THE SEVENTH ANNUAL MEETING OF THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

HELD IN THE AUDITORIUM, MILWAUKEE, WISCONSIN

October 30 to November 1, 1923

Wednesday, October 31, 9:30 a.m.

Morning Session

The President: We have to make a slight change in our program. Mr. Elton, the first speaker of the morning, has not arrived. As he has not telegraphed, I can only think he is somewhere on the road between here and New York, and we hope that he will be here on the train which arrives from Chicago about 10:30 a.m.

In planning this morning’s session the program committee had in mind the point which has been emphasized in more than one address already given here, a point which was brought out last year, and is continually in evidence all over the country; namely, the great field of opportunity that is opening to occupational therapists, and for occupational therapy in the work of the Industrial Rehabilitation Act, which was passed by the federal government in 1920, and provides for cooperation between the federal and state governments in trying to put back in useful life the vast army of persons who are annually disabled by disease or injury in our complex industrial world today.

We are very fortunate indeed in having with us this morning Dr. Foley, of the Chicago State Hospital, Chicago, Illinois. I think it is fair to say that at the Chicago State Hospital they have worked out the best system of pre-industrial training that I have seen in any large state hospital for mental and nervous cases. Dr. Foley has taken the keenest interest in the work, and I need not say to you, as hospital workers, what that means. Where the physician in charge is not keen, and sometimes even indifferent, the work of the occupational therapist is much harder. In all outstanding successfully conducted occupational therapy departments, one finds that one physician, or more—but generally one—enthusiastic member of the medical staff, is behind
the occupational therapist in her work and helps greatly in bringing it up to the highest state of efficiency.

It is a pleasure this morning to have Dr. Foley with us, and I will ask him to address us. Dr. Foley.

Dr. Edward A. Foley: I may say that I have to express my great appreciation to Mr. Kidner and Mrs. Slagle for asking me to present this matter before the American Occupational Therapy Association. It is true, as Mr. Kidner, has said, that if the members of the medical staff do not take an interest in the occupational therapy work and of what becomes of the patient afterwards, you can expect nobody else in the institution to do so. I have had considerable difficulty with members of the various staffs in getting them to go to the occupational centers regularly run for their patients, to see what they are doing.

Some time ago, as I will take up with you in a few minutes, we opened a department between the occupational division and the industrial department. Now, for those not familiar with the details of therapeutic measures in hospitals for the insane, a word of explanation is necessary in introducing the subject of this paper.

Dr. Foley then read his paper.

The President: I am sure that Dr. Foley's paper will provoke an interesting discussion. In more than one great state hospital system in the country, this problem is looked at from two points of view. A great many persons are returned to civil life, often trained to no particular occupation, being merely low-grade, unskilled workers, and they can be helped tremendously by well-organized courses of pre-industrial training in the hospital. For the great bulk of the patients in the large hospitals for the insane, who must remain until the end of their days, as inmates of the institution, the pre-industrial classes offer the greatest hope for their comparative happiness in the institution, because after being trained they can be busy there in different branches of the hospital industries.

I am glad that Dr. Foley brought out so clearly the place of the pre-industrial work in the large mental hospitals. It is a half-way house between the occupational therapy—which begins with the habit training—and the industries which are usually in charge, as Dr. Foley says, of some worker who has neither the patience nor the time to bother with teaching. At the Chicago State Hospital, however, and at other hospitals where their system of pre-industrial classes are in operation, the industrial superintendent—"the foreman of industries,"
as he is sometimes called—is able to select from the pre-industrial group people who have shown aptitude for certain lines of work. That means, of course, that because of their aptitude, they are happier than they would be in other lines of work in which they would have been placed haphazard in former days.

The paper is now open for discussion, and I hope that every one interested in the care of mental cases will ask questions. Dr. Foley has kindly said that he would be glad to answer any question he could. The paper is open for discussion, and I will ask Dr. Dunton to speak first, as he has had wide experience with this problem.

Dr. Dunton: This step which Dr. Foley has described pleases me very much, because it has to do with the salvage of materials and elimination of waste, besides the therapeutic value which, of course, is very much greater.

