
INTERNATIONAL SECTION

Occupational Therapy in Great Britain

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ON JANUARY 15 there was opened in London a popular "And so to Work" Exhibition, arranged by the Ministry of Labour with the co-operation of the Ministry of Health. Such an exhibition is an evidence of the great interest now taken in Great Britain in the reablement of the injured and sick.

It not only shows the arrangements made by the Government to reinstate or to retain the disabled, but also illustrates the whole process by which treatment is organised from the moment of entry into hospital to the return to work. The patient's treatment depends on the careful co-operation of the Medical Officer, the nursing staff, the social worker, and the triple team of occupational therapist, physiotherapist, and physical trainer. Early in the process a local expert from the Ministry of Labour visits the hospital, and in consultation with the reablement team a suitable future is planned for any patient who is not returning to his old job. Courses are available for any for whom injury or disease necessitates special training, and the most suitable is chosen for the individual patient.

This scheme it outlined in a pamphlet recently published by the Ministry of Labour and National Service. It reviews the work that led up to and resulted in the Disabled Persons Act 1944, commonly known as the Tomlinson Act, as it was based on Tomlinson's report published in 1943 and was passed by Parliament as a private

bill brought forward by this enthusiastic pioneer.

This history of the gradual interest that culminated in this Act and its implement should be of special interest to American doctors, for there is no branch of medical treatment in which there has been more friendly co-operation, especially in the field of occupational therapy. Louis Haas, who wrote one of the first textbooks on occupational therapy, pointed out that its first impetus came from the Quakers in the 18th Century, when the Retreat at York began its work of treating mental patients to aid their recovery and return to normal life by awakening their interest in occupations carefully designed for them. This successful treatment spread through England and America, but it was the 1914-18 War that began its application to other illness and injury. It is generally recognised that the first organised war occupational therapy was provided by the Canadian Army. It was quickly followed by that of the United States of America, while at the same time Sir Robert Jones organised, at the request of the British War Office, a magnificent orthopedic service which was grouped around his large curative workshop at Shepherds Bush in London, where as many as 600 men were under occupational treatment in a hospital of 800 beds. At that time, and ever since, occupational therapists have kept in touch with each other across the Atlantic. Unfortunately, the English War office closed down the curative workshop at the end of the war, against the advice of Sir Robert Jones and despite the efforts of all the experts who deplored the shortsightedness of those who would not see that the great lessons learned in the war could now be applied to all in civil life who were injured or diseased. Sir Robert then threw all his energies into his work for cripples, but many of his valuable lessons were lost. In the mean-

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time, in America, those who had learned to value occupational therapy developed it. Schools were started in Boston and Philadelphia and in the Canadian universities. Our psychiatrists and surgeons visited America and brought back the knowledge; and the American "Kessler Film" on rehabilitation was shown in England. But no school to train occupational therapists existed in Great Britain when I visited the United States of America in 1926. Soon after my return, the Philadelphia School gave Constance Tebbitt a scholarship, and on her return to England the Dorset House School of Occupational Therapists was started in 1930 with her aid in my Nursing Home in Clifton, Bristol. Later on a course was started at the Maudsley Hospital and another school opened at the Astle Ainslie Institute in Edinburgh, staffed by Canadians. For four years Martha Johnson of the Philadelphia School took over the Dorset House School under my charge, and one of its best known students, Mary Macdonald, was given a Pilgrim and York Trust Scholarship to visit and report on occupational therapy departments all over the United States of America. After her return she became Principal of the Dorset House School and is still in charge of it in its new home at the Churchill Hospital, Headington, Oxford. To adjust the balance between the psychological and physical side of treatment, the school opened the Allendale Curative Workshop in 1939, and when war broke out it was visited by the Organisers of the Emergency Medical Service of the Ministry of Health, who decided to entrust to the Dorset House School the training of occupational therapists needed in large numbers to implement their wartime rehabilitation program. As Bristol was being heavily bombed, the school was given hospitality at the Barnsley Hall E. M. S. Hospital at Bromsgrove, where 400 students have passed through to work, 200 of them taking special war examinations instituted by the Association of Occupational Therapists.

Since the Dorset House School started, several others have been founded, and the whole attitude towards reablement has been transformed. The British Army had for a short time its own occupational therapy course, under Canadian occupational therapists, for a group of their own physiotherapists, most of whom were sent to the Army Hospitals abroad. The Navy, Air Force, and Ministry of Pensions depended on all the occupational therapy schools, and drew a large staff from them. Apart from this, the report issued by the Ministry of Labour in 1946 states that 204

out of the 520 General and Special Hospitals in England and Wales selected by the Ministry for rehabilitation facilities had active occupational therapy departments, but this by no means covers a large number of other hospitals and other activities that are opening all the time.

