THE INDUSTRIAL CASE FROM THE ACCIDENT BACK TO THE JOB

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During the war the medical profession and also the public saw the ill effects of having the boys lying in hospitals and also at home without any definite work to occupy their spare hours, hence the enormous sums of money that have been spent on occupational therapy in military hospitals.

Physicians, until then, had taken very little thought about the mental state of their patients. General hospitals were the most idle and inactive institutions in the world from the patients’ standpoint. The only entertainment prescribed for the sick being the doings of the doctors and nurses, and the gossip concerning other patients.

According to statistics, those injured in the war are only a fraction of those maimed in civilian industrial work. These men and women are often so badly hurt that they remain out of work for months, often years, and sometimes cannot return to work at all.

This condition has only been touched upon very slightly in one or two places and nowhere has it been organized in such a way that these men and women are systematically taken care of.

In this paper I wish to show the physiological and psychological condition of the patient suffering from injuries and also the attitude of the various people through whose hands he passes.

In practically every place of business all employees are now insured, and when injured a certain percentage of their wage is paid each week until they are able to return to work, or, if the

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injury does not allow a return to their former position, the case is settled and a definite sum is paid according to the injury.

Directly a man—and when I speak of a man I mean a woman also—receives a serious injury he is rushed off to the hospital, examined, x-rayed, and eventually taken to the operating room.

Here the surgeon sets the broken bones, lacerated hands, or whatever may be the injury, to the very best of his ability. The man leaves the operating room and another goes in. The surgeon is a very busy man, he is interested in the man from a surgical standpoint; the union of bones, tendons, healing of the lacerated flesh, etc., but he has very little time to give to the individual case apart from this treatment.

In order to obtain the results that the surgeon is looking for casts and braces have to be applied which will practically stop—for the time—a great deal of the man's motor energy. What is the physician prescribing to take the place of this energy going to waste and to prevent the man from leaving the hospital with a cured body but a distorted mind?

Why is it at the present time that so many of our cripples are not ambitious for work even when work has been made possible by the wonderful skill of the surgeon? Is it not because laziness has become a habit, gossiping and card playing his two main occupations, and the general tone of the hospital tending to leave a pessimistic view of life behind?

The patient lies day after day in a hospital. He knows his injuries are such that he cannot work for many weeks and perhaps never will be able to go back to his former job. He may be also worrying about his family and children or other personal matters.

The hospital is a very busy place. The nurses fly backward and forward, they make his bed, dress his wounds, attend to all his medical needs and perhaps jolly with him awhile, but they have no time to help him with the real things that are on his mind.

A man who has had the misfortune to break a leg and must lie in his bed, day after day, inactive although otherwise perfectly well, not only loses the strength in that injured part but
every muscle in his entire body becomes out of tone. What an advantage it would be for this man if the uninjured parts of his body were exercised. But the nurses cannot do it, they have all they can do to carry out the regular orders of each day.

Gradually the man’s wounds heal. He is able to do things for himself and he only needs to have his dressings changed. Then he does not even need that. There are other sick patients in the hospital needing the nurses’ care, he is in the way, he knows other people need his bed, the hospital does not want him occupying a bed that he only needs at night, and the nurses do not want him around. They have all lost interest in him just because their work needs them elsewhere and not because they are inhuman.

The man is far from cured though. Perhaps he walks on crutches with a stiff leg, or carries a stiff arm with useless fingers. What is done with such a case? The hospital is no place for him now, and he is discharged and goes to his home, for a very long convalescence.

If the man is in a large hospital he is handed over to the outpatient department as soon as he is dismissed. Here he receives massage, baking and zander treatments. All of which are absolutely passive motions on his part. Whilst in the hospital he had to be submissive and obey orders. Now, he has many more weeks of inactive life before him.

Does he need treatment that requires from him no initiative or, shall we give him treatment that requires the man to do the work himself and develop his own will power?

