REPORT OF THE ROUND TABLE ON CRAFTS FOR THE PHYSICALLY DISABLED

MISS BOWMAN IN THE CHAIR

Miss Bowman: I feel a bit hesitant about conducting a round table, on this subject, because all the contributions will have to come from the floor. It has been a number of years since I have been directly connected with this work; and although I have kept up my interest and done my best to introduce it into the hospitals, I do not speak as a craftswoman and an expert as Mrs. Steinbach does. But just because I am not a craftswoman, it is easier for me to give out propaganda than it is for you who are in the crafts. I can tell everybody how excellent is the work, and they know that I am giving them an impersonal judgment. I assure you that I do not miss an opportunity to emphasize the value of craft works for the disabled—physically or mentally.

I believe our topic this evening is, “Crafts best suited for the physically disabled.” I want to define it a little more closely. I suppose a man with tuberculosis is physically disabled; certainly a man with a chronic heart difficulty, is; but I take it that our topic this evening means those who are disabled in some way which is susceptible to cure by the use of the crafts; that we are to deal with cases such as we have in industrial accidents, and which we have in our war cases, as in nerve and muscle injuries: Thus our discussion will be about those cases which may be benefited, if not entirely cured, by a judicious use of the crafts. Am I right?

Dr. Dunton: Yes, the curables.

Chairman Bowman: Then we are to consider those who are curable; those who are not organically sick, but who, from lack of proper function of nerve or muscle, are possibly curable by the crafts used therapeutically. Perhaps those of you who worked in the army hospitals remember the confusion on this point by some of the surgeons. The assignment slips sometimes came back to us—this patient assigned to “occupational therapy,” and that one, to “curative therapy.” It was the “curative therapy” cases which interested me particularly,
partly because of their inherent interest, and partly because it seemed to me that in them was one of our greatest opportunities to carry on the work into the after-the-war period. I met a former army aide last month, quite casually, and asked her if she was coming to this meeting. She was an aide in France, and an enthusiast about the work, but she said, "I am not going to the meeting because it seems to me that occupational work is used more and more diversionally and in a recreational way, and I am not interested in this phase of it. I am interested in it as a curative proposition in cases of this kind." I am anxious to find out, if I can, whether her criticism is justified. Has this phase of the work been neglected? If not, where is such work being done, and how is it being done, and who is doing it. You are all familiar, I know, with the initiation of this work by Dr. Franz long before the war at St. Elizabeth's. Many of you knew this aspect of the work in the army hospitals. May I call for reports from the floor on this point: where, and how, and by whom, the crafts are being used as actual curative work in cases of this kind.

Miss Greene: We, at the Walter Reed, were doing that type of work, but we are not doing it now on anything like the scale we did just after the war. Then we averaged in one work shop alone between 30 and 35 curative cases a day. Of course, now the majority of our chronic cases are out. We have numerous accident cases. We do not handle any cases without diagnosis from the doctor. He indicates the motions which the patient needs for his particular disability, but he does not care what work this man does, provided that that work gives the required exercise. It is up to the aide to see that the man gets the thing that the doctor wants. The doctor very seldom comes to the shop. His one question is, "What motions is my patient getting?"—"How is he getting them?" The superintendent in our neuro-surgical service asked which one of his men received the greatest motion, and the man himself wrote out his own statement which is on file. That man worked in the jewelry shop; he used small tools, files, which call for finger motion and also pressure. We have discovered from observation in our neuro-surgical wards that any tool that presses on the palmar surface of the hand will cause the patient to extend the flexure of the fingers in a normal position instead of this contraction. In the weaving shop the aide in charge has had quite a number of hemiplegic cases. For these, she strings her looms so that the patient must use two pedals. Of course, you can string looms on one pedal, but she strings it so that both feet must be used, and of course, both arms are used in drawing
the shuttle through. We have also found that making Turkish rugs, flexing the fingers in tying the knot and in grasping the comb that beats the warp down is extremely beneficial in these cases. In the jewelry shop the orthopedic cases have been greatly benefited by hammering brass and copper and silver; by the use of the mallet and various hammers. The majority of the leg cases are sent to the wood shop except for the few that come to the rug shop. Then we have treadle and belt saws to suit different cases. The bicycle saw is like the belt saws that you see with the exception that the saw is attached. The orthopedic arm injuries do general carpentry. You have to adapt your tools to the individual case. In the metal shop we have had a great many of the orthopedic cases come from time to time. Among the cases was one young man who had quite an injury through this part of his arm (indicating). In the beginning he could work only a very short time, about ten minutes. There was quite a little bit of pain in this part of the forearm (indicating), but after a few weeks he could continue work for half an hour. Then he had bone grafts and while his arm was still in the cast he continued working and greatly but gradually strengthened his arm. In another of our cases a man had quite a bad injury in the right arm, and at first could not even close his hands on a file. He began working with the larger tools, but before a great length of time was doing fine work with small tools, so that he could grasp, close the hand, not very closely, like this (indicating). Several of the doctors came down to see this case. He rolled the sleeve back, showing his injury, and told them that the work that he had done was the thing that had given him the most help. We have had a number of these cases where they have been helped.

