NATIONAL MUSIC COUNCIL
A Non-Profit Membership Corporation
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THE USE OF MUSIC
IN
HOSPITALS FOR MENTAL AND NERVOUS DISEASES

PRICE 15 CENTS

Report on a Survey made by the National Music Council
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In view of the widespread interest in the use of music in hospitals, the National Music Council has undertaken a survey of this subject with a view principally of finding out the present extent of the use of music in leading nervous and mental hospitals throughout the country, and of getting an expression of opinion from the medical directors of these hospitals as to the value of music in the treatment of their cases. The objective of this first national survey of its kind has been to collect general information as to practices and ideas, rather than to secure for purposes of statistical analysis great numbers of detailed items in regard to a technic which has not yet been carried to a point where it can be standardized. This survey, therefore, does not enter the domain of the actual musical compositions performed in hospitals, nor of the compositions and instruments used in experiments conducted in some hospitals with the object of determining the effect on mental patients of certain musical compositions and combinations of instruments.

Before undertaking the survey letters were sent to the Surgeon Generals of the Army and Navy, to the U. S. Public Health Service, the Red Cross, the Veterans Administration and to many important medical associations and hospitals in order to ascertain whether such a survey would be of value. Approval of the idea was practically unanimous, and in many cases assistance was voluntarily offered for the project. The following questionnaire was prepared with the collaboration of Samuel W. Hamilton, M.D., of the U. S. Public Health Service, and Dr. Willem van de Wall, author of "Music in Institutions," and was sent to 341 hospitals treating mental and nervous diseases.

**Questionnaire on the Use of Music in Hospitals for Nervous and Mental Diseases**

1. Do you use music in your hospital for the patients?
2. What opportunities for listening to music are offered to the patients?
   a. Music by performers in person
      Instrumental
      Vocal
   b. Recorded music
   c. Radio music
3. If patients take an active part in the music, do they participate in:
   a. Instrumental music? (solo; in groups)
   b. Vocal music? (ward singing; choir; auditorium)
4. What is the background of your musical director?
5. Is your musical director a volunteer, employee, amateur or professional?
6. Is there an appropriation for music in your budget?
7. Where do you look for a musical worker when you have a vacancy?
8. What principal qualifications should musical workers possess in order that their services may be valuable in hospitals?
9. Could your hospital use additional qualified musical workers?
10. Do you consider that your use of music is recreational or genuinely therapeutic? A frank statement of your opinion about this will be highly appreciated.

**Remarks:**

Two hundred and nine replies were received to the questionnaire. These replies contain a great deal of interesting and important material. They were sent to Drs. Hamilton and van de Wall for evaluation. Their reports and comments are herewith appended.

**Memorandum on the Survey**

*by*

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The questionnaires returned to the National Music Council have been studied with interest and care. A large number of the hospital administrators who have gone to the trouble of preparing and signing these reports are personally known to me. Among them are many thoughtful and critical men who are never swept off their feet by something that appears to be showy. It is easy to see in the careful phrasing of these replies that men who have been in position to institute a program of music are sure it was beneficial to their patients. That judgment is made more convincing by the restrained diction of the replies. It is noted also that 209 out of 341 institutions have sent replies; this is a high proportion for a time when hospital men are overworked and their clerical staffs are short. It is noted also that 11 not only want more of a program than they ever had but are planning to organize it when the employment situation is more favorable.

Some pathetic things come to light. Four institutions have no radio. Fifteen have no auditorium. A few institutions never offer to their patients music by individual performers. A hospital of 4,000 beds reports for its active program only a choir of 27 and an orchestra of employees who play for the dances. This is about what one was used to 40 years ago and of course is not up-to-date now, but on the other hand the same institution has phonograph records and radio, which were not available in 1904. On the other hand, 109 have singing in the wards; 41 have professional musicians as directors and 92 say that they could use additional musical workers, if they had them. Several of those replying enclosed re-
prints of articles written by staff members on some phase of this subject, indicating a very healthy and progressive interest.

The point that strikes me most forcibly is that we have made considerable progress in the last 40 years, and more especially in the last 20. It is true, of course, that extensive use of music has been made at Kalamazoo for 56 years, but in many institutions—good ones at that—music was not well organized prior to 1920. A side-light is thrown on this by the statement from several institutions that they have not had to think about replacement of the musical director because the first director is still serving. In one instance this gentleman has held his post for 14 years.

