

HISTORY
OF
DORSET
HOUSE
VOL. 2.

THE STORY OF _____
DORSET HOUSE, CONT;
AND OF ALLENDALE, AND OF
THE MOVE TO BROMSGROVE.

VOL. 2

1935-1946 -

(Note. Pages which have red marks by their numbers 1.1
may be slipped out gently to read the data attached)

Christmas, of course, was the most notable thing about December, apart, that is, from an epidemic of German Measles which we were afraid was going to deplete the Cast of "Pride and Prejudice." But luckily, nobody was ill for Christmas itself. We started off in the usual fashion with Carols on Christmas Eve: ambitious ones this year, with descants, canons, and three parts. The Grasmere Carol was our Piece de Resistance, and Virginia's Carol our surprise. Miss Street accompanied all the carols at rehearsal on her pipe, but when the time came, we found that the drawing-room piano was tuned a whole semi-tone below this, and she could not re-tune her pipe in time! After this, a lot of people went to Midnight Mass at All Saints.

The next day we had breakfast early so that the dining room decorations could be done. Dinner itself at 1 p.m. was a very gay affair, followed by The King's Speech, which we listened to in the Drawing-room, and the presentation of gifts from the big Christmas Tree in the Hall. The Hall, half finished, was decorated out of all knowledge, and boasted a marvellous fireplace, which Father Christmas had obviously visited. Then came a rush back to tea, in pouring rain, and a rush down again to see the Play. The Play was most successful, far more so than any of the people in it had dared to hope. Owen and Paddy turned up during the interval, and Heulwyn and Alouette Owen were already with us. Finally we had a sandwich supper in the dining-room, as a wind-up to the day. On Boxing Day there was the Party. (Also a visit from Dr. Bunbury, whom we were very glad to see again, and wish she could have stayed longer.) The floor of the Hall had been prepared, for dancing and games, there was a Buffet, and other exciting things. Owen and Tom gave us a most amusing sketch, we liked it all the more because it was topical, and most of us feel flattered at being "taken off". After the Party, certain of the Staff went on to the flat and there celebrated in mysterious ways which most of us were denied: the usual order having prevailed at the end of the day!

Nothing very exciting has happened since Christmas, except that the Hall has been finished, and looks beautiful with its pale walls, oak floor, and uneven ceiling. The inhabitants of the Flat came back to the Garage last March, and installed themselves in the new rooms. There is no longer a ladder to the Garage Kitchen, but a door through the hall. The waste land by the Garage has been turned into a rockery, with steps down to the Hall door. The old Playroom is now a bedroom with five beds. It seems odd to imagine that it was ever a place of recreation and dancing. They are putting new floors down in the House - polished oak floors in the writing, drawing and dining-rooms, and they are demolishing the corner by the Slype. So much for the structural alterations. Most of the other changes have happened in the O.T. department. Old Students have got jobs: at The Maudsley, Barnwood and Haywards Heath, among others. Miss Dahl is going back to America in September, and we shall be very sorry to lose her; others are going too: Miss Hick, Miss Macdonald.

The event of the Year has been the removal of Miss Morgan to 4 Prince's Buildings. Her house has provided us all with work and interest. We were dreadfully sorry to lose her from the House - but then, we feel she is invaluable "down the road" too, and we see almost as much of her as before, and hear of all her doings when she brings Janet up to see us in the evenings. Some of us go to play with Joan, most of us go to tea on various occasions, all of us, I think, had a hand in decorating that house! We used to go in parties, and take our lunch or tea. There was one Monday when three of us ate a colossal meal in the top Bathroom. Miss Morgan has added yet another child to her "family" - for besides her own Polly and Joan's Christopher, there is now a small spaniel puppy, son of Ben, Miss Pease's dog.

We must not forget the various marriages and engagements in the House: Miss Tebbit, with her husband, Mr. Glyn Owens, has been to see us twice this year, and we are still having Paddy and Owen, which we enjoy very much. Elizabeth Brown has announced her engagement. Jonah is going to be married in October, and is deserting us for New Zealand. We think she will make as admirable a Colonial housekeeper as the Bear she portrayed in the Pantomime!

Just now many people are away for their holiday - or are shortly departing. Bar and Peggy are in Sweden, busy with a course of weaving in a Swedish village. Blew and Kate have been to Germany - with adventures many and various! Others are going to France and Italy. Dr. Casson goes to Wales at the end of this week. There will be few activities until the autumn, when the Cottage closes down, term begins, and all the "excitements" of concerts, theatres, lectures and films that we go to are announced. And so here we take our leave - until the next time!

LINES UPON A BIRTHDAY PRESENT.

This little dish we've got -
This silver sort-of-pot
(Whether you like it or not)
To keep your dinner hot.
(We like it quite a lot.)
We might have bought a yacht -
A gown with fancy spot -
The works of Walter Scott -
Some books for you to swot -
Perhaps endowed a cot -
Or yet financed a plot
To make you Queen - but what
Is nicer than this pot
(Whether you like it or not)
To keep your dinner hot?

April 1935
Dr. Casson's birthday.



Miss Barber with Bran. Veronica
Miss Parry, Miss Jackson, Miss Bayer, Miss Mitchell



Dr. Casson



Dr. Casson and Bran.



Exercises from Litfield



Miss Coru Miss K. Edwards
Mrs. Joliffe. Mrs. Nelson

Virginia

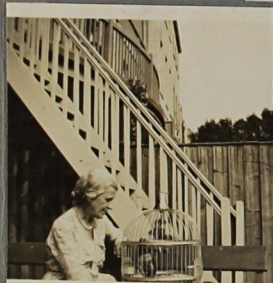


and Mother Christmas



View from upper floor: Dorset House

Miss K. Barber and Miss Bates



Miss Taylor Morgan



Joan Taylor Morgan



Miss Taylor Morgan & Mrs. Pratt & family



Kate Barber



BAR & DOGS

A radiant smile - to greet the dawn -
Miss Higgins: just off night duty



In aid of
BRISTOL & CLIFTON DISTRICT NURSES SOCIETY
 DISTRICT 23 (CLIFTON "B.")

A
Garden Pay Party

on
Saturday, 19th June

1937

at 3 p.m.

at

DORSET HOUSE, THE PROMENADE

by kind invitation of Dr. Elizabeth Casson
 (UNDER COVER, IF WET)

ADMISSION . SIXPENCE

TEAS . . . 9d. and 1/-
 from 3.45 p.m. to 5.30 p.m.

FOR SALE

HOME MADE SWEETS, CAKES, JAM, MARMALADE
 and CHUTNEY

ICES AND LEMONADE

COMPETITIONS WITH PRIZES

NANCY'S PUPPETS

3.30 p.m. . 5 p.m. . 6 p.m.

Demonstrations of Dancing, Spinning, Weaving and
 the Potter's Wheel by Students of the Dorset House
 School of Occupational Therapy





The Garden Party - contd.



Margaret Morris dancing



The Garden Party - contd.

Vol 2/17

DORSET HOUSE DRAMATICS.

1931 - 1934.

PRUNELLA. 1931.

One of the finest and jolliest shows ever produced at Dorset House (to my way of thinking) was "Prunella", played by the Ranger Company at Christmas 1931.

It was admirably produced, and we derived a considerable amount of pleasure rehearsing for it. Most of the cast had done some amateur acting before, which meant that they were able to "get down to things" marvellously. Several of its members were responsible for the scenery, by no means an easy job, yet the result was all that could be desired, except perhaps for the bedroom window!

I shall never forget the window incident! It was during the last act, and Prunella had to negotiate an elopement with Pierrot through the said window. During our final rehearsal we had discussed the improbability of Prunella's ever being able to cope with it, as it didn't exactly fit her! Acts 1 and 11 had gone off without a hitch, and now - would she, or wouldn't she come safely through that window?

"Ghosts might see us, and hang out their heads,
In long white nightcaps wagging their skulls,"
sang we, approaching nearer to the dreaded scene..... There he was, Pierrot, and, praise be to Allah, Prunella taking the Window as gracefully and indifferently as became one whose business it was to make her exit in such a manner!

Altogether this was a fine show!

B. V. A.

YELLOW SANDS. 1932.

This year the Ranger Company gave a performance of "Yellow Sands" by Eden Philpotts.

It was all supposed to be a secret, but in some mysterious way the House had got wind of the matter some days before, and knew quite a lot about it. But this did not lessen anticipation. And when the curtain went up on the First Act, we saw before us a piece of most marvellous scenery, which some of the cast had painted themselves. Yellow sands, and blue sea, with a low wall overlooking the tide, and the Head of the O. T. Staff looking as disreputable as she possibly could as Richard Varwell.

Among other excitements in the course of the play were the appearance of Dr. Casson dressed and made up as an old woman of eighty, and thereby (we were assured) looking exactly like her grandmother, and the debut (in person) of Polly Parrot, who behaved like the accomplished actor he is. We must not forget to mention Richard's song, which came as a surprise to both cast and audience! And the acting of Miss Jenkins as Mary Varwell, quite one of the best things in the Play.

V. R. T. A.

PRIDE AND PREJUDICE.

A PLAY IN FOUR ACTS, BASED ON THE NOVEL BY

JANE AUSTEN.

--ooOoo--

Characters in order of appearance -

Mrs. Bennet.....Vera Barber
Mr. Bennet.....Dorothy Jones
Lydia.....Mary Dennett
Jane.....Barbara Ashman
Elizabeth.....Joy Blew-Jones
Wickham.....Mary Plater
Mr. Collins.....Elizabeth Casson
Charlotte Lucas.....Sally McLaughlin
Harris.....Veronica Burr
Bingley.....Ruth Bevan
Darcy.....Sandra Cassie
Hill.....Helen Dixon
Colonel Forster.....Rosemary Adams
Miss Bingley.....Eileen Cave
Martin.....Margaret Peverelle
Denny.....Katherine Street
Lady Lucas.....Margaret Davy Brown
Colonel Fitzwilliam.....Elizabeth Brown
Martha.....Helen Dixon
Lady Catherine de Bourg.....Virginia Du Plat Taylor.

ACT I. The Drawing room at Longbourn
ACT II. The Orangery at Netherfield.
ACT III. Mr. Collins' Parsonage at Hunsford.
(Three months later)
ACT IV. The Shrubbery at Longbourn.
(One week later)

TIME.....1796.

The Play produced by ELIZABETH CASSON.
Costumes by JOYCE HICK and I.V.HOOPER.

--ooOoo--

THE PLAY
PRIDE AND PREJUDICE

CHRISTMAS 1934



The Cast



Back Row

Dr. Casson (Mr. Collins)
Eileen Cave (Miss Bingley)
M. Plater (Wickham)
V. Barber (Mrs. Bennett)
R. Bevan (Bingley)
V. Burr (Butler)
D. Jones (Mr. Bennett)

Second Row

S. MacLaughlin (Charlotte)
R. Adams (Col. Foster)
B. Ashman (Jane)
S. Cassie (Davey)
M. Dennett (Lydia)
H. D. Brown (Lady Lucas)
J. Blew Jones (Elizabeth)

The Cast



Wickham and Lydia



The Hall



The Hall fireplace, visited by
Father Christmas.



The Christmas Tree



The Set - Act I
PRIDE and PREJUDICE



The Dining Room

26



22
Lino Cut
for
PRUNELLA



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YELLOW SANDS

A Comedy in Three Acts

by

EDEN & ADELAIDE PHILLPOTTS

Presented by

DORSET HOUSE RANGER COMPANY

Act 1. Before the cottage of the Majors

Interval of 15 minutes

(Tea will be served in the Theatre)

Act 2. Miss Varwell's parlour, the next day

Act 3. The same, a month later.

CAST.

The Characters as they appear.

Richard Varwell.....	Constance Tebbit
Emma Major.....	Joyce MacLeod
Arthur Varwell.....	Dorothy Jones
Joe Varwell.....	Joan Vezey
Mr. Baslow.....	Hilary Bates
Thomas Major.....	Joyce Oldnall
Lydia Blake.....	Daphne Roy Davies
Mary Varwell.....	Muriel Jenkins
Jennifer Varwell.....	Elizabeth Casson
Minnie Masters.....	Constance Selby
Nelly Masters.....	Barbara Ashman

THE SLEEPING BEAUTY

A PANTOMIME Presented by
THE RESIDENTS OF DORSET HOUSE.

Characters in order of appearance -

Queen Tintinabula of Fantagoria	...	...	Margaret Brown
Court Jester	...	...	Joy Blew-Jones
Angelica - Maid-of-Honour	...	...	Veronica Burr
King Bombasticus of Fantagoria	...	...	E. Rushton Gill
Yehudi - (Court Fiddler Lord-High-Everything)	...	...	Joan Mackworth
Fairies -			
Make-You-Merry	...	...	N. Meek
Grant-You-Good	...	...	Grace Batchelor
Wish-You-Well	...	...	I.V. Hooper
The Fairy Pandemonia	...	...	Virginia Du Plat Taylor
Princess Lucinda of Fantagoria	...	...	Lucy Trye
Prince Pedigree of Pantaloon (Medical Student of the University of Mangle-Wurzle)	...	...	Rosemary Adams
Pages at the Court of Fantagoria -			
Orlando	...	...	Ann Roberts
Orsino	...	...	Nancy Walker
Strolling Singer	...	...	Queenie Fox

PROLOGUE -

The Lily Pond in the Royal Gardens

Act I

The Court of Fantagoria

Act II

The same (Fifteen years later)

Scene 1

A Room in the Tower

Scene 2

The Court falls asleep

ACT III

(A hundred years later)

Scene 1

By the wayside in Pantaloon

Scene 2

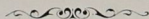
A Room in the Tower

Scene 3

The Court of Fantagoria

'BECKY IN ENGLAND'

A MUSICAL COMEDY IN FIVE ACTS



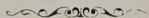
Cast in order of appearance:-

Rebecca	Peggy Reed
Miss Tebbit	Rosemary Adams
Miss Goscombe	Audrey Newsom
Miss Barber	Margaret Brown
Dr Elizabeth Casson	Joy Blew-Jones
Lady Cleopatra Popacatapetl	Inez Violet Hooper
Mrs Fitznoodle	Virginia Du Plat Taylor
Sally May, An American	Joy Blew-Jones

Chorus of Sailors, Occupational Therapy Students,

Frivolity Girls and Americans	Dorothy Jones
	Daphne Roy Davis
	Virginia Du Plat Taylor
	Nesta Clark
	Paddy Goscombe
	Joyce MacLeod

Orchestra	Rosemary Adams
	Joan Mackworth



Act I	Quayside Southampton
Act II	The Garage Sitting Room
Act III	Occupation Room
Act IV	Consulting Room
Act V	The Lummis Mansion, Philadelphia, Pa.

THE SLEEPING BEAUTY

A C T I

SCENE I

The Hall of the Castle at Fantagoria. The baby is in a crib at the back, watched by Angelica, the maid of honour. The Queen is at a mirror, putting her crown on straight. Enter Jester, leaps behind her, gives her crown a tilt, and leaps away again.

QUEEN. (stamping her foot) How tiresome of you, just when I wanted to look my best for the christening.

JESTER. But it is magnifique - a most becoming angle - a chapeau of the moment.

'BECKY IN ENGLAND'



THE PLAYS THE THING

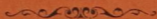
This envelop contains copies of

- 1) "The Sleeping Beauty"
- 2) "Becky in England"

'BECKY IN ENGLAND'



A MUSICAL COMEDY
IN FIVE ACTS.



'BECKY IN ENGLAND'

A MUSICAL COMEDY IN FIVE ACTS



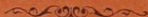
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Act I	Quayside Southampton
Act II	The Garage Sitting Room
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Act IV	Consulting Room
Act V	The Lummis Mansion, Philadelphia, Pa.

ACT I.

The Quayside. Enter chorus of sailors, singing-
(Tune: Chancellor's song from 'Iolanthe'.)

Chorus. Oh we've brought Becky over the sea,
From Little New York in Ameriky,
At Dorset House in Clifton, she
Will teach Occupational Therapy.

Solo. Oh she can carve,
And she can sew,
And she can weave,
And she can blow,
And she to Clifton joy is bringing,
For she's just swell at community singing.

Chorus. Oh, she will knock them fairly flat -
A highly susceptible household that!
Oh, she will knock them fairly flat -
A HIGHLY susceptible household that!

(Enter Rebecca. The sailors salute and sing-)

Chorus. Rule Rebecca, Rebbeca rules the waves,
All Cliftonians shall be Rebecca's slaves!
(Exit)

Becky. Well, fer goodness' sake, I do declare
There's nobody to meet me. What's to do?
They said that they'd be here at five o'clock
And now it's just half after. Tut tut tut;
These English girls are surely mighty slow.

(Distant sounds of chugging.)

I wonder if they'll like all my new frocks?
The frilly ones 'll send 'em all quite mad.

(Sound of a horn, car comes nearer.)

Well! Sakes alive! What kind of car is this?

(Enter Miss Tebbit and Paddy in Toby; they
leap out and approach Becky.)

Miss Tebbit. Miss Lummis, I believe? Now let me say
I am Miss Tebbit; This Miss Goscombe here,
My colleague and yours too, who daily drives
This ancient and most honourable car
Hight Toby.

Becky. What a grand name for a car!

Paddy. A grand car too. Do you drive, by the way?

Becky. Why yes, a flivver, and a coupe too.

Paddy. Then you can help me drive the damned thing
down
At ten o'clock at night

Miss Tebbit. Ahem - I think we should be getting back.
Now what about your trunks. Miss Lummis?

Becky. Would you have me go get 'em? They're right here.

(She summons porters in the wings. Large trunks are brought forth, one after the other. Expressions of dismay registered by Miss Tebbit and Paddy increase as they wonder how Toby will bear his new burden.)

Becky. (Dubiously.) D'you think he'll stand the strain? If
not, I guess
We'd better send a trunk or two by rail.

Miss Tebbit. That's a good plan. Please book these three
to Bristol.

(Becky tips all the porters with half-crowns and sends them off with the extra trunks.)

Paddy. Can you arrange yourself in front? With luck
Toby will start. You musn't mind a lurch.

(Paddy starts Toby, which leaps forward violently, thereby making Rebecca apprehensive.)

Miss Tebbit. Now do look at our English countryside,
Where the road winds between these woods and trees.
And look! a fox leaps, brush in air, alert;
Stealing the secrets of the night to tell his mate.

Becky. My my, oh what a darling thing.
Oh stop, please stop. I want to see that fox,
I think he's just real grand! A real live fox,
I never saw a real live fox before.

Miss Tebbit. And more is yet to come, look over there -
Salisbury Cathedral, that's the ancient spire
Which stabs the far horizon.

Paddy. Gorgeous thing,
I think it's simply gorgeous, must look too.

(Toby leaps forward again. Suddenly there is a
bang; he lurches slightly.)

Paddy. Oh, damn! A punctured tyre. Out you all get!

Becky. Is there a garage near at hand, d'you think?

Paddy. Garage, no fear! We must put on the spare.

Becky. I don't know what you folk will think, but I
Believe that walking on would be the thing to do,
And hire an automobile from the nearest stand.

Miss Tebbit. And leave poor Toby far away, forlorn?

Paddy. Come, help me with the spare, it won't take long.
I hope your coat will keep quite clean.

Becky. I've got
Another one that's just as good, inside
That cabin trunk.

Miss Tebbit. Oh fortunate young woman, would I had
As many clothes as you!

(Having put on the spare, Paddy and Miss Tebbit are somewhat untidy; Becky remains immaculate, nevertheless she produces a lipstick and uses it vigorously and artistically.)

Miss Tebbit. I really think we must be quick, the Boss
will think
We're lost, or else that we have failed to meet
Miss Lummis.

Becky. Oh, pardon me, Miss Tebbit, if you had failed to
meet me.
Sure I never could have mistaken this
fine old car,
And two English girls inside it.

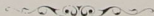
Paddy. Well said, Miss Lummis. Will you mount again?

(They climb in, start the car; and Toby leaps out of sight. The chorus enter and sing, to the tune of 'Little Buttercup.')

Chorus. Hooray for Rebecca, our pretty Rebecca,
Who's coming to stay for a year,
She really is great on
Her pet occupation,
She's meaning to have a career.

She's brought all her wardrobe, complete
anti-microbe,
To leave it behind would be crime,
For sport and for dancing,
For climbing, for fencing-
She's meaning to have a good time.

(Exit. Curtain.)



Miss Tebbit. Or of some feline orgy on the tiles,
With the wid accompaniment of the wind
Harping with skeleton fingers on the wires
That stretch from post to post across the sky.

(Re-enter Paddy.)

Paddy. Behold the noise!
Bar. My dear, where did you find it?
Paddy. Behind the bathroom door.

(Enter Becky, in bath-robe.)

Miss Tebbit. 'Tis you!
Paddy. 'Tis she!

Miss Tebbit. I never should have thought it!
That such a noise so near the ghostly wail
Of unconfined animals, should have issued
From that mouth!

Becky. Oh my! I just love that!
Ain't that just sump'n, that you folk should hear,
Rebecca singing in her morning bath.
And then go search the garden-path for ghosts!
If that ain't too marvellous for words!

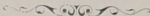
Bar. It just remains to offer you some tea.
Becky. No, no! I'm not in need of that. You see,
I haven't cleaned my teeth, and so of course
I mayn't drink tea.

Miss Tebbit. My true American!
Paddy. Tea must I have, clean teeth or no clean teeth.
Miss Tebbit. I think I'll come and get some with you, too.

(Exeunt Miss Tebbit and Paddy.)

Becky. I guess I've shocked 'em both.
Bar. Oh, they'll recover.
And now I think we'd better dress. I hear
The breakfast gong ring out at Dorset House.

(Exeunt, Becky still singing.)



Act III

The front Occupation Room. Becky is dressed in fencing costume. The chorus, now Occupation Students, are working at various crafts. The weaver at her loom sings.

Solo. I have a song to sing - O!

Chorus. Sing us your song - O.

Solo. An Occupation Student I
Whose shuttle through the warp doth fly.
With eager fingers do I beat,
The thread runs straight, the edge is neat;
All my limbs co-ordinating
While this scarf I am creating.
My emotions sublimating,
All with the help of this lady.

Chorus. Aye-dee, Aye-dee,
Lack-a-lady, lack-a-lady,
Her emotions sublimating
All with the help of this lady.

Becky. Folks, you're working very hard,
Your labour I will not retard,
But look what I've got here for you,
Some peanut candy you can chew.

Chorus. Her poppa makes it by the pound,
'Tis crisply cooked and nicely browned,
Right gladly will she hand round
Because she's such a lady.
Aye-dee, Aye-dee
Lack-a-lady, lack-a-lady,
Gladly will she hand it round
Because she's such a lady.

(General scramble for peanuts. Sudden and dramatic entry of Dr. Casson accompanied by Lady Cleopatra Popacatapetl and Mrs Fitznoodle.)

Mrs Fitz. Oh, what a charming game they're having here!
May I see what they're doing, Dr. Casson?

Mrs Fitz. (Cont.) Now this is very interesting - weaving:
I see with greatest joy that you believe in
The expansion of the ego at the loom.

Dr Casson. Perhaps Miss Lummis kindly, will provide us
With samples of the students' work to see.

Becky. Why, cert'n'ly, Dr. Casson, I'll be glad to.

(Enter Bar with a rush.)

Bar. Oh, Becky! Have you got the keys? I'm sorry,
Dr. Casson, I didn't see you there.

Becky. I think Miss Goscombe has the keys, Miss Barber,
She's sitt'n' in the office right outside.

Bar. Oh, thank you very much. (Exit.)

(Enter Paddy, also with a rush.)

Paddy. My kingdom for the keys! -the keys, the keys!
Becky, where are the keys? I'm sorry, Doctor,
I didn't see you there. Miss Lummis, please,-

Becky. Why, I've just told Miss Barber you've the keys;
I gave 'em to you half an hour ago.

(Terrible interest on part of visitors)

Paddy. I beg your pardon, you did not, Miss Lummis,

(Enter Bar.)

Bar. Becky - excuse me. Dr. Casson, Paddy -
Oh dear! Miss Goscombe - have you got the keys?

Paddy. Indeed I have not.

(The buzzer sounds, exit Mrs. Clarke; the Doctor
immediately draws her visitors towards the loom
and tactfully away from the discussion.)

Becky. I'm cert'n sure I left them on her desk -
I should be mighty glad to see them now!

Bar. They must be there. Becky, who's taken them?

(Enter Mrs. Clarke.)

Mrs Clarke. Dr. Casson, please, the telephone.

Dr. Casson. (to Lady Cleopatra.) Excuse me, please.

(Exit, chin well out.)

Look! While I was at the 'phone I saw
Patsy with these, playing on Litfield stairs!
(holds up the keys. Symptoms of delight
from worried O.T. Staff.)

Paddy. I will not have that gawky beast in here!
Patsy must go, and play in Dorset garden.

Here Mrs. Fitznoodle comes forward and tackles
Becky brightly and firmly.

Mrs Fitz. Now may we see some more?

Lady Cleop. I'm very glad

To find you're using wool so much these days.
I suppose your patients do a lot of knitting.

Becky. Why no - I think not - Paddy, do we knit?

Paddy. (very firmly.) No, we do not. (Exit.)

Bar. (to help Becky out.)

D'you know the doctor thinks
That knitting is a boring occupation.
Now sewing is quite different, and, d'you know.
She likes to smock the overalls herself.

(Paddy appears in doorway.)

Paddy. Bar, will you come in here a moment, please?

(disappearance of Paddy; Exit Bar.)

Mrs Fitz. My husband loves to see a woman sewing,
He says it is the sunshine of a home.

(Re-enter Dr. Casson; Becky picks up Jonah's
basket and goes forward to exhibit it.)

Dr. Casson. (to Jonah) How well you're getting on
with that today!

Mrs Fitz. Dear Dr. Casson, D'you know, I love
The charming uniform this girl is wearing,
So trim and neat and maidenly. You all
Wear it, I suppose, when you are Staff?

Dr. Casson. (frightfully grim.) Miss Lummis fences,
That is all her fencing costume, evidently
She has not had time to change her dress.

Becky. Pardon me, Dr. Casson, that is so.

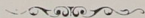
(Chorus; First White Balance step towards the
back of the room to Schubert's music.)

Chorus. You must be trim and neat
(Which you'll admit is prudent,)
If you'd aspire to be
An Occupation Student.
A dress that must be light
To let the air and sun in,
A dress quite short and free,
That you can have some fun in.
Tra la la la, tra la
Tra la, tra la, tra la la;
Tra la la la, tra la,
Tra la, tra la, tra la la.

(Tune changes to sailors' 1st chorus in Act 1,
Chorus dance in background; Becky walks up and
down in front, hitching her skirt up in the
approved Becky manner.)

Becky. Greek tunics are not meant for me,
A fencing costume's best, you see,
That comes exactly to the knee -
Dee dee, dee fiddle dee dee, dee dee.

(Exeunt, chorus and Becky, dancing, Principals
following behind.)



Act IV.

(The Boss' consulting room. The Doctor is sitting on her fender, reading a large tome, looking very severe, one shoe off. There is a tap at the door, she yells 'COME IN!' Enter Becky.)

Becky. Excuse me, Dr. Casson, if you please.

Boss. Why, certainly, Miss Lummis.... Well? sit down.

Becky. Oh - er- I think I must go fix the flowers,
But I just want to tell you first of all,
I have a little cold upon the chest,
And it won't go away. I figure out
That if I come to you, you'll help a bit
With garlic - pills -or sump'n of that sort.

Doctor. Why, I shall be delighted. Let -

(a knock at the door.)

COME IN!

(Enter Bar.)

Bar. Dr. Casson, do excuse me please,
I must have your waist measurement at once,
Because the frock you're going to wear tonight
Is just a scrap too large. Now here's the tape,
I really won't be long, you know how 'tis
If one's kept waiting for a thing one wants
And simply can't get on. I shall be vexed
If I can't finish of that frock today;
It looks so sweet, with frills all down the sleeves
And godets in the skirt. Oh, and the colour too
Will suit you beautifully. Thanks awfully,
I won't barge in again.

(Exit. During this time the Boss has been too overcome to speak, now she turns with a grin to Becky.)

Boss. Now let me see your throat. H'm, it's relaxed.
I wish your chest was, too. Tongue not too good.
Breathe in, please. Do not stiffen. Go quite slack,
Quite slack -

Becky.

Excuse me, Dr. Casson, please!

(She dashes outside the room, where she proceeds to blow her nose vigorously, after which she returns hastily to stand beside the Boss.)

Boss. (espying a solitary shoulder strap.)

Good gracious me! No wonder you've a cold
With just this flimsy silk thing underneath,
Enough to give you bad pneumonia.
And is this all you wear, one slip of silk
Beneath your jumper top?

Becky.

You've said it, Doctor.

Boss.

Now follow my prescription carefully.
Garlic three times a day, and after meals;
And woollen underclothes, the sort that come
Well up over your chest to keep you warm.

(Enter chorus, clad in scanty silk underwear, each armed with a pure woolly vest. They sing to the tune of 'The Flowers that Grow in the Spring.' - Mikado.)

Chorus.

