Point of Departure
(A Play About Founding the Profession)

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Through a combination of recorded conversations, published speeches, and correspondence, insights are gained into some perspectives of William Rush Dunton, Jr., MD (1868-1966), one of the founders of the occupational therapy movement. His views on the spirit of research and the differentiation of occupational therapy and physical therapy are offered. His personal feelings about some of his contemporaries—Adolf Meyer, Eleanor Clarke Slagle, and George Edward Barton—are also related. The events leading to the creation of the National Society for the Promotion of Occupational Therapy in 1917, the forerunner of the American Occupational Therapy Association, Inc., are detailed.

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Good afternoon, ladies and... (looks around to see if there are any gentlemen in the audience) ladies. I am Dr. William Rush Dunton, Jr. The medical director informed me just this morning that a group of you would be visiting us here at Sheppard-Pratt Hospital. Welcome!

As you can see, my office is in disarray. You have caught me in the midst of a difficult task, something I call "keeping and throwing." There's more keeping than throwing, I fear.

After 29 years here as a staff physician, I have decided to go into business for myself in the guise of the superintendent of a small private psychiatric sanitarium in Catonsville, on the other side of Baltimore. A lot has accumulated these past decades since 1895, when I came here almost fresh out of medical school at the University of Pennsylvania. When I heard you were coming to visit, I thought I'd try to do a little straightening up so you would be impressed with my natural neatness.

[There is a sigh of mock desperation and a chuckle.]

What has slowed my packing progress for moving comes from finding some things hidden and forgotten. For instance, I began working on an article for the first volume of our new journal, Occupational Therapy and Rehabilitation, which came out in 1922, 2 years ago. I was looking for the "3 Rs of Occupational Therapy," something as alliterative as the "3 Rs" in education. It did not work out at the time, so I laid it aside. Lo and behold, I found the first draft of that paper in this stack of folders. Some day I will get around to submitting it to the editor, who is me (Dunton, 1928).

[He chuckles to himself as he rifles through the folder.]

My "3 Rs" are training, cooperation, and spirit of research. It is the third one, spirit of research, I want to tell you about. I have suggested to a couple of training directors that they should include some questions about research when they interview prospective students. If we are going to get this fledgling profession, occupational therapy, off and soaring, we need to have everyone approach her work with a spirit of research. Now, this does not come from one or two lectures and some laboratory
time in handling creative arithmetic. It comes from a lifetime of curiosity and experimentation in everyday living.

A spirit of research got started early in my life. Even before I started formal schooling, I had a tutor in my home in Philadelphia. She got me to try all kinds of things. One thing I really liked was washing my mother's bake breads and pies. She let me help when she was not rushed. One time I decided to try an experiment, as my tutor suggested. I tucked a small piece of fresh-made soap into an unbaked pastry shell. I wanted to see what reaction my brother or my sister would have when he or she bit into it at the supper table. My research backfired. I got the piece of pie with the soap and I never let on. So you see, you can't always tell others the results of your research.1

A few years later, when I was attending the Lauderbach Academy, my father had me stay home one day to help him with the plumbing. We had one of the first indoor privies in the neighborhood. Something had gotten stuck in the sewer line and since I was the smallest member of my family, I was lowered a short distance down the privy with a contrivance my father had made. I was armed with a poker and was able to dislodge the obstruction without too much difficulty. The next day my teacher, Miss Starr, asked me in front of the whole class why I had been absent, since I did not look sick. I hesitated to tell her, which apparently piqued her curiosity, and under pressure, I finally blurted out: "I was down a privy!" She blushed and said she did not think that was very nice. To which I replied that I found it very educational and interesting to study all that plumbing. I also had figured out a way to keep the plumbing permanently unstuck, which I told my father about.

When I was in my senior year at Haverford College, my uncle, William Rush Dunton, who was a prominent Philadelphia physician, and for whom I was named, told me he would finance my going to medical school. He wanted me to be a physician more than I did. My father was having financial difficulties at the time, as an inventor and chemist. I asked my uncle if he would finance 1 year of postgraduate study in English literature before I went to medical school. He agreed only if I agreed to enter the University of Pennsylvania immediately upon completion of the master of arts degree.

