ROUND TABLE: CRAFTS BEST SUITED FOR THE TUBERCULOUS

Conducted by Mr. Kidner

While in any convention meeting I think we should have questions and answers, it seems to me that a round table differs from the ordinary session in that most of the time should be devoted to questions and answers. As a contribution to the question which is the subject of our round table tonight we are going to have an illustrated talk by Dr. Ide, of Muirdale Sanatorium at Milwaukee, which is one of the places I always remember with pleasure. When I was looking up information in the early days when most of us were afraid to give patients work to do, I went to Muirdale for inspiration and help. Dr. Ide was not there then, but he is carrying on the traditions of his predecessor in that institution. The question before us is, "Crafts Best Suited for the Tuberculous." May I take a very few minutes to go a little into the background of our work for the tuberculous? It is within the memory of most of us in this room, certainly of a great many of us, when the cure or treatment of tuberculosis consisted of absolute rest, and there are still physicians who believe in that today. At the recent Inter-Allied International Congress in Brussels, we devoted a whole morning to the question of work during and after the cure, and one French physician summed up the matter by saying that it was not debatable, it was unnecessary to discuss it; if a man had tuberculosis he was unable to do anything at all; he must rest. When his disease was arrested he no longer had tuberculosis and he could do anything. That did not get us very far. I well remember in the '90's when I saw the first "cures" from tuberculosis. We had heard about the work done in the mountains of Germany, and two friends of mine went out and "took the cure." They were made to lie in bed, and they were stuffed with food morning, noon and night. One is alive today and the other died of liver trouble superinduced by stuffing. Today in our sanatoria, as you know, the diet schedule is very much what ordinary people eat. Some physicians do not even give extra nourishment between meals. A good, generous diet is generally considered sufficient without extra nourishment. Just as our views on the subject of feeding have changed,
so have the views of the physicians in charge of the tuberculous changed with regard to exercise. There are still a great many physicians who believe that exercise is not indicated in the cure of the tuberculous, and, it is, of course, true that, exercise may be dangerous unless it is very carefully regulated and prescribed. We have, however, gradually seen it spread in the tuberculous hospitals and sanatoria of this country. I do not know whether if this were put definitely in the form of a question—by implication I think it is a question—whether we could answer it. I think we ought to attempt before we leave to give those of us who are working with tuberculous patients or have the responsibility of suggesting work for them, some few guiding principles which should come from your experience. May I say this: It is generally held today that there are no light out-door occupations for the tuberculous after they have taken the cure or after the disease has been arrested. That is so; there are few occupations out of doors that have not the objection either that they are characterized by seasonal periods in which there is very little.

Dr. Ide: Our sanatorium has had occupational therapy since it opened some seven years ago. When I came there as superintendent nearly two years ago, I found the department well organized and the patients very much interested. It is our custom when patients enter to keep them under close observation, find out what reaction they get from rest, and then as soon as possible get them to do something. The idea that because some patients are far advanced cases is no reason in the world why they cannot do something. We start them with a few minutes of reed work or sewing, or whatever they are able to do, and then gradually increase as their condition warrants. We get out an exercise list each week, which is closely allied to the patients’ improvement and reaction to work.

X. 2 hours Industrial

1 hour Domestic work

To be assigned by nurse

IX. 1 hour Industrial

Domestic work

To be assigned by nurse

VIII. Either 1 hour Industrial

or 1 hour Domestic work

To be assigned by nurse

VII. ½ hour Industrial

Make own bed

Dining room

VI. To main dining room and make own bed

V. To main dining room (no bed making)

IV. Ward dining room
CRAFTS BEST SUITED FOR TUBERCULOUS

III. Tray service
   Toilet privileges—Also bedside occupational work
       Own bath
II. Tray service
    No toilet privileges
       Bed bath
I. Absolute bed rest

_Beyond VI_—Exercise must not be ordinarily prescribed for patients unless they have been afebrile for at least a week or more, have no great acceleration of pulse rate at rest, and have not had hemoptysis or streaked sputum within previous week or two.

