THE FIFTH ANNUAL MEETING OF THE NATIONAL SOCIETY FOR THE PROMOTION OF OCCUPATIONAL THERAPY

HELD AT THE SOUTHERN HOTEL, BALTIMORE, MARYLAND

October 20, 21, 22, 1921

FIRST DAY, AFTERNOON SESSION, OCTOBER 20, 1921

Dr. Herbert J. Hall, President, called the meeting to order at 2:50 p.m. and introduced the Rev. Charles A. Hensel who made the following invocation:

"Direct us, O Lord, in all our doings with Thy most gracious favor, and further us with Thy continual help, that in all our works begun, continued, and ended in Thee, and especially in the exercises of this hour, we may glorify Thy Holy Name: Thou Who alone canst uphold the minds of men, without Whose goodness and beauty our souls are unfed, without whose truthfulness our reasons wither: Thou Who are the Author of the world's joy, Bearer of the world's pain, make us glad that we are Thine and that we have inherited the world's burden. Grant us, we pray Thee, the vision of Thy Being and of Thy Beauty, that in the strength of it, we may labor without haste, and without rest. Stay the fever in our hearts by the revelation of Thine own eternity. We ask Thee not to rid us of pain, but in Thy mercy, grant that our pain may be free from waste, unsoiled by thought of ourselves, unfretted by rebellion against Thy will, but purified by love of our kind and devotion to Thy Kingdom, that all our pain and toil may be honored of Thee Who hast honored us with Thy love and fellowship. Hold us back when in our vulgarity we would go aside from the path and life of the lowly and from things that men call common: as our Saviour made the carpenter shop and the daily tasks His school, and from them passed to the perfection of Calvary, so may we keep ourselves close to the lives of the great body of men, and pass through things common, into the things infinite and eternal. We ask it all for the sake of Him Whose Name is Love and Whose Kingdom is our hearts' desire, Thy Son, Jesus Christ, our Lord. Amen."
President Hall: It gives me pleasure to introduce to you Dr. John S. Fulton, Secretary of the State Board of Health of this state, who has come to give us our official welcome to Baltimore.

Dr. John S. Fulton: Mr. President and Members of the National Society for the Promotion of Occupational Therapy: By direction of His Excellency, the Governor of this state, I am to express for the Governor the great pleasure that he would have if it were possible for him to be present at this time, and to give you the kind of welcome that he would give. I may say concerning the reason for his inability to be here, that Maryland is engaged at the present time in the ambitious and perhaps hazardous undertaking of reorganizing its scheme of state government. Nothing very revolutionary, but a committee has been working on a plan for state reorganization for nearly a year, and the commencement of such an undertaking was the subject of study at an earlier date than that; so that the eve of a legislature, about to be elected, which meets in the first week of January, constitutes a first and exacting mortgage on the Governor's time. Not only are the problems of the Assembly to be met as they arise but there are some preliminary considerations as to the constituency in that legislature. We shall have an election here in a few days and the Governor's time is unreservedly devoted to the issues joined in this political campaign.

The Governor probably assumed that I, as a medical officer, should be able to say something to you about occupational therapy. If so, he guessed much worse than he could have guessed among the medical men of Baltimore. I shall not attempt to talk to you about occupational therapy, but I shall do something easier for me, and that is to say something about the kind of welcome that you can generally expect in the state of Maryland and in the city of Baltimore. I would suggest that every other year you make the state of Maryland the scene of your activities. I observe that this is your fifth annual meeting, and I happen to know that the one last year was held in the city of Philadelphia, a very delightful city, but not beyond the rivalry of Baltimore.

You have had but five annual reunions, and I see before me so pleasant a spectacle of youth, confidence and ease of mind, with respect to your corporate future, that I, a veteran of conventions, am tempted to substitute for my ignorance of occupational therapy my more substantial knowledge of desirable meeting places.
One of the signs of your increasing strength will be that the Society for Occupational Therapy will soon feel the importunity of a class of American cities which compete for supremacy as "Convention Cities."

As a member of the American Public Health Association, and other organizations concerned with problems of public health, I have learned a great deal about convention cities, and while I do not propose to tell the details about convention cities, yet I do assure you that you will have some fun and some disappointment in some such future meeting places. You will do very well to alternate between Philadelphia and Baltimore; for neither Philadelphia nor Baltimore is a convention city. Convention cities will give you a great deal of indigestible entertainment. They interfere with programs and with attendance. They cause tardiness at the beginning and rush at the end of sessions. I hope, and believe, that you will find the hospitable disposition of this city not competitive, but subordinated to the purpose which brought you here. I have great pleasure in making this general statement of welcome. I could wish that I might be a participant in the program. I should like to be a registered member. I have looked through this program in the hope of finding some place where a man who is merely a public hygienist might possibly be welcome as a probationer, or a pupil member. There is one such place and I ask to be registered there. I call attention to that page which makes provision for the askers of foolish questions. I ask admission to that sub-freshman class.