There is one point which he touched upon very slightly and which I have heard discussed by others, concerning the return from the occupational department not benefiting the hospital directly. I know that has a bad effect psychologically upon the superintendents. They are apt to let down in their efforts if they feel "What is the use of working hard for the state, if we get no credit for it?" I am not sufficiently familiar with the bookkeeping of the state hospital to know whether it is mentioned in the annual reports and whether it is turned into the general fund. To those of you in state hospitals, it seems to me this is an important question, to investigate and ascertain. What is the effect upon the superintendents?

I feel, as a society, we ought to use our influence to change this arrangement, if possible. In certain hospitals, as you probably know, there is a revolving fund where the returns from the occupational departments are used either for occupational expenses or for amusement. At the Essex County Hospital, in New Jersey, occupations and amusements are provided by the money made by the patients, which seems to be an excellent way of handling the situation. There is also, of course, a stimulus in knowing that after much work has been accomplished by the department, it reverts to its benefit.

Miss Robeson: I should like to ask Dr. Foley if the majority of the patients in the pre-industrial work come directly from the wards, or whether they graduate there through the various steps of the occupational classes?
Dr. Foley: We take the cases in the pre-industrial classes after they have gone through the occupational department. They begin in the habit training, and then pass to the occupational center and these are the types of patients who are so far advanced they are doing the highest type of occupational therapy, and who cannot be sent out on the farms or in the gardens and do what is known as the industrial jobs, or repair jobs. In fact, the patients do not like to adapt themselves to it. So we have instituted this "in-between" department, to take care of that patient.

Miss Robeson: Do they come directly, or have they worked up through the ward work or shop work?

Dr. Foley: They have gone through all the classes of occupational therapy—that is, the majority of them.

The President: Will you answer Dr. Dunton’s question, please, Dr. Foley?

Dr. Foley: Regarding the sales of finished products: All the things made in the occupational and pre-industrial departments are used in the institution. Our state law is such that we are unable to sell anything. Sometimes, when short of materials, we exchange articles for materials that we are using. Out of the general fund we are buying materials for the department. Just the other day I was talking with the superintendent about scrub brushes. He said, “What is the use of buying them? They make them in the pre-industrial room, and we will pay for everything they want; they do not have to beg for anything.” If Mrs. Clough were here, she would tell you about the request made, only the chief clerk got mad about it and said she made it too small.

The President: Mrs. Clough, Dr. Foley has told us a surprising thing, that you had been reprimanded by your auditors because your request was too small.

Mrs. Clough: Yes, he said I was too modest. They asked me to make a requisition for supplies for three months, and I made it out, and they sent it back and told me to multiply it by five.

The President: Any vacancies in that institution, Mrs. Clough?

Mrs. Clough: I hope you all have as generous a superintendent as we have, because we think he is very kind. That does not mean, of course, that we have to make a requisition every three months, of the same amount, because these materials will keep, and we may not require another such requisition perhaps for nine months or a year, but the idea is that you can buy cheaper in larger quantities.
The President: I am glad to hear from Dr. Foley that Miss Harrower is here. She is in charge of the pre-industrial work in Chicago State Hospital. Miss Harrower, may we hear a few words from you?

Miss Harrower: I have been glad to hear that statement from Dr. Foley because I have been wanting more brush material. The store-keeper asked me the other day if we could make counter brushes and brushes for our bakery, and I understand that our brush department is to be enlarged.

The President: Personally I am exceedingly glad that Dr. Foley mentioned the use to which they put baskets. I think we are rather "fed up" with some of the baskets we see on exhibit. I do not think there is any use in trying to compete with the Japs in fancy baskets, when they are just across the sea. I was delighted to see that in the Chicago State and other hospitals throughout the country, they are making real baskets of willow,—bushel baskets,—furniture and other useful things for the institution.

Miss Harrower: The reason I did not speak of the willow is because we raise our own willow, and we make a good many clothes baskets and clothes hampers, as well as little fancy baskets. We make trays which we use in the institution and flower baskets. We have an acre and a half of willow, which is in very good condition.

