Hospital education.

Patience Monteith Sanderson

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HOSPITAL EDUCATION

SANDERSON - 1948
HOSPITAL EDUCATION

BY

PATIENCE MONTEITH SANDERSON

A problem submitted in partial fulfillment of the requirements for the Master of Science Degree

University of Massachusetts

1947
TABLE OF CONTENTS
# TABLE OF CONTENTS

**TABLE OF CONTENTS**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>TABLE OF CONTENTS</td>
<td>III</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>VIII</td>
</tr>
<tr>
<td><strong>CHAPTER I — THE INTRODUCTION.</strong></td>
<td>1</td>
</tr>
<tr>
<td>(1) Phases of Rehabilitation and Their Values</td>
<td>1</td>
</tr>
<tr>
<td>(2) Background of Rehabilitation in Hospitals</td>
<td>2</td>
</tr>
<tr>
<td>(3) Lack of Central Source of Historical Information</td>
<td>2</td>
</tr>
<tr>
<td>(4) Historical Background of Occupational Therapy in General</td>
<td>3</td>
</tr>
<tr>
<td>(5) Significance of the Growing Practice of Academic Teaching in Hospitals</td>
<td>4</td>
</tr>
<tr>
<td>(6) Reasons for Making the Study</td>
<td>5</td>
</tr>
<tr>
<td><strong>CHAPTER II — SPECIFIC PURPOSES OF THE STUDY AND TECHNIQUES EMPLOYED IN OBTAINING INFORMATION.</strong></td>
<td>7</td>
</tr>
<tr>
<td>(1) Purposes of the Study</td>
<td>7</td>
</tr>
<tr>
<td>(2) Techniques of Obtaining Information on Education in Hospitals</td>
<td>7</td>
</tr>
<tr>
<td><strong>CHAPTER III — EDUCATION FOR HOSPITALIZED PATIENTS IN THE ARMY.</strong></td>
<td>10</td>
</tr>
<tr>
<td>(1) Use of Education by Service Hospitals</td>
<td>10</td>
</tr>
<tr>
<td>(2) Army Program of Educational Reconditioning</td>
<td>10</td>
</tr>
<tr>
<td>(3) Phases of Reconditioning</td>
<td>11</td>
</tr>
<tr>
<td>(4) Phases of Educational Reconditioning</td>
<td>11</td>
</tr>
<tr>
<td>(5) Patient-interest</td>
<td>13</td>
</tr>
<tr>
<td>(6) Dynamic Nature of the Reconditioning Program</td>
<td>14</td>
</tr>
<tr>
<td>(7) Instructional Aids in Educational Reconditioning</td>
<td>15</td>
</tr>
</tbody>
</table>
CHAPTER IV — TRENDS IN CURRENT HOSPITAL EDUCATION AS EVIDENCED BY QUESTIONNAIRE RETURNS

(1) Preparation for Survey of Hospital Education.

(2) Types of Hospitals Included in the Questionnaire.

(3) Classification of Hospitals Contacted by Control.

(4) Form of the Questionnaire.

(5) General Comments Concerning the Questionnaire Returns.

(6) Returns from Questionnaire.

(7) Varying Interpretations of Questionnaire.

(8) Answers to Question One of the Questionnaire.

(9) Answers to Question Two.

(10) Questions Three and Four.

(11) Teacher Support and Supply.

(12) Work of State Departments of Education in Hospital Education.

(13) Responses to Question Five on the Questionnaire.

(14) Additional Information Gleaned from the Questionnaire.

CHAPTER V — EDUCATION IN TUBERCULOSIS HOSPITALS

(1) The General Nature of Tuberculosis and the Characteristics of Its Treatment.

(2) Need for Occupational and Educational Therapy Among Tuberculous Patients.

(3) Principles upon Which Hospital Education for the Tuberculous Should be Based.

(4) Types and Needs of Education Included in the Therapeutic Program.
(5) History of the Use of Educational Therapy in Tuberculosis Hospitals
(6) Educational Programs in Tuberculosis Hospitals Contacted in Questionnaire-Survey
(7) Hospital Instruction in Veterans Administration Hospitals
(8) The Educational Program at the VA Hospital at Rutland Heights, Massachusetts

CHAPTER VI -- EDUCATION IN MENTAL HOSPITALS
(1) General Characteristics of Mental Disease
(2) Effective Use of Education in Mental Hospitals
(3) Early Use of Educational Therapy in Mental Hospitals
(4) Current Educational Trends in Mental Hospitals Contacted in Survey
(5) The Educational Program at the VA Hospital at Leeds, Massachusetts

CHAPTER VII -- EDUCATION IN CHILDREN'S ORTHOPEDIC HOSPITALS
(1) Characteristics of the Hospitalized Child
(2) Value in Hospital Education for the Handicapped Child
(3) The Need for Education for All Hospitalized Children
(4) Use of Hospital Instruction in Institutions Treating Orthopedic and Other Type Patients of School-age
(5) Growing Practice of Establishment of Hospital Schools
(6) Education in Children's Orthopedic Hospitals as Evidenced in Questionnaire Results
(7) The Educational Program at the Newington Home for Crippled Children, Newington, Connecticut
# Value in Hospital Instruction

1. General Values in Hospital Education

2. Value to Hospital Instruction as Evidenced by Returns from Questionnaire

# Conclusions for the Future in Hospital Education from Study of Present Practices

1. Needs in the Field of Hospital Education

2. Conclusions

# Bibliography
LIST OF TABLES
LIST OF TABLES

TABLE I - Classification of Hospitals by Treatment Type Contacted by Questionnaire............. 21

TABLE II - Comparison of Hospitals Contacted and Hospitals Answering Questionnaire by General Classifications......................... 25

TABLE III - Comparison by Types of Total Number of Hospitals Answering Questionnaire to Number and Percentage of Hospitals Answering Affirmatively to Question "Do You Furnish Instruction to Patients?"..................... 28

TABLE IV - Growth of Hospital Education by Decades from Answers to Question "In What Year was the Instruction Instituted?"............ 30

TABLE V - Comparison of Hospitals by Type, Showing the Total Number Offering Instruction to Patients, the Number Having Paid Instructors, the Number Having Volunteer Instructors and the Mean Number of Each... 32

TABLE VI - Total Number of Hospitals Offering Subjects Listed on Questionnaire............... 38

TABLE VII - Daily Teaching Schedule in the Program of Educational Retraining at Rutland Heights Veterans Hospital for Tuberculosis........................................ 56

TABLE VIII - Consensus of Hospital Opinion Concerning the Value in an Educational Program for Patients.............................................. 90
THE INTRODUCTION
Chapter I
Introduction

A child recuperating from an illness which has kept him out of school realizes the need for education when he asks that his books and papers be brought home to him. A mother or nurse who gives a convalescent youngster pictures to color or paper for cut-outs has seen the value of such a project for her small patient. These are commonplace methods of educational therapy frequently observed and easily understood. But the concept of education as a regular part of the therapeutic program for hospitalized patients is a phase of education generally unknown to the layman and unfamiliar to the educator.¹

(1) Phases of rehabilitation and their values -- The process of rehabilitation, it has been found by medical authorities, is a process involving more than physical recovery of the patient.² Recovery involves factors of mind and morale as well. And for these factors means of treatment other than medical have been developed in hos-

(1) Lasky, Albert, "Introducing the Rehabilitation Director". Reprinted from article printed in the Modern Hospital (July 1945) p. 5
pitals. Physical therapy, through exercise, works toward improving physical tone; occupational therapy educates and re-educates the weakened body and through arts and crafts offers a practical means of diversion; vocational training serves as motivation and preparation for post-hospital work. The success of all these phases of therapy and rehabilitation in practice have shown that mental and spiritual recovery is as essential to convalescence as is the recovery of the body. Moreover, the stimulation of the mind through such activities has in many cases hastened the patient's return to good health and to normal living.

(2) Background of rehabilitation in hospitals -- The practice of education has been recognized by hospitals for many years. Forms of rehabilitation have been practiced unofficially within the programs of numerous institutions. But it has not been until this century that the phases of this work have been labelled and given a recognized part in the hospital. Newest of these phases is the study of academic subjects by patients. It is primarily to the study of academic education in hospitals that this paper will be devoted.

(3) Lack of central source of historical information -- Various kinds of educational therapy have been in practice for years in certain hospitals. Consequently, one might gather that there would be a wealth of information concerning the history of this branch of special education. Many historical facts can be gleaned from studying those books
which discuss educational therapy in any of its phases, it is true. But there seems to be no one central source of information dealing with the actual beginnings of educational programs in hospitals. Why is this so? Educational and occupational therapy are old in practice. But as far as receiving recognition in the hospital therapeutic program is concerned, they are quite new.

(4) Historical background of occupational therapy in general — "Occupational therapy is the oldest known method of treatment for the woes of mankind.....the best neutralizer that history records. Coming into play when no other forms of cure were known, it now works hand in hand with the other therapies for the same purpose — the prolonging or, at least, the saving of life." These are the words of Dr. E. M. Bluestone, Director of the Montefiore Hospital for Chronic Diseases in New York. These words are significant historically. For it is important, in studying the various forms of occupational therapy, — diversional, vocational or academic — that one realize that the principles upon which directed mental and physical activities in hospitals are based are not new.

Generally speaking, then, occupational therapy is of ancient origin. More specifically, however, occupational therapy as a field of hospital therapy has come into its own since World War I. "Its achievement of the status of an independent specialty belongs to our own time." 

Detailed research into the history of the uses of educational therapy in tuberculosis, mental and children's (particularly children's orthopedic) hospitals would make three excellent individual studies. Centralizing of data would in itself be worthwhile. This report, as stated before, aims at presenting a broad survey of the practices in the three types of hospitals. The historical references will perforce be limited.

(5) Significance of the growing practice of academic teaching in hospitals -- It is important to note that this new phase of education in hospitals is growing in acceptance and that more and more hospitals are making use of the teaching of regular school subjects in their programs. This fact is significant to the entire field of education, inasmuch as it presents for consideration to teachers and educators a new aspect of their profession.

(4) Leaky, A. and Hamilton, K., Introduction to "The Importance of Rehabilitational Therapy" (Published in large part in the April and May 1942 issues of the Modern Hospital.)

(5) Bluestone, op cit, p. 222
Here is a vital type of education that teaches subject-matter and at the same time hastens recovery of the hospital patient, adult or child, by making his convalescent life full and purposefully interesting.

(6) Reasons for making the study — The author has undertaken to make a study which will include the background of educational therapy in hospitals, an evaluation of the current practices in this type of special education and a consideration of the implications for the future in this phase of education. Emphasis in the study will be placed upon the use of academic teaching in hospital education.

It is the author's hope that such a study may enlighten those laymen and educators who are not cognizant of this phase of education and may thereby enlist their services in the further development of this worthwhile program.
SPECIFIC PURPOSES OF THE STUDY AND
TECHNIQUES EMPLOYED IN OBTAINING
INFORMATION
Chapter II
Specific Purposes of the Study and Techniques Employed in Obtaining Information

(1) Purposes of the study -- The broad generalizations concerning this study of education in hospitals have been stated in the preceding chapter. The more specific purposes of the problem may be stated in the following manner:

a. To give an over-all picture of education in tuberculosis, mental and children's orthopedic hospitals through a study of practices in the past and in the present. (These hospitals were chosen as representing a cross-section of the types of hospitals treating long-term illness for adults and children).

b. To note future implications for education in hospitals from an evaluation of the study made.

