REPORT OF THE ROUND TABLE ON CRAFTS FOR BED CASES

Dr. Dunton called the meeting to order at 8:10 p.m.

Dr. Dunton: The object of these round tables is to get the opinion of those who are actively concerned in teaching crafts to different groups of cases as to what was the best craft or most suitable craft, and for that reason, we invited different specialists to conduct them. We have asked Mrs. Steinbach to preside for us this evening because for four years she has been giving occupational therapy to bed cases, cases outside of the hospital, or cases who have come to her studio. I am going to ask her to tell us something about her work, and then I hope you will all express your opinion as to what are the best occupations for bed cases.

Mrs. Mary F. Steinbach in the chair.

Chairman Steinbach: The bed case is to my mind, the most difficult one to handle, primarily because he is isolated, and secondarily because his position renders him more helpless. In reference to the patients about whom I want to speak tonight, there are many elements entering into the situation which you do not have in the ward cases. When Dr. Dunton asked me to speak of bed cases or crafts most suitable for them, I did not know whether he wanted me to talk about the crafts physically possible of accomplishment in bed, or whether he wanted me to talk about the crafts that appeal most to the patient. There is still another class, that may come under "most suitable." That is the crafts the teacher can readily take to the patient. I think, perhaps, the crafts Dr. Dunton referred to and the ones most interesting to us tonight are those which are physically possible of accomplishment for the patient in bed in contradistinction to those he does when ambulant.

It has been my experience that the easiest form of work is basketry. This requires but four tools and two good hands. Of course, there is a lot of objection to basketry in private work because many people have the impression that it is an institutional sort of thing owing to its use for many years in institutions for the insane; naturally where this aversion exists it is wise to change to some other craft. Next to basketry in ease of accomplishment is loom weaving. The small bedside looms are
quite interesting to manipulate for a couple of hours. After that, they pall a little bit, but they are good. The third pursuit in ease of accomplishment is modelling. That requires only a small study of some sort, plasticine and a couple of tools. The patient can handle modelling with comparative ease provided he does not attempt large studies. I would suggest that the bed be well covered as the plasticine is likely to stain the linens. After modelling, I should say comes the color work of various sorts. That does not take a great deal of equipment and you give your patient a chance for all sorts of original ideas. Color work is always fascinating. Last of all, I think, comes bookbinding. Of course, there are many others, but we cannot mention them all. The bookbinding is quite difficult for the patient in bed if he does cord binding. However, if he is sufficiently interested naturally he ignores the difficulties and goes ahead and does the work. That is, I think, the sequence I would give for the crafts from the viewpoint of the physical possibility of the patient's accomplishment. When it comes to interest in the crafts from the patient's point of view, and, consequently as a result of interest, the most important in constructive value, we will have to mention the crafts in different order. The color work, as far as interest and constructive value is concerned, is the very best thing we have. Next to that, I would put bookbinding. After that, basketry. Although a basket is easy to make, many people do not particularly enjoy doing it. They think it is too easy a job; and not only that, but, as I mentioned before they are adverse to the work because it is institutional. The modelling would come next, and last of all the loom weaving. The class of patients coming under my observations do not seem to care much for the loom weaving. It is a good thing for them to do and it takes a certain amount of concentration, but the finished product does not seem to them to be worth the time and effort. They would much rather paint a picture or bind a favorite book. There is one thing we have been doing this winter in connection with color work that has seemed to interest greatly and that is block printing. We have done all kinds of printing on many different surfaces and some of it has been very good. The disadvantage of not being able to look down on the block can be obviated by sloping the pad from the edge of the table down to the patient's lap. There is still another classification of crafts that we might mention, that is the crafts practicable from the teacher's point of view, according to the ease with which she can take them to her patient. Basketry, perhaps, first, because that is light and easy. Next, modelling. Modelling is not so
light to carry but it lasts over a long time. A patient can not finish the model of a hand or foot under a week's work and do it decently; so, of course, you have just one trip of heavy things to carry. After modelling, I should say the decorative work again. That also is light to transport and keeps your patient busy quite a while. Bookbinding is, of course, the most difficult thing we have to take to a patient. After eliminating every unnecessary tool, I find there are 30 separate things to be taken for each book and the equipment is heavy. So far as the teacher is concerned, bookbinding is the least adaptable to bed cases although a very constructive and interesting craft. Is there anything else I can tell you? Are there any questions you would like to ask?