The President: By the way, I think our secretary-treasurer should be asked to tell us a little about the growing of that willow, because I think it was due to Mrs. Slagle that the willow she planted in the Chicago State Hospital and recently in New York State, is so well cared for. I have seen some wonderful willow holts. I forget how many thousands of slips were planted last year, but the New York state hospitals are following Illinois' example in growing their own willow. Mrs. Slagle, will you tell us about that?

The Secretary-Treasurer: You will remember we started our first willow holt at Chicago State Hospital. I am saying this for the benefit of those who want to raise their own willow. We did this during the war period when it was almost impossible for us to buy materials for the re-educational exercises we felt were important in our work. Therefore, we turned to ways and means of raising our own raw materials, and our own education advanced greatly, because we had to go to soil experts and to plant experts, and seed experts.

After we got those first few slips at the Chicago State Hospital—and Dr. Foley and a great many of you here today will remember that we cultivated them really with our hearts—because there were so
many people who said “You can never raise willow out at the Chicago State Hospital; if you can, by any chance, raise a few sprouts of willow out there, you can raise willow anywhere.” But the Lord made His face to shine upon that willow holt, because we raised it so abundantly, and it has been ever since an exhibition of what could be done on a city lot in the cultivation of our own raw materials. Then we commenced to analyze the processes in the willow work. I myself worked in a willow factory with the men, to find out what the processes were and to make the necessary analyses, which we are not making enough of, as we go along. I made an analysis of every step in the process from the planting of that shoot, up to the finished article such as Dr. Foley has described, and as Miss Harrower has described, and those of you who go to the Chicago State Hospital will see it. We have also cultivated flax in Chicago. I say “we” in Chicago, because I was there so long, and have been back in my home state such a short time, that I am not quite sure to which state I do belong. I am working in New York now, and last year, during the first year of my association with the State Hospital Commission, we set out twenty-five thousand willow shoots at the various hospitals, and that is none too many. We shall not produce any too much willow for the purposes for which we can use it in our re-educational and in our pre-industrial work.

We are also cultivating flax. We cultivated flax right on the city lots at Chicago State Hospital, and I have seen it used in linen textiles which are equal in artistic value to anything you could buy in Russia. We are cultivating more of it in New York with the idea of using it definitely in pre-industrial work, in producing necessary things for the hospital.

I hope that the various states which are represented here will not in any sense feel discouraged about the cultivation of raw materials. If you have a little bit of ground, you have no idea how much can be produced, because, just as I said about the willow holts, I feel that the Lord will make His face to shine upon it.

Miss Robeson: How much willow can you get from one acre? How many patients could be kept busy?

The Secretary-Treasurer: The first year, very few patients. The second year, you will probably produce to an acre,—oh, I should say, roughly, all that fifteen or twenty patients could use. Patients must be strong physically to use willow, because there is some resistance to willow. You cannot, for instance, give willow work to a pulmonary tuberculous patient to use, but you could to an able-bodied mental case.
Dr. Foley: I should like to go Mrs. Slagle one better on the number of patients in the first year. If you remember, after the willow was planted in the spring, we waited until about the last of March, or the first of April, just when the sap was beginning to come up, and we started cutting the willow. I think we employed a dozen or so in cutting it. Then the willow sprigs were taken to the ward in which the so-called "untidy" patients were kept up to that time. We taught these patients to use their fingers and strip the willow, and we employed fifty or sixty in this operation. Of course, after it went to the occupational therapy department, we had about twenty patients beginning work, but that will give some idea as to how many patients you could employ from a small willow holt. You must remember there are different steps to go through.

The Secretary-Treasurer: You can use different grades of patients in this connection; one grade to cultivate, one grade to cut, another grade to strip it, and so on down the line.

Miss Robeson: How much willow would you get from an acre of shoots?

The Secretary-Treasurer: I do not believe any one could tell that.

Dr. Foley: You would be surprised how much you would get. It is interesting to watch it grow, and the stripping of it, and drying it, and sorting it into different sizes. It offers different problems with different classes of patients, and is all very interesting. It can be grown anywhere; any place you have a little moisture. Just stick a shoot in the ground and it will grow, but keep the weeds out.