President Hall: I do not think I can make any fitting response to Dr. Fulton's remarks, but I would like to say that one of the most encouraging things to me about this meeting is the number of men present. Last year when I was made president of the Society I was somewhat appalled at being the head of a society composed almost entirely of women. I looked forward to trouble which has not come. Nevertheless, it is encouraging for many reasons that medical men and men in social service and in various professions are becoming interested in what we are doing. You young women who are giving your lives to occupational therapy are working at a very serious handicap unless you absolutely enlist the sympathy and the backing of the medical men who are in your hospitals. There still are a great many medical men who do not understand exactly what occupational therapy means. There are still a great many medical men who either will not or cannot write the occupational therapy prescriptions. Per-
haps it is too much to expect the conservative and slowly moving trend of opinion in medicine to have reached a point where occupational therapy can take its place as a definite hospital function. But the time is coming now and coming very fast. One of the things which impresses me very much is the story I get from one and another of you about good cooperation among the medical men. While we have that encouragement and many others, there have been during the past year certain disquieting signs. The governmental service under the Public Health and the Federal Board has become a good deal disorganized; there is, as you know, a great sense of unrest in the service. No one knows just what is going to happen in the Army and the Navy. We can only hope and pray that the men in office will see clearly enough the value of what we are doing not to let this system lag or lapse in any way. I think the one point which we should make clear as aides and teachers, the one item which you should insist upon is that occupational therapy is not vocational training and does not pretend to be. There is the point where a great many medical men lose their way. They go into the wards and see some husky soldier stringing beads, and they say, “For heaven's sake, what's this; here is a man who by all rights should be plowing the fields or doing some heavy constructive work, and what is he doing—stringing beads.” It is probable that there are a certain number of strong men who should be doing heavier work than they are, but medical men must be made to realize what it would seem as though they ought to see but they do not always see, that many and many very strong, vigorous-looking individuals have been so disorganized morally, mentally, and physically by injury, by illness, by long suffering, that they are not able to undertake vocational training of any kind until they have done a certain number of simple operations with their hands, with their eyes, with their brains. Occupations which wake up slowly the sleeping powers and make it possible to go on. In the army particularly we are dealing with a great many men of comparatively low intellectual power. They frequently must be approached very carefully in order to make any progress at all. They will take up some simple work when they either will not or cannot undertake anything more difficult. That is the point. The convalescent must creep before he can walk; he must walk before he can run. If you harp upon that and say it over and over again to the medical men who are in charge of the wards, by and by they will begin to understand. If you make them understand that we are dealing with equivalents; that we are not advocating the making of
baskets and the stringing of beads or the making of toys as a vocation for any man; but that we are trying to train the faculties, the simple, primitive faculties, so that he will be able to undertake the equivalent of this simple practice work in some more productive, more practical line.

We are running along parallel lines, that if a man is not able to go ahead with his old work, his old trade, his old profession, for any reason, whether it be a mental reason; whether it be for physical reasons; if he is not able to go along that particular line that he started out on, it is quite possible that by some study of his capacity we may find out another line which he can follow; we may discover that blocked in one road we may go ahead on another; so that when our work is done, when the man has his faculties of attention, his faculties of patience, his faculty for sustained effort developed sufficiently, he may then step over into some one of the practical lines.

We are dealing not only with convalescents, we are dealing with the handicapped generally. All through our cities, all through the country towns, everywhere, there are thousands of people who have dropped out of the race, who are living unproductive, unhappy lives because no one helps them to go ahead. It may not help them to go ahead, to undertake any productive work or any satisfactory living for them to have been taught how to make baskets or how to weave at a hand-loom; but if it wakes them up to their possibilities so that they may have courage and hope do you not see how tremendously important, how vital, how fundamental the process is that accomplishes that thing? The industrial problem of the handicapped—some day we are going to be able to harness up the fractional efforts of many thousands of people into some productive industry which will save their self-respect, which will save them from dependence, and which will make it possible for them to progress morally, physically and every other way which is desirable. From these small beginnings of occupational therapy there are very, very great possibilities in the future. That is what makes it such a fascinating work; such a worth while proposition, because we are dealing with men and women who have dropped out, who have lost their hold, and we are helping through this means which we have chosen to get them back into life. If we do succeed, by some magic you may call it, in developing certain lines of special work which these handicapped people can do and which will bring them after a fashion and to some extent into the great industrial army, we shall have done a good thing. We shall be concerned with a matter of as much importance as any of
the great fundamental interests of life; a matter of national importance, a matter of human importance that cannot be over estimated.