The colds that come with the snow tra-la
Will give you a pain in the chest,
Unless you your flimsies forego, tra la,
Although it's a terrible blow, tra-la,
And put on a warm woollen vest.
And put on a warm woollen vest.
And that's what we mean when we say and we sing
You must wear your woollies right up to the spring -
Tra la la la la la,
Tra la la la la la,
Your woollies right up to the spring.

The woollies you buy must be pure, tra la,
To meet your necessitous case,
Or you will regret, I am sure, tra la,
Your feeble attempt at a cure, tra la,
And then you will be in disgrace!
And then you will be in disgrace!

Chorus. (Cont.)

And she who through snow - blizzards, braces
and bucks

Is the lady who washes her woollies in Lux -

Tra la la la la,

Tra la la la la,

Who washes her woollies in Lux.

(They then stand in a row and sing)

Chorus.

Sister Rebecca has a cold upon her chest,

Sister Rebecca has a cold upon her chest,

Sister Rebecca has a cold upon her chest,

And she must wear woollies underneath.

Wear, oh wear your winter woollies

Wear, oh wear your winter woollies!

Wear, oh wear your winter woollies!

And you won't get a cold upon your chest.

(Exeunt, dancing.)

Boss.

Behold this heavy sight, a happy girl

All full of great discomfort with a cold!

(to Rebecca.)

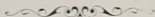
Take their advice, wear woollies underneath,

Wash them in Lux, (though I won't guarantee

That they won't shrink a little), then you may

Face the severest storms with all impunity.

(Exeunt, Becky clasping the consulting-room flowers.)



Act v.

(Rebecca's room in The Lummis Mansion. She is on her knees beside a large crate, just come from England. Sallie May is with her, vurry American and vurry cute.)

Becky. Look what the mail man's brought me, Sallie May.

Sallie May. Well ain't that real exciting. Open, quick.

Becky. The knots are tied so tight. Let's cut the string.

The postmark's Clifton. Gee! Oh, Sallie May,
I guess they haven't quite forgotten me.

Sallie May. I bet you gave 'em sump'n of a shock.

Becky. Oh yes, I guess that's so.

(Telephone bell rings. Becky answers it.)

Hullo, hullo! Yes, this is Olga speaking
I've just got back from Yurrap. It was grand.
O goodie, goodie! You'll be here right now?

(To Sallie May.) The crowd'll be right here.

Now just look here!

Here is a real Old English china mug.

Ain't that sump'n?

Sallie May. Becky, what's it for?

Becky. Now use that great big brain of yours, my girl.

They had one just like this at Providence
The Doctor's cottage in the hills. We drank
Our cider from it. Tasted grand, although
I guess that on the whole the drinks weren't too
Exciting -

Sallie May. No Tomayto-juice?

Becky. No, none.

('Phone again)

Is that you, Mary Lee? I must come round
And see the baby - - - Fancy that
And after we'll go shop. I want ter buy
Some frocks. I haven't one that isn't mussed.

(To Sallie May.)

Lard's sakes - O Sallie May, what's this I see?
A picture of the Cottage! Ain't that good?
Do look here - It's the Cottage.

Sallie May. Gosh! It's swell.

Becky. I wanta spend a honeymoon in that.

Sallie May. You seem to have gotten real peculyar tastes
Since going to Yurruup. I should want a yacht.

Becky. What's this? A pair of English brogues. My, my!
Imagine sending me a pair right here.
Gee! Ain't that cute. They make me feel quite low
I wanta be on English golf links now.

Sallie May. (Highly disgusted.)
Say, Beck! You can't wear those to golf. Look here
Your boy friends wouldn't own you - Put 'em back!

Becky. They're kind o' sensible, I feel, for games
But oh, those English clothes are mighty dull.

Sallie May. I guess from those they have no style at all.

Becky. I tried to teach 'em style at Dorset House,
I think that sometimes they were real impressed.
Oh my! Look here! A parcel all wrapped up
In tissue paper with a little note
Pinned to the top. (reads aloud) "With love from
all your class.
A scarf for you to wear on holiday,
To which each member has contributed
Some inches of handweaving." Think of that!
Oh, Sallie, 'magine that! Oh, ain't it sweet, -
I 'spose they wove it on that little loom
With all the patterns, one I liked so much.
Oh gee! I wish that I could see it now.

Sallie May. I think those colours are too awful, Beck.
There's an example of your English taste.

Becky. You shan't say anything about it, Sal.

(Here she gets a little sentimental.)

Becky. (Cont.)

I think it's just too darling! Gee, my year
At Dorset House was really marvellous,
I'll say I loved it.

(Tries on scarf, knotting it round her neck.)

Sallie May.

Becky! Take it off!

What d'you think the crowd'll say to that?
(scandalized.)

D'you want to wear it at the Country Club?

Becky.

Oh I dunno, it's Dorset House, that's all.

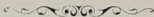
(Enter Chorus dressed as "the crowd". They dance
while one of them sings.)

Tune: Twentieth-Century Blues.

Solo.

Blues! She's got those Dorset House Blues!
Get rid of those Blues.
If she'd but choose,
We could assist her to lose
Those Dorset House Blues.
Stews! All these emotional stews!
Get rid of these stews.
We shall refuse
All her attempts to excuse.
Those Dorset House Blues.

(Exeunt, dancing.)







THE SLEEPING BEAUTY

A C T I

SCENE I

The Hall of the Castle at Fantagoria. The baby is in a crib at the back, watched by Angelica, the maid of honour. The Queen is at a mirror, putting her crown on straight. Enter Jester, leaps behind her, gives her crown a tilt, and leaps away again.

QUEEN. (stamping her foot) How tiresome of you, just when I wanted to look my best for the christening.

JESTER. But it is magnifique - a most becoming angle - a chapeau of the moment.

QUEEN. Angelica, come and put my crown on straight for me. (Angelica does so)

ANGELICA. I very much regret, your Majesty, that the Princess Lucinda, according to the report of Nurse Macartina, dribbled on her pink ribbons which have had to be changed for pale blue.

JESTER. So you have turned her into a Tory already!

ANGELICA. We are all good Royalists here. (baby cries, Angelica rushes to soothe it)

QUEEN. There, there, my sweet - oh, diddums, diddums, (etc.) (she rushes to it) Where's its' dummy?

JESTER. Allow me. (exit. returns in a second with a dummy)

(Shouts of 'Make Way' without. Angelica and the Queen still fussing over baby.)

(Enter the King, preceded by pages, bearing crown)

ORSINO. (With flourish of trumpet) Make Way, Make way for his Majesty, King Bombasticus of Fantagoria.

(Pages come to front of stage, bow, turn left, and present King with crown, who solemnly puts it on his head. Pages stand aside.)

QUEEN. Hoi, Bombasticus, come and hold your offspring!

KING. (piteously) Must I?

ANGELICA. (shocked) Sire!

(King goes and picks up baby gingerly. Baby cries. The Queen rushes to rescue.)

QUEEN. Don't you know you should turn it over on its stomach?

JESTER. What you need is a lesson in Fathercraft.

(Mimics. Telephone bell rings off)

JESTER. You see how delightful a pastime it is, your Majesty!

ORSINO. (to the Queen) Your Majesty, the telephone.

QUEEN. Answer it, Orsino, I bid you answer it, and bring me word.

(exit Page)

KING. Well, and how many presents are there? I overslept this morning, and didn't see them. And the water was cold, so I've only just had my bath.

QUEEN. I'm so sorry, dear, but the Court Factotum is off duty, and the Court Fiddler doesn't make a very good stoker.

ANGELICA. Dear little mite, it's going to sleep now.

QUEEN. Bless its tiny heart.

(King and Jester exchange grimace of disgust)

KING. What a long time that boy is over the telephone!

(Enter Orsino)

KING. Ah, here you are. What is it?

ORSINO. Your Majesties, a message from the Fairy Wish-You-Well. The Fairy Wish-You-Well regrets that, having missed the two-thirty omnibus, she will unfortunately be a little late for the Christening Ceremony.

KING. Oh, la di-di, da di-di, we must send a carriage. (claps his hands, enter Court Fiddler)
You will go to - um - you will go to - um -
What the devil's the woman's address?

ANGELICA. Five, Brick Buildings, Bath.

KING. Well - there, anyway, with the second-best Royal carriage to fetch the Fairy Wish-You-Well. And mind you're back again before four o'clock.

YEHUDI. Very good, Sire. (exit. Two pages follow)

JESTER. (to the King) What you need is a course in Pelmanism.

KING. (stupidly) What for?

JESTER. (brightly) Helps you to remember people's addresses. I have here, ladies, and gentlemen, an excellent brochure on Pelmanism. It is guaranteed to cure:

(here followed a gag on Pelmanism)

who'll pay ten guineas for the little grey books?

QUEEN. (aghast) Oh, dear me! Whatever shall we do?
I forgot the Fairy Pandemonia!

KING. What do you mean? Forgotten to invite her?

QUEEN. What a calamity!

KING. Well, I'm glad she isn't coming. The woman's got a nasty disposition, and is best out of the way in social gatherings of this importance.

ORLANDO. (enters, and announces) Your Majesties, the Fairy Make-You-Merry.

(enter the Fairy Make-You-Merry, kisses the Queen, shakes hands with the King, saying How d'you do, how d'you do, and then proceeds to cradle. Exit Orlando)

ANGELICA. Isn't it a little pet?

FAIRY M.M. A perfect darling. What's its' name?

QUEEN. (proudly) Lucinda.

FAIRY M.M. Well, I've brought Lucinda a present. (unwraps and holds up a large cake of soap).

QUEEN. (delighted) How perfect.

FAIRY M.M. I'm glad you like it. Keeps that schoolgirl complexion.

KING. (mutters) Disgusting fuss they're making over this child. Bad for its morals. Give it all sorts of inhibitions.

(enter Orsino, announces)

ORSINO. The Fairy Grant-You-Good. (retires)

(The Fairy Grant-You-Good curtsies to King and Queen, who nod graciously back).

QUEEN. This is nice.

FAIRY G.G. I'm afraid I'm rather early. Oh, there's the Fairy Make-You-Merry. How do you do? - I've brought the baby a present.

QUEEN. Another one! What is it this time?

FAIRY G.G. (unwrapping and holding up rattle) A little toy for a little princess.

(she rattles it, and baby shrieks)

ANGELICA. Your Grace, I'll put it with the other presents until later.

JESTER. Give it to me! (cuts a caper, and dances off)

QUEEN. (looking at clock) Well, it's still too early, and the Fairy Wish-You-Well hasn't arrived yet. What shall we do? A little Occupational Therapy? Let's knit some Mufflers for the Miners. In that drawer, Angelica, you will find wool and needles, will you pass them round?

(Angelica does so, and they settle down.)

FAIRY M.M. This is very pleasant. What's that strange noise I hear in the distance?
(noises off, rattle, bump, bump)

KING. (carelessly) I think that's the second-best Royal Carriage returning with the Fairy Wish-You-Well.

(Jester comes in to left)

QUEEN. (anxiously) I do hope she isn't being hurt.

(page enters, announces)

ORLANDO. The Fairy Wish-You-Well. (retires)

(enter Yehudi, trundling Fairy W.W. in a wheelbarrow.
Fairy descends)

YEHUDI. What ho she bumps!

(exit Yehudi with second-best Royal Coach.)
Jester cadges a ride)

FAIRY W.W. (turning to Queen) Thank you, dear, for your kind thought.

QUEEN. (graciously) Don't mention it.

KING. Only too pleased to help.

FAIRY W.W. And look what I've brought your dear little baby. (here she unstraps a Willways' box, and holds up a minute pair of socks. Bill and laundry book fall out. She hands a pile of circulars to the Jester, who throws them round to the Audience.)

QUEEN. Won't you kiss the baby?

(Angelica retrieves box and wrappings.
Fairy W.W. embraces baby, and turns to others)

FAIRY W.W. But what are you doing?

FAIRY M.M. Occupational Therapy - quite the latest thing, you know.

KING. Can't we begin the party?

QUEEN. Time to stop, everybody.

(Angelica puts tools in drawer)

(Jester comes in, bearing a tray of coloured drinks, and paper caps. King claps his hands, enter Court Fiddler. He plays "We won't go home till morning" and Jester dances. Jester then fools about with Angelica, who is affronted. Then Fairy M.M. rises and says)

FAIRY M.M. Now, I'm sure you will all agree that we're all happy to be godmothers to the baby Princess Lucinda. I always believe in a little demonstration in these cases, so we will all grant her a fairy wish. You, Fairy Grant-You-Good, shall begin.

FAIRY G.G. (rises) I wish her a handsome husband.

FAIRY W.W. And I ten thousand a year.

FAIRY M.M. And I -

(enter Orsino)

ORSINO. Your Majesties, there is without a strolling singer, who has come to the Court to crave an audience of the King.

KING. Bid him enter, we will be amused.

(clatter, bang and thunderbolts. Lights out. Terrific noise. Lights go up to reveal tableau of terror, with Fairy Pandemonia in centre.)

FAIRY. P. So you thought you could have your party without the Fairy Pandemonia! Well, I have a nice little wish for the Princess. Out of the way there, let me get to the cradle.

Hocus, pocus,
Abracadeebra!

When she is fifteen years old, she will prick her finger on a spinning wheel, and die of it.

(cackling) You'd better not forget to ask the Fairy Pandemonia to another Christening feast!

(exit. everyone wrings hands.)

FAIRY M.M. (stepping forward) My poor friends, my dear friends - the least I can do to avert the dreadful evil is to change her fate from death to that of a hundred years' sleep. At the end of a hundred years, a Prince shall come to rouse her from her slumber, and she shall live happily ever after.

(As she bends to kiss the baby,)

C U R T A I N .

A C T 11, Scene 1.

A room in the Tower. The curtain goes up to reveal Pandemonia spinning, and signing softly to herself. The room is grey with the light of evening.

PANDEMONIA. The day has come! Lucinda's doom is upon her!
(Gets up and goes to couch.)

See - her grave lies waiting - her winding sheet prepared - and she will sleep until the crack of doom!

(footsteps without, very faint.)

Ah - is this she?

(Faint call without, growing louder.)

Her voice! How it echoes up the turret stairs!

Nearer, nearer - and nearer!

(Goes back to her spinning. Begins to sing her song very sweetly, so that Lucinda, and then comes in very slowly.)

LUCINDA. (after short silence.) Please -

PANDEMONIA. Uh - huh?

LUCINDA. Excuse me - I don't think I've seen you before.

PANDEMONIA. Oh, yes, you have, my dear - when you were a tiny baby.

LUCINDA. Oh, were you one of my fairy godmothers?

PANDEMONIA. Exactly - one of your fairy godmothers.

LUCINDA. Then I must give you a kiss, for I have often longed to meet my fairy godmothers. (kisses her) But what are you doing?

PANDEMONIA. I'm spinning a shroud for a princess.

(Lucinda shrinks back, half afraid)

LUCINDA. (coming timidly forward again) How does it work? May I watch a little?

PANDEMONIA. (setting the wheel to work) Uh - huh.

(Pandemonia begins to charm Lucinda nearer and nearer until they are touching. Soft spell music is heard in the distance. Slowly, and in time to the ghostly music, Lucinda changes places with the witch, and sits down to spin. Then she pricks her finger, and starts back. Rising to her feet, and with the long, stumbling movements of one who is half-asleep, she sways towards the couch, while Pandemonia intensifies the feeling of the spell with a sweeping motion of her hands. As soon as Lucinda sinks on to the couch, falling naturally into position for her long sleep, the witch suddenly breaks into shrill bursts of laughter, the music ceases, and the curtain falls while her laughter is still echoing round the walls of the little room.)

C U R T A I N

A C T 11, Scene 11.

The Fiddler and the Jester come to the front, before footlights, and let down a piece of white sheeting, which bears the label "Safety Curtain". Then they remove label, and go off. Meanwhile preparations have been made for a shadow play. Behind the Curtain the Court is seen in long procession, passing to and fro, gradually falling asleep. Outside the curtain, in front of the foot-lights, are the wicked fairy and the Jester, who has escaped her spell. He makes long noses at her, and jeers. But she is busy triumphing over her magic.

A C T 111. Scene 1.

By the roadside, one mile from the capital city of Pantaloon, Mangle-Wurzle. Enter Prince Pedigree, with book in one hand, and Yo-Yo in the other. He is intent on both, so does neither very well. On the other side, the Jester's arm is seen for a second, bearing a magnifying glass in its hand. Then enter the Jester, with a hop, skip and jump.

JESTER.

Greetings a hundred years old!

(Prince drops his Yo-Yo, and frowns.)

PRINCE.

(crossly) What the dickens d'you mean by bouncing in on me like that?

JESTER.

What are you doing with that silly little thing?

PRINCE.

(eagerly) You see, this is a Yo-Yo.

JESTER.

Oh, is it a new invention? How does it work?

PRINCE.

Don't interrupt. It's going to be the salvation of the lower classes. I intend to inaugurate Yo-Yo classes of Physical Culture throughout the land. And look what work it gives the unemployed too. I think it's ideal - the people make Yo-Yos, and the people find scope for self-expression in Yo-Yos. Marvellous. Try it.

JESTER.

Oh, I'm not the poor of Pantaloon. You're wasting your time, young man, on a stupid invention like that. You ought to be doing heroic deeds elsewhere.

PRINCE.

Don't talk rot. I've no time to be a hero.

(starts off his Yo-Yo again. This time the Jester snatches it from him, and the Prince in a rage jumps after him.)

JESTER.

Now listen to me!

PRINCE.

I want my Yo-Yo, - please!

JESTER.

Don't behave like a spoilt baby. It's time you grew out of the obsession that you can provide plenty for the poor of Pantaloon. Especially when there's a beautiful Princess waiting to be rescued.

- JESTER. I do. I'm seriously thinking of beginning a movement here in Pantaloon. Margaret Morris for the Masses.
- PRINCE. In Pantaloon the Protelariat takes its physical culture seriously. I am demonstrating the value of Yo-Yo for the People to-morrow night in Mangle-Wurzle Town Hall. Won't you come and see it?
- JESTER. By that time you will be well away on the road to Fantagoria.
- PRINCE. (sneering) Indeed!
- JESTER. Yes, you will be preparing to wake the Princess and the Court of Fantagoria from its long sleep. Think what an achievement that will be.
- PRINCE. A hundred years' sleep - devil take it, it's too fantastic for words.
- JESTER. Come and see for yourself.
- PRINCE. What kind of sleep?
- JESTER. How do I know that? I'm not the prize Medical Student of Mangle-Wurzle.
- PRINCE. H'm. Sounds like an interesting case. Advanced Catalepsy. Any other symptoms - twitching toes? moving middles?
- JESTER. All sorts of complicated things.
- PRINCE. The thing might be an experience. Shall I chuck the Yo-Yo meeting, and investigate - or would that be letting down the People of Pantaloon?
- JESTER. Here, you. Take your Yo-Yo. (tosses it at him.) I was mistaken in thinking you are a hero - or even a man. Jellyfish is what you are!
- PRINCE. (outraged.) I'll knock you down for that! How dare you insult a Prince of Pantaloon, a Representative of the Blood Royal in such a fashion? (springs at Jester, who holds him off.)
- JESTER. I thought you were a Socialist.
(The Prince ignores this with forced dignity.)

- PRINCE. Not by me! I'm no Royalist, in spite of my ridiculous name.
- JESTER. A hundred years ago, a wicked fairy put a Princess and her whole Court to sleep. The Princess Lucinda of Fantagoria is waiting to be roused by a magic kiss from a Prince.
- PRINCE. Filthy habit, kissing.
(retires into his book.)
- JESTER. Well, you can rouse her any way you think best.
- PRINCE. Anyway, how do you know all this?
- JESTER. (hopping round) Because I happen to have a bit of magic in me and because I escaped from the self-same court a hundred years ago, in order to find the right Man for the Princess. It seems rather ludicrous, but you happen to be that man.
- PRINCE. (firmly) Not I. I refuse to give up my medical studies at the University of Mangle-Wurzzle for any princess. When I do marry, I shall reinforce the Royal stock by taking to wife a sturdy girl from the middle-class.
- JESTER. Oho! We shall see!
- PRINCE. (carelessly) Or perhaps a peasant girl.
- JESTER. (slyly) Another King Cophetua!
- PRINCE. Not at all. I shall marry in the interest of eugenics, not romance.
- JESTER. What will happen when you fall in love?
- PRINCE. I shall never fall in love.
- JESTER. You have yet to see the Princess Lucinda.
- PRINCE. Beauty does not blind me to the all-importance of health.
- JESTER. The Princess Lucinda is both healthy and beautiful. She does Margaret Morris exercises every day on her sun-balcony.
- PRINCE. Who teaches her those?

JESTER. What man would prefer to look at a case instead of a princess?

PRINCE. (suddenly) One may do both.
(he smiles in voluntarily for the first time.)

JESTER. (uproarious) It dawns - it dawns! There is hope for Fantagoria, hope, yea, for Pantaloon!

PRINCE. All right. I'll come. But no kissing nonsense, mind. I won't bring back germs to the poor of Pantaloon.

JESTER. Perhaps you'll bring back a Princess instead.

(exeunt together).

C U R T A I N.

A C T 111, Scene 11.

The tower room in the Castle of Fantagoria. The Princess is lying asleep, the Prince appears at the window, and peers inside. With some difficulty he climbs in, and deposits his bag on the floor. When he has looked round for a moment, he sees the Princess, and starts, for he has not know that she would be so beautiful, nor that he would be so susceptible to her beauty. He goes across to her, and after one moment of admiration, kneels down and feels her heart. He is satisfied, and collects his bag, out of which he produces a stethoscope, thermometer, blood-pressure apparatus, and so forth. After a fairly lengthy examination, he shakes her, and stands back. She wakes up slowly, and gradually sees that there is a man beside her, watching her somewhat satirically.

PRINCESS. Oh - h - h. (yawns)

PRINCE. Well - how about getting up now?

PRINCESS. Don't want to get up. Can't I stay in bed a bit longer?

PRINCE. (sardonically) D'you want to spend the rest of your life in bed?

PRINCESS. (stretching herself.) Oh, - m, m.

PRINCE. You're quite fit to get up, now, you know. Nothing at all the matter with you. Thoroughly healthy specimen. Because you've been asleep for a hundred years, you think -

PRINCESS. What! I've been asleep for a hundred years!

PRINCE. Yes. It's time, isn't it, that you did something after such a long rest. You're perfectly able to live a healthy normal life now....as soon as your muscles are in trim.

PRINCESS. But my father - my mother -

PRINCE. Don't you worry about them. They're alright downstairs. They've been having a rest too. We've got to go and wake them up soon.

PRINCESS. (looking down) Oh.

PRINCE. Get up, and let me test your reflex actions.

(He does this with a large hammer, and gets a violent kick in return, which nearly knocks him over. Then he surveys Lucinda benevolently)

- PRINCE. Well! As I thought. Nothing wrong with you at all.
- PRINCESS. (demurely) Yes, Mother always said, "Bovril builds bonny babies"
- PRINCE. What! Feed a baby on bovril! You've got a lot to learn. (aside) And, by Jove! Why shouldn't I be the man to teach you!
- PRINCESS. But who are you?
- PRINCE. Oh - my name is Pedigree of Pantaloon. I bear a little title - that of Prince. You, too, perhaps.
- PRINCESS. (artlessly) Yes, I'm Princess Lucinda of Fantagoria, my daddy is King Bombasticus, and mummy is Queen Tintinnabula.
- PRINCE. (producing a note block, and being very professional) What is your ambition?
- PRINCESS. To have "it".
- PRINCE. Who is your favourite author?
- PRINCESS. Wilhelmina Stitch.
- PRINCE. What is your favourite book?
- PRINCESS. De Brett.
- PRINCE. What is your favourite pastime?
- PRINCESS. Playing "Beaver" in the palace courtyard.
- PRINCE. (after meditation) Fond of music?
- PRINCESS. Yes.
- PRINCE. Who is your favourite composer?
- PRINCESS. Albert Ketelby.
- PRINCE. And your favourite piece?
- PRINCESS. The Lost Chord.

- PRINCE. Your favourite flower?
- PRINCESS. Self-raising.
- PRINCE. And what is your favourite colour?
- PRINCESS. Dubarry Number One.
- PRINCE. Would you like to get married?
- PRINCESS. I don't quite know.
- PRINCE. Are you fond of children?
- PRINCESS. Oh - I love them.
- PRINCE. Then you're obviously made for marriage. Will you marry me?
- PRINCESS. (firmly) No.
- PRINCE. (taken aback) What!
- PRINCESS. I couldn't marry a doctor - nor a newspaper reporter, either.
- PRINCE. Perhaps you could marry Prince Pedigree of Pantaloon.
- PRINCESS. Perhaps.
- (the lights go down, Pedigree throws off his white medical coat, and stands revealed, when the lights go up, in royal robes.)
- PRINCE. Behold - Pedigree of Pantaloon! (he kneels)
- PRINCESS. Oh, boy!
- PRINCE. What about it - shall us?
- PRINCESS. Let's! (they embrace)
- PRINCESS. (dreamily) Prince and Princess Pedigree of Pantaloon. That sounds kind of nice, doesn't it?
- PRINCE. I adored you from the first moment I set eyes on you. I said to myself "she shall be mine".
- PRINCESS. Well - I think I liked you too - on the whole.
- PRINCE. Lucinda!
- PRINCESS. Pedigree! (fervent embrace)

C U R T A I N .

A C T 111, Scene 111.

PROLOGUE. Page, off, cries -
Oyez, Oyez, Oyez! Give ear, all folk of Fantagoria!
Oyez, Oyez, Oyez!

(comes before curtain with trumpet.)

Give ear, all people, a great tourney is about to
take place at the Court of King Bombasticus of
Fantagoria, on the Wedding day of his daughter,
Princess Lucinda, to Prince Pedigree of Pantaloon.

(exit.)

The curtain rises to reveal the hall of the Castle of Fantagoria.
The two pages come in with card table and tiddleywinks,
they put everything ready, and retire to back. Enter jester
with wicked fairy, fiddler behind to act as referee with gong.

JESTER. Now we shall see who has the mastery!

PANDEMONIA. Nobody can beat the Fairy Pandemonia at Tiddlewinks.

JESTER. If I win, out you go.
"Eena, meena, mina, mo,
Catch a fairy by the toe,
If she loses, she shall go -
Eena, meena, mina, mo."

FIDDLER. I'll be referee.

PANDEMONIA. And fair play for the Fairy Pandemonia!

FIDDLER. That goes without saying.

(They all start, playing with dumb show, and presently
the gong sounds nine times, and the Fiddler announces)

FIDDLER. The Jester has won.

JESTER. (to fairy) There, see! (she raves)

JESTER. Take your beastly broomstick and begone. Thou
art banished for ever. Bunk!

(She vanishes with a fearful scream, and a flash of light.
The pages clear away the tables.)

JESTER. (pleased with himself.) That was ME.

FIDDLER. (patting him) Say, that was some good work, boy.

JESTER. You can always trust the Jester.

(Fanfare of trumpets without - enter King, preceded by pages, and followed by the Prince and Princess. When they are all seated, the King says peevishly)

KING. Where's the Queen, Lucinda?

PRINCESS. I think she had to go out.

KING. Bother. I hope she won't be late for the bridal party.

PRINCE. (cynically) Women are always unpunctual.

KING. (to Jester) Amuse me, fool, until the guests arrive.

(the Jester performs antics.
Enter the Fairies, arm-in-arm).

FIDDLER. Here come the guests.

(Lucinda greets them prettily)

FAIRY M.M. But where's the Queen?

FAIRY G.G. But where's the Queen?

FAIRY W.W. Yes, where's the Queen?

KING. Well, she's out, but nobody knows where.

JESTER. On the razzle-dazzle, somewhere, I bet.

PRINCESS. You mustn't say things about my dear mamma, you naughty fellow.

JESTER. (cutting a caper) I'm whetting my wit for the Party. We'd better send a slice of cake to the Fairy Pandemonia. A dainty morsel with just a touch of weed-killer in it.

KING. (in alarm) She isn't coming here to blast our party, is she?

FIDDLER. (steps forward) I am pleased to inform your Majesty, that the Tiddleywinks championship has passed into the hands of the Court of Fantagoria, whereby the Fairy Pandemonia is banished for ever from our domain.

(all shout suddenly, led by the Prince.)

ALL. Hip-hip hoorah! Hip-hip hoorah! hip-hip hoorah!

(exit Orsino)

(enter Queen, followed by Angelica, bearing crown)

QUEEN. (removing hat at mirror, and putting on crown)
What's all this about?

KING. The Fairy Pandemonia, my dear, has decamped for ever,
having been beaten at Tiddleywinks.

QUEEN. What a pity I missed the match.

PRINCESS. Yes - where on earth have you been? We wondered why
you were so late.

QUEEN. I went to the Lord Mayor's Reception this afternoon,
unfortunately I got there too late to be introduced
to him, so I suppose I shan't get an invitation to
his garden-party. Oh dear - and on the way back -
(producing large handkerchief) I lost my darling little
Pat-a-cake. I've spent quite an hour looking for him.

PRINCE. You'd better send someone to see if he's in chokey again.

