

# The Reconstruction Aides

Jaclyn Faglie Low

Key Words: history • occupational therapy (profession of)

*The reconstruction aides, civilian women who served in World War I, are credited with an influential role in the development of occupational therapy. Their task was to provide treatment in the form of occupation to enable servicemen suffering from wounds or battle neurosis to return to the battlefield. Although some occupational therapy aides were occupational therapists, many were teachers, artists, and craftspeople. This paper traces the history of the reconstruction aides, describes the women who served, and recounts their experiences. The relationships between reconstruction aides and other professions suggest the origins of current problems of professional identity and role delineation.*

Jaclyn Faglie Low, PhD, OTR, is Associate Professor, Department of Occupational Therapy, School of Allied Health Sciences, University of Texas Medical Branch, Galveston, Texas 77550-2782.

*This article was accepted for publication August 15, 1991.*



Patients and reconstruction aides in a temporary clinic. (Photo courtesy of Moody Medical Library, The University of Texas Medical Branch, Galveston, Texas)

Histories of occupational therapy credit the work of the reconstruction aides of World War I with providing impetus for the development of the profession. The reconstruction aides were civilian women appointed to provide therapy for World War I casualties in military hospitals. They were hired by the War Department but had no military standing. They did, however, have the opportunity to apply credit for service time in gaining civil service appointments after the war (*Reconstruction Aide*, 1921).

There were two types of reconstruction aides: physiotherapy aides and occupational therapy aides. The physiotherapy aides used techniques such as massage and exercise in their therapy. (Other forms of treatment administered by physiotherapists were electrotherapy, hydrotherapy, and mechanotherapy [*Reconstruction Aide*, 1921]). A government bulletin described the occupational therapy aides as

civilian employees whose province is to teach various forms of simple hand craft to patients in military hospitals and other sanitary formations of the Army, especially to those patients in the orthopaedic and surgical wards as well as to the patients suffering from nervous or mental diseases. (Medical Department, 1918, p. 2)

The salary of the reconstruction aide was \$50 per month for duty in the United States and \$60 per month for overseas duty. Housing was provided (Medical Department, 1918). According to a War Department bulletin,

During the period of the Emergency, officially designated as April 16, 1917 to July 2n [sic], 1921, the estimated number of occupational therapy and physiotherapy aides in services is 1685. The number overseas during this period, of occupational therapy and physiotherapy aides is estimated at 460. (*Army Hospitals*, no date)

The first occupational therapy aides went to La-Fauche, France, to serve at Base Hospital 117 near the front lines. Their assignment was to provide treatment to enable physically sound men suffering from war neurosis to return to duty as quickly as possible.<sup>1</sup> Dr. Frankwood E. Williams, Associate Director of the National Committee for Mental Hygiene, described the difficulty of convincing military authorities of the need for occupational workers:

It seemed impossible to impress these people in Washington with what we were trying to do. The result was that Base Hospital 117 was practically organized and ready to sail and it had not been

<sup>1</sup>An unsigned editorial in the January 1919 edition of *Mental Hygiene* included a graph showing that of 100 casualties with concussion or "various functional nervous disorders" (Editorial, 1919, p. 2) occurring under battle conditions between September 12 and November 11, 1918, and seen by neuropsychiatrists stationed at front line field hospitals, 65 returned to duty within a matter of days. The remaining 35 were sent to army neurological hospitals and from there 20 returned to duty. Fifteen went to Base Hospital 117, and of these only one was returned to the United States. Three of the 14 went back to front line duty, while the others had either temporary or permanent base assignments. This was seen as a measure of the success of immediate intervention with war neurosis.

possible to make any provision for the occupational workers. A group of women had been gathered together, who were ready to serve if they could be appointed, but it was impossible to get them appointed until we found that there were hospital employees known as civilian aides.<sup>2</sup> A civilian aide is a scrub woman or anyone else who has no official connection with the Army, but was put there for some job no one else wanted to do. (Myers, 1948, pp. 208–209)<sup>3</sup>