(2) Techniques of obtaining information on education in hospitals -- The means by which information for this study was gathered may be classified under five general headings.

a. Research through reading of certain articles and books dealing with various sorts of therapy as employed in tuberculosis, mental and orthopedic hospitals.

b. Personal visits to one hospital of the tuberculosis, mental and orthopedic types mentioned.
(1) Veterans Administration Hospital at Leeds, Massachusetts - Mental.

(2) Veterans Administration Hospital at Rutland Heights, Massachusetts - Tuberculosis.

(3) Newington Home for Crippled Children at Newington, Connecticut - Children's Orthopedic.

c. Consultation with authorities at the hospitals visited and with the Director of the Veterans Administration hospitals in New England in charge of Rehabilitation.

d. Investigation by means of a questionnaire check-list sent out to five hundred (500) hospitals of the types mentioned in the United States, Puerto Rico and the Territory of Hawaii. (Some questionnaires were sent to hospitals of other classifications in order that a broader picture be obtained. The questionnaire will be discussed in detail in Chapter IV.)

e. Correspondence with hospital authorities and with other agencies involved in hospital education.
EDUCATION FOR HOSPITALIZED PATIENTS IN THE ARMY
Chapter III

Education for Hospitalized Patients in the Army

(1) Use of education by service hospitals -- Although education for patients in hospitals is not a new thing, its practice has not been widely recognized in extrahospital circles. Since the later years of World War II, however, the general public has become better informed concerning hospital education in having its attention called to the extensive use of this form of education with patients in the Armed Services.

(2) Army program of educational reconditioning -- The War Department early became aware that caring for the physical needs of its wounded and incapacitated veterans was not enough. The Navy and Army, therefore, set up in the hospitals special educational programs for their patients. In the Army this program was called "educational reconditioning". With the introduction of this program of therapy the Army started considering its hospitals as schools and universities as well. Its prime purpose was conservation of manpower. If educational therapy aided in the recovery of a soldier-patient, the sooner he would be ready to return to duty. If, on the other hand, the soldier was disqualified by reason of physical disability and could not return to duty, he could be prepared, by reconditioning, to return to civilian life.

Phases of reconditioning -- In the total program there were three phases: physical reconditioning, occupational therapy and educational reconditioning. The occupational therapy was that phase which dealt with the specific ailment or injury for which the patient had been hospitalized and which sought, by means of exercise, to make the injured member regain the greatest possible efficiency. Physical reconditioning had as its aim keeping the entire body of the patient as fit as possible by means of exercise and organized athletic activities. Educational reconditioning was that "process of exciting, stimulating and activating the minds of convalescent patients through education, orientation and information, thereby encouraging mental attitudes conducive to health and normal activity."\(^2\)

Phases of educational reconditioning -- The Army realized that several factors had a direct bearing on the soldier-patient's state of mind while hospitalized. First there was his anxiety concerning the injury or illness which caused his hospitalization.\(^3\) Homesickness, fear of the future, family problems intensified the anxiety.


(3) TM 8-290, p. 7
Therefore, the importance of educational reconditioning for the preservation of high morale was essential. Without doubt these disturbing anxieties in the mind of a patient could slow up his rate of recovery and in some cases lengthen his stay in the hospital.

In order that his worries be lessened, the soldier's personal problems were given immediate attention. This phase of reconditioning was called "Personal Adjustment." Personal Affairs Officer, Red Cross personnel, Chaplain, Ward Officers cooperated in setting the patient's mind at ease by means of advice and help in financial and family matters, by acquainting him with the hospital procedures and by generally boosting his morale.

The second reconditioning phase was a continuous process by which the patient kept in touch with current events and the progress of the war. This was called Orientation and Information.

The third phase was that of Counseling and Classification. By means of tests and screening the groundwork was laid for a return of the soldier to duty or to work in civilian life.

The phase with which this paper chiefly is concerned is that of Education. Of necessity, military education was included here. And also such other education as was desired by the patients. Regular academic classes were set up in some hospitals where groups of soldiers studied
arithmetic, English, science, history, art, and languages. Individual instruction was given in music, lessons in piano and in other instruments. In some places those particularly interested organized a patient band or orchestra. For those patients interested in the industrial arts, shop activities were offered. Such practical courses as blueprint reading were taught. Other mechanical classes were given in cooperation with local industrial and trade associations. Educational offerings of this sort were of a pre-vocational nature and not considered as vocational rehabilitation. But they did offer to the patient an introduction to various trades. The project work involved also presented a valuable means of diversion.

(5) Patient-interest — The educational program invariably sprang from patient interest and schedules of classes and instruction were set up accordingly within the hospital day. An over-all check of interests of soldier-patients showed certain interest trends. Under the "academic" heading the eight subjects which held the greatest appeal in descending order were typing, arithmetic, Spanish, music, bookkeeping, algebra, English, shorthand. Physics, French, chemistry, history, biology, drama, Italian and geography followed down the list. Vocational interest trends were as follows in descending order: machine operations, welding, radio repair, photog-

(4) TM 8-290, p. 19
raphy, agriculture, carpentry, mechanical drawing and blueprinting were top eight with varying percentages of interest. Plastics, broadcasting, freehand drawing, journalism, animal husbandry, printing and painting followed down the interest scale.

(6) Dynamic nature of the reconditioning program — Of necessity the program in education was a dynamic one. Change in personnel among the patients and even among staff made this so. Also the program was dependent upon teaching facilities and trained instructors. A special school was set up at Lexington, Virginia to train officers and enlisted personnel for the program of educational reconditioning. Red Cross volunteers, paid civilian personnel, and volunteer teachers from areas around the hospital supplemented the teaching staff at each hospital.

The patient's health, of course, was the prime concern while he was hospitalized. This fact made the program far more elastic than the set schedule and set classroom arrangement found in the regular school. Patients were classified medically according to the degree of their convalescence. This classification geared the educational reconditioning program.

A Class Four patient was confined to his bed. Naturally whatever instruction he was able to undertake had to be given to him as individual bedside teaching.

Class Three patients who were partially or totally ambulatory were better able to attend regular scheduled
classes or, in some cases, to assist in the instruction of bed patients.

The degree to which patients were physically capable of instruction increased till they were in Classes Two and One whence they returned to duty as soldiers or to civilian life. When patients had reached these later stages of convalescence it was possible, at those hospitals where local conditions provided, for them to go on tours to points of interest or to local shops and industrial plants. Certain patients even attended local schools in order that they might complete high school training interrupted by the war, or to advance their educational standing with further academic study. This same effective method of rehabilitation was used in Navy hospitals.5

(7) Instructional aids in educational reconditioning

-- The Army was fortunate inasmuch as it was materially able to provide well for patients within hospitals. The best of equipment was given by the Army itself and this was supplemented by contributions from the Red Cross or from private agencies. Visual aids were used in this part of Army training as they had been used so successfully in other branches of Army training. Films—news, educational and diversional—were used extensively. By

means of projectors which flashed photographic images on the ceilings of wards even such patients as paraplegics were able to be instructed and entertained. Libraries administered by the Red Cross were open for all ambulatory patients for study and relaxation. Educational books not found in these libraries were supplied by USAFI.

It is important to mention this extremely functional organization, not only in relation to reading material but also in relation to course offerings. The United States Armed Forces Institute, working in conjunction with the University of Wisconsin, enabled all soldiers, including patient-soldiers, to study myriad subjects ranging from basic English to advanced radio mechanics and agriculture by means of correspondence courses. One hundred and seventy-five standard correspondence courses on elementary, high school and college levels are included in the USAFI repertoire of subjects. This service was of extreme value in the program of hospital instruction, for it made possible the studying of many courses which could not be locally provided.

(8) Value to the Army's educational reconditioning program — The therapeutic value to educational reconditioning as it functioned in the Army can hardly be overrated. From personal observation the author can tell of its specific worth in citing as an example a Radio Workshop in an Army hospital in Massachusetts. This was a
group activity, organized by the officer in charge of reconditioning. After the group was gathered, however, it became straight patient-activity. Scripts for the hospital broadcasting station were written by patients. Scripts were produced with casts made up entirely of patients. As an educative project and a diversional one as well, for actors and listeners, it was a huge success and certainly one good example of the effectiveness of the educational reconditioning program as it functioned throughout Army hospitals.
TRENDS IN CURRENT HOSPITAL EDUCATION
AS EVIDENCED BY QUESTIONNAIRE RETURNS
Chapter IV

Trends in Current Hospital Education as Evidenced by Questionnaire Returns

(1) Preparation for survey of hospital education --
The next step in the study of education for hospitalized patients was to ascertain to what extent it was being practiced in this country at the present time. And how to obtain information relative to hospital educational practice was the next question and a question vital to a survey study of this sort. Several facts were desired, facts essential for general information, also facts pertinent to the future of this service to patients.

Visits to more than a few of the hospitals in New England were impossible. So a questionnaire was devised to be sent to a large number of hospitals throughout the United States, Puerto Rico and Hawaii. The questionnaire was to be set up on a postal card. It became obvious, therefore, that only the most significant questions could be asked -- only those relating directly to the study.

(2) Types of hospitals included in the questionnaire -- The fact-finding, it was decided, would be confined to three general types of hospitals. Tuberculosis, mental and children's orthopedic classifications seemed to cover the major fields of long-term hospitalization. Obviously, no extensive program of education would be practicable in those hospitals treating acute disease which calls for short periods of hospitalization.
Five hundred hospitals were selected with the categories mentioned above in mind. Each of these three categories was, in turn, made up of different types of hospital. The tuberculosis class included adult, children's isolation and general tuberculosis. The mental class was comprised of mental, nervous and mental, epileptic and general mental. The orthopedic group was planned to include adult and general orthopedic as well as children's orthopedic.

A fourth category was called "Miscellaneous" and included general, children's, and children's cardiac hospitals. These hospitals would by means of their answers to the questionnaire give some idea of educational practices in other than the main types to be studied and present, consequently, a broader picture of education in hospitals. Table I below gives the classifications of the hospitals contacted in the questionnaire by treatment type.
TABLE I

Classification of Hospitals by Treatment Type Contacted by Questionnaire

<table>
<thead>
<tr>
<th>Types of Hospitals by Treatment</th>
<th>Number of Hospitals to Which Questionnaire Was Forwarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td>222</td>
</tr>
<tr>
<td>General Tuberculosis</td>
<td>20</td>
</tr>
<tr>
<td>Children's Tuberculosis</td>
<td>3</td>
</tr>
<tr>
<td>Isolation Tuberculosis</td>
<td>1</td>
</tr>
<tr>
<td>Mental</td>
<td>168</td>
</tr>
<tr>
<td>Nervous and Mental</td>
<td>4</td>
</tr>
<tr>
<td>Epileptic</td>
<td>5</td>
</tr>
<tr>
<td>General Mental</td>
<td>1</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>13</td>
</tr>
<tr>
<td>Children's Orthopedic</td>
<td>35</td>
</tr>
<tr>
<td>General Orthopedic</td>
<td>1</td>
</tr>
<tr>
<td>Children's</td>
<td>17</td>
</tr>
<tr>
<td>Children's Cardiac</td>
<td>3</td>
</tr>
<tr>
<td>General</td>
<td>6</td>
</tr>
<tr>
<td>Unclassified</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>500</strong></td>
</tr>
</tbody>
</table>
To each of the five hundred institutions a letter of transmittal together with the questionnaire was forwarded. The letter served as an introduction for the questionnaire postal and was addressed to the medical director of each hospital. (See Appendix)

(3) Classification of hospitals contacted by control

In classifying the hospitals contacted by ownership or control they were divided into three sections according to the listing given in the American Medical Association Journal, April 1947. The first division was headed "Governmental" which included those hospitals under Federal, Territorial, City, County, City-county control. Also in this group were included United States Public Health Service and Indian Affairs facilities which are Federal agencies.