As I see this group come together year after year I have no doubt about the future. We shall have our set-backs; we shall have our discouragements, as individuals, as a society, but we shall go ahead and we shall accomplish a great thing. Let us not let go of our hold; let us be patient; let us have courage; let us not be disturbed by criticisms or by set-backs of any sort, and let us get together year after year in this national society, because here we bring for our common good the ideas, the experiences of the whole year. No great profession like this of occupational therapy can make the progress which it should make through individual isolated efforts. It is your own initiative, your personal industry that is to make it go; but if we can only be collective in our aims, if we can get behind the movement the combined enthusiasm, the combined experiences of all our workers from distant parts of the country, each with his own story of success and accomplishments and difficulties, we need not question the rapid development of occupational therapy.

One of the chief values of these meetings which we have is the social value. We get together and exchange ideas to be sure, but we have that feeling as the years go by of friendly cooperation. There is nothing like it. A man, a woman, a worker anywhere working alone will fail in a measure for the lack of group encouragement. Let us greet our old friends here and every year as we come together, and get all we can out of that sense of personal relationship, of personal regard for each other's work, and for the cause in every way.

Dr. Brackett and Dr. Adams have come on from Massachusetts out of a very busy time in their practices, and they want to go back as soon as possible. I shall, therefore, take the liberty of changing the order of the program and now ask Dr. Brackett to read us his paper entitled “Scope and Standardization of Occupational Therapy.” In Massachusetts we are attempting to standardize our educational program; to determine the length of the education which we shall require from the aide; to determine the quality of it in every way. That is our own affair to be sure. It is not necessary that this society should adopt the Massachusetts principles or accept them, but someone must take the lead in that direction and we have been quite specific in studying out the program of educational requirements. Dr. Brackett.

Dr. E. G. Brackett: Mr. Chairman and Members of the Society of Occupational Therapy. The title of my paper on the program reads
"Standardization and Scope." I really am to make a plea for its establishment rather than to state any definite grouping of requirements. Your president has already said so much that I wished to, that what I shall say will be a hearty endorsement of what he has said and what I believe to be one of the most important questions you as a society have to decide. (Dr. Brackett then read his paper.)

I believe with the large number of people in different parts of the country interested in occupational therapy, and particularly with a limited experience and understanding of what it is intended to do and of its scope, that the establishment of some kind of a simple basis, both of what its scope is to be and also of the requirements of those who are to administer it, is one of the important things for this society to decide, and I have brought it up for discussion.

President Hall: Dr. John D. Adams, of Boston, who has been identified with the Boston School since the first course, will now read his paper which supplements and follows Dr. Brackett's.

Dr. J. D. Adams: Mr. President and Members of the Society: By virtue of the fact that both Dr. Brackett and myself are so heartily in sympathy with all the details of this matter you undoubtedly will find certain repetitions in my paper. The title I have selected is "The Training of the Occupational Aide." (Dr. Adams then read his paper.)

President Hall: When I read over the curriculum of the Harvard Medical School today I thank my lucky stars that I graduated twenty-five years ago. I am perfectly sure I could not come within gun shot of it today, and it would not surprise me if you aides who got your education during war time in about four months are thankful that you do not have to tackle this new course of study. Nevertheless it is right and fair and it is the trend of education all over the world to stiffen up requirements. The education that you did get, you of the army, in the field and in the hospitals, combined with the work of the schools of that period, you need not be ashamed of any more that I am ashamed of the experience I have had since I slipped through medical school years ago.

One of the most interesting departments of occupational therapy, one that is developing very fast now and which is one of the best evidences of the tremendous vitality of the system for which we stand, is that of home service, reaching out of this hospital into the homes of the disabled
and the handicapped. Miss Collins, of New York, who has been identified with that work, will tell you something about what is going on there at this time. (Miss Collins then addressed the society.)

President Hall: The next paper on our program would have been by Miss Edith A. Griffin, of Manitoba. She was unable to come and I am sorry for she is an old friend of mine and I know she would have had something very interesting to say to us on the Canadian work. Dr. Frederic Brush, Medical Director of the Burke Foundation, White Plains, New York, will now speak to us about the relation of recreation play to occupational therapy. (Dr. Brush read his address which was illustrated by lantern slides.)

President Hall: What about our meeting place for next year? We have two invitations. Mrs. Slagle, will you kindly read them. Mrs. Slagle read the following letters:

Milwaukee, Wis., October 17, 1921.