If hospitals find it necessary to discharge patients as soon as possible, then another organization must take the further responsibility of seeing the man through the discouraging period of convalescence and back to his job. An invalid has a sick body, mind, and soul, and all three have to be cared for before a complete recovery is made. Sickness to the body means a weakening of the mental tone of the mind, and as the mental to a large extent rules the physical, it is absolutely essential that the mental state should not be overlooked. Nerves are more disastrous to life than physical disabilities, yet very little is being done on the
part of our hospital authorities to study or care for this side of the patients' treatment.

The doctor is very anxious, of course, to restore as much function as possible to the injured part.

If there is no out-patient department, the man is sent down town every day or every other day for massage treatments and is told to call at the doctors' office once or twice a week. The doctor tells him to perform certain exercises at home and that it is really up to him now to recover the use of his stiffened joints.

Now, what is the patients' attitude through all this?

Whilst lying in the hospital he had nothing to do but worry about his condition and his home and other personal affairs. When he reaches home he still has nothing to do but go to the doctors' office once a week, and for a half hour massage treatment perhaps every day. The rest of his time is absolutely his own. He has a good deal of pain in the stiffened joints and the improvement is so slow that the majority of cases soon become very pessimistic.

Can we blame them? We have only to try the effects of even a bad cold for a few days on our own spirits to know how soon we become discouraged. What must it be to these men, looking into the future, with crushed hands, stiffened shoulders, amputated limbs, etc., and a large family dependent upon them.

Idle days are bad for anyone, but especially for sick people. People with strong wills find occupation and fight the evils of convalescence, but the majority of the injured accident cases are not the type of people who are sufficiently educated or used to filling their hours with anything worth while after their daily work is through.

The patient is left in this long convalescence with nothing to occupy his mind but his own resources.

He goes to his massage treatment because he is obliged to, but his progress is so slow that he has very little faith in it and he becomes more and more pessimistic about ever getting cured. His general condition is poor for want of a man's exercise and
his mental attitude soon becomes very low. He thinks his doctor is no good and his one idea is to get as much from his insurance company as possible.

I will give just one instance that happened the other day. A man with a badly injured hand, from infection, a stiff elbow, and stiff shoulder was receiving massage in town for half an hour each day, and carrying his hand in a sling the rest of the day. He was sent to the shop and I asked him if he ever took his hand out of the sling and exercised it himself.

He said, "No, why should I? The insurance company can pay for five doctors instead of one if the one massage treatment will not get me well."

This is very much the attitude of the majority of patients, and this discontent is a psychological mental factor resulting from long periods of hospital life and idleness, and is quite natural.

On the other hand, the insurance companies are willing to do all they can and will go to any expense that the doctor says is necessary in order to get the man well as quickly as possible, or restore as much movement as the injury will allow. Then, settle the case. It pays them to do this.

The vital point in my last statement is, of course, to get the doctors to say what is really necessary for the man’s improvement mentally as well as physically.

What then should a curative workshop stand for?

My remarks in this paper do not apply to what is being done in any one particular shop. My own shop is too small to carry out all that I should wish, but I am stating what I see at present, as an ideal workshop for industrial cases and the goal for which we are striving.

Let us now trace back over the ground we have come, but with the patient being put under the care of an occupational therapy department.

The necessary operation is through and the man has regained consciousness after the anesthetic. Of course, for a few days, he is not able to work, but others are busy with baskets, etc.,
in the ward and he becomes interested in watching the occupa-
tional therapy nurse, or the occupational therapy aide, assisting
and discussing work with the other patients.

This is a new element in the hospital. Here is someone whose
time is given to relieving the mental strain of the patient. The
sick man begins to think what he will do when he is able to work,
perhaps it will be a surprise basket for his wife, or a cradle for
his child.

Then the day comes when his name is put down for the occu-
pational therapy worker and she brings him her samples. It
certainly feels good to have someone come to him with some-
thing beyond his physical needs. Perhaps though he can only
use one hand and thinks he will not be able to work like
the others. He soon finds, however, there is a lot he can do with
one hand and there are also books he can get from the workshop
library.

As soon as he is convalescent enough he is able to go to the
shop. Here he is away from the atmosphere of the hospital
and there are plenty of interesting things to keep him busy and
occupied.