I really feel that occupational therapy is not given the credit that it should have. I think it is not only a help in the cure but in the prognosis. The patient that has not an interest in life has a very poor chance, and I think in that way it is sometimes an index of the result of their cure, whether or not they are interested and whether they will take hold and try to do something. A great many of the cases I will show you are bed cases, hopeless cases, and they know it, but they are able to do something. They sometimes work a few minutes a day when their temperature is not high at all; but I find this to be a fact, that visitors and people coming to see them causes a much higher rate in temperature than a little work. It is a very sad thing sometimes for a person to have too many friends. I have patients there who have very few friends, but on Sunday evening they do not have the temperature that the patients do who have had too much company. We try to control this situation all we can, but the excitement of being agreeable and the effort one makes to be agreeable when sick is a terrible task. In regard to the work that they do, they do nearly every form of work you can think of along the craft line—even the bed patients, to whom the lighter crafts adapted do wonderful work, often on a par with student work in schools. I will show you a picture of a man who has not only tuberculosis of the lungs but of the spine; he can not even sit up, but has to lie on his back while he paints, and he does the most beautiful painting you ever saw, and he is the happiest man I ever met. Before I came away I went in to say good-bye to him, and I asked him what I could do for him? He said, “Send me some postal cards,” so I sent them. I have a girl so sick she cannot lie down at all; she has not been on her back for six months. She does beautiful work in painting, making place cards and things of that kind. So I do not feel the condition of the patient need necessarily contraindicate occupational therapy. In regard to the work afterward, I think that comes under the head of
out-door departments after they leave the institution. At Blue Mound I send my cases in better condition, so the questions I had at Blue Mound are not entirely different from the questions of work I had at Muirdale. When they leave the institution as apparently arrested cases, by keeping them under observation at the dispensary, they can be checked as to how they are working, and if it agrees with them.

(Thereupon Dr. Ide showed numerous pictures on the screen.)

Chairman Kidner: Have you ever given up any crafts that had been started?

Dr. Ide: No, I have not. Of course the patients that come to the shop do wood work, jewelry and leather work, basketry, shoe cobbling and all that sort of thing; but it is the bed patients we all should pay more attention to, because that is what the hospital is for.

A member: Do your patients do any weaving?

Dr. Ide: Very little, except on card-board frames.

The member: With the big looms?

Dr. Ide: We use one upright weaving frame, but it is not so popular. Weaving is a craft more suitable in psychiatric institutions. The strain of sitting upright at a loom is tiring to one not used to the task. There is a decided action of the chest muscles which should be kept quiescent, especially in hemorrhage cases. Some authorities claim that there is a great deal of lint resulting from weaving that is harmful to tubercular patients to breathe. We have one upright weaving frame which requires no beating of the woof, but it is not very popular. Weaving on cardboard frames and bead looms is a good craft for bed-side cases for it is easily handled.

The member: Would heavy basketry be considered a suitable occupation?

Dr. Ide: We do not attempt heavy basket weaving as the time is short and materials must be used as prepared. Small baskets of all kinds are in great demand.

Miss Brainerd: How do you dispose of the articles made by the patients? Are they fumigated?

Dr. Ide: Cloth articles should be fumigated. The workrooms are especially airy and sunny so that all the articles are made and kept in rooms where there is a good circulation of air. Basketry is sterilized by singeing.

Chairman Kidner: Are there any definite crafts that you especially recommend for bed cases?
Dr. Ide: I would suggest the bead work and needle work of any kind, and the lighter reed work. I think anything of that kind would be perfectly satisfactory. I know they have done it; even patients who have been very sick.

Chairman Kidner: May we ask some of the workers who are especially dealing with tuberculous patients. Mrs Harter, Director of the work in the County Tuberculosis Sanatoria of New York State. What do you find, Mrs. Harter, about bed patients, or do you give work to bed patients?

Mrs. Harter: We use all types of work with bed patients. Bead work is one of the things that many of our medical superintendents are asking us to avoid. They feel that there is tension on the nerves and a peculiar strain upon the eyes that goes along with bed work. We have not done any bead work with bed patients in most of our sanitaria for a long time, preferring to work the larger materials, yarns and the coarser fibers.

Chairman Kidner: Miss Lindberg, of Minnesota.

Miss Lindberg: We have done bead work, although it takes a patient who can sit up. Patients taking the sun cure are working on some whittling and carving, leather work, and so on, and are in a prone position. We sometimes wonder whether it is the sun or work which makes them specially happy, but they are the happiest patients we have on the five floors. It is a peculiar problem to know just what to give to bed patients, and I am glad to hear other speakers tell of what they have been doing.

A member: Would you advise the urging of educational work?

Chairman Kidner: There are here directors of some of the large government sanatoria who have had a great deal of experience in dealing with patients in such institutions. Will you tell us your experiences as to the limitations of work for bed patients.

A member: I have the same opinion that I had last year when Dr. Pattison spoke of what crafts were best suited for the tuberculous patient. He said there was no one best craft. I think all crafts are good for the tuberculous except metal work and jewelry. It is according to the condition of the man, the amount of energy that he can use up, and the condition of his mentality, his likes and dislikes.

Chairman Kidner: What about bed patients?

The member: Bed patients must be given a very light craft for very short durations; that may be any one of a number of crafts. Of course, we say knitting first, because that probably is the most soothing craft and uses the very least possible energy.
Chairman Kidner: Why do you suggest that jewelry is bad for tuberculous patients.

