs. At times, her legs "went" from under her, and she would fall. After the birth of her second child, her legs became progressively worse and she had to remain in a wheelchair. Before Mrs. H. was hospitalized, she did most of her housework, while sitting in a wheelchair. The medical record states: "Despite spasticity in both lower extremities
she had been able to keep house until 1945. In 1945, the patient was admitted to a Boston hospital. At this time she was paralyzed from the waist down and had lost control of her bladder. She developed pressure sores which became deep infected ulcers.

After coming to Tewksbury, Mrs. H. was put on tidal drainage (treatment described on Page 36), and was also treated for her deeply infected bedsores. These decubitus areas were over her sacrum and left heel, and required surgical treatment and dressings. When the weather was sunny, the patient was wheeled onto the hospital porch and these areas were exposed to the sun. Eventually these areas healed and frequent changes of the patient's position while she is in bed prevented other skin areas from becoming infected.

Anything that interferes with the circulation or nutrition of a part, especially if the nerve supply is deficient is likely to result in a pressure sore. Pressure sores are dreaded by the patient and the medical attendants because they are painful and very difficult to heal. After the skin is broken, the area almost inevitably becomes infected. 6

Mrs. H. is a member of a club for shut-ins. She enjoys corresponding

6 Ibid.
with her two children, and with friends and relatives. Mrs. A. has the bed next to Mrs. H. During the writer's interviews with the patients it was obvious that they enjoyed each other's company. A television set is located in a section of the ward where they both can view their favorite programs.

Summary--Case 5

Mrs. H.'s marital problems resulted from her husband's refusal to accept the responsibilities which her illness would entail. When the patient was hospitalized, it was necessary for her younger son to attend a boarding school, while her older son went to live with relatives.

Summary--Cases 4 and 5

Mrs. A. has a multiplicity of wholesome interests which have helped her to become self-sufficient, although she is a chronic invalid. By constantly turning a patient's thoughts to objective matters one can instill a spirit of optimism.

Both of these patients appear to have different qualities and strengths, which complement each other--Mrs. H. appears to be a "worryer" and Mrs. A. seems more buoyant. The lives of each of these two women have probably been enriched by the values of the other.
Case 6: Mrs. S.

Mrs. S. is fifty years old and was admitted to the hospital eleven years ago with a diagnosis of multiple sclerosis. She had been a patient in a general hospital before admission to Tewksbury. Prior to her marriage, the patient had been in secretarial work for many years. She has had three years of college training. Her husband had been separated from her for many years and she had lived alone in a Boston suburb for that period of time. Mr. S. is presently living in a home for the aged which is operated by a fraternal lodge in a southern state. The patient's son and daughter are both married and reside outside the state. They both have families of their own and seldom visit Mrs. S., although they do write occasionally. The writer's impression was the daughter is more devoted to the patient than is the son.

After Mrs. S.' admission to the hospital, her condition worsened progressively and tremors increased until she was totally unable to help herself. She was uncooperative and resistant to treatment. Her doctor's notes describe her left hand as a "claw hand with stiffness of fingers". She had partial flexion of knees and poor coordination of her legs. The patient was most disagreeable for several months after admission, complaining about the food, treatment, and personnel. She was transferred from a private room to the open ward and within a short time became cheerful and cooperative.
with the staff. Her physical condition also improved. Her bed was equipped with panel bars to enable her to move about and help herself. She exercised faithfully with these and showed some improvement in activity.

Mrs. S. now spends the day in a wheelchair and is able to do a variety of handwork. She has multiple diversional activities, including making Christmas card boxes, bridge tally cards, and knitting dolls' clothes and an afghan. At present she is knitting an afghan which, when completed, she expects will be large enough to fit a full sized bed. In one interview with the writer, Mrs. S. commented that there were not enough hours in the day for all the things she would like to do.

The doctor and nurse responsible for Mrs. S.' care agree that she is cooperative with hospital personnel, although she is demanding and dominating with other patients. When other patients want the windows open, she insists they be closed; in many other ways she has shown an intolerance and a selfish attitude toward the group in her section of the ward. She thoroughly enjoys showing her handwork to visitors who come to the wards, and she is anxious to demonstrate how self-sufficient she has become, in spite of her handicap.