**Dr. Dunton:** I should like to ask something about the bed equipment. What sort of table is used?

**Chairman Steinbach:** When I first started in practice in the Johns Hopkins Hospital and in the rest houses there was a table the patient used for reading and such things. I found difficulty in stabilizing the working surface, but I finally solved it by making my own table from two drawing boards. The top of the table was slightly smaller than the width of the bed, the other board, a size smaller, I cut in half and put a half on each end with hinges so that they folded under. This table has worked out very well. It is light and can be folded up when not in use. If the top becomes marred, a wood-mill man can sandpaper it down for you.

**Miss Brainerd:** Did it rest on the patient?

**Chairman Steinbach:** No, it rests on the bed just over the patient. The outer board that has been cut in half makes a side section. Of course, you have to have several different sizes. They are very inexpensive, if you use bread boards that are obtainable in house furnishing departments of department stores.

**Dr. Dunton:** Did you ever try taking more than one thing for a change?

**Chairman Steinbach:** I frequently take as many as three things, although not always, and I always run more than one craft.

**Miss Collins:** What kind of a loom do you use?

**Chairman Steinbach:** The four harness Wunder Weever loom. I do not use loom weaving a great deal. My patients seem dismayed immediately by the sight of the thing and that necessitates additional reassurance.

**A member:** Do you find that the accuracy, the minute measuring in bookbinding is discouraging to the patient?
Chairman Steinbach: No, I do not as a rule, but where it is evident I try to eliminate some of the detail. For instance, if a patient has sewn a book out of perfect alignment, I take it and have it cut.

A member: Do you back your book?
Chairman Steinbach: Oh, yes.

The member: Do you find your bed patient has strength for hammering?
Chairman Steinbach: Yes, I use a medium weight hammer.

The member: Do you use the finishing press in your backing?
Chairman Steinbach: Yes.

The member: Can the patient stand that?
Chairman Steinbach: Yes, if you move the little bed table down and you rest the head of your press on the table and the tail of the press in the patient’s lap. It is a very weak patient who can not stand that much weight.

A member: Do you use a wooden backing board?
Chairman Steinbach: The iron backing board. The wooden ones can be used. It is a good thing to have some wooden ones in case you have a very weak patient. They are as satisfactory as the others.

Dr. Dunton: In block printing, do they make their own block?
Chairman Steinbach: No, I buy them for them, but they carve the design.

Dr. Dunton: Do you grade work at all?
Chairman Steinbach: No.

A member: Is linoleum as good as wood for blocking?
Chairman Steinbach: Yes, it cuts very easily and very quickly. The block printing has unlimited possibilities, and it does not take a great deal of artistic color sense to work it. If you try to teach a patient to paint, he may commit some terrible crimes, but the block printing is more mechanical and one gets very effective decoration.

A member: Do you use leather for book binding?
Chairman Steinbach: Yes. I never bind in anything but leather.

The member: How do they pare the leather?
Chairman Steinbach: On a lithographer's stone which you carry to them. Of course, there are some few people like very weak women who can not pare leather. There is no object to gain under these circumstances. You are defeating your own purpose if you force them to do something highly obnoxious. But the men have to pare their own leather and they can do it. After they have done one side of it, then they want to finish the thing; they do not want it to beat them.
Miss Collins: Do you let them get some of their equipment together themselves?

Chairman Steinbach: No, I do not. These people are in bed. If there are things in the house, that can be used I use them on request but in my practice I prefer to supply all equipment. The patients never have to buy any equipment. If they want to afterwards, they can, but during the process of the therapeutic treatment I supply all the equipment. It is my constant effort to break down the antipathy that many people have against occupational treatment and one way to do that is to make it just as little trouble to anyone else as possible. If you can think of having some one in your own home you know the complications it means. The best thing to do is to take your own equipment, I think.

Miss Brainerd: Suppose a patient attempts a certain color of painting and he does not finish the job he is doing; how do you keep it fresh, oil painting?

Chairman Steinbach: Well, you can cover it with a little cup or you can simply scrape away from the surface the slight skin that has been formed.

A member: What do you do with your patients who are unable to sit up in bed?

Chairman Steinbach: Of course, you can give them the domestic arts and things of that sort. Basketry primarily is the thing for them because it is light. They can work it up this way (indicating) and all they need is one or two tools. I had a boy this summer with a broken back who did beautiful basketry. He was on his back four hours a day; the rest of the time he was on his stomach, but he made almost everything. They had a support over his legs that made a beautiful thing to rest his work on.

A member: Have you tried Diamond Dyes instead of paints for lamp shade work?

Chairman Steinbach: No, but they should be good. I have not tried them. I have never had the time to do it myself.

