I. OCCUPATIONAL THERAPY IN MANHATTAN STATE HOSPITAL
   —A MENTAL HOSPITAL

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The Manhattan State Hospital has a patient population of over 7100.
Occupational therapy has been employed as a form of treatment for over twelve years.
At the present time there are fifteen classes training about six hundred patients daily. All patients are selected by their physicians.

There are two occupational therapy centers: one for men and one for women. The men's center was formerly an old mortuary which is fitted up for a school room.

In this building there are two rooms: One where weaving, beadwork, painting in oil and water colors, clay modeling, scroll saw work, carpentry, raffia and reed baskets, and pine needle baskets are done. Here also, is maintained a habit training class for dementia praecox patients. The other room is used as a library and smoking room. The lawn on the outside is used for exercising. At present there are seventy five patients in this center. It is expected to increase the number to one hundred.

There are also four assistants, selected from the ward attendants, who have been trained to carry on the work. The patients' work is graded as first, second, and third grade.

There are also two classes on the men's reception service. Here, the new patients secure training during the examination and observation period.

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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.
In the women's occupational therapy center there are all the dementia praecox cases. In this same building there are two rooms for habit training. One for hair dressing and one for manicuring. There are four trained attendants in this center. These trained attendants are selected from the ward service and trained in the hospital as occupational therapy aides.

There are two classes on the wards in the women's reception service to take care of the new cases.

Attendants are given a three months' training. This consists of habit training, basketry, beadwork, pine needle work, weaving, braided rugs, knit rugs, embroidery, tapestry, patchwork, applique, stenciling, crocheting and knitting. The writer holds daily conferences with his assistants where puzzling problems are discussed.

If after three months' training the attendants are found unsatisfactory, they are sent back to do ward service. Only those attendants who show adaptability, cheerfulness, thoughtfulness, and intelligence new dealing with the patients are selected.

A party is held every Friday afternoon at which refreshments are served to all of the patients employed in occupational therapy training. The proceeds from articles sold furnish the funds for these amusements.

Once a month a party is given for each ward class. An orchestra furnishes music for singing and dancing, and refreshments are served.

The hospital orchestra plays on different wards every afternoon where there is community singing and dancing.

There is also a library where patients are given selected reading matter.

All holidays are observed, and entertainments suitable for the occasion are given. Halloween, Thanksgiving Day, Christmas, Valentine's Day, Easter, March 17th (St. Patrick's Day), Decoration Day, Independence Day, are celebrated by folk dancing and drills.

For all special entertainments all of the occupational therapy classes assist with the costume, program, decorations, etc. One hundred patients are trained for such affairs. They are selected
by the physicians—and many of them are very much disturbed or depressed, but it is found that they often improve more quickly when allowed to attend these affairs.

During the summer months there are garden and lawn parties. The lawns are decorated; refreshments are served to the classes at small tables on the lawn. The hospital orchestra plays for these affairs and the patients are allowed to invite their friends.

During the summer months there are occasional evening parties for the occupational therapy patients. These, however, cannot be compared with the picnics they attended during the hot summer months when they were taken to some pretty, but unfamiliar, spot on the Island, and enjoyed games and folk dancing. The prizes they received served as constant reminders.

Just beginning to recover from the disorganizing affects of the war, occupational therapy, in common with other medical activities, is rapidly being rehabilitated, extended and better organized under the supervision of the clinical director, whose aim it is to correlate it with the other medical work of the hospital.

A handicap is a lack of an adequate and suitably trained personnel, but at the last session of the legislature, a small special appropriation was made to survey and organize the work, and it is hoped that further assistance will be forthcoming.

II. OCCUPATIONAL THERAPY IN TUBERCULOSIS SANATORIA

RUTH V. HARTER

Mr. Kidner brought up the point yesterday of training patients to assist in the work of the occupational therapy department. This has proved in every way a success in Minnesota and has enabled those in charge to plan an efficient state program with a limited budget. In contrast, however, to their very splendid program, when we started our work in an untilled field in New York State we established the presumption at the outset when talking with superintendents and boards of managers that a resident, full-time occupational therapist would have to be employed for the proper conduct of the work.
Fortunately for us, in developing this program they had never heard of Minnesota's splendid use of patient teachers and so readily adopted the idea that the occupations should all be applied by one trained to do it. We have so far gone into but few of the smaller institutions. Meaning those under 40 beds, wishing to get the larger ones operating first. In these, unless we can establish a group of probably 3 sanatoria with our funds, partially from each, in order to give a sufficient sum to employ a worker, we shall probably have to turn to patient help. As no sanatoria much under 40 beds will feel that they are justified in the expense of a full time worker.