PRINCESS. Yes, he generally turns up at the Police Station,
doesn't he?

(commotion without)

KING. What the dickens is that row?

QUEEN. I thought I heard its tiny bark.

KING. Go and see, Yehudi. (exit Fiddler)

QUEEN. Do you think it really is my little sweetheart?

(enter Yehudi, dragging Pat-a-cake)

ALL. Ugh! (general sniffs)

ANGELICA. It must have been rolling in the mud.

QUEEN. A bath, a bath, quickly.

(exit Jester and Orlando)

FAIRY W.W. It reminds me of our local gasworks.

(the Queen faints)

KING. Whiskey, quickly!

(Yehudi produces bottle from hip-pocket. The King revives the Queen, and finishes the rest himself)

(The three Fairies apply smelling salts. Enter Jester and Orlando with bath, they stand Pat-a-Cake in it, and scrub)

QUEEN. NOT TOO HARD! Not too hard. Oh, my darling!

YEHUDI. Your Majesty, the animal is sufficiently carbolised. I think we are safe from foot-and-mouth disease.

(Jester plays the fool)

QUEEN. Take the little pet to the kitchen to dry. It catches liver chills so easily.

YEHUDI. Very good, Your Majesty.
(exit Yehudi with dog, etc. and Orsino)

KING. Well, after that, how about a little refreshment?

JESTER. You've had yours already.

KING. Oh, I mean to eat.

QUEEN. (claps hands, enter Orsino) Tell the Lord-High-Everything we require refreshment immediately.

ORSINO. Yes, your Majesty. (emit)

PRINCESS. (to Angelica) I shan't see you after today,
Angelica dear - I'm going to Pantaloon for ever and ever.

(The Queen subsides into handkerchief)

FAIRIES. (one after the other) There there.

ANGELICA. There, there.

PRINCE. There, there.

KING. There, there.

JESTER. There, there. (puts his arm round Angelica, who comes over haughty)

(Enter Yehudi and Orlando with trolley, on which are jugs of very weak coffee and a dish of biscuits. The Jester helps them to hand round.)

(exit Orsino)

(There is a moment's conversations until Orsino comes in with the Singer)

ORSINO Your Majesties, the strolling Musician.

(They settle down, and the singer sings to them. At the end, amid great applause, the Jester leaps forward and cries merrily)

JESTER We'll shew him we can do better than that.

(The first chords of Marche Militaire are heard. The King, Queen, Princess and Prince all dance half of the sitting co-ordination in formation, ending up with the Princess throwing herself into the arms of the Prince, and suitable attitudes being taken up by the rest of the Court.)

C U R T A I N.

THE END.

THE SLEEPING BEAUTY.

January, 1933.

This, our first home-made pantomime, was given by the Residents in return for "Yellow Sands." We managed to keep this really secret! It was a burlesque on the life of Dorset House, and as much fun lay in the writing and rehearsing of it as in the actual performance. No member of the Staff was allowed to act in it, with the exception of Blew, who filled up a vacancy when we were really in despair about the Jester.

Much of the success of the evening was owed to the dresses, created for us by Miss Hooper, who admirably filled the part of a fairy, arriving in the 'second-best Royal Coach." We must also mention the Queen, who returned from visiting the Lord Mayor - but alas, she had gone too late to receive an invitation to the Mayoral Garden Party - clad in gorgeous yellow robes and a straw garden hat. Lucy made a really fairy-tale princess with her long fair hair done in two plaits, and was awoken by her medical-student prince, who was fresh from Mangle-Wurzle University, and was obviously "up" in the New Psychology. Virginia, as the Fairy Pandemonia, scored a great success.

After the play, we received a huge box of chocolates as a reward for our labours, and some time after that, Dr. Casson was created an Hon. M.D. of the University of Mangle-Wurzle in the Principality of Pantaloon.

Play written and produced by Rosemary Adams and Virginia Du Plat Taylor.

BECKY IN ENGLAND.

July, 1933.

This was a light musical comedy, rapidly put together for a farewell party given for Miss Rebecca Lummis of the O.T. staff, who was going back to America in August. The characters were actual people in the House, and they much enjoyed seeing themselves as others saw them. The part of Becky was taken by Peggy Reed, who was really fresh and girlish, and who made an admirable Becky. Especially worthy of comment is Miss Blew-Jones, who "took off" Dr. Casson, and held up the action of the Play for several minutes owing to the tremendous amount of applause she received when first striding on to the Stage. The Chorus was an entirely new idea, and Blew had made up most amusing dancing steps for them. Then there was Toby, an effigy of the old house car, now, alas, departed. This most luxurious model met Becky at Southampton.

Paddy had had to use all her ingenuity in getting Becky out of the House during Rehearsal times, and she was finally relieved of her responsibility by an obliging young man called David, who seemed always to be available.

Another thing one remembers about the "Becky" rehearsals was the heat. Indeed, our main stand-by was Wall's ice-cream, and many a time we called a halt to dash over to the nearest stop-me, and buy not one, but several. They were specially necessary after listening to "hot jazz" for the last act, and also during operations on Toby's innards! We feel we should have moved a special vote of thanks to Mr. Wall!



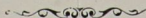
SLEEPING BEAUTY



Goldilocks and the Three Bears

A PANTOMIME

WRITTEN AND PRESENTED BY DORSET HOUSE



Characters in order of appearance:-

Archibald Bumpus.....	Peggy Reed
(Managing director, Bumpus, Bumpus & Bumpus.)	
The Wicked Stepmother.....	Virginia Du Plat Taylor
(Manageress of the above firm.)	
Goldilocks (a typist).....	Joy Blew-Jones
Good Fairy.....	Mary Taylor-Morgan
Father Bear (DORSUM).....	Joyce Bailly
Mother Bear (ALVA).....	Elizabeth Casson
Little Bear (BRAN).....	Mary Goscombe
The Chorus.....	Joyce Macleod
	Mary Dennett
	Rosemary Adams
	Paddy Goscombe
	Daphne Roy-Davis
	Dorothy Jones

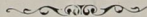
ACT I. Scene I The workroom in the Bear-Brand
Factory of Bumpus, Bumpus &
Bumpus, silk-stocking unravellers

INTERVAL Tea will be served in the theatre

ACT II. Scene I A Cavern in the Mendips
Scene II The Cottage of the Three Bears
'Providence' Rowberrow Bottom

ACT III. Scene I Blackdown at Night
Scene II The Palace at Llangollen.

AT THE PIANO..... NESTA CLARKE
DANCES ARRANGED BY JOY BLEW-JONES
THE PLAY PRODUCED BY PADDY GOSCOMBE



THE THREE BEARS.

CHRISTMAS 1933.

Christmas 1933 was celebrated by the performance of another pantomime, also home-made, "The Three Bears". This again was topical. There were actually nine of us in bear costumes - all provided by Miss Hooper - six in the Chorus and the Three Bears themselves in most superior furry clothes with wonderful maske made by Blew. Perhaps the scene that everybody enjoyed most was the one in the Cottage, where Goldilocks and Bran fell in love at first sight, and sat down with the two bigger bears to a meal chock-full of vitamins. There was some spirited dancing, and the Chorus enjoyed itself albeit their work was terribly strenuous; in the Cavern scene they took each other off, and Jonah, the harrassed housekeeper, could not get volunteers for strawberry - no, it was blackberry, and thereby hangs a tale! - jam. But we like Jonah best as the forewoman, clad in a little frock, with her hair screwed on the top of her head in a ridiculous bun!

We regret to say that the villain, Mr. Bumpus, behaved dis-gracefully behind the scenes, and made love to all the Chrus in turn. We were very glad to have Owen, fresh from the Hull Repertory Company, to coach us during the last few nights before the production. The pantomime was repeated again in January for the benefit of friends and relations.

GOLDILOCKS AND THE THREE BEARS.

LYRICS FROM ACT 1.

The Chorus with Goldilocks.

Out into the world so wide,
With no-one by my side,
Because I'm lonesome
For life and love.

Every little wayside tree
Will give a home to me-
Green grass beneath me,
Blue skies above.

I want my fairy prince
To come to me singing,
With laughter in his eyes,
And wedding bells ringing -

Out into the world so wide,
With no-one by my side
Because I'm lonesome
For life and love.

The revolt of the Factory Girls.

Solo: Never mind the why and wherefore
She has been kicked out, and therefore
She is free to win devotion
From (perhaps) a Royal Heart,
So I vote we bag her notion,
And let's emulate her part.

Chorus: Why should we be forced to stick it
In a factory close and hot?
For it really isn't cricket,
It's a low and cunning plot.

Solo: We'd be well advised to riot -

Chorus: Yes, we'll really stage a riot!

Solo: It would do no harm to try it.

Chorus: It would do us good to try it.

Forewoman: Speak your grievance, state your worry!

Chorus: Down with rules and regulation!

Forewoman: Let's be quick - the time's short - hurry!

Chorus: Raise us from our lowly station!

We refuse to work again,
Bumpus bosses us in vain.
This shall be our glad refrain,
For we refuse to work again!

(Enter the wicked Stepmother.)

W.S. If you don't stop all this rumpus,
I'll report to Mr. Bumpus,
You are neath my jurisdiction,
Kindly cease this awful row!

Chorus: Your position's but a fiction -
We will not obey you now.

1. For I never get hot-water!
2. I want four hours off a day!
3. And I'm always changing bedrooms!
4. And the meat's as cold as clay!
5. And my mattress is so lumpy -
6. (Forewoman) We don't think we'd better stay!

Solo: Every one of us is in it!
 Chorus: Every single girl is in it!
 Solo: We'll not stay another minute!
 Chorus: Not another single minute!

Chorus: We will take decisive action. -
 DOWN with rule and regulation!
 Give us all some satisfaction!
 Raise us from our lowly station!
 We refuse to work again,
 Bumpus bosses us in vain,
 'his shall be our glad refrain
 For we REFUSE to work again!

LYRIC from the Cavern Scene.

Here a sorry sight you see,
 Toiling, toiling patientlee,
 All the happy days have vanished,
 Now the six of us are banished -
 All undone,
 Every one!
 In a Bear Brand Factory
 Very very bad were we,
 Now behold our punishment,
 But the sorceress won't relent -
 Here we stay,
 Lackaday.
 Oh, that we were back again
 Working under winch and crane,
 Wish with all our might and main,
 But our wish is all in vain.
 Yes, we know
 This is so -
 We are trying to clothe and feed us,
 (It is rotten, simply rotten!)
 Would that some kind Fate would heed us,
 We're forgotten, quite forgotten.
 We are anything but clever,
 Suffering from misplaced endeavour -
 If we could, we would go back,
 But we can't, alas, alack -
 Here we stay,
 Ever, aye.

FINAL CHORUS.

We've got our Happy Ending,
 Let us be gay, and let us be glad, and let us
 be good.
 Prince Bran his rights defending,
 Loving his people, loving his wife, as Royalty
 should.
 Mummy Bear and Daddy happy too,
 Mr. Bumpus swearing to be true -
 Roll on, then, Happy Ending -
 Pack away, thunder clouds, and welcome, sky
 so blue.

This is the 745th General News Bulletin, Copym ght Reserved:

The Feminist Movement in Bristol. Amazing stories are gaining currency in Bristol and the neighboring towns of Bath, Swindon, Flax Bourton and Little Sodbury, which, as listeners who have heard the Disgraces of the Countryside Series will remember, have the highest criminal record of any town in any country anywhere.

There is apparently in existence a colony of females in Clifton who have adopted as their watchword the phrase: Differentissimi Omnibus, which may roughly be translated as "Let's all be different from everybody but ourselves, exclusive of other people besides those who unlike ourselves are extremely different from each other." It is reported by reliable observers, among whom is Mr. Confucius Brindiebottom, R.N.R., Da Dee Dee, who has himself come to the microphone to speak to you, that the colony was originally founded with a view to demolishing all traces of normal civilized development. Since settling in Clifton, some years ago, they have initiated their campaign by deliberately demolishing and destroying three magnificent Early Victorian garages at the bottom of their garden. In this garden they are reported to grow only casti, which, with boiled goats' milk and lemon juice form their staple diet. All who have heard the Rev. Hedediah Bunn on the subject of Aboriginal Dietetics in Italian Somaliland will be struck by the remarkable parallel which is traceable between these astonishing modes of life.

A further example of their attack on modern civilization is revealed in their treatment of cars, of which an increasingly large number is parked in the drive of the Society, and driven in so abandoned a fashion in the neighbouring precincts as to demolish them completely. The wreckage is then taken indoors, and burnt amid scenes of frenzied excitement, while dances of exotic character are performed. These dances, by the way, are an important factor in their communal life. Further cars are then commissioned, regardless of cost, to enable the ritual to be carried on.

Further habits worth recording are:

1. Choral singing, of a discordant nature, the choir all being in hot baths. The High Priestess presides, and conducts with a thermometer.

2. The Making of clothes. This takes place on the premises:- and no two members may wear the same clothes at any time other than that which at any other time would be considered alike either in colour, or material, to anything worn at any place at any time by anybody under any compulsion or any conditions whatsoever.

So far, no-one except Mr. Brindlebottom has been able to gain access to their premises owing to the fierceness of the doorkeepers, and their Guardian hounds. Mr. Brindlebottom, however, has shewn the courage which made him famous in the Civil Service Golf Championship, in which he was eighth the year before last. He disguised himself with consummate daring and ingenuity as a Christmas Tree, and so not only has obtained entrance into this astounding community, but has had a unique opportunity of observing their activities from the centre of the Dining Room. You may imagine for yourselves the discomforts that were his when lighted candles were suspended from him.

Well, I know you will be on edge to hear his story for yourselves, so here is Mr. Confucius Brindlebottom R.N.R. Da Dee Dee.

SOME EXPERIENCES IN OCCUPATIONAL THERAPY

BY

ELIZABETH CASSON, M.D., D.P.M.

Medical Director, Dorset House School of Occupational
Therapy, Bristol.



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Some Experiences in Occupational Therapy

By ELIZABETH CASSON, M.D., D.P.M.,
Medical Director, Dorset House School of
Occupational Therapy, Bristol.

THE treatment of patients by Occupation with its allied subject of rehabilitation of the unfit, has long occupied the minds of the medical profession, and a growing interest in its scientific application is manifesting itself.

Those usually in good health pass through an illness without concerning themselves much with the part that occupation plays in their lives. With returning health, the desire to be active usually returns automatically, but every doctor knows that there are many patients who need help and encouragement to begin using their minds and muscles again. A definite stimulus has to be applied to the organism, and the best results can only be obtained if that stimulus is the most suitable to the condition requiring treatment. "Massage and remedial exercises," though absolutely necessary, can be extraordinarily dull to a patient with a stiff knee, while a bicycle saw and an intricate jig-saw puzzle to cut will produce a quicker result. Even the simple occupations of a game of patience, some needlework or a book have a better result towards recovery if they are begun with the doctor's interest and recommendation.

It has to be remembered that Occupational Therapy can use any occupation that aids recovery—games, music, dancing, reading and acting plays, picnics, and other expeditions, even housework, cooking and social work have again and again been prescribed by the doctor and have had the desired result, when chosen well for the patient.

Some twelve years ago I spent my month's leave in seeing hospitals in America, and was most impressed by the Occupational Therapy work at Bloomingdale Hospital. The whole atmosphere of a mental hospital is completely changed wherever the boredom of its patients' lives is changed to well-ordered work and play. Never again could I settle down to see that boredom exist.

In 1929 Dorset House, Clifton, Bristol, was founded to enable treatment of cases of nervous disorder to be carried out on modern lines, especially with regard to the provision of adequate Occupational Therapy. Its first Occupational Therapist was Miss Tebbit, who had just completed her training at the Philadelphia School of Occupational Therapy, where she had gone after work at Severalls Hospital and Colney Hatch. Her training in America included orthopædic and general hospital experience at the Junior League Workshop at Milwaukee, and with her in charge it was found possible to start the Dorset House School of Occupational Therapy in 1930, at which twenty-three students have since obtained their diplomas and have gone out to work in mental and general hospitals. One of the best known is Miss Baily at the Maudsley Hospital.

For the nine years that Dorset House has been running there has been no difficulty in getting patients to fall in with a carefully arranged time table, which provides physical exercise in the form of daily Margaret Morris Movement, regular folk and ordinary dancing, walks, etc., with about two hours of craft work each day. Patients who are ready for it help with social work at nursery schools, etc., and have recreations arranged for them in the form

of theatre and cinema expeditions, picnics and plenty of games at home.

Occupation in the treatment of mental patients in England has developed largely through the encouragement of the Board of Control and through the numbers of psychiatrists who have returned to England after studying in America. It has also spread from the excellent Dutch system of occupational work in their mental hospitals. Its application to general hospitals is much further behind in England, and some account of its gradual introduction in Bristol may be of interest.

In 1931 a certain number of medical patients under the care of Dr. Newman Neild and Dr. Carey Coombs were treated in the General Hospital, Bristol. Dr. Newman Neild showed much interest in the choice of crafts chosen to help the recovery of special patients, and at his request each of them was visited daily to ensure continuity of treatment. Under the care of Professor Perry, graduated craft work for rheumatic heart cases has been continued ever since, and surgical cases are treated for any of the staff who order it.

In 1930 I had suggested to Dr. Phillips, Medical Superintendent of Southmead Hospital, that I should provide Occupational Therapy free as a demonstration of its usefulness. This is a large municipal hospital, taking many acute cases, but also treating a number of chronics. Dr. Phillips was eager to accept this offer, but it was not till 1936, when I made the offer again, that the Health Committee accepted it. From the beginning Dr. Phillips gave to it his warmest encouragement and by enlisting the interest of Professor Hey Groves, Mr. Hubert Chitty and others of the Honorary Staff, he enabled work to be started successfully. A large number of cases of

acute and chronic heart disease in the hospital are under the care of Professor Perry, who had already had experience in the results of Occupational Therapy treatment at the Bristol General Hospital and was one of the chief supporters of the experiment at Southmead Hospital.

At the end of the experimental six months a report was sent in to the Health Committee by Dr. Phillips, expressing his approval of the results obtained, and carrying the support of the surgeons and physicians of the hospital. The Health Committee decided to appoint me as Honorary Consultant in Occupational Therapy to the Hospital, and provided the cost of a half-time Occupational Therapist's salary. This year, as the result of a further report, this has been raised to provide a full-time worker.

The hospital wards are all provided with day rooms, where crafts can be carried out, and a small workshop has been reserved for ambulant cases, but a large amount of the treatment is carried out in bed.

Last December the Health Committee arranged for Occupational Therapy to be started in the wards for tuberculous chest cases at Ham Green Hospital, and provided an excellent sixty-foot hut for workrooms. Funds were provided for a half-time worker, with a further appointment of myself as Honorary Consultant. After six months' work, about seventy patients are under daily treatment, and a thoroughly happy atmosphere of lively interest and steady work has been attained that does much to help recovery.

In the meantime Bath Orthopædic Hospital had made excellent progress in Occupational Therapy, under the instigation of Miss Forrester-Brown, who had studied its effect in

America. Here also work was begun on a voluntary basis, but its value was soon recognised by the hospital authorities, and a paid worker, trained at Dorset House, was engaged, and her work extended to Beckford House, Warminster, to which chronic cases from the Bath Hospital are transferred.

In Scotland, under the care of Colonel Cunningham, and chiefly with the aid of Canadian Occupational Therapists, a far more extensive work has been carried out at the Astley Ainslie Institute. In 1937 the number of patients treated by Occupational Therapy was 920. One of his staff was trained at Dorset House.

Experience in Occupational Therapy has led to the adoption of very definite principles on which its use is based.

Firstly, it cannot be too definitely impressed on all concerned that it is a form of medical or surgical treatment and must be ordered by the medical practitioner in charge of the case and his instructions definitely obtained. No doctor expects a dispenser or a nurse to give a patient "some medicine" and then leave them to decide what it shall be, yet I have seen many Occupational Therapy prescriptions given as vaguely as this.

Secondly, the prescription must be made both with regard to the patient and to his disability.

Thirdly, the treatment can be carried out properly only by a professional Occupational Therapist, who has the necessary knowledge of anatomy, physiology, psychology and wide experience of crafts and other occupations. This can only be obtained by specific training.

If the case is one of mental illness, it is necessary to state the diagnosis, and what particular attitude in the patient requires help—such as the amount of concentration to be

expected—a sense of self-esteem to be stimulated—or a social habit encouraged. An excited, voluble patient will be helped by some interesting but rather monotonous craft, such as plain weaving in soothing colours, or by manipulating a ball of clay on the potter's wheel—either craft will remove her from other patients who would provide her with an audience. The seclusive patient needs to be encouraged to work with others, and a group of people shelling peas or other such co-operative work is a suitable mild stimulant to social life. A paranoiac patient usually needs work sufficiently elaborate to absorb her entire concentration, such as a complicated weaving pattern or an involved design in leather work.

In surgical cases, specialised instructions by the doctor are equally necessary. The worker should know what particular joint movements are required, and she can then from her crafts choose the one that will give the results needed.

Again, in heart cases, especially those of rheumatic heart disease, instructions from the doctor are the only basis on which work can be undertaken.

In the case of children, this begins early, at the stage where complete rest is needed. While the child is ill enough not to want to move, no occupation is ordered; but long before it should move at all the child begins to want to do so, and at this stage occupational treatment can help. To employ the mind and fingers overcomes restlessness. Crayon colouring of simple small pictures is often the best beginning for a child, followed by coarse canvas or other stitching. The stitches must be long, but the work small in size and, above all, each strand of cotton or silk used for sewing must

be short to ensure that the fingers and hands only are used. If given a long strand of cotton a child will draw it through by raising the arm, and this must be avoided in the early stage, but is one of the best methods of graduating exercise as the child improves. While still in bed more movement can be given to the arms by means of a craft that needs more strength in finger work, such as work with fine cane. Thicker cane can be substituted as more energy is allowed to be spent, and from this point crafts can be chosen that involve an occasional dive into a locker or a stretch of arm over a weaving frame.

In chorea, treatment is naturally different. All effort is here directed to gradual encouragement of rhythmic movement and a craft is chosen accordingly.

In phthisical cases crafts must be chosen that interest the patient in the resting stage, while providing minimum movement of the shoulder girdle, and here again the Occupational Therapist must be conversant with all the details of graduated movement that will be required.

Fourthly, a very important principle is that the patient's attention must be directed to the occupation and away from his disability.

An example that specially illustrates this is one of hysterical paraplegia. The patient believes she cannot walk. Suggestion to her that she should move her legs provokes opposition—but teach her to weave, first on a hand loom and then transfer her to a foot loom. Interest in the pattern that is appearing under her hands holds her concentration and she coordinates all the necessary movements of her legs without realising she is doing so. A clumsy movement of her foot would spoil the

pattern, and this she could not bear to happen.

Although well-trained Occupational Therapists are now at work in mental and general hospitals, this by no means exhausts the opportunities where they might be doing equally good work to aid recovery. Rehabilitation centres and fracture clinics need those who are trained to guide the injured over the first stage of recovery. Massage cannot have the same good effect, for the patient needs to make the effort himself. It can even delay recovery where its suggestion is accepted that further treatment is needed.

There is also a wide opening for the use of Occupational Therapy for private and other patients in their homes. It can be prescribed and provided by the hour, as in the case of massage, with excellent results, both to the individual disability and to the general morale of the patient.

An Association of Occupational Therapists has been founded and is now running its own examinations, greatly to the advantage of the profession. There is no doubt that it has a great future before it.

Summary.—Occupational Therapy as a valuable form of treatment has been largely adopted in mental hospitals, and its use in cases of other forms of surgical and medical illness is being recognised.

Notes on its use at Dorset House, the General Hospital, Southmead, and Ham Green Hospitals, Bristol, and Bath Orthopædic Hospital, are given, and general principles as to its application are noted.

Well-trained Occupational Therapists are now available for hospital posts, and it can be prescribed by general practitioners for treatment of private cases of illness or injury in their homes.

V1 When winds of winter roar
Elizabeth sits by the open door
~~Brushing back her hair~~
Revue. My Friend Elizabeth.

1. Opening chorus (to the tune of My Friend Elizabeth)

(Unison) To our friend Elizabeth
 Your friend Elizabeth
 To your house and you
 We devote this short revue
And if our jokes seem rude
Rather coarse and rather crude
Don't run away
For we don't mean all we say
 We do not want to shock you
 Or crock you
 Or mock you
We're hoping to amuse you
 Enthuse you
 If we can
So with our final breath
We ask Elizabeth
Kindly to applaud
If she's not too bored

(piano soft background)

Compere: Ladies and gentlemen, this is the
 Dorset House Home Service, etc., etc., ----

(chorus resumes)

Voice 1 Our friend Elizabeth
 Bought a house for a friendly bet

Voice 2 Bought a couple more
 Only just next door

Voice 3 She bought a hundred beds
 A dozen looms and potting sheds

Voice 4 And upon the gate
 Put a big brass plate

All With industry romantic
 Gigantic
 And frantic
 With all her might she rubbed it
 And scrubbed it till it shone
 Now friend Elizabeth
 Comes on top of the medical set

V1 And in all Clifton

V2 She's the SINE QUA NON

(few bars on piano)

V1 When winds of winter roar
Elizabeth sits by the open door
Brushing back her hair
In a blast of good fresh air
 Don't mind the snow and sleet

V2 Shout to nurse for an extra sheet
Just hop about
And your feet will soon thaw out

V3 This room is far too fuggy
 And druggy
 And muggy
So throw the windows higher
The fire
Is too hot

V4 Oh dear Elizabeth
 We shall simply freeze to death

V3 Oh no you'll not
So do not talk rot

(Unison) To our friend Elizabeth
Dearest Elizabeth
If you feel quite strong
Stay and hear our little song!
We hope, Elizabeth
You won't mind, Elizabeth
If this kind of stuff
Seems a wee bit rough
 This urge to entertain you
 May pain you
 Or strain you
But please let us detain you
Until we've had our say!
To Dear friend Elizabeth,
Though she may be bored to death,
On this happy day
We devote OUR PLAY

Scene 1. Hall, early morning. Clock strikes nine

V1 Run matron run matron run run run
 Half of your housework's not done done done
 Everyone is up to greet the sun
 So run matron run matron run run run

V2 Run nurses run nurses run run run
 Don't drop your trays just for fun fun fun
 Jump upstairs like bullets from a gun
 So run nurses run nurses run run run

V3 Run student run student run run run
 None of your wool has been spun spun spun
 Weave it leave it heave it by the ton
 And run student run student run run run

Chorus (all)

X Run everyone everyone run run
 Breakfast is over and work's begun
 Hurry scrug, you'll get nothing done,
 So run everyone everyone run run
 Run everyone everyone run run
 Please hurry up or you'll miss the fun
 Don't forget that rationing begun
 So run everyone everyone run run! X

REPEAT X to X

Curtain

Scene 2. Exercises

(Introduced by compere)

Class assembles and begins exercises accompanied by chorus as follows -

Chorus (all) Arms stretch and BOOMPS a daisy
 We're getting figures that bend
 Touch toes and boomps a daisy
 Hark how our underclothes rend!
 Knees stretch, now don't be lazy
 Let's make our muscles a wow
 Breathe deep and boomps a daisy
 Turn to the teacher and bow

1st Voice (feeble)
 Bend stretch and boomps a daisy
 Oh how my shoulder blades crack
 Up down and boomps a daisy
 I've got a crick in my back
 In out my head feels hazy
 Please let me call for a nurse
 Oh lawsks! Oh! Boomps a daisy
 Turn to the teacher and curse

2nd Voice (tough)
 Gee whizz and BOOMPS a DAISY
 I feel as strong as an ox
 Come on girls now BOOMPS A DAISY!
 Look at this party of crocks
 This stuff is far too aisy
 Watch how my quadriceps swell
 BANG SMASH and BOOMPS A DAISY
 Turn to the teacher and yell!

Chorus (all with hissing accompaniment)
 Breathe in and boomps a daisy
 We're getting fitter each day
 Breathe out and boomps a daisy
 Breathe all your troubles away
 Heave ho and boomps a daisy
 Close up your physical gaps
 We're fit so boomps a daisy
 Go back to work and collapse

(During relaxation exercises)

Chorus (very softly)
 Golden slumbers kiss your eyes
 Stiffness may seize you when you rise
 So sleep pretty darlings just relax
 And lie quite gently on your back

 Rest now the palpitating blood
 Or you may do more harm than good

So sit down my pretty ones in your tracks
Take long deep breaths - and just relax

(All, at end of scene) (to BOOMPS A DAISY)
We are the new sensation
We'll be the talk of the town
We'll build a better nation
Stitching mankind up and down
Half the world is simply lazy
See how our remedy works
So hey up! and BOOMPS a DAISY
Make them do physical jerks!

Curtain

Scene 3. Washing day

We're going to hang out the washing on the
Willway line
Have you any dirty linen matron dear?
We're going to hang out the washing on the W L
Cause the Willway van is here
Whether the weather may be wet or fine
We just bump along without a care
We're going to hang out the washing on the Willway 1
If the Willway van's still there!

(Pratt Redden business, all by piano)

Pratt We've been told to put the hampers in the W van
Have you got another gasper brother mine?

