

HISTORY
OF
DORSET
HOUSE
VOL: 3

THE
DORSET HOUSE
SCHOOL OF
OCCUPATIONAL THERAPY.

CHURCHILL HOSPITAL

OXFORD.

VOL. 3

1946-1960

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

THE DORSET HOUSE SCHOOL OF OCCUPATIONAL THERAPY

When the Dorset House School moved into the Nissen Huts in the Churchill Hospital in 1946 it was expected that the stay would be for only about two years, as permanent premises were continually sought. Premises, at the end of the War, were, however, almost impossible to find, so even though the first appeal was launched in 1958, it was not until 1964 that the School was able to move into permanent quarters.

In spite of the difficulties of running a course in Nissen Huts, it was fortunate that the School was able to take over 18 huts and to extend these to 24. We were grateful for the help and consideration of the Churchill Hospital authorities and, in bad weather - (see photographs of snowed-up huts) the College of Technology kindly lent us some space temporarily.

When the School moved the Hospital took down some of the huts and built new hospital premises.



Although the best has been made of the huts, they are cramped and inefficient. With the call for the extension of its services, the school must provide itself with a permanent home in which to carry on its permanent task.

DORSET HOUSE SCHOOL

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.

Oxford offers excellent facilities for training for, in addition to the much appreciated and kind help of University and Hospital authorities in arranging lectures, clinics and hospital practice, students have special access to Libraries, Museums, etc.

It was with regret that the School did not return to Bristol, but the enlarged School could not fit into its old quarters. The desirability of a more central position in the country was also apparent. The saddest part of the arrangement is the permanent separation of the School from Dr. Casson's nursing homes. She herself, however, often comes to Oxford.

The time had now come for the stabilization of the School to give it a permanent identity; and in 1948 a limited non-profit making company was formed to take it over. Dr. Casson remains the Medical Director and Vice-Chairman and Sir Geoffrey Peto is the Chairman of the Governors. The other Governors appointed at this time were Dr. H. Balme, Mr. Hugh Casson, Dr. F. S. Cooksey, Dr. John Johnson, Sir Percy Marsh, Mrs. Nugent Young and Dr. A. Shepherd.

In 1949 The United Oxford Hospitals Board were invited to nominate two Governors to represent the hospitals and the Ministry of Health. This invitation was accepted and Dr. R. G. McInnes and Mr. J. C. Scott were appointed.

The ending of this chapter of the history of the School is best described in Dr. Casson's own words, in a letter to the students, written after the first meeting of the Company:—

29th September, 1948

My dear Students,

I am writing to explain to you that, in order to strengthen the future stability of the work of the School, a non-profit making Company has been formed, to which I have handed over my responsibilities of ownership. The Members of the Advisory Committee have become Governors of the Dorset House School of Occupational Therapy Ltd., with Sir Geoffrey Peto as Chairman and myself as Vice-Chairman. I shall also still remain as Medical Director.

The School has never been run for profit and all belonging to it have shown that they are working as one body. Now that it is a Company I hope that each student will realize even more than before, her responsibility to the School. I know that the spirit of service will continue and grow so that we can be of real use to the patients, for whom we exist.

Yours sincerely,
(Signed) E. CASSON

So, on July 1, 1948, the Dorset House School of Occupational Therapy started on another phase of its history, with 180 students on the roll.

Finally in 1949, Dr. Casson created a Trust, the purpose of which is to continue her work in spreading and integrating Occupational Therapy. While the School remains in its present form, it is to be the primary beneficiary. Harberton House has been given to the Trust, and the School will continue to rent it on the former terms. Dr. Casson has appointed four Trustees—Mrs. Nugent Young, Sir Geoffrey Peto, Mr. Hugh Casson and Miss Macdonald. They are charged with the continuation of her work in the interests of the School and of Occupational Therapy.

A very great debt of gratitude is due to Dr. Casson for the contribution she has made to Occupational Therapy—and for the establishment of this Trust. It may be of interest to some to know that the Trust has been so formed as to be open to receive contributions and legacies from any others who might wish to contribute as well.

Postscript 1951

All old staff, students and friends of the School will be delighted to learn that Dr. Casson's name has appeared in the Birthday Honours list this year. The award of the O.B.E. to Dr. Casson is a tribute to her generosity and selfless work as founder of the School and of the Casson Trust.

See back of this Volume for STATUTES OF THE ORDER OF
THE BRITISH EMPIRE

DORSET HOUSE SCHOOL OF OCCUPATIONAL THERAPY

(Founded 1930)

Address at—
THE CHURCHILL HOSPITAL Telephone }
OXFORD Telegrams } 62831/2 Oxford

Recognised by the
Ministry of Education

PROVIDES complete training for
Occupational Therapists for work
in all types of Hospitals

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Assisted by a Specialist Staff of Medical Lecturers Occupational
Therapists and Instructors

APPLICATION FORM

All applicants are asked to fill in this Form, in their own handwriting, completion of which puts them under no obligation to enter training

DORSET HOUSE SCHOOL OF OCCUPATIONAL THERAPY
THE CHURCHILL HOSPITAL, OXFORD

APPLICATION FOR TRAINING COURSE

Name Nationality.....

Home Address Tel. No.

Age Date of Birth

Parents' (or Guardian's) Name and Address or (Next of Kin).....

School

What Examinations have you passed? What subjects did you enter or are you entering? At what level did you enter? did you pass? Dates Passed

School Certificate.....

With Matriculation

General Certificate of

Education.....

Any other Examinations?

Have you any knowledge of any activities which may be useful in Occupational Therapy, or any other experience?

Present Occupation

Names and Addresses of two Referees not related to applicant—

Have you had any illnesses or disability (including childish ones)? If so, what and when? (Please give dates)—

To whom should accounts be sent?

Date Signature

Occupational Therapy is

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

Scope, Therapeutic and Rehabilitative in cases of

Mental Disease and Deficiency.

Physical Illness, including Heart Disease, Rheumatism and Tuberculosis.

Accident or disability, including Orthopædic conditions.

Work is carried on in hospitals and in patients' homes, and covers work with people of all ages.

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 General Certificate of Education (see enclosed leaflet), or (for older candidates) evidence of work or study valuable as a preliminary to training, or some other adequate certificate.

Training

The School, the oldest in the country, prepares students for the Diploma examinations of the Association of Occupational Therapists. It is fortunate in having specialist Lecturers who are members of the University and Hospitals' Staffs. A further privilege is that students have been granted access to the Oxford libraries and museums.

The course covers:—

A.—Normal and Applied Sciences

{	Psychology.
	Anatomy.
	Physiology.
	Kinesiology.

- B.—(1) Principles of Pathology, physical and mental.
(2) The study of General Medical and Surgical, and Psychiatric conditions.
(3) The approach to illness and to the patient.

- C.—Introduction to—Forms of activities, intellectual and practical, including recreations, which may be used therapeutically.
- D.—The Application of Occupations for the prevention and treatment of disability.
- E.—Departmental Management, Book-keeping and Record keeping.
- F.—Clinical work and observation in hospitals of all kinds and with homebound cases. Instruction and case studies are given by Medical Officers, trained Occupational Therapists and Tutors.

Length of Course

3 calendar years. Students enter for training in March and September of each year.

For candidates offering special qualifications, shortened courses are arranged at the discretion of the School authorities.

Fees—(exclusive of Residence)

Fees are payable each term in advance, and are not returnable. They are subject to revision, if costs change materially during the course.

September entry

30 guineas per term for 9 terms.

March entry

Initial Fees	15 guineas,
Thereafter	30 guineas per term for 7 terms,
Long Final Term	45 guineas.

A registration fee of £3. 3s. is payable on request several months before a student enters training.

EXTRAS. Covering Books, Materials, Uniform and Examination Fees: approximately £45-£65.

(If for any reason a student has to terminate her course, a term's notice is required or fees in lieu of notice.)

Residence

The cost of residence or outside lodgings varies according to the amount of accommodation available.

Harberton House, Headington, a hostel, intended particularly for younger students, is provided in an attractive residential part of Oxford. Residence 3½ gns per week plus 3/- per week for heating.

A Hostel, The Beeches, Headington, is provided for a small number of older students. Charges vary with accommodation chosen.

Professional Prospects

Assistant Occupational Therapists,
£462 upwards.

Single-handed or Senior Occupational Therapists, £520 - £580 upwards—according to experience to £700 +

} Non-resident

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

Suggestions to Candidates Considering the Training

Some students are accepted at 18 and 3 months but it is better if they are older. Younger students who are waiting for entry are recommended to continue with Sixth Form work at School. (See enclosed particulars of subjects.) Courses in Shorthand, Typing and Book-keeping are useful to fill in brief gaps, as is a course at an Art School.

Useful experience can be gained in work with children in Nursing or Club work. Social or educational experience, including drama and music, is of value to this profession. There is no particular age limit for the course but Candidates over 40 are apt to find it strenuous.

No student is received without a personal interview, and the first 3 months are in all cases probationary. At the end of this time the School authorities reserve the right to accept or refuse any candidate for continued training. The School Authorities also reserve the right to terminate the training of a student at any time throughout the course, without refund of fees, if, by conduct, character or lack of consistency of work, she falls below the standards required to attain proper professional responsibility and integrity.

Re School Examination Entry Standards

An adequate standard of theoretical examination capacity is necessary for applicants for training but academic attainment is not the only consideration in accepting candidates for Occupational Therapy.

This School is prepared to consider candidates with the General Certificate of Education with five subjects* passed at 'Ordinary' level. A pass in English Language is required † Other attributes of candidates being equal, however, preference will certainly be given to candidates who offer more subjects or have passed subjects at 'Advanced' level.

It cannot be stressed too much that all candidates should have as wide a general education as possible, and should not be encouraged to leave School too soon, nor to specialize too early. We view further education in the post General Certificate period as of particular value, and would draw the attention of applicants to the fact that many candidates are offering more than the minimum five subjects.

Subjects recommended for candidates for Occupational Therapy are :—

Anatomy
or Biology
or Physics
or Chemistry } To General Science Level

English (see † above)

Mathematics (a useful basis for book-keeping)

Latin (a helpful basis for Anatomy)

History

Geography

Modern Languages

Music, etc.

* These should be subjects other than Domestic Science, Needlework and Crafts and at least 3 of the 5 must be passed at one sitting.

The Association of Occupational Therapists has put forward the following as a *recommendation* only—'Passes are desirable at the advanced level in English or English Literature, or History, and in four subjects at ordinary level, of which three should be: (1) English Language, (2) a Science subject and (3) a Fine Arts or Crafts subject'. The Dorset House School, however, while concurring with this, has, from experience, found it important to give facilities to candidates with good personal attributes but without the highest academic qualifications. It has, therefore, listed its minimum entry requirements as overleaf.



The School Huts in the snow.



Snow up to the doors!





Miss Macdonald making her
final speech as Principal



Miss Macdonald in the doorway
of "Mary Macdonald" House.

**PRINCIPAL
TO RETIRE**

E.M. MACDONALD: PRINCIPAL, 1938-1971.

DORSET HOUSE SCHOOL OF OCCUPATIONAL THERAPY

58, London Road, Headington, Oxford.

The Governors feel that you should be informed that Miss E. M. Macdonald, who has served the School as Principal with such outstanding success since 1938, will be retiring in July 1971.

Her place will be taken by Miss B. G. Collins. Miss Collins has occupied the post of Vice-Principal since 1955, and during this time has won the fullest confidence of both the staff of the School and of the Board of Governors, who have no doubt that, under her, the School will continue to maintain the high standards set by her distinguished predecessor.

May, 1970.

Hugh Casson
.....
Chairman to the Governors

MISS E. M. Macdonald, principal of Dorset House School of Occupational Therapy, who attends her last Founders' Day next Saturday in her official capacity. She is retiring after 33 years to be succeeded by her vice-principal, Miss Betty Collins.

The school moved to its permanent home at London Road, Headington, six years ago and now teaches 200 students at a time. A new hostel for students is being opened at the school next Saturday, 11th July 1971.

**A FOUNDERS' DAY
TO REMEMBER AT
DORSET HOUSE**

The Founders Day celebrations at Dorset House School of Occupational Therapy at Headington next Saturday will be a special occasion for two reasons.

It will be the last one for the term a number of them are in other parts of the country on clinic field work. She is retiring this summer after 33 years to be succeeded by her vice-principal Miss Betty Collins.

A comfortable new hostel for students will be opened on the same day.

The £60,000 building for thirty-two students will replace the present hostel at Harberton House in Pullens Lane — a 20-minute walk from the school.

The new hostel is in the school grounds at London Road, Headington, and has a number of advantages. The girls will live in it at the start of the new term in September.

Midday meal

The rooms are single and double and there are three sitting rooms and kitchens. This will give the girls more freedom and more facilities for entertaining guests.

A mid-day meal will still be provided for the students at the school from Monday to Friday.

With other accommodation 50 girls can live in at the school. Other students are in odgings in Oxford, and during

the school started with one student in 1930 at Bristol, and during the last war moved to Bromsrove, coming to Oxford at the end of the war.

The new hostel has been financed by the Pilgrim Trust, the Nuffield Provincial Hospitals Trust and the sale of Harberton House. The architects are Raymond Whitehouse Associates of Cambridge — who designed the school at Headington — and the builders are Syman and Co. of Oxford.

Mr E. T. Williams, chairman of the Nuffield trust, will perform the opening ceremony.



**Dorset House
says farewell
to Principal
for 33 years**

The Dorset House School reunion, held at the Goldsmiths' Hall, London, on July 23, by kind permission of the Wardens of the Worshipful Company of Goldsmiths, was attended by more than 200 past staff and students. They were greeted by Sir Hugh Casson, Chairman of the Governors of Dorset House, Miss E. M. Macdonald, who has been its Principal for 33 years, and Miss B. G. Collins, who is succeeding Miss Macdonald this September.

During the years that Miss Macdonald has been Principal, many letters have been received from people in Britain and overseas, asking for help and advice in occupational therapy. All letters have been answered carefully, giving the fullest help, advice and information. Many of these correspondents have urged Miss Macdonald to visit them, and it was known that she hoped to do so when more free from regular obligations. With this in mind, it was planned to make, as a leaving present, a contribution to the tour. An appeal was, therefore, launched, the response to which has been splendid.

At the reunion Sir Hugh Casson gave an amusing and appreciative speech, recalling Miss Macdonald's work over the years, and welcoming Miss Collins as her successor. This was followed by a talk by Miss W. Hewstone, representing all former members of Dorset House. She spoke of the fund and its purpose, and presented an overwhelmed and surprised Miss Macdonald with a cheque, and a book containing the signatures and dates of attendance at Dorset House of all who had contributed.

Miss Macdonald had not, for once, a prepared speech, and described herself as both stunned and enormously grateful for such a wonderful gift. She thanked them all for it and for the great surprise. She paid warm tribute to past staff and students, stressing the fact that Dorset House, and all that it had achieved, was due to the wonderful spirit and combined efforts of everybody who had been involved with it in the furtherance of occupational therapy.

She thanked them all for the support and help she had received in the contribution she had tried to make.

Because of the postal strike and some outdated addresses, some ex-staff and students have only just heard about the reunion and the presentation, and have expressed a wish to be connected with it. In order not to disappoint them the fund is being kept open for some weeks, and intending contributors are asked, in sending their donation, to enclose an extra slip with their signatures and Dorset House dates, so that these can be stuck in the gift book.

This book will be a treasured memento for Miss Macdonald, and a happy recollection of a memorable event.

I. D. Haynes,
Principal's Secretary.
M. M. Dawson,
Ex-Staff.



HARBERTON HOUSE, OXFORD.

SCHOOL HOSTEL

The Lodge (before addition of new Wing). E.M.M. lived here.



Miss Christer, (the Warden) with the dogs,
"Gibby" and "Dax"



Harberton House in the snow.



OTHER SCHOOLS OF OCCUPATIONAL THERAPY

- | | |
|---|--|
| * St. Andrew's Private Hospital,
Billing Road,
Northampton. | The Astley Ainslie Institute,
Grange Loan,
Edinburgh, Scotland. |
| * The Derby School of
Occupational Therapy,
Highfield, 403 Burton Road,
Derby. | The College of Occupational
Therapy (Liverpool) Ltd.,
Victoria Road,
Huyton, Nr. Liverpool. |
| * London School of Occupational
Therapy,
55 Eton Avenue,
London, N.W.3. | Glasgow School of Occupational
Therapy,
29 Sherbrooke Avenue,
Glasgow, S.1. |
| Botley's Park,
Chertsey,
Surrey. | St. Loyes School of Occupational
Therapy,
Millbrook House,
Millbrook Lane,
Topsham Road,
Exeter, Devon. |
| * St. Joseph's College of
Occupational Therapy,
National Medical Rehabilitation
Centre,
Rochestown Avenue,
Dun Laoghaire, Ireland. | * York School of Occupational Therapy,
The Military Hospital,
York. |
| * The Welsh School of
Occupational Therapy,
The Cardiff Royal Infirmary,
Cardiff. | |

* these schools will take men students

HOSPITALS PROVIDING CLINICAL EXPERIENCE

PHYSICAL HOSPITAL PRACTICE

Birmingham Accident Hospital,
Bath Row, Birmingham 15.

Bristol Royal Infirmary,
Bristol 2.

Churchill Hospital, Oxford.

King's College Hospital,
Denmark Hill, London S.E.5.

London Hospital,
Whitechapel Road, London E.1.

Radcliffe Infirmary, Oxford.

(Slough) Recuperative Home,
Farnham Royal, Bucks.

Birmingham Children's Hospital,
Ladywood Road, Birmingham 16.

Wingfield Hospital, Oxford.

PSYCHOLOGICAL HOSPITAL PRACTICE

Crichton Royal Infirmary,
Dumfries, Scotland.

Littlemore Hospital, Oxford.

Maudsley Hospital,
Denmark Hill, London S.E.5.

St. Ebba's Hospital,
Epsom, Surrey.

Saxondale Hospital,
Radcliffe-on-Trent, Notts.

St. Matthew's Hospital,
Lichfield, Staffs.

GERIATRICS

Cowley Road Hospital, Oxford.



The back of the house

Her

dream comes true

Encouragement has come from those working in the medical field, and from those outside it who share the vision that treatment should be carried through to full rehabilitation and is essential for the re-establishment of the whole person.

SCHOOL OF THERAPY GETS NEW WING

NINETEEN years ago, Mary Macdonald walked into a P.O.W. compound at the back of the Churchill Hospital, Oxford.

Her eyes took in the barbed wire, the prison watch-tower and the

By ROSEMARY
McALLISTER

Walking inside, she found the huts sadly in need of paint, doors and electricity.

There, in the hospital's ex-P.O.W. unit, she was to build a school of occupational therapy.

That she succeeded in the intervening years is shown by two things—today the school has 205 students and teaching links with general and psychiatric hospitals in London, Kent and Surrey, as well as Oxford.

Permanent

And next week it moves into the first permanent centre it has had since it was founded 19 years ago in Bristol.

Frances Marina's concrete design was the new wing that will make the centre, Dorset House, in London Road, Headington, an administrative and teaching whole.

Among those at the opening will be Sir Lewis Casson and his wife, Sybil Thorndyke.

The new wing is named after Sir Lewis's sister, the late Dr. Elizabeth Casson, founder of the school and a pioneer of occupational therapy in England.

There is also a cottage, named after the school's first chairman, Sir Geoffrey Peto, specially designed and equipped so that students can learn by practical experience how best to help a disabled housewife to run her home.

Blitzed

The school took an indirect route to Oxford. Blitzed out of its original home in Bristol, it spent the war in the Midlands before settling here in 1946.

As a centre, it can offer some of the most up-to-date facilities in England and it already attracts students from as far apart as Edinburgh and Ghana.

This week, I caught Miss Macdonald between telephone calls for a brief interview. Outside her office window, workmen were busy applying the last strokes of paint and shifting in the last pieces of furniture and equipment before Friday's opening.

She said she felt that the school had passed through the pioneer phase—it is the oldest of its kind in the country—and should now move forward on three main lines.

The first was extending its connections with hospitals, the second offering more facilities to post-graduate students.

The third—and one she emphasised—was extending research in collaboration with doctors and psychiatrists.

"We must take stock and evaluate what we teach," she said. "In the past, we have treated the patient first. We did not have the facilities to evaluate fully and scientifically what we were doing."

"We must do that now but we must keep a balance and never get so that we lose sight of the patient."

No. 35.

JANUARY, 1949

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of the

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EDITORIAL

In order to commemorate the formation of the new company of Dorset House School of Occupational Therapy Ltd. and as a small tribute to Dr. Casson, the Journal Sub-Committee has decided to make this issue a Dorset House Number. To those, if any who do not know of the work of Dr. Casson, we would offer the recommendation to read the Profile and also the account of the foundation and history of Dorset House, that institution which has had so strong and so lasting an influence on Occupational Therapy not only in this country but in many others. To Dr. Casson herself we wish every success as Medical Director and Vice-Chairman of the new company, and may she enjoy health and strength to appreciate the successes that we feel sure will continue to come through her cherished child and creation "D.H."

I have also been asked to explain that it has been decided by the Council that the lists of new members will no longer be published in the Journal and that a revised list giving the names and addresses of all Members and Associates is to be prepared shortly. It is hoped to revise this list and have it on order at the Annual General Meeting in future years, while a list of new members joining the Association during each year will be published at intervals as a supplement to the main list.

We congratulate those who organized the Auction Sales in aid of the Association Funds and appreciate their public spirit in making such splendid efforts.

We should also like to thank those who have lent or provided blocks for the Journal, particularly St. Andrew's School, Northampton, for those which appeared in our last issue and those so kindly lent by Dorset House for this issue.

Journal Contributions.—Will those who have reports from Regional Groups or Students' Unions, or letters to the Editor on matters of interest or controversy kindly send them to Miss M. Reed, Whitelands College, West Hill, Putney, S.W.15.

Articles should be sent to Mrs. Foulds, Runwell Hospital, Wickford, Essex.

All matter for the April Number of the Journal should be in the Editor's hands not later than **February 24th**. Articles for other numbers can be received at any time.

NOMINATIONS FOR COUNCIL—1949

The following Members have consented to stand for election to the Council:—

Elvira L. Beckett—Diploma of the Association of Occupational Therapists, 1938 (trained at the Occupational Therapy Centre).

Appointments held:—

1939—40—Occupational Therapist in Charge, Crichton Royal Hospital, Dumfries (psychological).

1940—46—Occupational Therapist in Charge, Hill End Hospital (Barts), St. Albans.

1946 to date—Occupational Therapist in Charge, St. George's Hospital, S.W.1, and the Atkinson Morley Hospital, Wimbledon.

Member of the Executive Committee of the British Council for Rehabilitation.

Member of the Council of the Association of Occupational Therapists, 1942—1946.

Honorary Treasurer of the Association of Occupational Therapists, 1942—1946.

Member of the Finance and Publicity Sub-Committees.

Formerly an Examiner for the Association.

Special interests in occupational therapy:—(1) To link up more fully the treatment of psychological and physical cases and to break down existing barriers between them. (2) To further the use of occupations other than crafts in the treatment of any disability.

Proposed—Mrs. M. S. Jones, M.C.S.P., M.A.O.T.; Seconded—Miss B. M. Stow, M.A.O.T.

→ **Daphne Birkbeck**—Diploma of the Association of Occupational Therapists (physical specialisation) December, 1944 (trained at the Dorset House School of Occupational Therapy). Domestic Science Diploma.

Appointments held:—

Jan., 1945—Assistant Occupational Therapist, Curative Workshop, Horton Emergency Hospital, Epsom.

Jan., 1946—Occupational Therapist in Charge, Horton Emergency Hospital, Epsom.

June, 1947 to date—Occupational Therapist, National Temperance Hospital, London.

Member Examination Sub-Committee.

Examiner of the Association.

Special interests in occupational therapy:—(1) Work with home-bound patients. (2) Pre-vocational help to patients unable to return to their former occupations. (3) Maintenance of high examination standards for the profession.

Proposed—Miss E. L. Beckett, M.A.O.T.; Seconded—Miss Joyce Wright, M.A.O.T.

Francis A. Bloxham—War Emergency Diploma (psychological), Mch., 1944. Diploma of the Association of Occupational Therapists (psychological specialisation) July, 1946 (external study). R.M.P.A. (Distinction), 1936, R.M.N.

Appointment held:—

Feb., 1943 to date—Occupations Officer, St. James' Hospital, Milton, Portsmouth.

Special interests in occupational therapy:—(1) Development of the profession in general and in Mental Hospitals in particular. (2) Scope for occupational therapy in observation wards of Municipal Hospitals.

Proposed—Miss G. MacCaul, M.A.O.T.; Seconded—Miss E. L. Beckett, M.A.O.T.

Joyce A. W. Johns—Diploma of the Association of Occupational Therapists (dual qualification) July, 1947 (trained Liverpool School of Occupational Therapy). Board of Education Diploma in Drawing, 1940.

Appointment held:—

Oct., 1947 to date—Occupational Therapist, County Mental Hospital, Rainhill, Liverpool.

Has done ten years active work in Guiding, Scouting and Y.W.C.A. Club Work.

Student Representative for the Liverpool School on the Journal Subcommittee for 1947.

Special interests in occupational therapy:—(1) The further development of the therapeutic Social Club in Mental Hospitals, and the link between occupational therapy and social therapy, especially in the follow-up of discharged mental patients. (2) Occupational therapy for Juvenile Delinquents. (3) Training of students.

Proposed—Miss J. Wright, M.A.O.T.; Seconded—Miss I. R. Heine-mann, M.A.O.T.

Margaret Hedderwick Kidston—B.Sc. (Glasgow). Diploma of the Association of Occupational Therapists (physical specialisation) December, 1945.

Appointments held:—

1930—42—Assistant in Department of Anatomy in University of St. Andrew's.

1940—42—Commandant of Fife 80 V.A. Detachment for Women Students.

→ 1943—45—Staff Student at Dorset House School of Occupational Therapy.

Nov., 1945—March, 1948—Occupational Therapist in Charge, Red Cross Treatment Centre, 2, Park Circus, Glasgow.

Sept., 1948—Vice-Principal and Tutor in Anatomy, Dorset House School of Occupational Therapy.

Artist Member—Lady Artists' Club, Glasgow.

Special interests in occupational therapy:—The place of Occupational Therapist in the Rehabilitation team—by encouraging the Medical Staffs to refer cases and admit the Occupational Therapists to case conferences, clinical examinations, etc., so that the Occupational Therapist may become an active member of the team and not an outside worker as so often is the case at present.

Proposed—Miss R. Pearson, M.C.S.P., M.A.O.T.; Seconded—Mrs. M. E. Foulds, M.A.O.T.

Sheila M. Knox—Foundation Diploma. Diploma, London City and Guilds.
Appointments held:—

1935 to date—Occupation Officer, Rampton State Institution.

Co-opted to Council, April, 1947 and 1948. Craft examiner to the Association.

Member of the Education Sub-committee, and of the Ad-hoc Committee to consider qualifications for those wishing to work with mental defectives.

Special interests in occupational therapy:—Juvenile Delinquents and Mental Defectives exhibiting severe conduct disorders.

Proposed—Miss Nancy Ross, T.M.A.O.T.; Seconded—Miss K. M. Thompson, M.A.O.T.

→ **Grizel MacCaul**—Diploma of the Association of Occupational Therapists, 1940 (trained at the Dorset House School of Occupational Therapy). Member of the Ling Physical Education Association. Teachers' Diploma, Association of Occupational Therapists.

Appointments held:—

1940—41—In charge of Allendale Curative Workshops, Bristol.

1941—46—Occupational Therapist in charge, Barnsley Hall E.M.S. Hospital, Bromsgrove, Worcs. (physical cases). Member of staff, Dorset House School of Occupational Therapy.

1946 to date—Occupational Therapist in charge, London Hospital, Whitechapel, E.1.

Member of the Council, 1943—April, 1948. Vice-Chairman, November, 1945—April, 1946. Chairman of the Council, April, 1946—48.

Member of Examination and International Policy Sub-Committees. Association's representative on the Professional Staffs Committee.

Examiner to the Association.

Special interests in occupational therapy:—(1) Furtherance of the understanding of occupational therapy among the medical profession. (2) Problems related to the training of students. (3) Development of apparatus specially designed for occupational therapy.

Proposed—Mrs. M. S. Jones, M.C.S.P., M.A.O.T.; Seconded—Miss E. M. Macdonald, T.M.A.O.T.

→ **Phyllis E. Maynard**—Diploma of the Association of Occupational Therapists (psychological specialisation) July, 1945 (trained at the Dorset House School of Occupational Therapy). R.M.P.A.

Appointments held:—

Feb., 1931—Aug., 1947—Assistant Occupational Therapist, Ramp-ton State Institution.

Sept., 1947 to date—Occupational Therapist in charge, Littlemore Hospital, Oxford.

Special interests in occupational therapy:—(1) In promoting the organisation of a group of Occupational Therapists (supervisory) to give guidance, instruction and assistance to young qualified Occupational Therapists who are in charge of departments. (2) In the establishment of a Training School for male Occupational Therapists.

Proposed—Miss B. E. G. Collins, M.A.O.T.; Seconded—Miss B. H. Rostance, M.A.O.T.

→ **Beryl M. Morphet**—Diploma of the Association (physical specialisation), December, 1947 (trained at the Occupational Therapy Centre, London, N.W.3).

Appointments held:—

March, 1947—May, 1948—Occupational Therapist, Poplar Hospital.

June, 1948 to date—Staff, Liverpool School of Occupational Therapy.

Special interests in occupational therapy—Particularly on the physical side, to improve the standard of anatomy—also a special interest in pottery.

Proposed—Mrs. Glyn Owens, T.M.A.O.T., O.T.R.; Seconded—Miss B. M. Stow, M.A.O.T.

Olwen M. Owen—A.T.D., War Emergency Diploma (psychological specialisation) December, 1942. Diploma of the Association (physical and psychological specialisations) January, 1947 (trained at the Dorset House School of Occupational Therapy). Teachers' Diploma, Association of Occupational Therapists.

Appointments held:—

Jan., 1942—Dec., 1946—Staff, Dorset House School of Occupational Therapy.

Feb., 1947 to date—Senior Occupational Therapist, the Maudsley Hospital, Denmark Hill, S.E.5.

Craft Examiner to the Association.

Proposed—Miss G. MacCaul, T.M.A.O.T.; Seconded—Miss M. Swann, M.A.O.T.

A. Constance Owens—Diploma of the Philadelphia School of Occupational Therapy. On American Register of Occupational Therapists. Foundation Diploma of Association of Occupational Therapists. Teachers' Diploma, Association of Occupational Therapists.

Appointments held:—

1926—28—Experience of Occupational Therapy at Holloway Sanatorium, Virginia Water, Severalls Mental Hospital and Friern Mental Hospital (Colney Hatch).

1928—29—Philadelphia School of Occupational Therapy.

1930—33—Principal, Dorset House School of Occupational Therapy.

1933—34—Occupational Therapist, County Mental Hospital, Chester, and Supervisor of Mental Hospital training for Dorset House School.

1936—38—Hon. Occupational Therapist, Liverpool Psychiatric Clinic.

1942—45—Occupational Therapist in Charge and Supervisor of O.T. training, Upton Emergency (Orthopaedic) Hospital, Chester.

1946 to date—Principal, Liverpool School of Occupational Therapy.

Chairman of the Foundation Committee of the Association of Occupational Therapists. Member of Council, 1936—48. Co-opted to Council, April, 1948. Chairman of Council, March, 1936—November, 1941. Vice-Chairman, April, 1946—48.

Member of the Education, International Policy and Publicity Sub-Committees.

Past examiner to the Association.

Member of the American Occupational Therapy Association.

Member of the Women's Advisory Council to the Nuffield Provincial Hospitals Trust.

Member of the Mental Health Committee and of the Liverpool Regional Hospital Board.

Special interests in occupational therapy:—Long term planning for occupational therapy in the hospitals of the future. Occupational therapy education in general and the training of Occupational Therapists in particular.

Proposed—Miss B. M. Stow, M.A.O.T.; Seconded—Mrs. E. J. Hombersley, B.A., T.M.A.O.T.

Ronald Sharp—Diploma of the Association (psychological specialisation), July, 1948 (trained at the Occupational Therapy Centre, London). P.T. Instructor (Army).

Proposed—Mr. S. Lock, M.A.O.T.; Seconded—Miss B. Hudson, M.A.O.T.

ASSOCIATION'S NOTICES

Australian Association of Occupational Therapists—The Council is glad to announce that arrangements have been made with the Australian Association whereby reciprocal Membership is offered between members of this Association working in Australia, and of the Australian Association working in this country. This arrangement has been made for a period of three years in the first instance, after which the question will be further reviewed.

It is hoped that similar arrangements may be made in the not too distant future with the Occupational Therapy Associations of other countries.

Postal Ballot—Members are reminded that it is now legal for the Association to hold a postal ballot for the appointment of new members of Council. Ballot papers will be sent out before the Ordinary General Meeting, and must be returned to the Office by the stated date. When the papers are circulated, therefore, will members read the instructions most carefully, and in particular, note the date on which these papers must be returned.

Uniform Patterns—It appears that the numbers of the patterns recommended for the Association's uniform have been withdrawn. The recommended numbers are now Vogue No. 6335, and Vogue No. 6571. No. 6335 is now shown as a housecoat, but it can readily be shortened to the desired length.

Donations—The Council announces with gratitude the following donations:—

	£	s.	d.
Miss N. Ross (Film Fund)	5	0	0
Miss M. I. Tarrant (Film Fund)	5	0	0
→ Dorset House School of Occupational Therapy— (rebate on agreed expenses for examinations)	7	0	0
→ Miss G. MacCaul (refund of examination expenses for library fund)	3	7	9
→ Dr. Elizabeth Casson, Dorset House School of Occupational Therapy (towards expenses in connection with the International Congress on Mental Health)	5	0	0
→ Auction Sales at Occupational Therapy Centre and Dorset House School	70	3	10

Library—It will be remembered that, at the Ordinary Meeting held in March, 1948, it was agreed that a small library be started. Until larger premises are available, it must be appreciated that the number of books must of necessity be limited and that there may be some delay in circularisation. The matter will be considered further and details of the books available and the way the scheme will work will be published at some future date. In the meantime, the Council, having regard to the interest shown in such a scheme by the Members, felt that many of them might welcome an opportunity to help in the foundation of the library. It was agreed, therefore, to insert a notice in the Journal calling the attention of Members and Associates to this matter, and asking that **gifts of books** (both medical and craft) might be handed in at the Ordinary General Meeting to be held in March.

