"Occupational therapy" and "vocational training" are terms which do not convey to all precisely the same ideas. According to the United States Veterans Bureau, Circular No. 30A, occupational therapy in its broadest aspect includes more than mere diversional activity and in some instances can and should be a definite preparation for remunerative occupation. On the other hand, vocational training may have a more general meaning than preparation for a specific occupation, and include preparation of the patient for more complete economic harmony with the environment to which he must return, whatever the particular position he may be able to secure in the beginning. It would thus include not only the rudiments of certain trades, but also the preliminary training in citizenship, in English and in the common school branches necessary to success in most trades. In this paper the terms are used with the broader contents.

Diversional activity is a necessary feature of sanatorium life for all patients, after but not before, the symptoms of toxemia begin to abate their severity and permit him to take an interest in even the simplest of expedients to make the time pass less heavily.

While the disease forces are active and ascendant the patient's entire time will be needed for rest and the slightest spur to mental or physical exertion will be contra-indicated.

Every avoidable cause of undue mental activity such as worry, irritability and restlessness must be removed by adequate

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1 Read before the Minnesota Occupational Therapy Association, St. Paul, Minnesota, February 5, 1923.
social service in the solution of family problems, by encouragement and helpfulness on the part of physicians, nurses and friends, including careful selection of room and porch and the prevention of depressing and exciting incidents in the daily routine.

Involuntary excess of physical effort as in undue coughing, unnecessary getting out of bed or even sitting up or turning on one side may waste precious energy and vitality when every iota is needed to turn the course of a frail craft toward the safe haven of arrested disease. As there are some persons like the old lady who was “too sick to be nursed” at least to be nursed vigorously, so there are others too sick to be given occupational therapy. Rest, rest, rest, day and night is what they need, freedom from annoyance, freedom from worry, quiet encouragement, and helpful friendliness.

Very promptly in many cases, in others after long months, the storm clears and active interest in one's life and surroundings returns. Sometimes the desire to come back from the strange region where the struggle has been going on may need to be stimulated.

Florence Davies has written delightfully of the diversions suitable for this period.

In the first place, there's leisure itself. Just gloating over that takes hours, doesn't it? If you've rushed for the last ten years wouldn't you want to spend at least two hours every morning in luxurious half sleep with the nipping frosty air blowing in your face, just awake enough to congratulate yourself on the delicious idleness of your body? Bring on your wraps and rugs; I must be at the business of dawdling. I have much snoozing to do in this sunshine beside a rubber of pinochle to play with that idler over there. And if books fail and sleep comes not . . . there is still much to do. For it is April and there is the happy business of watching the spring come in the mountains. . . . How, pray tell me, in any one day is there time enough to spend long hours sleeping, and long lazy hours dreaming, and still others reading or writing or hazarding one's luck

in a game of chance, not to mention these other happy hours getting acquainted with mountain tops now faintly visible now lost in cloud; with distant branches stenciled against a changing sky or cloud shadows on a mountainside under a vault of luminous blue.

Dr. J. H. Pratt, the enthusiastic prophet of rest as the most important element in the treatment of tuberculosis, prints the following quotation from Charles M. Skinner in "Do Nothing Days" in the record book kept by members of his tuberculosis classes.

There are few medicines better than clouds and you have not to swallow them or to wear them as plasters, only to watch them. Keeping your eyes aloft, your thoughts will shortly clamber after them or, if they don't do that, the sun gets into them, and the bad ones go adozing like bats and owls.

In these days of day dreaming and dozing, the days of purely vegetative existence when every activity of the body is purposely reduced to a minimum so that the bodily forces may have available all of their resources, patients acquire habits of inactivity which need counteracting during convalescence. Having been taught indolence as a duty, many a patient becomes fearful of the least exertion and remains so indefinitely unless taught the possibilities of happiness and usefulness even to one handicapped and limited. Distrust of his own capabilities to accomplish anything worthwhile in the world leads to despondency and uselessness. Such patients may even remain a burden to themselves and relatives for a number of years unless aroused from their lethargic state.

To such the joy that comes from actually completing some useful bit of craftsmanship is invaluable. At this stage of their treatment a variety in the tasks set is much more stimulating than the repetition of the same pattern. Originality in the devising of new designs gives the worker confidence in his own creative faculties. Accordingly at this time he should be encouraged in every way to test his ability and the making of articles of one pattern for sale is not usually advisable. If the articles are saleable there is a constant temptation to cut the
hours of cure taking and of relaxation at the expense of slackened progress toward health. The craft should be a diversion rather than an occupation. Suitable crafts for tuberculous patients when the symptoms begin to disappear are light reed and raffia basketry, bead work, weaving on hand frames, etc. Other diversions available are reading, letter writing, conversation, attendance at entertainments, etc.

