OCCUPATIONAL THERAPY IN THE SANATORIUM TREATMENT OF THE TUBERCULOUS

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Sanatoria are built and maintained for the purpose of giving to the tuberculous sick: first, the best possible opportunity for recovery; second, to teach the principles and practice of personal hygiene and sanitation; and third, to return to the community, if at all possible, a self- and perhaps a family-supporting citizen.

Tuberculosis, generally speaking, is a chronic disease. Dependent upon various factors it runs its course in months or years resulting in recovery, partial recovery, or death. Sanatorium treatment has proved its beneficial influence in promoting recovery for the curable and in postponing the date of demise for the incurable. In either event the sufferer endures a period or periods of partial or complete invalidism. Thus the element of time is a most important factor in considering the welfare of all persons ill with tuberculosis.

To date the medical profession is not in possession of a medication, the administration of which exercises a direct action against tuberculosis per se, but success may be confidently expected to follow in many cases, indeed, a prolonged special course of treatment of the individual, known by the phrases "cure-taking" and "cure-giving," and best administered in a sanatorium. An analysis of our methods of "cure-giving" discloses that in addition to hygienic-dietetic measures, such as physical rest, pure out-of-door air, sunshine, plenty of nourishing food, etc., and such medication as is necessary to keep the physical machine functioning efficiently, there is another extremely important part of the individual, the requirements of which have not as yet been fully

1 Read at the seventh annual meeting of the American Occupational Therapy Association, held at Milwaukee, Wis., October 30 to November 1, 1923.
included in our system of cure-giving. This part of the individual exercises a powerful influence for or against recovery and is the patient's mind. Any prescribed course of treatment, therefore, that fails to include in its scope the element of mind, fails to encompass the whole individual as a potential defensive entity in a life and death struggle against tuberculosis.

It has long been known to sanatorium physicians that undirected cure-taking by patients is as barren of favorable results as misdirected cure-taking. Our most successful sanatoria, therefore, carefully prescribe and supervise the number of hours of rest, the actual time to be spent out-of-doors, the kinds and quantities of foods, and the time for and kinds of physical exercise that can be permitted. And of late years we have introduced another therapeutic measure that admits of both skilled direction and supervision; that takes favorable recognition of both the time and mind element, and in addition to all of this, assists very materially in consummating the last but not the least of the purposes of the sanatorium, i.e., the return to the community of a self- and perhaps a family-supporting citizen. And that measure is "occupational therapy."

During the summer of 1915 a careful survey of the situation in connection with Milwaukee County's care and treatment of the tuberculous was made by Miss Rachel Horner, a graduate of the arts and crafts course from Milwaukee Downer, and the writer. The question of the introduction of various occupations that might prove interesting as a means of controlling the activities of patients during exercise periods was the object. It was found that the suggestion was received with enthusiasm by the more recent admissions, half heartedly by those whose sanatorium residence covered a period of months, and rather apathetically by the "old timers." The survey showed conclusively that the absence of occupation developed a marked tendency toward pitiable industrial invalidism. Fortunately some time previous this same conclusion had been reached by the keen observing mind of a practical business man, a Mr. Charles Forster, a frequent visitor at the sanatorium; and Mr. Forster, possessed of a philanthropic spirit, made available at his death a bequest of $1000
to be used in introducing something in the sanatorium life of patients to occupy hands and minds.

The early work of introducing occupation was exceedingly simple and inexpensive. The exercise period was medically prescribed and the question of securing the interest of the patient was a problem to be solved by the instructor. In this Miss Horner showed rare tact, judgment and resourcefulness and it was not long before an assignment to Miss Horner's department was considered by the patient, not a dose of medicine, but a privilege. The innovation was a success and the money bequeathed by Mr. Forster was used in November of 1915 in equipping the work-shops of Muirdale.

At that time the term occupational therapy as applied to tuberculosis was not so commonly known and Muirdale's department was styled "Industrial Recreation;" first, because the occupation must be sufficiently useful to prove industrial and second, because the occupation must be sufficiently attractive to prove recreative, and Industrial Recreation is the title under which this department operates today.

In September of 1917 through the resignation of Miss Horner the work of the department was taken over by Miss Irene Grant, also a graduate of Milwaukee Downer, who has rendered continuous service in the capacity of director and instructor since that time. Through the intelligent, painstaking, and skilful handling of the work by Miss Grant the department is now an indispensable factor in the treatment of patients and in the administration of Muirdale Sanatorium. From a meagre beginning in 1915 by introducing the most simple arts and crafts work during medically prescribed exercise periods, the department now includes bedside instruction, shop work in the more advanced as well as the simple arts and crafts, kindergarten and graded school work for children, academic training for convalescing adults, and supervised recreation.

What have been its advantages to the patients and to the institution? Our experience of eight years has demonstrated that occupational therapy:
a. Promotes recovery from tuberculosis by substituting directed and supervised physical activities for the undirected and unsupervised physical activities destructive of the benefits to be gained through sanatorium treatment.

b. Promotes recovery from tuberculosis by substituting the normal mental activities of an industrious life for the abnormal mental activities of idle life, a pathogenic psychosis extremely common to all individuals sick or well deprived of useful occupation.

c. Enables the child undergoing treatment to continue school work under the most hygienic conditions possible, thus gaining in mind as well as in body, and enables the convalescent adult to become educationally better qualified to "carry on" in his former vocation or to take up a line of work entirely new and more adaptable to his requirements.

d. Increases the length of stay of patients at the sanatorium by adding to sanatorium life an interest that is extremely attractive and relieves to a considerable extent the monotony of cure-taking.

e. Simplifies the problems of administration especially in the matter of discipline and promotes in no small degree a most wholesome institutional atmosphere.

The expense incurred in maintaining an occupational therapy department in a tuberculosis sanatorium is not prohibitive in any respect; in fact, comparing cost with benefits both immediate and remote, it represents a most economical form of therapy. In the final analysis, however, it must be remembered that all forms of therapy have their limitations and unless occupation for patients undergoing treatment is medically prescribed, skillfully administered and efficiently managed, untoward effects will become manifest and thus bring about undeserved reproach upon the innovation itself.