Those hospitals listed as "Nonprofit" are supported by means of church and nonprofit associations' philanthropies (i.e. Shriners, American Legion.)

"Proprietary" designates those institutions which are owned individually, in partnership or in corporation.

Of the hospitals included in the survey 76% were of the Governmental type; 22% were Nonprofit; 2% Proprietary.

(4) **Form of the questionnaire** -- Every effort was made to simplify the job of answering the questionnaire. The postal card was addressed for return. The questions called for a single-word response, a "Yes", a "No", or merely a check mark. In spite of its brevity, it was felt that the questionnaire covered the salient points for the study. The questionnaire took the following form:

| 1. Do you furnish instruction to patients? | Yes | No |
| 2. In what year was instruction instituted? |  |
| 3. Do you have paid instructors? | Yes | No |
| If so, how many? |  |
| 4. Do you have volunteer instructors? | Yes | No |
| If so, how many? |  |
| 5. Do you have the following types of instruction: |  |
| Business? | Language? | Fine Arts? |
| Typing | English | Music |
| Shorthand | French | Art |
| Accounting | Spanish |  |
| Mathematics? | Social Studies? | Vocational? |
| 6. Do you believe that education has a place in the rehabilitation of a hospital patient? | Yes | No |

(5) **General comments concerning the questionnaire returns** -- It is important to note again here the fact that the classifications mentioned on the questionnaire-study include a variety of types. Consequently, the following list is included to repeat and emphasize how classifications are designated. The reader should understand that when a class is named, that class will be treated collectively and will include all the varying types of
hospitals within the class. Hospitals were divided into four classes in order that a broad view of educational practices might be taken.

<table>
<thead>
<tr>
<th>Class</th>
<th>Subclasses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td>(Tuberculosis)</td>
</tr>
<tr>
<td></td>
<td>(Children's tuberculosis)</td>
</tr>
<tr>
<td></td>
<td>(General tuberculosis)</td>
</tr>
<tr>
<td>Mental</td>
<td>(Mental)</td>
</tr>
<tr>
<td></td>
<td>(Epileptic)</td>
</tr>
<tr>
<td></td>
<td>(Nervous and mental)</td>
</tr>
<tr>
<td></td>
<td>(General mental)</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>(Children's orthopedic)</td>
</tr>
<tr>
<td></td>
<td>(Orthopedic)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>(Children's)</td>
</tr>
<tr>
<td></td>
<td>(Children's cardiac)</td>
</tr>
<tr>
<td></td>
<td>(General)</td>
</tr>
</tbody>
</table>

The classifications should be remembered in studying the statistics which follow in this chapter.

(6) Returns from questionnaire — According to the general classifications as defined, one hundred seventy-one of two hundred forty-six tuberculosis hospitals replied; one hundred and nine of one hundred seventy-eight mental hospitals; thirty-one of forty-nine orthopedic hospitals; and eleven of twenty-seven miscellaneous hospitals. The total number of answers received was three hundred twenty-two. This is shown in Table II below.
TABLE II
Comparison of Hospitals Contacted and Hospitals Answering Questionnaire by General Classifications

<table>
<thead>
<tr>
<th>Classification</th>
<th>Number of Hospitals Contacted by Questionnaire</th>
<th>Number of Hospitals Answering Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td>246</td>
<td>171</td>
</tr>
<tr>
<td>Mental</td>
<td>178</td>
<td>109</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>49</td>
<td>31</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>27</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>500</td>
<td>322</td>
</tr>
</tbody>
</table>

(7) Varying interpretations of questionnaire — In replying to the questionnaire, many hospitals expanded answers to the queries and included informative comments. The interpretation of hospital instruction varied from one installation to another. In some cases instruction was taken to mean occupational therapy alone; in others, instruction in occupational therapy and straight academic teaching were separated. In still others only academic instruction was considered. This variation in interpretation made the classification and enumeration of results more involved than was expected. But the relation to occupational therapy as instruction and academic teaching is extremely significant. Certain hospitals have combined the two types of education. Inasmuch as these same hospitals are restricted in personnel, occupational therapists have taken over the job of academic teaching.
The following quotation from a letter received from the Boston School of Occupational Therapy verifies this fact: "It is true that in some hospitals the occupational therapists are handling all of the therapeutic activities, including educational courses. We have, as perhaps you know, what we call an Advanced Course, covering a two-year program which is open only to college graduates, or those presenting accredited professional training such as nursing, physical education, social service, etc., and many of these young ladies already have their teaching certificates."

Demand, in hospitals, for academic instruction as well as for occupational therapy has made this necessary. Shortage of personnel has made it essential that an occupational therapist be prepared to be a school teacher.

In the questionnaire results, as mentioned, certain hospitals specified where occupational therapy was used in relation to education. In the tuberculosis class there were four, three of whom named besides correspondence courses, rehabilitation and a regular teacher as supplementary parts to the educational program.

In the mental class seventeen noted the use of occupational therapy only as instruction. Three had the services of teachers as well. One in the children's orthopedic group noted the instruction as occupational therapy.

The assumption can be made, the author feels, that the hospitals which did not comment specifically had
only straight occupational therapy instruction; (2) occupational therapy and academic instruction as well but interpreted the questionnaire differently as to "instruction" and did not break down their answers in detail.

(3) **Answers to question one of the questionnaire** --

The first question to be asked on the questionnaire was, "Do you furnish instruction to patients?" The query was worded in this way for several reasons. It was felt that this was a more specific inquiry than one which asked only if "education" were supplied to the patient. Asking specifically about "academic instruction" would have caused hospitals to reply in the negative in those institutions where instruction of all sorts is furnished in the name of occupational therapy.

To Question One two hundred twenty-two of the total three hundred twenty-two hospitals replying to the questionnaire answered "Yes". Breaking this down into reply by class, one hundred nineteen out of one hundred seventy-one tuberculosis answered affirmatively. In the mental class, sixty-four out of one hundred nine replied in the affirmative; in the orthopedic, twenty-nine out of thirty-one; in the miscellaneous, ten out of eleven. These results and the percentage of return can be seen in Table III.
TABLE III

Comparison by Types of Total Number of Hospitals Answering Questionnaire to Number and Percentage of Hospitals Answering Affirmatively to Question "Do You Furnish Instruction to Patients?"

<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td>171</td>
<td>119</td>
<td>70%</td>
</tr>
<tr>
<td>Mental</td>
<td>109</td>
<td>64</td>
<td>59%</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>31</td>
<td>29</td>
<td>94%</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>11</td>
<td>10</td>
<td>91%</td>
</tr>
<tr>
<td>Total</td>
<td>322</td>
<td>222</td>
<td>69%</td>
</tr>
</tbody>
</table>

Of those hospitals replying in the negative, some qualified their responses by explaining that no instruction was offered because of shortages of funds or personnel.

(9) Answers to question two -- The second question dealt with the age of the program in each hospital consulted. By means of this question it was hoped to conclude something of the trends in the past, present and future of educational therapy for patients in representative hospitals. The question read "In what year was instruction instituted?" Dates given ranged from 1869 up until the spring of 1947.

Dividing the response into ten year periods, it was noted that seven hospitals had established instruction for patients before 1900. From 1900 till 1910, five were established; 1910 to 1920, twelve. Starting in the 1920's the tendency for establishing instructional programs in
hospitals markedly increased with thirty-one started from 1920 to 1930. From 1930 to 1940, fifty-three were started. And in the current decade already fifty-five have been introduced.

From these figures one may conclude that instruction as therapy is increasing in popular practice. Significant, too, are the years that include the period of World War II. In 1940 twelve hospitals began to use instruction in their programs. But in 1941 only six; in 1942, five; in 1943 only one hospital began such a program. The demand for occupational therapists and for other personnel in those years made it necessary for some hospitals to discontinue whatever program of instruction they were carrying on and made it impossible for other hospitals interested to begin such a venture.

In 1944, however, the numbers starting an instructional program once more showed an increase with the number six. 1945, 1946, and the first months of 1947 record as follows: twelve, eighteen and seven.

The results to Question Two may be seen in Table IV.
### TABLE IV

Growth of Hospital Education by Decades from Answers to Question "In What Year was the Instruction Instituted?"

<table>
<thead>
<tr>
<th>Decade</th>
<th>Number Starting Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>1869-1900</td>
<td>7</td>
</tr>
<tr>
<td>1901-1910</td>
<td>5</td>
</tr>
<tr>
<td>1911-1920</td>
<td>12</td>
</tr>
<tr>
<td>1921-1930</td>
<td>31</td>
</tr>
<tr>
<td>1931-1940</td>
<td>53</td>
</tr>
<tr>
<td>1941-1947</td>
<td>55</td>
</tr>
</tbody>
</table>

Questions three and four — The next two questions dealt with teaching personnel. Question Three asked, "Do you have paid instructors? If so, how many?" Question Four asked the same about volunteer teachers. Such an interrogation, it seemed, would clarify two points in the initial query; first, whether teaching personnel was hired specifically for academic education; second, how extensive the educational program was in the light of the numbers of teachers engaged in the educational work.

Once again the matter of occupational therapists as teachers of academic as well as physically therapeutic or diversional subjects needed to be considered in the interpreting of the returns to these questions.
Figures taken from all the hospitals responding showed that one hundred ninety-six hospitals had paid instructors and that the total number of these paid instructors was seven hundred eighteen. Sub-dividing results by class, it was noted that one hundred one tuberculosis hospitals had paid teachers, two hundred sixty-nine in number. Fifty-eight mental hospitals had paid instruction, three hundred eighteen teachers. In the orthopedic group, twenty-seven had paid instruction, one hundred sixteen teachers. Under the "Miscellaneous" heading ten hospitals had paid instruction, fifteen teachers.

Question Four which pertained to volunteer instruction was considered particularly significant in the light of education in those hospitals where lack of funds and personnel limited the program of paid instruction.

A total of sixty-one hospitals were found to use volunteer instruction, with a total of one hundred forty-six volunteer teachers. Thirty-eight tuberculosis hospitals had volunteer instruction, with fifty-six teachers; ten mental, with forty-one teachers; eleven orthopedic, with forty-five teachers; two miscellaneous, with four teachers.

