U. S. Narcotic Farm,
Lexington, Kentucky.

November 21, 1935.

PERSONAL

Asst. Surgeon General W. L. Treadway,
United States Public Health Service,
Washington, D. C.

Dear Dr. Treadway:

I have received your personal letter of November 5, 1935, in which you make comments and suggestions based on observations made by you during your recent visit at this station. I have discussed with Drs. Fuller and Ossenfort your various observations and what I say here may be considered the result of my conference with them.

It is noted that you do not think we have sufficient segregation of inmates according to types. Doubtless we could improve upon this somewhat and are doing so all the time, but I believe that our policy as to grouping patients was not explained to you in complete detail. Our first grouping is according to race but we recognize only two races - the colored and white - and only the negroes are classed as colored. Our next and probably most important grouping, inasmuch as we do have prisoners, is according to grades of custody; namely; maximum, close, medium and minimum. Such a classification is necessary if we are to work our patients to their best advantage and to reasonably guard against avoidable escapes. About 20 per cent of our population are trusties. Considerable study and observation is made before we make a patient a trustie and, of course, this status may be taken away from him. We find that patients work much better if they are made trusties and their mental reaction to the institution and to the whole scheme of treatment is much better.

Within these two major classifications or groupings there are various sub-groupings. For instance, we have the various types of sick patients such as the chronically ill, surgical, tubercular, patients undergoing withdrawal, etc. Another grouping is according to occupation; for instance, the farm group, the construction group, the kitchen group, night workers, etc. We are also trying to group patients according to those who seriously want to be cured and those who are indifferent about it, and there is, of course, a grouping according to behavior.

Naturally, with all these groupings, there is some inter-mixture of groups here and there, but in general I believe it complies with your idea that the patients should be grouped according to race, personality, cultural background and behavior attitudes.

We have a grouping of voluntary patients. You refer to this as rather arbitrary and artificial, but I feel that we must keep some sort of voluntary grouping even though the only difference between these and the other groups is a legal one. Many voluntary patients are opposed to associating with prisoners and their friends are more concerned about this than they are. The feeling they have about this is a natural one that we feel should be respected, but that we should also try gradually to dissipate, and with this in view we have begun to introduce into the WT Unit the better type of prisoner and have also taken a few of the worst type of voluntary patients out of the WT unit and put them with some harmless but more or less chronically disabled prisoners. This inter-mingling of the two groups will proceed gradually and we hope will eventually become quite extensive without arousing much if any discontent. No distinction is made between the voluntary and prisoner patients in the Hospital, tubercular ward, withdrawal ward and in the quarantine section.

You should probably also know that there is a certain hostility emanating from the prisoner patients towards the voluntary patients. Some of this is doubtless unreasonable and much would probably disappear if there were no distinction made from the beginning. As an illustration of what does happen, three of our most untractable voluntary patients asked to be put among prisoners several days ago and we did it, but the prisoners were so hostile that these men immediately asked to be returned as they were so afraid of injury. The prisoners' reaction was that these fellows were intended as "stool pigeons". The same men are now among the old chronics above referred to and they will be kept away from the WT Unit permanently.

About the sleeping quarters in the Prolonged Treatment Units,we have not found it feasible to keep these units entirely clear of patients during the day. Our work outside depends largely on the weather and during bad weather these patients have to stay in. Also, they come in for lunch at a certain time and spend a short while in the Prolonged Treatment Unit before being sent out again. As to sick patients, it would create a lot of paper work and unnecessary moving if we immediately transferred from the prolonged Treatment Units to the Hospital every patient who because of some complaint it was decided not to send out to work on that day. What we do is to study the patient there to find out whether he really is ill or has only some minor discomfort that needs no special treatment or that can be just as well treated for a day or two in the Prolonged Treatment Unit. If a patient develops fever or has some condition that needs continued treatment and prevents him from working, he is transferred to the Hospital section.

Prisoners often complain of very small things or merely malinger. If we ignored these complaints entirely serious mistakes would be made. Also, if we paid so much attention to them as to transfer the authors of them immediately to the Hospital before a definite decision as to their condition could be arrived at, there would be much confusion. As to the use of the Reception Service and the substitution of one unit of the EH Wing for withdrawal studies, this is being corrected.