That was a fine year at Haverford. My major professor got me interested in the writings of Richard Brinsley Sheridan, a prominent English dramatist of the 1700s who created the character Mrs. Malaprop. You remember her. She was the one who misapplied words, such as "her late husband was a very rich shipping maggot." The word malapropism comes from this character's name. Well, I found, quite to the astonishment of many, including myself, that Sheridan had done a little case of borrowing from his mother. After she died, he appropriated some of the characters from her plays, including Mrs. Malaprop. Through further research I found that Mrs. Sheridan had borrowed some of the same characters from William Congreve, a prominent writer of the previous generation. I thought all this discovering would rock the literary world. Alas, it netted me only an article in Atlantic Monthly, January 1891 (Dunton, 1891), which, incidentally, was my very first publication. I was as proud as a peacock.

From the very beginning, I grew up with this notion of a spirit of research as part of everyday living. Whether it is making pies in a special way, or solving a stopped-up privy, or letting the world know about a great hoax in English literature, the spirit of research should guide our lives.

Just this past year, some psychiatrists and physicians have been chiding therapists because they are not indulging in research to prove or disprove their beliefs. My time to get into this fray arrived a few weeks ago at the annual meeting of the American Psychiatric Association. I gave a speech.2

[Steps to the podium to deliver his address]

Some psychiatrists, more callow youths, are inclined to be skeptical about the value of occupational therapy. They are a little too ready to criticize occupational therapists for not doing research. Perhaps they are calling for a change in occupational therapy to fractions, tangents, and cosines. This would please the devotees of technicalities. . . .

For those of you who are youthful, let me state, we are unable to present the results of research because psychologists have not yet given us the formulae for judging the emotional effect of pounding a copper disk into a nut dish. Nor have the physiological chemists given us a test whereby, if we lay a bit of paper on the patient's tongue, we may judge by its turning a pale pink that he is enjoying his weaving to a mild degree, whereas his neighbor shows a crimson when tested because he is having a wonderful time putting a jigsaw puzzle together. In other words, we lack a quick and snappy means of measuring the emotions.

There is one technique, however, that is often employed by the occupational therapist, which with refinement will become a valid measuring instrument: empiric observation. The therapist can contribute to the psychologists' quest for truth. I believe that therapists can do much to accumulate observations which will enable us to place our empiric opinions upon a more scientific basis. By our doing so, we will help convert the ungodly and satisfy their cravings for formulae, tangents and cosines. This is, perhaps, the greatest need for research. What strides in knowledge have been gained are due to the interest and spirit which have accuated so many therapists. (Dunton, 1934b, pp. 325, 327-328)

[Walks over to the desk and picks up either a book or another file]

A young physician, specializing in the rehabilitation of war-wounded, complained to me that occupational therapy and physical therapy were not cooperating and were even in open warfare over the parts of the body each

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2The American Psychiatric Association speech was given in 1924 and published in 1925.
claimed to own. Just the other day, an occupational therapist told me that she is responsible for the upper half of the body and physical therapists handle the bottom half. I told her I did not think she should pursue that line of thinking. After all, the best part of the body is just below the waist!

\[He chuckles to himself\]

I thought it was about time to give a speech on that matter. The occasion presented itself at the National Conference on the Education and Rehabilitation of Handicapped Children, in New York City (Dunton, 1934a).

\[Walks to the podium to give the speech\]

Let us begin with a definition of the term "handicap" that we might all agree to. I suggest anything that frustrates us from what we want to do... Aside from sleeping, our waking hours are mostly made up of doing something or making something. We prepare our bodies for the day’s work. We fix and eat a meal. We occupy much of our time with work, usually doing something someone else tells us to do, for the benefit of still someone else. Then we indulge ourselves in something we want to do for ourselves. We call that recreation or a leisure pursuit. If for a mental or physical reason we cannot do something or make something, then we are handicapped.

One of my favorite prescriptions is to start with hobbies, those activities the individual selects for personal benefit. One friend, a psychiatrist, says that hobbies are those crazy things we do to keep from going crazy. The better hobbies of mentally or physically handicapped people should have some manual exercise connected with them. When properly applied by a professionally trained person, this need for manual movements secures better concentration. Progressively enlarged attention to the activity at hand, whether related to one's hobby, or later applied to one's work, is an important requisite for improving or overcoming a handicap.

