Mr. President and Members of the Society; I appreciate very greatly the privilege and honor which has been given me to speak before this audience upon a subject which has for many years been very near to my heart, upon which I have very deep convictions, and which I more recently have had brought to me in a very close and vital and intensive way, thereby crystallizing and confirming my convictions.

I am not going to present you with a formal paper. I should not have the temerity to come before this audience with an attempt at a scientific treatise, but I am going to try to take you with me as it were, have you make some mental pictures that you may see what I have seen and feel what I have felt, and be moved to do not what I have done, but very much more. So I shall try to take you with me a little bit into this field of the home-bound work.

It is no longer necessary to speak of the value of Occupational Therapy and try to prove what it can do and what it has done; we have seen and we know its value, it is no longer questioned. If in the hospitals, however, convalescence may be shortened by the right kind of prescribed work as some of our most eminent physicians have verified, how much more may it do in the home. For years I have felt the need of it in the home. My first venture in the direction of training workers was just with that thought in view; the training of the nurse going about from house to house, and oftentimes the training of a member of the family who had the patient at home with whom to work. Possibly the best

\(^1\) An address made at Fifth Annual Meeting of the National Society for the Promotion of Occupational Therapy (now the American Occupational Therapy Association) held in Baltimore, Maryland, October 20-22, 1921.
training in some respects for work of this sort is a very close personal experience. A great Educator once said "He who would be wise for others must not be protected." He must meet the buffets of the world if he would help others, and Dr. Dunton has suggested that a long period of convalescence might be very good training for all of us. But all of us have had some experience in being shut in away from our normal pursuits and fretted against it. Just look back at the picture of yourself or your friend at home convalescing or disabled for a time, and remember your feelings: of course it is a well known fact that when you begin to convalesce you grow cross: that is a sign that you are getting better and need something better to do than watch for meals or medicine to break the monotony. If you have ever been shut up for any length of time, you know a little bit about the value of having something you can do. That in a good home. Come with me to a tenement home. Here is a young woman, a very serious cardiac case. She has been a lady's maid: she has travelled a great deal: therefore she has some mental resources which other people do not have. She has to spend a good deal of time in bed. She knows that she has heart trouble. She knows that it may be compensable with care, and she is facing and fighting her battle bravely but she is living alone in a spotlessly clean little room on the East Side where she has no social intercourse with her foreign born neighbors. Consider yourself under these circumstances with a disease which may be fatal, which you know is very serious, which you are struggling to fight against and overcome: you are struggling against discouragement and sometimes despair and fright; you are alone all day and part of that day in bed, and you are afraid of the future, you are afraid of the present. This young woman could do beautiful work; one of our workers went in to her, it was almost salvation to her. That is one picture. Another picture. This happens also to be a cardiac case. A man with a wife and two small children in a three-room East Side tenement apartment; he had been to the Burke Foundation, tried to work, broke down again, and the Doctor told him he must spend part of the day in bed. He is up three flights of steep stairs in a foul smelling
tenement although his own little home is spotless. He knows that he needs to be out of doors and cannot because of the stairs. He is frightened, as frightened as he can be; listening to every heartbeat and not knowing what the next one is going to mean, what does occupational therapy mean to him? As we know occupational therapy scientifically prescribed and applied what would it mean in a case like that?

What is the field? I had almost said in Scriptural phrase, “The field is the world.” Two or three years ago in response to an article in a popular magazine, I was snowed under with letters from Maine to California, from all over the world, from people who were shut in, many of them pathetic because they did not know that they were pathetic: they were so courageous; from people who are trying to win their freedom for themselves; appeals for instruction by mail; appeals for sale of goods; questions as to what can be done for other people that they were interested in: one from a woman who had all her life struggled in what she called the “shadowland.” She was not blind but she always had a shadow over her eyes, and she told graphically and pathetically of the suffering that she had gone through for the want of the kind of help she should have had. Another from a woman who was crippled with arthritis; another from a man who came to me in New York and asked me if I knew of any teacher or any way he could get help for his brother who had been paralyzed almost from birth. I could continue indefinitely. You all know of the work of the Shut In Society: it is not occupational therapy but it is an effort to “open the window.” They have done beautiful, noble, social, but not scientific work: they have never been able to send trained teachers to their people; yet you can tell from their statistics of the thousands of people who need it.