Classification as scrub women proved to be prophetic. When they went to Ellis Island in New York to await overseas assignment, the women found it necessary to scrub their barracks of the filth of decades. The aides sailed for Europe in the latter part of May 1918. On arrival, Mrs. Clyde McDowell Myers, leader of the unit, reported that

Our orders were to open a workshop at once. . . . first sight was not so cheerful. It was a barracks, twenty by one hundred feet; cracks in the floor, cracks in the wall, door off the hinges, windows flopping, dirt and dust everywhere. . . . We could at least live up to our status as scrub women without the fear of a summary court martial. (Myers, 1948, pp. 210–211)

The Red Cross issued their uniforms and supplies, although the aides were not a part of that organization.<sup>4</sup> The Red Cross provided each aide with a gray coat-suit of dubious fit. Aides made their own work uniforms, smocks of brightly colored cotton crepe (Myers, 1948).

To supplement their equipment and supplies, the women raided trash heaps. Metal work with tin cans and spent cartridges and woodwork with lumber from crates were activities used with the men at Base Hospital 117. The workshop was frequently visited by high-ranking military authorities, including the surgeon general. Myers (1948) described the therapeutic aspects:

<sup>2</sup>Existing documentation makes it unclear as to when the classification of reconstruction aides became official. Mrs. Myers and her unit reported to Ellis Island in March of 1918 and, as noted, were classified as civilian aides. However, Army Medical Department Bulletin A-329 (Medical Department, 1918) outlined the qualifications and job description for reconstruction aides.

<sup>3</sup>Dr. Williams was quoted extensively by Mrs. Myers in her first-person account of experiences as leader of a civilian aides unit. "Pioneer Occupational Therapists in World War I" appeared in the July–August 1948 edition of the *American Journal of Occupational Therapy*. It was the written form of a speech delivered before the 12th Annual Convention of the Texas Occupational Therapy Association in 1947. Mrs. Myers used the initials O.T. after her name and listed her place of employment as the Texas Society for Crippled Children in Dallas, Texas. She was apparently never a member of AOTA. Mrs. Myers's name did not appear in the *Directory of Qualified Occupational Therapists* from 1932 to 1934 nor in the *Directory of Registered Occupational Therapists* in subsequent years.

<sup>4</sup>An undated War Department memorandum read in part, "Immediately after reporting in New York City, Reconstruction Aides should go to the Representative of Nursing of the Red Cross at 44 East 23rd Street and present their travel orders as a means of identification" (War Department, no date). The memorandum listed items of clothing provided by the Red Cross. The total cost of items on the list was \$111.18 and there was a notation that "any article in List A which the aide may have purchased elsewhere, in advance, will be deducted and no allowance will be made for such deductions." A second list contained items the aide could purchase for herself. These ranged from a Norfolk suit at the cost of \$32.50 to a metal "R.A." ½ in. in height to be worn on the collar. This cost \$.50. The memorandum further stated that "no letters 'U.S.' of any style nor the Caducii [sic] are permissible."

Nobody was forced to do anything. That was the principle of the shop. The work was to attract and interest the men and they, through it, were to be drawn back to the normal, away from the horrors that had shaken and broken them; the opportunity for creative self-expression, self-forgetfulness, and then health. . . . We never pampered the men by coddling or humoring their nerves. To stimulate their interest and make them forget was our object in all the work. (pp. 211–212)

## Training Programs

Recognition of the value of the occupational therapy aides generated demands for additional workers. The *Circular of Information Concerning the Employment of Reconstruction Aides (2)* (Medical Department, 1918) documented the need for "trained women to furnish forms of occupation to convalescents in long illness and to give to patients the therapeutic benefit of activity" (p. 1).<sup>5</sup> The circular described the necessary qualifications: "She shall have had a High School Education, or its equivalent. Applicants must have a theoretical knowledge of the following crafts and a practical training in at least three of them: Basketry, Weaving (Hand and bead looms including simple forms of rugs and mat making), Simple wood carving, Block-printing (paper and textiles), Knitting, Needlework" (Medical Department, 1918, pp. 3–4).