Ordinary General Meeting—

The Ordinary General Meeting will be held at Church House, Westminster, London, S.W.1., on Saturday, March 19th, 1949. Please keep this date free.

CHRISTMAS CARD COMPETITION

It has been decided that there should be an Association's Christmas Card for sale to Members of the Association available for Christmas, 1949. In connection with this it has been agreed that there should be a Competition for the design of this card, and it is hoped to arrange that the designs submitted shall be judged by someone who is in no way connected with the Association.

A prize of one guinea (kindly given by Mrs. Hombersley), will be offered.

RULES.

1. This competition will be open to Members, Associates, Registered Technicians and Student Associates of the Association of Occupational Therapists.
2. The finished card will be reproduced in any of the following sizes:—
5½" x 3½", 6" x 4", 5" x 4", either upright or oblong.
(it is usual for the designs for reproduction to be two-thirds larger than the finished printed design).
3. Not more than two colours may be used in addition to the colour of the card. The design should be economical to reproduce.
4. The attention of competitors is drawn to the fact that the inside of the card will have the Association's badge and a formal greeting, and the printing inside will be in black, green or some neutral shade.
5. The closing date of entry will be **April 30th, 1949.**
6. No entry fee will be charged for the Competition, but those wishing their designs to be returned, must send a stamped addressed envelope.

ENTRIES SHOULD BE SENT to the Secretary, Association of Occupational Therapists, 251, Brompton Road, London, S.W.3, not later than the 30th April, 1949, and the envelopes should be marked "Christmas Card Competition."

MINUTES OF THE THIRD ORDINARY GENERAL MEETING OF THE ASSOCIATION OF OCCUPATIONAL THERAPISTS, held at Denison House, Vauxhall Bridge Road, S.W.1, on Saturday, March 13th, 1948.

Dr. Janet Kerr Aitken was in the Chair. Some 90 Members and Associates were present.

The Chairman read the notice convening the Meeting.

The Minutes of the previous Meeting, having been published in the Journal, were confirmed and signed.

As the Annual Report had been circulated, no further comments were made.

Reports of the work of the Education and Examination Sub-Committees were given by their Chairman, Miss K. Thompson. Reports of the work of the Industrial Fellowship Sub-Committee and of the International Policy Sub-Committee were given by their Chairman, Mrs. M. S. Jones.

In regard to the Industrial Fellowship Sub-Committee, Mrs. Jones reported that Miss Schwerdt's report was being circulated among the members of the Sub-Committee and it was hoped that the findings might shortly be published.

Following the report of the International Policy Sub-Committee, Miss Lyttleton raised the question of the other School in Britain, stating that she noted that there were two representatives of Occupational Therapists on the Whitley Council, which she felt to be a pity. Mrs. Jones reported

that the matter of reciprocity with the Scottish Association had received careful consideration but it had been felt impossible to offer reciprocity as the Scottish Association was a registering body only, and not an examining one. She reported that the Association had put forward the suggestion of a Joint Examining Board. A reply from the Scottish Association had been received, but the Council had not yet had an opportunity for discussing the alternative suggestions put forward. Miss Macdonald stated, as one who had attended a Meeting of the Whitley Council, that she did not feel that the profession was suffering in any way from the fact that there were two representatives.

The report of the Journal Sub-Committee was given by Miss Ross, the Chairman, who stated that lively and interesting meetings had been held. She wished to remind members that it would be some time before the Journal could be published more often.

In the unavoidable absence of Miss Tarrant, her report of the year's work of the Professional Staffs Committee, and of the Whitley Council Functional Committee Group "A" was read by Miss MacCaul. Upon the proposal of Mrs. Owens, and with the unanimous agreement of the Meeting, it was resolved that a message of thanks be sent to Miss Tarrant for so ably representing the Association on this Committee. The Secretary was also directed to congratulate Miss Tarrant upon obtaining representation on the Executive Committee of the Functional Council and upon her most able report.

The Auditors' report, having been circulated, it was proposed by Miss Beckett, seconded by Miss Stow, that the report of the Auditors for the year 1947 be adopted. Certain questions upon the report were raised.

It was proposed by Miss Macdonald, seconded by Miss Knox, that Messrs. G. E. Holt and Son be re-appointed as Auditors until the next Annual General Meeting at the remuneration of fifteen guineas.

In view of the deficit, the question of provision for a Life Membership was raised, and it was agreed that the Council consider the possibility of those who have been members for some years computing for a life rate. It was further suggested that Members might pay forward for, say, 10 years.

A further point which it was agreed should be considered by the Council was the question of a lower subscription rate for members working abroad, who were not able to take advantage of the privileges of a full voting membership. It was agreed that the Solicitor be contacted to ascertain the legal position regarding any such arrangements.

COUNCIL.

The following were elected to serve on the Council:—

Mr. A. Beasley	Mrs. E. J. Hombersley	Miss J. Northcote-Green
Miss B. Stow	Miss M. Tarrant	Miss G. Thornely

1945 Prize.

It was reported that it had not been possible to assess the results for 1946 earlier, and there were therefore two prizes to be distributed, that for 1946 being awarded to Miss June Platten, and for 1947, to Miss F. M. Robertson.

Enquiry was raised at the item 14/2d. interest on Defence Bonds in the accounts, and it was agreed that this be investigated.

OTHER BUSINESS.

The question of the possibility of a Postal Ballot was raised. It was reported that enquiry had been made of the Solicitor who stated that the permission of the Board of Trade must be obtained. It was understood that should this be granted, it would be necessary to call an Extraordinary General Meeting to pass the necessary resolution. It was resolved that the Solicitor be asked to look into the matter, and that provision for a postal ballot be made.

Mrs. Jones called for replies to her circular regarding apparatus and adaptations of apparatus and equipment to which the response had been disappointing. She stated that it was hoped to have copies of the agreed adaptations available at the Office for reference.

Mr. Williams asked that specimen craft books be also available at the Office for reference. It was agreed that a small library be started, and offers of contributions were received.

Referring to the circular regarding openings for a non-voting membership, the question was raised as to the benefits of such membership. It was further stated that no subscription rate had been given. It was pointed out that those whose applications were accepted would be members of the Association, although such persons would have no voting rights. The benefits to be gained would be:—

- (a) Prestige.
- (b) The position to claim recognition under the J.N.C. scale.

As members the subscription rate would be the same as that of other members.

EXTRAORDINARY GENERAL MEETING

An Extraordinary General Meeting of the Association was held at the Occupational Therapy Centre, 12-14, Merton Rise, Hampstead, N.W.3 (by kind permission of the Principals). Miss Barbara Stow, Chairman of Council, was in the Chair, and twenty-two members were present. The Secretary was in attendance.

The Chairman reminded the Meeting that at the Ordinary General Meeting held in March, the Council had been directed to proceed with the arrangements necessary for the alteration of Articles to make provision for a postal ballot. The necessary formalities had been under-gone, and the consent of the Board of Trade to the revised articles had been received. It was now necessary to obtain the consent of the members to these revised Articles, which were read to the Meeting.

The following Special resolution was therefore put to the Meeting:—
"That the Articles of Association be altered in manner following:—

- (a) by the insertion at the end of Article 43 of the following words
"The elected members shall be elected by a postal vote of the members entitled to vote under Article 36 hereof."
- (b) Article 54 shall be deleted and the following Article substituted.
"54 The vacated office of each member of the Council retiring in manner aforesaid shall be filled by electing a person thereto by means of a postal vote taken in the manner hereinafter provided the result of such postal vote being declared and becoming operative at the meeting at which the member of the Council retires."
- (c) Article 55 shall be deleted and the following Article substituted.
"55 The postal vote for the election of the elected Members of the Council shall be conducted in such manner as the Council may from time to time direct and until the Council shall otherwise direct nominations accompanied by the written consent of the person to be proposed shall be made and lodged with the Secretary not later than the 31st day of October in each year. The list of nominations with ballot papers if necessary shall be circulated to all Members entitled to vote under Article 36 hereof and resident in the United Kingdom at least twenty-one days before the Ordinary Meeting in each year and all ballot papers duly completed and returned to the Secretary seven days before the Ordinary Meeting shall be counted and tabulated by the Secretary or other Returning Officer appointed by the Council and the result reported to the Ordinary Meeting."

Twenty-one members voted in favour of the Resolution, and one abstained.

One member enquired as to the reason for the inclusion of the Articles regarding voting by Proxy, as she had been under the impression that, with the institution of a postal ballot, these Articles would be deleted. It was pointed out, however, that provision for voting by Proxy is a usual provision in Companies' Articles, and might be necessary when a formal resolution had been circulated on the Agenda and upon which a poll might be held at a General Meeting.

A further enquiry was raised regarding the position of Members working overseas and the possibility of their voting now that a Postal Ballot had been instituted. It was pointed out, however, that Article 55 provided that only members resident in the United Kingdom should receive a list of nominations with ballot papers, and in view of the varying distances and the length of time any postal communication might take, it would not be practicable to include members working abroad in any postal ballot.

The attention of the Meeting was drawn to the fact that, at the Ordinary General Meeting in March the Council had been directed to look into the matter of a Life Membership rate, and a reduced rate for those working overseas, and enquiry was made as to the steps which had been taken. It was reported that the Council had the matter under consideration, but that it was not necessary for the Articles to be altered to provide for a change in the annual subscription. It was necessary, however, for the consent of the Association in General Meeting to be obtained, and as these changes could not come into operation until six months after notice thereof has been given, it is hoped that some definite proposal would be before the Association at the General Meeting in March.

There being no other business, the meeting was adjourned.

THE AUCTION SALE

An auction sale in aid of the Association Funds was held after the Extraordinary General Meeting on October 22nd. Miss Tarrant and Miss Rivett were hostesses at Merton Rise, and Miss Henson made a very able and amusing auctioneer supported by Mr. Sharpe.

Before the proceedings Miss Stow announced that Dorset House Students and Staff, who were unable to attend, had organized an auction of their own and had raised £20. 10s. 0d. They were warmly applauded as much for their interest in the Association and their appreciation of its financial difficulties, as for their very generous practical contribution.

After this the comparatively few Members and Associates (mainly from the London Area) who were present, bid keenly and with friendly rivalry for food, drink and other useful articles. The bidding was usually in shilling "hops" but sometimes a bargain was secured by a penny margin! After an hour, funds were running low, so with the takings at £44. 16s. 4d. and a lot of goods still "on the table", Miss Henson stood down.

It is hoped that another auction will be held shortly, and we invite in advance all those who did not attend to come and stock their larders while supporting their Association.

THE STORY OF THE DORSET HOUSE SCHOOL OF OCCUPATIONAL THERAPY

Profile

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

Dr. Elizabeth Casson has always shewn a tendency to surprise her friends by cheerfully undertaking seemingly impossible tasks against apparently hopeless odds. Those of us who knew her when she was pioneering under Miss Octavia Hill in Estate Management, salvaging slum property in Southwark, were quite sure she had found her *métier* and that

she and Miss Joan Sunderland and some of Miss Hill's other stalwart supporters were inseparables and fixed for life. But not so; what Elizabeth Casson had learnt in South London was that it was the Londoners themselves as well as their tenements that needed "first aid"; and she surprised her friends at the age of thirty by working for her matriculation and then becoming a qualified practitioner in medicine and surgery, ultimately achieving the distinction of being the first woman to gain the degree of Doctor of Medicine of the University of Bristol.

Her first appointment in medicine was at the General Hospital at Hemel Hempstead, under Dr. Sparrow, during the first war—a most valuable experience gained under what one may call conditions of high pressure and tension. Thereafter, though she had shewn that she had the "hands" and the aptitude of a surgeon, she surprised us again by electing to specialise in the treatment of nervous and mental disorders and joining Dr. Moore's resident staff at the Royal Holloway Sanatorium, Virginia Water. It was there that she not only proceeded to her doctorate but also wrote the essay that gained her the much coveted distinction of election to the company of Gaskell Prize-winners.

Her attachment to Bristol, where she had graduated, and to Clifton Hill House, where she had resided under Miss Staveley, led her in due course to set up her own establishment at Dorset House, on the Clifton Downs, where, with other forms of medical treatment, she could organise and develop a school of occupational therapy. That she succeeded at Clifton as she had succeeded at Virginia Water, at Hemel Hempstead and under Miss Octavia Hill needs no demonstration. The subsequent history of her school, and her long tenure of the office of Honorary Consultant at the Bristol General Hospital speak for themselves.

Dr. Casson comes of an interesting family. Her father, Thomas Casson, is the subject of a leading article in a recent number of *The Organ* (Oct., 1948), written in appreciation of his outstanding influence on modern developments in organ-building. Her brother, Sir Lewis Casson, the actor, we, of course, all know well. There was a Casson great-grandmother in Napoleonic times, who organised scup-kitchens and slate-quarrying for the villagers of Festiniog when the industry was at a standstill during the blockade, and further back still was another ancestor after Dr. Casson's own heart, "Wonderful Walker," of Seathwaite-in-Dudden, who was curate there, in the eighteenth century, for seventy years. He kept school in his church on week-days, and spun at his wheel and taught all his own family to weave.

This passing reference to Dr. Casson's kith and kin and the stock from which she comes must needs be brief, though it is important because she herself is both proud of it and interested in it. A characteristic trait that must at some time have impressed her friends and acquaintances, is her capacity for extending and keeping intact her circle of associates. She has not forgotten and does not forget any.

Such in brief are some impressions of an onlooker who, during forty-five years has watched the inspired growth of Dr. Casson's work.

PART I.

The history of Dorset House as a School of Occupational Therapy is inseparable from the history of Dorset House as a Nursing Home for the treatment of patients suffering from neurotic and psychotic disorders. In the Summer of 1929 Dr. Casson appointed Miss Constance Tebbit, then training in Philadelphia, as Principal of the School. Miss Tebbit worked strenuously in the United States to gather material for use in training, returning to England for Christmas, 1929. The School actually opened on New Year's Day, 1930, with Dr. Casson as its Medical Director.

In the first three years Dorset House was not only a Nursing Home and Training School for Occupational Therapists, it was an enterprise, and an experiment and a thrilling adventure for those most closely con-

cerned with it. To be part of it, whether as Medical Director, Nurse, Kitchen Maid, Secretary, Student or Principal, meant being part of a vital and living whole, and knowing that one had a contribution to make to the well-being of that whole. Behind it all was the dynamic quality in the work which Dr. Casson inspired and of which she was the centre.

During these first three years the bulk of clinical experience was psychological, the reason for this being two-fold. The demand for trained Occupational Therapists was for those equipped for Mental Hospital work and at the same time it was far easier to provide facilities for this type of experience. The physical aspects of Occupational Therapy were never lost sight of, and during 1930 an embryonic department was opened at the Bristol General Hospital, though the work was confined to ward work and the cases treated were mostly cardiacs. Most of the clinical practice was obtained with Dr. Casson's own patients and at this time the department and school were intimately related to one another. Students had patient contacts of the narrow rather than of the wide nature more prevalent now. Their experience of occupational therapy included such varied activities as netball, country dancing, theatre and bridge-parties, gardening, picnics, in addition to crafts.

The School's premises were changed a number of times, from part of one room to two, and from two to half a house. All early Dorset House Occupational Therapy Staff and Students will have vivid memories associated with their first residential quarters, "The Garage," with its primitive approach and early English facilities for ablution! "The Garage" of 1939 was a very different place!

In the beginning Dr. Casson gave all lectures on Anatomy, Physiology, and medical subjects herself, whilst Miss Tebbit taught all occupations, and Theory of Occupational Therapy, ran the O.T. Department, and supervised the Students' work!

In addition to the work undertaken at Bristol General Hospital some students helped with the running of Extension Guide Companies at Frerchay Sanatorium and at Winford Orthopaedic Hospital, thus gaining further experience in handling physical cases, and in particular, occupying children with activities other than crafts.

By this time Miss Goscombe had become Senior Assistant to Miss Tebbit, Miss Becky Lummis had come from America to join the Staff of the Department and Miss Albons from Sweden. Miss Vera Barber had also joined the Occupational Therapy Staff and become its expert in all forms of needlecraft and dressmaking, and, later, in weaving and spinning.

In July, 1932, the British Medical Association held its Centenary meetings in London, and Dorset House was asked to put on an "Exhibit of Occupational Therapy." This was the first major recognition of progress and the publicity thus given was a tremendous stimulus to interest in Occupational Therapy.

In 1933 Dr. Casson, Miss Tebbit and members of the Occupational Therapy Staff and students were invited to join the visit of the Royal Medico Psychological Society to Santpoorte, near Haarlem, Holland. This visit really marks the end of the first phase in the development of the Dorset House School of Occupational Therapy. In April, 1933, Miss Tebbit ceased to be the Principal of the School and upon her appointment as Occupational Therapist to the County Mental Hospital, Chester, became instead Director of Mental Hospital Practice. At Chester Dr. Hamilton Grills gave continuous support and encouragement to the department and help and stimulation to the Staff and Students. Students were now able to gain hospital practice in a wider field. Miss Tebbit soon needed a trained Occupational Therapist's assistance, in addition to the members of the nursing staff who were helping the department, and another Dorset House graduate, Mrs. N. I. R. Clarke, was appointed to the Staff. Mrs. Clarke

was thus able to preserve the continuity of Hospital practice for Dorset House Students when Miss Tebbit left in November, 1934, upon her marriage. Miss Constance Tebbit became Mrs. Glyn Owens, and is now Principal of the Liverpool School of Occupational Therapy.

The Dorset House School of 1930-34 produced a number of Occupational Therapists whose work has made them well known in the profession. Notable amongst these are:—

- Mrs. Owen Reed (Paddy Goscombe), ex-member of the Council of the Association and Second Principal of the Dorset House School.
- Miss Nancy Ross, a long standing member of the Council, the Principal of St. Loyes Training School, and the Editor of the Association's Journal.
- Mrs. N. I. R. Clarke, another ex-member of the A.O.T. Council of long standing, and ex-Hon. Secretary of the A.O.T.
- Mrs. Moyle (Muriel Crousaz), another ex-Member of the A.O.T. Council, ex-Principal of the Training Course in Occupational Therapy at Witwatersrand University, Johannesburg.
- Mrs. Hombersley (Joyce Baily), still another ex-Hon. Secretary of the A.O.T., Director of the St. Andrews School of Occupational Therapy, and a present member of the Council.

PART II.

After Miss Tebbit's appointment to Chester, Miss Goscombe took over the headship of the School, and, assisted by Miss Rebecca Lummis, ran the Occupational Therapy Department and trained the four students. When Miss Lummis had to return to America, one of the patients wrote a pantomime as a tribute to her, at the instigation of Miss Goscombe. She and Miss Tebbit had a genius for devising combined operations for staff, patients and students. 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 Owen Reed, and a new Principal had to be sought.

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

The number of students was increasing and in spite of the buildings, it was clear that the School was 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.

In the Summer of 1935 the formation of an Association of Occupational Therapists was again mooted (as it had often been before) and Miss Plater and Miss Macdonald called a meeting of their student group to discuss the matter. It was agreed to write to all the qualified Occupational Therapists (whose names appear in Part I of this history—and who had already had the idea, and with whom the students already were in contact). 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 in the Spring of 1936. In this way Dorset House felt it had the privilege of making a small 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 Dennett, too, with her animation and warmth, kept the traditions of Dorset House alive, while Miss Jackson and Miss Dahl settled in and took their bearings. Miss Martha Jackson was with us for four years, though Miss Dahl had to go back sooner. They were both unsparing of themselves. The School 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 at Dorset House 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 the School of 1934-38 there qualified, amongst others:—

- Miss K. Barber—Present Principal of the Training Course in Occupational Therapy at Witwatersrand University, Johannesburg.
- Miss M. M. Inman—Principal of O.T. Training School, Avondale, Auckland. Director of O.T. in Mental Hospital Departments, New Zealand.
- Miss R. Shaw—Occupational Therapist in charge at the Tara Hospital, Johannesburg—which is the first Neuropsychiatric hospital in the country.
- Miss I. MacArthur—Now working in South Africa at the General Hospital, Johannesburg.
- Miss E. Turner—Now working at the Groote Schuur Hospital, Capetown.
- Miss I. Richardson—Working in connection with Homebound patients in this country.

PART III.

Miss Jackson had to leave for America in August, 1938. 10 days before four of her students—(happily successful)—entered for the first examination set by the Association of Occupational Therapists. Of this group, two have gone to New Zealand and one to South Africa; they have contributed a great deal to the training of students in these countries.

The duties of the Supervisor of Occupational Therapy and the Principal of the School now included the supervision of Occupational Therapy for the patients in Dorset House itself, the responsibility of the growing School (there were now eighteen students), the supervision of the Occupational Therapy in the surrounding hospitals and a new venture . . . the planning and opening of the Allendale Curative Workshop for physical out-patients.

There was a big team of enthusiastic Occupational Therapists ready to help, among them 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 able to give some much appreciated help.

Forty experimental cases were given free treatment at the Allendale Workshops and records kept of their progress. Dr. Weissenberg, a physical medicine expert from Vienna, analysed occupations and their therapeutic applications.

Then came the war. Until France fell Bristol was little affected. Dr. Casson felt however, that, as the 1914-1918 war had precipitated the establishment of Occupational Therapy in Canada and America, so, in this war, Occupational Therapy might become established here. Representatives of the Services and the Ministry of Health paid several visits to Dorset House and Allendale. All showed great interest, mainly in the heavy work.

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 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.

Miss Macdonald, with Miss MacCaul, Miss Harris, and Miss Oldnall—(Dr. Casson's Secretary, who had come to help with the re-establishment)—and the ten Students, were soon settled in the Barnsley Hall Emergency Hospital at Bromsgrove, Worcestershire, by the kind invitation of Dr. Shepherd and the Hospital Committee, and they cannot be grateful enough for the unflinching kindness and help received from all, during their five years' stay.

Miss G. MacCaul, an expert in work for physical cases, set up her Occupational Therapy Department as part of the unit.

Owing to war conditions Dorset House was for a short time the only surviving school with a department attached, and to it came able and critical visitors from all parts of the world. This made everybody very much aware of, and somewhat fearful for, their responsibilities. They knew that the reports of these visitors would have a very great influence on decisions taken in relation to the future of Occupational Therapy.

The Ministry of Health war time courses were started in 1941. The first "Contract" was small and on this experiment a great deal depended. By 1943 the "contract" was five times as large. Students entered for a six months' course every quarter, the Association examined four times a year. A regular flow of workers moved out into the hospitals. They were partially trained and graded according to previous training and experience. The long courses, in line with Ministry of Labour regulations, were allowed to continue.

Altogether over 200 Ministry of Health candidates were trained (75 of them having since returned to complete their diplomas). 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 joined as student staff. All the courses were carried out at high pressure, students and staff working gallantly and until all 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, 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 take tea with Queen Mary at Badminton. Both Queen Mary and the Princess Royal showed keen interest in—and remarkable understanding of—the importance of Occupational Therapy.

And here it seems appropriate to name a few of the post 1938 and War-Time graduates who have taken particularly responsible and interesting posts in England and abroad:—

Miss G. MacCaul, C.S.P.—Occupational Therapist at the London Hospital (of whom mention has already been made).

Miss E. Osborn—Ex-Supervisor of the O.T. Department, St. Loyes, Exeter, and now Director of the Occupational Therapy School of Victoria, Australia.

Miss M. H. Kidston, B.Sc.—Vice Principal of the Dorset House School.

Miss O. M. Owen, A.T.D.—Vice Principal of Dorset House School at Bromsgrove and now Occupational Therapist at the Maudsley Hospital.

Miss D. Adshead—Vice Principal of the Liverpool School of Occupational Therapy.

Miss M. Warren—Present Supervisor, Occupational Therapy Group, St. Loyes, Exeter.

Miss I. Fitchett—Principal designate of the new School at Derby.

Of the War Emergency Diploma candidates mention should be made of:—

Mrs. Jones, C.S.P.—Farnham Park Rehabilitation Centre, Slough.

Miss D. Mason—Tutor at St. Loyes School of Occupational Therapy, Exeter.

Mrs. Williams, C.S.P., Ex-Supervisor in Rehabilitation, Birmingham Accident Hospital—Part-time tutor to the Dorset House School.

All these people have made generous contributions to the furtherance of Occupational Therapy.

The war ended, and the emergency hospital was due to close down. The School was lucky in finding spacious hatted premises in a good position on the top of Headington Hill, Oxford, and a very pleasant house, with garden, orchard and tennis courts, as hostel for the younger students.

Oxford offers excellent facilities for training, for, in addition to the much appreciated and kind help of University and Hospital authorities in arranging lectures and clinics, students have special access to Libraries and Museums, etc.

It was with regret that the School did not return to Bristol, but the enlarged school could not fit into its old quarters. The desirability of a more central position in the country was apparent. The saddest part of this arrangement was the permanent separation between the School and Dr. Casson's nursing homes. She herself, however, often comes to Oxford.

On June 30th, 1948, the School became a limited company, of which Sir Geoffrey Peto (Chairman), Dr. H. Balme, Mr. Hugh Casson, Dr. F. S. Cooksey, Dr. John Johnson, Sir Percy Marsh, Mrs. Nugent Young and Dr. A. Shepherd, are Governors. Dr. Casson is Medical Director and Vice-Chairman.

The ending of this chapter is best described in Dr. Casson's own words, in a letter to the students, after the first meeting of the Company:—

My Dear Students,

29th September, 1948

I am writing to explain to you that, in order to strengthen the future stability of the work of the School, a non-profit making Company has been formed, to which I have handed over my responsibilities of ownership. The Members of the Advisory Committee have become Governors of the Dorset House School of Occupational Therapy Ltd., with Sir Geoffrey Peto as Chairman and myself as Vice-Chairman. I shall also still remain as Medical Director.

nineteen

The School has never been run for profit and all belonging to it have shown that they are working as one body. Now that it is a Company I hope that each student will realise even more than before, her responsibility to the School. I know that the spirit of service will continue and grow so that we can be of real use to the patients, for whom we exist.

Yours sincerely,

(Sgd.) E. CASSON.'

So, on July 1st, 1948, the Dorset House School of Occupational Therapy started on another phase of its history, with 180 students on the roll.

THE VALUE OF SLINGS IN OCCUPATIONAL THERAPY

Griselda P. MacCaul, M.A.O.T.

There are two main reasons for using slings in Occupational Therapy: first, the need to provide support, and second the need to give assistance to the patient in certain movements. There are many ways of fulfilling those needs and the best results for individual patients may be arrived at by different means, but when slings are used there are a number of rules in connection with their application with which probably most O.T.'s agree. First, they must be comfortable, soft, at least 4 inches wide, and completely secure both at the point of suspension overhead and on the limb. Since the word "support" implies that there is relaxation on the patient's part, and that, though essential, is "not always easy to achieve, it might be helpful to consider its implications. Nobody is likely to relax his or her limb unless there is confidence that it will be comfortably and safely handled, and this confidence—or the lack of it—springs from the absence or presence of general physical and mental tension prompted by the atmosphere in which the patient finds himself. This is not an easy thing to analyse, but it is certain that the essential factors in the make up of the right atmosphere are the manner and general bearing of the O.T., her voice, her thought for the comfort and ease of the patient, including the provision of the right type of chair well placed, and finally by her confident handling of the limb. Any lack of this last will communicate itself at once to the patient and nothing can so utterly destroy the chances of gaining relaxation.

To imagine that all patients for whom slinging may be necessary will be tense through nervousness and lack of confidence is clearly untrue, since most O.T.'s have had to deal with the type who thinks it helps if all the muscles of the shoulder girdle, shoulder joint, elbow, wrist, and fingers are tensed, but it certainly is true to say that most patients, for one reason or another have to be taught to relax.

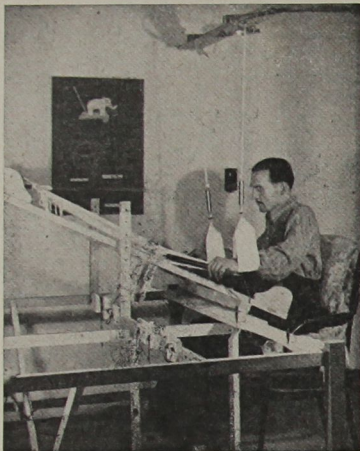
Where a fixed suspension is to be used, it can, perhaps, be hoped that once the limb is securely and comfortably placed in the sling, relaxation will follow. This may be so, but with the new patient for whom either spring or weight is to be used it is essential that relaxation be gained at the start, so that a correct assessment of the assistance needed can be made. Experience helps here but it is astonishing what a difference there may be between the weight of the relaxed arms of two patients, and a limb even partially held in position actively will result in a faulty assessment. Subsequently, if relaxation takes place, the "helpful" patient's arm will drop. On the other hand, the nervous patient who fears pain will have resisted the action of the spring or weight and an over estimate of the assistance needed to support the arm in the optimum position will have resulted in a stronger spring or weight being used than is necessary. This in turn will result in the limb being elevated into a position of discomfort, if not of pain, should relaxation take place. So the patient whose

original tenseness was due to fear of pain, will be obliged to contract the muscles of the group antagonistic to those in need of assistance in order to safeguard himself. This is clearly a situation detrimental to the patient physically and psychologically and one to be prevented at all costs.



Let us imagine one such nervous patient with a stiff and painful right shoulder following fibrositis and subsequent disuse over a period of months. She has developed the habit of raising the shoulder girdle to initiate any action of the arm, and the first step in treatment must be to re-educate her to the *feeling* of gleno-humeral movement. The Deltoid may be unable, through disuse, to take the weight of the arm, and it is certain that without assistance to counteract the pull of gravity, this wrong movement pattern is unlikely to be corrected. One way of tackling this would be to see that the patient is comfortably seated, and then standing behind her and slightly to her right, slip your right arm, with the palm of the hand uppermost, under hers, so that your hand reaches and loosely grasps round her wrist. One or two fingers reaching into her palm will act as a comfortable cockup and will short circuit any effort on her part to hold the hand up. If her forearm is allowed to lie diagonally across yours, from within out, pressure on bony parts at the elbow will be avoided, and the weight of the upper arm can be taken on your forearm, upper arm or both, according to the relative proportion of the limbs, while, by placing your

left handlightly on the top of her shoulder, she will be encouraged to relax that too. From this starting position it is generally possible by doing the movement, first passively and then asking the patient to help you "very gently" to work up to the maximum contraction of the abductors of which she is capable, all the time making sure that true abduction does in fact take place at each attempt so that risk of other muscles being used unnecessarily is avoided. It is very important that this introduction to the patient of what is wanted from her, shall be painless, however drastically this may limit the range at first. The value of careful help and instruction at this stage cannot be overestimated.



Having decided that some form of sling will be necessary, the advantages of the various methods must be considered in the light of this particular patient's needs, i.e., a relaxed starting of slight abduction for the weak abductors. The possibilities are probably covered by the following:—

1. *Sling with cord suspension from a fixed point.*

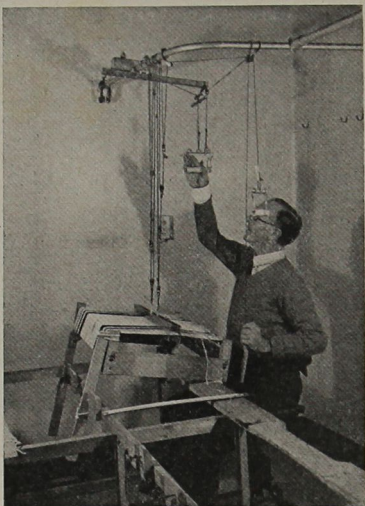
Special features:—(a) maintains a chosen starting position; (b) assists no movement directly; (c) prevents movement diametrically opposite to the line of suspension.

Note—If the point of suspension is low overhead there will be slight resistance to all movements of wide range in the horizontal plane.

2. *Sling with cord suspension running on overhead rails.*

Special features:—(a) allows for a chosen starting position; (b) gives freedom for, and eliminates gravity in movements of the same arc as the rails.

Note—The elimination of gravity means that, even if the weight of the arm be lengthened, as in extension of the elbow, with the shoulder abducted, there will be no additional work required to support the limb, i.e., by Deltoid; (c) prevents movement diametrically opposite to the line of suspension.



3. *Sling with a spring from a fixed suspension point.*

Special features:—(a) maintains a chosen starting position; (b) assists movement in the line of the recoil of the spring within the limits of that recoil; (c) resists movements to extend the spring.

Note—In connection with the use of springs this is rarely of treatment value; (d) gives buoyancy.

4. *Sling with a spring from an overhead rail.*

Special features:—These are a combination of those in methods 2 and 3 with this difference: there will be an increase in muscle work for Deltoid, if, when the elbow is extended, the same degree of shoulder abduction is maintained.

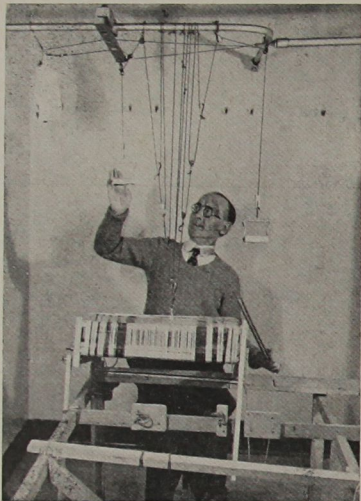
Note—Unless Deltoid is capable of increased work, this method is valueless since easy movement on the rails will be impossible if friction is increased by a dropping of the limb and consequent extension of the spring.

5. *Sling with weight.*

Special features:—(a) gives no fixed starting position. If, however, the weight is equal to that of the relaxed limb it will maintain whatever position is adopted.

Note—Weight greater than that of the relaxed limb must never be used as a form of assistance. The antagonistic muscles will be bound to exert control; (b) assists.

Note—The assistance can be graded down by decreasing the weight as muscle power improves; (c) prevents no movement but resists those opposed to the line of pull.