A summary of the facts gleaned from the questionnaire concerning paid and volunteer instruction and the mean number of teachers of each type can be seen in Table V.
## TABLE V

Comparison of Hospitals by Type, Showing the Total Number Offering Instruction to Patients, the Number Having Paid Instructors, the Number Having Volunteer Instructors and the Mean Number of Each

<table>
<thead>
<tr>
<th>Hospital Type</th>
<th>Number of Hospitals Offering Instruction to Patients</th>
<th>Number Having Paid Instructors</th>
<th>Number Having Volunteer Instructors</th>
<th>Number of Paid Instructors</th>
<th>Number of Volunteer Instructors</th>
<th>Mean Number of Paid Instructors</th>
<th>Mean Number of Volunteer Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td>119</td>
<td>101</td>
<td>33</td>
<td>269</td>
<td>56</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Mental</td>
<td>64</td>
<td>58</td>
<td>10</td>
<td>318</td>
<td>41</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>29</td>
<td>27</td>
<td>11</td>
<td>116</td>
<td>45</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>10</td>
<td>10</td>
<td>2</td>
<td>15</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>222</strong></td>
<td><strong>196</strong></td>
<td><strong>61</strong></td>
<td><strong>718</strong></td>
<td><strong>146</strong></td>
<td><strong>4</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>
(11) **Teacher support and supply** — In checking on whether the teachers who carried on the program of educational therapy were paid or were volunteer, it was found that certain hospitals offered specific facts regarding teacher-support and procurement:

Fifteen hospitals stated that their teachers were supported by town or city; five of these were tuberculosis, one mental, two orthopedic, seven children's orthopedic.

County support of teachers was listed in the case of three tuberculosis hospitals. The State Board of Education supplied teachers to six of the tuberculosis hospitals, one mental, one orthopedic. The state's rehabilitation service sent a teacher to one general hospital. Volunteer teachers were obtained locally or through volunteer agencies.

Important in the light of patient-interest in a program of hospital instruction was the fact that in three tuberculosis hospitals, instruction was furnished by patients to other patients.

This may indicate that those institutions lacked the necessary personnel. More important, it would seem, is the fact that patient-interest in the program of education offered at these hospitals was sufficient to encourage patients who were physically able and, perhaps, academically trained, to help themselves and the program by helping others.

The use of state correspondence courses as a means of supplementing the educational work done in hospitals came to
light when eight tuberculosis hospitals and one mental indicated their use.

The limitation in a program of instruction already under way or the lack of such a program may be explained in some cases by the fact noted on certain returns: inability to procure personnel, occupational therapists and teachers (noted by four hospitals); lack of funds (noted by one hospital).

(12) Work of state departments of education in hospital education — So many hospitals answering the questionnaire mentioned the State Department of Education as a cooperating agency in hospital education work, that a consideration of this phase is worthy of note here.

Correspondence with the Division of University Extension, Massachusetts Department of Education, brought to light the law in that state concerning the use of free correspondence courses by patients and former patients of county and state hospitals and sanatoria. The Commonwealth of Massachusetts, not only provides for the study of correspondence courses while a patient at one of its hospitals is hospitalized, but continues its support of courses begun while the patient was hospitalized after discharge. This work is done in cooperation with various institutions of learning and is supervised by the department. "It may, in accordance with rules and regulations established by it, grant to students satisfactorily completing such courses suitable certificates." (Chapter 561,
Amendment to Section 7 of Chapter 69 of the General Laws, July 30, 1941.

The Director of the Division of Vocational Rehabilitation in the Massachusetts Department of Education, answering a request for information in re hospital education explained, "Under the law we are not permitted to conduct classes for handicapped persons but are required to plan an individual program in each case." (Reference here is to non-hospitalized cases with whom the department is working.) The director went on to say that the program concerning handicapped persons has been broadened since 1943 and that since that time this division is "encouraged to work with patients in hospitals during their convalescence". This includes certain tuberculosis patients who have reached an arrested stage and other patients at the School for Crippled Children in Canton, Massachusetts. Because this department stresses vocational rehabilitation, however, the age of sixteen is the youngest age considered since this is employable age in the state of Massachusetts. Cases accepted at other sanatoria are enrolled in correspondence courses offered by the Division of University Extension mentioned above. Quoting again from the Director of Rehabilitation's letter, "If we have five or six patients enrolled in the same subject, we then find a tutor for part-time work, usually two visits a week, whose duty it is to assist in the preparation of the correspondence lessons." Study is carried on more intensively when the patient has returned to his home, usually in some school.
Under the heading "What Type of Training is Given and Where" the work mentioned done by the Division of Vocational Rehabilitation is stated in one of the Department's bulletins. **Correspondence Training**—Instruction may be given through correspondence courses. They are used occasionally during convalescence and in preparation for more intensive vocational training. **Tutorial Training**—Occasionally it may be found desirable to provide a tutor; for example, as a supplement to a correspondence....²

A letter received from the District Supervisor of Vocational Rehabilitation of the State Board of Control for Vocational Education answered specifically questions as to the practices in one state mental hospital in Michigan. At the time the letter was received the State Department was providing classes in typing, stenography and general office work under the direction of a trained business teacher. This instructor worked for an hourly stipend per student and gave individual instruction which allowed for expansion of the class at any time.

Quoting directly from the letter, "Basically the instruction is tutorial in nature which is quite essential because personalities are as variant as diagnoses. We have

²Vocational Rehabilitation for Persons Injured in Industry and Otherwise, Bulletin of the Massachusetts Department of Education, No. 3 - Whole No. 366, (1946) p. 4
a number of in-patients who are taking correspondence work and these are furnished tutors to supplement the published study material, if necessary. We also had some clients attending adult classes at the local high school this past winter. Quotations from officials of the two state departments, Massachusetts and Michigan, would seem to show the State Department of Education as an active agency in the work of hospital education.

(13) Responses to question five on the questionnaire—The next question asked directly what subjects were offered in those institutions which had some program of education. These questions were sub-divided according to class with "Business" including Typing, Accounting, and Shorthand; "Language" including English, French, Spanish; "Fine Arts" including Music and Art. Under the headings "Language" and "Fine Arts" the word "other" was included in order that those hospitals offering other courses might add them to the list prescribed. The last three subject headings were "Mathematics," "Social Studies" and "Vocational".

The six divisions mentioned on the postal questionnaire seemed to cover the major subject fields and seemed to be sufficient for eliciting the information desired. The hospitals responding that offered each subject will be listed according to the subject heading given above.

In the "Business" category ninety-three hospitals had classes in typing; seventy-four in Shorthand; fifty-four in Accounting. Under the "Language" heading, one hundred nine
hospitals recorded themselves as giving instruction in English; thirty-three in French; thirty-seven in Spanish; twenty-three, Other. Under "Fine Arts" sixty-nine offered courses in Music; eighty-two in Art; one, Other. There were one hundred five hospitals giving courses in Mathematics; eighty-six in Social Studies; one hundred seventeen in Vocational.

| TABLE VI |
|---|---|
| Total Number of Hospitals Offering Subjects Listed on Questionnaire | |

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Number of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Business</strong></td>
<td></td>
</tr>
<tr>
<td>Typing</td>
<td>93</td>
</tr>
<tr>
<td>Shorthand</td>
<td>34</td>
</tr>
<tr>
<td>Accounting</td>
<td>54</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>109</td>
</tr>
<tr>
<td>French</td>
<td>33</td>
</tr>
<tr>
<td>Spanish</td>
<td>37</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
</tr>
<tr>
<td><strong>Fine Arts</strong></td>
<td></td>
</tr>
<tr>
<td>Music</td>
<td>69</td>
</tr>
<tr>
<td>Art</td>
<td>82</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td><strong>Mathematics</strong></td>
<td>105</td>
</tr>
<tr>
<td><strong>Social Studies</strong></td>
<td>86</td>
</tr>
<tr>
<td><strong>Vocational</strong></td>
<td>117</td>
</tr>
</tbody>
</table>
Some generalizations can be made at this point concerning the type of instruction that predominated at each of the four classifications of hospitals. Tuberculosis hospitals listed classes in all the categories of business instruction and language instruction in numbers far greater than those of the mental, orthopedic or miscellaneous hospitals. For example, sixty-seven tuberculosis hospitals mentioned typing as contrasted with eleven of the mental hospitals, fourteen of the orthopedic, one of the miscellaneous. Another example is in the case of the study of English—seventy-nine tuberculosis institutions included English, whereas only five mental, twenty-one orthopedic, and four miscellaneous included the same in their offerings to patients in education. (The larger number of orthopedic hospitals teaching English on the latter three classes can be accounted for by the fact that many of the children's orthopedic hospitals teach the regular course of study for grammar and secondary school in their classes.) It would seem, then, that academic studies were most adaptable to the patients of tuberculosis hospitals, next to the patients at orthopedic hospitals and less appropriate for mental patients.

In the mental hospitals the balance swings the other way, with a greater number of these institutions offering to their patients courses in music and art, the therapeutic value of these subjects being self-evident. The vocational
subjects again predominated in the tuberculosis group where such studies were used as vocational training as well as in the form of therapy.

The size of the postal questionnaire precluded lengthy listings, but certain hospitals added marginal comments in which they named other subjects taught in their institutions. Other hospitals sent letters in which they included the subject information. Some of these subjects listed as additional overlap with those mentioned on the questionnaire, some apply to the designation "Other" as it appeared on the postal, others are entirely different. The following lists show these subjects divided into several headings. Under "Practical" come diversional, semi-vocational and vocational courses which have been labelled as "Crafts", "Handwork", "Practical Arts" and "Vocational Arts". Academic subjects are grouped as "Business", "Social Studies", "Language" and "General".
<table>
<thead>
<tr>
<th>Practical Arts</th>
<th>Academic Arts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts and Crafts</td>
<td>Business</td>
</tr>
<tr>
<td>Ceramics</td>
<td>Bookkeeping</td>
</tr>
<tr>
<td>Leatherwork</td>
<td>Business Arithmetic</td>
</tr>
<tr>
<td>Woodworking</td>
<td>Business English</td>
</tr>
<tr>
<td>Handwork</td>
<td>Social Studies</td>
</tr>
<tr>
<td>Crocheting</td>
<td>Civics</td>
</tr>
<tr>
<td>Knitting</td>
<td>History (American &amp; World)</td>
</tr>
<tr>
<td>Needlework</td>
<td>Sociology</td>
</tr>
<tr>
<td>Embroidery</td>
<td>Language</td>
</tr>
<tr>
<td>Quilting</td>
<td>German</td>
</tr>
<tr>
<td>Vegetable Preparation</td>
<td>Latin</td>
</tr>
<tr>
<td></td>
<td>Norwegian</td>
</tr>
<tr>
<td></td>
<td>General</td>
</tr>
<tr>
<td></td>
<td>Guidance</td>
</tr>
<tr>
<td></td>
<td>Health</td>
</tr>
<tr>
<td></td>
<td>Science</td>
</tr>
</tbody>
</table>

The majority of those subjects named in the foregoing list were in practice in one, perhaps two, hospitals in the program of instruction. Certain of the subjects, however, bear special mention because of the larger number of hospitals using them in their courses of study. Seven hospitals listed Arts and Crafts separately, three listed bookkeeping, three German and eight listed the teaching of Latin.
Additional information gleaned from the questionnaire

The final question on the postal will be treated in a later chapter in this study (Chapter VIII). There the consensus concerning the value to a program of hospital instruction will be discussed. But to conclude this section a few general remarks are made in relation to the questionnaire.

The postal reply was all that had been expected. But seventeen of the hospitals contacted did not feel that the postal was adequate and sent letters which included valuable information. Six of these were tuberculosis hospitals, nine were mental, two orthopedic. Five hospitals commented on the lack of educational programs. One hospital, just prior to receipt of the questionnaire, had begun a program, two requested information as to means of obtaining personnel much needed.