Redden Oh why not leave the washing to the Willway man
While we smoke a fresh Woodbine

Both What does it matter if we cant or can
We'll just knock off till half past nine
We're going to leave the ruddy washing to the W man
While we smoke a fresh WoodBINE

(Curtain)

Comperre and curtain

Scene 4. Outside Office (Introduced by comperre)

(to tune of Lass of Richmond Hill)

Owen In Litfield House there lives a lass
As fresh as morning dew
A departmental head is she
With countless things to do
This lass so neat trains hands and feet
To work in harmonee-ee
And that is how
She's such a wov
At practising O.T.

Chorus At practising O.T.
 At practising O.T.
 And that is how
 She's such a wow
 At practising O.T.

Owen No sooner is the breakfast done
 As you may surely view
 Than lo before her office door
 Appears a mighty queue
 With curse and shout
 She keeps them out
 But it is all in vain
 For long before
 She's shut the door
 They're queuing up again

Chorus They're queuing up again
 They're queuing up again
 And long before
 She's shut the door
 They're queuing up again!

(Mime sequence follows)

At end of scene

1. Gone are the days when my heart was young and gay
2. Gone is my loom and my hair is turning grey
3. Gone is my warp - I shall never get it back

All Oh can't she hear our voices calling
 where is Mack!

Macdonald (within, furious)

I'm coming
I'm coming
Why must they shout and yell
 (yells off)
Oh buy yourself a bib and tucker
TO TO HELL!

Scene 5. No chorus (curtain up - 1 minute's silence - curtain down)

Scene 6. Blacking out patrol (curtain across all time)

Chorus (to tune You can't black out the moon)

When we go roaming round the house at night
 We hum this little tune
 Who cares if we're without a light
 You can't black out the moon!
 Don't you dare to show a glimmer as we prowl about
 Or you'll find yourself in trouble very soon
 And if you want to read or write
 You must wait for the next full moon
 You can't grumble
 You don't need to worry about alarms
 When you stumble
 Just cover your face with your arms

You'll feel better if you realize
 That we're safer than a barrage balloon
 So even if you black your eyes
 You can't black out the moon

(to end scene)

We've painted all the windows inside out
 Yes darkness is our pride
 But just in case there's any doubt
 We'll black the light inside
 Though we can't allow a single little ray of light
 Or a glimpse of the sun at noon
 Though none of us can tell the day from night
 We can't black out the moon

(curtain and compere)

Scene 7. (Not forthcoming . Leave room for 1 or 2 pages for insertion)

Scene 8. (Night-nurse scene - To tune of Little Man)

Little one you're crying
 I know why you're blue
 No one's bought your Ovaltine this way
 Better go to sleep now
 Little one you've had a busy day
 space
 Someone stole your blankets
 Tell you what we'll do
 Nurse will fetch another right away
 Better go to sleep now
 Little one you've had a busy day.

You've been threading needles
Thousands now are done
All the warp is rolled on out of sight
Leave your occupations
All you've sewed and spun
Work is over for the night

Time to stop your scheming
Time your day was through
Can't you hear the shuttles softly say
Time you should be dreaming
Little one you've had a busy day

All on for final chorus

All (to tune of There is a Tavern)

There is a clinic on a hill on a hill
Where doctor treats us when we're ill when we're ill
And soothes our pains with diluted dina tea
And Occupational Therapee

(piano lead into South of the Border)

Solo (Nancy Bartlett)

Over the Avon down Somerset Way
There you will find a house where you may have
a pleasant stay
Its facing the downland
so happy and gay
Over the Avon down Somerset Way

Pretty bright cushions and leather goods too
Baskets and scarves of every shade and every
brilliant hue
In our occupations
You'll soon make them too
Shaping and weaving
You'll find life anew

And in the evening in blackout so drear
Everything's bright and gay we all unite and
have such cheer
With music and dancing
To gladden the night
You'll never realize
The absence of light

(All) Over the Avon down Somerset Way
There you will find a house
Where you may have a pleasant stay
It's facing the downland
So happy and gay
Over the Avon down Somerset Way

(Piano lead into On Richmond Hill)

Solo On Clifton Hill there lives a lass
 Who wakes at early morn
 Her diagnostic power surpass
 All doctors ever born
 This lass so neat with smiles so sweet
 Has introduced O T-ee
 And cures all ills
 With small white pills
 And dilute china tea

Chorus And d c t
 d c t
 s w p
 d c t

Chorus
(finale)

So open wide the window
Open wide the window
Open wide the window
And water down the TEA

(curtain)

PART II

AFTER Miss Tebbit's appointment to Chester, Miss Goscombe took charge of the School, and, assisted by Miss Becky Lummis, ran the Occupational Therapy Departments in Dorset House and the hospitals. Miss Lummis had later to return to America and this was the occasion for the production of a pantomime written by some patients as a tribute to her. Miss Goscombe and Miss Tebbit had a genius for devising 'combined operations' for staff, patients and students, and this was one of several original plays which were characteristic of Dorset House at the time, and to which the patients contributed as much as the staff and students.

In the April of 1934 Miss Goscombe married Mr. Owen Reed, Dr. Casson's nephew, and a new Principal had to be sought.

The School of Occupational Therapy at Philadelphia at which Miss Tebbit had trained, and had later sent us Miss Lummis, now further strengthened the bond with Dorset House by sending Miss Martha Jackson, to be Head of the Dorset House Occupational Therapy Department and School, and Miss Dahl to assist her. They found great building activities in progress, for Mr. Hugh Casson had re-designed the students' living quarters and his cousin, Mr. Peter Man, and a friend were carrying out his plans.

The number of students was increasing and in spite of the extended buildings, it was clear that the School was still outgrowing its accommodation. In the September of 1934 there was an intake of eight new students, among them Miss Mary Macdonald, who had followed the development of Occupational Therapy with interest for a number of years and who had covered much of the syllabus before she came.

The summer of 1935 brought further development. The formation of an Association of Occupational Therapists was mooted (as it had been by others before) and Miss Macdonald and Miss Plater called a meeting of their student group to discuss the matter. The students agreed to write to all the

qualified Occupational Therapists for their comments and support. Dr. Casson offered hospitality, and a first meeting was held at Dorset House, a second being arranged in Liverpool. Mrs. Owens became the first chairman of the group and Miss Macdonald the first secretary. Plans were made for the circularization of Occupational Therapists of other hospitals and trainings, and for an inaugural meeting to be held in the Spring of 1936. In this way Dorset House had the privilege of making an initial contribution towards the beginning of the Association.

No account of the Dorset House School could be complete without reference to Miss Joy Blew Jones, who took the Margaret Morris exercises. She also introduced Pottery to the School, and Mr. Holland of the Clevedon Pottery was most generous in his help. Miss Bennett, one of the first students, had become a member of staff and, with her animation and keenness, helped to keep the tradition of Dorset House going, while Miss Jackson and Miss Dahl settled in and took their bearings. Miss Martha Jackson was with the School for four years, but Miss Dahl had to return to America sooner. They were both unsparing of themselves. Dorset House is much indebted to them for so courageously coming to take over the growing school, and particular gratitude is due to Miss Jackson for staying until Miss Macdonald returned from America in 1938 to be her successor.

The intensive study of Occupational Therapy in the United States and Canada, which Miss Macdonald had carried out after being awarded grants from the Pilgrim and York Trusts, showed her how the profession was developing in the two countries. In her travels she visited all training schools and a number of occupational therapy departments in a great variety of hospitals and rehabilitation centres. From this tour she returned greatly helped and inspired and ready to tackle the future developments that Dr. Casson had planned for the school and treatment work at Bristol.

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OCCUPATIONAL THERAPY.

A DEVELOPING FIELD OF WORK FOR WOMEN.

By ELIZABETH CASSON, M.D., D.P.M.

OCCUPATIONAL therapy as a profession in England may be said to be still in a pioneer stage, but each year is adding to its better organisation, to the number of well-trained women who are engaged in it, and to the opportunities of employment available for them.

Occupational therapy consists in "any activity, mental or physical, medically prescribed and guided for the distinct purpose of contributing to, and hastening, recovery



STUDENTS LEARNING VARIOUS HANDICRAFTS AT DORSET HOUSE.

from disease or injury." In America this form of treatment is given by qualified and registered members of the Occupational Therapy Association, which regulates the standard of training and attainment of its members. There is an Association of Occupational Therapists in Scotland, and its formation in England has now taken place.

Although the treatment of mental patients by occupation was carried out at the Retreat in York over fifty years ago, it was during the War that the method became organised, and the best work began with the soldiers who were wounded

both in mind and in body. It was found that by no other means could self confidence be fostered so well, or the desire for renewed health be so quickly stimulated.

HELPING THE MENTALLY AND PHYSICALLY DISABLED.

Schools for training Occupational Therapists were organised in several large cities in America and Canada, and all the well-equipped hospitals, general, mental, and orthopædic, now have full-time "aides" as they are called, treating patients continually under the prescription and direction of the medical staff.

In 1930 the Dorset House School of Occupational Therapy was founded at Clifton, Bristol, to enable the full training to be taken in England under those who hold complete professional diplomas. The course takes two years, during which time students are given lectures in anatomy, physiology, and psychology, and many hours are devoted to necessary instruction on the application of the various crafts and other occupations to individual types of illness and disability. The crafts included are, among others, weaving, bookbinding, basketry, dyeing, stitchery, drawing, and minor crafts.

SCOPE OF THE WORK.

A wide outlook must be taken in order to adapt different occupations to patients, who for this purpose may be classified as disordered in mind; suffering from such illnesses as tuberculosis, heart disease, or rheumatism; and those who have sustained injury. The student has to learn which handicrafts are available and needed for each separate condition in cases of mental disability and illness. Some crafts are sedative, others stimulating—all give the patient interest and encourage a desire for achievement, promote self-confidence and a return to a normal satisfaction in work well done. Some patients have wandered into a life of phantasy, and can be brought back to reality by occupational treatment. In many cases of chronic mental illness that have lasted for years, great improvement occurs where the right occupation has been prescribed and carried out. Those who have seen the changed atmosphere in mental hospitals as a consequence of this treatment realise how much it ameliorates the life of the patients.

In general hospitals the occupational therapist's work is to assist the doctor in keeping up the patients' morale by stimulating their interest in healthful activity. Here

again specialised knowledge is needed. She must be able to provide a peaceful sedative type of handwork for the restless heart case, who may move her fingers but who may make no large movements of the arms. She must have some cord-plaiting ready for the same case when the doctor wants gradually increasing movement to begin. She must have a jigsaw puzzle ready for the convalescent who is bored by long hours of lying still, or some cane-work for the patient whose eyes are bandaged.

In the orthopædic and accident wards quite different work is needed. Stiff joints recover much more quickly by carrying out some interesting process of weaving on a hand loom, rather than by massage ; and the professional occupational therapist must be ready to provide a craft for each condition.

Such work can only be learnt fully by actual practice. Students work with patients at Dorset House from the beginning, and in their second year they go to various mental, general and orthopædic hospitals for practice, again under skilled guidance.

During the whole time they also are trained in Margaret Morris movement by a certificated teacher, so that they can take classes of patients later. The organisation of games, acting, and play-reading are also taken in the course. There is a great opportunity for musicians.

SALARIES AND PROSPECTS OF EMPLOYMENT.

There are, at the moment, very good openings for this profession in mental hospitals where those with a diploma are appointed at a salary of £200 non-resident. Some mental hospitals follow the Dutch method and have all the occupational treatment carried out by nurses. The present tendency in England is to appoint a certificated occupational therapist who trains the nursing staff to carry out treatment under her guidance and control.

There are signs that other hospitals are waking to the need of this treatment, and that openings will be available soon, but so far there are few paid posts outside mental hospitals, where openings are increasing under the influence of the Board of Control, which recognises the value of occupational therapy. Hospitals for nervous diseases and for the treatment of cripples provide other openings for employment for the trained worker. It is hoped that the need of remedial workshops to hasten recovery after accidents will be recognised, and that they will be opened

everywhere. There should also be openings in time for occupational therapists who undertake the treatment of patients in their own homes.

So far the profession has been confined almost entirely to women. Training for men is now available at Dorset House, and men nurses are instructed in some hospitals by the occupational therapist who is in charge of both male and female wards. Last year the London County Council appointed a number of men and women occupation officers to the mental hospital service at salaries of £300 and £200.

For a well-educated girl, who possesses culture, and is something of a craftswoman, who wants to serve others and to feel that she is helping them, Occupational Therapy provides a new and most interesting career which has for its purpose the reconstruction and rehabilitation of the mentally and physically disabled.

Dorset House School of Occupational
Therapy,

Clifton Down,
BRISTOL 8.

For full particulars please apply to:-
The Secretary.

OCCUPATIONAL THERAPY.

By ELIZABETH CASSON, M.D., D.P.M.

Medical Director, Dorset House School of Occupational Therapy.

Reprinted from Report of Conference on "Welfare of Cripples and Invalid Children" held at the Drapers' Hall, London, on November 7th and 8th, 1935.

THE task given me this morning is that of speaking on Occupational Therapy as applied to recovery from accidents in children.

Occupational Therapy is any activity, mental or physical, prescribed and guided for the definite purposes of contributing to, and hastening recovery from, disease or injury. An Occupational Therapist is one who has gone through a specific and strenuous professional training such as has a masseuse, a dispenser, or a nurse, and who is ready to be given a doctor's prescription and carry out that treatment with all the skill it requires. To take an example. I once fell on my elbow, and knocked off the tip of my olecranon. A surgeon wired it together and the elbow healed rapidly, but complete flexion and extension did not return at once. All the combined treatment of massage, radiant heat, passive movement, and voluntary exercise helped. Then a month after the operation I was allowed to drive my car, and completed the cure. My left arm did most of the work steering, but my right arm was also on the wheel, and the muscles began at once to regain their tone, constant movement improved the joint, a sharp corner suddenly pulled at the slight adhesions that remained. Its occupation completed the cure of my arm.

You all know how much afraid we are of moving a limb after any injury. It is a necessary provision of Nature to desire to rest a painful joint. In the ordinary course of events our work begins again and we forget the injury because our attention is fixed on something else and constant messages reach the brain that cause the joint to move unconsciously. Careful treatment however often fixes our attention on an injury and fear prevents movement after it is quite safe: We all saw soldiers during the War who came up to hospital for massage and their mental attitude prevented their recovery—"If my leg still needs daily massage it just shows that the doctor knows it is not well" is what he believed consciously or unconsciously. In such cases as this occupation completed the cure much quicker than any other treatment—often a

ward dance, a game of football, or, if it was available, a treadle fretsaw was all that was needed.

A few principles in occupational therapy must be remembered. First and foremost, the psychological principle that every action depends on a stimulus.

For the purpose of this paper I will take "accident" with rather a wide meaning. Many of you deal with cases of spastic paraplegia, some at least of whom are caused by birth injury. Here as you know stimuli do not pass over to muscle action as easily as in the normal child. Heat, such as in the hot pool at Bath, increases the ease with which the reaction takes place. The child will improve very much more rapidly if an occupation accompanies and provides motive for the reaction. A game of getting a sponge out of the bath by squeezing it under the hot water—catching a toy fish with the toes, or a race with another child to pick up the toys sends up a message far more effectively to the slow brain and all sorts of conditioned reflex muscular actions result. In heart cases a set of toy reins can be plaited with the strings so arranged that only a slight movement of the fingers is needed to work. The stimulus reaches the brain, the little fingers move in ordered rhythm. As the child improves, the strings can be lengthened or the work raised so that muscular effort can be measured to a nicety to suit the amount of movement that the doctor has ordered. Being busy with its hands, the child ignores the stimuli to general restlessness that reach its brain from its illness.

The second great principle in Occupational Therapy is to arouse specific emotions that result in the desire to use muscles and thereby to return to health. One of the most powerful motives we have is curiosity. It is so universally active that we often forget it. The whole audience has come here to-day because it is drawn here by its curiosity to hear what is said. The well-trained occupational therapist uses this active motive in her patients continually, and a new patient's first desire for occupation comes from curiosity as to what the next patient is doing with bits of wool or string she is using, or the block of soap she is carving.

Not long ago Miss Forrester Brown invited one of my Occupational Therapy staff to work under her at the Bath Orthopædic Hospital, and prescribed occupations for a man with an injured spine. Lying near him were two boys who had lately come to the Hospital from remote farms. They had had infantile paralysis when quite young. Their families had settled down to the fact they were cripples. They had been washed and fed quite kindly, and that was all. During

the long years they had become completely apathetic and seemingly feeble-minded. They lay in bed in Hospital and watched the man in the next bed. Gradually curiosity was stimulated by what they saw and heard and they began to want to do something too. One boy asked for a pencil, and when he saw his drawing and felt his muscles producing his drawing, a whole new life came to him. Both boys are now working well, and quickly showed that their intelligence is excellent.

Following on the instinct of curiosity comes the desire to achieve. Every child loves to make something ~~that he has made~~ himself, and the pleasure is even greater if he can send something home that he has made and that earns the praise of his family.

Then again we must remember to arouse the gregarious emotions in our patients. We all like to feel that we are one of a group with common interests, and many patients work better if doing the same work as others. In an occupation department one must allow for the seasonable rhythm that brings out tops, hoops and marbles as the prevailing rage. Patients all like to make baskets, then they all want to paint boxes or weave, &c., and this tendency must be used if you want enthusiasm.

There is an important point I must stress and that is the difference between occupation as such, and occupational therapy.

Children in orthopædic hospitals do school work and many learn crafts by which they may afterwards earn their living. An injured child in a general hospital may be made happy by dressing a doll, but unless that bit of sewing is prescribed to help to cure the particular disability that is needing treatment it is occupation only and not occupational therapy.

I remember well seeing a mentally deficient girl with a spastic condition. She had been taught to knit with one long needle held down by a rigid arm to her side and the other slipped down into an equally rigid flexed hand. Occupational therapy would have meant putting her on to a simple loom made by threads of string on an old picture frame. She would then have wanted to use her arms more freely and her flexed hand would have had to be extended to beat down the weft.

I think I have told you enough to show what a fascination lies in the development of Occupational Therapy and the joy that comes from giving it. There are opportunities for good professional posts for those who need to earn their livings by it, and there are even more for those who can afford to train

and then work voluntarily until the English hospitals have learnt to pay for this work as all the American hospitals do. In the meantime salaries at £200 are available in mental hospitals, and splendid work is being done and is waiting to be done there.

The training takes two years, during which the student studies anatomy, physiology, psychology and many crafts with the necessary knowledge as to their application to various conditions to be treated.



**OCCUPATIONAL
THERAPY**
is an actively definitely
prescribed and guided
for the treatment of
disease or injury

**THE AIMS OF
OCCUPATIONAL THERAPY**
REHABILITATE
RELEASING
REPAIR
REPAIR



Exhibition of Occupational Therapy held in
London 1934.
Miss Jackson

Miss Rawcliffe



Items for Sale. Fishponds



Weaving Room. Fishponds



Hall at Fishponds Hospital
(where O.T. Students went
for Clinical Practice)



O.T. Room. Fishponds



E.M.M. & Stall. Fishponds

Sale - Fishponds



Stalls for Sale of Work
Fishponds



Interested Staff





More Stalls for Sale
of Work: Fishponds.



Occ. Therapy at Hereford.
(Miss Peggy Reed)



Occ. Therapy at Hereford.
(Miss Peggy Reed)

This sheet can be slipped out
(carefully), to read prospectus

DORSET HOUSE SCHOOL OF OCCUPATIONAL THERAPY

CLIFTON DOWN, BRISTOL 8

PROVIDES complete training for
Occupational Therapists in General,
Orthopædic, and Mental Hospitals.

Telephone } 35195 Bristol
Telegrams }

Medical Director : ELIZABETH CASSON, M.D., D.P.M.

Assisted by
GERALD DE M. RUDOLF, M.R.C.P., D.P.M., D.P.H.

Principal : Miss E. M. MACDONALD, Diploma of Dorset House School
of Occupational Therapy, N.S.A.M. Craft Teachers' Certificates.

Assisted by a staff of Trained Occupational Therapists.

Occupational Therapy is

Any activity . . . definitely prescribed by physician or surgeon for the purpose of aiding recovery from disease or injury.

Scope, Therapeutic and Rehabilitative in

Mental Disease and Mental Deficiency.

Orthopaedics—accident and disease.

Tuberculosis.

Physical Illness—including heart disease and rheumatism.

Qualifications for an Occupational Therapist

Tact and good judgment.

Initiative and enterprise.

A real interest in people.

Organizing and executive ability.

Serious interest in medical treatment.

Other Requirements

A good School Leaving Certificate, or

Evidence of work or study valuable as a preliminary to training.

Training

The School prepares students for the examinations of the Association of Occupational Therapists.

First Year Preliminary Course	Anatomy.
	Physiology.
	Psychology—normal and abnormal.
	Mental Illness and Defect.
	Theory of Occupational Therapy, including outline of Analyses of Occupations, Departmental Management, Record Keeping.
	Crafts—teaching and practice. Recreational Organization.

Second Year Specialized Courses in different branches of the work, and Hospital Practice under Trained Occupational Therapists in Dorset House Residential Clinic and Curative Workshop, at Chester Mental Hospital, Bath Orthopaedic Hospital, Southmead, and Ham Green Hospitals, Bristol, and other institutions.

Length of Course

2½–2¾ years. The School year begins each September. A shortened course can be arranged at the discretion of the School for a candidate offering special qualifications.

Fees

£125. £130.

Resident	£100	} Per annum for 15 to 16 months.
Non-resident,	£50	

The following months according to specialization, lectures, residence, etc.

(Note.—It is hoped that students' expenses will not be more than £100 to £120 per annum in the last 12 to 15 months of their course. Hospitality is sometimes obtainable in mental hospital and mental deficiency practice, seldom in orthopaedic work. For this reason it is impossible to estimate the cost with certainty).

Prospects

Assistant Occupational Therapists, £150 upwards	} Non-resident
Single-handed or Senior Occupational Therapists, £200 upwards, according to experience. £250- £275- -	

The profession is in a pioneer stage, and a great deal depends upon personality, keenness, enterprise, and thorough training. Posts are not guaranteed, but all students who have qualified at the School have obtained appointments so far.

Suggestions to Candidates Considering the Training

Diplomas are not obtainable under the age of 21 years, and students are accepted at 19 or over. Younger students who can afford to do so are recommended to attend a course at an Art School, to go abroad, or undertake Guide, Brownie, or Cub Leadership, or help in clubs, etc. Nursing is the best method of filling up this interval for those who have to keep themselves. Any experience including drama and music, is of value in this profession.

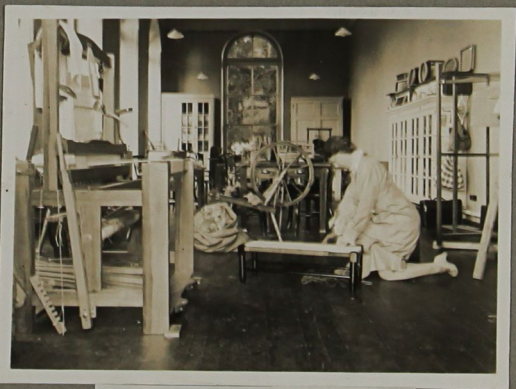
There is no particular age limit for the course, but candidates over 40 are apt to find it strenuous, and Occupational Therapists employed after the age of 35 cannot come under hospital superannuation schemes.

Men students are non-resident.

No student is received without a personal interview, and the first three months are in all cases probationary.



Occ. Therapy at Hereford.
(Miss Peggy Reed)



Occ. Therapy at Hereford.
(Miss Peggy Reed)

paid several visits to Dorset House and the Allendale Curative Workshop. All showed great interest, particularly in the wood-work, gardening and heavy basketry.

Dr. Casson was suddenly asked if the Dorset House School would train large numbers of Occupational Therapists for hospitals all over the country and some for abroad.

Then France fell. Blitzes came and for a time Occupational Therapy went literally into the cellars. Finally, Bristol became an impossible place in which to run a nursing home or train students. Patients were dispersed—a few being taken to Clevedon with Dr. Casson. The School which dwindled to ten gallant and tenacious students struggled on for some weeks. Ultimately the students had to be sent home and taught by correspondence, while new premises were sought. Finances were at their lowest ebb—(everything had always gone into the expansion of the work)—and the School was on the verge of closing. A temporary loan from a legacy, then a generous gift from the Lord Mayor's Air Raid Distress Fund, coupled with the offer of premises by the Ministry of Health—saved the School.

Dorset House O.T. Students went
to linked hospitals for their
Clinical Practice. —————>

PART III

MISS JACKSON had to leave for America in August 1938, ten days before four of her students entered (successfully) for the first examination set by the Association of Occupational Therapists. Of this group, two graduates went to New Zealand and one to South Africa, where they have contributed a great deal to the training of students in these countries.

By the time Miss Macdonald took over her duties, these included the supervision of patients' occupational treatment in Dorset House itself and in several surrounding hospitals, and the care of the growing School, with its eighteen students. To this was added the planning and opening of the Allendale Curative Workshop for out-patients suffering from varying forms of physical disease or disability.

There was a big team of enthusiastic Occupational Therapists ready to help. These included Miss Kathleen Barber, who worked at Allendale, Miss Turner and Miss MacArthur, working partly in Dorset House and partly in the Bristol hospitals, and Miss Richardson, working at Ham Green Sanatorium and in the School. Mrs. Owen Reed, during a long visit to Bristol, was also able to give some much appreciated help.

The first forty cases at the Allendale Curative Workshop were given free treatment and records were kept of their progress.* Dr. Weissenberg, a physical medicine expert from Vienna, who was also an occupational therapy student, analysed occupations and their therapeutic application, and demonstrated to the students.

Then came the war. Until France fell, Bristol was little affected. Dr. Casson felt, however, that as the 1914-18 war had precipitated the establishment of Occupational Therapy in Canada and America, so, in this war, the importance of Occupational Therapy might become better recognized here. Representatives of the Services and of the Ministry of Health

* A paper was published by Dr. Casson in the *Lancet* (1 November, 1941, page 516) giving an account of the experiment.



Occupational Therapy at Ham Green Hospital,
run from Dorset House.





Occupational Therapy at Southmead Hospital,
Bristol, run from Dorset House.

OCCUPATIONAL THERAPY AS A BRANCH OF PHYSICAL MEDICINE

By ELIZABETH CASSON, M.D., D.P.M.,

Director of the Dorset House School of Occupational Therapy, and of the Allendale Curative Workshop, Clifton Down, Bristol.

ALTHOUGH occupational therapy is a very definite branch of physical medicine, those who have made it their life work seem to have been rather slow in claiming its privilege as an ancillary profession. The treatment of war injuries, however, is rapidly bringing it to the forefront as an indispensable aid to recovery.

All of us who have been through an illness, or who have sustained an injury, know from experience how rapidly our feelings change as soon as we are able to take interest in a book or in the radio, or some other diversion. Even a talk with the doctor, or watching someone arranging one's flowers will help towards bringing one back to a normal outlook—yet even in these simple beginnings of occupational therapy, one depends on the help that someone else gives, and the amount of improvement obtained is measured by the skill of its provider.

Occupational therapy is now a highly skilled method by which the right occupation is prescribed for each patient to aid as efficiently as possible his recovery. By gradual experience, guided by individual practice and research, a tradition of training has been built up, and a valuable technique has been developed, as in other branches of physical medicine.

The history of organized occupational therapy is no longer concerned only with mental illness. Galen wrote that "employment is nature's best physician and is essential to human happiness," and all who have tried to help those mentally ill have provided them with occupation all down the ages. During the last 150 years, since Pinel reformed their treatment and prescribed systematized printing, husbandry, and weaving in his hospital, one doctor after another has striven to improve the methods for using every kind of occupation, until such hospitals as Gütersloh in Germany, Sandpoort in Holland, and numerous places in England have found that over ninety per cent. of their patients could be well occupied.

In some mental hospitals now a special occupational therapy staff is provided, in others the nurses are trained in it, while the method recommended by the Board of Control is the provision of a trained occupational therapist whose duties include training and guiding the nurses to treat the patients under their supervision.

The provision for occupational therapy for physical injury received a sudden impetus during the war of 1914-18, when the officers in charge of a Canadian hospital in France began to provide organized treatment by means of joinery and other crafts for the wounded. This was taken up by others in the English and American hospitals, Sir Robert Jones and Mr. Hey Groves being pioneers in England. On the return of their Army to America, schools for training occupational therapists were started, and there is now a large association for occupational therapists, while Toronto and some of the Universities in U.S.A. have degrees and diplomas in occupational therapy for their graduates.

All the American and British schools now provide training in the treatment of both mental and physical disabilities, and the English Association of Occupational Therapists has its own examinations and diplomas.