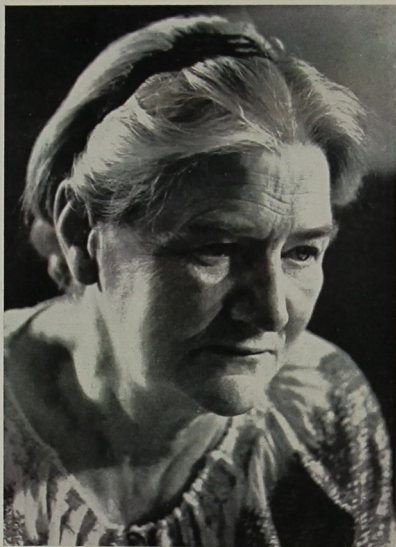


6. *"Self help" sling with connecting cord to the opposite limb,* probably operated by a handle.

Special features:—The degree of assistance is entirely controlled by the patient as and when he chooses to apply it.

Note—This method may be totally unsuitable for many patients, but for the right ones it can surpass any others.

General Note—It is often helpful to combine these methods, i.e., a patient with no power of active abduction whose treatment prescription asked for maintenance of elbow mobility might have an upper arm sling from a fixed point of suspension and a fore arm sling with suspension from a rail curved to the normal arc of movement made by the forearm during full range elbow activity.



DR. ELIZABETH CASSON.



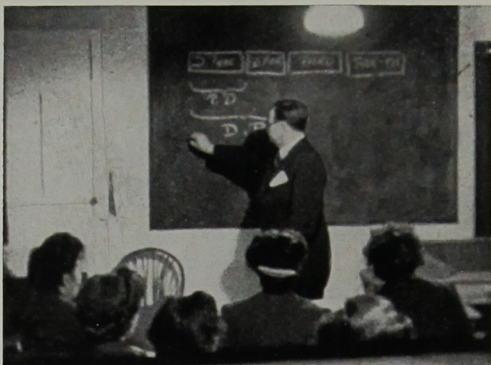
DORSET HOUSE, CLIFTON, BRISTOL. VIEW FROM PROMENADE



DORSET HOUSE, CLIFTON, BRISTOL. OCCUPATION ROOM
(MISS TEBBIT STANDING SECOND FROM RIGHT)



DORSET HOUSE, CLIFTON, BRISTOL. EXERCISES AND DANCING IN THE GARDEN



DORSET HOUSE SCHOOL, BARNSELY HALL, BROMGROVE.
LECTURING

DR. SHEPHERD



HARBERTON HOUSE OXFORD.

SCHOOL HOSTEL



DORSET HOUSE SCHOOL, OXFORD.

WOODWORK SHOP



DORSET HOUSE SCHOOL, OXFORD

DEMONSTRATION DEPARTMENT IN WHICH
STUDENTS STUDY THE THERAPEUTICS OF OCCUPATIONS

To return to our patient, methods 1, 2, and 3 would meet the first need, methods 3, 4, 5 and 6 the second. Number 3 is clearly indicated. Next, shall one or two slings be used? For maximum support two are generally preferable, one on the upper and one on the forearm, but in cases such as ours when the range of abduction is limited to about 45 deg. there is a tendency for the upper arm sling to ride up into the axilla and apart from the discomfort, the balance of the position will be spoilt. The best choice then, is a forearm sling or one of the divided pattern below and above the elbow, used with a spring. It is impossible to over-estimate the importance of accuracy in fixing the point of suspension overhead, so that the optimum starting position is ensured, i.e., abduction, slight flexion, and slight external rotation.

The aim of treatment being the encouragement of maximum shoulder movement, work should be chosen from a variety of crafts which would give this with minimal resistance, and knotting, netting, simple weaving or the making of a small flat woven rug might be suitable. The size of the task must be small since the work period will be short to begin with, and it is important to gauge the likely rate of improvement so that the patient is ready for something new when a progression must be made.

We will now assume that there is considerable increase in range and muscle strength. What the patient complains of most is inability to do her hair—lack of external rotation, and inability to tie her apron strings—lack of internal rotation. It is decided to spend part of her treatment time concentrating on the improvement of these movements. Might any method of slinging be helpful? One possible answer is a combination of methods 1 and 5, the upper arm slung from a fixed point so that there is about 75 deg. of abduction and enough flexion to bring the hand almost to the midline in front when the elbow is flexed to about 135 deg., and the forearm sling at the wrist having a sandbag, out of danger and out of sight, equal in weight to the relaxed forearm. This must be placed so that it will assist external rotation by elimination of the resistance of gravity. The opposite movement will require the same strength of musculature since the assistance of gravity will have been counteracted too. The patient could now do embroidery with any stitch done by passing the needle from right to wrong side of work. The frame must be horizontal and be placed at such a height as to call for the maximum internal rotation in the act of putting in the needle. This will be pulled through on the underside by the left hand and re-inserted. In pulling the needle and thread up on the right side the patient will externally rotate and throughout the upper arm sling will have taken the weight of the arm and have acted as a reminder that the only movement at that point should be a twisting one.

In an article such as this it is obviously impossible to cover every aspect of the subject, and much has to be left out. Should anything stated prove to be controversial, so much the better.

Two of the photographs (1 and 2) are reproduced by courtesy of the London Hospital Gazette.

1. A patient seriously troubled by rheumatoid arthritis weaving a small flat woven rug. Slings on each fore arm, supporting the weight of the limb and springs to give buoyancy. The point of suspension is free to run on the curved rails overhead. Without slings the patient would have been quite unable to work on his own. (The sheds are got by knee movements).

2. The same patient lowering the left arm to be at the right level for squeezing down the row of weaving by interphalangeal flexion. He enjoyed seeing the extension of the spring as he did this.

3. Hemiplegic patient with stiff and weak right shoulder but very little spasticity. He had to begin with, no active abduction. This illustrates method 6 self assisted elevation (abduction plus external rotation). The left hand has helped the right to reach the handle which he must grasp and pull down to make one shed. The second shed is got by a similar action with the left arm.

4. Active unassisted elevation of the right arm for comparison with the range shown in (3). This patient first works for a short period using the sling to mobilize his shoulder and then without it.

Note—the sling cord and handle have been clipped back out of the way. It will be noticed that the handle for the left hand shed is too low. This was an error due to the excitement of the moment. The levels should always be the same and adjustment is simple.

SOUTH-WEST REGION GROUP MEETING

A meeting was held on October 9th, at Dartington Hall, near Totnes, which was well attended by Occupational Therapists, students and interested non-members.

A tour had been arranged of Dartington Hall and garden, and included the farm with its dairy herd, the timber yard, sawmills, and the weaving sheds, where weaving, scouring and dyeing are carried out. It was a conducted tour, and much interesting information was given of the general life of the centre, its education, training and industries.

The excellent tea at the Village Hall, Totnes, was provided by various members, so that the charge was clear profit for the funds.

Unfortunately Miss Barnes, Chairman, was prevented from attending at the last moment, and Miss Ross kindly consented to take the chair at the meeting which followed. Business discussed included invitations to future meetings, representation on the Journal Sub-Committee and expenses connected therewith, headquarters of the group in Exeter, meetings to be held twice yearly, and election of officers for the following year. Miss Warren, of St. Loyes, was elected Chairman, and Miss Mason, also of St. Loyes, Secretary.

It was a well arranged meeting and proved an enjoyable afternoon.

NORTH-EAST REGIONAL BRANCH

The impression that this branch is alive, friendly, and full of energy was very apparent at our Branch Meeting, held at The Retreat, York, on April 10th. It still continues to thrive with 23 members, a 25 per cent. increase in six months. Dr. Pool very kindly allowed us to visit the hospital, which has a very special interest, in that it is one of the few remaining private mental hospitals. Mr. Oliver conducted us. The grounds were looking lovely with masses of daffodils. At the meeting held after lunch we organised a branch lending library, whereby we collected a list of books in the possession of members, and arranged that they could be borrowed for a fortnight on payment of postage. Secondly, we have a book of Information and Ideas, which is in circulation to all members, and each one is expected to add something to it. A questionnaire was sent round to everyone to help to get (a) information on types of work being done in the area, and (b) suggestions for materials and equipment required in the various departments. There was strong feeling on the lack of co-operation and interest shown by the Doctors in the General Hospitals, and their lack of knowledge of Occupational Therapy and its aims.

On Wednesday, June 16th, a visit was paid to John Priestman's Woollen Mill. Unfortunately it had to be on a week-day, owing to the 5-day week, so that only 5 members were able to attend. It proved to be a pleasant and educative outing; we were shown round and every process explained. Of course the noise is pretty dreadful, but the workers seemed oblivious of it. The visit has been of special value to those working with orthopaedic and nervous cases which occur so frequently in mill workers in this district.

We were invited to St. Luke's Municipal Hospital on Saturday, 10th July, where we shewn around by Miss Hall, and entertained to lunch. We then went on to the Rehabilitation Centre, Woodland, Rawdon, where we had a very interesting talk by Mr. Grant, the Remedial Gymnast, who described the work being done in conjunction with the O.T. Department and how wonderfully they were overcoming very real difficulties.

We held a short meeting there, members discussed the possibility of jewellery as a craft in hospitals, with reference to Miss Challoner's question naire on the subject. It was felt that it would be difficult to fit it into some of our very inadequate departments; but we always have hopes of enlargements really happening.

Several members put forward that they wanted information on the regulation for the use of rationed material. There are so many conflicting ideas that if we could get a simplified set of regulations it would make life easier.

DORSET HOUSE NOTES

We are very sorry that Miss Pearson so hankered for Scotland that—after many threats—she really left us!

This term, Miss Kidston, Miss Dawson, Miss Rowlands and Mr. Maggs have joined us as new members of staff. We extend a very warm welcome to them. We now have a welfare department and are able to rush to Miss Rose, our Welfare Officer, with our casualties and billet difficulties. She is also helping to organise our Christmas Dance which is adding a distinct Christmas flavour to the term.

Our new committee for the Students' Union have taken up their tasks; their predecessors having gone on to Hospital Practice. They are:—Lois Johnstone, President; Janet Wells, Treasurer; Margaret Brown, Secretary. We also have our September probationers. We take this opportunity of welcoming them to the School. This term has brought exams again and we wish all our candidates the best of luck.

The "second-years" seem to have had the lion's share of interesting work in the last month or two. We were very thrilled to be asked to help with the Sister Kenny treatment at the Wingfield Hospital. We now have a better understanding of Poliomyelitis and of living Anatomy into the bargain! We have also been writing papers in couples on Occupational Therapy applied to various conditions. This entailed much reading and in many cases, most interesting visits to Schools, Hospitals and Settlements to observe patients and the application of Occupational Therapy in their special cases. Amongst many places we have been to are, The Cripple Children's Home, Chipping Norton; a colony of mentally deficient children, Chalfont St. Giles; visiting a person with disseminated sclerosis and observing children with cerebral palsy at the Churchill Hospital O.T. Department. We also had papers on Accidents and the Chronically Sick and Aged. These papers are to be read by the writers to the others of their group.

We were very pleased to welcome Mr. Grieves back on a visit during his short holiday from Johannesburg—he brought us news of all our friends out there.

The winter activities have come to life again. The Bach and other choirs—Youth Club work—Scouts and Guides—etc. This term we have really established our Hockey Team and have had several good matches against Hospitals and Colleges—scores can hardly be mentioned as yet ! !

MARGARET C. WELLS.

THE LIVERPOOL SCHOOL

Once again exams are over, and we are having a lull before the results are known. Good luck to everyone concerned!

We hear from Marjorie Green and Ditha Reichert that they are having a wonderful time in America; they have had a big welcome, everyone is so friendly and kind, and they are gaining some very valuable experience, both in the treatment of patients and in the running of departments.

Our Students' Groups have been very busy lately, Nancy Brown, our N.U.S. President, and two supporters went to the N.U.S. Conference in Manchester, where they met other representatives from colleges and talked business, they also enjoyed the social side of the conference which took place afterwards!

The Student Christian Movement has a lively Discussion Group, and the Principal of Huyton College has very kindly offered to lend the College Chapel to the S.C.M. for a service on December 6th, at which the Bishop of Liverpool, Dr. Martin, has consented to officiate.

The Merseyside Students' Group also has a Debating Competition; so far the first heats only have taken place, and with great pride the L.S.O.T. debaters move up into the second round, having won their first round.

Welcome to Mrs. Stolarska, from Poland, who is with us for a short while; also to Miss Bech, Miss Morphet and Miss Armstrong, who are joining the Staff, and best wishes to Miss Heinemann, who is now at Carshalton prior to opening an O.T. Department in an experimental School for children with cerebral palsy which is being set up by the Liverpool Education Committee.

Welcome, too, to Course 6, who gave a wonderful Housewarming-cum-Hallowe'en Party in the new hostel which the School has opened.

This year the second-year students are presenting a pantomime—Cinderella, to be performed at two of the Affiliated Hospitals just before Christmas. Let's hope the performance comes up to expectations, and that the Ugly Sisters really are hideous!

May we offer our sympathies to Miss Adshead, whose mother is ill, and whom we miss greatly as she is only able to come to school occasionally.

Happy Christmas and New Year!

ST. ANDREW'S HOSPITAL SCHOOL OF OCCUPATIONAL THERAPY JOURNAL REPORT FOR JANUARY, 1949

The latter part of the Summer Term of 1948, since our last report to the Journal, was centred, as usual, round the June exams, but when these were over and in between the inevitable scramble on the part of the "second years" to complete craftwork before the practical exams, we managed to fit in numerous other activities. The students' tennis tournament provided some extremely good games, and a match against the hospital staff team, which we lost by four events to five, was very close and the result only decided by the last set. The term ended with a most enjoyable party given for us by Dr. and Mrs. Tennent at their house; opportunities to shine were provided for everyone in tennis, table tennis and clock golf tournaments, the prizes for these, together with the Hospital prizes for the year's work, being presented by Miss Stow, Chairman of the Council. The evening's entertainment was completed by a film show by Dr. Tennent of his tour in America.

During the summer holidays three first-year students spent some weeks at the Lord Mayor Treloar Cripples' Hospital and College at Alton in Hampshire, and two second-year students went to another branch of the hospital at Hayling Island. Valuable experience was gained during these visits and the students especially enjoyed meeting people from other schools and comparing notes.

twenty-eight

We welcome all new students who have started their training here this term. A ceremony of initiation at a party during their first week failed to damp their ardour in spite of the quantities of water used in the process! Their retaliation was in the form of a Hallow E'en party later in the term which was a great success. We are also glad to have back again with us Miss Stamper, who, having spent six months at Thorpe Hall Rehabilitation Centre, Peterborough, has now returned to St. Andrew's as Mrs. Hombersley's assistant.

We were unable to book sufficient seats at Stratford for a visit there last term, but thanks to the enterprise of a member of the Entertainments Committee who booked seats during the Summer holidays when the Shakespeare Festival was extended, we were able to go in October this term, when we saw an excellent production of "A Winter's Tale". Perfect weather favoured us and we all enjoyed the day, a pleasant surprise being provided by a visit to the town on the same day of Field Marshal Viscount Montgomery.

Our hockey team was badly shaken in its first match this season when we lost to the Girls County School, but has since pulled up its socks and played some really exciting games. Friday afternoons are now devoted to P.T. and the hour spent on hockey coaching promises to be a great help in improving our standard of play. The other hour of country and "olde tyme" dancing is good fun and we are glad to welcome, from the Central Council of Physical Recreation, Miss Key, who is unfolding to us the intricacies of the Lancers and threatens to embark next on an eyesome reel!

A pantomime on the theme of "Snow White and the Seven Dwarfs" is in course of preparation for production at Christmas time. Any resemblance of characters to members of the Hospital Staff is, of course, purely coincidental!!

An exhibition of patients' craftwork was held at St. Andrew's on the 24th and 25th of November. In the students' section, the "first-years" contrived to produce even-more-original toys, while the "second-years" were faced with the problem of designing posters for the Hospital Benevolent Fund. A similar exhibition was held at Creaton Sanatorium on 20th November; students working there now are gaining valuable experience in helping to plan a new department which it is hoped to open in the New Year.

Third-year students now doing their physical training are spending eight weeks at Rugby, thus obtaining experience in Medical and Orthopaedic work. They are acquiring a somewhat broader view of life in home-visiting during working hours—and having such fun playing with their own ration books off duty in an effort to make both ends "meet"!

Our best wishes go to Sheila Noble and Catherine Grinling on their recent engagements, and to Pauline Pickford, now Mrs. Barnes, Rita Stott, now Mrs. Killip, and Anne Findlay, now Mrs. Barratt, who were married during the Summer. Congratulations, too, to Mrs. Vaughan on the birth of a son, the School's first "grandchild."

Recent Appointments:—

- Miss M. Dyker, Mental Hospital, Cupar, Fife.
- Miss B. Knight, Towers Hospital, Leicester.
- Miss D. Turner, Bucks County Mental Hospital.
- Miss J. Fryer, Assistant at Southmead Hospital.
- Miss B. Hull, Assistant at Napsbury.
- Miss J. Lawrence, Assistant at Woodside Hospital.
- Miss A. Maclean, Assistant at Hospital of St. Cross, Rugby.
- Miss A. Ridgway, Assistant at Manfield Orthopaedic Hospital.
- Miss M. Stamper, Assistant at St. Andrew's Hospital.
- Miss M. Summerscales, Assistant at Rawdon Rehabilitation Centre, Leeds.

JOAN HEPWORTH.

twenty-nine

ST. LOYES SCHOOL OF O.T.

By the time that this Journal is published a new year will have started and the St. Loyes students would like to wish you all a "Happy and Prosperous New Year."

During this term we were able to help with Occupational Therapy in a different way. A flag day was held for the O.T. work of the St. Loyes group and our students were out from early in the morning with their boxes. They collected £30 which was one fifth of the total collection and we would like to say 'Thank you' in print to those who helped.

We were kindly invited by the S.W. Regional Group to visit Dartington Hall Estate with them. A coach full of students and staff were able to go and we had a very interesting day. We were shown first the old hall itself which has been restored as far as possible to its original state, the timber used being cut from the estate grounds. The old tapestries were replaced by modern banners, hand woven, which represented the activities of the Dartington Community. This hall is not kept as a show piece but is used by the school of music and other organisations for concerts, meetings, and debates.

In the grounds, which receive the personal attention of the trustees, is an open air amphitheatre with sloping green banks and stage. Yew trees have been grown as back cloth and wings for the stage and it forms a perfect setting for out-door productions. This arena was originally used as a jousting green, and I think that we all would have liked a glimpse of it in its earlier glory.

We were also shown over the saw mills, dairy and weaving mills. Here, those doing weaving were intrigued to see how weaving is done on a commercial scale; the warping mill being very different from the small one in the school weaving room. We also felt that the electric bobbin winder would be an asset! The visit was concluded by tea and a meeting at which we were able to meet O.T.'s working in our region, an opportunity which does not often occur; we are very much looking forward to seeing them again at their next meeting.

School sports fixtures this term included a netball match played against the Exeter Girls Borstal Institution which resulted in a win for the Borstal girls, this caused great elation from their team who enjoy meeting people from "outside." Perhaps if our team had a few months' "inside" they would be able to get more practice! A lacrosse match was played against Stover School at Newton Abbot and a return table tennis match against Christchurch Recreational Club, when a very happy evening was had by all with some good even games which resulted in a win of 13 games to 9 to the visiting team.

The school committee have kindly offered to present us with a sports shield on which will be inscribed the names of those winning the sports trophies each year. The students were invited to submit designs, and that of Mr. Lovell has been accepted and will be carried out at St. Loyes College by the disabled workers there.

We would like to congratulate Mary Smith-Rose on her appointment as Deputy Principal to Miss Osborn at the Melbourne School of Occupational Therapy. We wish her every success in her new post and will wait with interest to hear of her experiences in Australia. We would be glad to hear news of past students with details of the type of work they are doing and of any particularly interesting cases they treat. This would be of real help to the coming generation of students, as well as keeping the old ones in touch with their school.

Miss Stow's American Trip

We have been asked by Miss Stow to say that she still has a few copies of her report on her trip to the U.S.A. Will those wishing to have them please apply direct to Miss Stow, O.T. Department, St. Thomas's Hospital, London.

Marriages

Bunting—Jenkins—On September 11th, 1948, at Bingley Parish Church, Captain William Henry Bunting, Royal Artillery, of Bromley, Kent, to Rosemary Jenkins, of Bingley, Yorkshire.

Permanent address:—

4, Glenside, College Avenue, Plymouth, Devon.

Obituary

Members of the Association of Occupational Therapists will learn with deep regret of the death at the early age of 46 of Dr. Frank Bett Parsons. Dr. Parsons had been for something like fourteen years a good friend of the Association and a member of the Advisory Board. He had acted as one of the examiners in Medicine and Surgery ever since the Association became an examining body, and also came and lectured at our Summer School at Oxford in September, 1947.

Dr. Parsons had a distinguished career. He was a Fellow of the Royal College of Physicians, of the Royal Society of Medicine, and of the Association of Anaesthetists, and a Member of the Royal College of Surgeons. Of recent years he has been the Senior Honorary Physician at Addenbrooke's Hospital, Cambridge, where his loss will be greatly felt. Those of us who had the privilege of knowing him will feel his death as a great blow to the advancement of Occupational Therapy as well as a personal grief. We all extend the deepest sympathy to his widow and children.

CORRESPONDENCE

Occupational Therapy Department,
Hill End,
St. Albans.

Dear Editor,

I wonder if it is generally known among the newly qualified that there is a uniform for all members of the Association, chosen by the Council. Green has always been the colour of the Association and there is now a definite Vogue pattern, a button-through overall with a white collar. Grey cardigans, and brown shoes and stockings complete this uniform. There are certain well-known firms who make nurse's uniforms who are willing to make up materials to a specified pattern. Two of these are:—Chappels, St. John Street, Clerkenwell, London, and Arnold and Mehan, 185, Kings Cross Road, London, W.C.1.

When there are so many hospital workers wearing white, it seems advisable for members of our profession to wear their distinctive and attractive uniform. Patients welcome the sight of a different colour and all that it means to them, and when they are being transferred to another hospital, rather than the added difficulty of remembering a name, how much simpler just to tell them to watch out for a "lady in green".

Yours sincerely,

Anthea Mortis, M.A.O.T.

BOOK REVIEWS

The Sheepskin Book. By Mary Barnard. Published by Brocklebank Publications for the Sheepskin Shop, Oxford Street, London, W.1. Price, 7/6d.

An interesting book has lately been issued containing thirty-one designs to be made in natural or coloured sheepskin and lambskin. The seventy or more photographs and diagrams cover a wide variety of projects, including several types of slippers and gloves, waistcoats for men and women, household novelties, a fur halo hat and a few toys. Instructions are clear and patterns for every design are included in the book in squared diagram form with size variations shown. Full-size patterns are also obtainable separately for home-bound patients.

Two points about this book will especially appeal to occupational therapists. One is the touch of sophistication in the style of every project, in welcome contrast to the frowsiness and poor lines evident in many craft books. The other is the glamorous layout and persuasive letterpress which should be helpful in attracting the jaded critical interests of well educated neurotic patients.

Mary Barnard, make-yourself fashion expert for "Woman and Beauty" and several other magazines, has entirely written and arranged this book. Her page lay-outs could be used as examples in O.T. departments where commercial art is taught. O.T.'s who are interested in this by-product may like to know that she was a commercial artist before she was a journalist, and that in critical eyes these layouts are well above the average.

M.H.

The Book of Crafts. Edited by F. J. Christopher. Published by Bear Hudson Ltd., 63, Goldhawk Road, London, W.12. Price, 2/-.

This little book is apparently the first of a series on what might be termed small crafts. It contains short articles on a number of projects, many of which may be suggestions for those seeking new crafts. There are short descriptions with illustrations on at least twenty projects, and (to pick out those that struck me as most unusual amongst them), particularly on working in glass, a home made pantograph, and on casting from the living model. There are also a few old friends such as raffia work, felt flowers, and lamp shades which are only too common in some O.T. departments, but if you want a few new ideas, this book may suggest them to you.

The Growth of a Profession. By Jane H. Wickstead. Published by Edward Arnold and Co. Price, 6/-.

This is the story of the Chartered Society of Psychotherapy from 1894—1945, and is compiled largely from the official records of that society. It is in fact a romantic history—the romance lying in the thought of the few pioneers bravely struggling against heavy odds to raise the status of the "rubber" to the full dignity of a "physiotherapist", to create a standard of efficiency through examinations and training in the very teeth of a medical profession that did not appreciate the services that were being offered. We, in our profession who are to some extent treading in a parallel path, should read this history with admiration and gratitude, for we can learn much from this account of early struggles and can find inspiration and encouragement in the fact that the Physiotherapists have advanced so far from so small a beginning.

The book is written vividly and well, with a touch of humour and good natured laughter especially in the chapters dealing with the early days. There are also some good photographs of pioneers and personalities in the physiotherapy world.

thirty-two

BRIGHTON AND LEWES HOSPITAL MANAGEMENT COMMITTEE

Applications are invited from qualified Occupational Therapists for the post of SENIOR OCCUPATIONAL THERAPIST (Female) to take charge of the Occupational Therapy Department (at the Brighton General Hospital). Preference will be given to the candidate with a knowledge of Physiotherapy. General medical, surgical and orthopaedic work is carried out at the Hospital and there are two Assistant Occupational Therapists.

Salary is in accordance with the Recommendations of the Joint Negotiating Committee, viz. £362. 10s. 0d. rising by annual increments of £12. 10s. 0d. to £450 p.a. Commencing salary will be dependent on previous experience and qualifications.

Uniform is provided and laundered free.

The post is subject to the National Health Service (Superannuation) Regulations 1947 and the successful candidate will be required to pass a medical examination.

Applications, giving full details and enclosing copy of one testimonial and the names and addresses of two referees should be sent to Dr. S. J. Firth, Medical Director (Brighton General Hospital, Elm Grove, Brighton, 7).

OCCUPATIONAL THERAPIST

required to take charge of new Department at Northampton General Hospital (410 beds). The Department will be organised in close co-operation with the Occupational Therapy Department at Mansfield Orthopaedic Hospital, Northampton.

Salary and conditions in accordance with the National Scale. Fuller details will be supplied on request.

Applications to H. G. Lewis, Secretary-Superintendent, Mansfield Orthopaedic Hospital, Northampton.

ST. ANDREW'S HOSPITAL, THORPE, NORWICH

Full time Senior Occupational Therapist (male or female) required. The salary will be in accordance with the Recommendations of the Joint Negotiating Committee (Hospital Staffs).

Applicants should hold the Diploma of the Association of Occupational Therapists and preferably have had mental hospital experience.

The post will be subject to the National Health Service (Superannuation) Regulations, 1947-48. Residential accommodation for a single person can be provided.

Applications stating age, full particulars of training, qualifications and experience and accompanied by copies of two recent testimonials to be sent to the Medical Superintendent as soon as possible.

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Applications to the Medical Superintendent.

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For further particulars apply School Secretary.

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Training is given in a wide variety of the occupations useful in treatment, including craft work and recreations.

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Students must be not less than 18 years of age and have reached an educational level of School Certificate standard. A personal interview is essential.

Fees: 30 guineas per annum. Scholarships of the value of £80 per annum are available for competition and are tenable during the second year.

Hostel accommodation available for Junior Students.

For further particulars apply to the Director of Training:

Mrs. E. J. Hombersley, B.A.

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Principal:	Miss E. M. Macdonald, T.M.A.O.T.
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2½ to 3 years training course.

Students are prepared for the Diploma Examination of the Association of Occupational Therapists. Studies include:—Anatomy, Physiology and Psychology; Symptomology of Medical, Surgical and Psychological diseases and disorders; the Application of Occupational Therapy for Physical and Psychological cases, and the Organisation of Recreational Activities. Hospital Practice under trained Occupational Therapists in hospitals of all types.

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NOTICE TO OLD STAFF AND STUDENTS OF THE
DORSET HOUSE SCHOOL OF OCCUPATIONAL THERAPY

1st January 1951 is the 21ST BIRTHDAY OF THE SCHOOL,
but it is planned to postpone the Birthday
celebrations until July of the same year.

DO PLEASE RESERVE the following dates, if you possibly can, i.e.
July 20th, 21st, 22nd, 23rd. We hope Dr. Casson will be with us
on this occasion.

The suggested programme is as follows:-

Friday, July 20th:

3.00 - 6.00 p.m. OPEN DAY (for those who cannot
come on Saturday)

7.00 p.m. ?THEATRE PARTY

Saturday, July 21st:

10.00 - 12.30 p.m. LECTURES, DISCUSSIONS and/or DEMONSTRATIONS,
possibly on the following:

- 1) Physical Recreation in Mental Hospitals.
- 2) Craft and out-work for the Homebound,
and disposal of goods.
- 3) Industrial work as a "rounding off" of
earlier treatment
- 4) The work of an out-patient Rehabilitation
Centre.

3.00 - 6.00 p.m. OPEN DAY

8.15 - 11.00 p.m. RE-UNION and FINALISTS' FAREWELL PARTY

Sunday, July 22nd:

9.30 - 10.30 a.m. DORSET HOUSE SERVICE

2.00 - 4.00 p.m. 5) TALK and DISCUSSION "Administrative Problems"

8.00 p.m. SPEAKER and DISCUSSION (subject to be chosen)

Monday, July 23rd:

Any old students who can remain and would wish to do so
will be welcome for specially requested craft "refresher".

The Refresher Course and Re-Union are offered as part of the Birthday
Celebrations of the School.

Visitors are, however, asked to be responsible for the cost of their Theatre
Tickets and Residence.

Please return the enclosed form to us AT ONCE as we wish to book blocks of
accommodation (if this is possible).

DORSET HOUSE SCHOOL
of
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OPEN DAYS

CELEBRATING
21st BIRTHDAY
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Dr. Casson receiving a bouquet & suitcase
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↑ Canon Grensted

Sir G. Peto↑

↑ E.M.M.

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**DORCHESTER HOUSE
SCHOOL CELEBRATION**

When the Dorchester House School of Occupational Therapy, at the Churchill Hospital, Oxford, celebrated its 21st birthday with an open day on Saturday, the staff and students presented to its founder, Dr. Elizabeth Casson, who was awarded the O.B.E. this year, a suitcase and a bouquet.

Miss E. M. Macdonald (principal) said that after the suitcase was bought it was found that it had been made, most appropriately, by disabled men.

Sir Geoffrey Peters (chairman of the governors), who described Dr. Casson as "a very great little lady," told how the school was bombed out of Bristol (where Dr. Casson started it in 1930) and how, after a spell at Bromsgrove Hospital, Dr. Casson decided after the war to come to Oxford. The school came to the Churchill in 1946 and in 1948 Dr. Casson decided to turn it into a non-profit-making company, under a Board of Trade licence. She had spent her savings of many years on the project, and after a lifetime of devoted work she was still vice-chairman of the school and its medical director.

All over the world, he said, Dorset House was never mentioned without praise.

Dr. Casson pointed out that Sir Geoffrey had said nothing of his own services to the school. He saved it at the time of the bombing of Bristol, she said, and had been its godfather ever since.



Dr. Casson speaking



Sir G. Peto speaking



Dr. Casson receiving bouquet

The 21st
Birthday Celebrations
of
Dorset House



E.M.M. speaking



E.M.M. & Dr. Shepherd



E.M.M. greeting guests



E.M.M. talking with guests

NURSING TIMES, JULY 28, 1951

THE ART OF OCCUPATIONAL THERAPY

THE DORSET HOUSE SCHOOL of Occupational Therapy celebrated its 21st Birthday last week at the Churchill Hospital, Oxford. Great tribute was paid to Dr. Elizabeth Casson, O.B.E., the founder of the school, by Sir Geoffrey Peto. He told how Dr. Casson had visited America, before founding the Dorset House School at Bristol in 1930 with Miss E.M. Macdonald as principal. Great obstacles had to be overcome and finally the school gained the support of the Bristol hospitals. During the war, the school had moved to Bromsgrove Hospital and finally to the Churchill Hospital where in 1948 it had been made a non-profit making company and a trust had been formed. A presentation was made to Dr. Casson before visitors were invited to see the students' work which included many crafts. Leather work, metal work, woodwork, weaving and paper sculpture were all of a very high standard and there were many original designs made by the students. Obviously the staff and students maintain a very high standard and realise the great opportunity they have to bring happiness to the patient both at home and in hospital.

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MODERN TRENDS IN OCCUPATIONAL THERAPY

BY

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

Medical Director, Dorset House School of Occupational Therapy,
The Churchill Hospital, Headington, Oxford

and

JOAN TAYLOR MORGAN, M.A.O.T.

Occupational Therapy Staff, Bucks County Council



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May 24, 1950, Vol. CCXXIII No. 5794.

World Federation of Occupational Therapists
Congress in Edinburgh. Aug. 1954
(Edin. Evening News. 16.8.1954)

THERAPISTS AND HEALTH SERVICE

There was an increasing realisation to-day that physical treatment was not enough to overcome disease, and that was one reason why the value of occupational therapy was steadily achieving greater recognition, declared Commander T. G. Galbraith, Joint Under-Secretary of State for Scotland, when he opened the First International Congress of the World Federation of Occupational Therapists in George Heriot's School, Edinburgh, to-day.

The Congress was attended by nearly 400 delegates from 20 countries.

Commander Galbraith referred to the place of occupational therapy in the National Health Service, and spoke of some of the problems that seemed to present themselves at the present time.

Occupational therapists, he said, were employed in all kinds of hospitals, and also in considerable numbers in tuberculosis sanatoria and convalescent homes. Statistics available seemed to show that expansion would be desirable in the work amongst the chronic sick.

"Here, where the practice of medicine is sometimes unable to restore the patient to complete health, it would be most valuable to explore the possibilities of occupational therapy to alleviate the lot of those now thought incurable."

STAFF SHORTAGE

There were now over 1400 occupational therapists in hospitals in the United Kingdom compared with fewer than 1000 four years ago. It was estimated that the number needed in the National Health Service was about 3000 if a completely satisfactory service was to be provided. The big problem in occupational therapy arose out of this scarcity of trained staff.

"The possible scope of the subject is very wide, and it is important to make a choice of those activities that are going to give the greatest amount of help to the greatest number of patients."

TESTS AT WORK

Commander Galbraith added that one of the particular problems of the job was how far the occupational therapist should carry the process of rehabilitation.

"I wonder if it is asking too much of an occupational therapist to go to a patient's place of employment to find out what tasks he has to perform and what physical movements he has to make and then to devise activities to tune him up so that he can take on his old job as near as possible where he left off?"

Listening To The Professor



Members of the World Federation of Occupational Therapists, who are meeting in George Heriot's School, Edinburgh, listening to Professor Norman M. Dott, President of the Scottish Association of Occupational Therapists, when he presided at the opening session of the conference to-day.