This advance has not come about fortuitously and this is the time to commend the vision of the Committee for the Study of Music in Institutions which, with headquarters in the Russell Sage Foundation, put Dr. van de Wall at work in this field, first at Central Islip State Hospital and then in the Pennsylvania Bureau of Mental Health. Meanwhile for years he carried a course at Teachers College, Columbia University. This work was done without blaze of trumpets but was fundamentally sound, starting with investigation and using techniques that were found effective, to build a program of teaching. Since Dr. van de Wall was called upon for many addresses, particularly before musical organizations, his work became somewhat widely known. It is not implied that all interest in institutional music centered in this one committee, but we may recognize that the work of the committee was quietly fruitful.

While a few characterizations of the kind of person that is wanted for this work are not well thought out and show lack of experience, most of them are quite right in stressing the personal qualities that are needed. Not every musician can be a successful hospital worker. Indeed why should we expect this? On the other hand, it is hardly enough that one can carry a tune and entertain a few patients—though this is much better than no musical program at all. If one were entirely ignorant of the subject, he could go through these questionnaires and find admirable descriptions of the kind of character and the kind of musical background that are desirable in a musical director. Let it be granted that persons of less accomplishment are useful; but our thinking is clearer if we formulate what we want in a director. One executive wants the musical worker even to know how to secure funds for new music, and in some parts of the country this might be a weighty consideration.

We asked whether the use of music in the several institutions is rather recreational or therapeutic. Many answers develop this subject in a thoughtful way. A conservative statement in an institution that has no director is that the therapeutic effect there is dubious, but that the music is important as a recreational outlet. The situation was well summed up by another who said that the more the patients participate in making the music, the more therapeutic it becomes.

So far as these replies go, it would seem that the Illinois State system has perhaps gone a little further than other State systems, although there are many individual hospitals that have done quite as well. Even in Illinois not every hospital has a musical director.

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Report On The Survey
by Willem van de Wall, Mus. Doc.
Director, Committee for the Study of Music
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The 209 institutions for nervous and mental diseases which sent replies to the questionnaire included 1 Federal Hospital, 1 U. S. Medical Center for Federal Prisoners, 5 Army Neuropsychiatric Hospitals, 15 Veterans Hospitals, 128 State Hospitals, 1 State Hospital for Insane Criminals, 6 County Hospitals, 9 Psychopathic Hospitals and Institutions, 1 Neurological Institute, and 42 private hospitals and sanatoriums.

The survey was undertaken for informative and not for critical purposes. Therefore, the questionnaire was designed to obtain data on the extent to which music is used in mental hospitals in the United States, not to evaluate the different practices which appear from the answers. The hospitals included in this inquiry range in bed capacity from thirty-three to over 8,000.

According to figures quoted from the March 25th, 1944, Hospital Number of the Journal of the American Medical Association, the total number of beds for nervous and mental patients in the mental hospitals of the forty-eight states and the District of Columbia is 650,993, as against the total number of hospital beds, 1,043,261, for all other illnesses in all hospitals.

1. Do you use music in your hospital for the patients?

One hundred and ninety-two of the 209 hospitals answered in the affirmative and 14 stated "no".

Reasons given for having no music program include the following: war restrictions and economies; shortage of personnel; no director to organize and head activities; lack of auditorium.

2. What opportunities for listening are offered to the patients?

Answers received include the following:

a. Music by performers: 160 hospitals mention the personal appearance of instrumentalists, and 150 of singers. Concerts offered to patients take place as a rule occasionally, only in a few instances regularly, varying in frequency from a few times per year to twice a week.
Organizations which visit the institutions most frequently include church choirs, bands and glee clubs. In only two instances are concerts reported as given by university music ensembles. One institution reports performances under the auspices of a concert bureau. Local musical talent is mostly provided gratuitously. Very few institutions are able to pay visiting performers.

Most hospitals depend for performers on talented patients and personnel. Programs are presented in concert form and as features at parties and celebrations. Civilian hospitals report that they have suffered since the war from a lack of assistance by musical talent from the community, and from a lack of personnel needed to run large group entertainments. The abolition of the Federal Music Project has meant the termination of WPA musicians.

A few hospitals permit selected patients to attend concerts under proper escort in the neighboring community.

b. Recorded Music: 151 hospitals use phonographs in various ways; on the wards, in the infirmary, occupational therapy rooms, recreation halls, gymnasiums, at parties, dances, and at motion picture shows.

