This round table consisted of nine persons including the chairman. The latter endeavored to draw out the opinions of those present upon a number of phases of the work as used as a therapeutic occupation. The following information was gathered:

Bookbinding as a term should be used in its broader sense to cover not only the binding of volumes but the making of everything which may be constructed of leather, cardboard, cloth, paper, paste, etc.

Modification of technique was discussed relative to the binding of volumes. Mrs. Sample said in her work she had found no difficulty in getting the patient to lace the book to cover boards. Miss Freeman agreed with the chairman that in working with mental cases the modification of sewing a strip of binding gauze in place at the time the book is sewed, pasting this with the frayed cords to the cover boards is simpler and just as strong as lacing.

It seemed to be the opinion of all present that bookbinding could be presented to either mental, general, orthopedic, or tubercular patients. Yet it was agreed that fewer patients will take an interest in this work than in other crafts.

The fact that the patient, if a man, considers the sewing a woman's job may be responsible for the small number who will take an interest in this craft. This aversion is to some extent overcome when the patient is intellectual enough to take an interest in the book itself. Time then must be sacrificed to the reading of the book and the work often takes second place. Where the work can be varied by other problems done between the binding of books the interest can be more easily sustained.
When interest is awakened the patient usually takes pride in his work, feeling himself an important factor in the hospital work.

It is easily seen that bookbinding can be of value to the library of the hospital, serving both it and the patient.

Mrs. Sample told how when burlap which had been used for covers could not be procured a cheap grade of crash towel was used successfully.

Miss Morris told of using samples of books of auto covers for book cover material. These, she said, were had for the asking.

Miss Meecham told how patients who bound their personal books were interested in studying the best type of binding material to use, giving thought to the source and method of producing the materials.

Miss Morris said that uneducated patients seldom read the books they were binding and for this reason were little interested in the work they were doing.

Miss Freeman said that this was equally true of the blind even when the books were in Braille.

Mrs. Sample told of using a very simple sewing frame which was so light that the man in bed could hold it while using it.

The chairman suggested using large hand screws to take the place of the usual expensive book press.

Mrs. Sample told of making marbled end sheets of old wall paper. Different colors of oil paint thinned with oil were floated upon a tray of ice water and mixed with a reed. The paper was pressed upon this surface and then laid upon a blotter to dry.

While bookbinding was one of the crafts suggested by Colonel Forbes for the vocational training at Fort Sheridan, it is not believed that many patients who study it consider it as a possible life work.

The round table agreed with Miss Morris that the results were good with depressed cases because of the variety of processes involved in bookbinding.

The last bit of information obtained was that old crafts workers used to put a few drops of carbolic acid in the paste. This kept the leather from deteriorating and kept worms out of the paste.