The member: Well, for one thing, a blow pipe is used in soldering, and from the acids that are used there are fumes that are strong and disagreeable, very irritating; also, metal work requires a great deal of pounding which causes entirely too much energy to be used up.

A member: You speak of hammered metal work. Yes, hammered metal work, and in sawing metal you use more energy than you would use in sawing a piece of wood.

Miss Robeson: I should like to ask about wood work. Is that bad for tuberculous patients?

Dr. Ide: We give very little of that work to the patients. As a rule, they can do most forms of light wood work; they get to the place where they can do cabinet work.

A member: How about using the plane and saw?

Dr. Ide: We never let a tuberculous patient use a plane or saw until he is fully ambulant. We use band saws and electric saws.

Chairman Kidner: I think that is a very good point. In putting in equipment for ambulant patients who are to do wood work—ambulant patients being patients who are nearing discharge—the equipment should include machinery which will do the heavier work. The use of the chest muscles and the arms is inhibited except the patients are nearly or practically well; so that the heavy planing and sawing should always be done by machinery.

A member: We use the electrically driven saw and planer entirely.

Chairman Kidner: Are there any more questions about that? We seem to have elicited certain points of warning. Broadly speaking, there are a few things that are not to be employed; but very few. Any other questions on that point.

Miss More: I was very much interested in Dr. Ide's remarks about the chest muscles. We have a business manager who is one of the big, broad men, and he is interested in my department, and he told me a short time ago he encountered one of the men who works in the shop a great deal. This man had told me that he wanted a drawing knife. I said to him, "Oh, no, you cannot do that," but he encountered the business manager in one of his walks, and said to the business manager "I want a drawing knife; we need one." The business manager said, "Why yes, I will get you one." So he went down to the hardware store and got a very good drawing knife and presented it to the man. When I discovered the man had the knife I asked him where he got it and he
told me the business manager had bought it for him. "Well," I said, "you cannot use it." "Why?" Then, of course, the business manager was in trouble with me, and he said it never occurred to him why I did not want the man to have the drawing knife. When I gave him the reason he saw it immediately.

Mrs. Harter: The work as prescribed by the physician is far more strenuous than we would dream of giving them in the occupational department, and the worst of it is, what are you going to do. You cannot limit them when the physicians prescribe that sort of work. In many instances in our county sanatoria where our work is carefully limited to certain prescribed movements with the arms, the patients are permitted to play baseball as a recreation out of hours, and it is recommended by the superintendents; they say it is good for them.

Dr. Ide: The last speaker brought out a point. In our institution the patients do no work of any kind she spoke of. They may play ball, but they never play ball on the grounds, nor do they do any work involving heavy muscular exertion.

Miss Huff: I have a very delicate young man who is perfectly happy if I give him painting to do. I think work had something to do with his breakdown. I gave him some watercolor painting and he was perfectly happy, but the doctor who had him in charge, and who did not approve of occupational therapy, insisted that the young man have what we call ward exercises, and his ward exercise consisted of cleaning up every morning, polishing the brass fixtures, etc. He was a man who could barely walk from his ward to the craft shop without getting out of breath. He cleaned the hall and polished the brass fixtures; then he raised his arms above his head and polished and rubbed the glass of the mirror and collapsed before he got to the door of the room, and the doctor said he had done too much work in the craft room and he cut out the painting.

Chairman Kidner: Will the doctors present take notice how you are sometimes regarded by the aides? Dr. Ide mentioned the urging of educational work in the tuberculous work. You meant academic and commercial work?

Dr. Ide: Yes.

Chairman Kidner: This question of course rises very definitely in the hospitals in which ex-service men are being treated. It is going to arise and has arisen in our civilian hospitals, just as that Japanese physician said, "I have come to learn about the beginnings of industrial rehabilitation." The question this evening is asked, should we stress, or are there any objections to, academic studies? I should rather put
it, is there any value from a therapeutic standpoint in academic studies for patients in bed? Let us talk about that.

**Dr. Ide:** Of course that depends on the age of the individual and their physical condition. The children, of course, carry on their school work for an hour a day depending upon their condition. There is no objection to the patients who are physically fit spending a certain time each day in study; in fact, I have tried to do that with some of the boys who were behind in their schooling. We had also a government teacher there teaching the boys who were in condition to be taught, and I saw no bad results from it. Of course, each case is an individual case. I believe the school for the child between four and fourteen should be his rest from physical exercise. I think an hour or an hour and a half a day, provided it does not produce any temperature, is a good thing for them. Of course, in the open air they have their schools, but they are never taxed beyond their strength and if they show any signs of not progressing, the time is shortened or taken out entirely.

**Chairman Kidner:** That is the point, whether it should be urged.

**Dr. Ide:** The temperature and the pulse is always your guide. Sometimes the pulse is a better guide than your temperature. Some people will have a rise in their pulse rate long before they show any temperature.