In the general hospital occupational therapy finds its most spectacular results in the fracture clinic and other orthopaedic departments. We all know how difficult it is to make up our minds to move an injured limb. There is a natural fear of doing it further injury, or of experiencing pain. Each of us can overcome this by voluntary effort elicited by persuasion, but this is far easier if our attention is diverted to something that interests us, and is not concerned with our disability. The trained occupational therapist still requires to know just when to use persuasion, but it is directed towards undertaking some simple movement. She shows the patient a dog lead made by tying a series of knots, demonstrates how easily it can be done, and starts him off with "something to do." The work is, of course, chosen to carry out exactly the muscle movements that the surgeon has prescribed. Sometimes the first occupation is something even easier; for example for the first movements of stiff fingers, one can prescribe a game of solitaire on a board where the patient has to pick up and move a peg from one place to another. As soon as possible, work with more definite tools is provided, the handles being padded to allow for less complete flexion, and the padding reduced each day as the grip improves.

Various forms of weaving are very useful as this provides the important stimulus of seeing something desirable grow under one's hand, while a variety of muscle movements are available to be chosen by the occupational therapist for various disabilities. In nerve lesions, supports and slings can often be provided to enable the patient to do work which so interests him in what he is accomplishing that he forgets his weakness. At each stage the occupational therapist is at hand to modify the apparatus by means of which the necessary movement is obtained as the patient's condition alters, while the patient's interest is still centred on the work undertaken. Naturally the patient is just as much interested in his own recovery as if he were being treated by any other means, but the handicraft takes his constant attention off himself. At intervals of a week or so he may be allowed to test his improvement on a gauge that measures the angle of joint movement, and mark what progress he has made. This adds to his zest for work.

Other apparatus is needed for leg and shoulder and trunk movements, and therefore it is generally necessary to provide a curative workshop fitted with carpenter's benches, etc., while for those who have to return to heavy work, a small forge and anvil are desirable.

WORK OF THE DORSET HOUSE SCHOOL OF OCCUPATIONAL THERAPY

A beginning has been made at Bristol by arrangement with the Ministry of Health. Orthopaedic patients, both service and civilian casualties, are treated by the staff of the Dorset House School of Occupational Therapy at the Bristol Royal Hospital, Winford and Southmead Hospitals, while still in bed, or with what small amount of apparatus can be fitted into the wards. They are then drafted on to the Allendale Curative Workshop, being taken there by ambulance for daily treatment. The Allendale workshop has been open for some eighteen months and a considerable number of civil accidents and disabilities have passed through it. It consists of the

ground floor of a former hotel, overlooking Clifton Downs; there is a large workshop fitted with carpenters' benches, a foot power-lathe, bicycle and treadle saws, and a few hand presses, mortice cutters, a potter's wheel, etc. Another room is arranged for weaving, as those who are unable from weakness to do joinery may be given craft work to lead up to more strenuous movement. A great variety of apparatus is needed so as to cover the multitude of lesions that may occur, and the apparatus needs constant adaptation for the individual lesions prescribed for. Between the light crafts and the heavy workshop is a room for block printing, basket work, etc., where variety of weight in the tools used and stiffness of cane and willows can provide what is needed for graduated exercise. There is a full-size billiard table and darts, and other games are available—all under supervision—so that improvement in movement can be watched and stimulated. Out of doors there is a tennis court, and clock golf and skittles will be available, and some gardening can be done.

The surgeon in charge of the case decides exactly how long the patient is to be treated each day, the time varying from a few minutes to a full day's occupation.

At the Bristol Royal Hospital and Southmead, and at the Children's Hospital, many other types of illness are treated, especially cases of heart disease and of surgical tuberculosis. Another member of the staff of the school treats cases of pulmonary tuberculosis at Ham Green Hospital where the occupations have included running their own hospital magazine, a photographic studio, boot repairing and meteorological observations. The patients have even produced their own variety show and painted the scenery.

PROFESSIONAL TRAINING OF THE OCCUPATIONAL THERAPIST

It will be realized from this that the professional training of an occupational therapist requires to cover a large field. Full training takes two-and-a-half years, but shortened courses are provided for those whose work has included previous training in the subjects needed. The first year of the usual course covers elementary anatomy, physiology, and psychology, with instructions in all the necessary crafts, such as weaving, joinery, basket, cane and leather work, stitchery, pottery, and design. All these crafts are taught definitely in their relationship to patients. Many hours are taken up in learning the actual application of various crafts and occupations to different lesions and disabilities, and this teaching has to be in the hands of occupational therapists of long experience in treatment and in teaching it. They also have to learn to organize occupational therapy departments, to keep records, and to manage the financial side of their activities and the use of waste material. Students work regularly also in the wards of hospitals and in the Occupational Therapy departments of Dorset House Clinic so as to become entirely at home with patients of every type.

During the second year, students continue general work, but begin to specialize. The Massage School at the Bristol Royal Hospital has generously co-operated in allowing those who intend to do orthopaedic work to attend their anatomy lectures and demonstrations, and hospital practice is largely directed to cases of physical illness, while those intending to treat psychological cases carry on a special study in this branch, with hospital practice among cases of mental disorder and with treatment of psycho-neuroses; all students, however, do some hospital practice with all types of cases, as experience shows that an occupational therapist who is used to dealing

with mental cases has a much better insight into orthopædic cases than she would otherwise have, and experience with general medical cases help those who have to work among psychiatric patients.

All students have to study the recreational side of their profession. Knowledge of how to play chess or bridge may make all the difference as to whether they can get into touch with some patient who needs to be led back to health by his own personal effort and interest. Folk dancing and all forms of physical exercise come into use, as do play-reading and all musical performance.

On the recreational side of occupational therapy, there is room for the help of the amateur voluntary helper in hospitals, and the student should learn to make use of this valuable material.

The course of two-and-a-half years can be shortened for people who already hold qualifications covering much of the course. This specially applies to those who hold certificates of the Chartered Society of Massage and Medical Gymnastics, but those trained in general and mental nursing can also save some months of study.

There is a definite demand by orthopædic surgeons for the school to take masseuses for a concentrated course of, say, nine months for war-time work, and this is being commenced at once. The war hospitals require many more occupational therapists than are at present available, and something must be done to remedy this.

In America the Insurance companies finance much of the occupational therapy work, as they have realized by experience that it shortens convalescence and therefore lessens compensation. There seems to be little doubt that the British companies will realize this in time. There should also be a considerable field for private practice when the benefit to the patient's health, happiness, and progress is realized by the general practitioner.

LITERATURE ON OCCUPATIONAL THERAPY

There are at present very few books published in Great Britain on occupational therapy, but a useful little handbook: "The Theory of Occupational Therapy" by Dr. N. Haworth and Miss E. Mary Macdonald, with a foreword by Sir Robert Stanton Woods has just been published by Baillière, Tindall & Cox, at 6/-. Colonel Cunningham's "Recovery and Rehabilitation," a reprint from the *Edinburgh Medical Journal*, 1938, is a valuable contribution on treatment of physical conditions, while Dr. Russell's book on "Occupational Treatment of Mental Illness," and Miss Darwin's pamphlet on Occupational Therapy, and the Board of Control blue-book on the subject, give much useful information in treating mental patients by means of occupational therapy.

SUMMARY

Occupational therapy being concerned with physical activities is an important but, so far, little recognized branch of physical medicine.

Its provision in war-time is specially necessary. The war of 1914-18 gave it a definite stimulus, which is being repeated on a much larger scale in the present war.

Results are obtained quickly in the treatment of war injuries owing to the patient's interest being aroused and attention sustained on his occupation, and being directed away from his disability.

A short account is given of the Allendale Curative Workshop, and of other occupational therapy work carried out by the staff of the Dorset House School of Occupational Therapy, Clifton, Bristol.

Occupational therapy being a recognized treatment carried out by prescription, the standard of training has to be kept very high and must cover a large ground. A short review is given of the present curriculum and its possible shortening in the case of those holding kindred qualifications.

Making the Unfit Fit

Dr. Casson's Challenge
to Bristol

A CHALLENGE to Bristol industrialists and employers was made by Dr. Elizabeth Casson, when she told a group of business men yesterday that there was room for 25 patients ready to start the new rehabilitation centre in Bristol.

"Get the people," she said, "and we will do the rest."

The meeting had been called to inform employers of what was being done to start a non-residential rehabilitation centre.

The Lord Mayor, Ald. F. C. Williams, presided, supported by Coun. George Bullock.

Speakers were Dame Georgina Bulter, daughter of the late Sir Hedvers Bulter, V.C., Mrs. Gordon Hake and Dr. Elizabeth Casson.

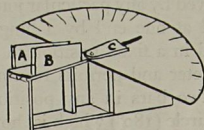
Dr. Casson, who was a pioneer in occupational therapy, stated that Southmead Hospital was the first hospital in the whole of the British Isles to have a paid occupational therapist on the staff.

The Lord Mayor commended the new centre to the attention of Bristolians. Something like 700 cases had been dealt with in Bristol during the past year.

Mrs. Gordon Hake told the audience that £1,500 was needed to start the first year of the rehabilitation centre.

Bristol Evening
News.

9 - 3 - 1944.



—DEVICE TO MEASURE IMPROVEMENT IN THE RANGE OF ABDUCTION AND ADDUCTION OF THE WRIST.

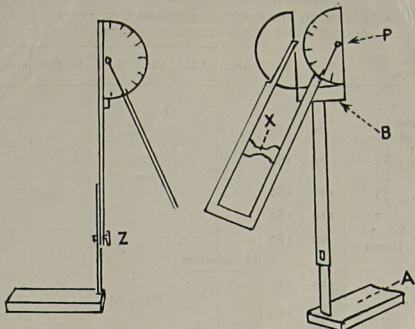
(Developed by E. Weissenberg and R. Cole.)

The forearm of the patient rests between boards A and B and the hand rests, in pronation, on C; the hand is moved to right or left from the wrist.



Case 33. Ankylosis of left wrist following an operation.

Abduction and adduction of wrist.



—DEVICE TO MEASURE IMPROVEMENT IN RANGE OF SHOULDER ABDUCTION.

(Developed by E. Weissenberg and R. Cole.)

Patient stands on platform A with arm over bar B and grips handle X. The height of the apparatus must be adjusted at Z, so that the pivot comes at the exact shoulder level.



Measurement of range of shoulder movement



Allendale - Heavy Workshop. Patients with hand disabilities.



4
Case 37. Compound fracture of proximal phalanx of ring finger: simple fracture of little finger



Case 39.
Fractured R. Humeras -
stiff shoulder & elbow





Allendale from the Downs.



Allendale from the garden.



Hedge clipping for
shoulder exercise.

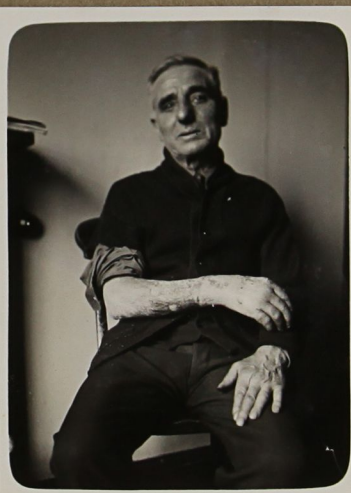
Case 4. Chronic
strain of
R. shoulder.

Vol 2/24

3



Allendale. General woodwork



Case 7. Compound fracture of radius plus arthritis



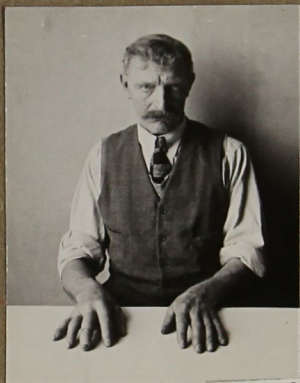
The ALLENDALE WORKSHOP



Case 35. See over



Case 17. Paresis of left
musculo-spiral nerve.



Case 14.
Compound fracture
of middle phalanx
of R. 3rd finger.



Case 11. Fracture of R. Scaphoid
(& of 2nd & 3rd metacarpals -
6 months ago.)



Case 13. Tendons of
flexors supplying
4th & 5th fingers &
ulnar nerve cut above
wrist.



Weaving exercise for stiff knee.
Case 2. Tubercular
osteitis of R. hip
and lower spine.



Weaving exercise for
poly-neuritis.
Case 3. Acute infectious
polyneuritis.



Case of cervicle rib with claw
hand.



Case 18. Paralysis of
median & ulnar nerve.



Case 37. (see over)



Case 21. Laceration of R.
forearm 8 months ago.
Limitation of movement.



Case 35.
Old fracture of
radius & ulna.



Case 38.
Compound fracture
of inner 3 fingers

FORTY CASES TREATED AT THE
ALLENDALE CURATIVE WORKSHOP

ELIZABETH CASSON, M.D. BRIST., D.P.M.
MEDICAL DIRECTOR OF DORSET HOUSE SCHOOL OF OCCUPATIONAL
THERAPY, CLIFTON

Reprinted from THE LANCET, Nov. 1, 1941, p. 516.

FORTY CASES TREATED AT THE ALLENDALE CURATIVE WORKSHOP

REHABILITATION needs serious attention at present. An account of the first year of work at the Allendale Curative Workshop, opened at Clifton, Bristol, in 1939, is therefore of interest.

The premises consisted of a former hotel with large ground-floor rooms and nearly an acre of garden. Work had to be experimental, and each patient was made a special study. Among the personnel was Miss Mary Macdonald, member of the Association of Occupational Therapists, and head of the Dorset House School of Occupational Therapy. She had then lately returned from a tour of orthopædic hospital occupational therapy departments in America, having been given a research grant for this purpose by the Pilgrim Trust. Dr. Eugen Weissenberg, formerly in charge of the physiotherapy department at the university clinic, Vienna, joined us as a student. Miss K. Barber, another member of the A.O.T., and now in charge of occupational therapy at a Naval hospital, was also with us, and we had an enthusiastic teacher in Mr. R. C. Cole, who was an excellent joiner. Students of the Dorset House school engaged in their clinical practice with patients.

Weaving and light crafts were carried on in a room which measured about 19 ft. by 17 ft. and allowed space for 10 patients. Slightly heavier work, such as block printing and basket-making, was undertaken in a room (20 ft. by 15 ft.) which provided space for 9 patients. More strenuous work, such as joinery and metal work, was carried on in a long room (42 ft. by 15 ft.) where benches, a lathe, and bicycle and treadle saws were provided; some embossing presses which had been given to us were also in this room. The old dining-room (30 ft. by 20 ft.) was provided with a billiard table, and the conservatory gave room for darts.

The first 40 cases show what useful work can be accomplished. They came chiefly from fracture clinics at the hospitals, and were chosen by their surgeons because of some complication calling for special attention—joints fixed by adhesions, or bad habits of posture. No patient was taken without prescription and full instructions from his doctor; in the case of patients from the fracture clinic, the occupational therapist in charge attended regularly at the clinic when the orthopædic surgeon was re-examining the patient, and heard his fresh instructions. A report from the hospital almoner was also received on each case sent up.

Treatment was given in the mornings only, but the whole day should be occupied if possible before the patient is discharged back to work.

CEX caps → E 19 CASE-HISTORIES

CASE 1. — A woman of 23 with arthrodesis of tuberculous hip. After operation she had developed a functional disease of the knee-joint. She was lacking in self-confidence and was too conscious of her disability. Her inability to sit at an ordinary table seemed the chief cause of her unhappiness and also her inability to return to her work as a shorthand-typist. She was taught to weave on a small loom with hand controls in order to interest her in the subject without referring to her leg. She was then promoted to a foot-power loom in which the warp was raised or lowered by flexing the knee-joint. While using the hand-loom she had become so keen on the texture and pattern of the material she was weaving that she was glad to perform the necessary movements, and was soon able to realise that her knee was quite capable of being bent to a more aesthetic posture. Her gait improved at the same time. She asked to stay on for a few weeks to finish the length of material she was weaving and then returned to her office work.

CASE 2. — A man of 53, suffering from the after-effects of acute infective polyneuritis. He had been completely paralysed for several months but had recovered sufficiently to walk, and by several trick movements he could feed himself. Treatment began with weaving a rug on a frame threaded with a warp of string. The patient's deltoid and exterior muscles were weak and could not bear the weight of his arms so his arms and hands were slung in canvas loops from brackets extended from the top of the frame. He had a spasmodic contraction of the shoulder muscles which relaxed when his arms were suspended. Improvement became evident in the first few days, since the patient enjoyed the work. The next stage was to support the wrists only on an adjustable slat placed across the frame, again leaving the fingers free to weave and to push the threads into place, thus getting active extension of the fingers and wrists. As the muscles improved in tone and strength, new crafts were prescribed, such as knotting dog leads, stool-seating and woodwork. The dart-board for a few minutes each day helped in the cure.

CASE 3. — A man, aged 61, who had had a compound fracture of the radius from a conveyor-belt accident. His shoulder had been strained, and he had arthritis of shoulder, elbow and wrist with much residual disability of shoulder, arm and forearm. Mental depression was pronounced. Treatment was first given in the form of easy weaving on small hand-loom; at this time the therapist was making friends with the patient and gaining his confidence. Later he made a warp on the "mill," encouraged by the knowledge that the warp was needed for another patient's work. An occupation had to be chosen that could be carried out at a level which gave easy abduction of the upper arm to begin with; this was increased

gradually by raising the height of the mill without the patient noticing that he was doing more. As soon as he realised that his angle of abduction had increased his confidence was aroused and he then willingly coöperated in carrying out the changes in his work that increased the effort needed. His recovery was completed by getting him to sand-paper and paint screens raised to a level above his shoulder and to drill holes in a solitaire board, which exercised flexion and extension of wrist. Finally he did weaving on a large foot-loom which enabled him to get larger movements; easy supination was achieved by throwing and catching the shuttle.

CASE 4. — A left-handed man with compound fracture of left proximal phalanx of ring finger and simple fracture of little finger. Even passive extension of these fingers was impossible. Treatment was by joinery, which was his hobby; first he did planing with fingers extended as far as possible on the plane, and then sawing and generalised movement, with various tools, to ensure complete movement and suppleness. The patient was entirely coöperative and the fingers became almost normal.

DISCUSSION

These cases bring out the importance of the muscular spasm which often develops before treatment is begun. Without occupational therapy this is difficult to overcome because the patient has allowed the wrong posture to become a habit. Occupational therapy replaces in the patient's mind the image of a limb that he cannot use by one of a piece of work which that limb is accomplishing. Much depends on the atmosphere into which the new patient is introduced. Allendale was essentially a happy place where people felt they would get well. Each patient was welcomed and made to feel that his difficulties and disabilities were understood. His primitive impulses to investigate new surroundings, to show what he could perform, and to join in the activities of a group, all had to be stimulated; and when the appropriate emotion had been aroused the impulse was directed at once into an activity that helped his recovery. His fear and suspicion had to be circumvented. It usually took a few days to start a patient off well; many grasped the idea of what was intended in the first few minutes and became real enthusiasts in helping newcomers, but others needed much care to begin with; but once they realised that a change had begun in the injured limb, their coöperation could be relied upon. Special apparatus, designed by Dr. Weissenberg, was available to measure the angle of movement, and the patient could thus see from an actual graph what improvement he had made.

Experience has taught the following rules:

1. The craft chosen must provide the exact muscle movement needed at each stage. It must be changed as the patient changes.

2. The occupational therapist must superintend the movements continually; she must, therefore, have a complete training in anatomy and physiology, such as is required for massage.

3. The patient's mind must be concentrated on the accomplishment of the work on which he is engaged. Therefore it must be something that he enjoys doing and knows to be useful.

4. The degree of strenuousness must be carefully regulated. Premature use of heavy tools can only do harm; and to continue light work too long may produce a dilettante habit, and delay a man's return to his own work. The equipment must, therefore, include apparatus for heavy sawing and hammering. Work should be increased until the patient is doing a full day's activity, which can include digging in the garden and pre-vocational work. Games are a valuable adjunct. A patient who thought he could not play billiards was seen to be acting as marker to the players; he walked round and lifted his arm to mark, unconsciously exceeding what he believed to be his capacity.

Fear of infringing the rules of insurance companies had to be overcome. Some patients thought that treatment might be counted as "work" and that it would reduce their compensation; this doubt was best removed by the surgeon in charge of the case. Only one man expressed fear of his trade union objecting, and asked "what the pay would be" for his work.

The cost is important. Only one of the first 40 cases was paid for by an insurance company. Nearly all were compensation cases and the money was just enough for the man to live on; most could not even afford their fares to the curative workshop. A small part of the cost has been covered by the Dorset House School of Occupational Therapy. It is hoped that in time insurance companies will realise that occupational therapy lessens and shortens disability and therefore reduces cost. Insurance companies in America pay for such treatment and even run their own rehabilitation centres for the injured workpeople whom they are compensating, because they know it pays them to do so. Insurance companies in England already pay for medical treatment, nursing and massage, and might well make wise expenditure on this great aid to recovery.

We have had to depend entirely on voluntary attendance, and it is difficult to ensure that the patient can be convinced in the first or second visit that it is worth while to persevere with treatment, perhaps at some considerable expense of energy and of money for fares. Those who are intelligent enough to grasp at once the principle involved become enthusiastic quickly and help newcomers to settle in. But while numbers are small those nearing recovery are few; and those who have recovered have gone. Definite instructions from the

SUMMARY

A report is given on the first 40 cases treated at the Allendale Curative Workshop, attached to the Dorset House School of Occupational Therapy, Clifton, Bristol; 4 cases are described fully.

The cost of rehabilitating patients by occupational therapy might well be borne by insurance companies, as it is in America; this would allow of extension of this valuable form of treatment.

I wish to thank Dr. E. Weissenberg and Miss E. M. Macdonald for their help in preparing this report, and to Dr. H. H. Carleton, Mr. K. H. Pridie, and Mr. A. L. Eyre-Brook for allowing me to report on their cases.

PATIENT WORKING IN SLING SUSPENSION WITH SUPPORT
FOR DROPPED WRIST. THE AIM IS TO GET RELAXATION FROM
SHOULDER DOWNWARDS AND TO ENCOURAGE ACTIVE EXTENSION
OF THE FINGERS.



Experiments with slings and pulleys.



Allendale Curative Workshop
The Promenade, Clifton Down, Bristol 8

CASE 7

SUMMARY OF TREATMENT

Name. [redacted] Age. 61 years Sex. Male.

Diagnosis. Fracture Radius Date of injury. 2.3.39.

Compound. Date admitted. 22.V.39.

Referred by. Mr. K. Fridge. Date discharged. 6.VI.39.

No. of treatments. 54.

Results and observations from treatment. Marked improvement in mobility of

fingers, wrist, and elbow. Supination still very limited.

Shoulder movement improved but limited. Psychological

aspect: very marked improvement.

THE PATIENT WAS TREATED WITH:

1. Belt Loom = for extension of fingers.
2. Hand Loom with roller heddle change - for wrist extension and flexion.
3. Warp Milling = for extension of elbow and slight abduction of shoulder.
4. Sand papering and painting screen placed on table - for flexion and abduction of shoulder.
5. Drilling holes in Solitaire Board = Flexion and Extension of wrist.
6. Large Foot Loom = Extension of elbow. Supination of forearm by means of shuttle throwing and catching.

Signature. K. Barber.

vertebral column
Neck
Back

Special remarks and precautions.

Date. 19.V.59

Signature. *W. K. Barber*



Case 7.

ALLENDALE CURATIVE WORKSHOP. The Promenade

Prescription.

C. Lipton

Name.



Age. 61 years

Sex. ♂

Address. 3 Paul La Beauskin

Diagnosis. Compound # radius

X Ray Report. # the shaft. radius

History of Case.

Open reduction 2. 3. 39.

Excellent position

Good union 18. V. 39.

For what function and joint is Occupational Therapy desired?

Flexion	X
Extension	X
Abduction	X
Adduction	X
Pronation	X
Supination	X
Rotation	X
Circumduction	

Fingers	X	right, left
Wrist	X	" "
Forearm	X	" "
Elbow	X	" "
Shoulder	X	" "
Foot		" "
Ankle		" "
Knee		" "
Hip		" "
Vertebral Column		
Neck		
Back		

Special remarks and precautions.

Date. 19. V. 39

Signature.

W. Lipton



From Infirmary. Dr. Eyre Brook.

[REDACTED] age 61.

3, Thaner Road. Bedminster.

Working conveyer belt to put coal into bunkers.
Slipped on platform - put hand out to save self - caught
between belt and roller.



Allendale HOUSE SCHOOL

NAME

CASE 38.

OCCUPATIONAL THERAPY

WARD

Occupational Therapy Refer

7.C.
97 Wintertube Rd
Arlington Gate

Date 8.4.40.

Referred by A.L. Eyre Brook

Diagnosis Compound fracture of lower 3 fingers

Prognosis Fair

RESULTS DESIRED FROM OCCUPATIONAL THERAPY TREATMENT.

Mental

Relief of

Depression
Nervousness

Improvement of morale

Physical

Function

R. ~~Fingers~~
~~Forearm~~

Wrist

L. Shoulder

Back

Hip

Knee

Ankle

Foot

~~Flexion~~

~~Extension~~

Abduction

Adduction

Pronation

Supination

Rotation

Circumduction

Posture

Light work

Active work

BED

WARD

SHOP

FREQUENCY AND DURATION OF TREATMENTS

Daily for 4 weeks

WARNINGS OR SUGGESTIONS

Sound union
of All fractures.

Work up to
use by 4 weeks

Physician's Signature

A.L. Eyre Brook

Compound fracture of inner
three fingers.

April 8, 1940.

Mr. Eyre-Brook.

20

Patient was given:

1. Weaving, for general mobility of right hand, wrist and arm, as patient was at first afraid to use right arm.
2. Basketry for specific mobility of right fingers.
3. Rug making, requiring extension of the bent joints in beating material together.

Up until recently, could not be given strenuous work, as hand was too sensitive and painful. Since pain has subsided, works much harder.

Very co-operative. Patient would apparently prefer continuing work here, rather than going back to work now, as she sees the continued improvement herself.



No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	1.
1.	A.J.	M	30	Bilateral Colles Fracture	41	7	Bones united, hyper extension of wrist poor, flexion half normal, pronation good, supination poor, flexors and intrinsic muscles of 1st and 2nd fingers of left hand.	Cord knotting, carpentry, stool seating, block printing.	Mobility of both wrists very much improved, supination normal, no difference between the appearance of the fingers of both hands. Patient has not yet regained his full strength.	Accident caused by fall off ladder. Anxiety state, nightmares of car accidents. Patient attended very irregularly and the treatment was sometimes rather difficult and he was not very co-operative.	
2.	H.V.	F	23	Tubercular osteitis of right hip and lower spine	33	3	Physical activities are rather limited owing to stiffness of hip and vertebral column. Limping was very pronounced.	Weaving on a big loom. Typewriting.	Range of movement increased, movements performed with less effort. Patient could move around with no very marked show of disability.		

LIST OF 40
 CASES TREATED AT THE
 ALLENDALE CURATIVE
 WORKSHOP.

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	2.
3.	M.A.	M	53	Acute infectious polyneuritis	48	4	In both arms flexion nearly complete, extension controlled, rotation poor. Wrists no hyper-extension, flexion with tendency to pronation, fingers extension poor. Cramp in leg, drop foot gait. Affected muscles in all limbs considerably wasted.	Rug weaving on frame loom with sling suspension then bar support for arms and wrists. Work on bicycle saw and stool seating.	Muscles have improved remarkably, control of movements much better.	Patient could not dress alone, but has made such good progress that he went back to his former profession as car driver.	
4.	M.W.	M	56	Chronic strain of right shoulder	16	2	Arm could be raised only to shoulder level.	Painting placed above shoulder level. Clipping high hedges.	Movements of shoulder almost normal.		
5.	S.H.	M	41	Arthrodesis of right shoulder after fractured head of humerus	11	1	Arm fixed in abduction to 65%.	Joinery.	Only little improvement of range of scapulo-thoracic movements.		

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	3.
6.	R.	M	62	Colles Fracture	13	2	-	Joinery	Improvement shown.		
7.	S.G.	M	61	Compound fracture of radius plus arthritis	54	5	Stiffness of shoulder, elbow wrist and fingers, the latter swollen, movements very limited and painful.	Weaving, first on hand loom later on treadle loom. Sandpapering. Warp milling.	Patient has regained most of his normal range of movements.	Was very depressed at beginning but cheered up quickly as he progressed.	
8.	W.B.	M	48	Compound fracture of lower third of radius and ulna, right side. Arthritis of right shoulder	56	9	On admission arm in plaster for another 3 weeks. Fingers were free (no plaster) but were swollen and could hardly be moved. Shoulder stiff and painful. 3 months later shoulder was manipulated and forearm again put in plaster as a precaution because old fracture was sprained during operation.	Weaving on small loom with lever change adjustable for all wrist movements. Sandpapering for all movements of shoulder, elbow, fingers and wrist. Canework. Weaving on big loom.	Movements in shoulder joint still restricted, and so is supination. Movements of wrist and of the metacarpophalangeal joints are good, but flexion & extension of proximal and distal phalangeal joints cover only about 50% of the normal range.	Patient had to interrupt the treatment for various reasons several times.	