Chairman Bowman: Are there any questions to be asked? Is work of this kind being done in any of the other army hospitals in which any of you are working, or any public health hospitals; any private institutions?

Miss Brainerd: In the Presbyterian Hospital, Chicago, we do practically the same kind of thing as Miss Greene has described except we do not do it on a large scale. The cases where we are helping directly, curative cases, are quite apt to be the cases of neuroses where a man thinks he cannot do anything and we have to pull him into doing something. We have quite a good many cases of that kind. Then, of course, we always have the paralysis of the hand, cases where stiff ankles have to be helped, and cases of that sort.

Dr. Dunton: In cases of stiffness of the upper extremities following fracture, what do you do, what occupation do you use?
Miss Brainerd: In a general hospital I am afraid we are not as scientific as we ought to be. The first thing we try to get is the patient’s interest, and we hope the thing he wants to do is going to help, and it nearly always does.

Chairman Bowman: What actual work do they do; what actual job do you give them to make them move those particular muscles?

Miss Brainerd: If he made a loom he would certainly have to use those muscles, because he would have to do the sawing.

Dr. Dunton: That is the point; is sawing the most valuable thing that you have?

Miss Brainerd: I could not say off hand; I would not say it was the most valuable.

Chairman Bowman: Have you found that one of the most difficult problems is the ankle and foot problem?

Miss Brainerd: I really get very few of these cases, Dr. Bowman.

A member: Has any one tried the potter’s wheel for foot power? We are recognizing the possibilities of the potter’s wheel and the wonderful opportunities in it.

Miss Brice: We staple pamphlets, using a machine that is run by a pedal, and when each staple is put in it is done with the foot, and the motion is from the hip joint, knee, and ankle.

Chairman Bowman: Does anyone know of the work being done in the Marblehead Hospital?

Miss Conrich: I do not know anything about the incurable children at Marblehead, but we have had a great deal of success with weaving. I feel that weaving can be so graded from the very tiniest bedside work to the most complicated, and one case I have in mind with arthritis now is a man who has had two hip operations, and absolutely all the motion that was brought back to those hips was done by weaving. In the beginning we had to hold his feet on the treadle. By the time he left he was walking on canes and weaving on a six pedal loom. It works the same with the fingers.

Chairman Bowman: Can you get the wide shoulder motion?

Miss Conrich: Just as wide as you want.

Chairman Bowman: Are there any other places where this is being done?

Mrs. Slagle: I cannot tell you very much about the processes, but the prescription crafts are being carefully worked out to the highest degree of anatomical analysis. I am sorry that Miss Goodman is not here to tell you something about it. I have never been more inspired
in visiting a curative workshop than I was in this one, where cases of all ages from very young children to the adult are being worked out on this prescription basis for their anatomical difficulties. Then there is also a remarkable piece of work that is being done in California under one of the casualty companies in Los Angeles. We had a letter in the office the other day in which they said the increasing importance of their curative occupations was proved by the fact that their clinic would have to be enlarged, and that at least over four thousand cases, curative work cases, passed through that clinic that is being conducted by the insurance writers who underwrite the insurance for some very large industries. They are industrial cases, and they claim that they have absolutely removed from their list of disabilities neurosis of the back. That is a very common complaint with other companies and with physicians; there is always something the matter with the back, and they have removed that entirely from their list. They have reduced the period of convalescence very materially. It is a very remarkable report and I am so sorry the people are not here to give it to you themselves.

Chairman Bowman: Are these reports published anywhere?

Mrs. Slagle: I presume they are. We are authorized to use the letters that have been exchanged, and I understand they are to be in the Archives or in Modern Hospital.

Chairman Bowman: In using this curative work, in industrial cases, do they try to give work of the type which the man has been doing so that later he can go back into the same work and be as nearly like his former self as possible?

Mrs. Slagle: It is not an industrial problem at all. It is entirely a curative problem. The matter of industrial rehabilitation is not the point in this particular clinic; it is the curative process.

Chairman Bowman: That sort of clinic is vitally interesting to those of us who have been concerned with this phase of the work, because we know that industrial accidents constitute a problem that is constantly with us, and that the results of these accidents, and many of the illnesses of peace need treatment almost as much as did the wartime injuries. The carrying on of this work is very important, and these clinics are initiating a very valuable work. But there is still another way to carry it on. Are there any of you who are working in private practice with the orthopedic surgeons?