To date there have been established in our county and municipal tuberculosis sanatoria in New York, outside of New York City, 13 departments of occupational therapy functioning in 13 different hospitals, with 13 occupational therapists in charge of the departments and one assistant in one hospital.

These sanatoria vary from 44 beds to 250. In one other, a 22 bed sanatorium, an occupational therapist is installed. At the present time she is carrying on just the work there, but in a short time we expect to get a budget in a near by county so that she can care for the work in the two.

Yet another occupational therapist is in charge of "The Little House" the workshop we established at Rochester last year. This phase has presented a whole new set of problems that we did not have to face in establishing the departments in the county and municipal hospitals.

With Miss Elizabeth K. Wise as the very capable director, we are trying to reach not alone the arrested tuberculosis cases, but nervous and orthoepedic cases as well. We have not had as many patients as we wanted nor as many as we could handle. We find the medical men a little slow in availing themselves of the opportunity offered, so while we wish to be in every way ethical we are now trying to make direct contacts with cases through other channels than physicians, but in every case we will have a prescription to work with.

The first budget there this year has been $8000, which includes the salary of the occupational therapist, the rent of our
"Little House," its heating, our supplies, our janitor's salary, and that of a part time stenographer. The results that we have had from the cases that have come to the little shop have amply repaid for the expenditure, we feel, but we must show results in a larger number of cases undoubtedly before the year is out if we are to raise next year's funds. I wish Miss Wise could give you some case reports as they make interesting reading. We carry in connection with the department some out-patient visiting. We have had several exhibits of the work of the Little House during the year and at the Rochester Industrial Exposition we had an exhibit of the work there as well as at our Monroe County Sanatoria and gave a series of talks, with a demonstration of crafts, and passed out over 4000 pieces, so Miss Wise and Miss Washburn want me to say, of literature describing our work.

Aside from these departments now functioning there are four more that will come into being before the first of the year, possibly a fifth. In several counties we are awaiting the construction of a suitable place in which to work, there being no available spot in the present buildings for a workshop.

In another, the board of managers have voted for the work, but we have to await the passage of the budget for the coming year, in another the county tuberculosis committee will carry on the department as soon as the sale of Christmas seals makes available their money. There are other county committees under this same handicap, but whose seal sale funds this year will enable us to open, after the first of the year, other departments. In fact our arrangements for meetings with boards of managers, county committees, and those interested in establishing new departments are tending to detract from the necessary supervision of the work already established. With 38 hospitals to reach we will have only covered by the end of the year less than half our program.

One of our difficulties as perhaps you have all experienced is in finding in a hospital already constructed the proper place for a hospital work-shop. We have had to utilize any available space from basements to open rooms over the boiler house.
In some even, there has been no available unused spot and we have had to commandeer sections of the dining room or the solariums on the wards. Our greatest progress during the year has probably been in getting better shop space. So many of our hospitals have outgrown their capacity that new buildings have had to be added or are in contemplation of being added. In these it has been rather a new venture to be asked to sit in at meetings of the superintendent and board of managers and to help plan for proper space.

At present we are going to build in two counties new infirmaries, the first floor of which will contain the shops with special plans for raising our end of the building above the level of the ground and putting the proper windows, side entrance, storage space, and water in it. Another county is building a recreation hall and occupational therapy shop combined as they needed both. In another we are going to utilize the space over a new built garage. In our largest hospital we are having a whole floor of the new million dollar addition set aside for occupational therapy and recreational activities. A knowledge of building construction and hospital planning seems to be expected as part of our job.

Another step this year has been in making all the contacts we we could with our rehabilitation bureau. We have referred a large number of cases to them but have been able to get little tangible help. Due not to lack of interest of the splendid men conducting the bureau but to the lack of proper provisions in the law. Without being able to give men who need retraining any maintenance and the tuberculosis man being permitted no compensation under our workman's compensation law little has been accomplished. The bureau in the Rochester district has, however, used our Little House as a therapeutic measure in cases that came to them that did fall under the compensation law and to whom maintenance could be given while they were getting ready for other training. We have been assured that in that district alone, if compensation can be gotten, the director there can fill our Little House three times over. So with us, as everywhere when we have brought our cases happily through
all the stages of convalescence to quiescence and apparent arrest, and find they must be retrained and replaced in some new branch of labor, we come up against a stone wall. The vital need and necessity is for a plant for industrial rehabilitation. Where we can give a patient his maintenance under suitable living conditions while he is retraining. This sounds as the impossible of accomplishment, but fate being kind, we may be able to report to you next year that this dream is really going to materialize.

But the thing that most stands out of the year's work has been the writing into the laws of the state of New York an amendment to the general municipal law authorizing the establishment of occupational therapy departments in our public general and tuberculosis hospitals or sanatoria. And here it is Chapter 161 which became a law on March 22, 1922, with the approval of the Governor.

