EXPERIENCE WITH TUBERCULOUS PATIENTS

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It is not the purpose of this paper to go into the origin or the history of occupational therapy, nor to review the phenomenal increase of its use in recent years in hospital cases. I am expected to confine myself to occupational therapy as applied in the treatment of tuberculosis patients, but even confined to this limited aspect there are so many, and such serious, questions involved that in a paper of this length it is impossible to do more than merely touch upon the most important.

The vital importance of occupational therapy is nowhere better illustrated than in the treatment of patients suffering from tuberculosis, and, yet, there probably is no other class of cases where it is so difficult for the attending physicians and the aides to determine just what kind of, and to what extent, occupational therapy should be employed. The chief reason for this lies in the fact that tuberculosis patients in many instances suffer from a dual handicap that usually does not exist among patients in a surgical or psychiatric hospital. The tuberculosis patient not only has the physical disabilities incident to the disease, but in many cases has a serious mental disturbance that has to be reckoned with in prescribing the kind and amount of work he should do. This mental condition found in many tuberculosis patients is definitely before you, yet it becomes quite intangible when once you try to diagnose it for treatment. The effect of the condition is apparent, but finding and removing the cause is the problem. Whether it comes from a toxic condition, due to the constantly recurring temperature of the patient, or whether it comes from the uncertainty in his mind about his

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recovery, or from his anxiety or despondency on account of the indefiniteness of the time it is going to require to make the cure, or from any other source, you always must depend upon having to anticipate and counteract that disastrous mental depression that invariably comes to patients with tuberculosis. In the treatment of tuberculosis the fundamental principle of the cure is rest, fresh air, proper food and graduated exercise. Of these, rest is the greatest factor, not alone physical rest but mental rest, and paradoxical as it may seem, work of the proper kind and in the proper amount done by a patient becomes in the actual doing of the work quite restful to him, and produces both physical and mental rest of a satisfying character in the cure.

The first important thing in applying occupational therapy in the treatment of tuberculosis patients is a correct diagnosis of the exact kind and extent of work the patient should do. This is a matter for the attending physician, and, in the first instance, no work ever should be given to a patient unless prescribed by a doctor. What might be good for one patient would be wholly unfitted for another, and so many things with which only a physician is familiar enter into the determination of this fact that every patient should have the benefit of the skill and experience of his observing physician, and leave the execution of his orders to the aides.

Experience over a period of two years has shown that the best results have come from giving the patient at the beginning very light work of short duration, and this has been observed in a sufficient number of tuberculosis cases that it may be said to be the general principle underlying the practice of occupational therapy in this class of cases. Occasionally there may be exceptions to this because so much depends upon the individual patient, yet it can be relied upon as a safe course of practice.

As the patient progresses in the cure the kind of work may be varied, and the duration lengthened. There are certain fundamental objectives to be sought in the treatment of every tuberculosis patient, and in seeking these it frequently becomes necessary to change the work and vary its duration until the desired responsiveness is produced. No designated course is
possible to be prescribed in this treatment, and the most that can be suggested is, that the work, in order to accomplish the desired result, must be of such nature and of such duration as to prevent the patient becoming hospitalized. What the work should be, or how long the patient should be kept at it, is not infrequently an experiment that must be conducted at all times with the controlling fact ever present in your mind that you never must let any work be carried on by the patient that is calculated to tire, annoy or vex him. You simply must find work that brings rest, physical and mental, and this means, therefore, that each course of treatment becomes individual.

There are many reasons why occupational therapy is of such sterling worth in the treatment of tuberculosis patients, and any one of these reasons would very easily furnish a text for more extended thought than this entire paper is expected to cover. Man is naturally creative, and when he feels he has been stripped of this ability it shatters his faith in himself, and sooner or later weakens his power of resistance. Let the patient have some object to make, however simple it may be, or however little he may be able to work upon it, and the mere fact that he has this restores his faith in himself. Even though the patient may be able to work only a few minutes each day, he sees the article grow, knows it is his handiwork, and feels a pride in this fact. It restores confidence in himself, counteracts depression and buoys him with future hope.

Too much stress cannot be laid upon the selection of the craft and equipment to be employed with these patients. There is one well recognized general principle of occupational therapy that must control in this selection, and that is, the handcraft must have both a curative and therapeutic side; it must possess both physiological and psychological possibilities, and be something that stimulates and improves the morale, that discourages brooding and promotes cheerfulness, that encourages production, and that subconsciously enkindles in the patient those delightful visions of restored health.