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks
							Fingers swollen again, much pain, treatment temporarily suspended.			
9.	W.R.	M	51	Fractured cervicle spine with hemiplegia of the right side 2 years ago. Hysterical elements.	12	2	There is weakness and spasticity of right leg and arm. Gait uncertain. Must walk with stick. Co-ordination of movements poor. Lack of self-confidence.	Joinery	Patient walked without stick, became more interested in work and was more hopeful.	
10.	B.G.	F	64	Fracture of left radius and ulna, compound. 3 months before admission.	12	2	Left wrist completely stiff. Flexion of fingers very poor, thumb good.	Weaving on a frame with bar support. Sandpapering. Hammering to decorate book-ends (arm in splint at first to isolate movement).	Marked improvement. Could do all her own housework by the time she left.	
11.	B.H.	M	30	Fracture of scaphoid right. Fracture of 2nd & 3rd metacarpal: 6 months ago.	1	-	Right wrist full movement, fingers stiff. Large element of neurosis.	-	-	-

No.	Name	Sex	Age	Diagnosis	No. of treat- ments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	5.
12.	C.F.J.	M		Tendons of all flexors supplying 2nd-5th fingers as well as ulnar nerve cut above right wrist. Sutured by operation.	1	-	-	-	-	-	
13.	C.H.	M	22	Tendons of flexors supplying 4th & 5th fingers & ulnar nerve cut above wrist. Sutured by operation.	58	2	Contraction of flexors of 4th & 5th fingers "main-en-griffe". Stretching of fingers very painful.	Sandpapering. Stool seating. Basketry. Blockprinting. Weaving.	In spite of all efforts the tendons remained contracted, but it was less painful when passively stretched.	Patient attended Allendale very irregularly & was sometimes very difficult so that even hospital refused his further treatment.	
14.	L.E.	M	61	Compound fracture of middle phalanx of right third finger.	9	1	Third finger was swollen and completely stiff.	Joinery.	When patient closed his hand could flex his 3rd finger fairly well in metacarpophalangeal but not in interphalangeal joints.		

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	6.
15.	NES.	F	54	Colles fracture left side.	9	2	Forearm in plaster, fingers swollen with violet & blue spots.	Weaving on a frame.	Mobility of fingers nearly normal, supination still limited.	Accident happened only 4 days before admission	
16.	M.	M	-	Traumatic neurosis	4	1	Giddiness when looking upwards. Profound sweating of the face.	Gardening	No positive result.	Patient resumed his former work.	
17.	B.V.	M	18	Paresis of left Musculo-spiral nerve.	4	2	Musculo-spiral nerve cut at elbow, operated immediately after accident (10 mths. ago). "Dropped wrist" muscles of forearm & hand atrophied.	Rush plaiting with table support against gravity.	No positive result, patient unable to continue treatment owing to cost of travel & distance.		
18.	G.R.	F	27	Paralysis of median and ulnar nerve.	9	2	Weakness of flexor of fingers & intrinsic hand muscles.	Sandpapering Basketry.	Very marked improvement.		
19.	WGA	M	19	Cerebral palsy right hand Epilepsy.	29	4	Spastic paralysis of right hand. Lack of co-ordination.	Sandpapering Basketry.	Definite improvement.		

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	7.
20.	P.A.	M	27	Nerve injury to deltoid muscle	11	1	Patient complained of severe pain on any movement of shoulder. No marked wasting of muscles.	Rug making on special loom. Basketry Joinery.	Very little result.	Patient claimed he must keep hand in pocket otherwise could not stand the pain & it was a long time before he could be persuaded to try anything. Insurance Co. paid for treatment. He was only concerned with what his solicitor would advise him to do.	
21.	T.E.	M	48	Laceration of right forearm 8 mths. ago. Slow healing with limitation of movement.	2	1	-	-	-	-	
22.	W.A.	M	50	Bilateral valgus feet.	6	1	Pain in both feet when standing or walking.	Bicycle sawing.	No positive result	-	

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	8.
23.	G.G.	M	57	Severe cut of hand osteomyelitis of carpus.	24	3	Fingers and wrist of right hand very limited in movement.	Weaving on box loom. Light joinery.	Slight improvement	-	
24.	S.J.	M	59	Contraction and ankylosis of left fingers (old fracture).	17	2	-	Weaving, hammering and screwing in splint to isolate movement.	Definite improvement	-	
25.	P.L.	F	44	Colles fracture of left arm.	9	2	Stiffness of wrist and fingers.	Weaving, stool seating, basketry, joinery.	Very good result	-	
26.	P.C.	F	78	Colles fracture of right arm.	41	8	Stiffness of wrist and fingers.	Weaving, basketry.	All movements of wrist & fingers were normal when discharged.	Fracture healed first in bad position, was broken again & reset under anaesthetic & put in plaster for four weeks.	
27.	M.S.	M	53	Colles fracture of right arm.	36	4	Forearm in plaster, Fingers swollen.				

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	9.
28.	M.W.	M	62	Fracture of metacarpus 1, 4,5, amputation of 5th finger, crushed hand.	53	7	Several spots not yet healed. Movements of wrist only slightly reduced, no active movements in metacarpophalangeal or finger joints.	Joinery. Weaving. Basketry.	Mobility of fingers has improved so much that patient was able to make bookshelf of oak without help & also hold a pencil and write.	When first came patient very suspicious whether it would help him at all, but soon became most interested in his work & was very co-operative.	
29.	H.A.	M	42	Posteocephalitis	21	3	Typical symptoms and tremor in right hand.	Joinery.	Although no positive physical result, psychological improvement was shown.	Patient got tired very quickly and had to rest after a few minutes work.	
30.	L.E.	F	30	Dislocation of left elbow.	1	-	-	-	-	-	
31.	L.W.	M	64	Arthritis of metacarpophalangeal joint of 1st finger with wasting of 1st interosseus muscle.	27	4	First finger goes over second when patient tries to flex, painful flexion very limited.	Joinery.	Movements less painful, range of movements has increased considerably.	Patient very co-operative.	

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	10.
32.	BCH	M	37	Fracture of os calcis	7	2	Ankle has very little movement. Painful. Patient walks with stick.	Bicycle saw.	Ankle slightly more mobile	-	Patient is not co-operative.
33.	P.W.	M	61	Ankylosis of left wrist following an operation.	21	3	Left wrist stiff	Weaving a scarf on special loom.	No positive result.	-	
34.	A.F.	M	24	Fractured radius, dislocated ulna.	9	1	Movements of left wrist limited, supination in particular.	Joinery.	Slight improvement		
35.	P.W.	M	51	Fracture of radius and ulna.	31	2	Movements in shoulder, elbow wrist and finger limited, patient cannot take off his coat without help.	Painting, Joinery, Gardening, Carrying bricks in a wheelbarrow, Carrying long rafters.	All movements gained nearly their full normal range.		Very co-operative, discharged to work.
36.	S.F.	M	67	Fractured proximal phalanx of 3rd & ring finger.	12	1	Flexion of fractured fingers in all joints, especially in the	Gardening, Weaving, Rug making (heavy work).	Mobility has improved considerably.		

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	11.
							metacarpophalangeal, limited.				
37.	T.A.	M		- Compound fracture of proximal phalanx of ring finger. Simple fracture of little finger.	31	2	Third & fourth fingers fixed in the proximal interphalangeal joints, even passive extension impossible.	Joinery.	Both fractured fingers are nearly straight & can be flexed as well as extended	Very co-operative.	
38.	B.N.	F		- Compound fracture of inner three fingers.	34	2	All fingers of right hand except thumb are flexed & fixed in this position, only index finger can be extended a little.	Weaving on special loom. Basketry. Rug making.	Right hand can now be opened actively up to about 90%	Co-operative.	
39.	B.W.	M	57	Fractured right humerus (lower third), stiff shoulder & elbow.	10	1	Shoulder- flexion 80 extension normal Abduction 85 rotation outer 2/3 rotation inner normal Elbow- flexion 70 extension 120.	Joinery.	Shoulder- flexion 120 extension normal abduction 95 rotation outer $\frac{1}{2}$ rotation inner normal Elbow- flexion 65 extension 130.	Very co-operative.	
40.	P.W.	-	-	- Crushed hand, fractured metacarpals and phalanges.	28	2	All fingers except thumb in semi-flexed position & very stiff.	Painting. Joinery. Gardening.	Mobility & strength of fingers improved considerably.	Very co-operative.	

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	1.
1.	A.J.	M	30	Bilateral Colles Fracture	41	7	Bones united, hyper extension of wrist poor, flexion half normal, pronation good, supination poor, flexors and intrinsic muscles of 1st and 2nd fingers of left hand.	Cord knotting, carpentry, stool seating, block printing.	Mobility of both wrists very much improved, supination normal, no difference between the appearance of the fingers of both hands. Patient has not yet regained his full strength.	Accident caused by fall off ladder. Anxiety state, nightmares of car accidents. Patient attended very irregularly and the treatment was sometimes rather difficult and he was not very co-operative.	
2.	H.V.	F	23	Tubercular osteitis of right hip and lower spine	33	3	Physical activities are rather limited owing to stiffness of hip and vertebral column. Limping was very pronounced.	Weaving on a big loom. Typewriting.	Range of movement increased, movements performed with less effort. Patient could move around with no very marked show of disability.		

LIST OF 40 PATIENTS' PHYSICAL TREATMENT AT THE
 ALLENDALE PHYSICAL OCCUPATIONAL THERAPY CENTRE,
 BRISTOL.

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks
3.	M.A.	M	53	Acute infectious polyneuritis	48	4	In both arms flexion nearly complete, extension controlled, rotation poor. Wrists no hyper-extension, flexion with tendency to pronation, fingers extension poor. Cramp in leg, drop foot gait. Affected muscles in all limbs considerably wasted.	Rug weaving on frame loom with sling suspension then bar support for arms and wrists. Work on bicycle saw and stool seating.	Muscles have improved remarkably, control of movements much better.	Patient could not dress alone, but has made such good progress that he went back to his former profession as car driver.
4.	M.W.	M	56	Chronic strain of right shoulder	16	2	Arm could be raised only to shoulder level.	Painting placed above shoulder level. Clipping high hedges.	Movements of shoulder almost normal.	
5.	S.H.	M	41	Arthrodesis of right shoulder after fractured head of humerus	11	1	Arm fixed in abduction to 65%.	Joinery.	Only little improvement of range of scapulo-thoracic movements.	

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	3.
6.	R.	M	62	Colles Fracture	13	2	-	Joinery	Improvement shown.		
7.	S.G.	M	61	Compound fracture of radius plus arthritis	54	5	Stiffness of shoulder, elbow wrist and fingers, the latter swollen, movements very limited and painful.	Weaving, first on hand loom later on treadle loom. Sandpapering. Warp milling.	Patient has regained most of his normal range of movements.	Was very depressed at beginning but cheered up quickly as he progressed.	
8.	W.B.	M	48	Compound fracture of lower third of radius and ulna, right side. Arthritis of right shoulder	56	9	On admission arm in plaster for another 3 weeks. Fingers were free (no plaster) but were swollen and could hardly be moved. Shoulder stiff and painful. 3 months later shoulder was manipulated and forearm again put in plaster as a precaution because old fracture was sprained during operation.	Weaving on small loom with lever change adjustable for all wrist movements. Sandpapering for all movements of shoulder, elbow, fingers and wrist. Canework. Weaving on big loom.	Movements in shoulder joint still restricted, and so is supination. Movements of wrist and of the metacarpophalangeal joints are good, but flexion & extension of proximal and distal phalangeal joints cover only about 50% of the normal range.	Patient had to interrupt the treatment for various reasons several times.	

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	4.
							Fingers swollen again, much pain, treatment temporarily suspended.				
9.	W.R.	M	51	Fractured cervicle spine with hemiplegia of the right side 2 years ago. Hysterical elements.	12	2	There is weakness and spasticity of right leg and arm. Gait uncertain. Must walk with stick. Co-ordination of movements poor. Lack of self-confidence.	Joinery	Patient walked without stick, became more interested in work and was more hopeful.		
10.	B.G.	F	64	Fracture of left radius and ulna, compound. 3 months before admission.	12	2	Left wrist completely stiff. Flexion of fingers very poor, thumb good.	Weaving on a frame with bar support. Sandpapering. Hammering to decorate book-ends (arm in splint at first to isolate movement).	Marked improvement. Could do all her own housework by the time she left.		
11.	B.H.	M	30	Fracture of scaphoid right. Fracture of 2nd & 3rd metacarpal: 6 months ago.	1	-	Right wrist full movement, fingers stiff. Large element of neurosis.	-	-	-	

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	5.
12.	C.F.J.	M		Tendons of all flexors supplying 2nd-5th fingers as well as ulnar nerve cut above right wrist. Sutured by operation.	1	-	-	-	-	-	
13.	C.H.	M	22	Tendons of flexors supplying 4th & 5th fingers & ulnar nerve cut above wrist. Sutured by operation.	58	2	Contraction of flexors of 4th & 5th fingers "main-en-griffe". Stretching of fingers very painful.	Sandpapering. Stool seating. Basketry. Blockprinting. Weaving.	In spite of all efforts the tendons remained contracted, but it was less painful when passively stretched.	Patient attended Allendale very irregularly & was sometimes very difficult so that even hospital refused his further treatment.	
14.	L.E.	M	61	Compound fracture of middle phalanx of right third finger.	9	1	Third finger was swollen and completely stiff.	Joinery.	When patient closed his hand could flex his 3rd finger fairly well in metacarpophalangeal but not in interphalangeal joints.		

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	6.
15.	NES.	F	54	Colles fracture left side.	9	2	Forearm in plaster, fingers swollen with violet & blue spots.	Weaving on a frame.	Mobility of fingers nearly normal, supination still limited.	Accident happened only 4 days before admission	
16.	M.	M	-	Traumatic neurosis	4	1	Giddiness when looking upwards. Profound sweating of the face.	Gardening	No positive result.	Patient resumed his former work.	
17.	B.V.	M	18	Paresis of left Musculo-spiral nerve.	4	2	Musculo-spiral nerve cut at elbow, operated immediately after accident (10 mths. ago). "Dropped wrist" muscles of forearm & hand atrophied.	Rush plaiting with table support against gravity.	No positive result, patient unable to continue treatment owing to cost of travel & distance.		
18.	G.R.	F	27	Paralysis of median and ulnar nerve.	9	2	Weakness of flexor of fingers & intrinsic hand muscles.	Sandpapering Basketry.	Very marked improvement.		
19.	WGA	M	19	Cerebral palsy right hand Epilepsy.	29	4	Spastic paralysis of right hand. Lack of co-ordination.	Sandpapering Basketry.	Definite improvement.		

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks
20.	P.A.	M	27	Nerve injury to deltoid muscle	11	1	Patient complained of severe pain on special on any movement of shoulder. No marked wasting of muscles.	Rug making on special loom. Basketry Joinery.	Very little result.	Patient claimed he must keep hand in pocket otherwise could not stand the pain & it was a long time before he could be persuaded to try anything. Insurance Co. paid for treatment. He was only concerned with what his solicitor would advise him to do.
21.	T.E.	M	48	Laceration of right forearm 8 mths. ago. Slow healing with limitation of movement.	2	1	-	-	-	-
22.	W.A.	M	50	Bilateral valgus feet.	6	1	Pain in both feet when standing or walking.	Bicycle sawing.	No positive result	-

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	8.
23.	G.G.	M	57	Severe cut of hand osteomyelitis of carpus.	24	3	Fingers and wrist of right hand very limited in movement.	Weaving on box loom. Light joinery.	Slight improvement -		
24.	S.J.	M	59	Contraction and ankylosis of left fingers (old fracture).	17	2	-	Weaving, hammering and screwing in splint to isolate movement.	Definite improvement -		
25.	P.L.	F	44	Colles fracture of left arm.	9	2	Stiffness of wrist and fingers.	Weaving, stool seating, basketry, joinery.	Very good result -		
26.	P.C.	F	78	Colles fracture of right arm.	41	8	Stiffness of wrist and fingers.	Weaving, basketry.	All movements of wrist & fingers were normal when discharged.	Fracture healed first in bad position, was broken again & reset under anaesthetic & put in plaster for four weeks.	
27.	M.S.	M	53	Colles fracture of right arm.	36	4	Forearm in plaster, Fingers swollen.				

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	9.
28.	M.W.	M	62	Fracture of metacarpus 1, 4,5, amputation of 5th finger, crushed hand.	53	7	Several spots not yet healed. Movements of wrist only slightly reduced, no active movements in metacarpophalangeal or finger joints.	Joinery. Weaving. Basketry.	Mobility of fingers has improved so much that patient was able to make bookshelf of oak without help & also hold a pencil and write.	When first came patient very suspicious whether it would help him at all, but soon became most interested in his work & was very co-operative.	
29.	H.A.	M	42	Posteocephalitis	21	3	Typical symptoms and tremor in right hand.	Joinery.	Although no positive physical result, psychological improvement was shown.	Patient got tired very quickly and had to rest after a few minutes work.	
30.	L.E.	F	30	Dislocation of left elbow.	1	-	-	-	-	-	
31.	L.W.	M	64	Arthritis of metacarpophalangeal joint of 1st finger with wasting of 1st interosseus muscle.	27	4	First finger goes over second when patient tries to flex, painful flexion very limited.	Joinery.	Movements less painful, range of movements has increased considerably.	Patient very co-operative.	

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	10.
32.	BCH	M	37	Fracture of os calcis	7	2	Ankle has very little movement. Painful. Patient walks with stick.	Bicycle saw.	Ankle slight-	Patient is not	
									ly more mobile	co-operative.	
33.	P.W.	M	61	Ankylosis of left wrist following an operation.	21	3	Left wrist stiff	Weaving a scarf on special loom.	No positive result.	-	
34.	A.F.	M	24	Fractured radius, dislocated ulna.	9	1	Movements of left wrist limited, supination in particular.	Joinery.	Slight improvement		
35.	P.W.	M	51	Fracture of radius and ulna.	31	2	Movements in shoulder, elbow wrist and finger limited, patient cannot take off his coat without help.	Painting, Joinery, Gardening, Carrying bricks in a wheelbarrow, Carrying long rafters.	All movements gained nearly their full normal range.	Very co-operative, discharged to work.	
36.	S.F.	M	67	Fractured proximal phalanx of 3rd & ring finger.	12	1	Flexion of fractured fingers in all joints, especially in the	Gardening, Weaving, Rug making (heavy work).	Mobility has improved considerably.		

No.	Name	Sex	Age	Diagnosis	No. of treatments over a	Period of months	Conditions on admission	Occupation given	Results	Remarks	ll.
							metacarpo-phalangeal, limited.				
37.	T.A.	M	-	Compound fracture of proximal phalanx of ring finger. Simple fracture of little finger.	31	2	Third & fourth fingers fixed in the proximal interphalangeal joints, even passive extension impossible.	Joinery.	Both fractured fingers are nearly straight & can be flexed as well as extended	Very co-operative.	
38.	B.N.	F	-	Compound fracture of inner three fingers.	34	2	All fingers of right hand except thumb are flexed & fixed in this position, only index finger can be extended a little.	Weaving on special loom. Basketry. Rug making.	Right hand can now be opened actively up to about 90%	Co-operative.	
39.	B.W.	M	57	Fractured right humerus (lower third), stiff shoulder & elbow.	10	1	Shoulder- flexion 80 extension normal Abduction 85 rotation outer 2/3 rotation inner normal Elbow- flexion 70 extension 120.	Joinery.	Shoulder- flexion 120 extension normal abduction 95 rotation outer 1/2 rotation inner normal Elbow- flexion 65 extension 130.	Very co-operative.	
40.	P.W.	-	-	Crushed hand, fractured metacarpals and phalanges.	28	2	All fingers except thumb in semi-flexed position & very stiff.	Painting. Joinery. Gardening.	Mobility & strength of fingers improved considerably.	Very co-operative.	

Allendale Curative Workshop
The Promenade, Clifton Down, Bristol 8

Allendale Curative Workshop
The Promenade, Clifton Down, Bristol 8

PRESCRIPTION

Name..... Age.....years Sex.....

Address.....

Diagnosis.....

X-ray Report.....

History of Case.....

.....

.....

For what function and joint is Occupational Therapy desired -

Flexion	Fingers	right, left
Extension	Wrist	" "
Abduction	Forearm	" "
Adduction	Elbow	" "
Pronation	Shoulder	" "
Supination	Foot	" "
Rotation	Ankle	" "
Circumduction	Knee	" "
	Hip	" "
	Vertebral Column	
	Neck	
	Back	

Special remarks and precautions.....

.....

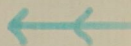
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Date..... Signature.....

1012/30

Allendale Curative Workshop
The Promenade, Clifton Down, Bristol 8

SUMMARY OF TREATMENT



e..... Age.....years Sex.....

osis Date of injury.....

..... Date admitted.....

rrred by..... Date discharged.....

..... No. of treatments.....

Its and observations from treatment.....

.....

.....

.....

Signature.....

1312/
30

Allendale Curative Workshop
The Promenade, Clifton Down, Bristol 8

HOSPITAL ALMONER'S REPORT

Name.....

Address.....

Present Occupation

Employer

Date of Employment.....

Further details of Employment.....

Compensation.....

Insurance

Name of Insurance Company.....

Significant Factors in Home Situation (social and financial).....

Signature.....

For the patient :—

Address : **Allendale Curative Workshop, The Promenade,
Clifton Down, Bristol 8**

Buses which serve : 18, 83, 89, to Suspension Bridge.

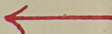
22 to Pembroke Road, and walk up Clifton Park.

Allendale Curative Workshop

Case 17

The Promenade, Clifton Down, Bristol 8

PRESCRIPTION



Name [redacted] Age 18 years Sex male

Address.....

Diagnosis 'Droit wrist' Musculo spinal nerve severed at elbow, sutured immediately after accident.

X-ray Report.....

History of Case Injury to left Musculo spinal nerve last October. Patient has had Physiotherapy continually since.

For what function and joint is Occupational Therapy desired -

- | | | |
|---------------|------------------|-----------------------|
| Flexion | Fingers | right left |
| ✓ Extension | Wrist | " " |
| Abduction | Forearm | " " |
| Adduction | Elbow | " " |
| Pronation | Shoulder | " " |
| Supination | Foot | " " |
| Rotation | Ankle | " " |
| Circumduction | Knee | " " |
| | Hip | " " |
| | Vertebral Column | |
| | Neck | |
| | Back | |

Special remarks and precautions Medical reaction shows

marked galvanic response, high Faradic

Date 2-8-39 Signature J. Mackintosh M.B. Ch.B.



V. B. 18. Working in glass factory.

History. Injury to left musculospiral nerve. October 1938. Musculospiral nerve severed at elbow sutured after accident.

Present condition.

Dropped wrist.

Occupational Therapy.

Plaiting rushes for basket making.

(Mobilising of wrist supported against gravity).



ALLENDALE CURATIVE WORKSHOP
The Promenade, Bristol 8.

Prescription

Name [redacted] Age 57 Years Sex M
Address 32 Holmfield Grove Clifton 8.
Diagnosis Fractured humerus (R)

←
stiff shoulder & elbows.

TELEGRAMS
"INFIRMARY, BRISTOL"
TELEPHONE 23064

FROM THE ALMONER
BRISTOL ROYAL INFIRMARY,
"CHARITY UNIVERSAL."
BRISTOL.

OUR REFERENCE

OP/WL. [redacted]

16th May, 1940.

32, Holmfield Grove,
Clifton. 8.

abr.

Dear Miss Macdonald.

Therapy desired?

I enclose a recommendation from Mr. Eyre-Brooke for the above patient to go to you for Occupational Therapy. His social circumstances are, that he is a widower living with his mother-in-law, 84, and his married daughter-in-law whose husband is in the Army. He himself receives 18/- National Health Insurance, and a further 18/- from the Hearts of Oak but as this is ceasing almost immediately, I have not entered it on my report.

right left
" "
" "
" "
" "
" "
" "

vertebrae.

I have given [redacted] the slip of directions, and told him to go and see you tomorrow morning at 10 a.m. As he lives close by, the question of fares will not arise.

Yours sincerely,

N. J. Taylor
M.P.P.

Handwritten signature: Humphrey G. Brook

Almoner.

Miss Macdonald,
Allendale Curative Workshop,
Clifton Down.

Date. 16.5.40

Signature. N. J. Taylor
M.P.P.

Handwritten signature: F. M. Macdonald

ALLENDALE CURATIVE WORKSHOP
The Promenade, Bristol 8.

Case 39

Prescription

Name [redacted] Age 57 Years Sex M
Address 32 Holmfield Grove, Clifton 8.
Diagnosis Fractured Humerus (R)
- stiff Shoulder & Elbow.
X-ray Report Lower 1/3 Humerus.
History of Case. Fracture - 3rd Febr.

For what function and joint is Occupational Therapy desired?

<u>Flexion</u>	}	Fingers	right	left
<u>Extension</u>		Wrist	"	"
Abduction	}	Forearm	"	"
Adduction		<u>Elbow</u>	"	"
Pronation	}	<u>Shoulder</u>	"	"
Supination		<u>Foot</u>	"	"
Rotation	}	Ankle	"	"
Circumduction		Knee	"	"
		Hip	"	"
		Columna Vertebrae.		
		Neck		
		Back		

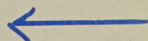
Special remarks and precautions.



Arthur G. Brooks
Signature

Allendale Curative Workshop
The Promenade, Clifton Down, Bristol 8

HOSPITAL ALMONER'S REPORT



Name... [redacted]

Address... 32. Holmfield Grove. Clifton 8.

Present Occupation... nil.

Employer... _____

Date of Employment... _____

Further details of Employment... _____

Compensation... none

Insurance... income :- 18/- N.H.I.

Name of Insurance Company... _____

Significant Factors in Home Situation (social and financial).....

Live at home - will have no fares.

Two's with married daughter - in-law.

8 mother - in-law (84) - Patient is a widow.

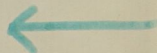
Date 16.5.46 Signature H. J. Taylor

RP:KE

[Handwritten scribbles]

Allendale Curative Workshop
The Promenade, Clifton Down, Bristol 8

SUMMARY OF TREATMENT



Name..... [redacted] Age 57..... years Sex..... M.....

Diagnosis Fractured Humerus..(rt.) Date of injury...3rd February, 1940.
Stiff Shoulder and Elbow

..... Date admitted.....17th May, 1940......

Referred by...Mr. A. Eyre-Brook..... Date discharged.....

..... No. of treatments...Daily for four weeks

Results and observations from treatment...Patient was given hedge clipping for elbow and shoulder mobility, and planing and sawing for elbow extension. Was very co-operative and worked well. Shoulder is apparently loosening up. How much extension will it be possible to get with intensive treatment of elbow?

Improving
extension of Elbow will always
be limited -

at present 135° - 140°
may get to 150° .

Shoulder will also be limited
in movement but is

improving
J. J. Eyre-Brook

F. M. Macdonald

Allendale Curative Workshop

The Promenade, Clifton Down, Bristol 8

PRESCRIPTION



Name (N^o) [redacted] Age 27 years Sex Female

Address 44 Robertson Road, Eastville Bristol

Diagnosis Paralysis Median ulnar Intimus hand muscle
lesion of Nerve fibres - Dec 1914

X-ray Report

History of Case Removal Cervical rib April 17. 1939

? Fibrous Band

by 1 & 4

For what function and joint is Occupational Therapy desired -

- | | | |
|---|---|-------------|
| Flexion <input checked="" type="checkbox"/> | Fingers <input checked="" type="checkbox"/> | right, left |
| Abduction <input checked="" type="checkbox"/> <i>opponens</i> | Wrist | " " |
| Extension | " " | " " |
| Abduction | Forearm <input checked="" type="checkbox"/> | " " |
| Adduction | Elbow <i>Fingers</i> | " " |
| Pronation | Shoulder <i>Forearm</i> | " " |
| Supination | Foot | " " |
| Rotation | Ankle | " " |
| Circumduction | Knee | " " |
| | Hip | " " |
| | Vertebral Column | " " |
| | Neck | |
| | Back | |
| Abduction <input checked="" type="checkbox"/> <i>opponens</i> | Thumb <input checked="" type="checkbox"/> | R |
| Adduction | Metacarpophalangeal <input checked="" type="checkbox"/> | R |
| <i>Flexion with adduction</i> | <i>of interphalangeal</i> | |

Special remarks and precautions Electrical re-education shows
no faradic response to intrinsic hand muscle
but the galvanic response is fairly nice - Dorsal
any response humeral

Date 28.7.39 Signature W. Stuttaford M.B.

period of treatment : wasted muscles regained their normal appearance,
and the pathological position of the hand was hardly noticeable.

K. BARRER.



27

Female

Paralysis of median
and ulnar nerve

Operation 17th April 1939
28th July 1939

21st September 1939

20

Patient was given sandpapering and polishing tray-base. Block with sandpaper had special adjustment. Arrangement was made so that the block had to be gripped in an arched position which was artificially maintained.

Cane work was started in splint which kept wrist in hyperextension.

Very marked improvement after short period of treatment : wasted muscles regained their normal appearance, and the pathological position of the hand was hardly noticeable.

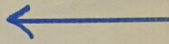
Vol 2/33

K. BARRER.

Allendale Curative Workshop
The Promenade, Clifton Down, Bristol 8

Case 35

HOSPITAL ALMONER'S REPORT



Name..... [redacted] 2.