Dr. E. Casson was given an
"Honorary Fellowship"

E.M.M. G. MacCaul. D.S. Harris.
M. Kidston.

Modern Trends in Occupational Therapy

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

Medical Director, Dorset House School of Occupational
Therapy, The Churchill Hospital, Headington, Oxford
and

JOAN TAYLOR MORGAN, M.A.O.T.

Occupational Therapy Staff, Bucks County Council

If our title were to refer to the last 20 years, it would be better covered by the phrase "Strides in Occupational Therapy," for it was only in 1930 that Dorset House, the first school in Great Britain for training professional occupational therapists, was opened. In the last 10 years occupational therapy has spread rapidly. In 1930 that school had one student. Now it has 200. The Association of Occupational Therapists was founded in 1936 and now has almost 700 full members and many associates, and there are seven training schools that it has now recognised.

Although occupational therapy was used fully by Sir Robert Jones in his treatment of the wounded in the 1914-18 war, its use was largely confined to mental hospitals, but in 1939 the Allendale Curative Workshop was treating physical conditions at Clifton, Bristol, and at the outbreak of the Great War the Emergency Medical Service invited the Dorset House School of Occupational Therapy to undertake the rapid training of personnel for the treatment of injured members of the fighting services. The school was given hospitality at Barnsley Hall Hospital, Bromsgrove, till 1945, and by the end of the war 400 students had been trained since its foundation in 1930.

The passing of the Disabled Persons Act in 1944 added greatly to the efforts to complete the

re-ablement of all disabled by injury or illness, and it is in the treatment of these that almost all modern trends have shown themselves. As occupational therapy is a form of treatment prescribed by the patient's medical attendant, it is obvious that the largest part takes place in hospital and is provided by the National Health Service both for in- and out-patients. There are many cases of illness and accident where recovery is so rapid that occupational therapy is scarcely needed, but, for a large number of cases likely to be in hospital for more than two weeks, there are great advantages to the patient if it is prescribed.

The treatment may be "general" to prevent boredom, to develop a team spirit and good morale in all the wards. In a large general hospital such as Southmead, Bristol (the first hospital in England to provide a salary for an occupational therapist), all wards are visited regularly by the occupational therapy staff and prescriptions are usually given by the house-men. Much occupational therapy is given in the maternity and the tuberculosis wards. Nearly all the maternity ward patients are at work knitting or doing other such general occupations while waiting for their babies, and after delivery the occupational therapists follow the cases up and see that they have all the interest they need till they leave the hospital. There is some danger of the occupational therapists being regarded chiefly as useful suppliers of wool, but, as far as possible, some craft is taught which will remain associated in the patient's mind with a stay in hospital that provided her with new skill and interest.

Long-stay patients in all general hospitals provide much greater opportunity for helping to new interests, especially when recovery from an

operation is slow as in the case of an appendix abscess in a child. Convalescence is helped first by painting or colour-chalking in bed and more varied occupation as soon as he is fit to get to the occupational therapy workroom daily from his ward. Patients often continue to come to the hospital regularly from their homes until they are well enough to return to work. Many medical as well as surgical cases find this treatment extraordinarily helpful in arousing their interest and relieving the tedium of waiting for full recovery. There is an excellent library and reading room provided by the city librarian's department. The occupational therapy department works in co-operation with it and the Bristol head librarian is most kind in providing books permanently for the tuberculous who are not allowed to use the general hospital library.

Art therapy, so ably started by Mr. Adrian Hill and described in his book "Art Versus Illness," has been taken up enthusiastically by some of the patients. This work is covered by the doctor's prescription and every encouragement is given to it by the occupational therapy staff.

Special occupational therapy is chiefly ordered for surgical patients in the form of crafts that provide movements for muscles that require redevelopment after injury. Special fittings are applied to looms and tools so that the patient while working goes through the required movement repeatedly, while concentrating on the pattern or article evolving under his hands. The apparatus is adjusted constantly to increase the effort required, and leads on to more strenuous work as the patient improves. Heavier work is prescribed in due course and leads on to outdoor timber, brick or stonework, till the patient is doing a full day's work again.

An important development in special occupational therapy leads to the curative workshop, provided in some hospitals, but also provided by firms such as the Vauxhall and Austin companies where their injured or sick employees are given graduated work under the superintendence of the works doctor. Excellent work is done in the miners' residential centres for those injured in the mines. Dr. Harold Balme, in an article in the October number of "Rehabilitation," notes that there are now eight such residential centres, providing accommodation for 536 disabled miners, and one non-residential centre. A centre has been opened at Salford for shipyard workers. He points out the necessity for very close co-operation between the hospitals that treat the disabled and the labour exchanges which are responsible for resettling them in industry. There are now 1,000 employment exchanges to which Disablement Resettlement Officers are attached, and these D.R.O.s are available for visiting the hospitals to consult with medical officers and almoners and to interview patients as to their future work. Dr. Balme estimates that there are 520 hospitals which should be equipped with the full rehabilitation team of medical officer in charge, together with a staff of almoners, physical trainers, physiotherapists and occupational therapists.

Not only do the injured and physically sick require such treatment, but also those suffering from psycho-neurotic illness. Many of these have not been in-patients, but can be sent direct from the out-patients' departments. Their needs include the training in the regular habit of "going out to work" daily. Co-operation between the occupational therapy and physiotherapy departments is particularly valuable in such cases, ensuring improvement in breathing,

posture and exercise and relaxation of muscles. The occupational therapy department requires just as much specialized apparatus as does the physiotherapy department. Looms are fitted with special attachments for redevelopment of muscles, etc. Weaving and basketry provide light work for fingers while the skin and scar tissues are still thin and unused to hard work, but heavier work is waiting in the form of joinery, foot lathes are needed. Out-patients may be encouraged to gain exercise by doing housework or redecoration of their homes. They may also be attending curative workshops on certain days of the week.

A most important development in occupational therapy is provided by the interest now manifested in the aged and chronic sick. The problem of the ageing population is a serious one and has led to a large number of beds being permanently occupied though they are needed for the more acutely sick. The old "workhouse infirmary" is a thing of the past, but the chronic wards in hospitals have much in common with it. In the last few years, following the pioneering of Dr. Margery Warren, the "geriatric specialist" has taken over such wards and old people receive vigorous encouragement to recover something of their former health and activity and to become well enough to be up and about and to go home or to live in hostels for old people. It is difficult to re-able an old man or woman who has been in bed for 10 years or so, and resentment at being disturbed is common, but once interest is aroused the patients make great efforts to carry through their treatment. The first impulse is often provided by the occupational therapist who brings the handwork along and arouses an interest in "making something" even while still in bed.

Yet another modern and most important development is the "home treatment" by occupational therapy. A few notes by Miss Joan Taylor Morgan, who received her training at the Dorset House School of Occupational Therapy, are given here. She is in charge of the occupational therapy provided for patients in her district, which covers half the County of Buckinghamshire, another full-time occupational therapist being in charge of the other half. The work is carried out under the direct control of Dr. G. W. H. Townsend, the Medical Officer of Health for the County. The occupational therapist receives a car allowance and is on the move all day.

She receives the names and addresses of her patients from the following sources:—

- (a) The County Tuberculosis Medical Officer.
- (b) General practitioners.
- (c) County welfare officers.
- (d) Almoners of local hospitals.

All patients' names are accompanied by prescriptions which are obtained by the welfare officers and almoners before sending in the names. The conditions for which occupational therapy is prescribed include:—

- (a) Tuberculosis of all varieties.
- (b) Chronic illness including asthma, arthritis, cardiac disease, emphysema, disseminated sclerosis, spastic palsy, spina bifida.
- (c) Duodenal and gastric ulcer.
- (d & e) A small number of epileptic and of mentally defective patients.

The doctors are usually very co-operative. They take a great interest in what the patient is making once they have prescribed occupational therapy, leaving it to the occupational therapist

to give him what she considers is best for him to do. Doctors, of course, tell the occupational therapist exactly what is wrong with the patient, and usually give a rough sketch of his background, and will willingly answer any questions about him. If by any chance they do not contact the occupational therapist, a message is



Fig. 1.—The Woodwork Shop.

generally left and a card is then sent to them for them to fill in the diagnosis and to give any special instructions they wish.

Aim

The aim of the occupational therapist is to occupy the patient's mind so that he need not think all the time about his illness and to get him interested in normal life again, making him want to go back to work, and get well as quickly as

possible to enable him to do this. If it is impossible for him to go back to his normal job, he must be encouraged to find interest in other fields of work, and to begin by starting something simple which can be done at home. Arrangements are being made for an occupational therapist to visit hostels for old people in the county and to set up centres in them from which she can work.

Method of Work

Once the patients have been prescribed for, they are immediately visited and discussions take place as to what they may want to make. If they do not like the idea of making anything at first, it is usually found that, if the occupational therapist pays a few social visits, bringing magazines for them to read, and at the same time talking about what other people are doing, they usually co-operate and become very enthusiastic. Sometimes they cannot afford to make large and rather expensive articles, and it is best to start them on something small which they can sell at a small profit to themselves, enabling them to buy the larger article later. If they are in great financial distress, and cannot sell any articles, the County Council then pays for the cost of the materials for the first article.

The occupational therapist tries to visit the patients at least once a week to see how they are progressing, but in many cases this is impossible because of the number of new patients on the lists. In this case only the most urgent ones are seen. Once a week, if possible, the occupational therapist attends the chest clinic where she can get in touch with the doctor and learn how the patient is progressing, and whether he or she is likely to be discharged shortly. Many patients in

the country areas have no visitors, and they long to have someone to talk to other than their nearest neighbour.

When patients are getting well again and have to take up a new job, they are helped in the preliminary stages by the occupational therapist. The county welfare officer then takes over and arranges for them to be trained. To get the best results it is essential that the welfare officer and the occupational therapist co-operate.

If there is a long-term patient who has learned how to make things skilfully, he is then given names of firms from which to get materials and he sets up on his own, e.g., Mr. X—T.B. spine with a wife and three children who, being discharged after a long period in hospital, was allowed home and ordered to rest. He was very despondent and after a lot of persuading tried his hand at leather-work, weaving and lampshade making, in turn. After a few months he was selling lampshades to the local shop, and ordering from firms materials, plastics and leather for handbags which he sells. The result is that he has become so much interested that he will want considerable persuasion to go back to his original work, which was engineering research.

Another patient who discovered that he rather liked doing tapestry work is now employed by a local firm and makes tapestries at his home, doing them whenever he feels inclined. In this way he gets a wage which helps to keep his two children. He is a chronic tuberculosis case, and was very depressed upon hearing that he could never go back to his original job which was that of a carpenter and joiner.

There are many patients who, having gone back to work, continue making things as a hobby, in which case they have to supply their own

materials and apparatus as they are no longer under the occupational therapist. Miss S is an example: she had T.B., was discharged and took up typing. She has now been married and spends



Fig. 2.—Demonstration Department in which students study the therapeutics of occupations.

her free time making things for her house which she learnt to do while doing occupational therapy. She never regrets the time when she was ill.

Advantages of visiting Patients in their Homes

(a) By visiting the patients in their homes the occupational therapist can see under what conditions the patients live, and can assess them more easily. This influences the type of craft work that she may suggest they should do, if it is

not necessary for them to do any specified work for remedial purposes, and if they have no special preference.

(b) Her visit being less formal than that of a welfare officer, the occupational therapist often may get to know some of the difficulties of the patients through the course of conversation, which they might never mention to the welfare officer but which would be essential for her to know. By thus co-operating the patient benefits.

(c) Many patients being isolated are usually glad to have a visitor, and greatly appreciate any new ideas brought to them. Not being able to get about themselves makes life narrow, and one seldom has difficulty in getting them to enter into their work with interest.

(d) The occupational therapist usually meets various members of the family who are always anxious for the patient's welfare. If they are told that there must, for example, be a special arm movement performed, they take great care to see that the patient does it correctly.

(e) Sometimes when patients are convalescent, it is of great interest and encouragement to them to take them in the car while visiting others in country districts. This enables them to see what others are doing as well as providing an outing for them.

Statistics.—The total number of patients that is now being visited is 134. These consist of 94 T.B. patients, 13 mentally deficient and 27 with other disabilities. During the last nine months there were 56 patients discharged who returned to work and 21 died. Many also fluctuate between home and sanatorium.

The average number of visits during one month by two occupational therapists amounts to

approximately 116, which means that an average of only two or three patients a day are seen by one occupational therapist, and the mileage which she covers averages out at approximately 24 miles a day. In actual fact, she may be able to see as many as eight in one day, but the next day may have to be spent at the office preparing work, dealing with letters and checking materials, etc.

The occupational therapy work has proved so beneficial that a third occupational therapist is being appointed by the Buckinghamshire County Council, and the numbers given above are being exceeded already.

Only a few county authorities so far have organised this home service and in some other districts it is organised on a voluntary basis. There is an excellent opportunity for its development by means of voluntary help, but this brings in the danger of amateur methods that cannot be recognised in occupational therapy. Just as voluntary help in visiting patients under the care of professional district nurses may be invaluable, so can treatment be greatly helped by voluntary workers under the direct control of a professional occupational therapist who is responsible to the doctor for his prescription being carried out.

No reference has yet been made to the occupational therapist who carries on private practice. This takes two forms, work in private nursing homes, and visiting a doctor's patients on prescription. I have found it essential to have a full-time occupational therapist attached to my nursing homes, as well as a trained teacher of Margaret Morris Movement, who carries through for me all the physical exercises, breathing and relaxing that my patients require. Occupational therapy is provided in bed for all patients who need it. When up, they either visit the craft rooms each morning, or, if too old and infirm,

they have work provided for them in the nursing home day rooms.

I wish to express my thanks to Dr. G. W. H. Townsend for his permission to publish Miss J. Taylor Morgan's contribution to this paper, and to the Dorset House School of Occupational Therapy for permission to reproduce the illustrations.

Dorset House School of Occupational Therapy

PLAN OF TRAINING

SEPT.	INTRODUCTION TO OCCUPATIONAL THERAPY	LECTURING	ORIENTATION COURSE	INTRODUCTION TO OCCUPATIONAL THERAPY
OCT.	DAY	LECTURING	PROJECTS	WEAVING & LEATHER WORK
NOV.	LECTURING	LECTURING	PROJECTS	WEAVING & LEATHER WORK
DEC.	LECTURING	LECTURING	PROJECTS	WEAVING & LEATHER WORK
JAN.	LECTURING	LECTURING	PROJECTS	WEAVING & LEATHER WORK
FEB.	LECTURING	LECTURING	PROJECTS	WEAVING & LEATHER WORK
MAR.	LECTURING	LECTURING	PROJECTS	WEAVING & LEATHER WORK
APR.	LECTURING	LECTURING	PROJECTS	WEAVING & LEATHER WORK
MAY	LECTURING	LECTURING	PROJECTS	WEAVING & LEATHER WORK
JUN.	LECTURING	LECTURING	PROJECTS	WEAVING & LEATHER WORK
JUL.	LECTURING	LECTURING	PROJECTS	WEAVING & LEATHER WORK
AUG.	LECTURING	LECTURING	PROJECTS	WEAVING & LEATHER WORK
SEP.	LECTURING	LECTURING	PROJECTS	WEAVING & LEATHER WORK
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DEC.	LECTURING	LECTURING	PROJECTS	WEAVING & LEATHER WORK
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AUG.	LECTURING	LECTURING	PROJECTS	WEAVING & LEATHER WORK
SEP.	LECTURING	LECTURING	PROJECTS	WEAVING & LEATHER WORK

The
DORSET HOUSE SCHOOL
of
OCCUPATIONAL THERAPY

Recognized by the Ministry of Education and the
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THE DORSET HOUSE SCHOOL

The School, the oldest in the country, prepares students for the Diploma examinations of the Association of Occupational Therapists. Founded in Bristol in 1930, by Dr. Elizabeth Casson, the pioneer of the training of Occupational Therapists in this country, it was, in the last war, invited to the Midlands, to run the Ministry of Health's special training courses for the Emergency Medical Service, the experimental forerunner of the National Health Service.

In 1946 the School settled in Oxford, and is grateful to the "Town and Gown" of that city for the welcome given, and the consistent interest shown in its work.

The School became a non-profit making company in 1948. It provides a complete training for Occupational Therapists for work in all types of Hospitals and Rehabilitation Centres, and makes a special point of having highly qualified Tutors and Instructors. It is also fortunate in being helped by specialist Lecturers, who are members of the University and Hospital staffs, and in having access to Oxford libraries and museums.

Occupational Therapy has been described as any work, or recreational activity . . . definitely prescribed by physician or surgeon for the purpose of aiding recovery from disease or injury, or of contributing to resettlement. It has come to be recognized as a profession supplementary to medicine.

Much of the practice is carried out in hospitals in the National Health Service, but there is also work in independent homes and hospitals, under Local Authorities, and in schools for the handicapped. Posts are available abroad for those with experience, and many of the pioneering ventures in training and practice in Europe and the Commonwealth, have been inaugurated by graduates from this school.

Scope, Therapeutic and Rehabilitative, in cases of:

Mental disease and deficiency.

Physical illness, including heart disease, rheumatism and tuberculosis, accident or disability, including orthopaedic conditions.

Occupational Therapy is carried on in hospitals and rehabilitation centres, and in patients' homes, and includes work with people of all ages.

Qualifications for an Occupational Therapist:

Tact, good judgment, and a mature outlook.

Initiative and enterprise.

A real interest in people.

Organizing and executive ability.

Serious interest in medical treatment.

The Training Course

The course covers the study of:

- I. Anatomy and Physiology, and the Psychology of Personality and Human Relations.
- II. Medicine and Surgery, and Psychiatry.
- III. Activities, intellectual and practical, including recreations, and their therapeutic application.
- IV. (a) The use of occupations for the prevention and treatment of disability, and for assessment, re-training and re-establishment of the patients.
(b) Departmental administration, book-keeping and record-keeping, and the organization of group and individual activities.

and

- V. Clinical work in hospitals of all kinds and with home-bound cases. For this students are seconded to hospital and other occupational therapy departments in and outside Oxford. For part of the time students are based on London, where there is a full-time tutor,

appointed by the school, to supervise their work. The school has training affiliations with hospitals where there are some of the most outstanding rehabilitation units in the country. Instruction and case studies are given by Medical Officers, trained Occupational Therapists and Tutors. At the end of the course further student practice, with, in some cases, hospitality, can be arranged in America, Switzerland and France.

Conditions of Admission to the Course

An adequate standard of theoretical examination capacity is necessary in applicants for training but academic attainment is not the only consideration in accepting candidates for a course in Occupational Therapy.

This School is prepared to consider candidates with the General Certificate of Education with five subjects* passed at "Ordinary" level. A pass in English language is required.¹ Other attributes of candidates being equal, however, preference will certainly be given to those who offer more subjects or have passed subjects at "Advanced" or Scholarship level. The attention of applicants is drawn to the fact that many candidates are offering more than the minimum five subjects.

It cannot be stressed too much that all candidates should have as wide a general education as possible, and should not be encouraged to leave School too soon, nor to specialize too early. Further education in the post General Certificate period is considered of particular value.

A First-Aid Certificate (of the St. John's Ambulance Brigade or the British Red Cross Society) is a requisite, but if candidates are unable to obtain one before entry, they are allowed to do so, as an extra, in their first year.

* These should be subjects other than Domestic Science, Needlework and Crafts and at least three of the five must be passed at one sitting.

¹ See overleaf.

Subjects recommended for candidates wishing to train in Occupational Therapy are:—

Anatomy
and/or Biology }
and/or Physics } To General Science Level
and/or Chemistry }

English (see ¹)
Mathematics (a useful basis for book-keeping)
Latin (a helpful basis for Anatomy)
History
Geography
Modern Languages
Music, etc.

Suggestions to Candidates Considering the Training

Students are not accepted under 18 and 3 months. Younger students who are waiting for entry are recommended to continue with Sixth Form work at School. Courses in Shorthand, Typing and Book-keeping, or Domestic Science are useful to fill in brief gaps, as is a full-time course at an Art School.

Useful experience can be gained in work with children, in nursing, club or shop work. Social or educational experience, including drama and music, is of value in this profession.

Older Candidates are welcomed and special consideration is given to the requirements of each. Pre-requisites may be varied in such cases but it is essential that they should offer evidence of work or study of value as a preliminary to training. Some concessions in length of course and/or fees may be made.

There is no particular age limit for the course but Candidates over forty are apt to find it strenuous.

¹ See page 3.

Residence

A watch is kept over the students' health and living conditions.

Harberton House, a hostel intended particularly for younger students, is situated in an attractive residential part of Oxford.

In *The Beeches*, a senior students' residence, single and double rooms are available for a limited number, and at varying charges.

In addition to the above, older students may be resident in lodgings. Because requirements vary considerably these are not allocated, but help is given in choosing suitable accommodation. All lodgings have to be approved by the Welfare Officer.

Length of Course—Three calendar years.

Students enter for training in March and September of each year.

For candidates offering special qualifications, shortened courses are arranged at the discretion of the School authorities.

Professional Prospects

Assistant Occupational Therapists, £480—£610
Single-handed or Senior Occupational Therapists, £550—£670 upwards—
according to experience

Posts are usually non-resident

Higher paid posts are available up to £825 p.a. or more.

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

Fees for Tuition

Fees are payable each term in advance (in the first eight days of term) and are not returnable. They are subject to revision, if costs change materially during the course.

September entry

35 guineas per term for nine terms.

March entry

Initial Fees	20 guineas
Thereafter	35 guineas per term for seven terms
Long Final Term	50 guineas

A registration fee of £5 5s. is payable on acceptance, £4 4s. of which are returnable if a candidate withdraws not less than six months before she is due to start training.

If for any reason a student has to terminate her course, a term's notice is required, or fees must be paid in lieu.

Extras

Books, Materials, Uniform and Examination Fees: approximately £60-£80.

(A list of requirements is supplied to each student on enrolment.)

Fees for Residence

The charge at *Harberton House* is 4 guineas per week, plus 3/- per week for heating.

The costs at *The Beeches* vary according to accommodation chosen.

The charge for lodgings also varies: it is best to allow from 3½ guineas to 4 guineas per week for living expenses.

Grants are available from Local Education Authorities for training in Occupational Therapy. They may cover fees and/or maintenance. Intending students are advised to enquire from The Director of Education in their home districts, for conditions of grant aid.

No student is received without a personal interview, and the first three months are in all cases probationary. At the end of this time the School Authorities reserve the right to accept or refuse any candidate for continued training. The School Authorities also reserve the right to terminate the training of a student at any time throughout the course, without refund of fees, if, by conduct, character, or lack of consistency of work, she falls below the standards required to attain proper professional responsibility and integrity.

Interviews are given on Tuesdays and Thursdays. Appointments are offered on receipt of the completed application form (which puts the candidate under no obligation).

Candidates are required, before or after interview, to visit at least one hospital department of Occupational Therapy, to observe the work. The School will be glad to give introductions for these visits if necessary.

Post-Graduate Courses

These are arranged by the school for trained Occupational Therapists. Separate particulars may be obtained from the Principal:

The Dorset House School of Occupational Therapy,
Registered Office: W. M. Bayliss, Sons & Co.
Incorporated Accountants, 16 Broad Street, Oxford.

DH/A

Church Army Press, Cowley, Oxford, England

5766

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MISS B. M. NICKLIN, PHYS. ED. DIP.

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MISS R. PARRY.
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The Dorset House School of Occupational Therapy

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 MISS E. MEREDITH, M.A.O.T.

Training Course 3 calendar years.

Students are prepared for the Diploma Examination of the Association of Occupational Therapists. Studies include:—Anatomy, Physiology and Psychology and the Symptomatology of Medical, Surgical and Psychological diseases and disorders.

Lectures are given by members of University Departments, by Doctors, Occupational Therapists and other experts.

In Hospital Practice, which is arranged under specially trained Occupational Therapists in hospitals of all types, in Oxford, London, Bristol, the Midlands, and in Scotland. Students have the benefit of working in small groups and of attending teaching clinics and demonstrations.

The Course also covers training in Therapeutic Occupations, including a wide range of activities and their application for treatment of Physical and Psychological illnesses; Departmental Management, Record Keeping and the Organisation of Recreations.

A hostel, intended particularly for younger students, is provided in an attractive residential part of Oxford.

For all particulars apply to the Principal.



D.H. Clinical Practice Conference



D.H. Staff at Churchill



Bronwen Rowland



DORSET HOUSE STUDENTS & STAFF AT THE CHURCHILL HUTS.



CASSON.—On Dec. 17, 1954, at St. Mary's Private Hospital, Bristol, after a short illness, **ELIZABETH CASSON, O.B.E., N.D., D.P.M.**, of St. Margaret's, Walton St. Mary, Clevedon, Somerset, third daughter of the late Thomas Casson, of Denbigh, and founder of the Dorset House School of Occupational Therapy, aged 74 years. Funeral service at St. Andrew's Church, Backwell, near Bristol, on Wednesday, Dec. 22, at 2.30 p.m. Flowers may be sent to T. Falsman and Son, 3, Whitechapel Gate, Bristol, 8.

DR. CASSON DIES AT THE CHURCHILL HOSPITAL, Bristol Therapy school founder

Dr. Elizabeth Casson, O.B.E., founder and medical director of the Dorset House School of Occupational Therapy, now housed in Oxford, has died.

She was 74.

It was in 1930 that she set up in Bristol the school which began the training of nurses in what has now become an established branch of their work.

Dr. Casson was the daughter of Mr. Thomas Casson, of Denbigh, received her early training at St. Mary's College, Paddington, and at the University of Bristol.

Shortly afterwards she became interested in a movement to improve housing conditions for the poor. She was enthusiastic about an experiment which Miss Octavia Hill was carrying out in Southwark, and worked as secretary at Red Cross Hall until 1913.

QUALIFIED AS DOCTOR

During the 1914-18 war she studied medicine and qualified as a doctor in 1919.

Ten years later she established a residential clinic in Bristol and then founded the school of occupational therapy which remained at Bristol until the outbreak of hostilities in 1939.

It moved to Bromsgrove (Worcestershire) after the premises at Bristol had been damaged during the bombing, and in 1946 Dorset House moved to Oxford, taking over premises which the American Forces had occupied at the Churchill Hospital.

Obituary

ELIZABETH CASSON

O.B.E., M.D. Bristol, D.P.M.

Dr. Elizabeth Casson, founder and for many years director of the Dorset House School of Occupational Therapy, died in Bristol on Dec. 17.

She was born in 1881, the third daughter of the late Major Thomas Casson of Denbigh, and she was a sister of Sir Lewis Casson. She was educated at St. Mary's College, Paddington, and later studied housing management. In 1908 she joined Octavia Hill's stalwart helpers in Southwark and seemed to have found her life's work.

But conditions in South London showed her all too clearly that her tenants, as well as their tenements, needed repairs. At the age of 30 she surprised her friends by taking her matriculation and beginning to study medicine.



She graduated M.B. in 1919 and soon afterwards joined the staff of the Royal Holloway Sanatorium, Virginia Water. In 1922 she took her D.P.M. and in 1926 she proceeded to her M.D. degree. In 1927 she was awarded the Gaskell prize.

She herself has described how she came to realise the importance of occupation as a form of therapy.

"I found it difficult to get used to the atmosphere of bored idleness in the day rooms at the mental hospital. Then, one Monday morning, when I arrived at the women's wards, I found the atmosphere had completely changed and realised that preparations for Christmas decorations had begun. The ward sisters had produced coloured tissue paper and bare branches, and all the patients were working happily in groups making flowers and leaves and using all their artistic talents with real interest and pleasure. I knew from that moment that such occupation was an integral part of treatment and must be provided."

At Holloway Sanatorium she found a tradition of crafts and games; entertainments, sports, exhibitions were all held regularly. But it was all voluntary and no work was prescribed by the medical staff. On a visit to the Gart Naval Hospital in Glasgow she saw real "occupational therapy" for the first time in Dr. (now Sir) David Henderson's small department. Later she visited the larger department at Bloomingdale Hospital in New York. She continued to seek out all the hospitals in England where the idea was gaining ground, including Nayland Sanatorium and the Lady Chichester Hospital in Brighton. In 1929 she left Virginia Water to open a residential clinic at Dorset House, on Clifton Down, near Bristol. She was determined to arrange a full-time planned day for all her patients, and from this grew the Dorset House School of Occupational Therapy. Soon afterwards a small department was opened at the Bristol General Hospital to show how occupational therapy could also be used for patients with physical diseases.

The work continued to develop steadily and in 1936 the inaugural meeting of the Association of Occupational Therapists was held at Dorset House. Shortly before the war the staff of the school helped in the planning and opening of the Allendale curative workshop, and

THE SAD DEATH OF OUR FOUNDRRESS: DR. CASSON

THE LANCET

[JAN. 1, 1955 55

Dr. Casson reported in our columns in 1941 on the first 40 cases treated there (*Lancet*, 1941, ii, 516).

With the war Bristol became an unsuitable place in which to run a school, and after some months of anxious negotiations Dr. Casson arranged for her students to move to Barnsley Hall Hospital, Bromsgrove. After the war the school found new quarters at the Churchill Hospital in Oxford, but Dr. Casson continued to act as medical director and paid frequent visits from Bristol. In 1951 she was appointed O.B.E.

F. S. C. writes: "The memory of Elizabeth Casson will be cherished not only as an able psychiatrist and charming colleague, but also as the founder of the first school of occupational therapy in this country. Soon after the late Sir Robert Jones had demonstrated the value of the curative workshop, she saw the need for trained personnel and recognised that, besides a knowledge of suitable crafts, the therapist must understand the nature of illness and how work therapy could help patients with both mental and physical disorders back to health. From her own resources she established the Dorset House School of Occupational Therapy and sustained it by her teaching, forthright leadership, and generosity throughout the difficult period of evacuation and expansion during the war until it was safely established under an independent board of governors of which she was a member. Occupational therapy today owes a great deal to the foresight and example of Elizabeth Casson."

Obituary

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

Dr. Elizabeth Casson, founder and medical director of Dorset House School of Occupational Therapy, Oxford, died at Bristol on December 17, 1954, at the age of 73.

Elizabeth Casson was born at Denbigh on April 14, 1881, the third daughter of Major Thomas Casson, J.P., who brought an original mind to organ building, and brother of Sir Lewis Casson, the well-known actor. After leaving St. Mary's College, Paddington, she became interested in housing estate management and worked under Miss Octavia Hill from 1908 to 1913.

During this time she was secretary of Red Cross Hall at Southwark. At the age of 30 she took up the study of medicine at Bristol University, graduating M.B., Ch.B. in 1919 and proceeding M.D. in 1926. After holding a resident appointment at the West Herts Hospital in Hemel Hempstead she took the D.P.M. in 1922 and joined the staff of the Royal Holloway Sanatorium at Virginia Water. It was while she was a medical officer there that she called a meeting of medical women who were interested in psychological medicine, and from this beginning grew the Standing Committee in Psychological Medicine of the Medical Women's Federation, as well as an informal group of medical women with interests in this field who have met at intervals ever since. Dr. Casson gained the much-coveted Gaskell Prize and Medal of the Royal Medico-Psychological Association in 1927, and she later founded the Gaskell Club, the members of which are past winners of the medal. The club has met yearly for many years to welcome new medalists, to dine, and to discuss matters of common interest. Dr. Casson was always an outstanding personality at the dinners, taking the chair at the last meeting a few weeks ago.



In 1929 she returned to Bristol as medical officer in charge of a residential clinic for mental disorders, and she was also in due course appointed to the staffs of the Bristol General Hospital and the Walker Dunbar Hospital. In 1930 she founded the first school of occupational therapy in this country. It was opened at Dorset House, on the Promenade, Clifton. Dr. Casson herself wrote that the importance of occupational therapy was impressed on her when she was in hospital one Christmas and found the enormously improved atmosphere in the hospital ward was directly due to the interest of the patients in preparing the Christmas decorations. She acknowledged that her first introduction to occupational therapy came from a description by Dr. David (now Sir David) Henderson of the small department he had opened at Gartnavel Hospital, Glasgow. During the first three years of the existence of this school the training given was chiefly for mental hospital work, but in due course an occupational therapy department was opened at the Bristol General Hospital for the treatment of patients with physical disease. Occupational therapists are nowadays able to take the diploma for either physical or mental work or the combined diploma for both. In the early years of the school Dr. Casson herself gave the lectures to the students on anatomy and physiology. During the war the school moved to Barnsley Hall Hospital, Bromsgrove, Worcestershire, but after the war ended it was attached to the Churchill Hospital, Headington, Oxford, where Dr. Casson was a frequent and welcome visitor. She was elected an honorary fellow of the World Federation of Occupational Therapists, and in 1951 was awarded the O.B.E. for her work as founder of the Dorset House School of occupational therapy.

In the years before the war Dr. Casson worked actively for the B.M.A. and represented her Division at nine Annual Meetings. She also took a keen interest in Bristol University and was a member of the university court. Her whole heart was in her work, and what she gained in knowledge she put to the service of others. But that was not all, for apart from her work she was affectionately devoted to innumerable friends, patients, and students and to a wide family circle. During the war her home in Bristol was bombed, and since then she had lived in Clevedon.

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

E. M. M. writes: A wide circle of associates and friends will have heard of the death of Dr. Elizabeth Casson, the pioneer in the organized training for occupational therapy in this country, with profound sorrow and a feeling of personal loss, a loss shared with her family, to whom she was particularly devoted. The details of her career were recorded in the obituary notice published last week (p. 48). Dr. Casson, having first engaged in house property management under Octavia Hill, and having taken up medicine only in her thirties, may be said to have had a number of irons in the fire, but it was all the same fire, burning to bring personal consideration into the treatment of people, particularly of sick people. "Re-ablement" was the keyword to all her work.

Dr. Casson's name is perhaps most often associated with Dorset House, the nursing-home opened in 1929 at Bristol for the treatment of psychoneurotic and early psychotic patients. In 1930 the training school of occupational therapy was added to it, the training of students being run always in the closest association with treatment of patients. In 1938 the venture extended to the opening, near Dorset House, of a workshop for the treatment of physical cases by occupational therapy. Here, in addition to light occupations, heavy work was introduced. But no hours set apart for occupational therapy were, in Dr. Casson's view, the time basis of the treatment: the whole of the daily programme and the future establishment of the patient had to be considered, and this was a matter for the entire staff. Many patients, while still linked with the rehabilitation centres, were placed experimentally in suitable work and were helped to progress to permanent employment.