Out of the vast number of handcrafts available it is impossible to designate any particular one that will fit these requirements
when actually applied to any particular patient. The most that can be done is to generalize the handcraft by pointing out the effect it will be expected to produce. The craft that calls for the expenditure of the least energy is the best for tuberculosis patients, and the same is true of the craft that causes the least nervousness. Speaking in terms of expended energy, a light task like rake-knitting has been shown to call for an expenditure in the average person of only about nine calories more than the same person would spend lying very quietly with a contented mind, and even this expenditure is found to be very small compared with the number of calories expended by the patient if his mind is not at rest.

Restlessness, fretfulness and worry will use up more energy of any patient than any light task will require; these quicken the pulse, increase the temperature, impair the digestion, and, generally, promote the disease. Here is where occupational therapy is needed as a sedative, because it is universally recognized that what a patient thinks and does exerts a great influence upon his cure. We know that unpleasant thinking even with normally healthy persons produces bad results, and drains the vitality, and observation shows that this is true to a much greater degree with tuberculosis patients. Therefore, it becomes necessary to eliminate the possibility of these things, and lay out work for the patient that is calculated to inspire pleasant thoughts, to soothe him and promote rest, mental and physical—the first and most important element in tuberculosis treatment.

When once the proper work and quantity shall have been found for a patient there remains the important feature of seeing that he gets the greatest possible good out of it. This means that the success of all occupational therapy work given tuberculosis patients depends to a large extent upon the attitude of the aide. It is fundamental that the patient must not be fretted by the presence of the aide or by her instructions. This necessitates for a good aide a well trained craft woman, who knows the craft and its best and surest technique, and who has the ability to impart her knowledge quickly, intelligently and interestingly so that the patients will not be unnecessarily annoyed nor fretted by
mistakes, nor discouraged by the seeming intricacies of the craft. In other words the aide must make the work look simple, easy and attractive, and, unless this can be done, the effort is liable to excite the patient and stimulate the very condition the work is intended to soothe.

This same general principle of the attitude and efficiency of the aide holds true whether the work is done in the workshop, or at the bedside, but more tact and patience probably is required of the aide to produce satisfying results where the patient is confined to the bed. All the crafts are not open to bed-confined patients, and it may be impractical to use the very craft that would be most satisfying, and beneficial to him. Patients of this kind are weaker physically, and more given to mental depression, and can be given only light craft work, but it is amazing to see the eagerness with which these patients seize the opportunity to have something to do, and in a great many cases their tendency is to overdo—something it is necessary to guard against carefully. While the number of crafts available to patients in bed is necessarily limited, a resourceful aide nearly always can find something interesting and helpful to the patient. If a patient is made comfortable reclining upon his bed and given a piece of leather and a leather tool, or a nut pick and a rake-knitter, he will be happy and quietly contented in contemplating what he can make out of the leather, or in enjoying the colors of the wool he soon finds himself rhythmically weaving into a fabric. This becomes a panacea for his nervousness, and brings pleasant thoughts, and prevents that talkativeness of a restless, nervous person that consumes so much energy, and disturbs other patients with whom he comes in contact.

There is a patient in the surgical ward in a hospital at Prescott that furnishes a striking example of the benefits to be derived from proper occupational therapy work. The boy was a son of a minister, who at the age of fifteen ran away with Ringling Brothers Circus, and became a trapeze performer. In 1916 the boy enlisted in the Army to go into Mexico to "get Villa"; later he was sent to Cuba with the fleet, and still later he was a member of the American Expeditionary Forces in Europe, and was gassed.
at Verdun and sent to the hospital. He was not content to re-
main in the hospital, and while on leave went to Chateau Thiery,
and on the third day found himself again in the hospital as a
result of having been knocked unconscious from a truck by the
concussion of a shell. An examination showed serious spinal
trouble, but whether it was due to the shell, or to the fall from
the truck at the time has never been determined. Later he was
returned to the United States and sent to a hospital in St.
Paul from which he was discharged in May, 1919; he entered
college at Bozeman, Montana, to study veterinary science, but
found the work too strenuous and returned to Minneapolis;
later he was put into training school at Fargo, North Dakota,
where he again broke down, and was sent to a hospital in
Minneapolis. After an extended examination his ailment was
diagnosed as tuberculosis of the spine; an Albee operation was
performed, and a piece of bone 8 inches long and \( \frac{3}{4} \) inch thick
from his shin bone was grafted into the spinal column. This
was in January, 1921, and in March, 1921, he was transferred
from the east to a hospital at Prescott.

