OCCUPATIONAL THERAPY FOR THE GENERAL PRACTITIONER

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There is a feeling that the general practitioner should have some knowledge of everything that there is to know about the science and art of medicine. He should be well versed in its history, be somewhat of an internist, surgeon, obstetrician, gynecologist, aurist, ophthalmologist, psychiatrist, and have skill in all other branches of medicine. The nearer he attains perfection in all these, the nearer does he come to being the ideal family physician. Unfortunately in these days of specialism it is impossible for one individual to attain to the ideal and the wonder is that so many men reach a speaking distance of it. It is with some hesitation that I bring forward anything which will add in a slight degree to the burden which the practitioner has to bear, that I bring a subject requiring further study by him, but this means of therapy is so valuable, so far reaching in its effects, that I should be failing my duty did I not preach its virtues and spread a knowledge of it.

The human animal craves occupation of some sort. Some people can sit and think, others claim they can sit without thinking, but on investigation we find that they are whittling, chewing tobacco, or engaged in gossip which involves no thought. The nature of others requires some occupation. Mother darned stockings, but our daughters crochet neckties or Irish point. It does not pay to darn stockings any more, but the point is that even in our rest periods there is a craving to employ hands, mind, or both with some occupation. Rest does not come with idleness. Rest consists in a change of occupation, with the employment of a different set of muscles, nerves and brain cells.

1 Read at a meeting of the Baltimore City Medical Society, October 20, 1922.
The sick man or women who has passed the critical point of illness and has reached the convalescent stage, or the individual who must submit to rest of a part of the body because of some surgical treatment, has a more or less active mind and a craving for something to do. This is presumably satisfied with reading. But have you ever tried to read all day when you were sick abed? If you have, you can realize how tired, mentally and physically, some of your patients may be who have no other resources. Doubtless next morning you have found patients who have indulged in such an orgy to show a less satisfactory progress than they were making. The urge to do something was upon them so they kept doing the only thing which they believed themselves capable of doing at the time. We, as physicians, should ascertain what will be most pleasing, and yet suitable, for such patients and prescribe it, just as we do other forms of treatment. Ten grains of calomel, a half hour’s reading; a dose of tonic, a half hour knitting. But prescribing like this means study on our part so that proper dosage may be secured, so that the therapeutic measures we wish to use may be prescribed understandingly and without causing harm. Because we can harm the tuberculous and cardia's very easily by permitting them to overdo and become overfatigued. Yet if we only permit them to think, we find that depressing thoughts come which hurt the morale of our patient and pull him down physically as well as mentally. Every physician knows that a contented, happy patient will recover more rapidly than one who is depressed.

We have not time to study and prescribe for the cases which need this treatment now, so what are we to do? We must do as we do when we are called to treat an inflamed eye which we do not understand on account of our lack of knowledge. We call in a consultant. Just as his special knowledge enables us to quickly care for and relieve the eye of the patient, so does the occupational therapist help us to bring our convalescent patient more quickly to recovery.

I have asked several ladies, who are engaged in this work in this city, to speak to you tonight in order that you may understand what I am bringing to you.
Remarks by Miss Gilpin:
I have been asked to give a brief outline of my work in connection with occupational therapy. I started my shop about three years ago. My plan, at first, was to have nervous and convalescent patients come to me, those who had recently left hospitals and needed to continue with some occupational work, well directed and prescribed by their physician.

With this, I also have been doing supplementary work with the occupational aides, some who, perhaps, in their hurried courses did not get the fundamentals of all the crafts. To one, I might teach weaving, to others, bookbinding, chip carving, basketry, etc. At St. Thomas Church, Garrison Forest, I have a most interesting class of boys doing woodwork, making toys, etc.

All last winter I had a class of boys in basketry at Curtis Bay, teaching one night each week, all of them eager to learn, and so kept them for one evening from the street.

I also started a class for retarded children, those who will make no further progress academically. There is no place in the schools for them, and parents and teachers are at a loss to know what to do with them. One boy, aged seventeen, but with a mental age age of eight made great progress in craft work. I have also been doing some work with the "home bound." I have in mind a paralyzed boy. We gave him his first lesson in using tools, and he is now supporting himself and mother, and cannot fill his orders for doll furniture.

In conclusion, we know this work is progressing and is here to stay. It is being used to advantage by those who are far-seeing.