According to its *First Report* (Art War Relief, 1917–1918), the Art War Relief Auxiliary 282 of the American Red Cross in New York City organized "for the purpose of bringing together in war relief activity the art organizations, individual artists and others interested in art" (p. 1). Among the activities of the group was the development of War Service Classes. The Report described the classes:

These classes are under the direction of the Surgeon General. Forty-two re-construction aides have been trained in the summer course held at the Lenox School. These young women are eligible for service in the military hospitals and prepared to furnish occupation, in the form of simple handicrafts, including weaving, modeling, toy making, wood carving, basketry, block printing, simple metal work and bookbinding, and to prove the therapeutic value of activity to our convalescent soldiers and sailors here and abroad. (p. 5)

Mrs. Howard Mansfield, chair of the committee on War Service Classes, related the history of the establishment of the program and documented the support of prominent people.<sup>6</sup> Dr. Frederick Peterson, a neurologist, put committee members in touch with the surgeon general, from whom they gained approval for beginning the program immediately. The first course began in June 1918. Local physicians lectured. The *New York Times* printed an article giving details about the course of study,

<sup>5</sup>Although this document provided a job description, the aides who went to France 2 months later had to go under the classification of civilian aides.

<sup>6</sup>John D. Rockefeller, Jr., whose wife was a member of the committee that organized the program, offered space in his office building for continuation of the program.



which prompted a number of applications (Mansfield, 1956).

The National Society for the Promotion of Occupational Therapy approved war courses at universities and hospitals across the country and in Canada. Some programs were expanded and continued as approved training programs for occupational therapists, but most closed when the war ended. Colonel Frank Billings of the Medical Corps, writing on behalf of the surgeon general, responded to an overwhelming number of requests for certification of training schools. Billings gave three reasons why no additional certifications would be issued: (a) the surgeon general's office could not take on the responsibility of inspecting and certifying facilities, (b) occupational therapy bedside work was not standardized, and (c) the experience gained in working with war casualties would lead to changes in the type of work used in occupational therapy (Billings, no date).

### The Women Who Served

The women who served as occupational therapy aides were generally well educated. A high school diploma or its equivalent was required, but many aides were college graduates, possibly because applicants were supposed to be at least 25 years old. Mrs. Myers studied arts and crafts in Boston and at Columbia University. She taught in the occupational therapy department of the Bloomingdale Hospital for mental patients. Accompanying Myers to France were

Amy Drenstedt, who taught History of Art at Hunter College. . . . Corrine Dezeller, a graduate of Columbia University, [who] taught woodworking to a class of exceptional children in New York Public School. . . . [and] Laura La Force . . . a graduate nurse who had taught simple basketry and weaving in the New York City Hospital for children. (Myers, 1948, p. 209)

According to Myers (1948), the reconstruction aides who came later were not as well qualified as the first group, although they were in command of more political influence. She commented:

Some of them gave no evidence of having had any previous training and how they got their appointment I could never guess. One dear old white haired lady, when asked what she could do, said she was a portrait painter and wished very much to be sent to Italy where she could visit the famous art galleries. Another psychologist arrived, who didn't know one craft from another, but she knew she could direct a workshop and by some hook or crook, she did succeed in being appointed Head Aide at Base Hospital 214 at Savenay for mental cases. (p. 214)

*The Healing Heart* (Carlova & Ruggles, 1961) is a romanticized autobiography of Ora Ruggles, a reconstruction aide who continued a long career as an occupational therapist.<sup>7</sup> Although Ruggles did not serve over-

seas, her story is in many ways representative of all reconstruction aides. Ruggles taught manual arts before attending a 6-week training course for reconstruction aides. She was assigned to Fort McPherson, Georgia, where she worked with patients who had lost limbs to war wounds and with patients with mental illness. Basket making was the initial activity of choice. Ruggles's self-reported successes included drawing the men away from gambling and idleness.