My dear Dr. Hall,
I have been asked, by the Wisconsin Association of Occupational Therapy, to extend to the National Association a very hearty welcome to Milwaukee next year.

Wisconsin has twenty-two departments in the state and also a training school. Work could be seen at the following institutions:
Milwaukee Children's Hospital.
Muirdale Sanitarium, Tubercular.
Blue Mound Sanitarium, Tubercular.
Milwaukee Sanitarium, Mental Diseases.
Riverside Sanitarium, Mental Diseases.
Milwaukee Hospital for Mental Diseases.
Columbia Hospital, Curative Workshop.
Military Psychiatric Hospital.
Training School.

Other hospitals are thinking of opening departments during the winter. These hospitals cover every phase of the work and I am sure the National Convention would not regret its visit to Wisconsin.

Yours sincerely,
HILDA B. GOODMAN,
President, W. A. O. T.

Colorado Springs, Colo. October 12, 1921.

Dr. Herbert J. Hall, President,
Dear Sir: Miss Susan D. Harris, Occupational Therapy worker in Colorado Springs, has suggested to us that an invitation to the National Association of Occupational Therapy to hold its next convention in Colorado Springs might be favorably considered.
You can meet any year in one of the large centers of trade. Skyscrapers and smokestacks are no novelty to your delegates. Wouldn't it really be worth while to set aside a year for them to come to a city which not only offers every facility for the transaction of the convention business, but gives easy access to Nature's great scenic wonders?

Six trunk lines place Colorado Springs in direct and easy communication with your delegates in every section of the country.

October in Colorado is an unusually delightful month, when the lure of the out of doors is strong, and we feel certain that if your convention is held in this city, you will be well repaid by the hospitality of both our people and our climate.

We will appreciate it if you will read this letter during the sessions of the convention when it is held in Baltimore, October the twentieth, first and second.

Yours truly,

C. J. VOLLMER, 
Chairman, Conventions Committee. 
E. E. JACKSON, 
Secretary, Chamber of Commerce.

President Hall: Are there representatives from any other cities that have instructions to give us invitations for next year? We have only two and we must go somewhere. It is a little embarrassing. However, if no one wants us but these two cities, we will have to decide which we will accept. Will some one make a motion to be voted on by the society.

Dr. Dunton: Mr. President, since we have abandoned parliamentary rule, how about Milwaukee?

President Hall: Those in favor of Milwaukee for next year will please stand. (Twenty-eight of the audience rose.)

President Hall: Miss Wigglesworth, how about Boston? (Here the President conferred with Miss Wigglesworth and announced that we were invited to Boston.) We are not so homeless as we think, as I now have an invitation to Washington and one to Boston.

A standing vote was then taken on the several invitations with the following results:

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<th>City</th>
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<tr>
<td>Milwaukee</td>
<td>28</td>
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<td>Colorado Springs</td>
<td>20</td>
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<td>Boston</td>
<td>36</td>
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<td>Washington</td>
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President Hall: It looks very much like Boston and Miss Wigglesworth will have to assume the entire responsibility and get busy.
Mr. Kidner: Mr. President, one point. Now that we have at least four hundred members, cannot we now get special rates from the railroads by arranging in time?

President Hall: I think we probably can. At the meeting of the old Board of Management last night these names were presented as having been sent as delegates by the various state societies. When there were not enough to give a quota or no state society existed, we have asked as a Board certain other people, representative people, from these societies who were known to be present, to meet with the new House of Delegates tomorrow morning, quite early, quarter before nine. The regular meeting is at half past nine, so that will give us time for some deliberation even if we have to have another meeting. The names are these. So many have gone that no doubt quite a number of these people whose names I shall read are not here, and I will ask those of you who are here to notify these people in so far as you can to be here at quarter before nine.

Illinois Society
Tompkins, Miss Anna
Lermit, Miss Geraldine
Maryland Society
Dunton, Wm. R., Jr.
Gilpin, Miss
Price, Mrs. H. G.
Massachusetts Society
Robeson, Miss Harriet
Michigan Society
Ball, Miss Camilla
Morton, Miss
Missouri Society
Dean, Miss
Kidder, Miss Idelle

New York Society
Haas, Mr. Louis J.
Johnson, Miss Susan C.
Myres, Miss Clyde M.
Rupp, Miss Meta R.
Slagle, Mrs. Eleanor Clarke
Sullivan, Mrs. Cornelius
Taber, Miss Marion R.
Washington D. C. Society
Morriss, Miss Marian
Smith, Mrs. Frank W.
Taft, Miss Elsey
Wisconsin Society
Davis, Mrs. Carl Henry

I suppose we had better post these names down stairs in order to make sure that they will all of them be notified, and wherever you can, if you see any of these people, will you please tell them that they are expected to be here quarter before nine in this room.