Neither occupational therapists nor physical therapists should feel they possess certain parts of the body. Any right-minded physician recognizes that overlapping of services is unavoidable. He must make decisions about who will do what by selecting that agent that can do the best. Offer the best. In other words, let us see that our minds are not logic-tight, but let each group give the best cooperation possible, no matter whose may be the glory. (Dunton, 1934a, pp. 176-178).

\[Walks away from the podium\]

I thought that might help in the trouble between physical therapy and occupational therapy. Not so. I invited a physician of budding renown in rehabilitation to write an article for Occupational Therapy and Rehabilitation on the relationship of physical therapy to occupational therapy. He defined physical therapy as treatment by physical means and occupational therapy as treatment by certain physical means. He boldly stated that occupational therapy was really a highly specialized branch of physical therapy, which I considered to be a backhanded compliment. He suggested the two be combined (Krusen, 1934). I seriously considered rejecting his paper, yet I realized this was not the time to be a shrinking violet.

Three months later, I had the opportunity to rebut his remarks. It came in an invitational address to the annual session of the American Congress of Physical Therapy. I confess I was a bit nervous, facing a sea of incredulous listeners. Some were visibly annoyed with me. After I said all the usual utterances about being pleased to be invited to state the case of occupational therapy, I told a bit about the evolution of our practice, of how we came out of the treatment of mental illness and how physical therapy came out of the treatment of physical handicaps. I always have to go back a ways and bring everyone up to date (Dunton, 1935).

\[Walks to podium to give speech\]

It has been found that when a patient is given some form of work to do which exercises weakened muscles, their normal functioning powers are restored more quickly than when he is given gymnastic exercises which lack interest that is attached to a meaningful activity. Walking and hiking are more beneficial than riding a stationary contraption.

This matter of interest and attention is crucial to the rehabilitative patient. The attention is riveted on what the patient is doing or making, and less on the disease process, which is terribly slow. We might alternate or change activities occasionally, to prevent fatigue and to induce restlessness. I believe our greatest value to the rehabilitative patient is to provide mild stimulation, to promote muscle tone, blood circulation, increase metabolism, and at the same time enlarge the patient's areas of interest and increase his attention span. (p. 19)

Near the end of my speech, I wanted to be conciliatory and yet not appear defensive. After all, I wanted to leave the session breathing and alive.

I firmly believe that occupational therapy cannot be anyone's adopted child. It must not be combined with your practice or anyone else's. To limit occupational therapy in this way is somewhat misleading because it is the associated emotional reactions of pleasure and interest which have the greatest value in so many cases, physical and mental. (p. 21)

\[Walks away from podium\]

My most recent encounter with physical therapists came about a year ago. As some of you may know, I am becoming a bit hard of hearing. I usually hear what I want to hear and ignore the rest. A young friend of mine invited me to attend a joint meeting of occupational therapists and physical therapists. The subject was how to stay out of legal trouble with what both do. And if any of us get into trouble, what we should do to get out of trouble. That sounded interesting. We were late getting to the meeting at Johns Hopkins Hospital and wound up taking a door into the auditorium that led us right to the front row. We sat down, even though the meeting was in progress. I did not hear everything that was being said and I got bored. I pulled out my favorite pipe, lit up, and watched the smoke slowly curl upward. The session went on and on and on. They should have quit sometime back. Finally, I leaned over to my young friend and said in a stage whisper: "Bob, how long is this damned orgy going to last?" Everyone heard what I said and the meeting came to an abrupt end, in laughter. I have not been invited back.

\[Moves to the desk and picks up another file\]

I have gotten delayed in my packing because I cannot resist looking into all these folders. I came across this diary I kept for several years and I discovered something very interesting, to me anyway. Ten years ago, 1914, was...
probably the most important year for occupational therapy so far in this century. There were three of us residing in Baltimore at the same time. Eleanor Clarke Slagle and Dr. Adolph Meyer were associated with the Henry Phipps Clinic at Johns Hopkins Hospital, and I was a physician here at Sheppard and Enoch Pratt Hospital. I also had an appointment at the Phipps Clinic as a dispensary physician, and this gave me outstanding opportunities to spend considerable time with Mrs. Slagle and Dr. Meyer. Events were beginning to take significant shape so that a new point of departure for occupational therapy was upon us, though, at the time, we did not know it.

