To convince the physician of the value of occupational therapy and get him to prescribe it with care and precision would greatly increase the therapeutic value that might be derived from its use. Some years ago a great salesman in speaking to a number of his co-workers said, “Men, never start out to sell anything until you have convinced yourselves of the value of the article that you are selling.” This salesman was encouraging his co-workers to become enthusiastic about the articles they were presenting to the public. With equal emphasis it could be said to all physicians, “Do not prescribe occupational therapy for your patients until you have convinced yourselves that occupational therapy is indicated and will truly be of therapeutic value.” Unless physicians have confidence in the value of occupational therapy and unless it is prescribed with as much care and as much attention to its indications as other forms of therapy are prescribed, the maximum benefit from its use cannot be expected. This is especially true in working with the highly suggestible psychoneurotic. If this patient feels that the physician himself has little faith in the particular type of occupational therapy that has been prescribed for him, a large part of the expected benefit has already been forfeited.

In the occupational treatment of the psychoneurotic, it is especially important that the aides understand the special disability of this type of case. The psychoneurotic is an especially suggestible individual and unless the aide understands this, she may unconsciously drop suggestions which will result in a new
symptom complex on the part of the patient. The aide who works with the psychoneurotic as well as the physician who prescribes for him, must in a practical sense be a psychologist because she is not dealing with a tangible organic condition, but with an individual whose improvement must be read in terms of psychological reaction. In many of these cases, there is a mental sluggishness, an inability to concentrate, a too rapid tiring of mental faculties. The physician and the aide must grasp this quickly, must differentiate this patient from one who has a mere aversion for all constructive work. In this case, type of work and length of time are of very great importance. In fact, in this type of case, unless care is taken in prescribing and administering occupational therapy, it is believed more harm than good may result.

Those coming in contact with the psychoneurotic should know as much as possible about his disability. The more that is known about the patient's disability, the better will be the results expected from occupational therapy. Realizing this, a series of programs have been outlined at United States Veterans' Hospital No. 37 for the purpose of studying cases and case problems and of learning more about the psychoneurotic—his reactions and the kind of work suited to the different types of cases under treatment.

The psychoneurotic patient in many instances is an individual who has been pulled out of his prewar occupation in which he was making a good social adjustment; he was subjected to the stress, strain, the racking storm and nervous tension incident upon military service and after the war on again attempting to enter civilian life, he has been unable to make an adequate social adjustment.

Many of these patients have been hospitalized for a long period of time; have lost confidence in their abilities; have developed habits of idleness and lack of ambition and punctuality. It is then not surprising that in the workshops patients are often found lax and indifferent about the type of work turned out, the care of tools and the condition in which the workshops are left.

The whole aim of hospital treatment of the psychoneurotic is to develop along with a different attitude of mind, working
habits that will again enable him to take his place in society and make an adequate adjustment. It is, therefore, very important that the physician and the occupational therapy aide insist upon the highest quality of work and upon those industrial habits so important to the individual in his rehabilitation.

Closely associated with lack of care in doing his work and lack of neatness about the workshops is the tendency on the part of the psychoneurotic to attend his classes irregularly. This is a part of the patient's disability, an expression of his changeableness of mind and his instability. He may suddenly decide that a walk or any other type of diversion may be of more benefit to him than time spent in occupational therapy and, unless closely checked up, may fail to attend the latter. A daily check on his attendance must be made. The physician at our hospital is notified each day of the absence of any of his patients from occupational therapy on the preceding day. It is then an easy matter for the physician in charge of the case to again get the patient back to work before he has formed the habit of missing his treatment. In most cases of psychoneuroses all that is necessary to get the patient back to work is to again explain the value of occupational therapy in his particular case. What he wants is the moral support of his physician in this type of therapy and to be again assured of its benefits. In prescribing occupational therapy, whenever possible, an attempt should be made to place the patient in the type of work in which he is interested and at the same time in the type his physician considers of greatest therapeutic value tending toward his rehabilitation objective. For the above reason certain patients at United States Veterans' Hospital No. 37, who are interested in pharmacy have been placed in the drug room, always under careful supervision; others interested in physiological chemistry have been given occupational therapy in the hospital laboratory. During the summer months a considerable number of patients are given work in gardening. This is found very useful, especially in the treatment of hysterical cases.

The inability to accurately measure results is one of the greatest problems in occupational therapy with nervous and mental cases. We see results, it is true, but we are at a loss for a scale
by which to measure them. In the curative workshop where organic cases are being treated, we are able to definitely measure results in terms of increased mobility or strength of the part. It is different, however, in making measurements of results in nervous and mental cases, for here measurements must be made in terms of the patient's reactions to environment, his mental attitude, attention, etc. This problem has long been recognized but there has never been an adequate solution for it. One of the latest attempts at its solution was made by Dr. Ziegler, a former reconstruction officer at United States Veterans' Hospital No. 37. The system outlined by him is quite accurate if it could be applied, but it is believed that it would be difficult for the average aide to apply it accurately to more than a limited number of cases. We shall not go into the details of this method as it will be found in the Archives of Occupational Therapy for December, 1922. This problem, then, of measuring results obtained from occupational therapy, except in a general way remains unsolved and gives plenty of room for future work.

To recapitulate briefly for the purpose of concentration:

First: A sensible enthusiasm on the part of the physician regarding the value of occupational therapy and a definite prescribing of the same is one of the most important steps in obtaining results from its use with the psychoneurotic.

Second: Occupational therapy aides should understand as much as possible about the special disability of the cases with which they deal. Lack of care on their part in regard to suggestions may partially defeat the results expected. They must in a practical sense be psychologists.

Third: Re-establishing good and adequate habits is very important in the patient's rehabilitation and the occupational therapy workshop is an excellent place for doing this.

Fourth: Punctuality in attending occupational therapy work is a part of the program of rehabilitation and is important in establishing the patient's mental equilibrium.

Fifth: One of the great problems that lies before the occupational therapy department in all nervous and mental hospitals is to work out a practical system by which results in occupational therapy with neuropsychiatric cases can be measured.