The very real need for education among hospitalized children is evidenced in certain returns. Of those hospitals replying to the questions relating to education, twenty noted the use of regular school programs — programs which included the basic academic subjects as found in grammar and secondary schools. Of the twenty, one was a tuberculosis hospital, four were mental; the fifteen remaining were institutions devoted to the orthopedic treatment of children.
Worthy of especial note was the enthusiastic report of an apparently very effective program of hospital instruction. Five regular teachers taught courses in English Literature, English Composition, Shakespeare, French literature, Analytical Geometry, Economics, Business Management, Accounting, Principles of Management to tuberculosis patients. In the light of patient-interest and patient-age the following paragraph from the letter is included: "We have found that there are a number of people well beyond the high school age who are anxious to complete their high school work, therefore, our teachers teach all people who desire the instruction up to the age of thirty years. Last year there were eighty-eight patients who took this instruction, and a total of one hundred ninety-eight high school credits were earned. Five patients were given high school diplomas."
EDUCATION IN TUBERCULOSIS HOSPITALS
Chapter V

Education in Tuberculosis Hospitals

(1) The general nature of tuberculosis and the characteristics of its treatment -- Tuberculosis is a communicable disease commonly observed with fear and dread both by those who have become infected with it and by those who are afraid of becoming infected. Wholesale fear of this sort usually stems from ignorance. Yet such a primitive ignorance may greatly affect the morale of the hospitalized patient and may even serve as a deterrent to normal recovery from tuberculosis.¹

The very nature of the disease frequently makes a patient recovered from tuberculosis unsuited for the type of work in which he was employed prior to his hospitalization. This fact also serves to lower morale, for such a tuberculosis patient loses standing in his own estimation and in the estimation of others because of his inability to continue making a living in the same way that he did previously.²

The treatment for tuberculosis is simple and its utter simplicity "arouses incredulity and rebellion in many (patient) minds."³

(1) Hudson, H. and Fish, M. Occupational Therapy in the Treatment of the Tuberculous Patient, pp. 73-82

(2) Ibid., p. 79

(3) Ibid., p. 27
Another source of rebellion, of boredom and of irritation on the part of the tuberculosis patient is the fact that the treatment often runs into months and years.  

(2) **Need for occupational and educational therapy among tuberculous patients** — Occupational therapy can be of great value in combatting the attitudes that commonly exist among patients hospitalized with tuberculosis. The rebellious attitude resulting from the length of hospital stay and the type of treatment often causes patients to leave the hospital against medical advice. "One responsibility," therefore, "of occupational therapy is...in cooperation with the hospital staff, to help reduce to the minimum voluntary discharges against medical advice."  

Hudson and Fish in their volume entitled "Occupational Therapy in the Treatment of the Tuberculous Patient" include academic education as a part of occupational therapy and as a very important part. There is a real need for academic education in tuberculosis hospitals. Lack of education among tuberculous patients is, in some cases, an occupational handicap. More than that, deficiencies in education rate next to the diagnosis of tuberculosis as a source of anxiety and depression among the tuberculous. Analyses to determine the educational mean

(4) Ibid., p. 70  
(5) Ibid., p. 71  
(6) Ibid., p. 127
of patients made by the National Tuberculosis Association in the early 1930's showed no specific figure as to mean, but did point out that "further educational opportunity was a prime need among many tuberculous patients." The continuation of similar analyses in the last decade served to show that when factors that tend to lower the level of educational attainment are removed, the average patient in a tuberculosis hospital has gone as far as the third year in high school. Factors which lower this level are the proportion of old chronic cases, patients who come from the country, the foreign-born group and migrants from underprivileged areas.

(3) **Principles upon which hospital education for the tuberculous should be based** — In hospitals treating older tuberculosis patients then, principles of adult education must be applied. Self-education with study voluntary is the essence of adult education. Successful guidance and instruction in such teaching can best be carried on by trained occupational therapists or teachers who have been indoctrinated into the principles of hospital regime and understand the nature of the disease for treatment of which their


(8) *Loc cit*

patient-pupils have been hospitalized. Instruction must be not only individualized to patient-need, but also made as interesting as possible.

(4) Types and needs of education included in the therapeutic program — Hudson and Fish draw no line between recreation, education and therapy. And they list in their book the uses of recreational academic and vocational training each as a regular part of the therapeutic program.

Certainly there is a place for every type of education in hospitals for the tuberculous and a growing need for occupational therapists and teachers to fill these places in special education. The cooperation of medical staff and occupational therapists, community agencies and educators will answer this need.

(5) History of the use of educational therapy in tuberculosis hospitals — One of the first hospitals to employ instruction for patients was the Sea Breeze Hospital for tuberculous children established at Coney Island on November 9, 1904. This instructional program was designated as an annex of P.S. 100 in Brooklyn. A kindergarten was added in the following year. By 1920 instruction for tuberculous children in New York had been organized to such

(10) Ibid., p. 126
(11) Ibid., p. 130
(12) The Education of Children with Tuberculosis, Board of Education of the City of New York, 1941. p. 1
an extent as to include three types of classes—day camp classes; home hospital classes, which were annexes of the public schools in the City of New York; and hospital outdoor classes.  

(6) Educational programs in tuberculosis hospitals contacted in questionnaire-survey—Conclusions concerning education in tuberculosis hospitals have already been made in Chapter IV, but they bear repetition in this chapter which deals with the tuberculosis hospital.

Of the five hundred hospitals contacted, two hundred forty-six were tuberculosis hospitals. Of this number one hundred seventy-one replied to the questionnaire. One hundred nineteen hospitals in the tuberculosis category offered instruction to patients—seventy per cent of all those replying.

A total of two hundred sixty-nine teachers were employed by those hospitals offering instruction (one hundred one answered that they employed teachers). Thirty-eight tuberculosis hospitals had volunteer instruction with a total of fifty-six teachers. From the figures above the mean number of teachers paid and volunteer was computed and was found to be three for paid teachers, two for volunteers.

Taking a broad view from the listings of subjects taught in the different types of hospitals contacted, it

(13) Ibid., pp. 2-5
would appear that tuberculosis hospitals tended more towards academic teaching than the other types. All types of business instruction were offered by tuberculosis hospitals and a comprehensive list of other courses such as English, Mathematics, Languages, social studies and the fine arts.

A more complete picture of education as practiced in the hospitals questioned may be seen in Chapter IV.

(7) Hospital instruction in Veterans Administration hospitals — In Chapter III the use of instruction in Army hospitals was discussed. Practices in hospital instruction in the veterans facilities resemble these in many respects. But before proceeding to a discussion of the educational program at the veterans hospital at Rutland, Massachusetts, procedures for hospital education as set down by VA directives will be presented to give the reader something of a background of the policies of these institutions in respect to the teaching of patients.

According to VA Circular 131 which sets up the general policies and procedures of educational courses to be offered to hospitalized beneficiaries of the VA, these beneficiaries "will be provided with materials for educational retraining ... These courses will be offered for their therapeutic value as a part of medical rehabilitation, on prescription of the appropriate medical authority ..."\(^{(14)}\) Two sources

\(^{(14)}\) VA Circular 131, Veterans Administration (May 29, 1946) Section V, p. 2
are provided for courses: United States Armed Forces Institute at Madison, Wisconsin and "correspondence courses from Universities, Colleges and schools under contract."\(^{15}\)

The responsibilities of the staff engaged in teaching at VA hospitals are varied. First of all, staff members are directed to inform patients of the courses available in educational retraining and to advise them as to the taking of such courses in view of the estimated length of hospital stay. Next the staff-members must obtain approval for educational retraining for patients from the appropriate medical officer. Once the preliminaries are cared for, the staff members must provide the patient with course materials, furnish individual or group instruction, confer with the patient periodically concerning progress, and, at the end of the course, administer the necessary tests.\(^{16}\)

Though the VA is not authorized to grant academic credit towards a high school diploma for successfully-completed USAFI courses, credit can be granted by accredited secondary schools.\(^{17}\) Such correspondence as is necessary for accreditation can be carried on by the retraining staff. Certificates for the successful completion of courses, however, (Certificates of Training) can be granted by the staff.\(^{18}\)

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\(^{(15)}\) Ibid, p. 3  
\(^{(16)}\) loc cit  
\(^{(17)}\) Ibid, p. 5  
\(^{(18)}\) Ibid, p. 6
"Educational Retraining" the term applied by the VA to the program of instruction carried on for patients at its hospitals is defined as follows in directive from the New England Rehabilitation Headquarters: "...that form of Medical Rehabilitation which utilizes educational courses as therapy to stimulate, motivate and activate the minds of patients through activities designed to raise their educational level, develop occupational skills and promote new interests, thereby accelerating the patient's return to useful normal living." 19

Coming to the more specific aims of the teaching of tuberculous patients which is the matter being discussed in this chapter, the directive from the Office of the Director of Rehabilitation of the New England VA Hospitals, has listed several objectives. Some of these are significant particularly in the light of tuberculosis therapy and apply as much to patients in other tuberculosis hospitals as they do to veterans in VA hospitals. "What Educational Retraining Can Do For Tuberculosis Patients" is the heading. Extremely applicable seem to be the subheading suggestions condensed as follows: (a) Provide an

(19) "Planning and Organizing an Educational Retraining Program for Hospitalized Veterans," MR 13
(Published by New England VA Office of Rehabilitation) p. 1
activity incentive to remain in the hospital until complete recovery has been achieved; (b) Offer, even during bed rest, activities which can be used for advancing of educational objectives after recovery; (c) Cultivate new skills by means of academic and technical courses — skills which can be applied to new forms of work after recovery; (d) Prevent the lethargy and resultant deterioration common during periods of enforced inactivity by providing mental stimuli; (e) Provide mental activity for ambulatory patients with a minimum of work tolerance. With an understanding of the policies of Educational Retraining in all VA hospitals and specific objectives of the VA hospitals for the treatment of tuberculosis in mind, the reader can better approach the following consideration of the Veterans Administration Hospital for tuberculous veterans at Rutland Heights, Massachusetts.

(6) The educational program at the VA Hospital at Rutland Heights, Massachusetts — The VA hospital is located high on a hill in the outskirts of Rutland in central Massachusetts. Its size by bed-capacity is about four hundred eighty. All patients at this facility are being treated for tuberculosis, which treatment keeps the patient hospitalized for a minimum average of one year. Sixty

(20) Ibid, p. 4
per cent of the patients at the Rutland VA Hospital are veterans of World War II. Average age of these patients is twenty-two to twenty-three years.

The program of educational retraining at Rutland Heights Hospital has been functioning for about two years, as a regular part of the rehabilitation program since the spring of 1946.

The staff is comprised of three teachers and the administrator who acts as coordinator and general director of the educational program. The staff members are regular paid teachers, Civil Service employees. An increase in staff is being planned to include volunteer teachers. Liaison in the procurement of such volunteers is the Red Cross.

To the program of Educational Retraining at Rutland have been allotted two pleasant rooms in the basement of one of the buildings of the plant. One of these rooms is a regular classroom equipped with typewriters and desks. The other room is reserved for administrative purposes and serves also as a library for the education manuals used in the teaching of USAFI courses and for other texts and materials necessary for teaching. Plus the area noted there are, of course, shops which are used by patients in doing occupational therapy or shop retraining work. Shop courses are actually included in
phases of rehabilitation other than that of educational retraining.