This greatly helps the hospital, for the convalescent patients
generally do not know what to do with themselves and too many
wheel chairs are in the way. Besides, a man cannot read all
day and he soon begins to grumble about food and other small
matters if not interested in other things.

Then the day comes when he receives his discharge from the
hospital and here is the essential point, he does not receive a dis-
charge from the curative workshop. If he is unable to go the shop
on the street car he is fetched and taken home each time until
he is stronger.

Here at the workshop he gets his massage, but when he is
through with that he does not go home like other patients who
receive their massage from a down town masseur. There is
an apparatus on which he has to exercise, and as every piece has
a measuring gauge, he is quite interested in watching his improve-
ment. Then there is woodwork, metal or other occupations
and although it is only a very little help, he gets a percentage
on the value of the article he makes. He therefore feels that he is earning a little and is not absolutely useless.

When he is tired and needs a rest there are books for him to read, a victrola to play, puzzles and games for him to try, and so the hours soon go by. He gets in much more exercise than he realizes, for with the scroll saws and the planes fitted with wax, etc., he is provided with plenty of movement, and if he is interested in the article he is making he will put in a good deal more time than one would expect possible.

Here is another important point, interest. Unless we make the shop worth while and the occupation suitable there will be no good results.

An ideal curative workshop for industrial cases should be accessible to the manufacturing districts, and should have plenty of room and air.

The shop would open the same time as the factories and the patients would punch the clock as if they were working. The shop would also close with the factories.

This shop should have a convalescent ward in connection with it, and a doctor and nurse in attendance.

Often patients are well enough to leave the hospital and yet their home conditions are such that it is advisable for them to live elsewhere until they are stronger. These cases would stay at the workshop in the convalescent ward.

A very concise timetable would be kept in the shop, showing the men exactly the time for their massage treatment, exercises, bench work, etc. There would be comfortable chairs for the patients to rest in, books, a victrola, games, etc., during their rest periods. A patient coming directly from the hospital would have very little work and mostly rest, but these rest periods would gradually be decreased until finally a man could do a full day's work and then he would naturally go back to his work, or to another job in the factory.

This is just common sense and industrial economy.

We have to prove it though to the doctors and insurance companies.
In an ideal workshop the men would feel that they were going to work, and they would be in the atmosphere of work all the time. There would be competition among the various patients over the improvement in their charts, there would be competition over their occupation, and there would be a little compensation for good work done. The doctor would know where to find his patient and the insurance company would feel that the very best was being done for the man to get him well in the quickest possible time.

At present, the man is at home, loafing the day away, except when he has to visit the doctor or the masseur.

Habits soon form, especially bad ones, and the man soon gets the idea that he would just as soon receive his compensation as work.

I suppose, whatever kind of occupational therapy work we are doing, we all have the loafers and the bluffers, the men who pretend to be worse than they are, the men who say they cannot use their hands or shoulders or walk without crutches, the men who can't just because they do not wish to. I have had many such cases, and we should not lay all the blame on the men.

We all need competition to buck us up, and we all do much better work if someone else is doing the same thing as we are doing. Darning stockings, I suppose, is the worst thing a woman has to do, but if there are several working together and someone is reading a good story the stockings are darned mechanically and the drudgery is forgotten.

We consider ourselves on a higher intellectual plane than these factory men, and yet we expect them to leave the hospital, go home and perform certain exercises that will give them a good deal of pain and expect them practically to cure their own stiffened joints, without any help, interest, or encouragement.

These three things are the essentials to the man's cure.

The large number of accident cases each year, producing the hospitalised uncured man is quite serious. Those of us who are doing this line of work are quite used to the analysis which states that the patient had an operation two, or perhaps three, years ago. Yes, years, and that the limb has become useless through disuse.
Is it not too bad we did not have that case months ago when more could have been done for the man.

I feel this very strongly. I think a new era has to dawn on the medical world. A time when all convalescents will be under constant supervision, not only physical supervision, but also mental supervision.