At the request of the President, Miss Wigglesworth at this juncture explained certain drawings which she had relative to the proposed insignia of the society.
Upon motion, duly seconded, the meeting adjourned at 5:15 p.m. to meet again at 9:30 a.m., Friday morning, October 21.

SECOND DAY, MORNING SESSION, OCTOBER 21, 1921

President Hall: I will call the meeting to order. The first part of the program is devoted to the subject of occupational therapy and tuberculosis. As I have watched the course of occupational therapy, it seems to me that in tuberculosis we have one of the most important and promising opportunities, because of necessarily long convalescence and of the surely demoralizing effect upon the patient who must spend unhappy months in comparative quiet. Those of you who have to deal with tuberculosis cases know how hard it is to keep up the morale and welcome, I am sure, any means that will help. There can be no better means than that of constructive light occupation within the limits of strength.

The address to be delivered this morning, first on the program, is by Dr. Martin F. Sloan, formerly superintendent at Eudowood Sanitarium. The title of the paper is “Ten Years’ Experience with Occupational Therapy at Eudowood Sanitarium.” (Dr. Sloan then read his paper.)

Dr. Sloan: In addition to the patients with arrested disease who may be given the advantages of a farm colony, there are many in whom the disease becomes quiescent but not entirely arrested. We find that these are able to walk about the streets and public places of the city mingling with other people and who are in this way constituting a menace to the community. Formerly, these patients were confined to their beds or to their rooms and, hence, their probability of spreading contagion was limited. The sanatorium takes them and restores their walking capacity but does not close the lesions and render them noncontagious. The great need of further isolating these patients is obvious. They cannot be kept in the sanatorium because they are not clinically ill, but they should be housed in a place affording the sanatorium environment without the atmosphere. The ideal place is a colony, a farm colony, if you will. Here these patients can be kept under observation and made comparatively happy and comfortable and can be maintained at a minimum cost to the state.

We have made it a practice for the past ten years to send a number of these fibroid cases to our colony where they have been able to enjoy life and do light chores around the house. Some of them have relapsed
in time and have been transferred back to the hospital for intensive treatment. Some have recovered again and have been returned to the farm. Others have remained at the hospital until the unfortunate end. Thus, in many instances have patients been kept in our institution for as long as eight to ten years before the final end came without ever returning to the city to act as a menace to public health.

Our farm colony was affected materially by the war. Patients engaged there in some sort of reconstrualional or vocational work were lured to the war industries by the high wages offered. Some of them earned as high as ten dollars a day and they could hardly be blamed for giving up their jobs on the farm. It is gratifying to know that most of them were able to do the work without relapsing. Our patient employment scheme, however, was so disorganized that it has not yet recovered.

President Hall: Does anyone wish to ask any questions or discuss this paper? If not, we will have a paper, which is next on the program, by Mrs. Gertrude Sample, Chief Aide, U. S. Public Health Service Hospital No. 50, Whipple Barracks, Arizona, on “Experience with Tuberculosis Patients.” (Mrs. Sample then read her paper.)

President Hall: Is there any discussion on this paper? If not, we will follow the regular order of business, a paper by Dr. H. A. Pattison, Supervisor of Medical Service, National Tuberculosis Association, on “The Trend of Occupational Therapy for the Tuberculous.” (Dr. Pattison then read his paper.)

Dr. H. A. Pattison: Mr. President, during the closing weeks of the war, I was in conference with Dr. C. A. Prosser, Director of the Federal Board for Vocational Education. He was very much concerned about the greatest of all the problems connected with the rehabilitation of the ex-service men; to adjust the cases of the men who were disabled by tuberculosis. He said to me that he felt that there was so much difference of opinion among the physicians about tuberculosis that he did not know how to find himself or how to develop a program. I told him that in my opinion he had not been sufficiently advised by the leaders in tuberculosis work; that I felt there was more of a united opinion concerning the interpretation of known facts than in almost any other disease. I think that we have had demonstrated to us during the session yesterday that there is a pretty united opinion concerning the practice of occupational therapy as applied to tuberculosis, particularly
was there united opinion about the qualifications of occupational aides and the standards which should govern occupational therapy.