Those patients taught in the classroom are ambulatory patients, but by far the greater amount of instruction carried on in the education program is ward teaching. This is estimated at ninety per cent and includes individual bedside teaching, and the teaching of small groups. Classes for ambulatory patients as large as fifteen in number are taught in typing, but other classes are much smaller in size. Courses offered are of the type prescribed by VA Circular 131 -- USAFI correspondence and extension courses from various universities, and state correspondence courses provided by the State Department of Education.

Courses taught at Rutland include typing at different levels of instruction, History, English, Mathematics, Shorthand and Bookkeeping.

All patients are informed of the academic courses offered at Rutland by means of a mimeographed list made available to them, which also tells them where educational information may be obtained.

Textbooks are those mentioned before, for the most part regular textbook material put out for USAFI in paper covers.

A schedule showing the teaching hours is shown in Table VII.
TABLE VII
Daily Teaching Schedule in the Program of Educational Retraining at Rutland Heights Veterans Hospital for Tuberculosis

<table>
<thead>
<tr>
<th>Time</th>
<th>Work</th>
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<tr>
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</tbody>
</table>

8:30-9:00: English Wards A1, A2
9:00-9:30: General Courses Ward A-2
9:30-10:00: General Courses A-1
10:00-10:30: Work in Shorthand Wards
10:30-11:00: General Course English Ward C-1
11:00-11:30: Typewriting in Classroom
11:30-12:00: Work in Classroom
12:00-12:30: General Ward B-2
12:30-1:00: General Ward B-1
1:00-3:00: English Ward B-1
3:00-3:30: General Ward C-H
3:30-4:00: Ward C-H

The teaching staff conforms to a regular daily schedule which is limited to some extent by the fact that a rest hour in the morning plus one in the afternoon from one o'clock to three is required of all patients.
EDUCATION IN MENTAL HOSPITALS
Chapter VI

Education in Mental Hospitals

(1) General characteristics of mental disease — The characteristics of mental disease make the uses of education with patients in a mental hospital a somewhat different matter than education in hospitals treating physical disease only. Mental illness, fundamentally a disturbance in the patient's way of life, is usually characterized by a dominance of emotional reactions - elation, depression, affective indifference, suspiciousness, unwholesome attitudes and often childish emotional reactions.¹ "Not all of these unpleasant and destructive characteristics are evident in each patient, and the same characteristics are seen on the medical and surgical wards; but in the person who is mentally ill these characteristics are more marked, more fixed."² The behavior of patients in extreme degrees of psychoneuroses or psychoses would seem to preclude the use of such a therapeutic device as academic instruction. But this is not true.

(2) Effective use of education in mental hospitals — Discussion of the early uses of educational therapy in mental hospitals in a previous chapter shows that instruction

(1) Render, H. Nurse-Patient Relationships in Psychiatry, p. 2

(2) loc cit
for mental patients has been for a long time an effective tool. In his text, The Treatment of the Insane Without Mechanical Restraints, Dr. Conolly mentions the attitude of patients towards instruction in writing "They take particular pleasure in this acquirement, and exhibit their copy-books with much satisfaction." The very nature of academic teaching serves in many cases (in the words of Dr. Conolly) as a "solace." Instruction affords activity which helps to bring the patient back to a normal way of living.

Mental patients lack drive, goals, desires, purpose. For that reason it is necessary to get the patient to do something. The necessity for purposeful activity in such patients can be developed into an educational project. With this in mind some hospitals have instituted definite programs which include academic teaching. Other hospitals have provided for this sort of project by bringing in outside speakers or people who have special

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(3) Conolly, J. The Treatment of the Insane Without Mechanical Restraints, p. 248-252
(4) loc cit
(5) Render, op cit, p. 94
(6) Ibid, p. 246
hobbies of interest. Even the members of the hospital staff can offer much along this line. Indeed, in some cases, even the patients. 7

As observed from the results of the questionnaire carried on in this study, the use of straight academic teaching is not as prevalent in mental hospitals as it was found to be in the tuberculosis and orthopedic hospitals contacted. But its general practice seemed to be growing. The use of the teaching of practical arts and vocational subjects, the use of art and music, however, seem to be accepted and quite extensive in mental hospitals.

Lack of personnel and funds is a major drawback in the furthering of such therapeutic programs as have been found to be effective in mental hospitals. Where it is possible to provide an adequate staff rehabilitational practices have been very successful. In a hospital such as the Brooklyn State Hospital where physical therapy and occupational therapy are used with mental patients, such a program has proved effective. At that hospital, occupational therapy, entertainment and physical exercise are a regular part of the patient's daily routine. 8

(7) loc cit
(8) Stern, E. "He Brings Them Hope," This Week (April 6, 1947), pp. 4, 5, 26
With the further introduction of measures of this sort plus an instructional program, mental hospitals will undoubtedly lighten the load of treatment and be working towards speedier rehabilitation for some of their patients.

(3) Early use of educational therapy in mental hospitals -- The historical study of hospital education of any one of the three types discussed generally here would be a worthwhile project. But particularly interesting would be the study of the use of this therapeutic device in hospitals for the insane. The average assumption of the layman might well be that the nature of mental disease would preclude education as a means of therapy.

But this is not true in fact or in practice. And, according to records, hospitals for the insane were the first to make use of formal education in their programs.

Up until the early and middle parts of the nineteenth century "the first principle in the treatment of lunatics was laid down to be fear, and the best means of producing fear was said to be punishment, and the best mode of punishment was defined to be stripes". But such leaders in psychiatric medicine as Dr. John Conolly, the English physician, did much toward changing this.

Along with encouraging the improvement of physical conditions of the asylums and discouraging the use of restraints and punishments for mental patients, Dr. Conolly advocated physical exercise and vocational and academic training for such patients.

In his book entitled *The Treatment of the Insane without Mechanical Restraints*, published in 1856, Dr. Conolly describes with enthusiasm the improvements found in the newer mental hospitals in England of that period. These were constructed to include workrooms and workshops and even supplied games and books for the patients.

Within this period a change in the attitude toward the treatment of the mental defective and an advance in the uses of education as therapy can be observed.

"Some of the county asylums," writes Dr. Conolly, "comprehend schools for the younger patients, and even for the older who wish to learn to read and write, and draw; or to whom geography and an acquaintance with some parts of natural history afford pleasure."  

In Dr. Conolly's Fifth Report written in 1843, part of the same text quoted before, he writes in detail of the use of formal instruction of patients at the Middlesex

(10) Ibid, pp. 81-85

(11) loc cit
Lunatic Asylum at Hanwell, England. "The classes for the patients have been in operation for only a few months. Each class consists of ten or fifteen patients, and no class is occupied for more than one hour at a time. Among the readers may be seen some who were formerly looked upon as among the most troublesome patients in the asylum .... but they attend the classes with gratification, and observe a remarkable order and decorum. Writing has been taught to some who were previously unable to hold a pen .... Some variety has been imparted to the occupations of the classroom by occasional descriptions of different parts of the earth, aided by reference to maps and to a globe; ..... in the classes for male patients simple descriptions of various animals with pictorial illustrations have been found to excite a lively interest ..... drawing and singing ..... and a class of arithmetic has been formed on the male side." 12 The "plan" was tried with eighty women patients and one hundred twenty male patients in classes where attendance was not compulsory.

Classes were twice instituted at Hanwell. On their second establishment, in 1847, the committee expressly stated that the schools were not ... "merely for instruction ... but for the awakening and improving the intellectual

(12) Ibid, pp. 248-252
state of the imbecile and idiotic, for the cultivation and gratification of those... partially educated... and so as to excite, relieve, and recreate, as well as inform their minds!"  

As early as 1828 in Paris patients suffering from mental disease had been benefited by educational therapy. And at the Asylum of Bicêtre, the instruction of the adult insane had been in operation for many years at the time of Dr. Conolly's report written in 1843.  

Dr. Conolly admits the indebtedness of the English physicians to French physicians for "having set the example of extending the instruction, with judicious adaptations, to idiots and to imbecile children."  

Distinguished among the French physicians working for the amelioration of the treatment of the insane was Dr. Phillippe Pinel. In his own Treatise on Insanity, Dr. Pinel, one-time physician to the Asylum at Bicêtre and at the time of the publication of his book (1806) Senior Physician to the Female National Asylum la Salpêtrière, mentions the use of a form of occupational therapy with one of the patients in his charge. In the

(13) Ibid, p. 274
(14) Ibid, pp. 274-278
(15) loc cit
chapter entitled "A Happy Expedient Employed in the Cure of a Mechanician" he tells how a Parisian watchmaker was made well by being encouraged to ply his former trade while hospitalized.

Pinel's Treatise on Insanity, published at a time when "cupping" and "bleeding" were still common practice in psychiatric treatment, shows that the realization of the efficacy of occupational and educational therapy is no new concept.

(4) Current educational trends in mental hospitals contacted in survey -- One hundred seventy-eight mental hospitals were questioned concerning their programs of education for patients. Of this number one hundred nine replied, and sixty-four had educational programs. Relating the replies to the affirmative answers a percentage figure of fifty-nine is shown as the number having an instructional program.

Teaching personnel was paid and volunteer. Fifty-eight mental hospitals employed paid teachers, three hundred eighteen in number. A total of ten hospitals had volunteer instruction with forty-one teachers in all. The mean number of paid teachers in mental hospitals was six; the mean number of volunteers, four.

(16) Pinel, Phillipe, A Treatise on Insanity, p. 70
The tendency among mental hospitals, it was concluded from the questionnaire returns, was to offer a program basically vocational or therapeutic in nature. Music and art predominated as subjects, as did handwork and manual arts of differing kinds. Some hospitals, however, provided complete academic educational programs as well.

For a more complete picture of current education in mental hospitals as concluded from this study, see Chapter IV.

(5) The educational program at the VA Hospital at Leeds, Massachusetts — The effective use of education in one type of present-day mental hospital may be seen in a discussion of the educational program as carried on in one of the New England hospitals of the Veterans Administration.

The policies of the Veterans Administration in relation to educational retraining have been mentioned in the chapter devoted to tuberculosis hospitals (Chapter V). Basic policy is the same within the mental hospitals, but the objectives for educational retraining are somewhat different with mental patients.

The following quotation concerning "What Educational Retraining Can Do For Neuropsychiatric Patients" is taken from the directive sent out by the New England VA Head-
quarters for Rehabilitation. The objectives are quoted in full because of their applicability to all neuropsychiatric patients:

"Educational Retraining can:

(a) Provide new interests and help build morale, create a sense of worthwhile accomplishment, establish a goal for the patient to achieve thereby promoting recovery.

(b) Offer opportunities to develop new and desirable habit patterns based on successful completion of numerous lesson units, each of which represents a separate goal, thereby increasing the patient's confidence in himself and his ability to solve larger problems.

(c) Equip the patient with the educational tools for improved employment.

(d) Encourage the development of interests in different new modes of gainful employment, thereby increasing personal confidence and stability and reorientation to better social adjustment.

(e) Prevent further deterioration by offering healthful mental stimuli.

(f) Provide an incentive for the patient to remain in the hospital until complete recovery is accomplished.

