Your attention is directed to the observation that we do not, even to an abbreviated degree, divorce occupational therapy from industrial injury service by utilizing the conjunction "and." To consider occupational therapy as a factor only remotely related to industrial injury service would not be rendering proper recognition to one of the important contributions to this special field of scientific endeavor. Occupational therapy is an indispensible essential to complete industrial injury service, an integral, dependable unit in the more than one score of therapeutic agencies requisite to industrial service.

We shall not theorize in this presentation, but we will offer you briefly some observations incident to four years' practical application of this branch of science, and our conclusions as to its efficacy and value. We shall also limit ourselves to dependable statements supported by facts. To solicit your interest by means of rhetorical display is not essential. It is assumed that those to whom this is presented believe implicitly in occupational therapy. The impression prevails that this is true, at least with regard to mental therapeutics. Your experience has brought you into close contact with this classification.

An acquaintanceship, though superficial, through personal activity or inspection, with the application of occupational therapy in industrial injuries, and occupational diseases, will be sufficiently convincing to the individual of its reliability. Our experience prompts the assertion that the premises reveal no basis

1 Read at seventh annual meeting of the American Occupational Therapy Association, held at Milwaukee, Wis., October 30 to November 1, 1923.
for logomachy relative to occupational therapy as a beneficial element in the treatment of those classes we have mentioned.

It is our opinion that occupational therapy can best be applied in association with several other essential therapeutic factors. In other words, it is a requisite of institutional service and should be a prominent feature in all sanitary institutions. It may not be truthfully stated that it would not be productive of good results, if applied otherwise, but it will be conceded that the best results can be obtained with it, through coördination with surgery, electro-therapy, physio-therapy, and the numerous excellent curative agencies.

Our observations and references are based upon constant contact, over a period of four years’ intensive application of occupational therapy in the institution of Doctors French and Early. This organization specializes in industrial injury service and is recognized internationally as the largest in its particular field. To know a little concerning this institution, and the vast scope of its activity, will reveal that its acceptance of occupational therapy is a credential to the science to which our society is dedicated.

The parent institution is comprised of eight buildings, surrounded by a network of emergency hospitals and service branches, strategically located in business and industrial districts. The idea upon which the institution is founded is to mould into one resilient amalgamation every phase of scientific diagnostics and therapeutics, and any other feature which has to do with the care of those industrially injured. This has been accomplished through a unified system of more than a score of departments, operated by a small army of specialists, skilled in the various branches of activity. The vast amount of detail incident to the operation of this institution would require many pages to describe. A few brief facts will be sufficient to lead up to the thought we have in mind.

It has affiliated service in seventy-four suburban cities in Southern California.

It treats the employees of more than three thousand industrial concerns, including the largest in Southern California.

It receives and renders first-aid to approximately six hundred cases every week.
Approximately six hundred patients are treated daily. An entire base hospital, one block in length, two stories and basement, is a unit of service.

It presents every phase of treatment, from ambulance and first aid, to actual rehabilitation.

It leads in safety education, having planned the largest and best-attended safety schools for employees on the Pacific coast. A first-aid school is maintained free of cost to employees.

These brief highlights will probably be deficient in supplying you with an adequate conception of the monumental task of building such an institution. A decade of planning and accumulating talent and equipment was required to bring it to its present efficiency.

Now to the point to which we have been leading:—Four years ago, Dr. J. Rollin French, founder of Doctors French and Early, and the contributor, who at that time was, and for several years had been, assistant secretary of the industrial accident commission, had occasion to discuss a paramount problem encountered in the adjustment of injury cases. It was recognized that there was a point of deficiency, a weak spot in the sequence of therapeutic steps approaching the termination of the temporary disability period. At the time when a patient reasonably should have resumed his vocation, in the majority of instances, he did not represent what we may term a finished product. The prevailing custom was to prescribe massage, etc., when the surgeon's observation noted the process of healing properly terminated. Subjective and objective symptoms prevailed, however, with the result that disability periods were extended and permanent partial disabilities were palpably apparent.

During one such discussion, the mails produced a descriptive article expounding occupational therapy. A printed copy of the curriculum of the Henry B. Favill School, Chicago, was obtained. Our minds were injected with a vision of a manifest solution of the problem. It was decided that the contributor should visit the school, take the course, and ascertain the methods of application. This was accomplished, and after resigning from the state position, the contributor returned to California, to institute
a department of occupational therapy, as a component part of industrial injury service,—and with what results?

Before we proceed, let us pause and pay tribute to one whose thought and perseverance against almost insurmountable obstacles, made occupational therapy prevail. Verbal phrases, though they contain a retinue of adjectives, represent but scant compensation for a life of devotion to a cause. If, however, our hearts could be read, they would portray sincere honor and esteem for Mrs. Eleanor Clarke Slagle.

In January, 1920, we instituted a department of occupational therapy. One room only was devoted at first to this work. Publicly, it attracted attention and increasing interest was manifested. Some diplomacy was, and will always be, required, to obtain the cooperation of some patients, and get them started in the work. This is a matter of simplicity, however. We were assured by the state, where recognition was immediately extended the work, that support would be given us in the matter of requiring patients to accede to prescribed activity.

The first patient, afflicted with an extreme loss in finger flexion, caused by a serious infection of traumatic inception, completed a beautiful picture frame. It was hand-carved and painted by the patient. He presented it to the chairman of the industrial accident commission, with an appropriate picture including the members of the commission. The gift and workmanship were given warm recognition, and the first product of our department was extended a place in the state office. This and subsequent wood-carving assisted in a creditable restoration of function in the injured member, with but a nominal permanent disability. The end result was gratifying.