### As Others Saw Them

Dr. Sidney Schwab (1919), medical director of Base Hospital 117, spoke enthusiastically of occupational therapy: "A method of treatment that can meet its purpose so surely and definitely as this did would seem to have something of the adaptability of a proven thing" (p. 581). Schwab stressed that the workshop "must be regarded as a definite part of the medical organization" (p. 591). He emphasized that the function of the military hospital was to return soldiers suffering from illness, wounds, or war neurosis to the battlefield as quickly as possible. He stated that "the patient must realize that occupation is primarily a method of cure, not a pastime and not a thing to which he can afford to be indifferent" (p. 592).

Colonel Frank Billings (1919), in a speech to the Institute of Medicine in Chicago, described the value of ward work for disabled patients:

Primarily, application of the work served as a diversion by arousing the interest of the patient and by distracting him from a contemplation of his disabled condition, whether due to sickness or to injury. (p. 1509)

Billings noted that a patient's work began with simple handicrafts such as basketry, knitting, beadwork, or the like but progressed to prevocational or vocational activities such as stenography, typewriting, or mechanical drawing. He spoke specifically of modification of activity under the guidance of the physician to benefit the patient with pulmonary tuberculosis.

Eleanor Clarke Slagle (1938) quoted Thomas W. Salmon, the physician in charge of the neuropsychiatric service in the American Expeditionary Forces: "Colonel Salmon said that 'Occupational Therapy will one day rank with anesthesia in taking the suffering out of sickness'" (p. 379).

The Red Cross published *Carry On—A Magazine on the Reconstruction of Disabled Soldiers and Sailors* for the Office of the Surgeon General from June 1918 through July 1919. Every issue had photographs of servicemen engaged in curative activity. Inspirational articles about overcoming handicaps were featured. The magazine included information about government benefits and Red Cross assistance as well as poetry and humorous items. References to occupational therapy were consistently positive, with heavy emphasis on the fact that the

<sup>7</sup>Ruggles was born into a Nebraska farm family but moved to Los Angeles in her teens. There she studied painting and drawing, as well as sculpture, mosaics, and woodworking and furniture making at the Manual Arts High School. She continued her education at San Diego Normal School.

therapists were women. A photograph of women working at looms bore the following caption:

In every hospital here and overseas American women are doing a wonderful work. These reconstruction aides at Lakewood are teaching handicrafts that hasten the cure by giving the soldier something to divert his mind from himself. It is called occupational therapy. (Cooper, 1918, p. 23)

The economic potential of activity was emphasized. A photograph in the May 1919 issue showed three upper-extremity amputees engaged in casting bronze pieces from clay models. The caption concluded, "From a financial standpoint the future looks bright for them" (Leatherbee, 1919, p. 15).

The humor page of the final edition of *Carry On* contained a sketch of a caped and hatted woman clutching basket, palette, and knitting needles and trailing yarn as she strode along. The sketch illustrated a bit of doggerel: "The bluebirds who've come to Camp Lee/To give it a taste of O.T./If in doubt, see above)/Have fallen in love,/Now who do you think it can be?/Have they dared on a private to smile?/Or the S.G.O.'s<sup>8</sup> temper to rile?/Oh no, for you see,/It's been whispered to me,/Heart and soul they love work, all the while" (News and Exchanges, 1919, p. 32).

## After the War

Only some of the occupational therapy aides were actually occupational therapists. Some became occupational therapists following the war and were active and contributing members of the profession. Others returned to previous roles of artist, teacher, or designer.

Many occupational therapy aides obtained employment with the Public Health Service and in Veterans Bureau hospitals after the war.<sup>9</sup> Ora Ruggles served at an Arizona hospital camp for tubercular soldiers. From there she went to Santa Monica, California, where she started an occupational therapy program at a private rest home converted to a convalescent center for soldiers (Carlova & Ruggles, 1961).

Myers had a shorter postwar service experience. In 1919, she went to the Panama Canal zone for 3 months to train a teacher and set up a workshop for a government hospital. She reported that Amy Drevenstedt and Corrine Dezeller went to Germany with the Army of Occupation

(Myers, 1948). Mary E. Shanklin's (1925) report on the federal rehabilitation program noted that "a limited number of therapists were employed, primarily for bedside occupation" (p. 570) in the National Home for Disabled Volunteer Soldiers.