Specific uses of recorded music are reported by several institutions. In one hospital opportunity is given to patients to listen once a week to symphonic records, and a trained musician explains the symphony and answers any of the patients' questions in regard to music. In another, appreciation classes are held in which compositions are illustrated either at the piano or by symphonic records. In another instance, music appreciation classes, illustrated with records, are given to convalescent patients. Electric victorlaos, symphonic and popular records are also used in auditoriums and on the wards for depressed and active patients. One hospital uses records over a sound system in connection with the mid-week devotional hour, and another one uses them primarily for roller skating.

c. Radio Music: Only 4 hospitals indicated that their wards do not possess radio facilities. Most institutions have their wards, occupational therapy rooms and recreation halls wired for radio service. A few have radios limited to special rooms and halls, accessible to patients at set times.

In some hospitals the patients are permitted to have individual sets, in others radio programs are centrally controlled. Programs are broadcast either without plan or time schedule, or at specific occasions and times. One institution reports special opera broadcasts on Saturday afternoon. Another hospital states that some patients have radios in their own rooms and are allowed to "have a program late" for sedative reasons.

3. If patients take an active part in the music, do they participate in:


In some institutions the music making by the patients consists mainly of playing of piano, accordion and other instruments, and of informal individual and group singing. In others, activities are organized under professional as well as amateur leadership. In several institutions formal music instruction is given to individuals as well as to groups. One report reads: "Nearly 100 patients are really working at private lessons in music."

Forty-nine institutions carry all of the activities listed in the questionnaire, and 17 fail to record any musical activities by the patients.

One of these hospitals offers a most diversified program:

1. Piano, individual instruction in classical and popular music
   Duet playing
   Accompanying: (a) Voice; (b) Violin; (c) Other instruments
   Musicales
   Church Music
   Instruction in Harmony, Form and Analysis
2. Voice, individual instruction
   Musicales
   Church Music: (a) Solos; (b) Duets
3. Violin, Flute, Clarinet, Guitar, Drum
   The pursuit of the study of any instruments and the accompanying of them is aided and encouraged.
4. Orchestra, made up from within hospital for dances.
5. Singing, community singing (all patients).
6. Recitals, using talent from within hospital.
7. Music appreciation class: study of operas, compositions and composers, present trend of music, modern compositions and composers.

For those who appreciate but do not participate:

1. Music appreciation class.
2. Orchestra (from outside), symphonic music.
3. Quartet (stringed), popular for dancing, programs from outside.
4. Recitals: piano, voice, violin, chorus; programs from outside and often from employees.

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The two following questions concern the leadership of the institutional music activities:

4. What is the background of your musical director?
5. Is your musical director a volunteer? employee? amateur? professional?

The replies to these two questions overlap in their comments. Of the 75 music directors reported to be in charge of hospital music activities, 41 are professional musicians and 34 are amateur musicians. Of the directors listed as professional musicians, the following educational backgrounds are given:
Conservatory 6; conservatory and college 8; college music 10; college education for public school music 8.

Among the musicians in charge of activities are 8 professional organists, 4 choir leaders, 3 singing and piano teachers, 3 piano teachers, 7 bandmasters, 7 orchestra leaders, 1 violinist, 1 symphony trombone player, 4 music students, 1 entertainer and light opera singer, 4 vocalists, and 12 public school music teachers.

Of the employees in charge of hospital music activities but not specifically and exclusively employed and listed as professional musicians, the following categories are recorded:

Occupational therapists 18, recreational aides 14, nurses 6, attendants 3, and of the following categories of institutional staff members, one each: woman physician, physical educator, secretary, bookkeeper, sewing teacher, business man, kindergarten teacher, recreation-room caretaker, show director.

In two hospitals talented patients have been put in charge of the music program. Volunteer service as music leaders is given by Red Cross workers in ten hospitals, and by members of the neighboring community in two institutions.

On the other hand, 41 hospitals have listed music activities by patients without the benefit of specific leadership. Eight hospitals have lost their leaders, in four instances on account of war conditions, in two because of the termination of the Federal Music Program, and in two because the leaders have left and no replacement could be effected.

6. Is there an appropriation for music in your budget?

Forty-six hospitals replied "yes". Thirty-two additional institutions qualified their affirmative answer. Of these, 7 indicated that their budgets contained specific items for music. Four hospitals described their music appropriation as small, very small, small and not adequate, $100 a year. Five hospitals report appropriations for musical supplies.