Linked with this background of treatment and enterprise at Bristol was another nursing-home at Clevedon. When, owing to blitzes, Bristol became untenable, there followed the dispersal, but not the disintegration, of the various sections of Dr. Casson's work. The original building, Dorset House, was requisitioned. Another house was taken at Clevedon, where the nursing-homes made their centre. The school was moved to temporary quarters in the Midlands. At the end of the war the former Dorset House was made re-acquired immediately. Therefore, in order to make it more accessible, the school was moved to Oxford. Throughout these and succeeding years the link between the two centres has been maintained by the regular visits of Dr. Casson and exchange visits of staff and students. Both groups, working somewhat separately, and each now with its own responsible and separate management, jointly mourn the loss of their founder.

To have worked in association with Dr. Casson was an inspiration and an adventure. To quote an old student: "She was one of those rare people, entirely herself. . . I can, at any moment, conjure up a picture of her extraordinary vividness." It was a vividness of undeterred determination, kindled by, in her own terms, "motives of organized activities," directed always to the fulfilment of her aims. She showed an intense sense of the practical, but those who knew her best could not have failed to discover her very real dedication, her capacities for affection, and her generosity. Throughout the whole of her work she, in the terms of Andrew Boorde, the sixteenth-century physician, deemed it important that "the physician and the cook must consult together" lest "a wearisome dish . . . which the sick cannot take" be the result. Those who were privileged to work with and for her were aware of this partnership, and can only hope that they will be enabled to continue with something of her wisdom and inspiration.

Dr. G. DE M. RUDOLF writes: May I add to the obituary notice of Dr. Elizabeth Casson something about her philanthropy? Having seen the plight of patients who were unable to afford the full fees of private psychiatric hospitals and yet were able to pay smaller amounts, Dr. Casson founded, in 1929, a residential clinic for them at Bristol. By good management she was able to make a small profit, of which she used up to £1,000 a year for financing the occupational therapy school in the same buildings. She continued this help for many years. By the beginning of the war in 1939 the residential clinics, which then also included Mount Pleasant at Clevedon, had grown to hold 100 patients. Owing to enemy action Dr. Casson moved the Dorset House home to Clevedon, where she continued the principle of low fees. Dr. Casson spent little on herself, using her income to benefit her patients. Often she made no charge, or asked a sum less than the usual small fees.

Dr. ELIZABETH CASSON

G. de M. R. writes: "The residential clinic which Dr. Casson founded at Dorset House, Bristol, was for patients who were only able to afford modest fees. Later she extended her work by taking on the Mount Pleasant nursing-home at Clevedon, Somerset, so that by the beginning of the war in 1939 she had room for 100 patients. Owing to bombing, she moved the Dorset House clinic to Clevedon, using two more houses. Here, she continued the principle of low fees and at times admitted patients without charge. She spent little on herself, and she financed the Dorset House School of Occupational Therapy in its beginning. Indeed many years passed before it was able to run at its efficient level without financial help from her."

OCCUPATIONAL THERAPY

The Official Journal of the
Association of Occupational Therapists

REGISTERED AT STATIONERS' HALL

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No. 1

OBITUARY

All those who knew Dr. Elizabeth Casson will be sad to hear of her death on 17th December, 1954, after a short illness. We are glad to know that, as she would have wished, she was able to be active almost to the last.

Mrs. Owens, present Principal of the Liverpool School of Occupational Therapy, who shared with Dr. Casson the earliest venture in the training of Occupational Therapists in this country, has paid the following tribute to her life and work.

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

The name of Elizabeth Casson will always be remembered with love and pride by Occupational Therapists and more especially by those who have been connected at one time or another with the development of Occupational Therapy in England, for it was she, above all others, who not only saw the need for it, but was prepared to work to establish it, and, for as long as was necessary, to earn, by her medical skill, the money to finance it. It was her faith in our healing work that enlivened and enlightened medical opinion regarding Occupational Therapy, it was her courage and foresight that first established professional training, and it was her determination and perseverance that carried it forward in the face of opposition and indifference.

Through every phase of development, from the inception of training, the formation of a national professional association, the establishment of an examination board, to the recent organisation of a World Federation, the profession has had the support of Dr. Casson's confidence and encouragement and the guidance of her wisdom.

In our early years much in the foreground, recently she had, because of indifferent health and advancing years, though still keenly interested and more actively concerned with Occupational Therapy, been obliged to lead a more retired life, and has consequently been less well known to those who have joined the profession in recent years. Even in these later years, however, she has attended meetings and from 1936 to 1953 was present at almost every major event arranged by the Association.

For many years she held the office of Vice President of our Association and at this year's meeting of the World Federation of Occupational Therapists, she was created one of its first two Honorary Fellows. It is in these official capacities and more particularly as the Founder and Medical Director of the Dorset House School that she is remembered by the majority of Occupational Therapists; a distinguished and successful, but rather remote elderly doctor, recognised, revered, but as a person unknown, and for those members of our profession of whom this is a true statement, this is one

Journal of the MEDICAL WOMEN'S FEDERATION

Obituary

ELIZABETH CASSON

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

17 December, 1954

It is with sorrow that we record the death of Dr Elizabeth Casson, an outstanding member of the medical profession, an active member of the Medical Women's Federation since its foundation, and the understanding friend and adviser of so many people in many walks of life. Her interests were indeed widespread, and the following appreciations pay tribute to her great gifts and to her accomplished work.

Dr Isabel G. H. Wilson writes: One of the first things that comes to mind about Elsie Casson was her pride in her family, to whom deep sympathy must go out, in their loss. She would often talk of a Welsh ancestress whose resource saved the slate-quarrying family in bad times long ago, of her own generation on the stage and off, and of her many nephews and nieces, and their children. Long before she died at the age of 73, in December last, she herself was a distinguished figure.

She worked for 5 years with Octavia Hill, then qualified in medicine taking prizes on her way and later gaining the M.D., the Diploma in Psychological Medicine, and the Gaskell prize and Gold Medal. She was awarded the O.B.E. in 1951.

When a medical officer in Holloway Sanatorium, Virginia

of the tragedies of war, for it was the war which caused the division of the original Dorset House at Clifton, where Residential Clinic and Training School were combined and where Dr. Casson herself was in residence and in daily contact with patients, staff and students. For the sake of those who only knew Dr. Casson in the period after the School moved to Bromsgrove, and especially for those who hardly knew her at all, I would like to draw an earlier picture, a picture which I hope may help to bridge the gap. Those of us who knew her well were greatly privileged and to work closely with her was an inspiring experience.

Inspired herself by a deep sense of religion, her life was devoted to those, who to her were the most needy; for a time to the poor and subsequently to the mentally ill. Though her ambition was to become a physician, she was not for a time able to study medicine and after doing a secretarial course, she worked with Octavia Hill in the pioneer house property management experiment in Paddington. In this work, which greatly interested her, she learnt much, not only about the care of houses but also about poverty and ill-health, about waste and about thrift, about family relationships and about delinquency and also about the evils of unemployment and idleness. It is impossible to understand her subsequent work, either as a Psychiatrist or as a pioneer for Occupational Therapy, unless one appreciates the deep impression which her association with Octavia Hill and her work made upon her.

In her thirtieth year she qualified as a doctor and after a short period as a physician, she turned to Psychiatry. It was her desire to serve the mentally ill, linked with knowledge drawn from her Paddington experience of the disastrous mental and physical effects of unemployment and idleness, which made her such a protagonist for Occupational Therapy, and it was because she was convinced that by developing Occupational Therapy she could best serve a greater number of patients suffering mental distress that she gave such devoted service to our profession, for when she became a Psychiatrist, the state of idleness of the patients in the mental hospitals appalled her and with characteristic realism and energy, she looked for a remedy.

In the United States of America it was claimed that the remedy was to hand in the newly established profession of Occupational Therapy and so in 1925 she went to America and visited hospitals which were using this form of treatment, seeing and appraising the work done. She returned to England convinced that Occupational Therapy must be established in England too and with great enthusiasm directed her energies to this end. She recognised immediately that her first two steps must be to find and enthuse a potential Occupational Therapist and persuade her across the Atlantic to take an American Course of Training, at the same time setting up a pilot scheme of Occupational Therapy under her own direction at Holloway Sanatorium where she was then working.

It took rather less than two years to accomplish this initial phase of her plan, and it was my very good fortune to be associated with her in it. However, the progress was not fast enough and while I was still training in America she wrote to me saying that she had decided to buy a large house in Bristol where she could establish a Residential Clinic and an Occupational Therapy Training School and asking me to join her there. Her plan was to have, for all her patients, an intensive programme of Occupational Therapy so that the value of the treatment could be clearly demonstrated. In taking this step she was staking all her assets both professional and financial. It was an act of great faith and great courage which was fully justified by subsequent events.

By January 1st, 1930, an adjoining house had fallen vacant and this too she had taken and so, on that historic day in our profession, Dr. Casson had in Clifton two large houses, somewhat sparsely furnished, gardens, greenhouses, stables and coach-houses, some loyal friends, nurses, maids, a trained Occupational Therapist and seven patients. More patients were needed to make the project economically sound. Students were hoped for, though since Occupational Therapy was virtually unknown, they were not likely to come thick and fast, but the School was open. In the meantime, the houses were in urgent need of decoration, from attic to cellar; soft furnishings had to be made, and in the garden work was waiting to be done. Throughout there was a great spirit of enthusiasm and goodwill, a pioneering zeal and an expectation of achievement. All who were privileged to be members of the first Dorset House team shared and enjoyed an unforgettable experience. As Dr. Casson was the inspiration so she was also the key worker. The unexpected visitor might find her, with any temporarily disengaged member of the household, distemping a wall or staining a floor in the daytime or, in the evening, embroidering a tray cloth or making loose covers for the chairs, for, though there were fixed timetables for the patients, the staff disdained leisure. There was so much to do and Dorset House must succeed.

Just as the corporate life of the house was the concern of all so, too, was every member of Staff deeply concerned over the welfare of each patient thus life was vital, stimulating and immensely worthwhile.

Dr. Casson was essentially progressive in her conception of treatment. From the start, immediately after morning prayers, which she conducted herself, the day's work began with a Case Conference which the heads of departments attended and over which she presided. Nor was she content with craft work; even as early as 1931 the Occupational Therapy programme at Dorset House in any typical week included also Margaret Morris Dancing, Country and Ballroom dancing and gardening. Organised recreations in the evenings, community singing, visits to the theatre, dramatic productions were all included in the Department's work. In 1932 a

cottage in the meadows was rented so that groups of patients could be taken there for the day or weekend and where domestic work, cooking and gardening were all undertaken by the visiting group. In between visits, time was devoted to making many of the furnishings needed there. In all these many activities, Dr. Casson participated as her other work permitted.

As the School slowly became established the need for taking Occupational Therapy to hospitals other than those engaged on psychiatric work was obvious. Dr. Casson was both too wise and too far-sighted to under-estimate the possibilities of Occupational Therapy in the treatment of physical disability and though this was not her first concern, she gave much valuable advice and support to the development of Occupational Therapy in this field also.

Since those early days many years have passed, the Dorset House School of Occupational Therapy has become known throughout the world. It has a fine professional record and its graduates hold positions of responsibility in every branch of our profession. For many years now Miss E. Mary Macdonald has been closely associated with Dr. Casson as the Principal of the School and though, with increased numbers of students, methods have inevitably changed, the original tradition of service remains the same. Dr. Casson had good reason to be proud of her children.

Throughout her medical career, Dr. Casson was a great teacher, both by example and precept, and a great worker as well as a great physician. She was devoted to her patients and unsparing of herself in all that she did. For some thirty years she strove, first to establish and then to strengthen Occupational Therapy, so that the patients in mental hospitals could be better cared for. In her death we have lost a courageous example, a wise and good supporter, an honest counsellor and a beloved friend. Our continued growth as a treatment service would be the memorial she would wish herself.

A.C.O.

Journal of the MEDICAL WOMEN'S FEDERATION

Obituary

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Dr Isabel G. H. Wilson writes: One of the first things that comes to mind about Elsie Casson was her pride in her family, to whom deep sympathy must go out, in their loss. She would often talk of a Welsh ancestress whose resource saved the slate-quarrying family in bad times long ago, of her own generation on the stage and off, and of her many nephews and nieces, and their children. Long before she died at the age of 73, in December last, she herself was a distinguished figure.

She worked for 5 years with Octavia Hill, then qualified in medicine taking prizes on her way and later gaining the M.D., the Diploma in Psychological Medicine, and the Gaskell prize and Gold Medal. She was awarded the O.B.E. in 1951.

When a medical officer in Holloway Sanatorium, Virginia

Water, she felt that there should be a medical woman on the staff of every mental hospital. She gathered there in 1926 some nineteen medical women and others for "a mighty lunch" given by the hospital and for discussion. The party included Dr Helen Boyle, Dr Kate Fraser, Dr Bertha Mules, Dr Doris Odlum and two medical superintendents, Dr Selkirk of Hollymoor and Dr Jane Short of the Lawn Lincoln. The outcome was two-fold, a meeting of medical women interested in psychological medicine which met yearly (with some interruption) and the formation of a committee of which she was chairman; it still exists. The next year, after a meeting with the Council of the Medical Women's Federation, this became the Standing Committee on Psychological Medicine of the Federation. The Committee worked hard, considering and suggesting action about medical women in psychiatry, the mental health bill, the psychology of the menopause and of pregnancy; delinquency, the treatment of neuroses, the relationship of doctor and magistrate, and more besides. The informal group and the committee have stimulated interest in psychiatry and helped medical women who needed professional contacts.

After the meeting with the Council of the Federation, Elsie drove me over Patterdale in her Jowett car, stopping on the way to pick up a one-legged cyclist and his cycle and taking them to the top. The gradient goes up to 1 in 7 and it was not an easy transfer. Committee meetings were often held in my flat; Dr Casson's dog used to come in as soon as the door was opened and make straight for a jar on the floor with heather in it; he would drink the water from it, perhaps reminded of Welsh hillsides. Elsie loved Wales and was quick and surefooted on the slippery paths of Snowdon.

She was essentially an originator, as has been seen, and must have encouraged scores of friends and patients to venture in new ways. Her best known work was the founding of the Dorset House School of Occupation Therapy, of which others are more qualified to speak. She founded also the Gaskell Club. It occurred to her that it would be pleasant if the oldest medallists could meet the new winner of the year, along with the medallists of the intervening time, to dine and to talk. There were but few women in this company; Dr Mary Barkas, Dr Muriel McCowan (then Northcote). As a guest at the dinners I have seen her, dressed in beautiful blue or red handwoven material, talking of old times and of recent methods in psychiatry. She was the senior member present and was able to take the chair at the successful dinner held the month before she died.

In Bristol, her work was varied. She was on the staff of the Bristol General Hospital, the Read Dispensary and the Walker Dunbar Hospital. At Dorset House she treated patients for neurosis or psychosis by detoxication, some homeopathy as well as orthodox medicine, using also psychotherapy with a firm

belief in the capacity of each recoverable case, and, of course, occupation therapy. She was active in the B.M.A. and had recently been made President-Elect of the Bath, Bristol and Somerset branch.

By this time she was at St. Margaret's, Clevedon, where also she treated patients. As her health began to fail from obscure anaemia she was devotedly cared for, so that till almost the end she was able to be out and at work in her gradually shortening working day.

She was quietly generous in innumerable ways. Her goodness of heart and liveliness of spirit, her sense of drama and her care for her school and her patients will live in the memory of those who knew her.

Dr Letitia Fairfield, C.B.E., writes : I had unfortunately seen little of Dr Casson in recent years but a few early reminiscences may serve to illustrate a point easily forgotten, to wit—how proud we medical women should be of her as a pioneer in her own line. I remember well the pleasure of visits paid to her when she was on the staff of Virginia Water Hospital far back in the twenties ; it was an education to do a clinical round with her or to discuss a new theory or an administrative plan, for Elizabeth Casson was a fine clinician as well as an imaginative innovator in social medicine. When she came into a position to start her own establishment at Bristol, she concentrated on the psycho-neurotics who had always attracted her most, and her ideas proved to be in the main-stream of progress.

One of Dr Casson's great gifts was the power of seeing a situation from the patient's point of view down to the smallest detail. She was also intensely practical and I particularly admired the judicial way she would balance the advantages of certification and voluntary care, the question of expense to local authorities of suggested schemes, the interests of relatives, etc. One dictum I found extremely helpful ; that one could never consider a neurotic "cured" by any treatment until she was willing to do something she didn't like for someone else—and stick to it !

The occupation therapy school of which she made such a triumphant success grew out of this penetrating and loving observation of her patients' needs. It was nourished by her own great interest in the Arts, as well as by her appreciation of the psychological value of this approach to unbalanced minds. We were always especially glad to have one of her ex-students in our L.C.C. departments, not only because of their sound training but because of their truly "vocational" outlook on their work.

Best of all Dr Casson's gifts, I think most would agree, was her power of making and keeping friends. The friendship she offered was not emotional, but consistently unselfish, gently affectionate, and unaffected by the passage of years. Literally

hundreds of people had reason to bless the day they met her. At our last meeting a year ago she spoke with gratitude of her happy life, and it was good to hear that for rarely has anyone deserved happiness more.

Mrs. Glyn Owens, Principal of the Liverpool School of Occupational Therapy, writes: The name of Elizabeth Casson will long be remembered with love and pride by occupational therapists in England for it was she above all others who not only saw the need for occupational therapy but was also prepared to work for its establishment, and, for as long as was necessary, to earn the money to finance it. The work which she had done with Octavia Hill before studying medicine had shown her the virtue of work and the demoralising effects of idleness and unemployment. When some years later she joined the medical staff of a mental hospital she was appalled by the lack of employment for the patients. Characteristically she sought a solution of this problem and found that in the United States it was claimed that occupational therapy offered the remedy. A short visit to America in 1925 to investigate the claim convinced her that it was justified and with characteristic single mindedness she set out to establish the profession in this country.

It was her courage and foresight that first established professional training in Great Britain and her determination and perseverance that carried it forward in the face of opposition and indifference. It was evident to her from the start that good professional training for occupational therapists was the means by which she could best combat the lack of organised occupations for patients in mental hospitals and her first step, therefore, was to select a potential occupational therapist and arrange for her to obtain the American training. In the meantime, in 1929, she herself acquired the houses in Clifton, which became known as Dorset House, in order to use them for her threefold purpose, the establishment of a residential clinic where borderline psychiatric patients could be treated, and which could become a demonstration centre of the use of intensive occupational therapy closely linked with, and affording clinical training facilities for a training school for occupational therapists. There, on January 1st, 1930, Dr Casson opened the first School of Occupational Therapy with an American trained occupational therapist as Principal. That this step, which was an act of great faith and courage, was amply justified is proved by the result. Of the seven schools in England four may well be claimed as daughter schools of Dorset House and so too may schools of occupational therapy in South Africa, New Zealand and Australia.

Dr Casson was a Vice-President of the English Association of Occupational Therapists and an Honorary Fellow of the World Federation of Occupational Therapists. To work with her was an inspiring experience and throughout the world she is mourned by those who had this privilege. By her death the

profession has suffered an irreparable loss—for she was its oldest and wisest supporter and to all its members a brave example, an honest counsellor and critic, and a beloved friend.

ADRIANE MARY ROBERTS

1881-1944

7 January 1944

Dr Adriane Roberts, who died in London on January 7, 1944, in her 62nd year, was distinguished among medical women in London for many years, particularly in fields of public and social work.

She was the eldest of the nine children of Mr. F. G. (Fair) Roberts, of a well-known firm of chemical manufacturers, and was educated privately. In 1899 she entered as a student at the London (Royal Free Hospital) School of Medicine for Women, and took the M.B. degree of the University of London in 1908, the D.S. which at that time could be taken separately with Honours in 1909, and the M.D. in 1912.

After graduation she held several assistant and other clinical posts, followed by several years as clinical assistant at Moorfields Ophthalmic Hospital with a view to specialising in eye work, and started consulting practice in London in this branch of work about 1914.

During those years she became increasingly interested in social medicine, and in 1912 acted as a Conservative for "Wandsworth Division" in the City of London. She was known in those days for the thoroughness of her preparation, the care and accuracy of her work, and was for some years the only woman on the Borough Council, where she had considerable influence on measures concerning the health of women and children.

When war broke out in 1914, following the plans and way of life of so many people, Dr Roberts signed an article and in the early activities of Red Cross work. In 1917 came an opportunity for more extensive work, and she became one of the Women's Army Auxiliary Corps, or W.A.A.C., and was made one of the first women to be awarded a cross of honour for gallantry and devotion to duty. She was the first woman to be awarded a cross of honour for gallantry and devotion to duty. The general company of W.A.A.C. was disbanded in 1918, and the new Corps, a small one, was formed in 1918, and was formed by a "Detachment of Medical Officers" of the Women's Corps. Dr Roberts joined this unit and served it for three years, for the greater part of the time as Commandant of the London Detachment, and took medical charge of the unit for the last year, during the difficult period of demobilisation, as Commandant of the Medical Section of the Corps at the War Office. For her work during

these years she was awarded the Order of Officer of the British Empire (Military Division).

In 1922 Dr Roberts was elected as a representative of St. Marylebone Borough Council on the London County Council, and retired from medical practice. She gave unstinted service to the L.C.C. until her retirement twelve years later, and in this period acted as Chairman of several important committees. Perhaps her most valuable work was done on the Mental Hospitals Committee in which she was deeply interested and of which she was successively member, Vice-Chairman and Chairman from 1922-1934. She also acted as Chairman of the Maudsley Hospital during its period of reorganisation and development. The following short extract is from a report by the late Dr Edward Mapother, then Medical Superintendent of the hospital, in 1935 :

“ During the five years that Dr Roberts held office most of the developments now being realised at the hospital were conceived, and without her enthusiasm and her unflinching efforts to arouse similar interest in others, its growth from comparatively small beginnings could never have occurred.”

After her retirement from the L.C.C. Dr Roberts continued to do a good deal of public work, as a magistrate and in connection with the Invalid Children's Aid Association and other voluntary societies, and was for ten years a member of the Headquarters Committee of the British Federation of University Women.

During the second world war she stayed in London. Inactivity irked her beyond measure, but her health had already begun to fail. As getting about became more difficult, she deepened her already wide knowledge of world problems by reading and study, and retained her keen interest in public affairs till the end. Her other great interest lay in watching and aiding the development of her numerous nephews and nieces of two generations, to whom she was the ever-generous “ Aunt Ad.”

Dr Roberts made a worthy contribution to the work done by medical women in the first half of this century. She had a clear mind, good judgment, courage, a high sense of responsibility. As a friend her wide experience, quiet humour and personal charm made her at her best a delightful companion. But to many people who knew her less well she was undoubtedly somewhat formidable. She did not fraternise easily, her manner was often aloof, and she had on occasion a biting tongue. But when all is said, she was an outstanding person of exceptional character and attainments, and she leaves a record of good work finely done.

JANE H. TURNBULL.

THE CANADIAN JOURNAL OF OCCUPATIONAL THERAPY

Elizabeth Casson, O.B.E., M.D., D.P.M.

In the death in December 1954, after a short illness, of Dr. Elizabeth Casson, Medical Director of the Dorset House School of Occupational Therapy, our profession has lost not only a staunch and never failing supporter, but a pioneer in the establishment of training in occupational therapy in Britain.

Elizabeth Casson's life of service goes back to the days of Octavia Hill, under whom she worked in Estate Management in South London. It was not until the age of thirty that "by working for her matriculation and then becoming a qualified practitioner in medicine and surgery, she ultimately achieved the distinction of being the first woman to gain the degree of Doctor of Medicine of the University of Bristol".

Her experiences during the first war had shown her aptitude as a surgeon, but she elected to specialize in the treatment of nervous and mental disorders, and joined the resident staff at the Royal Holloway Sanatorium, Virginia Water. It was there that she not only proceeded to her doctorate but also gained the distinction of election to the company of Gaskell Prize-winners.

Stimulated by the work done by Sir David Henderson at Gart Naval Hospital, Glasgow, Sir Robert Jones workshops at Shepherd's Bush, and Dr. Crichton Miller at Harrow, she started systematically to search out and examine the existing use of occupational therapy. It was following a holiday in America during which she visited Bloomingdale Hos-

pital, New York, and the Boston School of Occupational Therapy, that the idea of an English training school of occupational therapy was formulated in her mind.

Shortly after her return from America Dr. Casson left Virginia Water and started a residential clinic of her own at Dorset House on Clifton Downs, in Bristol. It was out of her programme of the "full-time planned day for all patients", that grew the Dorset House School of Occupational Therapy, which was officially opened on New Year's Day, 1930, with Dr. Casson as Medical Director.

When war came, and by 1941 Dorset House School had been literally bombed out, Bristol was untenable. Having lost everything, Dr. Casson, with a few of her patients, moved to Clevedon to start her work over again.

A friend of long standing has described Dr. Elizabeth Casson as "characterized by her capacity for extending and keeping intact her circle of associates, combined with a tendency to surprise her friends by cheerfully undertaking seemingly impossible tasks against apparently hopeless odds".

To the many friends and associates of Dr. Casson, the Canadian Association of Occupational Therapy extends its sympathy and more particularly to those who through the years were so closely associated with her at the Dorset House School of Occupational Therapy.

March, 1955.

H. P. LE V.

Curative workshop--- the first in Oxford

OXFORD MAIL. 11. 7. 1955.

A MEMORIAL to the late Dr. Elizabeth Casson, who founded Dorset House, the world-famous school of occupational therapy, is being planned by the governors, who hope it will take the form of a curative workshop—the first in Oxford.

Speaking of the memorial fund which is being launched, Sir Geoffrey Peto, chairman of the governors, said: "It was always Dr. Casson's desire to get a school and a curative workshop working together. That would be the memorial we would appreciate most. We hope to raise a fund which will enable us to equip such a workshop in Oxford. It would be called the Elizabeth Casson curative workshop."

Dorset House was opened first in Bristol as a training school for occupational therapists. It was the first school of occupational therapy in the country and is famous as the oldest and largest centre for the training of occupational therapists.

The school was moved to Oxford after the war, and was housed in nissen huts in the grounds of the Church of St. Stephen.

"Its work had affected thousands of lives, said Sir Geoffrey. "Hundreds of qualified occupational therapists from Dorset House are scattered not only in Britain and in the Empire, but also in foreign countries, and in doing wonderful work they are doing."

THOUSANDS BENEFIT

"Then there are tens of thousands of people of all ages and races who have benefited from our founder and these ladies who go out to cure them from their complaints."

"If you want a monument," he said, "look round at this."

The principal of the school, Miss E. M. Macdonald, was congratulated on having qualified to become a Bachelor of Letters by means of a thesis on connections with the work she had been doing with Dr. Casson.

"Looking on at the year's work," she pointed out that this year had seen the school's thousandth birthday.

Between 60 and 70 pupils had qualified last year.

A new and improved syllabus had been introduced, to which the "gimex-pigs"—the students who began in September—were responding very well.

MANY VISITORS

Miss Macdonald expressed her thanks to the school governors and staff, and in Oxford, Town and Gown, for "encouragement, hospitality and help."

The Mayor and Mayoress of Oxford, Councillor Liver and Councillor Mrs. F. K. Lower, attended, and the first and second principals of Dorset House, Mrs. Olive Owens and Mrs. Owen, were among those also present, as well as a number of relatives and associates of Dr. Casson.

A moment of silence was observed in tribute to Dr. Casson, who died in December last year.

CRAPDS DISPLAY

In the afternoon, visitors were invited to walk round the school and inspect displays and demonstrations of the various crafts taught there such as spinning, weaving, woodcraft, metalwork, basket work, brush making, leathercraft, dress-making and puppetry.

All these activities are especially chosen not only to spare patients the hours of boredom which might accompany any type of disengagement, but also to give curative exercise to mind or limbs.

Many of them provide full-time occupations for the permanently disabled, and the completed work on display showed an excellent high standard.

A Service

in grateful memory of the life and work
of our Founder

DR. ELIZABETH CASSON, O.B.E.

will be held at

The University Church of St. Mary the Virgin
on SATURDAY, JULY 9TH, at 12 noon

All friends of the Dorset House School will be welcome

P.T.O.

EXTRACT FROM
Oxford Mail

Rehabilitation

DORSET House School of Occupational Therapy—the first of its kind in the country—is holding an open day tomorrow. Housed in a series of Nissen huts in the Churchill Hospital grounds, it is by no means a palatial establishment but its renown as the largest centre for training occupational therapists is world wide.

This year the open day will begin with a service in memory of the founder—Dr. Elizabeth Casson—to be held in the University Church at noon.

In the afternoon, after an address by the Principal, Miss M. MacDonald, crafts ranging from tweeds to fine metalwork and carpentry will be displayed. There will also be a series of demonstrations on the rehabilitation of both mentally and physically ill patients.

Dorset House School of Occupational Therapy

A Memorial and Thanksgiving Service

FOR THE LIFE AND WORK OF

ELIZABETH CASSON

1881-1954

FOUNDER OF DORSET HOUSE SCHOOL

In the Church of St. Mary the Virgin, Oxford

ON

SATURDAY, JULY 9th, 1955

AT 12 NOON

Order of Service

THE SERVICE OF PRAISE

HYMN: All people that on earth do dwell (B.B.C. Hymn Book,
No. 450)

Praise ye the Lord

Thanks be to God

Glory be to the Father and to the Son and to the Holy Ghost.
As it was in the beginning is now and ever shall be, world without end.

PSALM 23 (Metrical Version, B.B.C. Hymn Book, No. 480)

THE LESSON: I Cor. 13

THE SERVICE OF THANKSGIVING

The Lord be with you

And with thy spirit

LET US PRAY

We praise thy name, O Lord, for the life and work of thy servant, Elizabeth Casson, who having served thee in her day and generation has fallen on sleep. Give us, we pray thee, such a measure of thy Spirit that we also may be found worthy to do thee service, and in serving thee to serve our fellow-men, for Jesus Christ's sake. *Amen.*

Let us thank God for the witness of her life,
her love for all things pure, true and lovely,
her friendship for all whom she met,
her constant care for all afflicted in mind, body, or estate,
her confidence and courage in every endeavour, in adversity,
in opportunity and in success,
her vision, hope and faith.

Glory be to the Father, and to the Son, and to the Holy Ghost.

As it was in the beginning is now and ever shall be, world without end.

Let us thank God for her energy and enthusiasm in forwarding the work of Christ's kingdom here on earth,
for her understanding of the needs of those in distress of mind,
for the founding, fostering and fulfilment of the work of Dorset House,
for those who in training there have seen something of her vision,
for those who in many hospitals and many places have been helped by their ministry.

Glory be to the Father, and to the Son, and to the Holy Ghost

As it was in the beginning is now and ever shall be world without end

To God the Giver of all good things be praise, glory and dominion for ever and ever.

HYMN : Praise my soul the King of Heaven (B.B.C. Hymn Book, No. 15)

ADDRESS : THE REV. CANON L. W. GRENSTED

HYMN : Let saints on earth in concert sing (B.B.C. Hymn Book, No. 249)

THE SERVICE OF INTERCESSION

LET US PRAY

Our Father, which art in heaven, hallowed be thy Name ; thy Kingdom come ; thy will be done in earth as it is in heaven. Give us this day our daily bread. And forgive us our trespasses, as we forgive them that trespass against us. And lead us not into temptation, but deliver us from evil. For thine is the kingdom, the power, and the glory, for ever and ever. Amen.

A Prayer for Hospitals and Infirmaries :

Almighty God, whose blessed Son Jesus Christ went about doing good, and healing all manner of sickness and all manner of disease among the people :. Continue, we beseech thee, this his gracious work among us, especially in the Hospitals and Infirmaries of our land ; cheer, heal, and sanctify the sick ; grant to the physicians, surgeons and nurses wisdom and skill, sympathy and patience ; and send down thy blessing on all who labour to prevent suffering and to forward thy purposes of love ; through Jesus Christ our Lord. *Amen.*

A Prayer for Dorset House :

Prosper we pray thee, O Lord, the work of Dorset House, that all who serve thee therein, whether as teachers or learners, may be fitted to take their part in thy ministry of healing, and that they themselves may finally attain to thy perfect service, through Jesus Christ our Lord. *Amen.*

A Prayer of St. Francis :

Lord make us instruments of thy peace :
Where there is hatred let us sow love ;
Where there is injury, pardon ;
Where there is discord, union ;
Where there is doubt faith ;
Where there is despair, hope ;
Where there is darkness, light ;
Where there is sadness, joy,
for thy mercy and for thy truth's sake. *Amen.*

THE GRACE

HYMN (kneeling) : God be in my head (B.B.C. Hymn Book, No. 512)

THE BLESSING

IN PRAISE OF WORK OF DR. CASSON

Oxford service of
thanksgiving

A MEMORIAL and thanksgiving service for the life and work of Dr. Elizabeth Casson, founder of the Dorset House School of Occupational Therapy, which has been in Oxford since 1946, took place in the University Church of St. Mary the Virgin, Oxford, on Saturday.

It was conducted by the Vicar, Dr. R. S. Lee, and an address was given by Canon L. W. Grensted.

In a tribute to Dr. Casson, Canon Grensted said the story of Dorset House, now just 25 years old, was the story of a living person—Elizabeth Casson—whose wisdom, understanding and knowledge had created it.

Dr. Casson saw every person about her as a whole individual, each with an individual place and purpose in the Kingdom of God.

That was a very different thing from seeing patients as "cases."

FILLING A GAP

The basis and foundation of her work was indeed religious but she did not try and force her religion on other people but she made it quite plain where the source of her whole being came from.

"It became more and more plain to her that in the work of our hospitals there was a gap which needed to be filled."

"Others had already seen that the patient in a hospital or nursing home needed an occupation."

"Not only did she realise that they needed to occupy their time and their fingers, but also some sense of purpose."

"What she did was to create something which met the need of the patient and the community and linked the two together."

Relatives present were Prof. and Mrs. A. W. Reed (brother-in-law and sister), Mr. Randal Casson (brother), Mr. Owen Reed (nephew) and Mrs. Reed, Miss M. Reed (niece), Sir Hugh Casson (nephew and a governor of the school).

IN AUSTRALIA

Sir Lewis and Lady Sybil Casson were unable to attend as they are in Australia.