I fully agree, with those who addressed this body yesterday, Dr. Hall, Dr. Brackett, of the Boston School for Occupational Therapy, and Dr. Adams. The other speakers, as well, have made statements which seem to me absolutely true concerning the application of occupational therapy. What I have had to say in my paper is rather a summary of what they have said. I think I may claim with honesty and due modesty one merit—for my paper, and that is that it is very brief. I have been asked to lead a round-table-discussion at the conclusion of my paper. I have been disappointed, that there has not been more discussion of the papers, which have already been read during this session. I shall give you a warning now, that I shall call upon two or three to say something to get a discussion on this subject under way, and I will ask Miss Grace Bryant, organizer for the Veterans' Bureau, and Miss Keim, who has just completed her work at the Johnson City Sanatorium, to take the lead in this discussion.

I will ask Miss Grace Bryant to come forward and open the discussion of this campaign.

_Miss Grace Bryant:_ Mr. Chairman, I think you are interested in the tuberculosis problem as we call it and I think it is very much easier as it has been presented by this method. The first problem is that of the training of teachers; we simply have to secure trained teachers in tuberculosis. I want to know, or I would like to have some one's opinion on, the best craft for tuberculosis training—some one who has worked in tuberculosis; perhaps Mrs. Sample, if there is any one that she considers best.

_Dr. Pattison:_ Will you not give your opinion as to the best craft for the tuberculous, and which is the most popular and the most useful?

_A member:_ I do not think it can be decided. Perhaps it is knitting among the women.

It does not seem best to name any one craft as the "best." I find basket-weaving the most popular and have the greater number of people doing basket-weaving. I cannot possibly say that it is the best. If I did I think my work would fall far short of the definition just given. Occupational therapy for the tuberculous is not always
confined to the crafts. We must reach the moral and spiritual, or 
educational, or intellectual nature of the patient by every means 
possible. I find I can do that by assisting a man to obtain a 
spiritualistic lecture if he is interested in spiritualism. If reading 
and studying that subject were the occupations which helped him, 
then I could not help him better in any other way than by assisting 
him to get that in which he is interested. I have helped them in 
some of the reading matter which I have never before seen myself. 
If anyone comes to me, my aim is to set his mind at rest. In 
one case it was on a law suit, and I helped him to carry on a 
correspondence with a lawyer. In another case a man wanted to 
know something about ancient history. I could not help him as my 
knowledge was too limited, but I obtained books for him to set him to 
work to get knowledge, and he was helped in a satisfactory way. I do 
not think it is possible to say that one particular craft is best. I find 
weaving is very soothing for those who are nervous, and basket-weaving 
helps many.

Miss Grace Bryant: That is just what I wanted to bring out. I have 
recently been at Saranac Lake, where there are three hundred and fifty 
ex-service men with apparently no work at all. Saranac Lake has 
generally a great many sick people. These men are just clamoring for 
even a vestige of something to do. There is no place for them to go 
except to walk on the streets. There is no occupational therapist at 
Saranac Lake. You should have a place where the men can go to work and 
where they can have at least one hour's exercise. I believe there should 
be all sorts of materials in a sanitarium where there are tuberculosis 
patients and a place where the patients can work; that there should be 
issued frequently the kind of material required and the prescribed 
exercise. And I think that you should keep a correct record of all 
materials. A nurse does not get anywhere with medicine without a 
prescription. I think the materials should be well cared for and a 
record kept of the amount and the kind each man uses. Of course 
that is detail, but it is valuable. I think there should be a chart or 
record of all patients, giving the exact number of hours he is occupied 
and the type of work. There should be prescribed exercise cards. If the 
patient works thirty minutes a day it should go on his chart or on his 
record. If the man works less than two hours every day, or more than 
two hours every day, that should go on his chart; that is, the exact 
time he is employed, not merely the time he is permitted to work. The
latter is a miserable way of keeping track of his time. You cannot watch his progress, unless this important record is kept. I am very much in favor of a corrective workshop just as soon as patients can leave the ward. I think where a man has permission to work over thirty minutes and is out of bed, he should be encouraged to go to the central shop, centrally located. Perhaps Miss Keim can tell us some interesting things in regard to different crafts. It has been the general opinion that loom weaving has not been given the same interest as some other crafts with tuberculous patients, but I wish you might have seen the results and the effects of loom weaving as Miss Keim has developed it.

Dr. Pattison: Can you tell us something about loom weaving, Miss Keim, as I have seen you carry it on at Johnson City?