(g) Provide an opportunity for patients to complete their high school education and prepare to pursue further educational opportunities to which they are entitled under existing legislation."
(h) Provide a wide range of activities to occupy the interests of the patients who either are unable physically to engage in assignments on labor detail, or for whom such assignments are not considered feasible.\(^\text{17}\)

With these principles of education in mind the reader can better appreciate the program as carried on at the Leeds VA Hospital.

At Leeds, as at Rutland Heights, the tuberculosis hospital, Educational Retraining is part of the total program of rehabilitation.

Two Quonset huts located in the square made by three adjoining hospital buildings have been converted into classrooms for the program at Leeds. One houses typewriters and equipment for business classes. The other is made up of the administrative office and a comfortably furnished lounge where patients can study and avail themselves of the use of the books found there.

Courses are taught with USAFI material as a guide to individual or group instruction or from instructional material from the State Department of Education. It has been found at Leeds that a system of tutoring is more efficacious with the student-patients than a system of total self-study.

\(^{(17)}\) "Planning and Organizing an Educational Retraining Program for Hospitalized Veterans," pp. 3 and 4
Courses in an amazing variety have been taught under the tutelage of the administrator (who acts as instructor as well) and two other instructors. These courses include subjects as varied as Poultry Farming, Algebra, Blueprint Reading, English, Economic Geography and Plumbing.

Typing is probably the most popular subject. There are four one-hour typing periods daily, each with an enrolment of about eight students. The instructor gives individual attention to each student, and when a student becomes sufficiently adept he may take advantage of the Letter Writing course offered. This class includes special instruction in spelling, punctuation and grammar, as well as practice in preparing correspondence. Bulletin boards in the Typing classroom serve as motivation to improvement by displaying that student work which deserves special credit.

As many as forty patients a day take part in the educational retraining program at the Leeds hospital. These are chiefly veterans of World War II, but plans are under way to initiate an equivalent program of education and total rehabilitation for all of the veterans hospitalized there.

Leeds is a one-thousand bed hospital which gives treatment to every type of mental disorder. All of these types have been offered instruction, it is significant to note here. For the educational retraining is not confined
to patients suffering from milder types of mental disorders.

The staff at Leeds have used a testing program with a great deal of success. By studying courses and satisfying high school requirements many patients have been able to receive diplomas. One student-patient who had completed only two years of high school was able by means of supervised study to meet the necessary requirements for certification. That student, discharged from the hospital, enters college this year.

The General Educational Development Test series has been accepted by the Connecticut State Department of Education as proof of the completion of high school requisites. And several patients, successfully passing these tests, have been awarded their diplomas at Leeds. The program of testing includes individualized tutoring and is extremely beneficial to the patients.

Several "success stories" concerning the patients at Leeds must serve as inspiration to the educational retraining staff there. For the work done by the staff was instrumental in aiding the rehabilitation of these particular patients. One example of these was a patient who with the aid of an instructor, finished a course in auto-mechanics and, as a result, was able to obtain work in a garage after discharge. Another patient, still hospitalized, having studied plumbing was able to become a
part of the hospital utility staff. With encouragement from the instructors, still another, a very talented man, has been doing feature writing for a local newspaper.

In such a manner educational therapy can work as an active factor in the rehabilitation of veterans hospitalized with mental disease. Consideration of the program at Leeds serves to underscore previous statements made in this study to the effect that education has a very definite place in the program of a mental hospital.
EDUCATION IN CHILDREN'S ORTHOPEDIC HOSPITALS
Chapter VII

Education in Children's Orthopedic Hospitals

A study of tuberculosis hospitals offered specific considerations relating to patients suffering from a contagious disease which requires prolonged treatment. Mental hospitals showed still another sort of long-term treatment not for physical disease but for nervous and mental disorders. The education involved in both types of hospitals -- tuberculosis and mental -- was primarily education for adults. This chapter will deal with education as found in orthopedic hospitals where the patients undergoing extended treatment are children.

(1) Characteristics of the hospitalized child -- A child hospitalized with acute disease for a relatively short period of time needs activity, according to Dr. Rolf Bergman in his dissertation on therapy for children in an epidemic hospital. This need for activity should be directed towards things suitable to the patient's age and his state of health. 1 If this need exists even in the case of the child remaining in the hospital for a short period, how much more is it true of the child confined to the hospital for many months and even years.

Children such as those hospitalized for long-term orthopedic treatment are handicapped physically. Also, however, they are handicapped educationally. For they are removed from the school experience which develops in the normal child not only educational maturity, but character and emotional maturity as well.  

After a long session in the hospital the handicapped child may well become "insecure, babyish, homesick, self-centered and individualistic...or aggressive and resentful at his fate." A specific example of this is the case of the active child afflicted with poliomyelitis. His dislike of the immobility which he must endure in treatment may well result in emotional instability. Guidance is needed in such a case and in other cases of young patients in order that personality deformity may be prevented.

Recent years have seen great progress in recognition of the need for special education for handicapped children.

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(3) Ibid. pp. 391-392
(4) Edelmann, D. M. Education for Crippled Children in Tennessee, p. 53
(5) loc cit
(6) Shover, J. Educational Planning for Convalescent and Severely Handicapped Children, p. 1
Yet in 1939, only eight years ago, it was estimated that there were from fifty thousand to sixty thousand children in American hospitals who needed special educational facilities, and that, despite the fact that more than three hundred hospitals offered educational opportunity to young patients there were still many who failed to provide any such educational activity.\(^7\)

The tendency towards including education as a regular part of the hospital program for children is growing more and more pronounced. In planning for programs of this sort emphasis now is being placed more on the similarities between the normal healthy child and the child that is handicapped. Programs, consequently, are being gauged by these similarities plus consideration of the limitations of the handicapped child, rather than exclusively by his differences.\(^8\)

\(^2\) Value in hospital education for the handicapped child -- Education for a child hospitalized for orthopedic or other treatment has a definite therapeutic value in that it keeps the child's mind occupied and away from his misfortune. In the light of vocation, education has


\(^8\) Shover, op cit, p. 1
another value. It can show the child-patient what kinds of work will be available to him and guide him in selecting the training for the work he chooses.

The general educational values to hospital instruction are obvious. By means of academic study, the patient is able to bridge the gap in school progress and to keep up with his school grade.\(^9\) For results of standardized tests indicate that progress made by pupils who are given instruction while hospitalized can equal the normal grade progress in the regular school.\(^{10}\) Such educational training may well serve to promote continuing education after the hospital stay has been terminated.

Education can help teach the patient to live with his handicap.\(^{11}\) It can instill in the patient the idea that there is a place in society for him.\(^{12}\) It can educate parents by means of Parent-Teachers Association meetings to the importance of the physically handicapped in community life and keep them informed as to vocational

\(^{9}\) Mathelson, C. L. op cit, p. 3

\(^{10}\) Ibid, pp. 4 and 5

\(^{11}\) Miller, L. M., op cit, pp. 391-397

\(^{12}\) Beals, F. L. "School in Hospital," Health Magazine XXI (April 1943), p. 317
Hospital and school authorities agree that instruction for handicapped children is effective. And state and local education agencies throughout the country are taking over the responsibility of providing for this most beneficial type of special education.

(3) The need for education for all hospitalized children -- The hospitals mentioned previous to this were those institutions caring for the treatment of tuberculous children. The inclusion of education in a hospital program for all children suffering from any long-term illness seems to be a more or less obvious procedure. For it is evident that handicapped children should be kept on an academic level with those of their fellows who are physically able to attend regular school.

(4) Use of hospital instruction in institutions treating orthopedic and other type patients of school-age -- The first regular hospital school in the United States of which there is any official record was established in New York in 1861. Later, in 1863, a Dr. Knight, in


(14) Matteison, C. L. op cit, p. 17

(15) Matteison, C. L., Hospital Schools in the U.S., p. 3
conjunction with the New York Society for Ruptured and Crippled Children, started an institution which was the first to employ a class-room teacher for the instruction of its young patients. 16

At Baldwinsville in Massachusetts in the year 1882 there were established and incorporated the Hospital Cottages for Children. Special attention at this institution was (and is) given to children suffering from chronic heart disease, epilepsy, deformities and various types of paralysis. 17 This is a hospital and school combined, the aim of which is "to provide medical care and educational opportunities for sick and handicapped children under the age of 16 years". 18

Historically significant in consideration of the Baldwinsville Hospital Cottages for Children is the fact that this private institution was the first to receive state appropriations. 19 1897 was the year in which the first hospital school in a state institution was founded. The institution was located in Minnesota. 20

(16) loc cit
(17) Directory of Social Agencies in Boston and the Metropolitan Area, p. 225
(18) loc cit
(19) Federal Security Agency, Hospital Schools in the U.S., p. 2
(20) loc cit
Growing practice of establishment of hospital schools — The early part of the twentieth century saw the beginnings of hospital instruction in many hospitals for handicapped children.

The Massachusetts Hospital School at Canton, Massachusetts, was founded in 1904. This is an institution for crippled children who were accepted between the ages of five and fifteen for hospital care and educational training till they had reached the age of twenty one. Along with vocational subjects, a regular academic school program is provided for the patients of school-age.

References to the use of education in hospitals up to this point have been chiefly American references. But lest the reader think that the use of educational therapy in hospitals is an exclusively American practice, mention must be made here of the fact that European hospitals had also noted early the need for occupation—diversional or educational—among young patients. The Hospital of the Crown Princess Lovisa in Stockholm, Sweden has made use of planned activities since early in the 1900's. And Finnish hospitals, according to Dr. Rolf Bergman, Director of the Hospital for Epidemical Diseases

(21) Directory of Social Agencies in Boston and the Metropolitan Area, p. 292
at Stockholm, have used occupational therapy for hospitalized children for many years.\(^{22}\)

Returning again to the beginnings of hospital instruction for children in the United States, 1912 is a date to note as the starting point of what is now an extensive program in the state of California. At that time a normal school graduate, a Miss Lucy Dailey, requested that she be allowed to do story-telling in the Children's Hospital in Los Angeles. The story-telling soon grew into a program of bedside teaching sponsored by the Board of Education of that city. Certified teachers are now authorized under the State Crippled Children’s Act to carry on instruction in hospitals in California.\(^{23}\)

In 1915 the Newington Home for Crippled Children in Newington, Connecticut started its school program. And other hospitals for children throughout the United States were instituting regular school courses for their young patients.

\(^{22}\) Bergman, Rolf, "Le Traitement pédagogique de la Clientèle infantile d’un Hôpital d’Epidémie," *Acta Paediatrica*, XXIV (1939) p. 311

\(^{23}\) Wells, M. F., "Hospital Instruction for Physically Handicapped Children", *Los Angeles School Journal*, XXII (March 27, 1939) pp. 13, 14, 34
(6) Education in children's orthopedic hospitals as evidenced in questionnaire results — Because of the fact that children's hospitals of any type treatment include patients who are still of school-age, it becomes apparent that an educational program for such patients is essential.

Of the orthopedic hospitals consulted, which were forty-nine in number, thirty-one replied. Twenty-nine of these had a program of education for their patients — ninety-four per cent of those replying. Most of the programs had been functioning for some years.

Instruction was paid and volunteer. Twenty-seven hospitals had paid teachers, one hundred sixteen in number. Eleven had volunteer instruction, with forty-five teachers. Computing the mean number of paid and volunteer teachers, it was found that both were four.