According to Hoppin's (1933) account of the activities and whereabouts of physiotherapy and occupational therapy aides who served in the United States and in France during the World War, after the war former occupational therapy aides worked as occupational therapists, artists, teachers, sculptors, and decorators.

The kinship based on their wartime experiences led the reconstruction aides to form the National Association of Ex-Military Reconstruction Aides. Both physiotherapists and occupational therapists were members (Wrinn, 1921). For several years, the association published the *Re-Aides' Post*, a quarterly magazine that included articles on crafts and treatment techniques and Veterans Bureau job announcements. "Echoes from the Wards" gave information about former patients. Short stories and serialized stories also appeared.

## Relationship to Occupational Therapy Today

The concept of activity as therapy received affirmation and substantiation through the work of the reconstruction aides. However, the World War I experience illuminated several problems that affect the profession today: (a) the relationship between occupational therapy and physical therapy; (b) the differentiation between therapeutic and diversional activity; and (c) separation of the doing component of the profession from the conceptualization.

In "A History of the American Physiotherapy Association," Hazenhyer (1946) wrote, "Another feud which germinated during army days and persisted into the ex-aides' era, was that of P.T.s versus O.T.s" (pp. 11–12). Hazenhyer perceived that the origin of this feud lay in the greater public relations value of occupational therapy. She quoted a letter to the editor of the *Physiotherapy Review* that illustrated her concern:

Anyone who knows A.B.C. in physiotherapy realizes that the mental contacts between patient and P.T. are as potent of good results as those between patient and O.T. But then, there's just the chance that this will fall into the hands of one of those persons who—while they smile approvingly on hefty P.T. operations and murmur that it must be "Fascinating work, but don't you find it a strain?"—pass on with apparent relief to the beads and the bronzes, the block prints and the cord work that adorn the picturesque O.T. shop. "Ah," you can hear them sigh, "this is charming! What an opportunity to win the men's interest." (Hazenhyer, 1946, p. 12)

Problems of differentiation between physical therapy and occupational therapy were apparent. An article in *Military Surgeon* included the curative workshop, which is primarily an occupational therapy activity, among a list of physical therapy activities such as massage, electro-

<sup>8</sup>Surgeon General's office.

<sup>9</sup>Applications of several reconstruction aides for membership in the National Society for the Promotion of Occupational Therapy are located in the American Occupational Therapy Association Archives housed at the Moody Memorial Medical Library, University of Texas Medical Branch, Galveston, Texas. Mrs. Mildred O. Beaton's application was dated August 12, 1919. Mrs. Beaton described herself as a graduate of the St. Louis School of Occupational Therapy at Washington University. She served at the base hospital at Camp Lee, Virginia, and at the U.S.A. Service Hospital #19 in North Carolina. At the time of her application, Mrs. Beaton was considering a position with the Public Health Service.



therapy, hydrotherapy, exercise, and manipulation (Bainbridge, 1919).

A distinction between diversional and therapeutic activities arose from conflicts over the relative importance of medical intervention, curative activities, and vocational education. Captain Eugene Mumford (1919), chief of orthopedic service at Camp Zachary Taylor, justified the assumption of control of the educational and physiotherapy departments: "[T]he primary purpose of the hospital was curative and . . . the education of the patient was at all times to be considered of secondary importance" (p. 676).

"Bedside Occupational Therapy" (Vaughn, 1919), in the March 1919 edition of *Carry On*, described three categories of occupations:

The first group consists of those activities which are designed purely for diversion. The second group consists of work of such a character as not only to give diversion but also it gives a start in a kind of avocation, "side-line," or hobby. The third group is made up of definite vocational courses of work or study directly connected with the patients' former or proposed occupations. (p. 14)

The reconstruction aides provided bedside occupation. Manual training teachers conducted the workshops. Sexton (1918), a vocational officer, emphasized the limitations of diversional activity: "[The patient] should not be given special handicraft work in basketry, toymaking, etc., except in the early stages as a therapeutic measure. These are best adapted to seriously crippled men and will lead him to think he is not capable of holding down a real job" (p. 275).