Address..... 2 Windsor Terrace. St Pauls

Present Occupation..... Steel Erector.

Employer..... Stock and Collins.

Date of Employment..... accident November 12th 1929.

Further details of Employment.....

steel girder fell on arm at work.

Compensation..... 30/- a week

Insurance.....

Name of Insurance Company.....

Significant Factors in Home Situation (social and financial).....

wife, and 4 children, 2 of whom are working.



Date..... 8.4.40

Signature..... H.J. Taylor
Almoner

Date..... 9.4.40

Signature..... Sh Elliott

ALLENDALE CURATIVE WORKSHOP
The Promenade, Bristol 8.

Case 50.

Prescription

Name [redacted] Age 51 Years Sex M.
Address 2 Windsor Terrace St Pauls.
Diagnosis Old fracture of radius - slow

X-ray Report

History of Case.

For what function and joint is Occupational Therapy desired?

Flexion ✓	Fingers ✓	right	left ✓
Extension ✓	Wrist ✓	"	" ✓
Abduction	Forearm ✓	"	" ✓
Adduction	Elbow ✓	"	" ✓
Promation ✓	Shoulder	"	"
Supination ✓	Foot	"	"
Rotation	Ankle	"	"
Circumduction	Knee	"	"
	Hip	"	"
	Columna Vertebrae.		
	Neck		
	Back		

Special remarks and precautions.

Date 9.4.40

Signature.

J. Elliott

Old fracture of radius and
ulna.

November 12, 1939.

April 8, 1940

Mr. Priddie

20

: Patient was given

- 1.) Sandpapering and painting in adapted position to give him desired suitable shoulder, elbow and wrist movements.
- 2.) Hedge clipping with particular emphasis upon shoulder movement with continually increasing range.
- 3.) Lawn rolling and mowing for mobility plus strength of arm.

Patient now has had four weeks treatment, works well, good cooperation. Appears to have improved mobility of shoulder and elbow, but complained frequently of pain in lower forearm. After first week swelling in *(fingers)* appeared, but has since subsided.

10 30

Allendale Curative Workshop

The Promenade, Clifton Down, Bristol 8

PRESCRIPTION

Name..... [redacted] Age 29 years Sex M

Address..... 6 Factory St. Barken Hill Bristol.

Diagnosis..... Stiff fingers following Septic Hand.

X-ray Report..... N.A.P.

History of Case..... Deep cut flexor aspect of middle finger
2 months ago & infection

For what function and joint is Occupational Therapy desired -

{ Flexion } —	Fingers	right, left
	Wrist	" "
	Forearm	" "
	Elbow	" "
	Shoulder	" "
	Foot	" "
	Ankle	" "
	Knee	" "
	Hip	" "
	Vertebral Column	" "
Neck		
Back		



Special remarks and precautions.....

Date 31/5/60 Signature F. R. Huxford M.B.

When the O.T. School moved to BROMSGROVE
Dr. Casson moved to CLEVEDON,

MOUNT PLEASANT
CLEVEDON

ST. MARGARET'S
CLEVEDON

When the Blitzes in Bristol became bad, Dr.Casson
moved her patients to St. Margaret's, Clevedon,
Somerset.

MOUNT PLEASANT

VICTORIA ROAD

CLEVEDON, SOMERSET

Telephone : 2026 Clevedon

ST. MARGARET'S

WALTON-ST.-MARY

CLEVEDON

Telephone : 2627 Clevedon

(founded at Dorset House, Clifton, Bristol in 1929)

Staff:

ELIZABETH CASSON, O.B.E., M.D., D.P.M.

Visiting Psychiatrist:

GERALD DE M. RUDOLF, M.R.C.P., D.P.M., D.P.H.

Matrons:

MISS F. A. M. GARDEN, R.G.N., R.M.N.

Late Matron of Warneford Hospital, Oxford

MISS M. L. PECK, R.M.N.

Occupational Therapist

MISS L. M. JONES, M.A.O.T.

Physical Exercises and Training

MISS JOYCE TURNER, M.M.M.

MOUNT PLEASANT, Victoria Road, Clevedon

A REGISTERED Nursing Home for those requiring treatment for medical conditions, slight nervous disorder or old age.

Modern physical and psychological treatment is provided and includes occupational therapy under the direction of Dr. Elizabeth Casson, the Founder of the Dorset House School of Occupational Therapy, Oxford. Exercises for movement and muscle re-education are given by a specially trained staff.

Terms, from £6 6s. od. weekly, include daily medical attention and routine treatment.

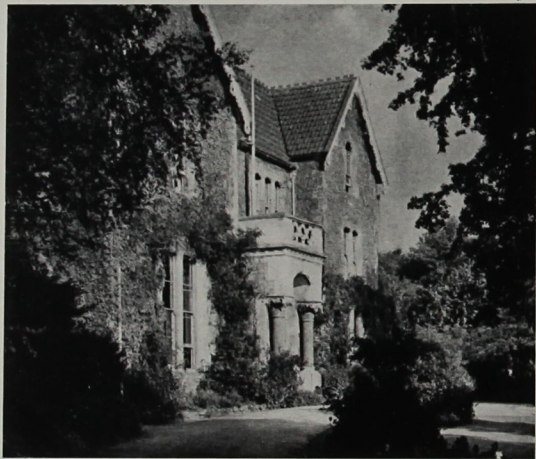
Patients are received for short or long periods, and the individual is especially considered by experienced and understanding nurses who do not wear uniform and who are trained to appreciate the varying needs of each patient.

As the Nursing Home is situated in a small town, all patients able to do so are encouraged to take part in the usual life of the community. The sea and country are at the doors, and there is an extensive view from the windows over the Mendips, the Bristol Channel, and the Welsh mountains.

ST. MARGARET'S, Walton, Clevedon

A doctor's house where those requiring medical treatment, rest, and quiet are received. There is a large garden, but all those able to go out do so freely. Occupational Therapy and exercises are provided at both nursing homes and at a separate house close to St. Margaret's.

Full particulars can be obtained from Dr. Casson, St. Margaret's, Walton, Clevedon, Som.
Telephone: Clevedon 2627.



ST. MARGARET'S, WALTON, CLEVEDON



MOUNT PLEASANT, VICTORIA ROAD, CLEVEDON



ST. MARGARET'S



MOUNT PLEASANT

When the Blitzes in Bristol
became too bad to
stand



A CORNER OF GARDEN AT ST. MARGARET'S



VIEW FROM MOUNT PLEASANT



GENERAL VIEW OF CLEVEDON AND BRISTOL CHANNEL

THEORY OF OCCUPATIONAL THERAPY

by **NORAH A. HAWORTH**

M.A. (Cantab.), M.R.C.S., L.R.C.P., D.P.H., late Senior Assistant Medical Officer, Severalls Mental Hospital, Colchester, and Hon. Assistant Physician, Lady Chichester Hospital for Functional Nervous Diseases, Hove.

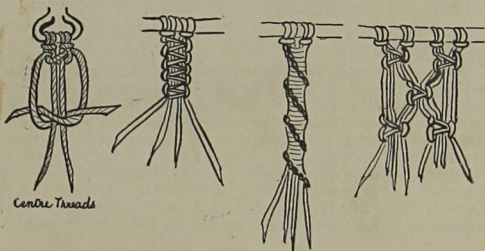
and **E. MARY MACDONALD**

Principal, Dorset House School of Occupational Therapy, and Occupational Therapist in charge of Allendale Curative Workshop, Bristol; Member of the Association of Occupational Therapists.

WITH A FOREWORD BY

SIR ROBERT STANTON WOODS

M.D., F.R.C.P. Consultant Adviser in Physical Medicine to the Ministry of Health; Physician in charge of the Dept. of Physical Medicine at the London Hospital.



Cord Knotting

(a) Solomon's Knot for dog leads and belts

(b) Twisted Solomon's Knot

(c) Split Solomon's Knot

About 150 pages, with 80 Illustrations. Probable price, \$2.00. To be published in October 1940.

A WILLIAM WOOD BOOK
THE WILLIAMS & WILKINS COMPANY
BALTIMORE

FIRST O.T. BOOK by E.M.M. (& N. Howarth)

THEORY OF OCCUPATIONAL THERAPY FOR STUDENTS AND NURSES.

By NORAH A. HAWORTH, M.A. (Cantab.), M.R.C.S., L.R.C.P., D.P.M., and E. MARY MACDONALD, with foreword by Sir ROBERT STANTON WOODS, M.D., F.R.C.P. Baillière, Tindall & Cox, London. 1940. Price 6s.

Especially because of the recent increased interest in and development of occupational therapy, the appearance of a book of a handy size written by two experts on the subject is very welcome. It includes chapters on occupational therapy as applied in mental disorders, tuberculosis and cardiac disease, surgical and orthopaedic cases, and adequate details are given as to the organisation, staffing, equipment, etc., of an occupational therapy department. The section on mental disorders is extremely well done, but the book as a whole can be thoroughly recommended to all those interested in the subject, and every student and nurse should buy it and study it.

Points to Note

Scope and Intention

This book has been produced to meet the demands for a handbook on the theory of occupational therapy, as the fields in which occupational therapy is proving a valuable adjunct to medical science are constantly extending. Its value in mental hospitals and sanatoriums has been recognised for some time past; it is now being used more and more in the treatment of orthopaedic and surgical cases, recent treatment of industrial injuries having shown its extreme importance in speeding up recovery and fitting the patient to take his place once more in normal life. In doing this it plays a part that can never be assumed by passive therapy alone. It is likely that the scope of occupational therapy will be further increased by the need to rehabilitate certain classes of war casualties.

* * *

Who Interested

A book of this kind is needed by a growing body of workers—students of occupational therapy; occupational therapists working in mental hospitals, sanatoriums, general hospitals and curative workshops; nurses in mental hospitals, and medical officers preparing mental nurses for their final examinations. Much that should prove useful to those responsible for the treatment of orthopaedic cases, industrial injuries and war casualties may be found in the section of the book concerned with curative workshops and in the appendix.

* * *

Contents

The book contains an historical survey of the development of occupational therapy; deals fully with its application in the therapeutic treatment of mental disease, and contains a special section on the theory and practice of occupational therapy in mental nursing, including details of indispensable crafts, illustrated by diagrams. Further chapters consider occupational therapy in the treatment of tuberculosis, cardiac disease and orthopaedic and surgical cases; the organisation of occupational therapy departments and curative workshops, including lists of apparatus and materials required; practical suggestions on financial management and the use of waste material.

* * *

Practical Instruction

There is definite practical instruction given in the practice of occupational therapy, and an Appendix contains diagrams illustrating apparatus suitable for use with bed patients, and apparatus for use in workshops adapted especially for orthopaedic use. Finally, there is a Bibliography of reference books for further study of occupational therapy and allied subjects, and a list with addresses of suppliers of apparatus and materials.

(3) The patient's mental capacity at the time of treatment. If depressed patients are given work which they are at the time incapable of doing, they will become more depressed, lose interest and probably give it up, telling you that "they knew they were no good at anything." On the other hand, if an intelligent patient is given something mechanical that requires very little attention, he or she will do it mechanically and may be occupied for the whole period of the class, but the therapeutic value of the work will be nil. This was illustrated by a restless patient suffering from distressing auditory hallucinations who was sent to the occupational therapy class shortly after her admission to hospital. She was put to rug-making on a loom. The work was new to her and occupied all her attention. She said that while she was busy she did not "hear the voices"; she looked forward to the class and improved steadily for about a fortnight. Then she became restless and hallucinated again and her work no longer helped her. She was making a plain rug and could now work mechanically. As soon as she was put to work on another rug in which a complicated pattern was being introduced and which required her whole attention, she again began to improve. The work chosen should demand the patient's whole attention and the standard must be raised as the patient improves.

3. Consider the arrangement of your room. Asocial, solitary patients should sit with friendly patients; over-active, interfering patients should sit at separate tables; let new patients who do not seem anxious to join the class examine things that have been or are being made; some patients who have learned a craft may be helped considerably to regain their self-confidence by allowing them to instruct and help other patients. Where possible, display finished articles: it gratifies the maker and stimulates others.

Extract from Ch. 4.

Joint.	Movements Involved.	Suggested Occupations.
Knee	Flexion, extension.	Bicycle saw. Bicycle sewing machine. Foot bellows. Lathe. Pottery wheel (clay not good for arthritic patients).
Ankle and Foot.	Flexion, extension. Inversion, eversion.	Treadle saw. Bicycle saw } with adjustments Bicycle sewing } in way of machine } pedals.

In these particular cases no craft in which muscles remain in one position for any length of time is good. Muscles must have constant relaxation from a fixed position. The actual movement is far more essential than a permanent state of grip.

It is impossible to lay down a generalised ruling for treatment of cases—they must be treated individually.

In long-standing cases where it is considered impracticable to attempt to gain complete extension, it is of greater value to the patient to exercise and increase range of flexion.

In re-education of the muscles of the hand, some occupation in which tools must be repeatedly picked up, grasped, and put down should be chosen. The amount of strength required in some of these occupations may be gradually increased, e.g. by increasing the thickness of the wood used or the weight of the hammer, by adding weights to treadles in loom weaving; the size of the handle of the hammer may be reduced as a means of improving the flexion of the fingers. This should be done gradually as the patient's condition improves.

DORSET HOUSE SCHOOL OF OCCUPATIONAL THERAPY

CLIFTON DOWN, BRISTOL 8

These courses were to have been started at Bristol, but, owing to the blitzes and the evacuation of the School to Bromsgrove, they were started at Barnsley Hall.

SPECIAL Wartime Training Courses
for Occupational Therapists.

Telephone } 35195 Bristol
Telegrams }

Medical Director : ELIZABETH CASSON, M.D., D.P.M.

Principal : Miss E. M. MACDONALD, Diploma of Dorset House School of Occupational Therapy, N.S.A.M. Craft Teachers' Certificates.

Assisted by a staff of Trained Occupational Therapists.

IN order to meet the unprecedented demands for Occupational Therapists to treat Service and Civilian casualties, the Dorset House School of Occupational Therapy applied to the Association of Occupational Therapists for their co-operation in a scheme for shortened courses, to enable candidates with previous experience to qualify rapidly. The Association agreed to this and to hold special examinations.

The two fields from which the main demand for treatment of cases come are those of: (a) Physical disabilities, and (b) Psychological disabilities.

Three courses have been arranged by the Dorset House School. In each case candidates must hold a Diploma or Certificate of Training ~~and have had at least two years' professional experience since gaining the Certificate or Diploma.~~ Candidates will only be accepted by the School after a six-weeks' probationary period, which is part of the course.

FOR TREATMENT OF PHYSICAL CASES ONLY

I. For those holding C.S.M.M.G. or similar Certificates.

- * Ensuring a previous knowledge of Anatomy, Physiology, Pathology, and Symptomatology of Surgical and Medical Diseases.

Lectures to be given in Psychology and Normal and Abnormal Mental States, Craft work, and Theory of Application of Crafts.

**FOR TREATMENT OF PSYCHOLOGICAL CASES
ONLY**

**2. For a State Registered Mental Nurse or a R.M.P.A.
Certificated Mental Nurse.**

- * Ensuring a previous knowledge of Psychology, Symptomatology of Mental Diseases and Disorders.

Lectures to be given in Anatomy and Physiology, Craft work, and Theory of Application of Crafts.

**3. For a Teacher with adequate Craft experience and
Craft Certificates.**

- * Ensuring a previous knowledge of Crafts.

Lectures to be given in Psychology, Anatomy and Physiology, Symptomatology of Psychoses, Psychoneuroses, etc., and Theory of Application of Crafts.

For All.—Some slight revision of subjects listed under sections (*).

Each Course is planned to cover ⁶~~10~~ months, and practical experience will be arranged as facilities in local hospitals allow.

The Association of Occupational Therapists has agreed to hold the following examinations :—

June, 1941—

Preliminary Examination Fee £2 2s.

November, December, 1941—

Final Examination £5 5s.

The Full Course for the Final Examination of the Association of Occupational Therapists is 2½ to 2⅞ years, but all candidates with previous qualifications can shorten this according to the time they need for study.

Cost of the Course

TUITION, £35, Excluding : Books, Uniform and Materials.
(These may be Estimated at £15.)

RESIDENCE, IF AVAILABLE—

35s. per week, sharing a room.
2 Guineas per week, single room.

or
by
arrangement

Working Hours

(Approx.)—9.15 a.m. to 1 p.m.
2 p.m. to 4 p.m.
4.30 p.m. to 6.30 p.m.

with possibility of evening study and craft work.

Note.—The Course offered is intensive and is designed to meet an urgent need. No apology is made for the hours, and it is suggested that only candidates who are prepared to accept these conditions should consider the ~~10~~ months' training.

~~Date for entering upon Courses, January 28th, 1941.~~
~~Resident Students, January 27th, 1941.~~

TWO WEEKS' HOLIDAY WILL BE GIVEN DURING THE COURSE.

The conditions of enrolment for the Course are as follows :—

1. The School cannot guarantee anything in the way of posts, although it is prepared to do all it can to meet the requirements of the Medical Profession and of the Students.
2. The Course may have to be transferred from Bristol, if this is deemed wise and necessary, or it may have to be terminated at short notice by the School if circumstances prevent its continuance.
Similarly—any student may leave at short notice and will only be charged fees in ratio to whatever training he or she has had up to that date.
3. Everything possible will be done to provide the necessary training, but the School cannot promise to do more than plan each section of the Course with the best facilities available *at that particular time.*

Candidates willing to train under the above conditions are asked to write for Application Forms to The Principal.

DORSET HOUSE SCHOOL

PART IV

Then came the war. Until France fell, Bristol was little affected. Dr. Casson felt, however, that as the 1914-18 war had precipitated the establishment of Occupational Therapy in Canada and America, so, in this war, the importance of Occupational Therapy might become better recognized here. Representatives of the Services and of the Ministry of Health paid several visits to Dorset House and the Allendale Curative Workshop. All showed great interest, particularly in the wood-work, gardening and heavy basketry.

Dr. Casson was suddenly asked if the Dorset House School would train large numbers of Occupational Therapists for hospitals all over the country and some for abroad.

Then France fell. Blitzes came and for a time Occupational Therapy went literally into the cellars. Finally, Bristol became an impossible place in which to run a nursing home or train students. Patients were dispersed—a few being taken to Clevedon with Dr. Casson. The School which dwindled to ten gallant and tenacious students struggled on for some weeks. Ultimately the students had to be sent home and taught by correspondence, while new premises were sought. Finances were at their lowest ebb—(everything had always gone into the expansion of the work)—and the School was on the verge of closing. A temporary loan from a legacy, then a generous gift from the Lord Mayor's Air Raid Distress Fund, coupled with the offer of premises by the Ministry of Health—saved the School.

After many disappointments, Dr. Shepherd of Barnsley Hall Hospital, Bromsgrove, Worcestershire, came to the rescue by a warm-hearted and generous invitation to accept hospitality in his emergency hospital, and his Committee and the Ministry of Health strongly supported his offer. Miss Macdonald with Miss MacCaul, Miss Harris and Miss Oldnall (Dr. Casson's Secretary, who came to help with the re-establishment), and the ten students, were soon settled at Bromsgrove. The School cannot be grateful enough for the unfailing kindness and help received from everybody there during the five years' stay.

An excellent curative workshop was set up, as part of the unit, under the direction of Miss G. MacCaul, and became a very great inspiration in the rapid development and spread of Occupational Therapy in E.M.S. hospitals all over the country.

Owing to war conditions Dorset House was for a short time the only surviving School. It had a patients' treatment department attached, where through carefully prescribed and closely supervised occupations, improvement in patients' conditions

was giving demonstrable evidence of the value of Occupational Therapy. To the hospital and School came able and critical visitors from all parts of the world. This made all those connected with the experiment very much aware of, and somewhat fearful for, their responsibilities. They knew that the reports of these visitors would have a very real influence on important decisions taken in relation to the future of Occupational Therapy.

After much negotiation and at the request of the Ministry of Health, the School agreed to organize war-time training courses to ensure a rapid and reasonably adequate supply of workers for other hospitals. The candidates were selected and given courses in line with their previous qualifications—Nurses, Physiotherapists, and Craft Teachers were among the trainees for the more responsible grades. Candidates without previous qualifications were given a brief training to enable them to act as Auxiliaries to the more fully qualified workers. Students entered every quarter for a six months' course; the Association ran examinations four times a year, and a regular flow of workers moved out into the hospitals. These courses which started in 1941 were subsidized by the Ministry of Health. The first financial allocation for the experiment was small, but by 1943 the value of the work had been so well proved that it encouraged the Government to arrange a subsidy five times as large. This is a very real tribute to the hard work, in difficult conditions, with serious frustrations, and with the all too brief trainings, of the war-time candidates.

Altogether over 200 Ministry of Health candidates were trained, 75-80 of them having since returned to complete their diplomas. Meanwhile, the full 2½-year course (as it was then) was allowed to continue and there is no doubt that this acted as a binding thread of stability through the background of the very hectic shorter trainings. By 1945 the lists also showed that, since its beginning in 1930, the School had trained over 200 long-term candidates.

Mrs. Kuemmel had joined the School as Staff member and Miss Owen and Miss Kidston (with previous graduate qualifications) had joined as student staff, the two latter qualifying in Occupational Therapy later and making a continuing contribution towards the training of students. All the courses were carried out at a high pressure, students and staff working gallantly and until late hours. Some share was taken in hospital activities, and the Christmas parties in true Dorset House tradition, were much enjoyed breaks in the busy routine.

Dr. Casson paid the School frequent visits and, with the recovery of the finances of her nursing homes and the re-quisioning of the empty premises (the original Dorset House) in Bristol, she continued her generosity and encouragement in experiment and expansion.

One of the highlights of the Bromsgrove days was the visit of the Princess Royal—which was a sequel to the Royal invitation Dr. Casson had received to tell Queen Mary about the Occupational Therapy work and to take tea with her at Badminton. Queen Mary has since graciously accepted an album of photographs of the School and workshops. Both Queen Mary and the Princess Royal showed keen interest in—and a wonderful understanding of—the work of Occupational Therapy.

The war ended and the Barnsley Hall Emergency Hospital at Bromsgrove was due to close down. After what seemed another un-ending search the School was lucky in finding spacious hatted premises in the grounds of the Churchill Hospital in a good position on the top of Headington Hill, Oxford, and Harberton House with its gardens, orchard and tennis courts as a very pleasant hostel for the younger students.

OCCUPATIONAL THERAPY

SIR.—In your leading article of Feb. 19 attention is drawn to the present shortage of occupational therapists, and as you suggest that such training cannot begin too soon it may be of interest to record what has already been done, largely owing to the activities of the Emergency Medical Service.

Three years ago the Ministry of Health invited the Dorset House School of Occupational Therapy from Bristol to the Barnsley Hall EMS Hospital, Bromsgrove, and provided it with generous accommodation in huts. Special grants were made by them to suitable candidates so as to make personnel available as quickly as possible while maintaining a high standard of professional efficiency. As suggested in your article, physiotherapists had in their training covered much of the ground needed in anatomy and physiology, and those who have qualified from physical training colleges and some craft teachers have been particularly successful candidates, because they have had experience of handling classes as well as individuals.

Special courses were instituted to give all students a good working knowledge of psychology and an understanding of functional disabilities, together with intensive teaching on joinery, weaving and other necessary crafts and their remedial application. All students take the examinations of the Association of Occupational Therapists in anatomy and physiology and all other crafts required for their work, a special war diploma having been instituted as well as an examination for short-course auxiliaries. Training includes hospital practice in curative workshops already provided in all the large orthopaedic hospitals, and joiners, builders, gardeners and other technicians are at work under the head occu-

pational therapists. Lathes, benches and heavy looms are available to work up the patients' muscle tone. Though the student must be trained in lighter crafts for weak muscles, it is thoroughly understood that there must be nothing in her work of the dabbling amateur in embroidery and raffia. Occupational therapy includes the supervision of such subjects as shorthand, languages and dressmaking, though classes for these are usually provided for the hospital patients by the local education committee. The occupational therapist must learn to organise the assistance provided by auxiliaries who have taken a short special course to work under her, and by voluntary helpers who give valuable assistance in recreational activities such as music, games, light needlework and the choice of books.

The full course of training for an occupational therapist takes 2½ years, but after the first year hospital practice gives an opportunity for much useful work even before qualification. The special war courses can be as short as 6 months for suitable candidates.

The Dorset House School has provided 98 fully qualified occupational therapists since its foundation, and has had the privilege of staffing two of the EMS hospitals you mention, Ashridge and Horton, besides a number of others that are being used by the EMS for their special short instructional courses for doctors and other members of the new rehabilitation staffs. Nineteen more students and 17 auxiliaries are about to qualify, and 57 are in training as well as 21 auxiliaries. Including those trained elsewhere, the Association of Occupational Therapists had 108 full members at the time of its 1942 annual report, and the number must now be much higher. A film illustrating its methods of training used at the Barnsley Hall School is available for medical audiences, and visitors to the school are always welcome.

Dorset House School of
Occupational Therapy,
Bromsgrove.

ELIZABETH CASSON,
Medical Director.

LETTERS FROM DR. CASSON RE BROMSGROVE O.T. COURSES

OCCUPATIONAL THERAPY

To the Editor of the *Manchester Guardian*

SIR.—The co-operation mentioned in your paragraph "Cripples' New Hope" between the Empire Rheumatism Council and the British Orthopaedic Association has revealed a demand for the provision of occupational therapy, a comparatively new profession for women. Unfortunately there is a serious shortage in its ranks.

The authorities have made special arrangements for the rapid training of suitable candidates at the Dorset House School of Occupational Therapy at Barnsley Hall Emergency Hospital, Bromsgrove, Worcestershire, and it is not sufficiently well known that such shortened training provides an excellent opening for craftsmen to make their knowledge of use in hospitals, either as fully qualified occupational therapists or as auxiliaries working as subordinates.

There are some vacancies for well-educated girls of 17 and 18, whose hospital work as auxiliary occupational therapists is treated as war service. All students take the examinations of the Association of Occupational Therapists. Full particulars can be obtained from the secretary of the school.—Yours, &c.

ELIZABETH CARRON, M.D.,
D.P.M., Medical Director
Dorset House School of
Occupational Therapy.

December 31.

Rehabilitation Campaign

THE Ministry of Health is pressing forward with the rehabilitation campaign. Arrangements are being made by which certain members of hospital staffs—medical officers, masseuses, etc.—shall be enabled to take special short-term courses on the subject as it is felt that much of the apathy which is sometimes encountered is due in large measure to failure to realise just how much rehabilitation can achieve. These courses will be free, all expenses being paid. One course in occupational therapy is open to candidates with a knowledge of craft work or massage, social science, comparative anatomy or psychology. A number of women and girls of school certificate standard will also be trained to act as auxiliaries. A stamped addressed envelope should be sent by those interested to the Principal of the Dorset House School of Occupational Therapy, Barnsley Hall Emergency Hospital, Bromsgrove, Worcestershire. Candidates will be selected by personal interview—in London if necessary.

Nursing Mirror. 13th July 1943

OCCUPATIONAL THERAPY COURSES

SHORT training courses in occupational therapy, carrying graded wartime qualifications, have been arranged by the Ministry of Health. These courses are free of cost and include board, lodging and pocket money and salaried posts in hospital will be available after training. Candidates will be selected by personal interview and should have a knowledge of craft work or massage, or hold degrees in social science, comparative anatomy or psychology. Candidates may be under 19 when starting the course, or born in 1919 or earlier. Courses are also offered to women and girls of approximately school certificate standard without special qualifications, to act as auxiliaries. For particulars apply: The Principal, Dorset House School of Occupational Therapy, Barnsley Hall Emergency Hospital, Bromsgrove, Worcestershire, where the courses will begin on July 19 and September 13. Enclose stamped addressed

British Medical Journal
July 1943.

NOTES RE SHORT WARTIME
COURSES IN O.T.

OCCUPATIONAL THERAPY

Weaving, rug-making, knitting, basketry, toy-making, and other handicrafts are now taught in hospitals as part of the rehabilitation of the sick and wounded.

As there is a shortage of women instructors in "occupational therapy," short training courses carrying graded war-time qualifications have been arranged by the Ministry of Health. These courses are free of charge, and include board, lodging, and pocket-money. Salaried posts in hospitals will be available after training. Candidates, who will be selected by personal interview—in London if necessary—should have a knowledge of craftwork, nursing, or massage, or hold degrees in social science, comparative anatomy, or psychology. Courses are also offered to women and girls of approximately school certificate standard without special qualifications to act as auxiliaries.

The courses will be held at the Dorset House School of Occupational Therapy, Barnsley Hall Emergency Hospital, Bromsgrove, Worcestershire, starting on July 19 and September 13. Particulars can be had from the principal of the school.

The Times. 10th July 1943

Occupational Therapy.—The Ministry of Health has made arrangements for short training courses for instructors in occupational therapy to be held at Dorset House School of Occupational Therapy, Barnsley Hall Emergency Hospital, Bromsgrove, Worcestershire. Particulars of these courses can be obtained from the Principal of the School.