Teachers in the programs conducted at children's orthopedic hospitals were, in general, supplied by the local school departments and a full program of instruction was offered which included all basic academic subjects that would be found in any school on primary and secondary levels. And in almost every case the course of study was governed by the grade requirements of the department of education of the state in which the hospital was located.

A fuller picture of education as found in orthopedic hospitals, as well as a picture of education in mental and tuberculosis hospitals, may be found in Chapter IV.
The educational program at the Newington Home for Crippled Children at Newington, Connecticut -- The Newington Home for Crippled Children is located in Newington, Connecticut. The Home buildings and the grounds about them, some of which have been developed as a play area, are situated on a hillside on the outskirts of the town. This orthopedic hospital has facilities to care for about one hundred twenty-five patients who live within the Newington Home. These patients are treated for a variety of orthopedic ailments which afflict children. Poliomyelitis, Legg-Perthes, Scoliosis, Orthogryposis are some of these. All are illnesses requiring prolonged hospitalization and convalescence. Included for the young patients, along with occupational and physical therapy, is an extensive and effective program of hospital education.

This school program at Newington has been functioning for twenty-nine years. It includes a full program of instruction from nursery school through the high school grades. The program is divided into two parts.

Ambulatory pupils attend classes in the school building, a small school house located next to the main building of the home. In the school building Grades 1-8 are taught in a teaching situation comparable to that of any public school.
Those patients confined to bed receive bedside instruction. If a pupil who has been attending school in the school house must undergo an operation, he continues his instruction in the hospital classroom. The transition is easily made and the pupil's progress is not impeded, for teachers in both situations discuss individual adjustment when such a change is made.

Supervised study is a regular part of the school work at Newington to insur e the completion of assignments.

Included in the curriculum for the high school which is carried on in the hospital building are four English courses, Civics, United States and Ancient History, Biology, General Science, Algebra, Geometry, General Mathematics, Trigonometry, Business Math, French, Chemistry, Business Law and Business Training.

The faculty at Newington is made up of eleven certified teachers. This number includes the school principal, who acts as instructor, an art adviser and a music director.

The size of classes which are taught at the Newington Home School runs around fifteen in number.

The program of recreation is correlated with the school work. At the time of the author's visit to the Newington Home a project of interest was being carried on. At that time, in early spring, several of the trees around the Home buildings had been tapped for maple sap. This activity, sponsored by the school principal, was
proving to be of the greatest interest to the ambulatory pupils. Work in the Glee Club, study in music appreciation, some Home Economics, woodworking are other diversional yet educational activities carried on at Newington.

The extracurricular program is particularly active with a variety of programs -- Stamp and Harmonica Clubs, Girl Scouts, Boy Scouts. Movies serve as entertainment and in some cases as a supplement to work done in school. Piano lessons are taught to ambulatory patients and to some wheel-chair patients.

The degree to which the Newington Home duplicates with its school the activities found in a regular school system is easily seen by studying a copy of the Close of School program. This attractive folder includes the announcement of group singing, awards, cast for the operetta presented in a manner similar in every respect to a graduation program in the usual secondary school.

Since the course of study is the same at Newington School as that followed in all public schools in Connecticut, it is possible for the faculty to contact a patient's home school (upon his admission to the Hospital) to determine his grade-placement, in order that the patient, while in the hospital, may continue at the correct academic level. And, upon the patient's discharge from the hospital or home, a transcript of marks is forwarded
to the public school that the child will attend. Permanent record cards which indicate the entire academic career while at the Newington Home make this possible. All public high schools grant courtesy credit toward graduation for all the subjects taken at the Newington Home.

Without question the educational program conducted at the Newington Home for Crippled Children is an excellent one. It fulfills all the functions of the regular school and besides adds special advantages such as Guidance, active coordination between housemothers, social service workers and teachers (equivalent to PTA function) which are often not found in the usual school.

The school at Newington does an immeasurable good for the children hospitalized there not only by keeping them on an educational par with other children of their grade level, but by boosting morale and aiding the rehabilitation of these hospitalized children.
VALUE IN HOSPITAL INSTRUCTION
Chapter VIII
Value in Hospital Instruction

(1) General values in hospital education -- Hospital education for adult tuberculosis and mental patients and for children who are orthopedic patients is an efficacious means of therapy in two ways.

In the first place hospital education bolsters morale by presenting mental stimuli. It gives patients purposeful activity which aids recovery by improving spirit and attitude, thus fostering return to total good health, mental and physical.

The second way in which hospital education functions is practical. It offers opportunity for completing or furthering academic education. It presents, as well, the opportunity for vocational study by means of the information and training relative to post-hospital employment.

The advantages noted are benefits to patients. But education may be advantageous for hospitals that suffer from inadequacies in appropriations, bed-space and personnel. The lightening of the load by means of shortened treatment of patients may well alleviate these circumstances. Educational programs in hospitals are instrumental in shortening patient stay and consequently, programs of education may materially benefit hospitals where they are introduced.

(1) Lasky, A. and Hamilton, K. The Importance of Rehabilitational Therapy, p. 11
(2) Value to hospital instruction as evidenced by returns from questionnaire -- The statistics gleaned from the study of the questionnaire returns from tuberculosis, mental, orthopedic and miscellaneous hospitals are quoted in regard to value for that reason.

The final question on the postal-check-list was "Do you believe that education has a place in the rehabilitation of a hospital patient? Yes No". Two hundred ninety of the three hundred twenty-two hospitals answered "Yes". The enthusiasm contained in certain replies was observed in the double and triple underscoring of the word "Yes" or the use of exclamation points after the word "Yes". Others added the words "Very definitely" to assure that their affirmative reply was not misunderstood. Of the two hundred ninety affirmative answers, one hundred fifty-four were from tuberculosis hospitals, ninety-eight from mental, thirty-one from orthopedic, seven from miscellaneous.

Specific answers are cited here to show varying responses to the question concerning the value of hospital instruction. One orthopedic hospital recorded itself as feeling that education had value for patients of "any age, especially orthopedic children -- aids in keeping up with school work." Another hospital in this category stated that education "has a definite place for the hospital-patient with the understanding that it must not interfere
Several tuberculosis hospitals were decidedly enthusiastic in their replies concerning value of an educational program. One of these stated that the education was valuable but depended upon the patient. In the mental group certain institutions agreed to the value. One such letter remarked, "We look forward to the day when education will have a planned and routine place in our therapeutic program." Still another, while stating that no academic studies were carried on, added that "there is very definitely a place for education in the hospital program." One hospital felt that there was less value in education for the adult insane, but that possibly in a small hospital such a course of education could be better undertaken.

Twenty-five hospitals made no comment in reply to the question. Fourteen of these were tuberculosis; eight, mental; three, miscellaneous.

In the miscellaneous classification one general hospital replied that there was no value to an educational program in that type of institution. But of all the hospitals replying to the check-list, only seven felt that the answer to the question was "No". This small total breaks down to three negative answers in the tuberculosis group; three, in the mental; one, in the miscellaneous.

The author feels that in determining the consensus of those hospitals responding to the questionnaire in
regard to the question of the value of education to the hospital patient, another group of answers is extremely significant.

This group included those answering "Yes" to the final question as to value. These hospitals answered affirmatively despite the fact that they had no program of education at all. There were eighty-five such institutions...forty-two of which were tuberculosis; forty-one, mental; and two, orthopedic.

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**TABLE VIII**

Consensus of Hospital Opinion Concerning the Value in an Educational Program for Patients

<table>
<thead>
<tr>
<th>Type of Hospital</th>
<th>Number Answering &quot;Yes&quot;</th>
<th>Number Answering &quot;No&quot;</th>
<th>Number Making No Comment</th>
<th>Number Having No Program Answering &quot;Yes&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td>154</td>
<td>3</td>
<td>14</td>
<td>42</td>
</tr>
<tr>
<td>Mental</td>
<td>98</td>
<td>3</td>
<td>8</td>
<td>41</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>31</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>7</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>290</strong></td>
<td><strong>7</strong></td>
<td><strong>25</strong></td>
<td><strong>85</strong></td>
</tr>
</tbody>
</table>

These figures taken from the replies received from three hundred twenty-two hospitals, show current general opinion in the matter of the value of hospital education.
CONCLUSIONS FOR THE FUTURE IN HOSPITAL EDUCATION
FROM STUDY OF PRESENT PRACTICES
Conclusions for the Future in Hospital Education from Study of Present Practices

Hospital education is a "coming" thing. The increase in the number of hospitals making use of this type of therapeutic device in the last decade proves this to be true.

(1) Needs in the field of hospital education -- The value of education in the hospitals where it functions has made obvious the need for more such programs in other hospitals. This awareness has disclosed the following facts:

(a) There is a need for more properly supervised programs of hospital education. ¹

(b) Occupational therapists and teachers trained in special education are not numerous enough to supply the need for them. ²

(c) Funds for this particular branch of therapy are inadequate or not available. ³

¹ Shover, J., "Educational Planning for Convalescent and Severely Handicapped Children", p. 6
² Edelmann, D. M., Education for Crippled Children in Tennessee, p. 53 (And other authorities)
³ Mathewson, C. L., Hospital Schools in the United States, p. 47
(d) State and local departments of education have not yet universally included this special education in their programs. (Responsibility for this work is borne variously by public, semi-private and private agencies.)

(e) Educators, in general, are not informed of the significance of hospital instruction to their profession.

(f) Only a few schools recognize the necessity for training courses in hospital instruction. (Teachers College at Columbia, New York University and Western Reserve University offer periodic orientation courses in rehabilitation to graduate students.)

(g) Provision for the education of handicapped children is particularly inadequate in rural communities.

(2) Conclusions — The fact that some hospital authorities and some educators are working towards the furtherance of hospital education is evident inasmuch as they are seeking remedies for shortages in funds and

(4) Ibid, p. 53

(5) Lasky, A., "Introducing the Rehabilitation Director". Article published in July 1945 issue of The Modern Hospital, p. 5, reprinted in the Occupational Therapy Department, Montefiore Hospital County Sanatorium, Bedford Hills, N. Y.

(6) Ibid

(7) Shover, J., op cit, pp. 3 and 4
personnel. Certain schools have already introduced courses familiarizing students of education with this special type of education. Legislation relative to special education is being sponsored more and more. Extra-hospital agencies are offering more cooperation by supplementing programs and by publicizing the needs of hospital education.

The increasing awareness of the success of hospital education will in time remedy the current inadequacies of the program. But more information must be disseminated in order that a greater number of hospital authorities, educators and laymen become impressed with the importance of hospital education; importance, not only to the patient, but also to the hospital, to education and to society.
APPENDIX

Letter of Transmittal
Forwarded with Postal Questionnaire
Appendix

Letter of Transmittal Forwarded with Postal Card Questionnaire to Five Hundred Hospitals in the United States, Puerto Rico and Hawaii

Dear Doctor:

During the past few years many hospitals have begun to use the services of instructors for the teaching of patients in various educational pursuits.

We are conducting a survey in order to determine the existing facilities and future needs of this benefit to patients. Your answers to the enclosed self-addressed questionnaire will be of the greatest value to us.

We appreciate how busy you must be and have simplified the check-list to lessen the pressure of your now overcrowded day.

May we look for your early assistance in the completion of this project.

Sincerely yours,
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Approved by:

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