In 22 institutions expenditures for music are taken care of under the following budget headings: Amusement Fund 5, Education and Recreation 1, Education and Amusement 1, Recreation 2, Occupational Therapy 2, Occupational Therapy and Recreation 3, Betterment Fund 1, Red Cross 1, General Funds 2, Religious Services 1, Medical Services 1, Special Funds 1, Canteen Surplus 1.

One hospital, although not designating a special fund for music, pays a small extra allowance for employees' musical service. An outside organist and a singer are employed at church service. Only one institution reports that an appropriation for music is not necessary. A well-known organist is the director of the patients' glee club. His salary is paid by a service organization. The patients' orchestra is directed by an employee.

One hundred and two hospitals have no appropriation for music. Among the reasons given are war restrictions and economies, shortage of other personnel, and lack of funds for services of an advanced State University music student as orchestra director.

7. Where do you look for a musical worker when you have a vacancy?

Sixty-seven institutions mention the following sources:

The hospital personnel:

Seventeen institutions draw from the employees in general, 3 from the occupational therapy staff and 2 seek suitable leadership among the patients.

Professional music schools, organizations and agencies:

Three hospitals consult schools of music, 1 public school music department, 2 musicians' union, and 3 musical employment agencies.

Governmental and state agencies:

One institution looks to the Veterans Administration, 1 the WPA (in the past), 1 State Public Welfare Commission, 2 State Personnel Office, and 15 Civil Service Commission.

Other sources in the community:

Three hospitals consult the Red Cross, 2 the American Legion, 3 musical organizations, 1 the National Federation of Music Clubs, 1 local talent, 4 volunteers, and 1 musical circles. Five hospitals look "anywhere."

The following comments are of interest:

"We seek information and recommendations for prospective employees from schools of music. Several capable instructors have come to us through desire to be associated with the type of work we do here at the Institute."

"We would like advice where to look for workers."

"Director of music is appointed by the Civil Service Commission after competitive examinations. No one can be found."

8. What principal qualification should workers possess in order that their services may be valuable in hospitals?

One hundred and forty-seven institutions answered this question, often in considerable detail. The many data provided are listed under four headings: (1) Musical background; (2) Personality traits; (3) Attitude toward mental patients and mental hospital work; (4) Training and experience in mental hospital work.

1. Musical background:

Of the 111 statements on this subject, 62 mention "knowledge of music." Others include a wide acquaintance with musical literature to suit a great variety of patients' needs; thorough knowledge of church music; knowledge of popular and classical music; history, theory, elementary harmony and instrumentation; knowledge of what music to order; knowledge of commercial sound equipment.
The following requirements of training and experience were listed: 1 year of experience in teaching, vocal or instrumental; diploma of accredited high school with courses in instrumental music, preferably supplemented by two years' college training in music, an adequate public school music education, degree from a recognized school of music, college or university education, and it is stated many times that he should have a very broad musical background.

Twenty-two list the ability to teach various instruments; 17 to play the piano, 12 to lead an orchestra, and 6 each, to read at sight. Others mention the ability to play by ear, to improvise, to play the organ, to play stringed instruments, the accordion, the harmonica, to lead a band, and to repair instruments.

As to vocal qualifications, 20 hospitals stress the ability to lead singing. Others varied the requirements from ability to carry a tune, the singing of a repertoire of old songs from memory, and the possession of a thorough knowledge of vocal music. Good taste, versatility and a real fondness for music are deemed necessary. It is also recommended that the worker be a recognized professional or amateur musician.

Leadership and ability to teach were particularly stressed.

2. Personality traits:

A suitable, wholesome personality is stressed throughout as the most essential qualification for a hospital music worker. He should be emotionally stable, patient, congenial, cheerful, have a sense of humor, and be of quiet refinement. It is recommended that he should come from a home equivalent to that of the better type of patient. He should possess imagination, and be of a stimulating type as well as considerate and tactful. He should be energetic and persistent and have a sincere interest in and understanding of human nature. His attitude should be a cooperative one and he should be adaptable to suggestion.

3. Attitude toward mental patients and hospital work:

The 57 comments on this question indicate that the institutional musician should possess a definite urge to help the mentally ill, have a sympathetic attitude, an understanding and appreciation of the needs of, and a decided interest in teaching and associating with persons of this type. He should be able to adjust himself to individuals who present emotional difficulties. He should have an appreciation of music as a therapeutic instrument, and should have the ability to induce patients to express themselves in music. “He should be capable of cultivating to the best advantage the musical talent possessed by patients” and should be interested in “what is happening to the patient as he produces music, rather than in the quality of music itself.”