The surgeon did a wonderful piece of work in the operating room on that mangled flesh, and broken bones, but what is the good of it if no one takes care of the patient afterwards?

The nurses faithfully dressed and tended to the man whilst he was in the hospital, but what is the good of it all if the man leaves the hospital with a useless leg or arm.

The man's life may have been saved but real life means work, and it is up to the medical profession to see that their patients are fitted for the best kind of citizenship that is possible and are not just healed.

This is patriotism and justice. The surgeon though, is a very busy man and has no time to do this and the nurses are working overtime so we cannot call on them.

Who is then to do this work?

So far I have not said anything about social service.

A few years ago people thought social service an extravagance in a hospital, but now it holds a very honored place in all large institutions. The social service worker is the link between home and hospital and doctor. We cannot do without social service in our work either. We have no time to visit homes to find out home and financial conditions, but it helps in dealing with the patient to have a full history of the case, as everyone knows. But the social worker has no time to stay with one case all the time.

Then who is to see that these down hearted, long convalescent, industrial accident cases do not give up the fight, and that they are brought back to be as useful citizens of our country as possible.

The answer is, The Curative Workshop. At present hardly noticed by the majority of physicians and insurance companies or the medical profession in general.
If the hospital is a place where only the physical body can be cared for, then let the curative workshops make their stand on "looking after the real man."

But the curative workshops are going to stand on this high level we must have directors trained efficiently to supply the needs of the doctors, insurance companies, and the men.

Besides knowing the crafts they must have a good knowledge of kinesiology, anatomy, physical exercises, and, above all, a thorough grounding in practical psychology. Personality is half the battle. Be the worker ever so clever and efficient in her work, if she has not the right kind of tact in dealing with her patients, she had better resign, for she is in the wrong place.

At present the training courses are much too short to fulfil all these requirements, to say nothing of gaining the correct relationship and coöperation with the hospital authorities, doctors and nurses.

I am going to say a word on the subject of tact.

Joe Sullivan, the wonder cripple, in an article in the March number of the American Magazine, says:

There are two things a cripple receives which he does not need. They are idle pity and idle curiosity. Idle pity is merely feeling sorry for someone, but without doing anything that will be a practical help to the person you are sorry for. As for idle curiosity. People stare openly at a cripple. They discuss his affliction within his hearing. They ask him more or less bluntly how he became crippled.

Crippled children are especially targets for this idle curiosity and no one but a cripple knows how it hurts.

This not only applies to the permanently crippled but also to people convalescing in hospitals. The one thing that annoys me more than another, is the supposed interested visitor who says "What is the matter with this patient?" Or, "This man looks perfectly well. What is he in the workshop for?"

This is lack of tact on the part of the public, but workers often show a want of tact also.
A new patient is sent in, one of the disheartened cases, he does not care if he gets better or not, he won't exercise or work at the bench because it causes him pain, a good deal of which you know is imagination. Very well, in another room there is an electric baker. The warmth feels good to the man and you can leave him there while you look after your other patients instead of trying to argue with him. During this time he has been watching the other patients and at the end of half an hour is much more approachable. He is told he will get this treatment and a gentle massage each visit. It is left for the atmosphere of the shop to create the willingness to work and he soon falls in and works along with the others. We often give massage for its psychological value even when we know it is not really needed as a curative measure. A good many patients need the half hour's individual attention and personal contact with the masseuse to encourage them to continue to do their utmost at the work bench. The worker has to instil the correct mental attitude and also get the cooperation of the patient. There is your chief factor. When you can get the patient on your side, and he knows and feels and sees that you are doing your best for him, he will put forth his best efforts and accomplish the required results through a voluntary and productive way rather than by a passive and useless method.

The workshop must stand for cooperation. First and foremost with the patient, but also with the doctors, the nurses, the hospital, and the whole community.

Let us show the world the necessity for the curative workshop, and by small results prove that we have something to give to the community that will help humanity, that will aid the physician, that will decrease the length of disability in the industrial circles, and above all raise the morale of our convalescents in this country and thus make better citizens of them.

Let our workshops be the stepping stones on which the injured man treads from the hospital back to the job.