I have never felt kindly towards the establishment of a laboratory and a substitution ward in the EH wing. A solution of the laboratory part of the

problem has been found in that we have decided with your approval to convert the fifth and sixth floors of the tower section of the Hospital wing into a laboratory for the special investigative work that we hope to carry on. You have already been advised as to this in a letter in which recommendation was made that the internes be moved from that section into the fourth and fifth floors of the Administration Building, certain minor changes to be made in this building to accommodate them. The substitution studies can be carried on in the Reception Unit leaving the east Hospital wing to be used for its original purpose. It will be continually necessary, however, for us to make some adjustment not in the original plans if we are to utilize approximately all the beds in the Reception Unit, but this can be done without destroying the original function of the unit.

As to the Isolation Unit, I am enclosing a memorandum showing how we have used this unit for some time past. You will note that there is a graduation according to the type of patients who occupy it. The rules for WF-4, Isolation, may seem rather severe but we have nobody in it at present andvvery seldom do. The rules for WF-3 are a little less severe and we have only five patients in it now. The rules for EF-3 are quite liberal and we have eleven patients in it. The first floor of the Isolation Unit is at present being used temporarily as sleeping quarters until we can make adjustments in the wards for the last batch of Leavenworth patients.

Practically the only way we can find out who the intractable and obstreperous patients are is by observation of their behavior here. Of course, when we get in what we know is a dangerous type of patient he can be immediately put into this so-called isolation section for safe keeping, but observed behavior is more important in relation to the use of this unit. After all, the worst type of criminal on the outside may be very good in an institution and would profitlby a more liberal environment than the isolation unit. We must have discipline here and our policy has been to make it mild, but nevertheless have in the background the isolation unit as a place where disobedience of orders, insolence, rioting, etc. will lead a patient to. Most of our disciplinary cases are merely reprimanded. Some have a change of work prescribed for them; others, the more or less defiant and intractable type, are sent to the Isolation unit and put under the charge of the Psychiatrist. As a rule, they stay in this section only a few days but there are some who will stay for much longer periods and perhaps indefinitely.

I gave specific orders in the beginning that we would not have any bread and water type of isolation or punish the patients merely for vvengeance purposes and this order has been complied with. The one incident that Dr. Ossenfort mentioned to you, in which several patients were deprived of food, was a mild exception to the rule. These patients demanded special food; they cursed the guard attendant and the physician on duty in the ward and threw the food given to them out into the corridor. Three of these men were deprived of two meals while they were in this defiant attitude. They also broke windows and kept up a continued yelling and hollering and finally began to destroy the fixtures in the cell. For instance, they tore down the bunk, stuffed towels and papers into the toilet and wash stand, and the guard on duty, with the consent of the Psychiatrist, I believe, decided to stop this by handcuffing them. This was done and in two hours the noisy part of the rioting was over. I did not know at the time that handcuffs were being used, but the results justified this temporary expedient. Such a situation as this must be met with

firmness, but we never intend for it to be overly harsh or continuous. In other words, as soon as the patients subside we withdraw all the restraints. As an illustration of our policy an order was given by an officer who misunderstood our intention that several of these patients should be deprived of their evening meal for some minor offense after the worst of the disturbance was over. When this order was brought to my attention I immediately had it countermanded.

I do not think that continuous-flow baths are indicated in the type of disturbance we had at that time. When a psychopathic patient decides he is going to make all the disturbance he can, the bath, I believe, would not work as it would take four or five attendants to hold him in it and there is a question whether apomorphine isn't a more cruel treatment than handcuffing a man for a short time in order to show him that we will not tolerate the destruction of furniture and equipment. As to barbiturates you doubtless know that a very large proportion of our patients would welcome having tantrums treated by the use of them. The effect would doubtless be to produce more tantrums.

We agree with your suggestions concerning the proper use of Guard Attendants and are now making changes in accordance therewith.

I was pleased to get your letter and wish to assure you that we welcome at all times criticisms and suggestions looking to the improvement of our Service here.

Very truly yours,

Lawrence Kolb,
Medical Director,
Medical Officer in Charge.

LK:gp