“The music worker should be a sincere person who mingles freely and fits in with the social setting of the patient group.”

4. Training and experience in mental hospital work:

Sixty-two institutions recommend that the hospital music worker should either have or be given a thorough psychiatric working knowledge of dealing with the mentally ill and of hospital procedure. In some instances where such qualified music workers are not available the administrators have made use of employees who combine musical qualifications with training and experience in psychiatric nursing or occupational therapy.

According to the opinion of one medical director, the principal qualifications which a hospital music worker should possess in order that his services may be valuable “have not been established. Advanced training in music may have little bearing on this question—the qualifications are still to be established from the results of research problems which should be carried out accurately in terms of the scientific method.”

9. Could your hospital use additional qualified workers?

Ninety-two institutions answered this question in the affirmative. Of these, thirty-nine hospitals carry on organized musical activities under professional and amateur leadership from funds either directly allotted to music or derived from other budget sources. One of these institutions has as few as 50 beds and another one has 59.

On the other hand, in one reply the need for additional workers is recognized but it is felt that the small size of the institution, less than 100 beds, does not permit this expense. In a hospital of 285 beds it is felt that an institution of this size requires one trained worker and that in addition volunteers and students could be very helpful.

Fifty-nine hospitals could not use additional workers. Of these institutions, 24 carry on organized musical activities under professional or amateur leadership and defray the musical expenses from budget appropriations. Seven carry musical activities without funds.

10. Do you consider that your use of music is recreational or genuinely therapeutic?

Replies of 187 institutions disclose that 30 hospitals consider their use of music "recreational," 23 "therapeutic," and 134 "recreational or therapeutic." From the 129 more detailed opinions, the following composite picture presents some of the main ideas and practices:

Music is used as a recreation when and where applied informally; when it is used without medical prescription and proper supervision; when patients partake passively as an audience or actively in groups. Other opinions are that "recreation is therapy," that "a distinction between the recreational and therapeutic application of music is theoretical and academic," and that "in practice both uses overlap."
In other replies definite therapeutic potentialities are ascribed to the use of music and medically beneficial results are mentioned.

Active participation in the making of music is generally considered more valuable than listening. The latter "has been shown to have sedating effects and to be an aid in gaining rapport with negativistic patients. In specific instances music is considered a sedative for hyperactive patients and a stimulus for regressed, depressed and seclusive patients. It has been found to develop through group performance a spirit of cooperation and fellowship, and to cause timid patients to overcome their inhibitions.

It is regarded as especially beneficial for those individuals who have sufficient ability and contact with reality to learn to play musical instruments, or in the case of those who have had musical training prior to becoming mentally sick.

Orchestral playing has been found very helpful in combination with psychotherapy, in "furnishing innumerable opportunities for transference reactions among the members of the orchestra." One hospital reports the use of a weekly rhythm band, over a period of eleven years, under the leadership of a public school music director.

Instruction in music is considered of definite therapeutic value for patients with musical inclination and erudition. It has been found to create new cultural interests as well as to revive dormant ones in many patients. Classes in music appreciation are held to revive and arouse an intellectual enjoyment of the art.

According to the psychiatric staff of one hospital, "the cacophony of jazz music is a disturbing influence to all types of patients, and especially to neuropsychiatric patients." It is the experience of the staff that such music has been used too often without taking into consideration the effect on sick people.

Referring to other types of music in this connection, it is stated in the same report that "music calculated to stimulate rhythmically, such as band music, is cheerful in its effect; spirituals or American folk songs are soothing to most people; therefore, a bibliography of such music arranged for specified purposes might prove helpful to recreational and special service staffs."

It is pointed out several times that music is one of many forms of occupational as well as recreational therapy, and that it has particular value for stimulating the patient's interest and active participation in group activities, such as physical exercises, dancing and theatricals. In one institution its use is stated to have increased group participation 40 per cent.

A warning is sounded against overestimating the value of music as a means of therapy. "In the treatment of the mentally ill, music has a therapeutic value along with other recreational activities, and it should not be considered as a specific measure for mental disorders in the same way that the sulpha drugs are specific for certain physical ailments."