Miss Keim: Ladies and gentlemen, I think that each aide has her own special craft that she makes a pet of; loom weaving has been my pet. The boys who go into the weaving shop suffer from the same complaint that most of the patients do. They want to do something which they can finish in a couple of hours. Weaving is one craft which you can not use for short time work; it takes a longer period. It is well to start with plain weaving, which gives confidence in working with the aid of machinery, which is new to most of them. We had many men from the mountain regions of Tennessee, so that a large number were familiar with plain weaving in making jeans, and also with the form of loom used there. We won their interest but at first it was hard to get them to do certain things and we had to help out in threading the looms, etc. Afterwards, they became interested in pattern weaving and exercised a great deal of ingenuity in evolving their own patterns and in finding out that the colors came out very differently in pattern weaving than they look when just the skeins were held up. The colors changed in the actual process of weaving, and made it interesting. The trouble with so many of the tuberculosis patients is that they want something easy, and are not willing to expend any effort in working out any new problems. They just want to keep on doing easy things. It seems to me that it is the aide's opportunity and duty with the tuberculous patients to aid them to do better work; to prevent them from doing careless work and to do more advanced work, urging the men to develop their skill and to show results, and make them feel that they really can do something more each day.
Dr. Pattison: There has been remarkable work in occupational therapy done in California. I am afraid most of you here in the East think that we, here, are far ahead of the West in some of these things. It really is not true. I have been out there, and I will tell you honestly that they are fast catching up to us with this work, and if we are not very careful are going to pass us by. I saw some of the work two years ago, and it was splendid. The occupational therapy work that is being done in Los Angeles is excellent, and I am going to call on one of the representatives from California—Miss Tiedebohl, to tell us something about the work out there. I am going to tell you something in advance, though she may not want me to mention it, but it interested me very much: In studying the problem of bed-work for the patients, she, herself, has actually gone to bed and done those tasks—tried them out to see what the effect upon herself would be lying in bed. That is the sort of interest in occupational therapy that is going to make for real advancement.

Miss Tiedebohl: Mr. Chairman, I came here to listen and did not expect to talk, because I find a great deal of interesting work going on in the East, which I want to learn, and I am going home with new inspiration and a desire to do big things in occupational therapy. There are several points that I wish to bring out: I would like to lay stress upon the qualifications of the aide. She must understand her craft, must have a good foundation and must know something of the operations involved. She must understand her subject so well that she can give little talks and arouse interest. On winter nights, when it is cold, I go down to the recreation centers and give little talks. It stimulates the interest of the patient, especially when I touch on subjects like china-painting and on the finer things of life. An aide must be a thorough craftswoman in that branch in which she is engaged, and great stress must be laid upon the fact that you must understand the nature of tuberculosis, and it will be far better for the aide, and the patient if she does.

Dr. Pattison: The hour is growing late and before we close I want to know if there is not someone who wants to put up a rifle and shoot holes through that definition for occupational therapy that I have presented. We want a good definition that covers the ground. If there is someone who has one to put over, we would like to have it; if there is some point that you have in mind in regard to that definition, we should be glad to hear about it.
Miss Susan Johnson: Will you please repeat the definition? (Dr. Pattison repeated the definition.)

A delegate: Suppose a patient comes to the shop and you give him something to do without a prescription. What is it then?

Dr. Pattison: I have recently said to an aide, "What right have you to give occupation to a sick man?" She replied, "Why because of the work we took in the school of occupational therapy." "Then," I questioned further, "does that give you a right to give work to a sick person, one who may be ill in bed?" Then she said, "I give it by the prescription of the doctor."

It is not therapy unless it is remedially applied and you have no right to apply it remedially unless you are licensed to practice medicine. It is occupational but it is not therapeutic. It sounds very much like quackery or at least the application of a nostrum. Those who apply such remedies without the right to do so as provided by the state are practicing medicine without a license. That is always dangerous. Does that answer your question?

A delegate: Yes, sir. In our hospitals all patients are sent up with a prescription, when it is understood that they will receive benefit by coming into the shop; not always with a written prescription, but if they appear at the craft room it is understood they are to be allowed to do something for a week.

Dr. Pattison: That, in a sense, is a prescription though it is not written out. I am frank to say, in my opinion, it is not a good way to carry on the work of a hospital. It is an important feature of hospital service that there be a written record of all prescriptions. I once had an experience in a hospital which illustrates very well the wisdom of having written orders so that responsibility can be fixed. I wrote in the order book a very careful direction about the administration of a single prescription which contained opium and this was to be given to a young boy having double pneumonia. The single prescription was ordered after very careful consideration and with some trepidation. I was much amazed the next morning to find that the patient had received this opium prescription every two hours throughout the night. He did not die though I was happily surprised that he did not. An examination of the order book showed that the directions were per-
fectly clear. I had protected myself. The responsibility was fixed upon a single nurse. It is a very loose method of treating patients to send them to a work shop with the injunction to "Get out and do some work." It is not a properly conducted institution in my opinion when your physician gives a verbal prescription and permits you to determine how it shall be filled. The physician is not doing his full duty to you nor to the patient.