Of course, the term occupational therapy had not yet come into common or popular usage. Informally, we called it occupational therapy, and those who performed it were occupational workers. In 1914, Mrs. Slagle left Baltimore to return to Chicago and Hull House to eventually begin a formal training program in occupational therapy. She had spent 2 years here founding the occupations program at the newly opened Phipps Clinic, under the direction of Dr. Meyer. She left here with a new lease on life, wanting to dedicate the rest of her working years to the occupational treatment of mentally ill people.

Eleanor is a special friend to my wife, Edna, and me. She allows us to call her by her birth name, Ella May. The only other person who has that privilege is her brother, John, a representative in the U.S. Congress. She changed her name because she feels Eleanor is more dignified. I like to kid her about her attractive, elegant demeanor. I once told her that the only way she would let someone serve her frog’s legs would be if they are crossed.

[Crosses his legs and smiles]

Dr. Meyer is a warm, wonderful human being. He is also brilliant, and I stand in awe of him. He developed the commonsense approach to psychiatry. He once told me that common sense is the sixth sense given us to keep the other five from making fools of themselves—and us.

Some while ago, I was attending one of Dr. Meyer’s teaching rounds and a young resident was saying that a patient did not want to go to occupational therapy. The resident agreed with the patient that it was a waste of time. He asked Dr. Meyer why she had to be encouraged to go. Very quietly, but forcefully, Meyer responded that participatory activities were the key to her recovery. Her life problems are in the interaction between herself and life’s situations. We should be getting her to negotiate her problems herself, he was mainly interested in the hospital as a “re-education institution.” By that he meant that the hospitals were discharging disabled patients often unfit to return home or to work. He thought the patient should be reeducated for life before leaving the hospital.

Barton got to work and contacted four women; two were nurses and two were connected with academic institutions. I detected that local groups of workers were interested in getting together and I wrote Barton that local chapters might become associated with the proposed “central bureau.” I invited Barton’s group to come to Sheppard–Pratt for the first meeting. I got a hot letter, post haste. He accused me of meddling and said that if I persisted he would withdraw and not attend my meeting. I wrote back and did everything I could to smooth his feathers. Barton calmed down.

A whole year went by before I heard from him again. In the meantime, he had held some kind of meeting in New York City. He wrote saying he was disappointed I did not hear from him for 10 months so I wrote to him again, suggesting that he take the lead in organizing a “central bureau for occupational workers.” Mr. Barton agreed, but wanted to first call a conference of interested people. He proposed a title for an organization: “Society for the Promotion of Occupation for Re-Education.” Because he had some physical problems himself, he was mainly interested in the hospital as a “re-education institution.” By that he meant that the hospitals were discharging disabled patients often unfit to return home or to work. He thought the patient should be reeducated for life before leaving the hospital.

[Pauses]

In 1914, I gained a pen pal of sorts by the name of George Edward Barton.3 In 3 years of almost constant correspondence, he, Mrs. Slagle, and I helped create what we originally called the National Society for the Promotion of Occupational Therapy. I would like to tell you how all that came about. That year was certainly a new point of departure.

[Picks up a thick file folder and leaves through it; moves things off one of the chairs and sits down]

Mr. Barton and I were quite different in temperament, background, and professional interests. He was an architect by trade and owned and operated the newly established Consolation House in Clifton Springs, New York, which he called a “school-workshop and vocational bureau for convalescents,” as his letterhead announced. I had never heard of the man until his first letter, dated November 14, 1914, arrived. He had seen copies of the Maryland Psychiatric Quarterly, which I was editing at the time. I had inserted some articles on hospital occupations and Mr. Barton expressed interest in raising “hospital occupations out of the place of amusements.” He wanted to convene a small group of workers in invalid occupations sometime in the spring of 1915.

I immediately responded and told him I would be pleased to help in any way I could. I did not hear from him for 10 months so I wrote to him again, suggesting that he take the lead in organizing a “central bureau for occupational workers.” Mr. Barton agreed, but wanted to first call a conference of interested people. He proposed a title for an organization: “Society for the Promotion of Occupation for Re-Education.” Because he had some physical problems himself, he was mainly interested in the hospital as a “re-education institution.” By that he meant that the hospitals were discharging disabled patients often unfit to return home or to work. He thought the patient should be reeducated for life before leaving the hospital.