A properly qualified individual having definite understanding of mental patients, having "rapport" and a feeling for their needs is regarded as essential to give the music work the proper recreational as well as therapeutic significance. The following opinion bears on this subject: "It would appear as if there would be an actual danger that the patients might be using music merely as an expression of delusional ideas. Thus music might become a means of re-enforcing a delusional system rather than combatting it."

In several statements the use of music is considered as mainly recreational and incidentally therapeutic.

From among the many more detailed opinions considering the use of music, both recreational and therapeutic, the following is an example of the therapeutic possibilities seen by one psychiatrist: "We have been endeavoring to exploit from music as many as possible of its therapeutic properties. Such properties of music are attracting attention, prolonging its span, modifying the mood, stimulating imagery and associations, relieving internal tension and facilitating self-expression. Also through the medium of song to offer an opportunity to make "rapprochement" with reality by helping to set the patient's mind on some past experience—basic reality. In addition, the social and educational properties inherent in music have been exploited as a therapeutic aid. We have lent our musical facilities for religious services. The powers of music could be made more useful and effective in the treatment of the mentally ill by further research."

The need for the scientific approach to the entire problem of the recreational or therapeutic use of music in mental hospitals is further stressed in the following statement of a medical authority:

"This is a matter for further determination by research methods. There are opinions which sound authoritative on both sides of the question. This indicates a more accurate scientific evaluation of the whole situation."

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Comment

The information contained in the returned questionnaires discloses that there is among mental hospital administrators a widespread interest in the institutional use of music. An eagerness is frequently expressed to further develop this use by expansion of the current musical program and, if the budgets would permit, by the appointment of one or more qualified music workers. The need for thorough scientific testing is stressed to arrive at definite conclusions on the treatment values of music and the desired qualifications of hospital music workers.

Lack of progress with the use of music is attributed in several instances to financial restrictions due to the war and the lack of properly trained music workers. In a number of hospitals, carrying an extended music program, the war seems not to have affected the continued employment of paid, trained music directors.
Music is used for entertainment purposes only in a few institutions, in others a variety of musical activities for and by the patients serve in addition educational and therapeutic purposes. Although ideas differ on the possible value of music as a therapy, there is no disagreement of opinion that musical activities, when carried out under proper medical supervision and qualified musical directors, have had beneficial effects on many categories of patients.

Music made by the patients themselves, either in groups or individually, is generally regarded as more helpful for their improvement than music made for them, particularly in the case of the more regressed patients.

The institutional music program includes both vocal and instrumental activities. Courses in music appreciation have been added in some instances to increase the patients' intellectual musical interest. In general, the scope of the program seems to depend on two factors: the administrator's wishes, and the qualifications of the person in charge of the music program.

Detailed attention is given in this survey to the personal qualifications of the institutional music worker. His personality traits, attitude toward the patients and his training and experience in dealing with psychiatric cases are considered of paramount importance. It is to be expected that, with the development of an accepted training, the emphasis on the music worker's personality traits will be somewhat lessened. Good musicianship alone is declared no guarantee of good hospital work. Hospital administrators have no doubt as to what the qualifications of a good hospital music worker are, as clearly shown by the many detailed statements. The great stress laid on the need for training in the understanding and management of patients and hospital procedures, explains why musically talented physicians, nurses, occupational therapy and recreational workers, and other hospital employees are in many instances the ones to carry on effective hospital music activities programs.

A good many hospital administrators are quite successful in securing and keeping musically qualified hospital personnel, who receive additional training in the hospital. For other administrators the music personnel question seems to be an unsolved problem.

Volunteer music workers either from the hospital or the community are still in the majority. With few exceptions they can only give part-time service to activity programs which for their thorough application need full time workers.

The financing of a music program is in many hospitals still in an undeveloped stage. As long as volunteers can be recruited, many administrators are not in a position to ask for money. Recognition of the status which music and musicians can have, and provision for them in the budget, have enabled several of the leading hospitals, both large and small, to demand and obtain continued musical service of a high caliber.

From many institutions which have recognized in theory and practice the value of music for their patients, no complaint is heard that the lack of funds curtailed their music programs. An amazing resourcefulness is shown by some administrators in finding both money and musicians who could be fitted into the hospital situation.

The frequency with which hospital administrators say that they cannot find the proper music workers offers a challenge to educational institutions.

The two outstanding practical needs shown by this survey seem to be the medical testing of music as to its therapeutic qualities, and the development of standards and curricula for training of qualified personnel by educational institutions on the basis of careful planning and cooperation with hospitals.