Among some of these are the mental hospitals which are still suffering from the shortage of occupational therapists caused by specialization on the treatment of war injuries. The Disabled Persons Act authorizes the reablement of psychiatric as well as physical cases, and a large number of workshops will be needed where patients can attend daily for treatment. Many experiments are being made in this direction all over the United Kingdom.

A considerable number of schemes are in being for vocational training for the disabled, and their responsible officers are realising more and more that medical care and supervision are needed even when the vocational training has succeeded treatment; thus, referring to the Industrial Rehabilitation Centres, the report says: "The work undertaken at Egham has emphasized that it is impossible to draw any precise line of demarcation between medical and industrial rehabilitation. There is a stage in the process of converting a hospital patient into an active worker at which what he needs is mainly recuperative medical treatment coupled with occupational therapy so as to enable him to regain the normal use of his bodily and mental capacities. This is primarily a medical matter and is a vital part of the comprehensive Health Service now being developed. Experience has, however, shown that, after receiving all the hospital rehabilitation available in the present state of the Health Service, there may follow a stage in which, while the person who has been disabled may still need a certain amount of medical treatment, the main thing is to make him thoroughly fit and prepared to enter the employment field, and to do what is necessary to enable him to come to a sound conclusion as to what his future occupation should be."

For this, occupational therapists must be available, and the Association of Occupational Therapists is studying carefully the place of the occupational therapist in industry and the special training necessary to meet demands made for this development.

For a large number of the disabled who cannot return to their old jobs or be trained for work in ordinary industry, permanent sheltered workshops are needed, and here again there is need

for occupational therapists for those who have not yet become stabilized in their new jobs.

Another very important branch of this work is the care of the "home bound" whose disability makes it necessary for them to be occupied and, if possible, enabled to earn a living at home. It is here that the voluntary assistance is of particular value, and where the British Red Cross Society has its best opportunity. This branch of its activity is under the special care of Doctor Harold Balme, of the B.R.C.S. official staff, who is fully alive to the need of control by fully qualified occupational therapists to develop its great potential use in reablement.

An excellent description of the official organization of rehabilitation organized under the Ministry of Health is given in Dr. Balme's booklet "Making the Unfit Fit." It is hoped that a fuller history of the work of occupational therapists in helping the unfit will some day be written. In the meantime, all interested in occupational therapy in this country will greatly welcome interchange of visits with others all over the world.

REFERENCES

¹Report of the Standing Committee . . . Disabled Persons: H. M. Stationery Office, S. W. 4d net.
²"Making the Unfit Fit": Dr. Harold Balme. 1/-.

INTERNATIONAL INTERVIEWS

MODERN MEDICAL WOMEN IN CHINA

AMAZING PROGRESS has been made by the women physicians of China during the present generation. Many of them have been graduated from the Pekin Union Medical College and from Mission schools in other parts of China, as well as from medical schools in the United States and Canada.

For over nine years the American Women's Hospitals Committee has supported Chinese women doctors caring for sick and injured civilians many of whom were refugees—displaced persons in free China. Since 1942 part of the staff of the West China Union University Hospital at Changtu has been provided in this way. Prompt, efficient, and economical service has resulted. Reports regarding this work indicate that our Chinese colleagues are highly qualified in the medical specialties, including surgery.

Dr. Gladys S. Cunningham, a missionary connected with the West China Union University Hospital and Medical School made the following comments regarding A.W.H. personnel in a letter recently received: "Dr. Helen Yoh, clinical chief of gynecology, is doing excellent work. . . . The major gynecological surgery is done by her. . . . This work entails a lot of contact with very poor, ignorant people, and her skillful handling of



Dr. Wang Yo-Hwa, of the American Women's Hospitals' Personnel in West China.

these women and their husbands is a great factor in the success of the service.

"Dr. Ruth Dsang, the pediatrician, has to cope with all the problems of malnutrition and deficiency diseases in children. . . . The nutrition of babies here with living costs constantly rising is a vital problem. . . . In the last two or three years the incidence of such diseases as keratomalacia, rickets, hypoprotein oedema, and anemia have been very much increased. . . .

"Dr. Anna Shih, a refugee from northeastern China, is a most capable woman. Yesterday she went hustling past me from the obstetrical room where she had been caring for a poor woman with postnatal eclamptic seizures, saying as she went: 'There's a ruptured ectopic in the O.P.D. Emergency . . . patient pulseless.' In a very short time she had that woman in the operation room with a plasma transfusion going and herself in the process of being scrubbed. Shortly, having