**Chairman Kidner:** I think Dr. Ide has touched one point which will rather preclude any generalized answers. Every case is an individual one. We have to take each individual case. We seldom learn from the physician details of the temperament of the patient, and I think that would be a large consideration in answering this question. Some like academic work, but I do not know how you would press academic work. We try to do it in our public schools; we try to press learning or information into unwilling heads sometimes. I do not see how you could do it with a patient. Let us have some more opinions as to these academic subjects.

**Miss Collins,** of New York: We had a patient who would read anything and simply devour anything she could lay her hands on in the way of psychology and Bernard Shaw. Then another girl, a foreign born girl, had gone to night school and then the night school closed. We taught her English. Another Italian girl, who was too sick and had never gone to school, craved books and when she got school books we found it the right thing for her.

**Chairman Kidner:** Are we not forgetting that in chronic diseases involving long treatment that the diversional side of occupational therapy is most important. I think from that point of view we should
have the widest latitude possible in choosing work for our bed patients; but there are other patients in tuberculous hospitals and sanatoria and the limitations should be indicated for us by the physician from his knowledge of each patient and the extent of the involvement of the lungs or other organs affected. May I put the question for us to sum it up: Outside of jewelry and metal work and the operations involving the use of the muscles in heavy work, are there any occupations that are feasible for putting into a sanatoria that we find to be inhibited from their nature? There are a lot of things that are not very good for tuberculous persons. We have heard this evening that jewelry and metal work are not considered suitable, and that certain heavy occupations are not to be undertaken. Are there any other limitations that we can think of?

Miss Washburn: Is there any objection to using jute?

Chairman Kidner: What possible objection have you in mind?

Miss Washburn: The material is rather hairy and it sometimes drops apart, the hairs come out of it, and I think that the lint is rather objectional or has been found to be. In New Haven we dropped it except out doors.

Chairman Kidner: Will one of the physicians present answer that? Dr. Ide.

Dr. Ide: No, I have not used it.

A member: I know in the Boston sanatorium the doctors forbid the use of jute on account of the lint. Mrs. Sample spoke of using an electric fan. I think the draft from the fan would be bad for the patient.

Chairman Kidner: You might have a suction fan and draw it away from the patient. I think we should avoid this work rather than install dust collectors or dust removing appliances. This is a useful discussion. We have three witnesses against jute. Are there any other textile fabrics which should be prohibited? In several of the English sanatoria I visited jewelry was the most important thing they did; much of it being very high grade. Let us return for a moment to textile fabrics. Are there any other things?

A member: How about cotton roving?

A member: We had to discontinue its use with several patients on account of the lint in the air.

Chairman Kidner: Are there any other remarks on the subject of materials?


A member: I would like to say that we tried pottery with two patients with very good results. It is clean, it is easy to use, and gives the patient an opportunity to develop any creative thought that he might have.

Chairman Kidner: What form of pottery? Just little pieces?

The member: Yes.

A member: How about the use of cement; the mixing of cement which is a dusty job?

Chairman Kidner: There is not only the cement that flies; there is the sand.

Dr. Ide: That is the point. The lime is not supposed to be a source of irritation, but the sand, the sharp cutting dust is always so.

Chairman Kidner: I think that in cement work the greatest care should be taken in pouring the water into your dry mixture; it should be poured into a vessel and not on a flat board where the dust is apt to be stirred up. But I do not think we should do very much cement work until the patients are able to do it in the open shop. I do not think it should be considered until they are fully ambulant, and then precautions should be taken; not so much with the cement, which, as you know, is a form of lime, but with the sand and other ingredients which go to make up the concrete tiles and other products. Are there any other deleterious materials?

A member: How about paint and turpentine and varnish? Our physicians will not allow it.

Chairman Kidner: Did they give you a reason?

The member: They say the turpentine irritates the lungs.

Chairman Kidner: Supposing it is quite possible to use paint made without turpentine?

The member: We use water colors and the aide selects them.

Chairman Kidner: Has any one had experience about that? A physician in a certain hospital forbids the use of oil paints because it involves the use of turpentine, and they use water colors and shellac over them. Dr. Ide.

Dr. Ide: If it was used in a room that was fully ventilated I think that with care it would not do much harm.

Miss Lindberg: We have had several men who are painters by trade. The doctors have blamed it not only to the turpentine but to the place in which they used that turpentine, and those same men I find have been irritated by another painter using turpentine in the shop.
Chairman Kidner: I think we have brought out some good points tonight. The fact of the matter is, we might very well devote one whole day to such “conversations” as we have had tonight. It is now late and we ought to go home. We meet in this room tomorrow at 10:00 a.m., when we shall take the program which is printed for tomorrow afternoon.

Adjourned at 11:00 p.m.