Another case which engaged our early attention was that of a Spanish patient, whose left minor hand was crushed. The injury involved fractures and lacerations of the flexor surface of all minor digits. When union and healing transpired, the fingers were immobilized in extension. Massage was of benefit, but in such a case was rather superficial. Wood-carving was assigned. An intricate design was inscribed on an inferior piece of wood, hard and cross-grained. This for the purpose of obtaining concentra-
tion and application. The design appealed to the Latin artistic temperament, and with an almost functionless minor hand, he negotiated a most beautiful piece of work. With diversified application thereafter, progress was rapid and the end result was a perfect hand. A permanent partial disability would not have merited criticism, but the result was perfect.

We are citing a few cases as a vehicle to carry over the idea to you of how we employ occupational therapy, and the results obtainable.

A youth suffered a third degree burn, involving the major portion of the palmar surface, left hand. No infection was encountered, but the granulation and developing scar tissue caused a beginning contracture of the fingers. The fingers were also revealing evidence of progressive loss in function, from non-use. Physio-therapy could not be employed. The patient was prescribed work in the occupational therapy department and was given light weaving on a bedside loom. The period was progressively increased each morning, and then extended to the afternoon. Healing was stimulated and, when complete, the hand was totally restored. He was ready for work when dismissed from treatment. There was no permanent disability. This case was productive of considerable comment, and demonstrated the advisability, in certain types of cases, of occupational therapy application prior to the time when physio-therapy can be prescribed.

A suburban patient was referred to us, who, as a result of a falling electric pole, suffered fractures of both lower extremities into the knee-joint, and a fracture of a lumbar vertebra. Eventually, union was produced, but the extended period of hospitalization contributed to immobility of both lower extremities and back. There was considerable atrophy of both limbs. As soon as it was expedient, the patient was placed at heavy weaving. It was progressively increased. Enough rugs were completed to furnish his home, to the great delight of his wife, who accompanied him to our office and assisted in superintending the husband's work. Originally, the case had the appearance of one which would result in a major permanent disability. When the
patient was dismissed and referred to the industrial accident commission, to compute his award for permanent disability, they found that of his original 100 per cent of ability to compete in the open labor market, he had lost but 19 per cent. Previous experience indicated a permanent loss of 35 to 45 per cent, so the end result described will be appreciated as most gratifying. Of course expert orthopedic attention provided the foundation, but occupational therapy contributed to a marvelous result.

It is no exaggeration to state that the mental attitude of 60 per cent of industrial injury patients requires attention. Abstracted from their customary activity, with no demands for constructive mental occupation, affords time for many to occupy public parks and places and expound their theories on political economy. Others obstruct the routine of household procedure at home, instigating turbulent domestic disturbance. Occupational therapy occupies their minds and injured members, and the government somehow "carries on" without their advice. The serenity of home life likewise endures with customary placidity.

Seriously, it is worthy of note that during the four years our occupational therapy department has been in operation, we have not had a single case of traumatic neurosis. The imagination and neurotic tendency of the anatomically uninformed mind previously contributed so many cases of traumatic neurosis that it represented a problem of some magnitude.

We do not commercialize the products of occupational therapy. This phase of service is provided on the same plane and plan of other branches of therapeutics. Patients are referred to the occupational therapy department, with information, including the date of injury and diagnosis, and the prescribed period of work. The aide selects and assigns the work. The patient is permitted to retain possession of the result of his work. This enlists his cooperation and his endeavor is not limited to a therapeutic measure, but becomes a work of love. He is making something for his wife, children, or mother, and he is evolving a tangible, useful, beautiful object, inculcating therein the love he bears the one to whom it will be presented. Do you grasp
the psychology? Can you visualize the process, the rapid progress of worthy results?

Our occupational therapy department has grown in importance, until it now occupies a building exclusively for its operation, separate and removed from all other departments. No disturbing elements interfere with concentration and application. A standard charge is assessed for each visit, above the schedule fee for treatment, which is adequate to provide all necessary supplies. This applies to all departments, and, in the occupational therapy department, simplifies the business management thereof.

A recapitulation for the year 1923 will reveal approximately 15,000 periods worked by patients in this department, representing in excess of 30,000 hours. It will be interesting to know that while the patients have no previous experience or instruction in art, the creation of their minds and members merits highest praise. In accounting for this, we like to credit it to a manifestation of the spirit of Americanism. In doing a thing, a true American desires to do it well, and this spirit predominates in our occupational therapy department.

It will be a propos to mention briefly that we utilize principally the following activities, although numerous others are employed as occasion requires: wood-carving, large and small weaving, bench carpentry, jig-saw, lathes, basketry, painting, clay-modelling, brass work, mechanical construction, for instance, radio building, cement pottery, etc.

In conclusion, permit us to state that our experience reveals that occupational therapy reduces temporary disability periods an average of 20 per cent. It reduces the percentage of permanent impairment, and eliminates permanent disabilities in many cases where, were it not available, a permanent loss of function would result. Four years' extensive employment of this therapeutic factor have demonstrated its value and utility. To propagate the idea of its general acceptance and use has been our constant aim.

The foregoing paragraphs will substantiate that occupational therapy has our highest endorsement as an indispensable requisite in industrial injury service.