Dorset House School was represented by Sir Geoffrey Peto (chairman), Sir Percy Marshall, Dr. and Mrs. R. G. McInnes, Mrs. A. Nugent Young, Dr. and Mrs. A. Shepherd and Mr. G. R. F. Bredin (governors) and Miss E. M. Macdonald (Principal), and past and present students.

Others who attended included Dr. Cecil Rutherford, Dr. M. O. P. Wiltshire, Dr. H. Bogle, Mr. M. Mackay, Dr. Isobel Little, Dr. Janet Ker-Aiklen, Dr. J. Wilson, Mr. F. S. Grimwood (Queen's College), Miss G. MacCaul (chairman of the Association of Occupational Therapists), Miss M. Drury (representing the Central Council for the Care of Cripples), Dr. M. Macnaughtan (president, representing the Medical Women's Federation) and Mrs. Glyn-Owen (first Principal of Dorset House).

The Times
II-7-1955

MEMORIAL SERVICE

DR. E. CASSON

A memorial service for Dr. Elizabeth Casson was held at the university church of St. Mary the Virgin, Oxford, on Saturday. The Rev. Dr. R. S. Lee officiated and Canon L. W. Grensted gave an address. Those present included:

Professor and Mrs. A. W. Reed (brother-in-law and sister), Mr. Randal Casson (brother), Mr. Owen Reed (nephew) and Mrs. Reed, Miss M. Reed (niece), Sir Hugh Casson (nephew, and a governor of the Dorset House School of Occupational Therapy, Oxford).

Sir Geoffrey Peto (chairman, Dorset House School of Occupational Therapy), with Sir Percy Marshall, Dr. and Mrs. R. G. McInnes, Mrs. A. Nugent Young, Dr. and Mrs. A. Shepherd, and Mr. G. R. F. Bredin (governors), Miss E. M. Macdonald (principal), Dr. Cecil Rutherford, Dr. M. O. P. Wiltshire, Dr. H. Bogle, Dr. M. Mackay, Dr. Isobel Little, Dr. Janet Ker-Aiklen, Dr. J. Wilson, Miss G. MacCaul (Association of Occupational Therapists), Miss M. Drury (Central Council for Care of Cripples), Dr. M. Macnaughtan (Medical Women's Federation), Mrs. Glyn-Owen, Sir Lewis and Dame Sybil Casson (brother and sister-in-law) were unable to attend as they are in Australia.

EXTRACT FROM
Nursing Times

Dorset House School of Occupational Therapy, Oxford

A SERVICE in the University Church of St. Mary the Virgin in memory of Dr. Elizabeth Casson, O.B.E., who founded the Dorset House School of Occupational Therapy, Churchill Hospital, Oxford, preceded the open day held on July 9. Presiding at the meeting in the afternoon, Sir Geoffrey Peto, chairman of the Board of Governors, spoke in appreciation of Dr. Casson's work, which had begun as a 'curative workshop' following her experience of work in mental hospitals where she found patients with "nothing whatever to do". Sir Geoffrey also paid tribute to Miss E. M. Macdonald, principal of the school and co-worker with Dr. Casson for a number of years, to whom the award of a degree for her thesis connected with the subject had just been announced by the University of Oxford.

In her report, Miss Macdonald spoke of the new and improved syllabus of studies and of the enthusiasm of the students, between 60 and 70 of whom had taken their final examinations during the year. The demand for their services remained high. She spoke, too, of pending legislation regarding the registration of occupational therapists and of the expansion of their professional association, the work of which contributed vitally to the encouragement of those who had passed through the school. She concluded by saying that the students worked hard and cheerfully "and cater admirably for their own leisure".

In the series of Nissen huts which house the various departments of the school a varied, attractive and ingenious display of the students' work was set out and demonstrated. Much of this served to illustrate the fact that the new syllabus "lays more stress, as it should, on planned and purposeful treatment rather than continual 'doing' or 'making' as recreation only". Active demonstrations of progressions in treatment from first stages to return to work or resettlement were given by groups of students in one of the huts. These showed in turn a young girl with rheumatoid disability resulting from Still's disease, who would eventually go on to sheltered employment with Yateley Textile Printers Ltd., in Hampshire; a young riveter who needed re-education for muscle co-ordination following hemiplegia due to head injuries received in a motor accident; and a girl who required exercises as a result of shoulder dislocation.

It is announced that the opportunity may shortly arise for the students of the school to co-operate in a curative workshop as part of a sheltered workshops scheme sponsored by the Health Committee of the City of Oxford. An appeal is therefore being made in the name of Elizabeth Casson Memorial Fund for subscriptions to commemorate in this way the life-work of the school's founder by providing the initial equipment for this workshop which is to bear her name.

Although it was hoped to open a Curative Workshop in Oxford it did not prove possible, administratively and financially, so the funds were used to equip a demonstration and teaching unit to emphasise particularly the physical aspects of Occupational Therapy.

DORSET HOUSE SCHOOL OF OCCUPATIONAL
THERAPY

Elizabeth Casson Memorial Fund

To commemorate and complete the life-work of Dr. Casson, a fund is being opened. We, the Governors and Principal of the Dorset House School, hope to have the co-operation of students and friends.

It was a matter of regret to Dr. Casson that one section of her work remained incomplete, the establishment of a successor to the Allendale Curative Workshop, which she started in Bristol in 1939, and which was closed owing to war conditions.

The opportunity may shortly arise to have such a Curative Workshop in Oxford as part of a Sheltered Workshops Scheme sponsored by the Health Committee of the City Council. The Curative Workshop within this scheme would bear the name of Dr. Casson and it is proposed to raise funds to provide the initial equipment for this. A succession of students of the Dorset House School would train and serve there, thus rendering it a continuing and living memorial to our Founder.

The Trustees of the Casson Trust have agreed to handle the Fund. Subscriptions may be sent to:—

THE ELIZABETH CASSON MEMORIAL FUND,

c/o The Secretary,

The Casson Trust,

Harberton House,

Headington,

Oxford.

GEOFFREY PETO, Chairman
G. R. F. BREDIN
HUGH CASSON
JOHN JOHNSON
PERCY MARSH

R. G. McINNES
A. NUGENT YOUNG
J. C. SCOTT
ANDREW SHEPHERD
E. M. MACDONALD

Dorset House School of Occupational
Therapy.

Elizabeth Casson Memorial Fund.

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Harberton House,
Headington,
Oxford.

Geoffrey Peto, Chairman
G. R. F. Bredin
Hugh Casson
John Johnson
Percy Marsh
R. G. McInnes
A. Nugent Young
J. C. Scott
Andrew Shepherd
E. M. Macdonald

DR. E. CASSON

Appeal for Curative
Workshop as Memorial

The late Dr. Elizabeth Casson, who in 1929 opened Dorset House, the first English training school for occupational therapists in Bristol, may one day be commemorated by a curative workshop at Oxford.

The Dorset House School, which stood on the Promenade, Clifton, was evacuated during the war and was finally accommodated in Nissen huts at the Churchill Hospital, Oxford.

Since Dr. Casson died in December last year, the school governors have decided to launch a memorial fund. It was announced at the school's open day. "It was always Dr. Casson's desire to get a school and a curative workshop working together," said Sir Geoffrey Peto, chairman.

"We hope that the funds will enable us to rally equip such a workshop which would be called the Elizabeth Casson Curative Workshop."

Many relatives of Dr. Casson and associates from Bristol were among the guests at the school's open day. Among them were the first and second principal of Dorset House, Mrs. Glyn Owens and Mrs. Owen Reed.

EXTRACT FROM
Bristol Evening World

The Lancet
23-11-1955

ELIZABETH CASSON MEMORIAL FUND

A FUND has been opened to commemorate the work of Dr. Casson, founder of the Dorset House School of Occupational therapy. It was a matter of regret to Dr. Casson that one section of her work remained incomplete—the establishment of a successor to the Allendale Curative Workshop, which she started in Bristol in 1939, and which was closed owing to the war. The opportunity may shortly arise to have a curative workshop in Oxford as part of a sheltered-workshops scheme sponsored by the health committee of the city council. The workshop would bear the name of Dr. Casson, and it is proposed to raise funds to provide the initial equipment. Subscriptions may be sent to the Elizabeth Casson Memorial Fund, c/o the secretary, the Casson Trust, Harberton House, Headington, Oxford.

OCCUPATIONAL THERAPY

The Official Journal of the
Association of Occupational Therapists

REGISTERED AT STATIONERS' HALL

Vol. 18.

AUGUST, 1955.

No. 3

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

APRIL 14TH, 1881—DECEMBER 17TH, 1954

Member of the Court of Bristol University.
Member of the British Medical Association.
Member of the Medical Women's Federation.
First Chairman of the Standing Committee on
Psychological Medicine of the Medical Women's Federation.
Gaskell Prize Winner and Gold Medalist,
and Founder of the Gaskell Club.

Vice-President:
Association of Occupational Therapists
Honorary Fellow:
World Federation of Occupational Therapists.
Founder and Medical Director
of the
Dorset House School of Occupational Therapy.

This number of "Occupational Therapy" is devoted to accounts of, and articles by, Dr. Elizabeth Casson, as a tribute from the Association to her faith in Occupational Therapy, to her courage and unsparing work in establishing it as a treatment, and to her foresight in setting up a means of professional training. The articles have been gathered from a number of sources, and there is, inevitably, some repetition. They have been left, however, substantially as they were, with the intention of giving as varied a picture as possible of Dr. Casson's life and work. In so brief a compass there must be omissions, but the spirit of her work carries its own message.



DR. ELIZABETH CASSON

PROFILE

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

Dr. Elizabeth Casson has always shewn a tendency to surprise her friends by cheerfully undertaking seemingly impossible tasks against apparently hopeless odds. Those who knew her when she was at work under Miss Octavia Hill in Estate Management, managing house property in Southwark, were quite sure she had found her *métier* and that she and Miss Joan Sutherland and some of Miss Hill's other stalwart helpers were inseparables and fixed for life. But not so; what Elizabeth Casson had learnt in South London was that it was the Londoners themselves as well as their tenements that needed 'first aid,' and she surprised her friends at the age of thirty by working for her matriculation and then becoming a qualified practitioner in medicine and surgery, ultimately achieving the distinction of being the first woman to gain the degree of Doctor of Medicine of the University of Bristol.

Her first appointment in medicine was at the West Herts Hospital at Hemel Hempstead during the first war—a most valuable experience gained under what one may call conditions of high pressure and tension. Thereafter, though she had shown that she had the 'hands' and the aptitude of a surgeon, she surprised everyone again by electing to specialize in the treatment of nervous and mental disorders and joining Dr. Moore's resident staff at the Royal Holloway Sanatorium, Virginia Water. It was there that she not only proceeded to her doctorate but also gained the much coveted distinction of election to the company of Gaskell Prize-winners.

Her attachment to Bristol, where she had graduated, and to Clifton Hill House, where she had resided under Miss Staveley, led her in due course to set up her own establishment at Dorset House on the Clifton Downs, where, with other forms of medical treatment, she organized and developed a school of occupational therapy. That she succeeded at Clifton as she had succeeded at Virginia Water, at Hemel Hempstead and under Miss Octavia Hill, we all of us know. The subsequent history of her school, and her long tenure of the office of Honorary Consultant at the Bristol General Hospital speak for themselves.

18. Dr. Casson comes of an interesting family. Her father, Thomas Casson, is the subject of a leading article in a recent number of *The Organ* (October, 1948), written in appreciation of his outstanding influence on modern developments in organ-building. Her brother, Sir Lewis Casson, the actor, is, of course, well known. There was a Casson great-grandmother in Napoleonic times, who organized community meals and slate-quarrying for the villagers of Festiniog when the industry was at a standstill during the blockade, and further back still was another ancestor after Dr. Casson's own heart—'Wonderful Walker'—of Seathwaite-in-Dudden, who was curate there, in the eighteenth century, for seventy years. He kept school in his church on week-days, and spun at his wheel and taught all his own family to weave.

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This passing reference to Dr. Casson's kith and kin and the stock from which she comes must needs be brief, though it is important because she herself is both proud of it and interested in it. A characteristic trait that must at some time have impressed her friends and acquaintances is her capacity for extending and keeping intact her circle of associates. She has not forgotten and does not forget any.

Such in brief are some impressions of an onlooker who, during forty-five years, has watched the inspired growth of Dr. Casson's work.

A.W.R.

(From the Story of the Dorset House School of Occupational Therapy).

(Printed for private circulation by the Casson Trust).

DR. CASSON'S EARLY LIFE

BY HER SISTER

Mrs. Esther Reed

As a child Elizabeth was not strong. She was never as robust as the rest of the family, nor was she ever regarded as particularly clever till in her teens at St. Mary's College, Paddington, when she was fortunate in her teachers and very happy. One teacher, Miss Dora Abdy, a very able teacher of English and German, remained a much loved friend for life.

Elizabeth came of a family with more than average dramatic and musical talent. She refused with her usual determination to learn any musical instrument, but loved singing and all the family sang regularly, and from earliest days enjoyed quite elaborate part-singing. She had a very sweet mezzo-soprano voice and often sang at the Holloway Sanatorium in the large hall. Play-acting she enjoyed but never could afford the time for more than occasional appearances in one of the plays produced at Dorset House.

After a spell at secretarial work with her father, she joined the staff of workers under Miss Octavia Hill and trained as a housing estate manager in South London. Like most pioneers Miss Hill was a severe and exacting chief, but Elizabeth stayed the course and ended by being a trusted and loved assistant. Part of her estate management consisted of being secretary to the Red Cross Hall, a centre of all sorts of recreational and educational work for her tenants, which Miss Hill looked on as highly important.

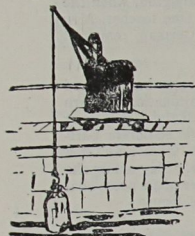
Elizabeth's writing was always good and interesting, though, apart from occasional verses printed in college magazines, etc., most of her best writing was confined to her letters to relations and friends. She won a prize offered by the "Morning Post" for a "poem" written in support of the funds for the "College of Pestology", (reprinted herewith) and this was published in the paper together with amusing little thumb-nail sketches illustrating the verses written in the style of "The House that Jack built." She had considerable gifts in drawing and painting and her holidays at this period were often spent in Switzerland sketching.

Elizabeth's experiences on Miss Hill's housing estates convinced her that appalling ignorance and neglect of physical weakness and disease accounted for much of the misery and poverty she found, and she therefore determined to study medicine, to the surprise and incredulity of her family, for she had hated sickness in the

The two prizes of five guineas, one offered by the "College of Pestology" to members of the general public, and the other by the Editor of the "Morning Post" to members of the medical profession for the best fable on the aims of the College, have both been awarded to Miss Elizabeth Casson, M.B., Holloway Sanatorium, Virginia Water, Surrey, to whom a cheque for £10. 10s. will be forwarded.



This is the ship that Jack built.



This is the grain from overseas That lay in the ship that Jack built.



This is the rat with many fleas That ate the grain from overseas That lay in the ship that Jack built.



These are the anti-plague devotees Who drowned the rat with many fleas That ate the grain from overseas That lay in the ship that Jack built.



This is the gnat Anopheles That bit the anti-plague devotees Who drowned the rat with many fleas That ate the grain from overseas That lay in the ship that Jack built.



These are the parasites which did squeeze Through the snout of the gnat anopheles That bit the anti-plague devotees Who drowned the rat with many fleas That ate the grain from overseas That lay in the ship that Jack built.



This is Sir Ronald the first to seize The fact that malarial parasites squeeze Through the snout of the gnat anopheles That bit the anti-plague devotees Who drowned the rat with many fleas That ate the grain from overseas That lay in the ship that Jack built.



These are the scientists, hes and shes Who search like Sir Ronald, the first to seize The fact that malarial parasites squeeze Through the snout of the gnat anopheles That bit the anti-plague devotees Who drowned the rat that had many fleas That ate the grain from overseas That lay in the ship that Jack built.

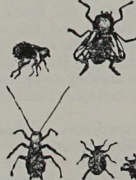
This is the Collège whose wise trustees Are backing the scientists, hes and shes, Who search like Sir Ronald, the first to seize The fact that malarial parasites squeeze Through the snout of the gnat anopheles That bit the anti-plague devotees Who drowned the rat that had many fleas That ate the grain from overseas That lay in the ship that Jack built.



Moral

Now this is the moral, so listen, please— If you join in the raiding of pests like these Or (if you can manage it) give bawbees Then you are the people who fight disease

By helping the College whose wise trustees Are backing the scientists hes and shes



Who search like Sir Ronald, the first to seize The fact that malarial parasites squeeze Through the snout of the gnat anopheles That bit the anti-plague devotees Who drowned the rat that had many fleas That ate the grain from overseas That lay in the ship that Jack built.

family and was the despair of her tougher brothers and sisters who thought her too easily upset by gruesome stories or the slightest sight of blood on a scratched finger. It was thought that she could never bear the training. It must have been difficult, though her dexterity in the use of tools and apparatus seemed to point to surgical work. She always loved tools and would mess about with her brothers' tools rather than with dolls or a doll's house, and she delighted in mending mechanism, locks or motor-car gadgets.

Elizabeth soon found however, that psychological medicine was to be her speciality, and having taken her diploma in that branch of medicine, she never desired any other life than that of a psychiatrist. Her determination spurred her on to start her work for Occupational Therapy, and to establish a school of training. With characteristic courage she began with very little money, in a very large house, which she soon filled with patients, staff and her first batch of students. The work grew rapidly till, when the 1939 war began, it had spread to four large houses in Clifton and a household of well over a hundred. The collapse of all this when bombing attacks grew too frequent and fierce must have been an almost unendurable shock and grief to her, but she uttered no word of complaint. She determined that at least her school should not suffer, and with the help and sympathy of interested medical and other friends the school was removed to a safer district and at last to Oxford, where it remains.

It perhaps does not give a true estimate of Elizabeth's character to omit all references to her very real though unostentatious religious devotion. She was a faithful church-woman all her life, and the well-worn little New Testament and a small collection of religious works bear testimony to this.

UNIVERSITY DAYS AND AFTER

BY A FELLOW STUDENT

Mrs. N. S. Irving

Since Dr. Casson's death much has been written about her medical work by those best qualified to understand and appreciate it. I write only to record my gratitude for over 40 years of friendship in which I learnt to value more and more her qualities of courage, of unselfishness and sympathy, and her heartening belief in those with whom she came in contact. She seemed to search out what was best in everyone, so that the disheartened felt, "Perhaps I'm not such a useless and unpleasant person after all!" In addition, those who knew her well came to love the innocence and simplicity of her character, a simplicity which was the very reverse of stupidity.

Elizabeth Casson, Rose Bracher and I were the only Freshers at C.H.H. in the Autumn of 1913, and naturally became close friends. Miss Casson was then about 30 years of age, much older than most of us, and at first appeared to us rather an odd student. She obviously enjoyed immensely the care-free life, and entered into it with an awareness possible only to one more experienced than her contemporaries. How she appreciated the formalities of Hall life, the going in to dinner on Miss Staveley's or Miss Barry's arm, and Ellen's fine profile, as she waited at table, outlined against the white walls! It was, I think, her dramatic sense to which these things appealed, as did the University functions where academic dress was worn. Years later she loved to wear her scarlet Doctor's gown and to take part in the pageantry of these occasions. One was always aware of her intense love of beauty in all forms, awakened, as she herself wrote, by the country scenes surrounding her childhood in Wales, and by the organ music which she heard constantly. After a long sojourn in London, this love was again satisfied at C.H.H. Here she revelled in the spacious garden and in the dignity of the great house with its views of the Cabot Tower, the river and the distant hills.

In those days Miss Hulland used to please us all with her singing and playing, and we also greatly enjoyed our own silly songs. No one who saw her will forget Miss Casson's pleasure in singing with her friends, and we were all delighted when she wrote "Ship-shape and Bristol fashion" for us to adopt as our Hall song. In fact, with her versatility she gave richness and a great deal of amusement to our lives. Added to this, her loyalty to Miss Staveley and to the University was unstinted. During the 1914-18 war she made a pleasure of our extra duties; two of us together used to pull the great roller over the lawn, we milked Jane the goat, we made quilts for French refugees, and knitted socks of unusual shapes.

In 1919, I think it was, the time came for her to leave Bristol and to apply for her first post. For this occasion she sought the help of Sybil Thorndike's dresser, who got her up as "the lady doctor" in a severe tailored costume. She was accepted! From this time she began to accumulate knowledge and experience in many mental homes, which contributed to her success later. After her long apprenticeship, in 1930 she set up her own establishment in Dorset House, Clifton, where she collected the staff whose loyalty and love were such a support to her when the second World War came.

I can only describe what I saw during short stays there and at Clevedon. I found an atmosphere of serenity and helpfulness which made the visit a time of refreshment and content. Though busy with her patients, Dr. Casson, when asked to do so, would always turn her mind with sympathy to the difficulties of her friends. Her wholesome outlook reduced mountains to molehills, and gave renewed confidence. Her visitors were expected to take part in the activities of the patients. We had to join in folk-dancing on the lawn, to give fictitious help in the solution of these difficult crossword puzzles which seemed to be child's play to some of her patients, or to find missing pieces in the current jig-saw puzzle. During the last few years there, when she was often ill, I sometimes stayed with her after attending a meeting of the University Court. She was usually very tired after these meetings, and I noticed how often she turned for rest and relaxation to the jig-saw puzzle which helped her patients. Then the next morning she enjoyed discussing points of the agenda of the day before, with renewed zest and vigour.

The underlying reality of her life was her deep religious faith, and her belief that she would be enabled to help those committed to her care. I believe that it was this faith which contributed largely to her success. Her generosity was unbounded. Some of her patients were accepted as non-paying guests, and there were many others who did not pay the full fee. What is to become of them?

Dr. Casson never lost her great interest in the University; and for C.H.H. she kept all her old affection. She enjoyed nothing more than a long talk about University policy and affairs, and what a combination of common-sense and vision she displayed!

This little memoir about Dr. Casson recalls her as seen from only one angle. One of the strongest elements in her life was her pride in and affection for her relatives. Her loss will be deeply felt by them and by so many others, friends, patients and colleagues who were much closer to her of recent years than I, and who must fully appreciate the fine work she did. For them I feel very great sympathy and a conviction that her influence will never be forgotten while they live. "Now," her sister Mrs. Reed writes from Backwell, "She rests in our beautiful village churchyard, close to us; her two great loves—the sea and the Welsh mountains—are clearly visible, and the houses of Walton-by-Clevedon, where St. Margaret's is, stand on the opposite side of our valley."



DORSET HOUSE, CLIFTON, BRISTOL. VIEW FROM PROMENADE

Dr. Casson tells

HOW THE DORSET HOUSE SCHOOL OF OCCUPATIONAL THERAPY CAME INTO BEING

The Dorset House School of Occupational Therapy is the outcome of an idea. When I first qualified as a doctor I decided that, from my hospital experience, I would take up psychological medicine, and went to one of the best mental hospitals as a clinical assistant. I had been used enough to busy people when I was house-property managing under Octavia Hill, and to ill people in bed when I was a medical student, but I found it very difficult to get used to the atmosphere of bored idleness in the day rooms at the mental hospital. Then, one Monday morning, when I arrived at the women's wards, I found the atmosphere had completely changed and realised that preparations for Christmas decorations had begun. The ward sisters had produced coloured tissue paper and bare branches, and all the patients were working happily in groups making flowers and leaves and using all their artistic talents with real interest and pleasure. I knew from that moment that such occupation was an integral part of treatment and must be provided.

A few weeks later I moved on to a job at Holloway Sanatorium, Virginia Water, where there was a tradition of many forms of occupation that had been handed on from its early days. The games, entertainments, competitions and the annual sports and

craft exhibitions acted as stimuli to many patients during the whole year. Among those who were well enough to organise their own needlework and embroidery there was excellent occupation encouraged by the nurses, but it was all voluntary and no work was regularly prescribed by the medical officers.

My first real introduction to Occupational Therapy came from a description by Dr. David Henderson (now Sir David Henderson) of the small department he had opened at Gart Naval Hospital, Glasgow, which I was able later to visit.

The first department I saw was in America at Bloomingdale Hospital, New York, which I visited on a holiday about 1926. It had a beautiful Craft House, built in hospital grounds, with large rooms for printing, book-binding, metal work, weaving, pottery and a variety of other forms of employment. There was a large gymnasium nearby with a team of games instructors. The patients left their wards at stated times for 'work'. A few days later I visited the Boston School of Occupational Therapy, and the idea of an English School was implanted in my mind.

I searched out all of the same type of work in England that I could find. The patients in Dr. Jane Walker's Sanatorium at Nayland were making jewellery and were doing other crafts and she would have started a school herself if funds had been available. Dr. Helen Boyle's patients at the Lady Chichester Hospital, Brighton, were weaving. Each patient at Dr. Crichton Miller's Home at Harrow had an individual time-table for the whole day. It was long after this that I realised the splendid work that Sir Robert Jones had done in his big workshops at Shepherd's Bush during the 1914-18 war.

Occupational Therapy began to be organized at Virginia Water soon after my holiday in America. Miss K. Phillips who had retired from the post of Chief Inspector of L.C.C. Infant Schools came first, to hold regular classes in embroidery. There were no trained Occupational Therapists available, but Miss Allen, who had worked with mental defective patients, started full-time work with a few looms, and very soon needed more help, so Miss Tebbit was added to her staff for a few months. Miss Tebbit obtained a scholarship at the Philadelphia School of Occupational Therapy, and came back to Dorset House in 1929.

In the meantime, I left Virginia Water to start a residential Clinic at Dorset House on Clifton Down, Bristol, with the firm determination to work out all the ideas as to treatment that had been growing in my mind. One of these was the full-time planned day for all patients, and from this grew the Dorset House School of Occupational Therapy. In my early lectures to students, I was specially interested in pointing out that all stimuli that reached the brain resulted in instinctive or in voluntary action. This may occur immediately, but if thwarted the mental energy is stored and the urge to action becomes involved and combined in sentiments that

later become the motives of organized activities. There were plenty of these motives stored up in me, and it has taken all my activities since 1929 till now to express them.

The aim of Dorset House was to form a community where every individual was encouraged to feel that she had a real object; for a patient the object was to get well and to go out to a worth-while life; for a member of the staff it was to serve others with all the talents she possessed; for a student, to develop all her capacities for her life as an Occupational Therapist and to find the individual job that only she could do. Such objects demand ideals before they can be developed and many of us have found that just so far as we make the fulfilment of the Lord's Prayer our aim and object, so do we find that the Kingdom of God is come among us.

Between 1929, the year of the opening of Dorset House, and 1941, when we were bombed out of Bristol, about 800 patients had been resident at the clinic. This booklet will tell you some of the work that the house was enabled to do.

When, owing to war conditions, Dorset House in Clifton closed, the nursing home moved to Clevedon and I moved with it and carried on here. The Emergency Medical Services had arranged to use the Allendale Curative Workshop for the treatment of war casualties, but when Bristol had to be treated as a danger area all the service patients were sent elsewhere.

After a very anxious period of uncertainty as to its future, the Ministry of Health borrowed the school for the war period, and it was invited to Barnsley Hall, Bromsgrove.

Miss Macdonald, who had been one of the School's most talented students, was appointed Principal in 1938 and had already shown her genius for administration. With the help of her staff, Miss MacCaul, Miss Harris, and Miss Oldnall, and its few students, all full of purpose, loyalty and enterprise, she was able to guide the School through its many vicissitudes, from Bristol to Bromsgrove, from Bromsgrove to Oxford. Its debt and gratitude to Dr. Andrew Shepherd, Medical Superintendent of Barnsley Hall, Bromsgrove, will always remain. His hospitality and wise guidance provided for the School a security that contributed in great part to its growth from the ten Bristol students to which it had dwindled to the hundred who regretfully left him for Oxford in 1946.

In its darkest hour the school was given a grant of £600 from the Lord Mayor of London's Air Raid Fund, which helped it in re-establishing itself in Oxford when the war was over.

There have been many others whose help had been and still is invaluable, especially Sir Geoffrey Peto, who watched over the School when the war nearly wrecked its work and who became Chairman of the Advisory Committee, and is now Chairman of the Governors of the School and of the Trust that has been formed to hold Harberton House for it.

(From the Story of the Dorset House School of Occupational Therapy).

RECOLLECTIONS 1925 - 1933

BY

Mrs. Glyn Owens

FIRST PRINCIPAL OF THE DORSET HOUSE SCHOOL.

(NOW PRINCIPAL OF THE LIVERPOOL SCHOOL OF OCCUPATIONAL THERAPY).

In her student days, Dr. Casson was a member of the Student Christian Movement and belonged also to its Club, The Student Movement House, then in Russell Square, London. It was through this Club that we met and I was invited to visit her at Virginia Water.

It was a most exciting experience for a nineteen year old to meet her at that time and to be caught up in, and infected by, her enthusiasm to start Occupational Therapy and to improve psychiatric treatment. Nevertheless, enthusiasm alone was insufficient and the test which she used to determine suitability was that on contact with patients. It was always by the success or failure of relationships with patients that she judged people and so it was that my first week-end at Virginia Water began with a social evening with chronic patients of both sexes on Friday and ended with a visit to the acute 'ladies' ward on Sunday. There I was left in the day room to make the best I could of the, to me, entirely new, and wholly unfamiliar, situation while she went off to examine a patient elsewhere.

As soon as it could be arranged, I went to the Philadelphia School of Occupational Therapy to train and it was while I was there that the idea of founding a residential clinic for women psychiatric patients and, on the same premises, a training School for Occupational Therapists came to her.

In this Clinic she decided to establish a treatment centre where each patient's daily life would be so planned that it fitted the individual's need like a well-tailored garment. She planned that each member of her household, whether patient or staff, should feel an integral part of the whole and that each would contribute, according to capacity, to the welfare of the whole. There would be no sharp social or professional distinctions between members of staff and every patient would be made to eradicate any unnecessary dividing line between the patients and the staff. In this community everyone would be essential and therefore would feel valued and valuable. Recreations would be shared by all, recovering patients could undertake duties such as gardening or housework, and occupational therapy would be available for all.

Dr. Casson, supported by a group of friends and workers moved into the Dorset House premises in Clifton in 1929. By the end of the year, there were seven patients, the residential clinic had become a reality.

We planned to open the School on January 1st, 1930, but we could not bear to wait till morning and so we entered the rooms, which were to be the Dorset House School's first home, with the New Year.

Those were incredibly busy days. Dr. Casson had Clinics in Bristol to attend and medical contacts to renew or establish. To Dorset House School itself more patients came, additional staff were engaged, a slow trickle of enquirers about Occupational Therapy visited us. One student, Paddy Goscombe, enrolled and then another, Nancy Ross. In addition to the routine work of an Occupational Therapy Department and the excitement of starting the School, we sandpapered and painted doors and furniture, colour washed walls, stained floors, wove cushion covers, made stools and trays, curtains, traycloths, rugs and waste paper baskets. We danced and sang and, with Owen Reed's help, produced plays, gave parties and played cards with the patients. In the main sitting room a Jig Saw Puzzle (often of immense proportions) was always on the go. This was a great gathering point, especially before lunch and dinner and Dr. Casson was frequently one of the party. Occupational Therapy went on in the evening as well as by day.

In the Mendips we had a cottage to which parties of patients and staff went for day trips or week-ends and where they cooked and kept house. There was never a dull moment and, though there was little money, there was unlimited enthusiasm.

In all the activities at Dorset House, from the morning Conference between Dr. Casson and the heads of all departments and throughout the whole programme ran a strong sense of dedication and purpose.

It was in this cradle that the infant Occupational Therapy School grew; the emphasis was always upon serving the patients' needs and offering to them wholeness in living. For all the staff there was the insistence on the importance of each, the sharing of experience and endeavour, and the knowledge of appreciation, and behind that an awareness that nothing but the best was good enough. It was Dr. Casson's great gift to inspire others with her own ideal of service, to reveal to them unknown talents that they might develop and use and to spur them on to achievement by her own faith, courage and love.

My recollections of Dr. Casson cover the twenty years I knew her, sixteen of which I worked for her. To sustain the narrative and fit in with the sequence of events chronicled here they are inserted in six short sections.

After Miss Tebbit had left Dorset House in 1933, Miss Goscombe† became principal of the school until she married. She was succeeded by Miss Martha Jackson, from America, who remained for over four years.*

Meanwhile I had been in touch with Dorset House by letter, and had attended the first conference on Occupational Therapy held in London, in 1934, to hear Dr. Casson speak. She gave an inspiring outline of the fundamentals of the treatment, representing it, not merely as a pleasant pastime, but as a contribution to a realistic way of living. Occupations in her eyes, covered any form of recreational or work activity which could contribute to recovery and re-establishment. My interest in the possibility of training crystallised into an intention, and in the same year I joined the school as a student, coming to it with craft teaching qualifications and other experience. Meanwhile the work was expanding rapidly and becoming more widely known. Dr. Casson was invited to speak at another conference, on the "Welfare of Cripples and Invalid Children", in 1935. A reprint of her talk is given below.

E. M. Macdonald.

* Now Mrs. Glyn Owens.

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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 Orthopaedic 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 that 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 reasonable 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, etc., 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 orthopaedic 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.

1934—1954

Recollections (2).

In 1938, Dr. Casson invited me to take charge of the Occupational Therapy in Dorset House and to supervise it in the various hospitals to which staff and students were sent. The post included that of principal of the school, then numbering 18 students.

Dr. Casson had enthusiastic ideas for expansion. Until now the work had been mainly in the psychological field, but she was keen to demonstrate its value in the treatment of physical illness. This had been the main subject of my investigations in America, on a Pilgrim and York Trust Grant, from which trip I had just returned. So what was termed "an adventure in rehabilitation" was started at the Allendale Curative Workshop.

The account Dr. Casson wrote of this, for the Lancet, is re-printed here, by kind permission of the Editor.

E.M.M.

FORTY CASES TREATED AT THE ALLENDALE CURATIVE WORKSHOP

BY

Elizabeth Casson, M.D. Brist., D.P.M.

MEDICAL DIRECTOR OF DORSET HOUSE SCHOOL OF OCCUPATIONAL THERAPY
CLIFTON

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 orthopaedic 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. Miss K. Barber, another member of the A.O.T. 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 orthopaedic 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.

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 wood-work. 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 fore-arm. 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 co-operated 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 co-operative 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 co-operation 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 insurance companies paying compensation would help, at this stage, to ensure regular attendance and consequent success.