To get down to our own particular division of the work: I welcomed almost gladly an invitation from the New York State Society when Mrs. Slagle asked me to do a piece of intensive work along this particular line. Mrs. Slagle had already opened the way. We had appeals from many organizations in New York, from the social service departments of the various hospitals, and
finally the particular piece of work which I undertook to do myself came from the call from the Henry Street Settlement. We were asked to follow up there, following the nurses into some of the homes, and then came a call from the Board of Education for the hopelessly crippled and handicapped children. In spite of the schools for cripples, in spite of the schools for the blind and deaf, there are hundreds of children that are not able to go to any of the schools; some of them have a visiting grade teacher three times a week, but nothing had been done for them in the way of hand training. We were told that there were still about two hundred children who have no teaching whatever. We were asked to go to those cases. That covers the field.

Let us speak of the methods. Our methods with Henry Street cases was to follow up the visiting nurse who had spoken to the doctors and prepared the way. We were sent to the Board of Education cases by the chief of the department who is a physician. When there was an attending physician we also got his prescription, diagnosis and prognosis; in other cases as much information from the clinical history as possible. We were not particular what we were called if we could reach our results. In one case I was called the "fancy work teacher" and asked to teach a small girl to sew. We were proud of the little dress she made and wore, although that was not my chief objective.

I am going to tell you just a little bit about some of the specific cases; just a few. First come down on the East Side to one of the Henry Street cases, and perhaps you will see a little of the sort of preparation and resourcefulness you need and the difficulties in the way. I went to a dark, dreary old tenement down in the old section of the city, to visit a woman who had had a paralytic stroke; who was bed-ridden. I knocked and received no answer. Finally a neighbor came and let me in. She went in with me and said, "She can't do nothing; she has only got one hand; she can't see very well and don't talk no English." Here was a situation. Here was this poor woman in bed who could apparently talk no English, had only one hand, and it was rather difficult to make an explanation of who we were or why we came or what we were about. I had not expected to do anything that
day, simply to study the case; but it is well to have a few things on hand. In my hand-bag I found a little cardboard loom and some bright linen thread, and I put that into the paralyzed hand, and by smiles and motions which took the place of words I showed her what to do. She brightened up a little and proceeded to do this (illustrating with her own hand). Next time I went she had finished as much as she could but indicated that she could not see very well, and the room was dark enough for the best eyes to find difficult. She and her husband had one pair of spectacles between them, and when he was out she did not have any. The next time he was home and she had the use of the glasses; she smiled and we proceeded. We did not know for some time how much response we could get, because of the lack of English, but she was very particular about her work and made two or three very good little purses. I went away for a short vacation. When I came back I was glad to find that she was sitting up, she could move her hand and foot just a little and when I came in she smiled and said, "Where have you been?" She had found that much English. That is one of the lower East Side cases. I could tell you of many more down there and the problem in the homes. You see in the hospital wards there are things going on, there is an education, the patients are learning something new; but in a home, in a tenement home especially, with congestion, foul air, sometimes a very devoted family and very unwisely devoted, sometimes friction and things to irritate, or else apathy and discouragement, there are a great many problems to be met. The danger of sinking down to dependence and apathy and the way of the least resistance, and finally the acceptance of invalidism in chronic cases is even greater than the danger of hospitalization in the hospital.

Let me take you to another East Side home to see a little ten-year old Italian girl, very solemn, very sober, in the middle of a big feather bed; a cardiac case from rheumatism, convalescing from bronchial pneumonia. The physician said that by all means she should have something to keep her busy, as she was very rebellious, irritable and wanted to get up. On the first visit there—the mother could speak no English—the little girl
surveyed me and said, "Where is the nurse? We want the nurse. Why didn’t the nurse come?" I promised to see that the nurse came. I showed some work but the mother shook her head and said "S-seek." I went in again, she was better and very anxious to make a belt but the long silk threads were too much for her. Finally on our third visit we found the whole family; father, big brother, sister and visitors. The little girl was sitting up and we caught her interest with a gay little necklace which could be quickly made and worn. The father became quite interested in a very beautiful little piece of basketry and begged the little girl to try to do it. That was her next lesson and became an absorbing interest; after that when we went there we were greeted with smiles instead of scowls, and also the mother realized the value of the cooperation of the occupational therapist although she had never heard of such a thing. The little girl finally took her work away with her to the country as a safe-guard against too vigorous exercise.