Summary--Case 6

Sometimes an ill person will become relatively dominating, intolerant, and selfish to the degree that he
lives in a small, highly ego centric world and is unable to appreciate the needs of others. Mrs. S.' behavior seems to be determined by her own needs, to the exclusion of others. On the whole, she has made a remarkable improvement in her attitude toward the other patients and the personnel, but occasionally there is still evidence of her need to be controlling of others.
CHAPTER V

SUMMARY AND CONCLUSIONS

The purpose of this study was to determine what facilities are available at the Tewksbury State Hospital which help stimulate and encourage chronically ill patients to make good adjustments to their illnesses.

At the Tewksbury State Hospital we find a most desirable and effective relationship between the medical social workers and the medical staff which includes doctors and nurses. The social worker receives the professional and administrative backing which she needs in order to cope with the patient's social problem effectively.

During the study of patients with chronic illness it was obvious that there was a close relationship between the doctor treating the patients and the social worker assigned to the patients. This situation has come about because the doctor treating these patients was sufficiently interested and appreciative of the contribution which the social worker could make. It was apparent that the patient was being
treated as a whole.

The following quotation helps to illustrate the type of nursing care which the writer found in evidence throughout the hospital. Information was taken from the Summary of a survey made in November, 1952, by the National Association for Practical Nurse Education. "It should be said that an excellent impression was gained of the nursing care, housekeeping, and dining rooms. A spirit of friendliness, interest, and care for the patient welfare was noticeable".

Tewksbury is most flexible and adaptable in meeting any social and medical need because of its all inclusive service to people.

An occupational and physio-therapy department are available to assist in the mental and physical recovery of patients. Opportunities for worship are provided. Entertainment is provided by the showing of movies in the chapel; television sets have been placed on each ward, band concerts, picnics, and bus rides for patients who are ambulatory are scheduled during the summer months.

Surroundings are attractive, due to the soft and pretty color schemes of walls and curtains. A library is available for the patients, with a librarian to assist them
in their choice of books.

Some of the reasons for which patients seek admission to Tewksbury are:

1. Their own homes lacked the equipment needed for their care,
2. Medical and nursing supervision were not available,
3. The additional expense involved exceeded the family's financial and physical resources.

Chronic illness affects all groups of society and the factors which influence it are found among people in all walks of life. Fourteen of the fifteen patients studied were economically dependent upon government subsidies.

Long term chronic illness presents many social and emotional problems involving discouragement, resistance to treatment, loneliness, anxiety over family affairs, frustration—all of which require the combined services of the physician, the nurse, the social worker, and the chaplain, if the patients are to be benefitted by the hospital stay, or are to be slowly or gradually helped to accept the limitations of illness. Emotional undercurrents were not always possible to get because the writer did not have continued contacts.
The Social Service Department is invaluable to the patients in promoting their general contentment. The workers give supportive case work which consists of sympathetic listening, ego support, advice and help in focusing patient's problems. They assist the physician by gathering needed information for diagnosis, discharge, and other purposes. Assistance is given to the hospital staff in planning some of the recreational activities. During Christmas and on other holidays throughout the year the Social Service Department takes an active part in creating a cheerful and happy atmosphere throughout the hospital.

The study included only fifteen of the hospitalized patients for whom the Commonwealth of Massachusetts plays father, mother, and nurse at Tewksbury. Therefore, the conclusions drawn can give only a limited picture of the ways in which the chronically ill patient is served.

[Signature]
Richard H. Conant
Dean
APPENDIX
SCHEDULE

Name of patient:
Location of patient in hospital:
Birthplace:
Age:
Education:
Occupation:
Public Welfare Category:
Diagnosis:
No. of years at Tewksbury:
Treatment:
Interests:
Social worker:

Note: Interviews were scheduled with the patients, their doctors, and the social worker assigned to cases, in order to obtain information not included in the above schedule.
Books


Brady, Leopold, and Samuel Kahn, Trauma and Disease. Yale University Press, 1939.


Pamphlets


Syllabus of School of Nursing Attendants of Tewksbury State Hospital. Boston, 1951.


Quasi-Institutional Care of the Aged, City of Somerville, Massachusetts, 1950.


Nichols, John H., Seventy-first Anniversary Report of the Tewksbury State Hospital, Boston, 1929.