The boy arrived at the hospital at Prescott in a plaster cast
that necessitated his lying flat on his back all the time, and the
enforced inactivity following his prior active life as a trapeze per-
former became very irksome to him, in fact, so much so that he
became very restless, fretful and impatient, and seemingly more
depressed each succeeding day, and he had reached the point
where his mental condition was not only retarding improvement,
but actually aggravating his physical condition. Occupational
therapy was sought to correct his mental attitude, and through
the efforts of a tactful reconstruction aide he became interested.
The first thing he made was a paper-cutter whittled out of a
small piece of mahogany. The design and lines disclosed ability
for modelling, and when another patient came into the ward
telling him about a pet rabbit on the lawn his aide aroused his
interest by suggesting that he model a rabbit out of clay. The
boy was still lying flat on his back in the plaster cast and while
moulding the rabbit it was necessary for him to use a mirror to
see the model. The rabbit he produced is not a work of art,
but it is a monument to occupational therapy, and as the boy improved he painted with crayons and oil, and actually has produced some amazing results.

In time the irritableness, fretfulness and impatience disappeared, and were replaced by a cheerfulness and pleasantness that soon found him radiating good cheer and playing practical jokes upon all his fellow patients.

His physical condition seemed to respond to his mental attitude and improve with it, and today the boy is able to walk to the Reconstruction Building at the hospital, using only a cane, and he is constantly demanding new material with which to work. In addition to this he is studying stenography and typewriting and expects to use this as a means of livelihood when discharged from the hospital.

The fact is when the boy realized that on account of his physical condition he would not be able to follow his former active life, he practically surrendered in despair, and it required occupational therapy to revive in him the desire to create, and the knowledge that he could do so. It sweetened his thoughts, gave him a new perspective, and no one can seriously question the statement of the surgeon under whose care the boy has been for many months, that occupational therapy was a strong and important element in the boy's improvement.

The attitude of a patient's mind reacts upon his health, and there probably is no class of cases where this is more strikingly true than with tuberculosis patients. They are very susceptible to their environment, and for this reason everything should be done to make this as ideal as possible. The patient must have rest even though he be kept busy, must find quiet yet be kept actively interested, must be kept hopeful yet patient, and must be satisfied yet constantly stimulated to endeavor. The aides are the agency supplying this environment, because in addition to interesting the patient in things to make, and teaching him how to make them, they interestingly tell him of these things in the outside world which are cut off from him, encourage him to long for them, and at the same time lead him into paths of patience that satisfy him to rest quietly for months under hope of recovery.
It really is a revelation to watch the transformation of the attitude of the boys coming to the hospital. Most of them arrive grouchy, unhappy, discontented, dissatisfied, disgruntled and all but ready to give up in despair. Slowly but surely the aides through occupational therapy make them forget their grouches and become happy and contented, and patient to "chase the cure," as they smilingly refer to the treatment, and too much credit and admiration cannot be given the aides who are devoting the best years of their lives in the effort to bring back into health the young manhood of our country.

The statistics show that the tuberculosis patients at our hospital doing occupational therapy are cured in the shortest time, and that the general morale of the whole hospital is much better on account of the work. There is a trite saying that "idleness breeds mischief," and there certainly is no place where this is better exemplified than in a hospital of convalescent patients. Keeping them busy, so far as their physical condition permits, makes it much easier to maintain proper discipline, and so well recognized has this fact become that it was the subject of extensive, favorable comment in a recent issue of the *Modern Hospital*.

Before concluding this paper I cannot desist from referring to the fact that the growth of occupational therapy, and the attention being paid to its application, is becoming more general. It is gaining recognition rapidly and firmly in private institutions as shown by the Metropolitan Life Insurance Company Sanitorium Report for 1919 and 1920, in which it is said:

*We are ever on the lookout for increasing opportunities to provide patients with suitable occupation, because of the mental content and physical improvement that come from suitable selected activities which have always been conducted by the patients. One is the library. This library was originated by the patients.*

and, in the same report, it is said, further:

*A number of patients are also engaged in amateur photography, a very diverting and wholesome occupation for the sick. Others are engaged in various ways in the workroom making baskets and doing various forms of reed and raffia work.*
Doubt no longer exists in the mind of any observant person that great benefits are to be derived from occupational therapy. Patients have been restored to health so they can fit themselves to become useful citizens, and occupational therapy has played no small part in accomplishing this.

Finally let me impress you with the fact that the practice of occupational therapy is destined to become, and at no distant day, an applied science that will call forth from those who dedicate themselves to it a broad human understanding, a real sympathy tempered with gentle firmness, a tact and resourcefulness that would do credit to a skilled diplomat, a patience that would shame Job, and a blissful contentment in the thought that the meagerness of the remuneration, judging from the present standard, for the ability required to use occupational therapy properly, will not dull our realization that we are striving to do the greatest good we can for those entrusted to us.