Mr. Kidner: There are two young ladies who have recently hung out their shingles in New York and are working for physicians in pri-
In three or four other parts of the country I happen to have personal knowledge of young women who are working with private nervous and mental cases. I am at present making inquiry amongst the physicians in a certain center to which tuberculous patients go in large numbers, to see what prospects there would be for one of our members who has some idea of going there to open a private practice. I think it is a great field, and I am particularly interested in your inquiry, Dr. Bowman. Going back to your interesting work in Walter Reed, I should like to know if we have made over from the war in curative work for orthopedic cases quite as much as we have in general medical cases. I wonder if it is because our orthopedic cases were comparatively few out of the great number of war disabled? I do think that we might all of us try to find out whether we have made over from the war hospitals as much in that line as in others. I think this Los Angeles experiment is interesting, and in other parts of the country I believe that the work of the state boards of rehabilitation is going to help every insurance company as a pure business proposition. I should like to add that they expect to run nine thousand patients through that clinic in Los Angeles this year; patients who will have shortened periods of disability and thereby make the payments from the insurance company less. If we can show these facts in dollars and cents, good. What do you think, Dr. Dunton, is that a fair inference that we have not made over as much in this line as in others?

Dr. Dunton: I think that is so.

Chairman Bowman: We certainly have not made over in this as well as many of us had hoped. I wonder if we could get suggestions from this group as to where we have been at fault. The fault must be partly the fault of those who are interested in it, or we should have been able to convince people a little better.

Mrs. Steinbach: One reason why more of that work has not been done in the privately referred cases is possibly on account of the long term that would be necessary for the cure of the injured muscle or nerve.

Chairman Bowman: That is a very probable reason.

Miss Collins: On the circular that was sent out in New York announcing the course, there was an announcement that teachers would be sent to physicians, surgeons, orthopedic surgeons. I sent out about fifty of those announcements. I was not able to follow it up, but as an aftermath of the work I had done the year before with the New
York State Society, I had this year three or four calls from one physician for private work, some of which I was able to fill and some of which I could not fill. Most of them were for children after infantile paralysis. One case came to me this summer and the prescription was very definitely given for the type of work that was needed for the disability; one was a girl who had had infantile paralysis and had overcome almost every disability, except that she had not recovered the free use of her right hand. She used the left hand for everything. The family and the physician were so very well pleased and so anxious to have just this type of work done, that the work was carried on until the family went to Europe, and when the family sailed for Europe they said they hoped I would give her more time next winter.

Miss Greene: One reason it is not widespread is because there is such a limited personnel that it cannot give the time to one person, to one branch of occupational therapy, and if you do it and keep up with it, it takes every bit of one person’s time, and if you do it and keep the confidence of the physician you have to give it all your time.

Chairman Bowman: In other words, we should hang out more shingles.

Miss Hassenstein: In our general hospital we have a large number of the real curative occupation cases, but the physicians as yet do not seem to be quite ready for that sort of thing, not realizing that we can do a great deal with the curative work. We had a man with quite a stiff shoulder. We gave him the loom weaving. Another man had a stiff hand, and we have been giving him wood work adapting the tools by using the dental wax, and very shortly we are going to put the curative work in our nervous ward. I have been talking with the doctors about these cases who cannot coordinate, and we have worked up an apparatus using the ladder, so that they will step up higher. It is up to the aide to see that curative occupation is used. The nurse has not time for it and the doctor has not time for it, and we simply have to do that.

Miss Montgomery: I think that one of the drawbacks is that many of the doctors do not have time to go over a case sufficiently with an aide, and they do not take the time to diagnose the case. In the second place, many of the aids are not educated to carry out the instructions even though they might have them from the doctor.

A member: Do you have any definite report from the big industries as to what they are doing with occupation work? Could we send out an inquiry finding out what crafts are being used in this connection in the industries? A good many of the big industries carry on their own curative work.
Chairman Bowman: I wish that might be obtained. Although we have been getting a somewhat negative report; a report of work that is not being done, it shows where the possibilities lie, and certainly some of the reports have been very encouraging in showing what is being done and what can be done. I wish that such an inquiry as has just been suggested might be obtained and I will see if there is not some way that it may be obtained.

Dr. Dunton: A propos of what one of the members said with reference to poliomyelitis, we received from Miss Cornelia Williams, of Vermont, a description of some very interesting work which is being done there, and then subsequently I received a report from the person who is doing this work upon which Miss Williams reported.

Chairman Bowman: Shall we have any further discussion.

Dr. Dunton: Mr. Kidner, have you anything to tell us before we leave you?

President Kidner: I think not. I take this opportunity of wishing to my good friends here the best of good luck in the coming year, and I hope you will let me hear from you and I will promise to reply, and thus we may be mutually helpful in what we are trying to do. I think it has been a good meeting. I have heard no complaints but one, and that was an objection to our shortening the meeting so that we could not have another day. Once again I want to express my thanks to those who helped to make such a real good meeting. Dr. Dunton has been of wonderful help in every way. He has worked through the year and during the meeting, and I even left him to do this job tonight; when I was dining comfortably he was here at work. I think that is all I have to say except to wish you good luck and God speed in the coming year.

Meeting adjourned at 11:00 p.m.