The tuberculosis hospitals present certain problems for the occupational therapy worker which differ from those in the general and neuropsychiatric hospitals. The patient sent to the former institution for treatment is ordinarily in the active stage of the disease, and rest is the outstanding indication. Complete rest of body and mind is desirable. This is in some cases difficult to obtain but frequently it has been found that carefully directed occupational therapy is helpful in promoting the desired sedation. At the conclusion of the active stage of the disease comes a period which may be termed the semi-ambulant stage. The patient is able to be out of bed for an increasing length of time daily, he is gaining weight and strength, and is progressing more or less steadily toward the ambulant stage when he is able to be about the lounging rooms and grounds, only taking regular prescribed rest periods. Practically every case in a tuberculosis hospital falls somewhere in these three classes—bed, semi-ambulant, or ambulant.

The primary purpose of a hospital is to provide the indicated medical and surgical care for the patient, but we must learn to consider the patient not alone as a case, but as a social being. The objective is the return of the man to his place as an economic unit in society. He must spend some months or perhaps years in the institution, and will of necessity have much spare time

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1 Read at sixth annual meeting of the American Occupational Therapy Association, held at Atlantic City, September 25 to 29, 1922, and approved for publication by the Surgeon-General, U. S. Public Health Service, and by the U. S. Veterans Bureau.
while waiting for nature to heal his lesions. This time will be largely wasted, and in many instances worse than wasted, if we do not provide something of value to occupy his attention. Occupational therapy fills this long felt want, but occupational therapy with these cases should not be merely diversional in character but should be as vocational as practicable, while at the same time making the therapeutic effect the prime consideration.

Tuberculosis is a disabling disease. The disability, however, is not in the mental but in the physical sphere of activities. If it is necessary or advisable for the patient to make a change of occupation, and in the majority of cases it is found that this is indicated, it is reasonable that this should be chosen from the pursuits which call for a minimum of physical exertion compatible with the mental qualifications of the patient. If the patient is to take what we term vocational training after leaving the institution, it should be determined as early in the period of hospitalization as possible what line of activity will be followed, and such occupational therapy should, when there is no contraindication, be prescribed by the physician in attendance as will assist in laying a foundation for this training. Furthermore, many of the patients in government hospitals are men who have broken down in training and have been referred to the hospital because of the physical condition. The first reaction will be that the man has broken down in training due to improper choice of training objective. This, however, in many cases is not true. This condition may be caused by lowered bodily resistance due to excesses, poor environment, improper nutrition, etc. Therefore, careful inquiry should be made to ascertain the cause, and, if it is found to be other than an improper objective, occupational therapy should be prescribed which, so far as is consistent with the therapeutic indications, is related to the training objective.

Occupational therapy should never be given except on a prescription, and in each case the occupation should be prescribed which will have the greatest therapeutic value. When two forms of occupational therapy have equal therapeutic value, the more practical should as a rule be chosen.
Any man who is hospitalized for some months and has the benefit of occupational therapy should be returned to society a better and more efficient citizen because of this therapy, even though he does not take up vocational training. Any one, if he had six months of leisure, could learn something which would be of value to him either in his vocation or as an avocation. In some sections of the country many of the men hospitalized are of foreign birth, and good work may be done along the line of Americanization while they are in the institution; also in some sections a large percentage of illiterate men are found, and here reading and writing may be taught which will enable the men to go out better fitted to meet the problems of society.

When occupational therapy is prescribed the patient should be carefully observed by the aide or instructor for the development of any condition, physical or mental, which would indicate that the prescription either as to duration or form is producing other than the desired results, and herein is made manifest the value of workers trained to observe these symptoms. The administration of occupational therapy should not be given into the hands of persons, however skilled they may be as workers in crafts or as teachers of any branch, who lack proper training in treating this type of patients, unless they are directly under the constant supervision of trained personnel. The pharmacist is not a physician. Training a person in crafts does not make her a reconstruction aide. Trained personnel is needed, greatly needed, but they must have actual bedside experience to supplement their educational qualifications. With the proper personality and the requisite educational qualifications in crafts or other branches, and given actual bedside work under trained supervision, the occupational therapy aide whose services are invaluable is developed.

During the clinical activity of the disease for prescribed periods, occupational therapy may be administered by the ward occupational therapy aid. Occupational therapy so given makes this regimen less irksome and renders the patient more amenable to hospital discipline. In the ward work such activities as the study of plant life, drawing, water coloring, rake knitting, light
reed work, reading, spelling, letter writing, bead work, etc., may be indicated.

During this period the patient's habits of industry must be sacrificed. He is taught to be comparatively idle, but as the disease becomes quiescent the lost habits of industry must be restored. During the semi-ambulant and ambulant periods he should be gradually but steadily taught to do things, to be busy, but care must be exercised not to overurge the man. It is better to give less rather than more than the indicated amount of occupational therapy.

During the semi-ambulant period more extensive craft projects in the wards or shops, more advanced academic or commercial subjects in class rooms, or short periods of pre-industrial work of various kinds should be prescribed.

As the man reaches the ambulant stage occupational therapy specifically directed toward the employment objective of the patient, as a try-out to determine such objective, or as an educational background for his probable training objective should be prescribed.

For the ambulant cases, in addition to the usual commercial and academic subjects which should always be prescribed from the standpoint of related work, the following are suggested lines of therapy: drawing and lettering, gardening, floriculture and greenhouse operations, bee and poultry husbandry, farm mechanics, light woodworking, wicker work, typewriter and watch repairing, cabinet making, photography, telegraphy, bookbinding and leather work, and perhaps in some cases tailoring and shoe repairing. It has not been found necessary or advisable to develop all of the above lines in any one hospital, but efforts are being made to provide facilities in the way of space and personnel to develop some of these forms of therapy in practically all tuberculosis hospitals.

It has been found that occupational therapy as given in government hospitals has been the means of rehabilitating some disabled ex-service men. They have gone out trained for new vocations in photography, reed work, telegraphy, etc. In no class of hospitals is there such an opportunity to develop practical
and useful forms of occupational therapy as in tuberculosis hospitals.

Care should be taken that too much emphasis is not placed on the articles made in the course of occupational therapy, as these are simply by-products and the results to be considered are the effects on the patient.

CONCLUSION

Occupational therapy in tuberculosis hospitals should begin early in the period of hospitalization, and should be progressive from the time the man is a bed patient until he is discharged from the institution. Medical officers, nurses, and aides should encourage the patient at all times to take the form of occupational therapy which will offer the maximum therapeutic and economic benefits. Occupational therapy should be prescribed first, as a curative agency; secondly and of importance—as a means of preparation for the duties to be carried on by the patient after leaving the hospital. Occupational therapy should be administered only under the supervision of trained personnel.

Occupational therapy prescribed and administered as outlined has a distinct and valuable place in every tuberculosis hospital for the care of disabled beneficiaries of the government.