The Secretary-Treasurer: Another thing, the state university will help you and the agricultural colleges, too. They were not so helpful in cultivating the flax. I had to go to a seed expert, and a soil expert. We found in Illinois the best seed for Illinois was the Dakota seed. That is not used in other states.

Mr. Atkinson: The federal government has issued a bulletin on soil culture.

The Secretary-Treasurer: Yes, but it is not up-to-date. They are promising a new one.

Dr. Foley: The United States has a bulletin on "Soil" but they tell you to cut the willow in the fall, and our experience has taught us to cut it in the spring, because in the fall you have to steam it. I saw an example of that at Gowanda, N. Y. I was going through with Dr. Potter, and in the middle of a bundle of willow I saw sprigs which were very green, and I took one of them out and showed it to him.
Stripping is an interesting task for patients suffering from mental diseases; they take an interest in seeing how clean they can get the sprigs of willow.

*Dr. Winterode:* It is a mistake to cut willow when it is in sap. It is much better when cut in the fall. After it has been gathered it should be placed in pits in 3 inches of water and allow the sap to run up. In reference to the revenue derived from the sale of articles made, it is discouraging to have to turn this money back to the state without having any voice in its disposal.

*A member:* Where is the best place to learn to work with willow? You spoke about working in a factory.

*The Secretary-Treasurer:* There is one firm in Chicago, in which I worked—Randalls; I worked there right at the benches.

*The President:* I am afraid we must pass on as we have some other very interesting and important things coming up. We are very much indebted to Dr. Foley for the trouble he has taken, and to the members for this most interesting discussion, which Dr. Foley’s valuable paper has brought out.

I regret to say that the next speaker on the program, Mr. Elton, has not arrived.

We are, however, very fortunate today in having with us a former associate of Mr. Elton’s and myself in the rehabilitation work for the disabled soldiers Mr. Walter I. Hamilton. Mr. Elton has carried over his experiences into the rehabilitation work for the industrial cripple. Mr. Hamilton is now the vocational counsellor for a very important group of organizations and knows as much as any man in America of the problems with which Mr. Elton has to deal. It is not fair to Mr. Hamilton to impose upon him, but he has kindly agreed, in response to my urgent pressing, to speak on the relation of occupational therapy and vocational rehabilitation, as he sees it, and as he experienced it during his long period of service for disabled soldiers, under the Federal Board.

Mr. Hamilton, I shall be glad if you will let us hear from you.

*Mr. Hamilton* then addressed the society.

*The President:* One important point for us, as occupational therapists, which I found out personally in visiting many hospitals all over the land, is that the hospital worker, in many cases, does not even know of the existence of the state department of industrial rehabilitation, or how to get in touch with that department. We have a representative of the Wisconsin state department here, who kindly
spoke to us for a few minutes yesterday, because his chief was not here, but his chief has sent a message and I will ask Mr. Harvey to tell us a little about the way in which his department of industrial rehabilitation, functioning under the Federal and State Acts, connects up with the hospitals in Wisconsin. Mr. Harvey.

Mr. Harvey: Mr. Kidner wants something said apparently about the connections we have with the state hospitals and the hospitals in general. We have circularized them and we visit them a good deal. We have forms we leave with the hospitals and they are supposed to make these forms out, and send them in to us, or send them to our office, and we go and visit the patients. We take patients to the hospitals, we are in touch with the doctors, and we get in touch with private funds and put people into the hospitals where it is necessary. We have the county nurses to whom we appeal to keep us in touch with the cases, and the different health departments. We circularize the doctors.

I would like to read Mr. Faulkes' message to you. I am sorry he is not able to be here, as he could supplement these cases much better than I can.

Mr. Faulkes' paper was read by Mr. Harvey.

Mr. Harvey (continuing): I want to say here that this attitude and sympathy finds its answer in the beggars on the streets. There is something false about it; there is something destructive. The idea is that if you were to see a broken machine, you would attempt to get the machine on the proper basis; you would not pity the machine. I feel that when the public once gets rid of those false "crocodile tears" from their system, it will make our work a great deal easier.

