REPORT OF ROUND TABLE ON WOOD-WORK AND THEIR FINISHINGS

ALICE H. DEAN

St. Louis, Missouri

The builder makes a foundation on which to build his work. We have two fundamental principles, in wood-work on which to begin.

1. Knowledge of woods and their finishings

2. Accuracy: Train the eye.

We cannot teach, unless we are able to tell another, his or her faults.

The occupational therapist, must know her tools, with reference to muscles and joints:

1. A brace must mean circumduction of the arm, or a hammer, pro and supination of the wrist.

2. If there is stiffness of the ankle-joint, nothing is so effective in limbering it up, as working a jig saw. If for any reason there is danger of overstretching the muscles of the front of the leg, the toes must not be bent too far down. This can be prevented by building up the sole of the work shoe, or fastening a wooden strip on the front part of the pedal.

3. For stiffness of the hip, after rheumatism, fractures, dislocations, or infections, the best work, is a foot-power lathe; or a jig saw is good.

4. If the stiffness is in the shoulders, using a heavy hammer is good. If the patient is not at all strong, polishing large surfaces, such as sandpapering and finishing table tops, has value.

5. For stiffness around the elbow, planing and sawing are the preferred jobs. In order to fix the body, this work should be done, while sitting.
6. If the limitation of motion is that between the radius and ulna, in the forearm, the best work is using the screw-driver, gimlets, and awls.

7. For stiffness in the fingers and wrist, wood-polishing is the cure.

8. For uncomplicated paralysis of the arms, the best work is toy-making.

For a great per cent of the cases, knowing how to apply the various crafts to a certain disability, is the first requisite. An omission of this sort of training, has, in the past, made the medical profession skeptical of the ability of occupational therapists to teach curative work.

We are all agreed that the patient is our first consideration.

1. Make articles with a trend towards cabinet work—that is, make articles, that embody the making of joints, etc.

2. If a toy is to be the problem, use a pattern that can be combined with mechanical devises.

Some one has said, “That the true test of a toy, is when a child takes it to bed with him.” Let us make worthwhile toys.

*Question*: Realistic versus unreal or fantastic?

*Answer*: The latter, being more interesting.

*Question*: Shall the same patient that made a toy, paint it?

*Answer*: Often a man will become proficient in wood-work, but not good at painting. Then give the project to another man to finish.

An argument followed, in which it was pointed out, that a patient takes a greater interest, if he can enjoy the completion of a toy, or article. He sees an expression of himself in it. This latter argument may be carried out, successfully, when the patient has been, or is to be, in the hospital for a long period.

These steps in wood-work fit the patient, unconsciously, or otherwise, for a vocation, which can be guided and carried on, after recovery; for “Vocational training, medically applied, is occupational therapy.”

For the hospital problem: Woods, How to purchase material and learning adaptability of woods, to article in question.
Bass wood . . . Cabinet work

Fir . . . . . . . . { Carving
{ Can stand rough usage

Yellow poplar { Takes stain well
{ Makes good imitation
{ Toys

Cypress
California redwood
Gum-wood
Walnut
Mahogany

The Round Table for Wood-work was held in a most appropriate place—in the work shop—which is located in the basement of the Sheppard and Enoch Pratt Hospital, Towson. The shop is very finely equipped and has plenty of light and air.

It is run by a man who is a finished manual training teacher.

The patients are divided into two groups:

Men classes

Sharp tool class
{ Saw
{ Chisel
{ Draw-knife

Dull tool class
{ Plane
{ File
{ Hammer

No toys made in the shop.

Women classes, all in the occupation building. They use scroll saw, and make small toys.

Dr. Herbert J. Hall, of Devereux Mansion, Marblehead, Mass., spoke to the Round Table, about standardizing toys, and told of the plan that they are trying to work out at the Medical Workshop. To have a well equipped shop, trained designers, trained painters, etc., to make accurate, mechanical toys, for the pleasure of the child. These toys, would be tried out, as to their practicability in connection with occupational therapy work, with a view to simplify the mechanical parts, and the painting. He hopes to get about one-half dozen good toys, covering the play age of the child.
The essentials of a toy, are: Character and humor. Not real, but fantastic. Old models are best for toys. The old jumping-jack, consisting of two sticks, with strings and the loosely-jointed, grotesquely-painted jack, still amuses this generation as it has several generations past. Fantastic wooden dolls, jointed, gives employment to women and girl patients, in dressing them.

Dr. Chapman said:

That it was a great pleasure to have the National Association as the guests of the hospital. That speaking from the point of view of the psychiatrist there were two things to which he wished to call attention.

First, the necessity of carefully preserving the therapeutic viewpoint. It sometimes happens that an occupational department loses sight of the main idea in enthusiasm over quantity and quality of output, or over something else of little importance. It is by far a greater triumph to gradually arouse a case of depression or stupor, through patient effort, to the point where, after two or three weeks perhaps, he will voluntarily polish a piece of wood, than to persuade the average patient, in a chronic paranoid state, in full possession of his faculties, to do some really beautiful and valuable piece of basketry or embroidery.

Second: No department of occupational therapy can operate at its fullest efficiency without close contact and real cooperation on the part of the medical staff. At the Sheppard and Enoch Pratt Hospital conferences are held twice each week, once with the physician in charge of the men, and once with the physician in charge of the women patients. The doctor on these occasions goes over the pertinent points in the history of newly admitted patients and suggests lines along which the aides may work. Cases already under treatment are also discussed. Suggestions are made, questions are asked and answered. This is believed to be very important.