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3The correspondence between Barron, Dunton, and Slagle can be found in the AOTA archives, Truman G. Blocker, Jr., History of Medicine Collection, Moody Medical Library, The University of Texas Medical Branch, Galveston, Texas 77550-2597.
wrote back and declared that most of what was taking place in institutions was "craft work for economic reasons," which was only partially true. He said he was not interested in an arts-and-crafts society and recommended a further delay.

I immediately wrote back and begged for no more delays. I also urged that the national committee or organization make paramount the therapeutic application of work. We could do a great deal for the education of the workers, all of whom were untrained at the time. I recommended a five-member executive committee, possibly including Susan Tracy, an occupational nurse in Massachusetts, and Eleanor Clarke Slagle, who was by then the director of the Henry B. Favill School of Occupations located on the grounds of Hull House in Chicago under the sponsorship of the Illinois Society for Mental Hygiene. I also suggested Dr. Herbert Hall, who was doing many wonderful things with neurasthenic patients in Massachusetts. This last suggestion upset Barton.

He wrote back right away and accused Dr. Hall of not knowing very much about the therapeutics of occupation; he said that he was mainly interested in amusements for rich neurasthenic patients. That was not true, but I felt it was more important to press for the committee than for individuals who might be invited to attend.

In that same letter, dated December 9, 1916, George (by this time we were on a first-name basis, even though we had yet to meet) took me to task about my use of the term occupation worker. I had agreed to his recommendation that my term occupation therapy should be changed to the adjectival form, occupational therapy. But I was not yet ready to call these people therapists. That was a term solely used by psychiatrists. George said that occupation worker "means nothing—does not even suggest the hospital to the casual reader. We cannot lose a single opportunity to rub in the word 'therapeutics.'"

About 10 days later I got another letter from him in which he recommended the title for the organization: National Society for the Promotion of Occupational Therapy. This was a revision from the "Occupation for Re-education" he had suggested 13 months earlier. I agreed wholeheartedly.

After some juggling of dates, we established March 15 to 17, 1917, for the organizational meeting and the incorporation of the Society. George wanted to call it the "First Consolation House Conference," to commemorate the third anniversary of his institution, which opened in 1914. Meanwhile, I had been keeping Eleanor Slagle informed about all that was going on. I did not let Barton know this; after all, you don't have to tell everything you know. Mrs. Slagle wrote me that she was bringing a pair of boxing gloves to the meeting, since she was certain she and George would get into some kind of combat.

The "Big Five," as George liked to call us, met at his establishment in Clifton Springs. Susan Tracy, the occupational nurse now living in Chicago, was not able to attend because of her duties at Presbyterian Hospital, so George invited a Canadian, Thomas Kidner. Since Kidner was the Vocational Secretary in the Military Hospital Commission of Canada, George felt his presence would be quite a feather in our collective hat. Along with Barton as host and Kidner, there were Eleanor Slagle, Susan Cox Johnson, originally an arts-and-crafts teacher who was then director of occupations in the New York City Department of Public Charities; and me. George's secretary, Isabel Newton, was invited to attend in that capacity.

[Gets up from the chair and goes to the podium]

On the morning of the first day, we had an icebreaker, in which we all got acquainted, since no one in the group had met all of the other four. That afternoon, George delivered a lengthy address on "Inoculation of the Bacillus of Work" (Barton, 1917). He was fond of indulging in mind-altering analogies and metaphors of medicine. He drew parallels between the physician's diagnosis and his own "occupational" diagnosis, derived from what he called his version of "psycho-analysis," his way of probing latent interests. He declared that occupations are to be used three different ways. The first method, "applications of superficial stimulations," are much like salves, lotions, analgesics. When those are not sufficient, then you use "hypodermics," which are occupations "to get inside into the blood, or into the muscle itself." The last way was rather drastic "lumbar punctures," occupations to "go right in through the backbone of the patient, in order to find out what the real trouble is, or how to relieve abnormal tension" (p. 400). That speech took up the entire afternoon session.