The President: If there is any discussion on this phase of it, it must be brief, but I hope you will not hesitate to take it up. May I point out two things that stand out from Mr. Faulkes' remarks, as given by his right-hand man, Mr. Harvey, that we, as occupational therapists can help the person to whom is given the responsibility of guiding disabled men back into productive occupations; we can help them by discovering an aptitude in their work.

Then, too, Mr. Harvey, reading Mr. Faulkes' remarks, used the same phrase, which I think illustrates something I tried to say in my address yesterday. We want "Try-out Courses." This means, as he showed in his paper, an opportunity for diversified occupations. I am very glad that the state authorities, as represented in the Rehabilitation Bureau, are looking at the equipment of some of our occupational
therapy departments here, and saying they are inadequate. No one knows that better than ourselves. It may help to have it pointed out, and to have "Try-out Courses," in which a patient who must find some new occupation can be given the opportunity of placing himself in various lines; that is what we want, in addition to the curative value of the work. But we must not turn our hospitals into vocational schools. We cannot do that. Go to the big vocational school and see what they need in one department alone; see a room of this size, or larger, divided up and devoted entirely to the teaching of one phase of engineering work, for instance, and you can understand the magnitude of the work. But you can give an opportunity for "Try-out Courses."

If there is any further discussion, let us have it promptly.

Mrs. Harter: I want to ask one question, which perhaps this gentleman can answer, or possibly you can, Mr. President. Are there any states which are generous in helping the rehabilitation of the tubercular man? That is our great problem in New York state; we have no funds for maintaining them during re-training. Are there any states where such a fund is available?

The President: I can answer that, because I was discussing it in a little conference we had the other day, with Mr. Elton and some of the officers. Under the Federal Act, no money can be paid for maintenance for any type of case—not only tubercular. That is the weakness of our Federal Act on Rehabilitation for persons disabled by injury. For the men disabled during the war, it was seen from the first that it would be necessary to provide for the maintenance of the disabled man, and those dependent upon him, if he was to be trained for some other occupation. At the present time, there is no means officially by which persons disabled from injury, and undergoing a training at the general expense of federal and state authorities, can be maintained. In some cases the insurance companies help in industrial accidents and other cases which come to them. In other places it is being done by philanthropic persons. I think the next step for the government to take is to recognize that if it pays to provide the means for industrial rehabilitation, in the broad or narrow sense, it will pay us to enable the poor people who want to take these courses, to live while taking them. If not, they will continue to stand on street corners and be wards of charity organizations, and the public authorities, when they cannot learn to work.

I am glad you brought up that question, but I am sorry I have to answer in the negative.
Are there any other points on the question of rehabilitation?

Miss Lindberg: I would like to say a word about our department in Minnesota. The authorities took us into their confidence. Mr. Oscar Sullivan, in charge of our department, has had several meetings, one with the Minnesota Occupational Therapy Association, and one with the Curative Association, not long ago, and we had a conference with him in St. Paul in which he has opened to us the opportunity of recommending to them from our various institutions, patients who would be fit subjects for rehabilitation in their municipal classes, not saying they would take care of housing or anything of that kind. They have been coming into our institution in groups of eight or ten or twelve, when ready for vocational training, and they have provided a teacher for us, and also with correspondence courses.

The President: While the man was actually in the hospital?

Miss Lindberg: Yes, while the man was still in bed in the hospital.

The President: There is the point. They are getting together. An important point Mr. Hamilton brought out is that the occupational therapists in the hospitals must cooperate with the people who handle the patients after they are discharged, and we can help enormously.

We must go on, because we ought to finish before 12:30.

Miss Goodman: May I withdraw my talk until the luncheon tomorrow, in order that Miss Neil may have more time and be able to speak a little longer?

The President: We will let Miss Goodman off for the time being, but we must hear from her later.

We will now have a paper upon a very important branch of occupational therapy work, which, as I remarked yesterday, is only in its earliest stages. We are fortunate in having with us Miss Jane A. Neil, of the Jesse Spalding School, in Chicago, who has been dealing with handicapped children, through occupation, most successfully. Miss Neil.

Miss Neil then addressed the society and showed a number of lantern slides.

Owing to lack of time the Report on State Activities by Miss Hilda B. Goodman was not read.

Adjourned to meet at the Soldiers' Home.