The member: I have had quite a good deal of success with aniline dyes. I make them up very strong and put them in small bottles, and the patients enjoy working out their color design. We are painting on paper and on leather and on wood.

Chairman Steinbach: Do you water color first and then put your oil over it? That gives a very beautiful effect.

Dr. Dunton: What solvent do you use in these dyes?
The member: I have been using a tablespoonful of acetic acid, a tablespoonful of water and about a quarter or half a teaspoonful of dye. It makes it very strong. I find no trouble on woods or leather.

Chairman Steinbach: How do you get your pale colors?

The member: When I want them more delicate, I usually have a little dish of water and thin it down. Then we shellac on top of it.

A member: Do you find your dye on the wood permanent?

The member: Yes, if you shellac over it.

A member: What kind of dye?

The member: Aniline dye. There are regular tints sold by the Union Lamp Works, Bloomingdale, New York, who have very pretty colors.

Chairman Steinbach: Are there any other questions in reference to bed cases I can answer?

A member: What percentage of your patients are bed patients?

Chairman Steinbach: About 90 per cent of my people are in bed.

Dr. Dunton: Miss Smith, have you had experience with bed cases?

Miss Smith: None at present. I am very successful with baskets. I have not tried modelling. They make books and lace work, string work—

Chairman Steinbach: That is the ward work?

The member: That is both ward work and private work. I can not get the men to do anything except the bigger jobs. I can not get them to do bead work or lace work. They flatly refuse. I never have succeeded; they simply refuse to do it and want something bigger, more ambitious.

Dr. Dunton: Miss Rutherford, have you had any experience?

Miss Rutherford: I do not feel that I can say anything.

Dr. Dunton: This is just the sort of thing we want. Everyone should tell a little something. It is all going to help us. Has anyone else something to contribute?

A member: Miss Ferguson, would you consider brush work a good occupation for bed patients?

Chairman Steinbach: It sounds as though it would be excellent. I have no idea what the process is, or what the expense would be.

Miss Ferguson: The expense of the bristle and the wood, of course, is something, but the actual making of it is intensely interesting.

Chairman Steinbach: I think that should be very good, and then if the brush could be backed and painted, possibly, it would make the finished product very attractive.
**Miss Ferguson:** I make my brushes, clothes brushes, exactly the same as I make my scrub brushes.

**Chairman Steinbach:** How do you do it?

**Miss Ferguson:** The holes are bored through and then drawn through with fine copper wire and then the back is clamped on.

**A member:** Do you need a vice or anything of the sort?

**Miss Ferguson:** You have to have a vice.

**The member:** Then how do you cut off your bristles evenly?

**Miss Ferguson:** You can cut them with a large pair of shears or there are brush shears. Those have to be set on rather a firm table. But I have found with my work, of course, in a hospital ward, my men will do brush work when they will not do anything else.

**Chairman Steinbach:** I can see the appeal of that in ward work.

**Miss Ferguson:** I have been making tooth brushes with very little success. The superintendent of the hospital asked me if I would not please make tooth brushes. I took some lessons in brush making from a Cleveland brush concern and learned how to put them in with a form of cement, but the patients can not do it. You have to work with your material hot, and unless you closely supervise your patient they do not get it in right. Scrubbing brushes and hair brushes and clothes brushes, I find the men like to make these, as well as the little fancy brushes.

**Chairman Steinbach:** That I think would be a very good suggestion.

**A member:** How do you dispose of them?

**Miss Ferguson:** I think that is something we occupational therapists will have to get busy on—disposing of our products. Another thing is this: If you have a definite place to sell your product, so that your patient gets a little money on it, then you are really putting occupational therapy on the map as far as he is concerned. We tried to do that.

**Dr. Dunton.** Miss Marvin, can you tell us something?

**Miss Marvin:** Our women mostly have done hand work. The men make braided rugs and the men work on machines.

**Dr. Dunton:** Are there any other contributions to the subject?

**A member:** The block printing on this fabrikoid is very good and very cheap. It makes wonderful luncheon sets and they can do them very fast. The men in the ward sold them like hot cakes—had orders ahead for them.

**A member:** Where do you find fabrikoid?

**The member:** You can get it in New York, and it is not particularly expensive. If you want to make it particularly economical you can use heavy oil cloth that you can get anywhere.
Dr. Dunton: I am sure we are greatly indebted to Mrs. Steinbach for coming down. This round table has given us a great many ideas. We will now proceed to the next round table to be conducted by Miss Bowman.