[Moves away from podium]

The evening of the first day we spent discussing incorporation of the National Society and drawing up the papers. The next day we had protracted sessions to discuss the proposed constitution, which George and I had drawn up in advance. We also elected officers. Barton was elected President, a position he nominated himself for some weeks prior to the meeting. Eleanor Clarke Slagle was elected Vice-President, Isabel Newton was Secretary, and I became Treasurer.

The last day, March 17, was given over to informal reports from each participant on his or her work and a field trip to the Clifton Springs Sanitarium's industrial department. Mr. Kidner spoke on efforts in Canada on the reeducation of the war-wounded in Europe. This was very important to us because in just 3 weeks, on April 6, the United States declared war on Germany. Barton gave another presentation, this one on the therapeutic values of drawing and modeling. I gave a brief history of occupational therapy (Dunton, 1917). I always got stuck with that job.

We agreed before adjourning that the major purpose
of the new Society was "to provide information and assistance to all who are desirous of teaching work or who are interested in it." A few months later, I amplified the purpose this way: "To bring together all those who are interested in occupational therapy, in order that they might have opportunities to exchange views and that we might extend information." The organizational meeting adjourned with the understanding that the first annual meeting should take place within the foreseeable future. The next 6 months proved critical.

[Pauses, takes out his pocket watch and looks at it]

If you are not in too great a hurry, I would like to tell you about those 6 months. The first few weeks, the correspondence flew between George, Eleanor, and me. We congratulated ourselves profusely about what we had accomplished, almost to the point of fracturing our arms as we patted our own backs. George, ever the publicist, worked on getting the various papers given at the meeting into print. They appeared in the June issue of the Modern Hospital journal. I concentrated on getting things printed, such as letterhead, various cards, and the Constitution. We selected green paper, since it is symbolic of health.

Eleanor set about planning the first annual meeting, scheduled, according to the new Constitution, for September. Where to hold it started the trouble. George felt we were all moving too fast and wanted the meeting delayed several months, probably up to a year. Eleanor and I disagreed. We wanted to get as many members signed up as possible and we thought a jam-packed program would attract many new members. You see, George was more in favor of the Society being a small, coordinating group and Eleanor and I believed it should be open to all those who were occupation workers. Besides, the Constitution said when, but not where, the annual meeting was to be held.

George gave in, but he insisted we return to Clifton Springs. Food and lodging would cost only $2.50 per day. The price was fine, but there would not be enough space for all those we hoped would attend. Eleanor polled the Board and we agreed to meet in New York City on Labor Day, September 3. George was annoyed, to say the least.

Within a few days, I received a letter from him saying he would not stand for reelection as President. He felt he had accomplished his goal, to get the Society started, and he wanted me to take over as President. Two days later he sent notices to the Board members announcing the New York City meeting. Then he dropped a bomb: He would not be attending. His exact words were, "The Society already has cost me a good deal of money and, to be perfectly frank, I have not the price." George also told us not to send any more bills to him for approval, because he felt we were living beyond our means. As Treasurer, I knew there was some truth to that. Annual dues were only $2, and sustaining members paid $10. At one point we had less than $1 in the treasury.

To further complicate matters, 2 weeks later, George announced to the Board, by letter, that Isabel Newton would no longer be the Society's Secretary, since we could not compensate her. He wanted us to appoint her Librarian, because we all were sending printed materials on occupational therapy to Consolation House, primarily as a reference library. In that same letter, he withdrew Consolation House as the Society's headquarters.

All of us on the Board were somewhat dazed and dumbfounded by all of this, but we were determined the Society would survive these blows and grow. Eleanor, with great encouragement from all of us, planned the Labor Day meeting, including a $1.50 dinner meal. She presided in magnificent style, even though she worried about "getting tangled in parliamentary procedure," as she put it. I was elected President, as George wished. He remained a member and served on a committee or two, but never attended another meeting of the Society.

[Takes out the pocket watch and looks at it]

Well, I see my time for this visit with you is well over. Thank you for coming to visit us. I hope you have enjoyed your brief stay.

[Begin to turn away, then faces the audience]

It occurs to me, as I have been relating all these stories, that the past rests in here (pointing to his heart) and the future resides up here (pointing to his head). That is curious. I need to think about that. Well, goodbye.

[Slowly walks off stage]

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