Remarks by Mrs. Mary F. Steinbach:
It is a matter of almost general knowledge certainly in medical circles, that occupation therapy is an imperative need for the treatment of the deeply psychic or neurotic patient.

The class of patients, however, for which I wish to plead is the slightly nervous, "beginning neurotic," who, by a few corrective measures, can be saved from many months, possibly years, of suffering. For our purpose, broadly speaking (aside from a definite physical ailment) the nervous patients may be divided into
two classes: first, those suffering from too much work and, second, suffering from too little. The general practitioner is the one into whose hands these neurotics first drift. The men are frequently over-worked and just as frequently either over or under weight. If the doctor prescribes rest and overfeeding, or rest and diet, as the case may be, ten to one his patient will be (for some time at least) exceedingly unhappy, sometimes sufficiently so to entirely thwart the end in view. If, however, an occupational therapist has been called in to help with the situation, she will fill the long hours spent in self analysis with useful and inspiring effort. Her training and experience have fitted her to avoid the pitfalls of over-exertion and monotony. Pretty soon the fat man will forget he is hungry and the thin man his stretched stomach in the exercise of a creative instinct, the possession of which he has never previously suspected.

In the second class of patients there is one large section always well represented in the waiting room of the general practitioner. I am speaking of the tired and busy housewife. When I include her under the head of those with "too little to do," I am not speaking of actual effort but of diversity and change in her occupation. How often she starts the day full of plans and ambitions, and, after wasting the precious hours in unorganized efforts, finds herself at night disappointed and exhausted with nothing to show for it. Could she be placed in the hands of an intelligent and tactful occupational therapist, her whole outlook could be broadened. She could be taught appreciation of the artistic and beautiful, and some effort made toward her contributing a share in this beauty herself. If she could be helped to plan her day on a strict routine of work, fresh air, rest and creative efforts, some of the deadly monotony in little things would drop away and the larger vision of beauty and real usefulness take its place. Thus would the tired mind, and relaxed body find renewed health in intelligent effort.

Remarks by Katherine T. Brady:
Since I left the government service about a year and a half ago I took up occupational therapy with private cases under the su-
pervision of physicians. My work has included medical, neurasthenic and orthopedic cases.

The doctors have explained to me what they hoped to accomplish by occupational therapy and have left to me the selection of the means.

In medical and neurasthenic cases my desire has been to please the patient, to arouse new interests and to give him an occupation that he will continue when he is no longer under the doctor's care. In every case but one, and he was moved to a psychiatric hospital, the patient has continued his occupational work after he has ceased to be under medical treatment. In these cases you have to give so much to your patient besides the hand work. You become their amusement, their inspiration, and often their outlet for many pent-up imaginations.

In orthopedic cases the patients are more anxious to help themselves and try to overcome their trouble. Play work with spastic cases has been very interesting. One such case seems to possess special interest. By means of blocks and other such toys a child who had a floundering, uncertain handclasp at his sides had developed a steady placing directly in front of him. Of course at the same time the child has been taking other treatments at the doctor's office.

Another orthopedic case that has been very gratifying is that of a poor little cripple child. Her limbs are very much deformed and she is unable to get around without a wheel chair. Her arms are bent in and her hands are undeveloped. Through occupational work, she could if she so desired, become self-supporting. She makes a very simple bag the cost of which is 40 cents and the selling price $2.50. She has easily disposed of all her bags and could have sold more.

Decorative work is the most appealing occupation to all classes. Color and working with color capitavates the senses. Many people who have believed themselves lacking in all artistic ability and who see a beautiful bird or a cheery bunch of flowers they have painted are elated over their achievement.
Wood carving has been one of my greatest successes. With a man the use of a knife takes away that very common feeling that many have of occupational therapy, that it is akin to kindergarten work, and he feels that he is following a manly pursuit.

A woman finds it equally fascinating, especially as so many beautiful things can be made of wood. It is more satisfactory to do wood chipping than gouge carving as it takes only a knife, stone, and wood, and a short time to learn to chip well, and in gouge carving one needs many tools, the proper place, and plenty of training before producing a good piece of carving.

In finishing I should like to say that the nurses have been the biggest help in my work. They have encouraged the patients by the keen interest they have taken in the patients' occupation. I wish to thank the nurses for their cooperation.

I hope that we have sufficiently interested you in this form of therapy to try it out on one or more of your patients. Objective lessons are the most forceful and convincing. What we have said tonight will have far less influence upon you than a single case, properly handled by an occupational therapist, under your direction.