When the condition of the patient becomes better than simply "improved," according to the National Tuberculosis Association's classification, and there are indications that the tuberculous process is "quiescent" or "arrested," his early restoration to society as a useful self-supporting citizen becomes a matter of concern. From this time on his exercise allowance should be devoted to purposeful though not arduous preparation for useful life.

He needs vocational guidance at this time as truly as do our young people in the high schools and colleges. The old occupation may have been one requiring more muscular exertion than his physical resources will permit in the future. The elusive light outdoor job may be much more difficult to secure than some form of indoor occupation. The possibility and value of securing a mid-day rest period will need consideration. The value of ability to read and write English, or of a special course in shorthand and typewriting or bookkeeping may be pointed out. The hardening process coincident with several hours daily of actual work in the sanatorium offices or workshop may be mentioned and its benefits discussed. The amount of time to be spent outside of working hours in rest out of doors and its relation to the permanent arrest of his disease should be considered. In some cases a man working at indoor work but resting and sleeping out of doors when not at work may really get more health than a man who works out of doors but sleeps inside. The relative proportions of work, rest and recreation with an analysis of different forms of recreation are also matters for friendly converse at this time.

When it has been determined tentatively what the future occupation is to be, definite courses of study and work may
be planned. Where several are anxious to study one subject or trade, the State Department of Education through its department for training of the handicapped furnishes special instructors.

The Veteran's Bureau, provides instructors in occupational therapy in hospitals where ex-service men are treated in sufficient number.

At Nopeming the following subjects have been taught: Americanization, English, spelling, arithmetic, bookkeeping, typing-writing, shorthand, and reed basketry. Two men have learned something of printing in the printshop.

The following exercise grades are assigned in accordance with the patient's condition as determined by the physicians.

1. Complete rest in bed
1A. Rest in bed Turning on side permitted
2. Rest in bed Patient allowed to turn on side and to sit up occasionally
2A. Rest in bed May use commode or go to bath room in wheel chair. Letter writing and reading by special permission
3. Rest in bed May walk to bath room. Reading and letter writing permitted. Light fancy work and light handicrafts allowed after special permission for not over one hour a day.
3A. Meals in small dining-room Patient to return to room immediately after the meal
4. Meals in main dining-room Patient to return to room immediately after the meal
4A. Reception room visiting Short auto rides permitted, not over ½ hour. Attendance on entertainment allowed by special permission. Patient may remain downstairs after meals 15 minutes

5. 15 minutes walking, besides exercise specified in second column
5A. 30 minutes walking besides exercise specified in second column

6. 45 minutes walking
6A. 1 hour walking

Other exercise as in preceding grades
Other exercise as in preceding grades
<table>
<thead>
<tr>
<th>Grade</th>
<th>Exercise Time</th>
<th>Training Description</th>
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<tr>
<td>7.</td>
<td>Not over 1 hour walking. May work in office or do other light work up to 3 hours upon special permission. May take school work.</td>
<td>Prevocational training</td>
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<tr>
<td>7A.</td>
<td>Not over one hour of walking. May take exercise of preceding grades. Not over 2 hours of active exercise. May have up to 4 hours of light work or school work.</td>
<td>Prevocational training</td>
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<tr>
<td>8.</td>
<td>May be all work or part work. Not over 1 hour of walking to be included without special permission.</td>
<td>Prevocational training</td>
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<tr>
<td>8A.</td>
<td>4 hours light work or other exercise including walking.</td>
<td>Prevocational training</td>
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<tr>
<td>9.</td>
<td>5 hours work and other exercise including walking.</td>
<td>Prevocational training</td>
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<tr>
<td>9A.</td>
<td>6 hours work and other exercise including walking.</td>
<td>Prevocational training</td>
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<tr>
<td>10.</td>
<td>7 hours work and other exercise including walking.</td>
<td>Prevocational work</td>
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<tr>
<td>10A.</td>
<td>8 hours work and other exercise including walking.</td>
<td>Prevocational work</td>
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**NOTICE TO PATIENTS**

Patients on exercise 7 or more will be expected to put in at least two hours daily of prevocational training, that is, preparation for the return to active citizenship. This may take the form of study in school, or light work in the workshop or sanatorium. The amount of time spent in this way may be increased as exercise increases. As the higher grades of exercise are reached, the patient may be regularly employed and placed on the pay roll if positions are open. A limited number of such positions are now held. Four hours a day of work are considered equivalent to board and lodging and no wages will be paid for less time, it being considered that the supervision and training given in addition to board and lodging makes the opportunity to do such work an important part of the treatment. Various courses are offered in the school. There will also be chances to learn the printing trade and market gardening. A few men will be employed in the basket shop. Reed will not ordinarily be sold them for private basket sales.