Pharmaceutical Journal
10th July 1943

THE ROLE OF OCCUPATIONAL THERAPY IN REHABILITATION

Dr. Mary Sears' article in the July and Dr. B.D. Upton-Jones's letter in the October numbers of the Review have drawn attention to the need for a changed attitude on the part of the medical profession towards the chronic invalidism that often follows an accident or illness. Florence Nightingale in her Notes on Nursing warns us solemnly that we have to make sure that the patient is not made worse by the unhealthy state of the hospital, and we all learnt in our medical studies of the researches of Semmelweis when it was known that it was far more dangerous to have a baby in

THE ROLE OF OCCUPATIONAL THERAPY IN REHABILITATION

BY

DR. ELIZABETH CASSON

Medical Director,

Dorset House School of Occupational Therapy,

Barnsley Hall Emergency Hospital,

Bromsgrove, Worcs.

THE ROLE OF OCCUPATIONAL THERAPY IN REHABILITATION

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Dr. Mary Mears' article in the July and Dr. B.D. Upton-Jones's letter in the October numbers of the Review have drawn attention to the need for a changed attitude on the part of the medical profession towards the chronic invalidism that often follows an accident or illness. Florence Nightingale in her Notes on Nursing warns us solemnly that we have to make sure that the patient is not made worse by the unhealthy state of the hospital, and we all learnt in our medical studies of the researches of Semmelweiss when it was known that it was far more dangerous to have a baby in hospital than at home, for infection was continually being spread to the healthy mothers. So now we are beginning to realise that while a patient has been ill, we may have allowed or even encouraged him to expect to remain so, possibly for life. Fortunately the war has convinced all concerned that no one who can be pressed back into service is to be allowed to remain unused, and this has helped to raise the value of each individual.

This has shown itself in several important Government Reports: firstly, that of the Interim Scheme of the Ministry of Labour & National Service, mentioned by Dr. Mary Mears. This provides for the training of all disabled persons over the age of 16, in close touch with the hospital where they have been treated as patients. It has been followed by the Beveridge Report which emphasizes again and again the need for security for all the sick and disabled, declaring that,

"Restoration of a sick person to health is a duty of the State and the sick person, prior to any other consideration."

It assumes that the State Health Service "covers rehabilitation and fitting for employment by treatment which will be both medical and post-medical", and points out that "disease and accidents must be paid for in any case, in lessened power of production and in idleness, if not directly by insurance benefits." It stresses that "special attention should be paid to the prevention of chronic disability, by intensified treatment, advice and supervision of cases in which it is threatened and by research into its causes." It also emphasizes the "citizen's obligation to seek and accept all reasonable opportunities of work, to co-operate in measures designed to save him from habituation to idleness, and to take all proper measures to be well". Another immensely important section deals with the harm done by the present Workmen's Compensation System, especially by the common custom of the settlement of a claim by a lump sum which, "from the point of view of social security it is impossible to justify". The report shows that the disabled man "often feels he is unfairly treated and settlement hurried, litigation is common and the injured workman is often discouraged from recovery or from taking any kind of work lest he should prejudice his bargain". After 45 years the present

system "has contributed little or nothing to the most important purpose of all, which should have come first, namely, restoration of the injured employee to the greatest possible degree of production and earning as soon as possible." It finally points out the almost universal attitude of the Insurance Companies towards rehabilitation "as not being their concern".

Now in January 1943 the Tomlinson Report has appeared on the Rehabilitation and Resettlement of Disabled Persons. It reviews what the medical services have done or might do to help a disabled patient to maximum recovery of health, at which point the Ministry of Labour will step in to "find for him employment suited to individual capacity" and that "makes the best use of individual skill".

The aim of the Emergency Medical Service is to see that "the fewest possible patients are left with a permanent disability and that all of them are brought as far as possible to such a state of fitness that on leaving hospital they are able at once to take up employment or to enter a full time course of vocational training - although there will no doubt always be a certain number of patients for whom special rehabilitation measures are necessary after they leave hospital in order to make them fully fit for the occupation in which they are to be engaged."

The whole section of Medical Rehabilitation should be read by every doctor and medical student even if they have not time to read the entire report. It reminds us forcibly of what Dr. Mary Mears says "that the common sense view that the sick and injured must be helped through the period of disability, both in the hospital ward and in their convalescence, has been only too often conspicuous by its absence, and many cases will no doubt come to one's mind of needless disability and prolonged invalidism, though much has been done".

The report shows that so far orthopaedic hospitals are being well equipped for medical rehabilitation but much remains to be done for general hospital patients to aid their recovery from serious illness, for the cardiac cases, the tuberculous, the blind and the deaf, and those suffering from neuroses and psychoses, and from various specialised industrial diseases. It emphasizes the fact that the task of providing adequate rehabilitation service is immense especially in a large number of general hospitals. "A very great and sustained effort on a national scale is required if the pioneer work done in relatively few institutions up and down the country is to be extended to meet the actual dimensions of the opportunity and the need." It acknowledges that the necessary provision is largely a financial question, but that beyond this lies the problem of trained personnel, both medical and lay, and that "remedial and occupational therapy have yet to win their full recognition in the medical profession." "The Committee urge that the Universities and Royal Colleges should consider instituting a Diploma covering the special needs of rehabilitation and that some similar Diploma should be made available for the ancillary workers."

This is an interesting proposition which may be regarded as somewhat controversial. Most surgeons and physicians would regard it as detrimental to the patient's recovery if he were to be handed over completely to the rehabilitation medical officer, however well qualified, as suggested by the Committee, but it would probably prove a very attractive specialisation to many of us. Probably what is required is a wider view of the function of the physiotherapist so that his department may be constantly available for patients from other specialists in the hospital and each patient would receive the benefit of the "rehabilitationist's" expert treatment and advice, always at the service of the practitioner in charge of the case. The department would include under its chief all the needed ancillary workers, duly qualified occupational therapists, physiotherapists, etc.

As occupational therapists are needed for the service of the psychological patients, it is possible that some would have to be available for these cases, apart from the rehabilitation department, in the same way as psychiatric social workers have to be supplied apart from the almoners. Some remarks on the training of occupational therapists occur later in this paper.

The remainder of the report covers what it designates "post-medical re-habilitation" - education in new vocations, provision of sheltered workshops, etc. It is not a good name for it includes much that still needs the help of the medical profession, but the name matters little compared with the actual service to the individual be he called patient or ex-patient.

There is an excellent table in the appendix, on the basis of which we can review what is being done and what is still required. It tabulates - Fractures or other physical injury - treated either in the orthopaedic unit (Fracture A) or the General Hospital (usually in a Fracture B unit). It goes on to tabulate the treatment to be given for general diseases in the hospitals, cardiac cases, pulmonary tuberculosis, the blind, the deaf, and those suffering from neuroses and psychoses. For each condition the general and specialised treatment is mentioned, leading up to complete restoration, or residence in a reconditioning centre and to vocational training if needed, or to sheltered employment as required.

It is interesting to find that the Report lays special stress on occupational therapy as a most necessary stage in aiding the recovery of many of the patients for whom treatment is outlined. The Report takes it for granted that it will be provided in all such cases.

This has thrown on to the occupational therapy schools an almost impossible task. It is a new and, therefore, small profession. There were three or four schools in the British Isles at the beginning of the war, but though occupational therapy was used by Sir Robert Jones for the treatment of the disabled during the last war, its physical aspect had been forgotten over here, and students

had been largely trained for psychological work. Prosperous schools had been kept going in Canada and the United States of America, however, and from time to time orthopaedic surgeons who returned from overseas reminded us that we were neglecting a much needed form of treatment.

The Dorset House School of Occupational Therapy was opened in 1930, and its first principal, Mrs. Glyn Owens, had trained at Philadelphia and had spent some of her time there in the special study of curative workshops. Several American occupational therapists came over to join the staff of the School and several Dorset House students went to America for post-graduate study including special orthopaedic practice in curative workshops. In 1938, Miss Mary Macdonald, the present principal of the School, was given a Pilgrim Trust grant to study methods and on her return the Allendale Curative Workshop was opened at Clifton which was visited by some of the specialists responsible for organising the present hospital services. In the meantime, the Astley Ainslie Institute in Edinburgh had brought from Canada a very healthy nucleus which has grown into an excellent school under Colonel Cunningham. Mr. Girdlestone at Headington developed occupational therapy workshops of his own and his writings have done much to lay a firm foundation of good English tradition.

All agree that a qualified occupational therapist cannot be trained in less than 2½ years, and there were few available to teach new students. Certain professional trainings, such as that of masseuses, instructors in P.T., nurses, and art teachers, had covered part of the course needed for occupational therapy. In order to obtain the necessary personnel as quickly as possible, the Ministry of Health invited the Dorset House School of Occupational Therapy to their large hospital at Barnsley Hall, Bromsgrove, and arranged for such selected candidates to be given a special intensive training for six months in the School so that they could go into their hospitals as qualified occupational therapists, ready to open a new department in each Fracture A. hospital. The Association of Occupational Therapists was most co-operative in arranging a special war diploma to enable them to qualify. So well has this worked that many hospitals have needed the immediate help of auxiliaries who have been given another form of short course and passed a special Auxiliary Examination of the Association of Occupational Therapists and who are now working under strict regulation as to supervision by a qualified occupational therapist.

Enthusiastic reports of results have come in showing a real improvement in the atmosphere of those hospitals where a qualified occupational therapist is available to carry out the instructions of the orthopaedic surgeon. There are, of course, many difficulties to contend with caused by the war, especially that of getting equipment and materials for crafts, but the hospitals have faced the shortages with patience and ingenuity.

As more qualified occupational therapists become available and departments can be equipped, Fracture B. hospitals are expected to carry through the same treatment and it will no doubt be applied to cardiac and other cases of physical illness.

Occupational therapy is specifically mentioned in the Tomlinson Report as being needed for injury, pulmonary tuberculosis, neuroses and psychoses, but there are few conditions except short acute illnesses, such as simple operations, pneumonia, etc., where it cannot be usefully prescribed to assist recovery.

The responsibility of the doctor is two-fold: to treat every patient from the beginning of his illness in such a way that he looks forward to his return to complete health, and to study the methods the community makes to provide for the patient's restoration and to help to improve those methods. Occupational therapy is one of the many useful processes required in both these aspects. In all disability occupation is the first sign of recovery. As we watch an unconscious patient we look out for the smallest return of spontaneous movement, and from that movement his activities can be used towards complete restoration to health. In serious illness the nurse will probably be the occupational therapist and her instructions will be very simple: "Now just lift your head and you will be able to drink this and it will make you feel better" - the effort is made by the patient and a good nurse continues each hour and day to stimulate activity with long rests in between each effort. Usually the patient can and will take on the responsibility of his own recovery, but how easily it can be suggested to him that he is an invalid and must be "cured" by someone else. We can study the process equally well in watching the development of a normal baby, for every illness is a return to infancy. The wise mother guides every sign of new activity in her child. On her depends whether he develops into a real person with his own activities or is a neurotic, always depending on someone else to make all his decisions for him and being angry if all his environment is not subservient to his desires. We all see the mothers who go on washing and dressing their children of 6 and 7, and the resultant grown-up who complains that he cannot get a plumber to come instead of learning how to put a washer on a tap. As doctors, therefore, we want to learn to make our patients take over the responsibility of getting well and never to let them slide into regarding themselves as invalids. We can make our own attitude to the patient right but we cannot be with the patient all the time to guide them. At first the nurse must be responsible, but in almost every case of serious illness, other ancillaries are necessary. Nearly every fracture needs massage, but if we are wise we choose a masseuse whose attitude to the patient we know to be right, who envisages a patient wholly well and independent. This attitude is the one which we should find in every occupational therapist. She should be trained from the beginning in a right psychological attitude to her patients, as a human being whose behaviour is governed by the stimuli he receives to activity. She must be ready with crafts and other activities to arouse his desire for achievement,

even while he still has to be in bed. She and her assistants are ready for him in the workshops the first day in can be prescribed for him. She is responsible for the friendly sociable atmosphere into which all the other patients receive the newcomer. On her depends much of the spirit in which they view the rest of their treatment, such as physical exercise, but she has a big pull for while doing their joinery or gardening for her they often forget the disability for which their particular job has been prescribed. It is interesting to watch the men in a large curative workshop; competition is keen to show what good results can be achieved in work produced, but the medical officer and the occupational therapist judge it by the rate at which the patient progresses to recovery of his lesion to complete restoration to health and full citizenship.

We hope that in time the results planned by Sir William Beveridge and the Inter-departmental Committee will come into being. There are many difficulties that will take much effort to overcome, such as the apathy of the insurance companies in the Workmen's Compensation injuries. Premiums are now based on a scale that covers risk of the employee being killed. A lump sum for an injury is less than that for death and there the company often feels its responsibility is done. The community, however, is still responsible until the patient has had done for him all that is possible.

Many of us were brought up to think that our highest privilege was to help lame dogs over stiles - we are now realising that it is far better to help them on to their own legs.

-----oOo-----

Clevedon.

Elizabeth Casson.
March 1943.

"Woman's Own"
3rd September, 1943.

W I N N I N G J O B S

A new training described by VICTORIA STEVENSON

Here is a free training for a new career offered by the Ministry of Health! It is Occupational Therapy.

Occupational Therapy means healing by occupation for people suffering from physical or mental disorders and is carried out under medical direction.

You will remember that in a previous article I mentioned that this branch of healing, practised for so long in hospitals all over the country, has been found so beneficial that it has now even been extended to our Prisoners of War in enemy hands, through the Red Cross.

But a trained Occupational Therapist is usually appointed to every large hospital in this country and it is her duty to guide, help and instruct the patients in some kind of craft-work so that the bed-ridden, disabled or mentally deficient patient becomes much happier, and is a better subject for medical treatment. Basket-making, weaving, toy-making, rug-making - she must be an expert at all kinds of craft-work and be able to suggest the kind of work that will appeal to the different types of patients.

Before the war the course would cost about £100 resident, but so great is the demand for women instructors in occupational therapy that the Ministry of Health are now offering special short training courses, carrying graded wartime qualifications, absolutely free of charge. They also pay board, lodging and pocket money during training.

Candidates should have a knowledge of craft-work, nursing or massage, or hold degrees in social science, comparative anatomy or psychology.

The courses, which will last about six months, will be held at the Dorset House School of Occupational Therapy, Barnsley Hall Emergency Hospital, Bromsgrove, Worcestershire and particulars can be obtained from the Principal of the School if a stamped envelope is enclosed. All candidates will be selected by personal interview.

On completion of the training, which includes Anatomy, Physiology, Psychology, and the study of mental and physical illnesses and crafts, the successful candidates will be allocated to salaried posts in hospitals.

But what of the women and girls who are interested in this work, who possess the infinite patience, tact and gentle discipline so essential for a successful instructor, and yet who have none of the qualifications mentioned above? Can they train? Yes, they will be given a short training to qualify them as Auxiliaries if they possess approximately a School Certificate standard of education and are considered suitable for the work.

With regard to age, the Ministry of Labour has agreed that candidates may be from about 17 to under 19 when they start training, or born in 1919 or earlier.

My address for war-job problems is c/o "Woman's Own", Tower House, Southampton Street, London, W.C.2.

Please enclose a stamped addressed envelope for my reply.



Miss I. Richardson -
demonstrating weaving to a patient
who needs flexion and extension
of the knees.



The only possible O.T. for a case of absolute bed rest, such as T.B. Miss Harris setting book in position.



Mr. Tovey's spinning and weaving class.



Sewing group



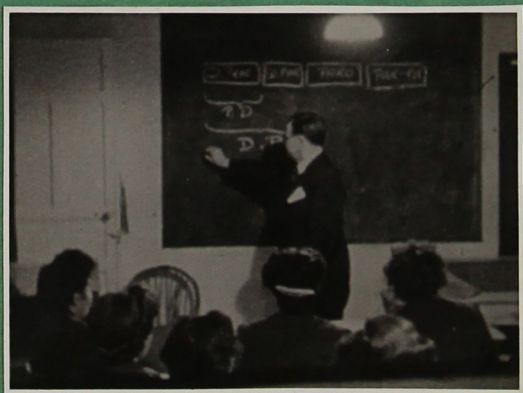
Demonstration of Activities



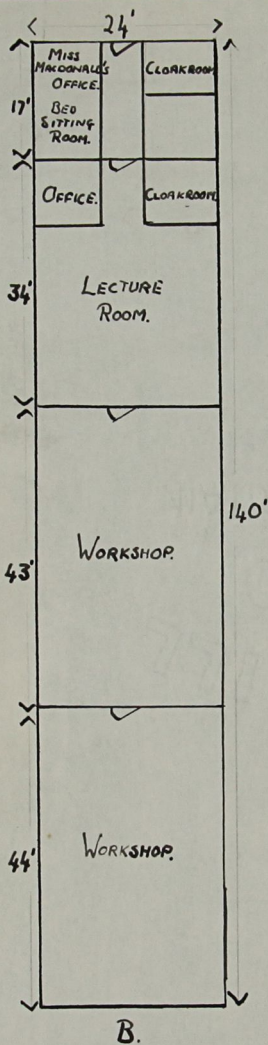
THE O.T. SCHOOL AT BROMSGROVE



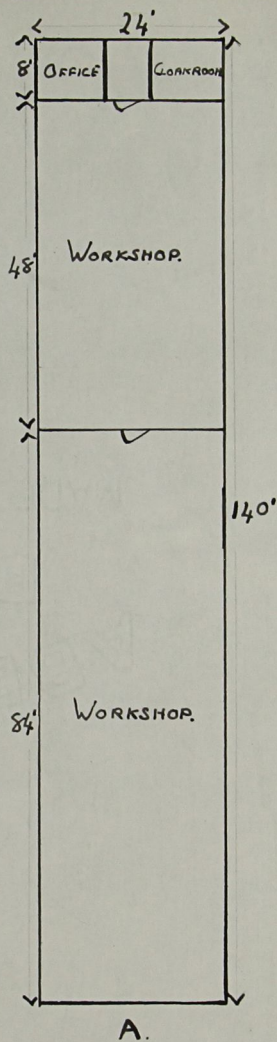
SCHOOL STAFF



Dr. Shepherd lecturing to students.

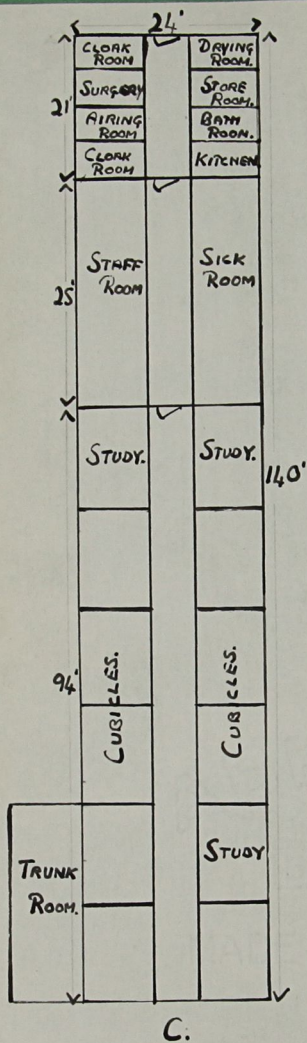


Plan of School Hut
at Barnsley Hall.

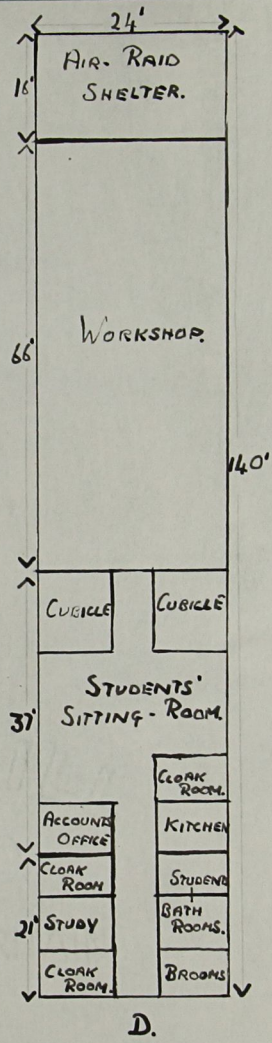


Plan of O.T. Dept.
at Barnsley Hall
Emergency Hospital

SCALE - 1" = 18 FT.



Residential Hut



Plan of another School Hut

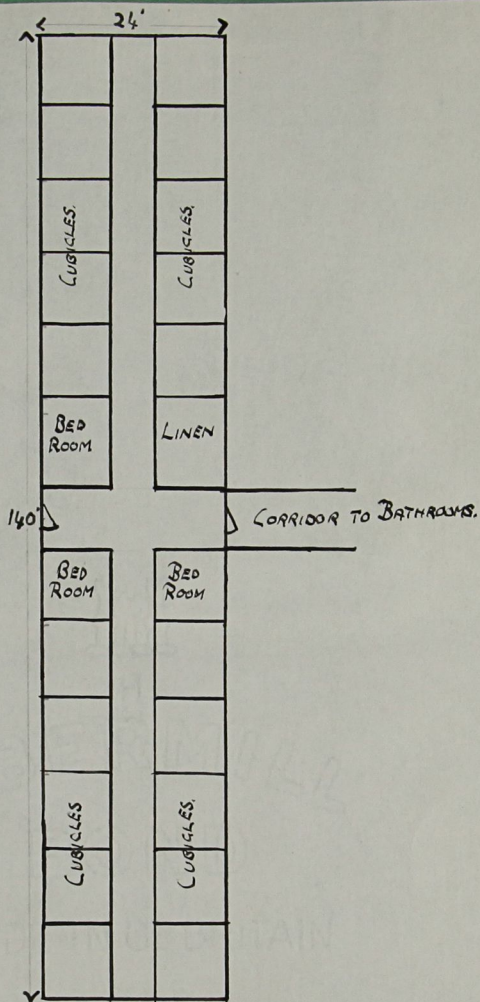
SCALE - 1" = 18 FT.

Miss E. Denyer
showing a
patient how to
use crutches
on a step.



Miss Denyer
demonstrating
basket-work
for finger
exercise.





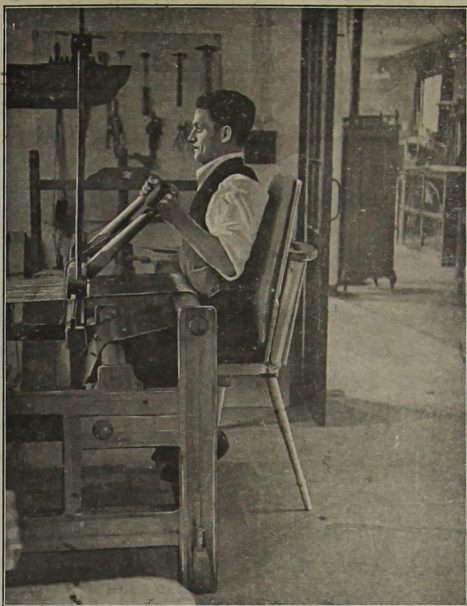
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Plan of another
Residential Hut.

SCALE - 1" = 18'

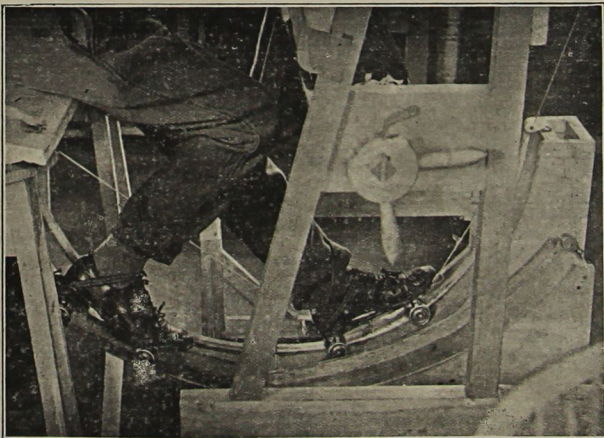


Miss MacCaul, with patient working on a table loom
with roller handles for flexion & extension of wrist



(Adapted by G. MacCaul.)

Handles fitted to beater of standard loom, which must first be grasped by reaching forward with elbows extended. Final position is shown, and beating of weaving is done against variable spring resistance. Note back rest to prevent compensation.



—FULL EXTENSION AND FLEXION ON CURVED TRACK WITH SKATES TO MAKE AN OPEN SHED ON A RUG LOOM. TO OPEN THE OPPOSITE SHED THE FEET ARE MOVED INTO OPPOSITE POSITIONS.

(Adaptation by G. MacCaul to Dryad upright rug loom—W. 180.)

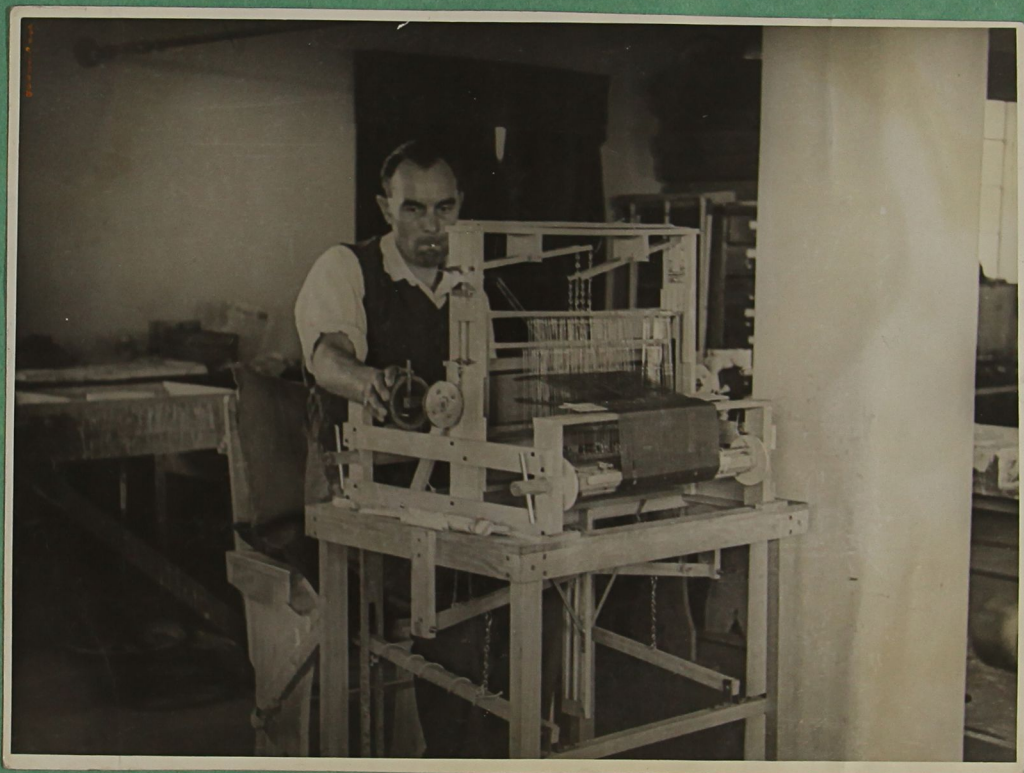
7



Miss MacCaul with one handed air-raid casualty, learning to use his left hand.



A nurse watching a patient doing cord knotting for finger exercise.



Wheel control of loom, exercising pronation and supination of right arm and hand.



E.M.M. in her Office-Bedsitter

5



HER ROYAL HIGHNESS, THE PRINCESS ROYAL AND DR. ANDREW SHEPHERD, MEDICAL SUPERINTENDENT OF BARNSELY HALL EMERGENCY HOSPITAL, ON THE OCCASION OF THE ROYAL VISIT TO THE HOSPITAL AND SCHOOL

H.R.H. the Princess Royal, visiting the O.T. School



Dr. Shepherd. E.M.M. Dr. Casson. H.R.H. Matron



H.R.H. Princess Royal talking to some patients.

A Guard of Honour for H.R.H. the Princess Royal



Matron. H.R.H. Dr. Shepherd. Lady-in-Waiting. E.M.M.



The other side of the Guard of Honour.

COPY

Ministry of Health,
Whitehall, London, S.W.1.

4th January, 1946.

From Professor Sir Francis Fraser

Dear Dr. Casson,

I hear that the short courses of training in Occupational Therapy at the Dorset House School have now finished, and the connection of the School with the Emergency Medical Services ceases with them.

The Ministry of Health and the Emergency Services are sincerely grateful to you and your School for all the help you have given during the war years. It is difficult to see how we could have obtained the trained staff required for the hospitals without the experience and organisation provided by your School and above all by the co-operation that has made it possible for therapists to be trained by courses planned to meet the needs of the emergency. I appreciate how much work these different courses have entailed, and the results have been good, which reflects great credit on the School and its staff.

My colleagues and I are especially grateful to the Principal, Miss Macdonald, who has assisted the officers of the Ministry at all times and whose experience has been of great value to us, and I would be glad if you will convey our thanks to all concerned.

You will, I am sure, agree with me that what the School has been able to accomplish during the war has done much to convince the medical profession and hospital authorities of the value of Occupational Therapy in the treatment of their patients and this will, I hope, influence their plans for the hospital services of the future.

Yours sincerely,

(signed) Francis R. Fraser.

Dr. Elizabeth Casson, M.D.,
Medical Director,
Dorset House School of Occupational Therapy.