The law covers five specific features: first, it makes it legal for a board of managers to establish, equip, and maintain a department; second, it empowers the medical superintendent to employ an occupational therapist to carry on the work of the department under his supervision; third, it makes legitimate the selling to the patient the product made by him for the sum if not less than the cost of the material that went into the article, or of selling for him the articles made by him, paying to the patient such part of the moneys as be deemed fit (and may I say it is our universal custom to return all the profits of sales to the patient. In only one place do we add even the 10 per cent for shop loss and breakage); fourth, it permits the establishment in counties where there is no county purchasing agent, of a revolving fund to be known as "The Occupational Therapy Fund." (Into this can go the moneys accruing to the department for the returns on the sales and which in the past have gone directly back to the county treasurer and were lost to our department forever); and fifth, it permits the superintendent to withhold from the patient, if he deems such course to be in the best interest of any patient, the moneys earned by him and give them to him upon discharge. (This, of course, is seldom done but gives a
check when as sometimes happens a boy spends his money to his own harm.)

The necessity of getting this legislation arose when one county attorney ruled that we were doing an illegal thing in selling even the material that went into a patient’s basket to him because our county hospitals law specifically states that no sale of any article purchased out of county funds could be made without the vote of the board of supervisors upon each sale. Imagine having to get a board of supervisors to vote upon each item wanted to sell. The situation was precipitated in this particular county because of the sale of a team of horses by the board of managers which was declared illegal, and was in no sense a slap at the department nor a desire on his part to hamper our work. In fact, all during the somewhat tedious and complicated process of getting our law enacted, the departments went on functioning as usual under a sort of gentlemen’s agreement.

To any group who contemplate approaching their legislature we will be glad to relate our experiences, in drafting a bill, lobbying it through both houses, speaking for it before the committees to which it was assigned in the legislature, much of which had its humorous elements, though we nearly perished of suspense, after both legislatures had passed it for fear the governor, though he had sponsored the bill, might lose sight of it among the tremendous volume of new bills he had to sign at the end of the session.

One point of interest is that the bill contains the definition of occupational therapy as given by Dr. Pattison last year before this body and which we all so eagerly adopted. There are three words in this definition that have helped us get so many resident occupational therapists, “prescribed, guided, and supervised.”

In the last analysis then it is the ones who are actually in the hospitals doing the work, of guiding our group of devoted and efficient girls who are bringing what success we are having in developing the work.
III. BRIEF SUMMARY OF WORK OF THE OCCUPATIONAL THERAPY
SOCIETY OF NEW YORK, JANUARY 1, 1922, TO
OCTOBER 15, 1922
META N. RUPP
Secretary

In January a survey was made for the East Harlem Health Center by Mrs. Elliot, under the direction of Mrs. C. J. Sullivan. The report showed sixty-one home-bound cases, consisting of infantile paralysis, cardiac, mental, tuberculosis, and rheumatism. This report showed the great need for curative home-bound work in the East Harlem Health Center district.

The Fred Stone Circus was given at Mineola on July 4, under the exclusive direction of Mrs. C. J. Sullivan, and was a great success.

Institutions and hospitals requesting aides................. 26
Occupation therapy aides placed............................. 20
New memberships.............................................. 10
Total memberships........................................... 237
Work shop started at 203 E. 21st Street March 2.
From March 3 to October 15................................ 33 patients
During that time
Sent back to hospitals for operations or treatment.......... 9
Placed in positions outside.................................. 8
Doing home work............................................. 2
Placed in production at Dover Farms.......................... 3
Dropped—would not work.................................... 2

We are now carrying seven patients in curative work at $30.00 per month per patient. In several cases this fee will be refunded by the State Bureau of Rehabilitation.

We are next month sending a teacher to a private case three mornings a week, and we are working with the following hospitals and social settlements:

Rockefeller
Post Graduate
Skin and Cancer
St. Lukes
New York Hospital
Presbyterian Hospital—Cardiac Clinic
Bowling Green Neighborhood Association
New York City Missions Society
Mineola Cardiac Clinic for Children
Lenox Hill Settlement (Cardiac Children)

It is quite probable we will succeed in putting occupation therapy in each one. The Post Graduate Hospital started work in a small way this summer and Rockefeller Hospital expects to start the work in November.

The executive secretary attended the annual Occupation Therapy Association's Convention at Atlantic City, from September 25 to 28. She was elected one of the new members of the Board of Managers. She gave a little talk on the work of the New York State Society, and distributed literature and membership blanks.

Dr. Corneille was taken on September 1 for the curative end of work, coming to the shop three mornings a week.