Attitudes such as that voiced by Sexton and rooted in territorial dispute may have been responsible for subsequent devaluation of handicrafts as therapeutic modalities. Billings (1918) praised the curative value of work or occupation, but in an address to the National Program for the Reconstruction and Rehabilitation of Disabled Soldiers, Billings added qualifications:

[Ward work] has consisted frequently of work not so purposeful in its character, but rather as diversional in character, in the form of knitting, in the form of basket weaving, etc. But the work which the Surgeon-General utilizes as curative in character in the general hospital for these soldiers is more purposeful than knitting, basket weaving and the like. In other words, it is of the kind and character of curative work that will look toward the training of the soldier for employment after his discharge from the Army. (p. 1925)<sup>10</sup>

The assumption of power by the surgeons over the nonmedical Educational Department officers, coupled with role conflicts between reconstruction aides and vocational education teachers, may well have served to shift the orientation of the reconstruction aides and subsequently the occupational therapists toward the medical model. It is here that we find distinct division between the doing of occupational therapy and the conceptualization underlying activity selection.

The psychiatrists serving with the American Expeditionary Forces were charged with returning men suffering from war neuroses to combat as quickly as possible. They supervised the activities in workshops. One psychiatrist pointed out,

In describing the methods that were carried out there, it must not be forgotten that Base Hospital 117 had a particular problem to solve in a medical way and that the necessity for a proper solution of this problem was never permitted to escape the minds and interests of the medical and nursing staff or of the civilian aids [*sic*] who ran the workshop. (Schwab, 1919, p. 580)

He emphasized that the workshop area must be included in the physician's daily rounds, thus underscoring the physician's control.

Surgeons in the Orthopedic Service took responsibility for direct supervision of all patient activities, including gymnastic exercises, recreational activities designed to provide specific neuromuscular benefits, and manual training in the workshops. Although many early occupational therapists were nurses, the occupational therapy aides came from nonmedical backgrounds. They were teachers, craft workers, and artists. To maintain a connection with medicine and the curative aspects of activity, the aides relied on physicians to direct the selection of activity. The physicians accepted and supported the aides as technical assistants. The female aides were nurturers who provided diversional activity that, while very important to successful convalescence, was not to be considered on a par with vocational training that was handled by men. The time for this nurturing intervention was early in the convalescent period, while the patient was still weak and dependent.<sup>11</sup> The occupational therapy aides performed their duties in settings that were under the strict supervision of the physicians.

## Summary

In some ways, the contributions of the reconstruction aides have been misinterpreted. Henrietta McNary, president of the American Occupational Therapy Association in 1955, in a review of her perceptions of the history of the profession, made the statement, "World War I brought an emphasis on muscle function. Get kinetic, get specific and get it measured – and we did" (McNary, 1955, p. 137). What she did not seem to understand, however, was that these demands were not made on the reconstruction aides but on the orthopedic surgeons who were responsible for prescribing and monitoring the occupational therapy and physiotherapy to be provided to the patients.

A refutation of McNary's (1955) assertion does not devalue the contribution of the occupational therapy aides. Their work exemplified the value of activity as ther-

<sup>10</sup>This report was presented at the 69th Annual Session of the American Medical Association.

<sup>11</sup>This fits with the earlier writings in occupational therapy that described "invalid occupation."

apy. However, problems such as these, originating in the experiences of the reconstruction aides, are among the consequences of the efforts of courageous women to deal with a world in chaos. A clear understanding of this important era in our past helps us comprehend the present and contend with the future. ▲