Patients having less than 7 exercise are not expected to be indoors whether in their rooms or in the workshop during the hours for taking the cure out of doors. At other times they may work at various handicrafts in accordance with their exercise under the supervision of the director of the workshop. Materials will be sold to them or furnished if the articles are made for the shop.
EMPLOYMENT AFTER DISCHARGE

The tuberculous sanatorium ex-patient is certainly a handicapped citizen and when employed ordinarily needs supervised and sheltered employment. A certain amount is provided in regular manufacturing establishments where the manager made suitable arrangements for it. It is said that a fairly large number of persons with "arrested" or "quiescent" tuberculosis are employed in the Ford Motor plant and are given work in accordance with their strength, much of it consisting of small jobs that can be done sitting, such as those included under miscellaneous salvage. Men who are stronger are employed in other positions. Where the industrial plant has a physician in charge the question of supervision and continued suitable employment may be satisfactorily solved in this way.

Several definite commercial enterprises have been launched which afford sheltered employment to tuberculous persons who are able to work. The Altro Manufacturing Company which makes linen garments used in hospitals such as night clothes, physicians and orderlies' uniforms, nurses' gowns, etc., is prospering. A recent letter from Edward Hochhauser, the President, states that "the product has sold itself. Our business has grown over 100 per cent in one year. We furnish materials and workmanship to meet actual needs. That is why "Steri-garms" are known as the best in hospital garments. The low prices are possible because no one profits but the patients employed."

Another enterprise which is well known is the pottery industry conducted at the Arequipa Sanatorium in California. Those of you who see the Archives of Occupational Therapy have, I know, been interested in Dr. Sloan's article on agricultural industry as carried on at Eudowood Sanitarium. During the last eleven years the average daily number of patient employees has been forty-six. In the farm colony at Eudowood the usual chores found about a well conducted farm have been done in part only by arrested cases. In very few instances did the colonists obtain a degree of physical strength where in
the opinion of the supervisor they were able to do all the heaviest chores. Dr. Sloan says that it should be distinctly understood that there are comparatively few tuberculous individuals who can be general farmers, but there are many who can be trained to do specialized farming. Dr. A. M. Forster, who inaugurated the work at Eudowood fifteen years ago, is of the opinion that certain forms of farming are practicable for tuberculous persons with "quiescent" disease.

The New York Tuberculosis Association has conducted a workshop in Long Island City where the trades of watch repair, jewelry manufacturing, and cabinet making have been carried on and taught.

In this country there have thus been a number of attempts made to provide suitable employment for patients with "arrested" disease both in sanatoriums and in manufacturing centers. No complete agricultural and industrial community or sanatorium village has been established as yet.

In England, however, the Papworth Colony located near Cambridgeshire in England, and operated under the direction of a board of trustees, of which the Right Hon. Sir Clifford Allbutt is president, has been a conspicuous success. The colony consists of a sanatorium and a village in which a large variety of industries have been successfully carried on under the direction of Dr. P. C. Varrier Jones. He feels that the present frequent occurrence of relapse, after "arrest" secured at the sanatorium, is due to the return of the patient to undesirable surroundings and to competition in the outside world with healthy laborers. The population of the village is about two hundred.

Here, in America, I believe we should pay a great deal more attention than we have in the past to the problem of restoring the patient's usefulness as well as to relieving him of uncomfortable symptoms. One of our objects should be to provide patients with opportunities for employment under suitable conditions for a preliminary period before they are thrown into active competition with healthy laborers. Nearly every sanatorium has a number of ex-patients on its pay roll. These should
be the object of constant care on the part of the medical staff. Such patients should not be exploited or given work to do beyond their strength.

The usefulness of the sanatorium as a place for employment for ex-patients could doubtless be much extended by the establishment of certain industries. Almost any large sanatorium could take up one or more of these industries without necessarily becoming transformed into an industrial colony.

The industry chosen should probably be something for which there is a more general demand than skill in one of the arts or handicrafts. At the present time there is quite a demand for reed products and this craft might be one of those chosen. Light cabinet making in large airy shops where considerable woodworking machinery is used might supply chairs and tables and dressers for other sanatoria. Where a definite trade such as printing is to be carried on and taught it should be realized that a number of years are needed for its thorough mastery and arrangements should be made for keeping the patient at the institution through the entire course of study. Instruction in market gardening and poultry raising are also practicable forms of occupational therapy and vocational training for tuberculous patients.