Now to come to our school cases. One little case I went to see was apparently hopeless,—progressive muscular atrophy in a boy eleven years old. They had a very good home, Jewish people, youngest child. Apparently he was mentally defective. I tried him on clay. He would not touch it. Everything he attempted to do his hands just dropped, seemed to have no power whatsoever and the case seemed very baffling. Then one day we found a point of contact in string work and tried that. With the first effort he could make just a little chain, single catch, with his fingers, and it was the most irregular piece of work that could possibly be described. There was no power whatever in his fingers. From that we went on, we used a little longer string, and his chain was a little firmer; his interest began to waken, his will began to be aroused. By and by, because of the great pride of his family and much praise and encouragement, we got very successful accomplishment in small things, and we graded him up with longer and longer strings and larger and more difficult work until from just being able to use his fingers very little we find him working with a short pull and then a long pull, and a real grip and holding his attention for
an hour instead of a few minutes as at first. The largest piece of work was a cushion woven with long felt strips on a large cardboard loom. That case became interesting—it was so baffling—yet the progress and accomplishment for the short time, the waking of the will and the possibilities, were most encouraging, most interesting for anyone who has studied it at close range. Another case;—infantile paralysis. You know how many children were stricken and how much was done at first and then I think the public sort of forgot about them; handicapped forever, most of them, there they are becoming dependent, some of them willingly and some of them unwillingly. This little boy was in braces; he could not stand alone and was getting very fat. He was the youngest child of a devoted family, and he was quite conscious of the fact that he was king of the household, but they were much concerned about his future. He was started at toy making, standing at his work; at first he would clutch the table with one hand, finally with just one finger, and I promised that if we found him falling we would catch him; he progressed so well that his father became interested, fixed up a work bench on the window sill and got him a plane and a little kit of tools. After attending a lecture on posture by Dr. Swaim we talked it over with him, suggesting that he make believe someone was pulling him up from the ceiling. At the next lesson he said “Notice I am not holding fast?” He stood perfectly erect for about two seconds using his plane with both hands. He could not do it longer because he did not have the power of balance. The surgeon in charge of this case was so impressed with the work that he asked us to go to his sea-side Sanatorium to work with thirty children there. The boy was removed there and the last we saw of him he was walking with one cane.

I could continue but there is not time for all these special cases. A word or two about the equipment and personality of the worker. She must have a keen insight and a true, deep interest in humans, all kinds of humans. She needs broad and sane sympathy, an understanding heart, resourcefulness—and a spirit of adventure. She has to be able to see through their eyes; they have to be helped to cure the disease, but these children
especially have to be fitted for life. The worker who is going to
them must have a broad educational foundation, an apprecia-
tion of the need of habit forming, will training, the develop-
ment of the spirit of independence and courage to overcome
difficulties—character building; and of course she must be an
expert in the subject or craft she is teaching. Providentially
the children do not see all the future. The mothers do—just one
word from just one mother who perhaps presents the situation
of those who are independent and do not care to become de-
pendent. She said to me, “When the surgeon told me that he
would never walk, if I had not known it was wicked I would have
taken him into the back room and turned on the gas. It is all
right while his father and mother are living; we are willing to
work and slave and spend every cent but when we are gone what
is going to happen to him if he can’t be taught to help himself?”
That particular boy I think will help himself; while living on the
ground floor, he is now going about in his wheel chair selling
chewing gum at the base-ball games. He needs to be trained
to be something more than a street peddler. That is the outlook
for many without training. What is our goal? The goal Freedom.
Freedom from disease first if possible, if not then freedom won by
surmounting the obstacle or handicap. If, as one of our poets
has said “each man’s work is born with him and the tools to
work withal” and through man’s inhumanity to man either
deliberately or through carelessness those tools have been broken
or destroyed, then it behooves us to see that they are mended
or new ones supplied and the tools that are left are not allowed
to become useless through rust and decay. I hope you have
seen the picture because these people can be multiplied by
the thousands, both the children and the grown-ups. Here
are these people. Here is our work. It is our responsibility,
it is our opportunity; more than that it is something we cannot
escape. We are a rich and wonderful nation; we squander our
wealth on many things, and then we say we have not money for
so many new enterprises. Can we afford not to do this work,
and is it not a very great work to do?