## References

- Army hospitals which employ aides.* (no date). (Available from American Occupational Therapy Association Archives, Series 1, Box 01, Folder 06, Reconstruction Aides, Moody Medical Library, The University of Texas Medical Branch at Galveston, Galveston, TX)
- Art War Relief. (1917–1918). *First report.* (Available from American Occupational Therapy Association Archives, Series 1, Box 01, Folder 06, Reconstruction Aides, Moody Medical Library, The University of Texas Medical Branch at Galveston, Galveston, TX)
- Bainbridge, W. S. (1919). The importance of physical therapy in military and civilian practice. *Military Surgeon*, 14, 663–678.
- Billings, F. (no date). *Memorandum B-524.* (Available from American Occupational Therapy Association Archives, Series 1, Box 01, Folder 06, Reconstruction Aides, Moody Medical Library, The University of Texas Medical Branch at Galveston, Galveston, TX)
- Billings, F. (1918). Chairman's address—The national program for the reconstruction and rehabilitation of disabled soldiers. *Journal of the American Medical Association*, 70, 1924–1925.
- Billings, F. (1919). Rehabilitation of the disabled. *Journal of the American Medical Association*, 72, 1505–1513.
- Carlova, J., & Ruggles, O. (1961). *The healing heart.* New York: Messner.
- Cooper, G. (1918). Re-weaving the web. *Carry On*, 1(4), 23–26.
- Editorial. (1919). *Mental Hygiene*, 3, 1–3.
- Hazenhlyer, I. M. (1946). A history of the American Physiotherapy Association. *Physiotherapy Review*, 6, 11–12.
- Hoppin, L. B. (Ed.). (1933). *History of the World War reconstruction aides.* Millbrook, NY: Tyldsley.
- Leatherbee, R. (1919). To the returning soldier. *Carry On*, 1(8), 14–15.
- Mansfield, Mrs. H. (1956). Notes on formation of war service classes for training reconstruction aides for military hospitals. (Available from American Occupational Therapy Association Archives, Series 1, Box 01, Folder 06, Reconstruction Aides, Moody Medical Library, The University of Texas Medical Branch at Galveston, Galveston, TX)
- McNary, H. (1955). From the president. *American Journal of Occupational Therapy*, 9, 137.
- Medical Department, United States Army. (1918). *Circular A-329: Circular of information concerning the employment of reconstruction aides (2).* (Available from American Occupational Therapy Association Archives, Series 1, Box 01, Folder 06, Reconstruction Aides, Moody Medical Library, The University of Texas Medical Branch at Galveston, Galveston, TX)
- Mumford, E. B. (1919). Application of curative therapy in the workshop. *Journal of Orthopaedic Surgery*, 1, 676.
- Myers, Mrs. C. M. (1948). Pioneer occupational therapists in World War I. *American Journal of Occupational Therapy*, 2, 208–215.
- News and Exchanges. (1919). *Carry On*, 1(10), 32.
- Reconstruction aide.* (1921). Bulletin No. 75, amended. United States Civil-Service Examination.
- Schwab, S. I. (1919). The experiment in occupational therapy at Base Hospital 117, A.E.F. *Mental Hygiene*, 3, 580–593.
- Sexton, F. H. (1918). Vocational rehabilitation of soldiers suffering from nervous diseases. *Mental Hygiene*, 2, 265–276.
- Shanklin, M. E. (1925). Occupational therapy as developed in the National Home for Disabled Soldiers. *Modern Hospital*, 24, 570–572.
- Slagle, E. C. (1938). Occupational therapy. *Trained Nurse and Hospital Review*, 100, 375–382.
- Vaughn, S. J. (1919). Bedside occupational therapy. *Carry On*, 1(6), 13–15.
- War Department. (no date). *Bulletin B-989. Instructions for reconstruction aides—Overseas service.* (Available from American Occupational Therapy Association Archives, Series 1, Box 01, Folder 06, Reconstruction Aides, Moody Medical Library, The University of Texas Medical Branch at Galveston, Galveston, TX)
- Wrinm, M. J. J. (1921). Associated reconstructionists. *Modern Hospital*, 17, 48.

## Coming in February:

- Intervention with the family of an alcoholic
- Literature review of assistive technology use in patients with rheumatic disease
- Performance measures of added-purpose and single-purpose tasks for upper extremities
- Effects of bilateral hand splints and an elbow orthosis in children with Rett syndrome
- Instructing students in information retrieval

Turn to *AJOT* for the latest information on occupational therapy treatment modalities, aids and equipment, legal and social issues, education, and research.

AJOT  
UPDATE