The injuries and disabilities treated included: fractures of humerus, radius and ulna, wrist, metacarpals, phalanges, scaphoid, os calcis and cervical spine; arthritis, arthrodesis and ankylosis of joints associated with such fractures; dislocation of the elbow; valgus

deformity of the feet; chronic strains; pareses of musculospinal, median, ulnar and circumflex nerves; cerebral palsy; laceration of muscles and severed tendons after repair; limitation of movement after ostetomyelitis of the carpus; tuberculous osteitis of hip and spine; acute infective polyneuritis; post-encephalitis, and traumatic neurosis. Results are summarised in the following table.

LENGTH OF TREATMENT AND ITS RESULTS IN 40 PATIENTS
(32 MEN, 8 WOMEN) OF VARIOUS AGES

AGE (years)	CASES	NO. OF TREATMENTS	CASES	LENGTH OF TREATMENT (months)	CASES
10—19	2	Less than 5	6 } 13	1	9
20—29	5	5—9		7	2
30—39	4	10—19	9	3	4
40—49	5	20—29	6	4	4
50—59	10	30—39	5	5	1
60—69	8	40—49	3	6	—
70—79	1	50—59	4	7	2
Not given	5			8	1
				9	1
				Attended only once	3

Cured or much improved — 25 cases

Slightly improved — — 7 „

Not improved — — 5 „

Only attended once — — 3 „

Total — 40

At the beginning of the war arrangements were made for the workshop to undertake treatment under the E.M.S.; but enemy action having made it inadvisable for patients to remain in Bristol the workshop was transferred elsewhere. Bristol patients are treated at Winsford Hospital under Miss G. E. Barnes and Mr. R. C. Cole in the wards and in a special occupational therapy hut. The Dorset House School of Occupational Therapy has now been transferred to Barnsley Hall Emergency Hospital, Bromsgrove, where it is fortunate in being under the direction of Dr. Andrew Shepherd, the medical superintendent, who has paid special attention to occupational therapy in his hospital for many years. Active rehabilitation work is again in progress there, and with the backing of the Ministry of Health will be on a much larger scale than was possible at Allendale.

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; 40 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.

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

1934—1954

Recollections (3).

Then the war came, France fell, and Bristol became untenable. It was then that Sir Geoffrey Peto came to our rescue, and the school is much indebted to him for his help and interest then, and in the succeeding years.

E.M.M.

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

A TRIBUTE TO HER WORK

BY

Sir Geoffrey Peto, K.B.E.

*Chairman of the Governors of the Dorset House School of Occupational Therapy
and Chairman of the Casson Trust.*

I gladly respond to your invitation to contribute to your August Journal, which is to be devoted to Dr. Casson, since I have the honour to be Chairman of the School Governors and of the Trustees.

I first met Dr. Casson in 1940, when I was Regional Commissioner in the S.W., and she invited me to visit her Occupational Therapy School and Workshops for the Disabled. Needless to say I admired her greatly for having restored to us in 1930 the Occupational Therapy which was started in the First War by Sir Robert Jones and then abandoned here, but developed in U.S.A. I could see that she was a lady of considerable intelligence, initiative and powers of organisation.

I left Bristol in October and in November she wrote to me that, owing to the bombing and requisitioning, they had had to close down in Bristol. I offered to accompany Miss Macdonald, her Principal, to the Ministry of Health to discuss the possibility of moving the School elsewhere. As a result the School was invited to occupy huts in the grounds of Barnsley Hall E.M.S. Hospital at Bromsgrove, where Dr. Casson's friend Dr. Shepherd was Medical Superintendent. The Ministry of Health were most helpful over this re-establishment, since it was obvious that Occupational Therapy would be an essential requirement in the War.

Dr. Casson and Miss Macdonald with the assistance of Dr. Shepherd quickly established the School at Bromsgrove. They arranged with the Ministry of Health both long and short emergency courses for Occupational Therapy with the result that the School grew from 10 students to 120, and over 200 were trained on short courses, together with over 100 long course students, before the end of the War. In March, 1945 Dr. Casson invited me to Bromsgrove to inspect the School and discuss its future after the War. I was delighted with all I saw and with meeting Dr. Shepherd, who has always greatly helped the School and has now succeeded Dr. Casson as its Medical Director, in addition to being a Governor. The Ministry of Health agreed to lease the huts to the School for a year after the end of the War, which would give time to decide its final destination, to negotiate for suitable premises and to carry through the move.

The Doctor called me in as adviser and she, Miss Macdonald and I agreed that Oxford would be most central, would give us a good choice of lecturers and hospitals and the advantages of association with the great and beautiful University. We obtained the lease of 18 (since increased to 24) huts in the grounds of Churchill Hospital and received a most kind and generous welcome from everybody. The move, the installation and the organisation of accommodation, equipment, instruction, staff, etc., were a triumph for Dr. Casson and Miss Macdonald. Everything was settled quietly, quickly and efficiently and the School soon won the esteem and affection of all who came in contact with it. The 3 year course for the students and the syllabus of work etc., were drawn up. Dr. Casson and Miss Macdonald bought Harberton House at Headington to lodge and feed 50 girls during their first year, and another 100 were lodged in Oxford, over 50 being in hospital practice in different parts of the country. The School numbers have been steadily maintained at over 200.

In 1948 Dr. Casson, who had till then financed the School from her personal funds, turned the School into a non-profit-making Limited Company, of which she was Vice-Chairman of the Governors and Medical Director.

In 1949 she created the Casson Trust, of which Mrs. Nugent Young, Miss Macdonald, Sir Hugh Casson and I are Trustees. Dr. Casson made over to the Trust a loan of over £2,000, which was advanced by her to the School and the Freehold of Harberton House, which is leased to the School. The duty of the Trust is to help the School, as long as it is maintained in its present form and in accordance with the Memorandum of its Articles of Association. Failing that, the Trust is able to establish and maintain schools of Occupational Therapy in any country, to conduct research into existing methods of Occupational Therapy with a view to the discovery and development of new methods of treatment and to fulfil other methods of spreading the work.

It will thus be seen that Dr. Casson not only re-introduced Occupational Therapy in the treatment of physical cases, and contributed to its expansion in the psychological field, but also created and endowed the Dorset House School out of her own moneys. until, in 1949, she handed over all her interests (financial) connected with the School to the Trust, which she created for the benefit of the School and of Occupational Therapy in general.

Now I can write of the Doctor herself, as a friend and colleague for 15 years. During all that time she led us Governors, skilled Doctors and laymen, owing to her unique experience of and devotion to Occupational Therapy. She stated her views on any problem briefly, clearly and often with a touch of humour. She received any difference of opinion with courtesy and appreciation

and, whatever the final decision might be, she accepted it loyally and never went back on it. She and our Principal, Miss Macdonald worked wonderfully together and gave the School a splendid backbone. Though towards the end she appeared to become more frail, she never weakened in her determination to press forward with what she believed to be right and she motored from Bristol to Oxford and back for all our meetings.

We miss her greatly, but do our best to carry on with the School and the Trust in the light of her brilliant example.

1934—1954

Recollections (4).

The next phase of Dr. Casson's work can, perhaps, be best described in an extract from "The Story of the Dorset House School". As mentioned by Sir Geoffrey Peto in the preceding article, the school had had to move from Bristol to a new home. It was with much sadness that we left the original Dorset House, separated from Dr. Casson and the Nursing Homes, but we were fortunate indeed, in going to Bromsgrove and coming under the care of Dr. Shepherd.

E.M.M.

THE DORSET HOUSE SCHOOL AT BROMSGROVE AND OXFORD

(From The History of the Dorset House School).

An excellent curative workshop was set up at Barnsley Hall, Bromsgrove, 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. 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 . . .

Dr. Casson paid the School frequent visits and, with the recovery of the finances of her nursing homes and the requisitioning 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 unending 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 garden, orchard and tennis courts as a very pleasant hostel for the younger students.

Oxford offers excellent facilities for training for, in addition to the much appreciated and kind help of University and Hospital authorities in arranging lectures, clinics and hospital practice, students have special access to Libraries, Museums, etc.

It was with regret that the School did not return to Bristol, but the enlarged School could not fit into its old quarters. The desirability of a more central position in the country was also apparent. The saddest part of the arrangement is the permanent separation of the School from Dr. Casson's nursing homes. She herself, however, often comes to Oxford.

The time had now come for the stabilization of the School to give it a permanent identity; and in 1948 a limited non-profit making company was formed to take it over. Dr. Casson remains the Medical Director and Vice-Chairman and Sir Geoffrey Peto is the Chairman of the Governors. The other Governors appointed at this time were Dr. H. Balme, Mr. Hugh Casson*, Dr. F. S. Cooksey, Dr. John Johnson, Sir Percy Marsh, Mrs. Nugent Young and Dr. A. Shepherd.

In 1949 The United Oxford Hospitals Board were invited to nominate two Governors to represent the hospitals and the Ministry of Health. This invitation was accepted and Dr. R. G. McInnes and Mr. J. C. Scott were appointed.

The end of this chapter of the history of the School is best described in Dr. Casson's own words, in a letter to the students, written after the first meeting of the Company:—

29th September, 1948.

My dear Students,

I am writing to explain to you that, in order to strengthen the future stability of the work of the School, a non-profit making Company has been formed, to which I have handed over my responsibilities of ownership. The Members of the Advisory Committee have become Governors of the Dorset House

*Now Sir Hugh Casson.

School of Occupational Therapy Ltd., with Sir Geoffrey Peto as Chairman and myself as Vice-Chairman. I shall also still remain as Medical Director.

The School has never been run for profit and all belonging to it have shown that they are working as one body. Now that it is a Company I hope that each student will realize even more than before, her responsibility to the School. I know that the spirit of service will continue and grow so that we can be of real use to the patients, for whom we exist.

Yours sincerely,
(Signed) E. CASSON.

So, on July 1, 1948, the Dorset House School of Occupational Therapy started on another phase of its history, with 180 students on the roll.

Finally in 1949, Dr. Casson created a Trust, the purpose of which is to continue her work in spreading and integrating Occupational Therapy. While the School remains in its present form, it is to be the primary beneficiary. Harberton House has been given to the Trust, and the School will continue to rent it on the former terms. Dr. Casson has appointed four Trustees—Mrs. Nugent Young, Sir Geoffrey Peto, Mr. Hugh Casson and Miss Macdonald. They are charged with the continuation of her work in the interests of the School and of Occupational Therapy.

1934—1954

Recollections (5).

In 1951, the school celebrated its twenty-first birthday, and the outstanding event was the award of the O.B.E. to Dr. Casson in the Birthday Honours of that year, an award which was a tribute to her generosity and selfless work as Founder of the School and of the Casson Trust. Her work had become world-renowned, and "daughter" schools had been opened by Dorset House trained personnel in Exeter, Derby, Johannesburg, and Melbourne. Training courses had been run in Germany, and have been organised more recently in Austria, France and Greece, while principals and staff members of other schools have also been supplied from Dorset House, to say nothing of the outstanding hospital workers who have come from among the Dorset House trainees.

In 1952, the World Federation of Occupational Therapists was formed, with Mrs. Glyn Owens and Miss MacCaul, (also ex-Dorset House), as delegates for Great Britain. Dr. Casson was elected one of the first Honorary Fellows.

In 1953, Dr. Casson, with Mrs. E. M. Foulds, contributed the following article to the British Journal of Physical Medicine, re-printed with the kind permission of the Editor.

E.M.M.

MODERN TRENDS IN OCCUPATIONAL THERAPY AS APPLIED TO PSYCHIATRIC ILLNESS

BY

Elizabeth Casson, O.B.E., M.D., D.P.M.

FOUNDER AND MEDICAL DIRECTOR OF DORSET HOUSE SCHOOL
OF OCCUPATIONAL THERAPY

AND

Elizabeth Foulds, M.A.O.T.

PSYCHIATRIC TUTOR, DORSET HOUSE SCHOOL OF OCCUPATIONAL THERAPY.

Although treatment by occupation has existed from the beginning of all medical interest, the technique of occupational therapy has only been given intensive study for a comparatively short period. It must always be recognized that this treatment has two definite components, its mental motivation and its physical expression. Surgery, nursing and some physiotherapy may be given to an unconscious patient. Occupational therapy depends on the mental activity of the patient himself, stimulated by the therapist.

Even in cases of physical illness, this treatment is primarily psychological, for it depends on the afferent stimulus, arousing an emotional response which expresses itself in activity. Where there is mental disorder or defect, the results of stimulation are not as predictable as in the case of the physically ill patient. The strong instinct of self-preservation that forms the basis of the recovery from physical illness may be apparently absent in the mental patient, his social attitudes may differ considerably from the normal range, his intellectual ability may be impaired or deteriorated and thus activity aroused by stimulation may not produce the desired result.

In view of differences in the varying manifestations of mental illness, it is probably impossible to apply a specific occupation to any one diagnostic group with the prediction that it will have a particular result. The occupational therapist is sometimes criticised for her apparent inability to be more specific but even in the physical field where there can be close application of occupation to disability, much depends on the psychological facts of the patient's interest, span of attention and intellectual capacity. In the psychiatric field it is usually found that a number of occupations, which can be modified in relation to the patient's varying needs and other psychiatric treatments, are most likely to be successful.

Modern trends in occupational therapy applied to psychiatric conditions, are inevitably linked with those shown in psychiatry, neuro-

surgery, geriatrics and psychology on the one hand and with the consequent development of the social services on the other. Unfortunately, however, the full development of occupational therapy in the psychiatric field has been limited by the greater emphasis on physical illness during the war, and the fact that existing economic conditions rarely permit the employment of sufficient numbers of staff and adequate facilities.

The psychiatrist and the occupational therapist are, on the whole, primarily clinicians fully occupied with the immediate treatment of the patient and with little or no time for research. Treatment has, therefore, proceeded by empirical means and developments and are, consequently, slower than they might otherwise have been.

The advent of clinical psychology into the mental hospital means that interest is further orientated towards the systematic observation and rating of patients' abilities. With the increasing age of the general population, more work will have to be done with older patients of all types and there is also in the mental hospitals an increase in the admission rate of the senile and arteriosclerotic dementias. Consequently further emphasis must be laid on habit training and on the prevention, where possible, of deterioration.

Some hospitals are opening special units for the treatment of children and adolescents. These patients require very different treatment from the fully adult population of the hospital. Education and play activity are aspects of treatment needed.

It has been emphasized that occupational therapy is highly individual. Therefore "wholesale buying" forced in some departments by the administrative staff may mean that material quite unsuited to specific treatment may be provided. This is as unreasonable as for the prescription of drugs for individuals to be decided by the administrative staff.

Occupational therapy aims at influencing a patient's mental state, social relations, physical condition and vocational adjustment. It is, therefore, essential that the occupational therapist should work in close co-operation with psychiatrist, nursing staff, psychologist and psychiatric social worker. Within this framework of reference, occupational therapy in the mental hospitals has three broad aspects (a) The treatment of the acutely ill patient in relation to other psychiatric treatments. (b) The retraining of the convalescent patient in good habits of life after full discussion with the psychiatrist and the psychiatric social worker. (c) The successful adjustment of the chronic patient to his environment and the modification of this in order to preserve habits of work and of right social attitudes and to prevent, if possible, dementia with deterioration in intellect and behaviour.

The development of such treatments as electro convulsive therapy, insulin shock therapy, pre-frontal leucotomy and hemispherectomy, means that certain patients who would once have become permanently institutionalized as chronic patients, will now require different

treatment, much more allied to his future occupation after discharge, and with emphasis on the enlargement of his interests and the realization of some of his potentialities in the hope that future breakdown may be prevented.

Media through which treatment is effected

It is unfortunate that occupational therapy is often thought of as employing crafts only as a means of treatment. This is not the case, for a great variety of occupations are used to meet the needs of the patient. For convenience these have been somewhat arbitrarily grouped into "Creative", "Social and Recreational", "Educational and Prevocational" activities, though there is obviously some overlap in each group.

Creative activities

Crafts have a useful purpose in that they lend themselves to grading to suit the patient's physical and psychological capabilities and they also provide him with a clear demonstration of his progress; while if a patient relapses, the technique of work can be so modified that he can continue without discouragement. They are particularly useful for patients who have had their intellectual pursuits stressed and have never used their hands.

Craft work also provides a creative outlet for energies which might otherwise be misapplied and many crafts can be continued after discharge, thus providing hobbies in which the patient can become what Allport called "ego-involved" as distinct from the "task-involvement" of many factory and manual workers.

In the occupational therapy department craft work may be used as a substitute "work-situation", and the patient's reactions to frustration, his perseverance and level of aspiration may be observed and assessed, and his co-ordination between his mind and hands estimated.

Art

Painting, drawing and modelling may be used, not only for their creative and interest value, but also as diagnostic or specially therapeutic aids.

It has been suggested that certain diagnostic groups produce characteristic drawings and these may be of value to a psychiatrist who may require them to be preserved. In other cases he may wish a patient having psychotherapy to draw or paint for periods. Patients may find it easier to express in visual terms, problems they are unable to verbalize. The occupational therapist will make no attempt to interpret such drawings but the patient's attitude to his work, his emotional state, his remarks, may be noted and attempts made, if required, to control some of the variables in the situation by, for example, limiting the size of paper used and the patient's choice of colour.

In any work involving the expression of repressed or partially repressed material, the close co-operation with the psychiatrist is of vital importance. Without a clear indication of his wishes and an intimate understanding of the patient's condition, situations may arise which may be gravely detrimental to the patient.

Drama

The use of drama is not to be confused with "psycho-drama" which is an instrument of psychotherapy not occupational therapy. The occupational therapist may use dramatic productions, play-reading, puppetry and mime as methods of treatment without the direct supervision of the psychiatrist.

Dramatic productions provide an excellent group activity since a large number of people of varying activities can be employed in working in co-operation and for a definite end in a particular span of time. Apart from the advantages to be gained by acting in the improvement of diction, concentration, grace of movement and general confidence, there are many tasks for those with no acting ability which contribute to the success of the project. In play-reading, observation may be made of a patient's choice or rejection of a particular rôle and, under the psychiatrist's supervision patients may take parts which allow them to express emotions which they would inhibit in daily life, or they may be allowed to find, through objective discussion of the problem in a play, some resolution of their own difficulties.

Puppetry is of particular value in treating neurotic children and since by this means the child can act out a play of his own creation, express problems he cannot verbalize or learn, for example, the necessity of co-operation with others.

By miming every-day activities, the habit training of the dementing patient may be reinforced, for a response may be gained through association with childhood experience where more recent behaviour patterns have become obliterated or obsolescent.

Social Activities

Occupational therapy is directed towards guiding the patients towards forming more successful social relations, for in most cases of mental illness it is in this sphere that their disability is most striking. It is not enough that activities should be organized for them, it is also essential in convalescence that patients learn to take responsibility and initiative through helping to organize something for themselves. While the patient is acutely ill, he may only be able to participate passively.

Patients' social clubs are frequently found in modern mental hospitals where patients learn social skills such as dancing, debating, various indoor and outdoor games and the planning of lectures, gramophone recitals, tournaments and social evenings. An ex-patient who feels secure in the knowledge that he can contribute to

the group in which he lives is less likely to break down again and more likely to increase social contacts by joining local clubs or societies than if he knew nothing of their activities or organization. Clubs are formed partly to bridge the gap between life in hospital and the social life of the community and partly as after-care treatment of the patient.

They are, however, intended as a direct therapeutic measure and not as a prolonged buffer against reality and, therefore, in some cases, attendance may be contra-indicated.

The social club provides an opportunity for the observation of the patient's behaviour in a social setting and thus may be helpful in the assessment of a patient's readiness for discharge. Some patients are over-dominant, others over-submissive in their social relationships, and attempts may be made to modify these attitudes through various activities and projects.

While the social club may be under the aegis of the the occupational therapy department, it is usual for many of its activities to be attended by other members of staff, so increasing the liaison between the various departments in the observation and discussion of the patient's treatments.

Educational and prevocational activities

It must not be assumed that because a man is mentally ill, he is, therefore, in no need of intellectual pursuits, and it is partly to cater for this need and also to widen the interests of the patient and to keep him in touch with the outside world that lectures on art, current affairs, music lessons and appreciation, language classes, correspondence courses and sometimes visits to places of interest may be arranged. These activities may be linked with the library facilities and attempts may be made to draw in patients who are less interested, by means of reproductions, maps and illustrations on the department walls. In certain cases, these activities may have a prevocational use, for example, a man who can no longer work on the practical side of his job may learn book-keeping or shorthand-typing and thus be able to return to administrative or clerical work in the same field, so that his previous experience is not wasted but of value.

Further implications for retraining and prevocational aid are discussed below, but it may, however, be pointed out that no one member of the occupational therapy staff can be proficient in all these activities. The department with a large staff will obviously be able to offer a greater range of occupation than where there are few in number but close co-operation and interest from other hospital departments can be of inestimable value.

Much needs to be done in providing facilities for daily treatment of mental out-patients by occupational therapy. Such out-patient departments may be attended by patients living at home, in after-care hostels or boarding out. Activities should be available at such

hours as are suitable for those at work during the day. Club activities are additionally helpful if available on Sundays.

The acutely ill patient

In general, the occupational therapist aims at influencing the patient with regard to his symptoms; one means of doing this is by distracting the patient's attention away from, for example, hallucinations or hypochondria. It is realized that though the fundamental cause of the symptoms may be untouched, at least the patient is given temporary relief from them.

If necessary, a further attempt is made to introduce new patterns of behaviour. This may be done in many ways, for example, by providing a sufficiently attractive environment for the schizophrenic tends to make him willing to forego his fantasies in order to appreciate it or a disciplined work atmosphere may be provided for an inadequate patient in which he feels secure, yet conscious of group approval if he works well and of group disapproval if his behaviour remains irresponsible. Co-operative work may be made sufficiently pleasant for the hysteroid patient to give up a dominant rôle in order to participate, or the over anxious patient to feel secure enough to attempt leadership of a small group in preparation for greater responsibility on discharge.

A patient who accepts the belief that those looking after him really care for his recovery, is often willing to accept the stimulus to undertake a simple piece of work or to make some slight, but spontaneous, attempt at co-operation. A suicidal patient may well recover, if once persuaded that someone cares so much for him as an individual person that every detail of his treatment matters. With the neurotic patient, the childish motive of "I'll show you the result of your lack of interest in me" is often the basis of suicidal displays. This may be overcome by the patient's pleasure at creating or doing something which he knows has enhanced his value in the eyes of the adults around him.

In this connexion it may be stressed again, that to be of real value, the occupational therapist's approach must be highly individual and, while related to his future, must be also closely bound to the immediate needs of the patient.

For the sake of brevity, only those treatments which are most widely used in mental hospitals are discussed here in relation to occupational therapy.

Electro convulsive therapy

Electro-convulsive therapy is considered by some psychiatrists to have the effect of breaking the psychotic or neurotic behaviour pattern of the patient; if this is so, it does what occupational therapy aims to do over a longer period of time and in a more insidious fashion. For this reason, occupational therapy may be regarded as an essential adjunct to such treatment. The rôle of the occupational

therapist, though adapted to individual needs, is predominantly a supportive and reintegrative one, in that reassurance is given to the patient and the doctor's attitude reinforced.

Care is taken to stimulate the patient towards new interests and towards assuming new responsibilities as soon as he is ready for them; in this way an attempt is also made to combat any tendency to invalidism and in one hospital, patients worked in the department until the time for E.C.T., being returned there as soon as the immediate post-shock state was resolved.

Observation is strictly kept on the patient's mood and his attitude to other patients and staff. His degree of memory defect in relation to recent events, his ability to learn new tasks or to repeat previously learned ones may be assessed with reference to his previous ability, the number of convulsions he has had and for a post treatment period. These assessments may be charted and reports sent daily or weekly to the medical officer in charge of the case.

Insulin shock therapy

During this treatment an attempt is made to contact the patient while he is accessible and his environment is purposely made as attractive as possible. At first it may only be possible for the patient to make contact with the therapist but any spontaneous tendency towards rapport with others is gently encouraged.

It has been found that to place such patients in a "social" atmosphere is not enough, though there may be some passive participation and in the early stages of treatment this may be all of which the patient is capable. Forcing these patients to join group activities shows insensitivity to their mental state and the result may mean increased symptoms of withdrawal. The patient must find the group sufficiently small and sufficiently attractive for him to be able and willing to join. A group project such as puppetry or model making may be a means of encouraging these tendencies. The patient can, at first, make some small article on his own, but yet within the framework of the group, sharing tools and gradually joining in conversation with one or two patients. The placing of the patient in relation to others in the department is of great importance, for during insulin treatment the patient though more accessible and more suggestible than previously, is consequently more likely to develop paranoid tendencies. It is essential, therefore, that he feels accepted by those with whom he works and that he feels his abilities are being properly used.

The resocializing of these patients is of primary importance, in some hospitals, insulin patients are treated as a special group and activities are organized particularly with a view to strengthening a feeling of sympathy and solidarity within the group. Nevertheless, distraction from symptoms, attempts to hold and increase the span of attention and appeals to the interest and creativity of the patient may be made effectively through some craft work.

Of patients treated by insulin shock, by far the largest group is schizophrenic and of these the most successful cases are the comparatively young in whom the illness is of fairly short duration. While on insulin, over strenuous activity must be avoided, but at the same time, fresh air, some exercise and attention to posture are essential. Since patients do not normally come to the department until the afternoon after having had insulin treatment in the morning, it is necessary to have a well-planned, closely integrated plan of occupational therapy.

Prefrontal leucotomy

Occupational therapy may be given to patients who have had a prefrontal leucotomy as soon as 48 hours after the operation. This, naturally, depends upon the physical and mental state of the patient and the wishes of the surgeon and psychiatrist in charge of the case.

With the relief of tension and inevitable loss in self-criticism consequent upon operation, these patients tend to become apathetic, careless of detail, and tactless. Left unoccupied and untreated, they would resume old habits and, therefore, occupational therapy is started as soon as possible. There may be an initial period of confusion or euphoria and treatment will have to be given with these considerations in mind. Varying techniques of operation with medical and nursing staff is essential if the patient is to gain full benefit from the operation.

The aim of occupational therapy is towards a fairly rapid return to work outside the hospital. Habit training initiated on the ward is reinforced in the department. The patient is occupied in a disciplined manner so that the difficulty of changing from hospital to a full working day will not be insuperable. The period of occupation is carefully graded and the work itself is gradually advanced in intricacy and in relation to the patient's capacity.

Although greater emphasis is laid on the social aspect of the patient's treatment, careful note is taken of his abilities, his interests and preferences, his persistence and his attitude to authority and to his fellow workers. Information of this nature, discussed with psychiatrist and psychiatric social worker and perhaps sent on to the District Resettlement Officer is of value in the assessment of the employability of the patient and the nature of his future employment. For in some instances, new work will have to be found for the patient on discharge, or where the operation is not successful, the patient may be well and contentedly employed in the sheltered environment of a hospital industry.

Psychotherapy

Patients may receive psychotherapy alone or as an adjunct to physical treatment. In treating these patients, the occupational therapist must be in close liaison with the psychiatrist and she should be informed of changes in mood and attitude resulting from his treatment. She should be able to reassure her patient and act in

a supportive capacity. In certain cases, she may be asked to adopt a particular attitude towards the patient or to provide occupations which meet a particular, temporary need especially with those patients who are obsessed with intellectual importance and have little use for their hands. Most patients undergoing psychotherapy will be above average in intelligence, most of them will be neurotic and consequently undeteriorated in intellectual capacity, though there may be some impairment of efficiency due, for example, to symptoms of anxiety or of an obsessional nature. In treatment of these cases, intellectual occupations, art and social activities may be of greater value than actual craft work, though this may be usefully modified to provide group projects where co-operative work is considered to be specially therapeutic.

Treatment of the convalescent patient

In recent years the emphasis of the after-care of the patient has had its influence on occupational therapy in relation to the convalescent patient. Occupational therapy is orientated towards two aspects of the recoverable patient, the treatment involved in the acute stage of illness and that of convalescence. Thus in the first stages of treatment the occupational therapist takes into consideration, among other things, the patient's diagnosis, probable prognosis, family and personal history, previous occupation and the other treatments he is having. After treatment, and if he is convalescent, the patient's previous occupation and family situation will be reviewed again, but with accent on the patient's attitude to discharge, impairment or defect due to illness and his consequent employability outside the hospital rather than the adjustment of the patient to hospital and treatment. Thus further changes will have to be made in the patient's programme. While acutely ill, the hospital provided the patient with a sheltered environment with a permissive atmosphere in which he was encouraged in the belief that, in the last resort, whatever he did or said he would not be rejected by the staff, though they may have wished to change his behaviour for his own happiness and that of others. When the patient is convalescent he has to re-orientate himself towards the world outside the hospital, learn again to tolerate frustration and the foibles of others and to do a full day's work.

It is, therefore, clear that the retraining or prevocational aiding of the patient cannot be successfully accomplished without prolonged and careful discussion of each individual case by the psychiatrist, psychologist, psychiatric social worker, occupational therapist and other staff.

The occupational therapist's function does not include vocational guidance or training; but much valuable information can be given to the other members of the reablement team if systematic observation or ratings be made of the patient's abilities, reaction to frustration, attitude to authority, persistence, tolerance of noise, sociability while he is still in the department. Here the environment may be so man-

ipulated that the patient is eventually progressed to full working hours and in addition, certain basic techniques or habits necessary for the performance and organization of his normal work may be relearned or kept in practice.

It has long been realized by the occupational therapists that craft work has its limitations and therefore there is an ever increasing tendency for the occupational therapy department of mental hospitals to make use of the hospital industries for retraining or prevocational work and when these are, for some reason, unsuitable, to select correspondence courses to give or obtain instruction for the patient in such skills as typing, shorthand, book-keeping. In this connexion the report of the clinical psychologist on the patient's general intellectual capacity and specific abilities is essential.

The hospital industries are extremely valuable in that they provide a sheltered working environment, one in which the work situation is real and not simulated. Post-leucotomy patients, some maniac-depressives and some psychopaths are particularly in need of prevocational training, either because they must take work of a lower standard than that to which they were accustomed or because, previously, they were unable to settle in any steady employment.

Retraining may be of value to the patient who, for example, was formerly a gardener, shoe-repairer, tailor, baker, laundress or store's assistant. He or she may then feel that the time in hospital has not been wasted since techniques of work have been continually practised. These patients may co-operate more readily in other aspects of the treatment plan because they feel that it is orientated towards discharge. Further, the gap between discharge and full employment is likely to be narrowed if the patient feels that he is as capable of a full and efficient day's work as he was before his illness. The possibility of future breakdown is, consequently lessened. A most important point to aim at is that a recovered patient should, if possible, arrive at a fuller personality after his illness than before it.

The treatment of the chronic patient

The treatment of the chronic patient is orientated towards successful adjustment within the hospital. This includes the full occupation of the patient in relation to his capacities, the prevention as far as possible of intellectual deterioration and demented behaviour and the reinforcement of habits which, being over-learned, will remain with the patient if he becomes incapable of new adaptive behaviour.

Older patients and the chronic mentally ill are best taught skills by reference to past experiences. Crafts can be related to previous knowledge. For example, weaving can be so taught in terms of darning, that the patient's field of interest can be enlarged without the anxiety of trying to adapt to something which he fears as being new to him.

Social activities are important to these patients, outdoor recreation is necessary from the physical point of view and weekly or monthly social events break the routine.

Many of these patients are best employed full or part time in hospital; preferably they should spend some time in the occupational therapy department for assessment and then return to it, if at any time there is a change in mental state requiring specific treatment.

The hospital industries provide an approximation to a normal working day and give the patient a feeling of being of use, while social activities give relaxation.

The intellectual, undeteriorated chronic patient is more of a problem to the occupational therapist, but practical work may be offset by educational facilities and lectures.

Summary

As occupational therapy is always psychological treatment it must be applied to each patient as an individual.

This necessitates a wide range of media from which the most suitable for each case must be chosen as occupational therapy.

Treatment for the various forms of mental disability are reviewed, including those for the acutely ill, the convalescent recoverable patient and the chronic patient who has not recovered.

Emphasis is laid on the need for complete co-operation between the psychiatrist, the clinical psychologist, the psychiatric social worker, the nursing and other staff, on whose treatment as a team the recovery and rehabilitation of the patient depends.

Reprinted from The British Journal of Physical Medicine, January, 1953.

1934—1954

Recollections (6).

From 1951 to 1954 Dr. Casson still guided the affairs of the school. In spite of failing health she came to Oxford regularly, and we wished her visits could have been longer. In the short time at her disposal, however, she gained the affection and loyalty of a large group of staff and students who were always inspired by her discussions and interpretations of the work, and her vision for it.

Then, after a brief illness of only a week, she was gone. This was just as she would have wished it. Only a few weeks before she had been at Oxford, and went back to University celebrations in Bristol, in which she took part, in her Doctor's robes. Only a week before she was taken ill she attended a medical meeting in Somerset.

It is hard to describe adequately how bereft we feel. In the words of Mrs. Owens, her co-pioneer in the first Occupational Therapy Training venture,—“we have lost a courageous example, a wise and good supporter, an honest counsellor and a beloved friend”.—Those who knew her best could not have failed to discover her very real dedication, her capacities for affection and her generosity. Her passing brings, inevitably, the close of an era in the life of the school, but, as she had been inspired to greater vision and effort by her work with Octavia Hill may we, in turn, kindle something of the inspiration that she has given us, in all who join us in the treatment field.

E.M.M.

Memorial and Thanksgiving Service

for the life and work of Dr. Elizabeth Casson

FOUNDER OF THE DORSET HOUSE SCHOOL

On Saturday, 9th July, 1955, a memorial and thanksgiving service for Dr. Elizabeth Casson, founder of the Dorset House School of Occupational Therapy, took place in the University Church of St. Mary the Virgin, Oxford.

In a moving service of praise and thanksgiving for her life and work, the congregation paid tribute to Dr. Casson's unflinching inspiration and encouragement to all those with whom she came into contact. It was conducted by the Vicar, Dr. R. S. Lee and an address was given by Canon L. W. Grensted.

Relations present were Prof. and Mrs. A. W. Reed (brother-in-law and sister), Mr. Randall Casson (brother), Mr. Owen Reed (nephew), and Mrs. Reed. Miss M. Reed (niece), Sir Hugh Casson (nephew and governor of the school), Mr. and Mrs. Ian Haines (niece representing Sir Lewis Casson).