_Miss Tiedebohl:_ Mr. Chairman, I wish to add to what I have already said this: You must study out each case, individually. We are dealing with individuals, with people suffering from tuberculosis. I take an individual case and I study that man's history; I study it out carefully. There have been cases that have been baffling to us, and I have gone into the x-ray room and studied out with the doctor the best method of treatment for that individual, in each case, and it must be done as an individual case; you must look up his case and get his angle, and get the condition of that one particular case and treat it accordingly.

_Miss Eleanor Clarke Slagle:_ I think that this matter of prescriptions is so basic in occupational therapy that it does not matter so much what the craft is, or what measure we use in treatment; what manual or mental measure we use in the treatment of the patient. The fact that the physician has prescribed this exercise, manual or mental, whatever it may be, if it is only ten minutes or two hours a day, has a definite psychic, curative effect.

Many aides have said to me, "It is impossible to get prescriptions from physicians." I presume when an aide says that, she is overpowered with a sense of discouragement. In time you will get your prescription; in time you will get the benefit of all that it means by cooperating with the physician in your hospital. I think I may be excused from saying how many years I have been in the work and have been asking for prescriptions. When I took over, upon invitation, a very large piece of work, I said to the executives, "I will not take over the state work unless every patient is assigned to the service irrespective of which hospital it was in—unless every patient comes to that department of occupational therapy under prescription." That was accomplished. It does not make any difference whether it is for recreation, curative work, or whether it is habit-training or to what department the patient may be assigned in that state; not a person came without prescription, and there were hundreds, as many as 1207 patients in a day, under pre-
scription in one hospital, and even more than that in another hospital. That has been representative in all the hospitals in that state under that system. I know that you can get the cooperation of physicians in hospitals if you are sufficiently persistent, and if they are brought to realize the importance of our work, particularly the younger physicians who are coming on. I have never yet found a superintendent of a hospital who was not cooperative and worked for our interests.

A delegate: What does a mental and physical prescription cover?

Mrs. Harter: The medical superintendents should cooperate with the occupational therapist, and with her knowledge and her experience applied help in the speed of getting prescriptions. We want prescriptions, and it is up to us to make it cooperative with the superintendent who has to learn occupational therapy just as well as the aide has to learn a good deal of the work as a whole. I wish there might be some way devised by which the medical superintendents themselves could learn the intelligent application of occupational therapy to patients.

Dr. Pattison: The layman, or laywoman, knows more about occupational therapy than many doctors, it is true. You and the doctor must get together and work this out. You have to make him see how necessary it is that he explain to you all about the clinical side of his cases so that together you can choose wisely the occupational remedy. Our time is past and we must close.

Miss Susan Johnson: A most unusual thing happened in Peoria. It happens that we have had a patient at Peoria who had been a practicing physician herself for years, and had also been interested in medical social service work. She is now on our staff under the name of liaison officer. She requires the doctor to make out prescriptions and sees to the occupation and follows out the prescription, and it has come about that there is hardly a day when there is not a great number of visits to that department asking what is to be done. I ask you all to get a liaison officer.

President Hall: Next in order is an address by Mr. Charles F. F. Campbell, Director, Red Cross Institute for the Blind, Baltimore, on "Experience with the War Blinded in their Readjustment to the Loss of Sight."
Mr. Campbell: Mr. Chairman, I have no idea why I have been asked to tell you about the work of the blind soldier from the point of view of occupational therapy, except that possibly some of you in your work, wherever you may be, at some time may come across a person who has poor sight, or no sight at all, and I am assuming that you are expecting to gather from these photographs some suggestions that might be helpful to you at some time in the future, if not at present. I will endeavor to show to you what we are endeavoring to do for the blind soldiers who have returned from France. The first work was done in General Hospital No. 7. It was there those who first came to the hospital approached their subject from the therapeutic or the occupation therapy side. Today we have many hospitals which are simply vocational schools, or where the work after restoration is by and through distinct vocational school work. Probably these will be brought to your attention, and you may be able to pick up here and there something that may be of service to you. After twenty years of experience working with the blind, having a blind father, and having been brought up in a school for the blind, I find there is no topic upon which the laity is more ignorant than upon the subject of blindness. But most people, to whom the condition of the blind has apparently been a most appalling thing, when they have once had direct talks with them become more intelligent in their opinion; therefore, I am presuming upon that, and I am going to prepare you for what we are doing for the soldiers by showing you first what we have been doing for civilians and for children, and then continue with the work that we have done for the soldiers. (The speaker then explained the pictures shown on the screen.)

President Hall declared a recess until two o'clock to reconvene at the Henry Phipps Psychiatric Clinic, John Hopkins Hospital.

Adjourned.