Sir Lewis and Lady Sybil Casson were unable to attend as they were in Australia.

Dorset House School was represented by Sir Geoffrey Peto (chairman), Sir Percy Marsh, Dr. and Mrs. R. G. McInnes, Mrs. A. Nugent Young, Dr. and Mrs. A. Shepherd and Mr. G. R. F. Bredin (governors) and Miss E. M. Macdonald (Principal) and past and present staff and students, and parents of students.

Others who attended included Dr. Cecil Rutherford, Dr. M. O. P. Wiltshire, Dr. H. Bogle, Mr. M. Mackey, Dr. Isobel Little, Dr. Janet Kerr Aitken, Dr. I. Wilson, Mr. F. S. Grimwood (Queen's College), Miss G. MacCaul (Chairman of the Association of Occupational Therapists), Miss M. Drury (representing the Central Council for the Care of Cripples), Dr. M. Macnaughton (president: representing the Medical Women's Federation), and Mrs. Glyn-Owen (first Principal of Dorset House School), Principals of other Occupational Therapy Training Schools, and Members and staff of the Association of Occupational Therapists.

A Summary of the Address

GIVEN BY

The Rev. Canon L. W. Grensted

AT THE MEMORIAL AND THANKSGIVING SERVICE FOR THE LIFE AND WORK
OF DR. ELIZABETH CASSON,

Canon Grensted took as his text—Proverbs xxiv, vv. 34, 35.

“Through wisdom is an house builded and by understanding is it established. And by knowledge are the chambers filled with all precious and pleasant riches.”

He spoke of—“Wisdom, which is so much more than learning; understanding, the intuitive perception of real and personal values; and knowledge—the three characteristics which have gone to the making of Dorset House.”

“The story of the Dorset House School of Occupational Therapy, now just 25 years old, is the story of the vision, creative inspiration and indomitable persistence of its founder Elizabeth Casson. Since the School, driven by the vicissitudes of the War from Bristol to Bromsgrove, moved to Oxford in 1946, the custom of holding a Service in connection with its Open Day has become established. That service has a special character to-day with the passing of Elizabeth Casson to fulness of life and, unless she is very changed by that passage from the Elizabeth Casson we know, to yet more active service.”

“What was her vision?—The worth and individual interest of every person—doctor, patient, fellow worker, student—each with an individual and special place in the purposes of God, to be found and so far as possible fulfilled.”

Canon Grensted then gave an outline of the development of her vision, speaking of her work in Paddington with Octavia Hill, and of her medical training, and referred to her psychiatric work at Virginia Water. He spoke of Dr. Casson's stress on the patients and their occupation—occupation as a necessity for all—and occupation as a **curative** power. He referred to the lead given by America in the early days of the development of the work in England. He touched on the practical working out of Dr. Casson's beliefs in every part of the life of the first Dorset House in Bristol and in the nursing homes in Clevedon.

He then quoted from Wisdom VII, vv. 22, 23,—

“For she that is the artificer of all things taught me, even wisdom.
For there is in her a spirit quick of understanding, holy
Alone in kind, manifold,
Subtil, freely moving,
Clear in utterance, unpolluted,

Distinct, unharmed,
Loving what is good, keen, unhindered,
Beneficent, loving towards man,
Steadfast, sure, free from care,
All powerful, all-surveying,
And penetrating through all spirits,
That are quick of understanding, pure, most subtil."

Wisdom in Occupational Therapy is not, he explained, just learning, or sound judgement. He again quoted from the book of Wisdom—Ch. VII, v. 24—

"For wisdom is more mobile than any motion.
Yea, she pervadeth and penetrateth all things by reason
of her pureness"

and further—Wisdom VII, vv. 15, 16.

"Because God himself is one that guideth even wisdom,
And that correcteth the wise,
For in his hand are both we and our words,
All understanding, and all acquaintance with divers crafts."

"'All acquaintance with divers crafts'—How appropriate to the actual working of Dorset House School, where curative movement is linked with social purpose, and for healing that will lead out into service."

Canon Grensted ended in using Dr. Casson's own words, taken from her Foreword to "The Story of Dorset House School"—

"The aim of Dorset House was to form a community where every individual was encouraged to feel that she had a real object; for a patient the object was to get well and to go out to a worthwhile life; for a member of the staff it was to serve others with all the talents she possessed; for a student, to develop all her capacities for her life as an Occupational Therapist and to find the individual job that only she could do. Such objects demand ideals before they can be developed and many of us have found that just so far as we make the fulfilment of the Lord's Prayer our aim and object, so do we find that the Kingdom of God is come among us."

"The Kingdom of God is not only mystical but very practical; it is with us here and now. And Dorset House can be seen as a place where the Kingdom of God is made real and manifest."

Elizabeth Casson, M.D., D.P.M., O.B.E.

1880 - 1954

The University of Bristol has lost, in Elizabeth Casson, one of its most distinguished and devoted members. Before becoming an undergraduate she had worked for some years at estate management in Southwark under the famous social worker Miss Octavia Hill. Whilst there she decided that she could do better work if she became a doctor, and, after matriculating, became enrolled as an undergraduate of Bristol University, where her Uncle was the Vice Chancellor. She studied as a medical student from 1913 until qualifying as a practitioner in 1918. She lived at Clifton Hill House, and was always highly appreciative of the sympathetic atmosphere created there by Miss Stavely and Miss Barry, for whom she felt sincere admiration and affection: and she constantly expressed gratitude towards the University and the Hall of Residence for what she had gained from her life in Bristol.

In her first posts she had the opportunity of making a special study of nervous disorders, in which she was taking a growing interest. Consequently she welcomed the opportunity to join the staff of the Royal Holloway Sanatorium. It was there that she achieved the distinction of becoming the first woman to gain the degree of Doctor of Medicine at Bristol University, and, in addition, she was awarded the much coveted Gaskell Prize. While working in the Home Counties, she was one of the moving spirits in starting the London branch of the Association of Alumni.

Following a decision to establish a nursing home of her own, Dr. Casson travelled widely in the United States and in Great Britain, to learn all she could about new methods of treating psychotic and neurotic diseases; and in 1929 Dorset House on Clifton Downs was opened. The following year she

incorporated in the nursing home a school for occupational therapists, for she had become a firm believer in the value of craft work and active recreation for her patients. About this time Dr. Casson started her long tenure of office of Honorary Consultant to the Bristol General Hospital, with its small new Occupational Therapy department. As years went by the Dorset House School expanded and Dr. Casson was always seeking new ways to help sufferers from both mental and physical disabilities. Her selfless devotion and enthusiasm were an inspiration to her staff, and innumerable letters from patients have shown their gratitude and affection.

Then came the war, and Dorset House had to be evacuated. Dr. Casson took some of her patients to a new nursing home, St. Margaret's in Clevedon, and the Occupational Therapy School, now taken over by the Ministry of Health, was moved to Bromsgrove, and later to Oxford, the Principal being Miss Macdonald. This was a sad separation, but Dr. Casson still supervised the School and visited it frequently, even after the war, no return to Bristol was possible, for the old quarters were by then far too small. So in 1948, in order to give the School a permanent identity, a limited non-profit-making company was formed, with Dr. Casson as Medical Director and Vice-Chairman, and Sir Geoffrey Peto as Chairman of the Governors. This trust was so formed as to be open to receive contributions and legacies. In 1951 Dr. Casson was awarded the O.B.E., a fit tribute to her generosity and selfless work as founder of the School and Casson Trust.

No one familiar with the life in one of her nursing homes, or in the School, can doubt the value of the work she carried out with such unflagging courage and devotion in spite of illness and failing health. Her enthusiasm and vivid imagination were combined with a sound business knowledge, which enabled her to turn her ideals into highly successful enterprises. She never lost her affection for the University and Clifton Hill House, proudly taking part

in the formal functions of the one, and frequently visiting the other. She was a member of the Court of the University and of the Joint Executive Committee of the Convocation and Alumni for many years.

Hers was a unique, and a very human, personality, and her interests were wide. She was a lover of beauty in all forms, an amateur performer in many of the arts.

It is known that numerous old friends and admirers wish to contribute to a memorial to Dr. Casson, and many of them will think it fitting that a small gift be purchased for Clifton Hill House. In addition, it has been proposed that there might be a grant to a student of the School of Occupational Therapy for further study or travel, or assistance for a member of the University who may be in need of treatment for nervous trouble, or for one of the present patients in the nursing homes at Clevedon, or the getting up of a curative workshop attached to the School of Occupational Therapy.

A small committee will decide what form the memorial shall take. It would be helpful if those subscribing would express any special wishes which they would like to have considered.

Please send your contributions to:-

Mrs. N.S. Irving, M.Sc. (Bristol)
Winscombe,
Leigh Hill Road,
Cobham,
Surrey.

VISITORS TO THE MEMORIAL FOUNDER'S DAY



Dr. McInnes. Dr. Shepherd
Sir Hugh Casson.



Mr. Randall Casson talking
to Dr. Reed.



Miss Evans
Owen Reed & Jonathan Reed



Miss Peck. E.M.M. Miss P. Reed



Miss Evans Miss Oldnall
Miss Saxton Miss Peck



E.M.M. greeting Dr. Reed
and other guests.



ELEPHANT/RHINOCEROS PAVILION, Regent's Park Zoo. Architects: Casson, Conder & Partners. (Pictured: Sir Hugh Casson, keeper Bill Crompton)

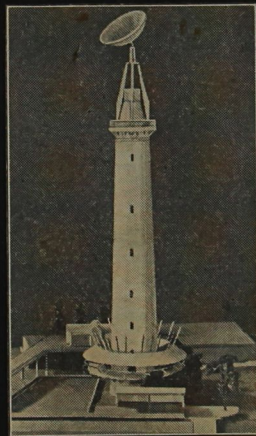
The grouping of the pens has been likened to animals standing round a watering place. Whether indoors, against the pale blue walls, or outdoors against the rugged concrete, the animals are shown off to perfection

Sir Hugh Casson was Dr. Elizabeth Casson's Nephew, Son of her Brother, Mr. Randall Casson.

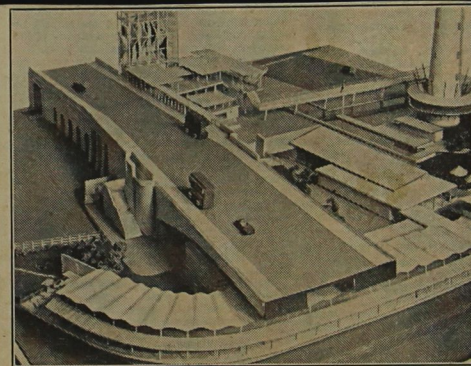
Sir Hugh Casson became a Governor of the Dorset House School in 1948, when the non-profit making company was formed, & became Chairman in 1956 on the death of the former Chairman, Sir G. Peto.

Ten new buildings in Britain are today named as winners of the 1966 Architecture Awards of the Royal Institute of British Architects. The awards, new this year, are designed to publicise good architecture, and to make the public more aware of the kinds of buildings that architects themselves respect, from church to gas-works, from zoo to airport.

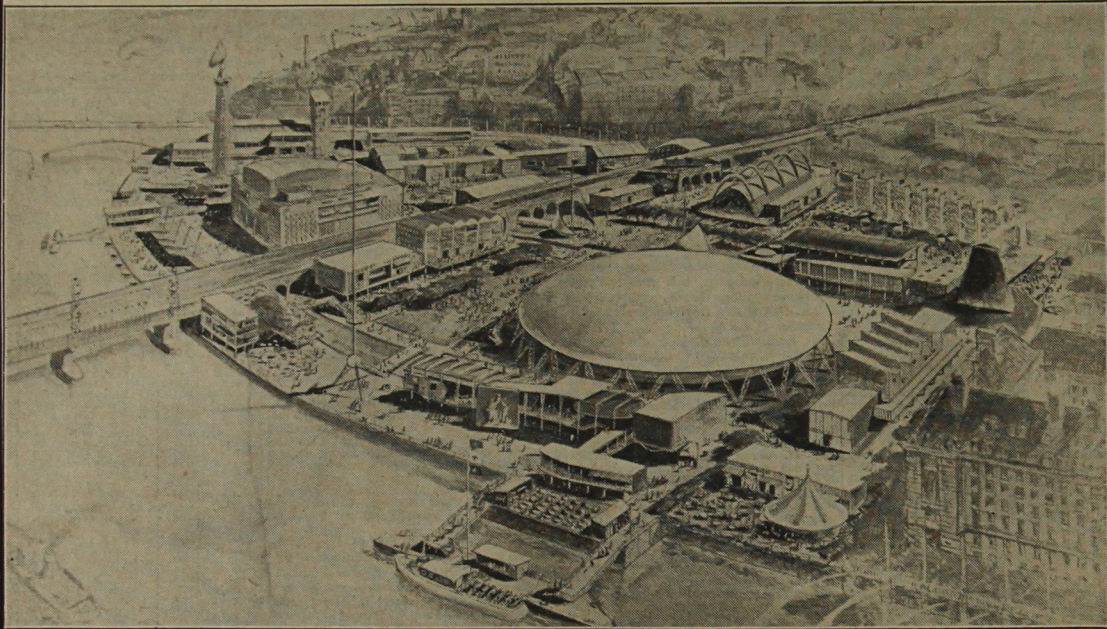
Any building which was designed by a member of the RIBA and completed within the past two years was eligible to be nominated for an award. The awards go to the outstanding buildings in each of the areas of Britain designated for the contest.



FESTIVAL EXHIBITION.—On the left is a model, designed by Mr. Hugh Casson, F.R.I.B.A., of the proposed treatment of the Shot Tower for the Festival of Britain Exhibition on the south bank. The summit will be used as a lighthouse and an aerial for a "radio telescope" will be mounted on top. A model of the Waterloo Bridge entrance, with a proposed riverside restaurant, is shown in the other picture. The architects are Miss Jane Drew and Mr. Maxwell Fry, F.F.R.I.B.A.



LAYOUT OF THE SOUTH BANK EXHIBITION



Sir Hugh Casson was one of the designers
for the Festival of Britain.

An aerial perspective drawing of the layout of the Festival of Britain exhibition on the south bank of the Thames. The Dome of Discovery, 90 feet high and 365 feet in circumference, is the central feature. The concert hall, a permanent structure, is seen near the Shot Tower on the left. In an article by our Architectural Correspondent, published on another page, it is noted that the exhibition buildings have to be completed in about a year from now to allow time for the installation of exhibits and display material by May, 1951.



The end of the School Huts at the Churchill Hospital.



FIRST
APPEAL



March, 1958

The Dorset House School of Occupational Therapy is now 28 years old, but is still in temporary quarters. It is the intention of the Governors to seek a permanent home for the School. Owing to the heavy cost of building, this will have to be a long term policy, but it would be encouraging if, by the School's thirtieth birthday a substantial sum could be raised or promised, and if plans could be drawn up. Property is being sought within easy reach of the hospitals with which we work, but only by the help and contributions of all the well wishers of Dorset House can the project become a reality. The huts in which we are working now have only a short "life prospect", but we hope that the School has a long one.

You all know something of what the School has been able to do. In planning the future we cannot forget its past, least of all its Founder, Dr. Casson. Her charter was—"Find the right people who want to do Occupational Therapy, and help them to do it." And the School *has* found over 1000. It has trained them for work in mental and physical hospitals of all kinds, and in many countries, and some of its graduates have started Schools elsewhere.

The Piercy Report has stressed the value of the realistic approach in Occupational Therapy; the Government Commission on Mental Health has emphasized the need for normalising influences and for more outside contacts for Mental hospitals. Dorset House can fairly claim that it has already made a major contribution to all these aims, and will continue to do so.

We hope that friends and ex-students of Dorset House will help us in our efforts to integrate our work. We hope you will agree to contribute to our Building Fund. We ask for support in donations, covenanted subscriptions and legacies. Our target cannot be small, when costs are high. We are aiming at £50,000. (An assembly hall of the simplest type divisible into 2/3 Lecture Rooms cannot be built for less than £8000/£10,000, to quote only one of our needs). Will you help us towards our target?

Hugh Casson.

Chairman

E. Mary Macdonald.

Principal

TALK GIVEN BY DR. CASSON TO A BRANCH OF THE
BRITISH MEDICAL ASSOCIATION

I feel it is a great honour that the Association has done me to-day in asking me to open a discussion on the subject of rehabilitation.

I have taken as my theme the contribution that the psychiatrist can make in the new and great responsibility that the nation has assumed by the passing of the Disabled Persons' Act. We have watched it coming in the Beveridge Report, the interim report on the treatment of the disabled.

Then with one great push forward the Tomlinson Bill passed and the nation shouldered the great burden with which we as doctors have struggled ever since we were qualified - the restoration as far as possible to complete health of all struck down by injury or disease.

The Act states that "a disabled person is one who on account of injury, disease or congenital deformity is substantially handicapped in obtaining or keeping employment, or in undertaking work on his own account, of a kind which apart from that injury, disease or deformity would be suited to his age, experience and qualifications". Again, "the expression 'disease' shall be construed as including a physical or mental condition arising from the imperfect development of any organ." The person disabled by physical or mental disease can now claim, not only training to re-instate himself or to attain to a suitable position among other wage earners, but he is given the right to preliminary treatment "under medical supervision" to enable him to be in a fit state to benefit by the special training that his condition of disease requires.

Until now the people who fell by the wayside have had to depend on the good samaritan - now the priest and Levite who passed on the other side have at least to provide the funds, even if they do not actually join in the treatment; but we as doctors have still to see that the patient has everything done that can be to restore him to full health.

The Mental Treatment Act of 1920 authorised the spending of public funds on those disabled by mental illness, and though outpatient departments were consequently founded all over the country, until this new act passed no special provision was made for workshops and centres for daily treatment, much as they were needed.

What are the special privileges of service that we as members of this Association can offer in the planning of rehabilitation for all who need it?

We can think of our possible usefulness as psychiatrists but also, for a good many of us, as people experienced in organising occupational therapy. I expect you feel as I do that our many meetings in this room and at our annual gatherings have welded us

into a community with a rich inheritance. One feels that when one's fellow members come into the room one is greeting once more one's parents in the Association, and after 22 years of membership, one's children and grandchildren, and that there is a strong family feeling. We think of those people whom we used to meet and what a splendid inheritance they have left us in their lives and teaching. Many of us belonged to the period when the Mental Hospital doctor seldom seemed to leave his kingdom - his whole life was lived for his patients and his staff, people like Rambaut, Chambers and Moore of Virginia Water - while far back in the dim ages stories came to us of Conolly and Clouston, who taught their work to those from whom we ourselves learnt it. Then there was the experience of the encouragement we had from "the Commissioners", who brought a welcome change from routine, and nearly always had some new ideas carried round from one hospital to another, and who were always ready to encourage us in any new ideas that had come to us assistant medical officers. All of us then for years strove to reach our aim of complete recovery of our patients if it could be obtained, or to make them happy and well cared for where recovery was impossible.

Directly after the 1914 war a change came in the attitude of the psychiatrists and they began to come out of their hospitals and to give treatment to patients on modern psychological lines. The patient living at home needed help just as the in-patient. One thinks of such men as James Soutar who, after years of remarkable work as a Medical Superintendent, came out into the world, using all his experience learnt by living with patients and training the characters of all his staff, and thus changed the attitude towards mental health of his whole neighbourhood by his education of its general practitioners.

Now we are called on for something much bigger again. The medical profession is faced with the problem of the complete restoration of all patients from physical disease and injury as well as mental, and this cannot be done without the help of the ancillary professions and our help again in training them.

I think the first great contribution we have to make is to provide a standard for people to appreciate what we really mean by being well. We recognise that rehabilitation is the restoration of complete ability to live a full and healthy life. It is very difficult to avoid the word "normal", which has been such a bane to medicine and social service, but we can make a contribution because years of experience of living with psychotic patients have made us concentrate on the study of the recovery of each individual in all its aspects. The surgeon can get through his part so much more easily in this question of recovery: many of his fracture cases mend easily and if two legs walk rhythmically he knows his duty to them has been done well. The abdominal wound heals quickly after an operation and the journals report "recovery was uneventful", and we are grateful when this happens to us, but we who have lived years with the same patient and the general practitioner who has studied him wisely for years knows that the personality of each patient is almost certainly changed. He may or

may not be "quite well", though better than he has been for years, and on the other hand his personality may have grown and become richer and himself wiser for his experiences.

When we say that Mrs. A. has once more passed through her manic phase or Mrs. B. has lost her depression, we may say that she has "returned to normal", but we know clearly in our minds whether we mean to Mrs. A. or Mrs. B.'s "normal", to to perfect health, such as we watched happening in C. after complete disorientation and other confusion caused by a toxic psychosis. We know how carefully we have to assess the mentality of an apparently recovered schizophrenic case. Again and again we have to estimate the small congenital defect underlying a psychosis and the slight residual dementia left after a physical illness in a patient or member of staff whom we know as only those who have lived under the same roof for years can.

Our second contribution is bringing normal psychology to the service of the rehabilitation centre. The outside world has just begun to realise that psychiatrists have something that can help it. The Services have used this knowledge, not only curatively but in the selection of personnel, but we have a long way to go before the public, and even all of us, realise how useful we might be if we could decide what we really mean by a completely healthy person. Colonel Petrie demonstrated this in his Presidential Address a year ago when he pointed out that Rehabilitation Centres for physical cases would inevitably need psychiatric advice, for all such centres will be dealing continually with neurotic cases, and we all know that if such disabilities are understood by those in charge of the patients, recoveries will be greatly increased.

We must, however, go further, for it is the healthy minded patient who also needs help in facing his disability.

One of our greatest tasks, now that we have come out of our mental hospital fortresses, is the education in psychology of all medical ancillaries. (I was specially interested in our experience in the Dorset House School. At the beginning of the war our Allendale Curative Workshop was visited by a considerable number of orthopaedic specialists from the Services who were looking for O.T.s. The Workshop had been started in 1939 with no reference to preparation for war, but because our O.T. students had to be trained in the treatment of all forms of disability and we felt we were neglecting the physically injured who needed our help. All students had been brought up at Dorset House in a psychological atmosphere and all the staff approached each patient in an understanding attitude. The orthopaedic specialists liked our workshop and we were invited by the E.M.S. to undertake the training of their O.T.s. The School was borrowed for the period of the war and given hospitality at Bromsgrove. It went there with ten of our students and courses were organised rapidly for others to prepare them to take charge of the rehabilitation centres that were to be opened in the E.M.S. hospitals. Since going to Bromsgrove to the present date, 180 students have been passed through qualified to take charge of departments, and 70 auxiliaries, who are only

allowed to work under fully trained O.Ts. 110 students are still in training. Since then two other O.T. Schools have been started, both under the care of our past students.)

From the beginning, an unalterable condition we made with the Ministry of Health was that no students, even the auxiliaries, should be allowed to go out to work without instruction in normal psychology and without an elementary knowledge of psycho-neuroses, and of the mental reactions of the patient suffering from physical illness. (Our first Ministry of Health group of students included several highly trained physiotherapists. Many had much experience in handling patients and had learnt to understand their mentality, but none had gone through even an elementary course of psychology, and at first it was quite reasonably difficult for them to understand why they were called upon to study it, when they thought they had come to be taught various handicrafts and how to apply them to the treatment of muscles and joints. However, they were under the care of psychiatric experts in the form of Dr. Shepherd and his medical officers at Barnsley Hall and the O.T. staff trained at Dorset House at Bristol, and they soon learnt to appreciate how greatly such teaching helped them to treat the many cases of war wounds and air raid casualties which filled the wards and workshops of the hospitals where they were at work.)

We have been well supported in this by the Association of Occupational Therapists, who arranged special examinations and modifications in their syllabus, but upheld the rule that all giving treatment must have undergone regular study of their own and their patients' mental make-up and must have had hospital experience with psychological patients.

Now that the war is over it is for us to see that the psychological training that has been so successful in O.Ts. shall spread to all other branches of those engaged in rehabilitation. Because for many years psychiatrists lived within the mental hospital walls, the normal psychology they might have taught was neglected, and doctors, general nurses and physiotherapists were given a one-sided training.

(Many other branches of social service were equally neglected. Even the teaching profession confined its study to a few lectures on academic psychology given to the few who passed through the training colleges, though this is improving, and almoners and social science students are well taught. General nurses, as we all know, are entirely neglected and are partly responsible for the general public's unhealthy interest in physical, and their fears of, mental illness.)

Another point where our knowledge and experience helps is in understanding the psychological problems of our staff. Even with our own patients, possessiveness hampers our work and we hate to hand them over to the care of another doctor. In a rehabilitation centre or elsewhere we can readily understand that this occurs,

even though unconsciously. It is probably more difficult with women staff than with men. The maternal instinct of the nurses, the O.Ts., the physiotherapists, and the patients' wives and mothers is very active, and it is for us to understand such jealousies and smooth them out. We may have to help to smooth out too some difficulties in the medical staff of the centre, and from our own mentality we can appreciate the problem - the sense of insecurity of our own future that may have made us jealous of our fellow members of honorary staffs, a problem only peacefully resolved happily and forever when the retiring age came. We ought to have been able to tackle it better than others who had not studied psychology, and our experience should now be a help to those still in the struggle, to prevent the patients suffering from the result of controversy.

There is another aspect of our psychological experience that one realises more as one grows older and that is the firm belief that gradually develops that we can rely on ideas that come up from the unconscious and that provide us with plans that we know will work out well. It is akin to the knowledge that one can recognise in an artist, who knows when a picture or poem or piece of music has arrived and is right. Dr. Hutton in her article on Personality in the Journal of Mental Science for April points out that personality expresses itself in action. The "Persona" was the mask in which the actor performed, and his performance was the motivated action and an expression of his spirit. Our treatment of a patient must often be the release of inhibitions that are spoiling the free flow of the expression of his personality. Our dealings may make us concentrate too readily on the psychological problems and complexes, when what he really needs for complete health is opportunity for action, in crafts, music, drama, in joinery or other form of creative construction, or it may be that some deeper spiritual urge is unsatisfied and can only find expression if we can provide an opening for some form of human service. We sometimes think hardly of our fellow medicals who emphasise too much the physical side of the patients disability, and we press for his psychological treatment, but do we realise enough how much depends on the spiritual help he needs? I am glad that Dr. Hutton tackled this by her article. A very large number of psychiatrists show by their lives and speech their complete loyalty to truth and goodness. They strive always for an ideal of perfect health for their patients, but do we study it enough like we do pathology of the body and the mind? Many psychiatrists are keen gardeners: they know quite well what they want in a perfect rose they are trying to graft, and they allow to themselves that they can aim at perfection, but do we believe enough in the natural goodness of many people? Maritain says that he thinks Freud would be nearer the truth if he had defined the child as possessing polymorphous perversity rather than polymorphous perversion: a capacity for perversion is universal but that there is in all life a tendency to follow a line leading to perfection.

It is very difficult to work hard for rehabilitation, or shall we say "enablement", unless we have as high an ideal for the patient's character as we have for his physical and mental health. We have all known great people who have helped us because they seemed

quite simply and unconsciously to expect perfection from us. They allowed nothing else to themselves, and a good many of them were psychiatrists such as Sir Hubert Bond and Dr. Gilbspie.

One can recognise this in other great leaders such as Sir Robert Jones. His biography brings it out, but we have all met orthopaedic surgeons whom he trained and orthopaedic patients whom he treated, and he changed the personality of numbers of them, and his leadership still remains a tradition of hero worship. None of us can begin to study rehabilitation without remembering the story of his Shepherds Bush Hospital, where from 800 beds 600 patients would be receiving treatment in the curative workshops, where the whole foundation of his prevention of crippledom was laid.

To go on to details, I do not think we can emphasise too strongly the value of the experience in administration that we can offer to those who are now organising rehabilitation schemes. There are probably a good many here who remember being taken round Sandpoort Hospital about 12 years ago during that wonderfully organised visit by the Royal Medico-Psychological Association, and there are many English hospitals where the fruits of that visit must still be evident. I expect you all remember being taken into quite a small office where the walls were lined by elaborate frames with moveable cards, where one could see at a glance where every patient was occupied all day: some in the garden and greenhouses, others digging out and moving sand, others in the workshops painting the gay little handtrucks that were used all over the estate, or making coir mats for the wards and working the hand wire twisters that made miles of fencing for the hospital estate. The daily timetable of each patient was reviewed and recorded as the result of the medical officers' rounds of the patients at work. Later in England one visited Exeter and Chester and other hospitals where such occupation was carried out and saw how absolutely necessary it was to keep strictly to every detail of ordered administration that provides right treatment of every individual patient.

On our way back some of us visited Gheel and it was only natural that we brought our experience of years of administration to absorb rapidly the salient points of that remarkable village where all the all the patients lived as members of a well-ordered village community taking their useful parts in its life while receiving the care and protection of those looking after them.

Our Association has for many years taken us to various Colonies and Hospitals to which we have been invited and from which we have learnt from each other, and all this we can now hand on to the new rehabilitation centres whose medical staffs have often had no experience of such organised hourly care as has been our job for years. Many of the Emergency Medical Service hospitals have been placed in mental hospitals and have adopted the organisation they found there. Take for example Winwick's system that has been upheld as a model by the E.M.S. There all the patients have been placed in grades and every grade has its own coloured badge button to show how much physical effort each patient may perform.

Those in bed start in No.1 Grade and are promoted to the next with a different coloured button when they are allowed to have more strenuous physical exercise and again when they are well enough for the curative workshops, and finally to full day's work with time for recreation that they can enjoy. Other lessons have been learnt and can be handed on by our experience of the well ordered activities of a mental deficiency colony.

This brings me to the subject of practical occupational therapy.

One night when thinking out this paper I dreamt that I heard two members of the audience discussing it. One said - "What is she going to talk about?" and the other replied "Waste paper baskets". I am quite sure that that accurately sums up the opinion of quite a number of people as to what occupational therapy means. In actual fact I remember when we started work in one hospital, the matron's first action that she thought would show kindly appreciation was that she "ordered" 100 waste paper baskets without any reference as to whether making them was the prescription that would be given by the doctor; in another hospital one of the sisters came along to welcome the new O.T. with smiling face and said "I am so glad we are going to have O.T. here - now we can buy really nice Christmas presents for our friends".

I wish I could feel that a complete experience of well-worked occupational therapy was a contribution that could be relied upon from us, but from what my past students tell me I know how often they have to work alone without the direct contact with the medical officer that their work requires. One never hears of a surgeon or physician who goes round his wards without the nurse who is in charge of the case. He gets her report and he gives her his instructions and both can help the patient properly. The old fashioned medical superintendent went everywhere on his rounds and helped each patient he came to, but too often one hears of Occupational Therapy departments where no visits are paid by the Medical Officer, where she has even difficulty in getting a prescription signed and she has no opportunity of hearing the instructions on which she is supposed to be acting. It is to be hoped that in the new Curative Workshops the staff will be told what help each individual wants for his recovery. As Raycroft, an American writer says, the Therapy needed "operates in harmony with physiological and psychological laws and serves as a stimulus and director in the work of returning the patient, through his own efforts, interest and will, back to normal patterns of life and expression". If this is what you want the patients to do you must be in close touch with those who are carrying out such treatment on your patients.

The occupational therapist in her training has learnt to be ready to watch for every opportunity of providing the necessary stimulus to the patient to initiate a wholesome return of activity. In physical illness this will take the form of response in exercising necessary muscles: in mental illness interest is stimulated to arouse

new trends of thought and wider range of outlook. Personality is developed by the stimulus of the social sense through the herd instinct. It is her job to provide the atmosphere in which the patient can be happy, but it depends on us to make sure that it is our treatment she is carrying out and therefore she must be in direct touch with us.

The daily conference method at Dorset House taught us that if all those in charge of each patient meet they can combine so that the patient's life gradually approximates to a normal one before going out into the world. We know we can arrange that they go out not only to theatres and concerts, but often they can go out daily to help at nursery schools and with other social work, and so slide out of being under the occupational therapist to taking their own part in the world.

The actual rehabilitation centres will be either day centres or residential - Dr. Ling is speaking specially on the latter. My experience of daily centres for out-patients has taken various forms, in all of which occupational therapy has taken the largest part. All the time that Dorset House was open we had out-patients, often at first collected from their homes in the Fishponds Psychiatric Social Workers' Austin Seven. They were all chosen individually for treatment. Some came only for crafts, others for physical exercises and to folk dances, etc. With a good many we kept up for years, but as far as possible we helped to get them back to work.

Later the Allendale Curative Workshop was open for a year to all for whom occupational therapy was prescribed by their doctors. A car went out from the house to collect the leg cases. Joinery was the chief occupation provided. It closed down owing to the bombing of Bristol. Now the Bristol Council for the Disabled has a much overcrowded workshop recognised by the Royal Hospital as its out-patient centre for occupational therapy. It is doing its best to find larger premises. Two full time occupational therapists are at work there and one of them visits patients to give them occupational therapy at home. Any medical practitioner can recommend cases for attending the centre if his written prescription is received. Psychoneurotic cases do very well there.

There is great opportunity for voluntary work here under the qualified occupational therapist and it is hoped that the Red Cross will organise such help on sound lines. So far such work is still paid for by the funds of the Disabled Council or by a few firms whose cases of injury attend, but it is expected that the authorities will provide the cost by degrees.

It is quite certain that there is an immense field ready to be covered and if we decide to do all we can, the work will be done.

We can envisage later rehabilitation centres open all day and evening, where the disabled can come for the treatment they need, with

consulting rooms where the doctors will direct their restorative activities. There will be craft and physiotherapy rooms, a theatre where the plays are written and produced by patients, studios for painting and sculpture and pottery, and halls for musical study: all this would be real occupational therapy and then we hope that the patient will have learnt to be and live well and can be passed out into the world again, the better for his illness.

To sum up -

In order to help the work of organising Re-ablement of all patients, daily and residential centres must be provided which will require the help of psychiatrists. This help we can give, firstly, by our knowing what we mean by perfect health and its recovery. Secondly, by our bringing psychology to the common use. Thirdly, by our administrative experience in organising occupation for the patients' recovery, and lastly, where we have had it, we can bring our actual experience of prescribing and supervising occupational therapy itself in the treatment of the individual patient who attends a rehabilitation centre, finding out the talents of staff, students, and patients and guiding them into the service of all.

-----oOo----- E. Casson

30th November, 1945.