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McElaney, Francis Albert
Boston University

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Boston University
BOSTON UNIVERSITY
SCHOOL OF EDUCATION

Thesis

AN INVESTIGATION OF THE DEVELOPMENT OF THE
BOSTON UNIVERSITY HOSPITAL AND TUTORIAL PROGRAM
1948-1958

Submitted by

Francis Albert McElaney
(S.M., Boston University, 1952)

In Partial Fulfillment of Requirements for
the Degree of Doctor of Education
1959
ACKNOWLEDGMENTS

When a student engages in a study of a program within the University, there are many people to whom the student becomes indebted.

The writer wishes to express his appreciation to Vice President J. Wendell Yee for permission to undertake this study and to Dean Edward R. Graham for permission to use the records and files of the Hospital and Tutorial Program.

The writer is indebted to his advisory committee, Dr. Dugald S. Arbuckle, Dr. Albert T. Murphy and Dr. Helen B. Sullivan.

The writer is particularly indebted to Mrs. Alice H. Gasble, the Director of the Hospital and Tutorial Program, without whose knowledge, assistance and encouragement this study could not have been completed.
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CHAPTER I
INTRODUCTION

In April 1948, Boston University initiated a program of special education called The Boston University Hospital and Tutorial Program. This program was designed specifically to provide a college education for students with severe physical handicaps that precluded their attending regular college programs.

For ten years, students handicapped by tuberculosis, paraplegia, quadriplegia, and the crippling effects of diving and automobile accidents have begun their college education while confined in hospitals, convalescent homes, sanitoriums, or their homes.

For ten years, students have begun their college education after contracting poliomyelitis, while their breathing was done in an iron lung or their arms and legs were held in traction.

Arrested tubercular patients have been students in a degree program while their work-tolerance level fluctuated between two and three hours per day.

When the student could not come to the college for conference work, the college, including lectures, texts, slides, films, and instructors, came to the student.
Purpose of the study.— When a university enters into a service program, however idealistic or commendable the endeavor, it is appropriate after a ten-year period to evaluate the service provided. It is appropriate to question the value of the investment, the success of the students who have been enrolled. A university which inaugurates a program that purports to help in the rehabilitation of the severely handicapped must, in the final analysis, question the justification of providing such a program, and the success of the program as determined by the achievements of those who entered. Did the program help students? Did the students return to society as contributing members of their communities? Does the Hospital and Tutorial Program justify its existence?

The purpose of this study is to investigate the Hospital and Tutorial Program from its inauguration in April 1948 until June 1958, to determine the success or failure of a program designed for severely handicapped students.

It is also the purpose of this study to investigate, through detailed case studies, the criteria for accepting each student to determine the student's progress in the Program and to follow up all students who were enrolled in the Program during the ten-year period.

One further purpose of this study is to provide a description of the history, the course content, the methods of teaching, the guidance services, and the cost of the Program to serve as
an example and possible guide for other institutions contemplating the establishment of their own program for the physically handicapped.

The Hospital and Tutorial Program was conceived as a means of helping handicapped veterans in their rehabilitation program through education. Later, the Program expanded and accepted candidates with a wide range of physical handicaps but retained the philosophy that education can be a successful avenue for rehabilitation.

Rehabilitation has been defined in many ways. The National Council on Rehabilitation, in 1942, adopted the following definition:

"Rehabilitation is the restoration of the handicapped to the fullest physical, mental, social, vocational, and economic usefulness of which they are capable."1/

Hamilton concurs with this definition and adds:

"Rehabilitation is creative. It aims to define, develop, and utilize the assets of the individual. Its purpose is to restore competitive ability, independence, and self-determination. It seeks to utilize all the available resources, both within the individual and within the community toward this end."2/

The Director of the Hospital and Tutorial Program, in writing of the philosophy under which the Program operates, stated:


"We have worked with those affected by tuberculosis, paraplegia, poliomyelitis, anemia gravis, congenital deformities, neurosis, partial blindness and blood disease. The therapeutic value of this educational experience becomes evident after the first month. The student has a new interest in life, something more to talk about than his last operation, and he begins to look forward. They become less bitter about their handicaps; they learn the explanations for their various reactions; they become more understanding of the other fellow's reactions; they find new interests and new occupational objectives. To see a crippled boy, sullen, bitter, defeated, just vegetating in a wheelchair, come alive again, though it takes him twice as long to accomplish a year's work, is something beyond description."

Justification.— No formulated study has been done on the Hospital and Tutorial Program, though it is unique in its variant combinations and sequences of home and hospital instruction, the Teacherphone, limited classroom, and finally full-time classroom attendance. With the enormous and continually growing interest in educational rehabilitation, the Hospital and Tutorial Program is constantly being queried as to its methods, policies, feasibility and success. There is no systematized study available to answer these questions. The Program began its eleventh year of operation in April 1959, but could not answer as to the success or failure of its services for the first ten years.

A private university has limited resources, and these resources must be spent where they may accomplish the greatest good. In 1948, the University made a commitment to the community in establishing a new avenue to rehabilitation for those in

need. After ten years it is appropriate to determine if this
commitment is being fulfilled.

Accepting the premise that the Program needed evaluation,
there remains the justification for this writer to do the eval-
uating. The Director of the Program felt strongly that confiden-
tial materials involving the candidates should be handled by a
counselor who had worked in the Program. The writer has been
engaged in counseling within the Hospital and Tutorial Program
for a period of four years. During this time he has held over
eight hundred counseling sessions with the students. He has
been guidance counselor for seventeen of the total of fifty-four
students who have entered the Program.

As a full-time member of the faculty of the College of
General Education for three years, and counselor in the Hospital
and Tutorial Program for four years, he is familiar with the
objectives of the Program and the philosophy under which the
Program operates.

Procedure.---The procedure followed in this examination of
the Hospital and Tutorial Program was twofold. Since the pur-
pose of the study was (1) to present a complete report on one
program for possible emulation by other institutions, and (2)
to examine through case studies the students who entered the
Program during the ten-year period, two separate methods were
used.
Examination of the Program

To examine the Program itself, the writer relied on University records and reports written concerning the Program over a period of ten years. Materials examined and recorded included the following:

1. All written correspondence pertaining to the Hospital and Tutorial Program on file with the Director.

2. All yearly reports written by the Director for the President of the University.

3. All yearly reports written by the Dean of the College of General Education for the President of the University.

4. All correspondence between the Veterans Administration and the Boston University Veterans Center concerning the Program or students enrolled in the Program.

5. All contracts negotiated between the Veterans Administration and the University concerning the Hospital and Tutorial Program.

6. The syllabus for each of the five academic areas from 1948 through 1958.

7. Personal interviews including:
   a. The Director of the Program.
   b. Present and past members of the teaching faculty.
c. Veterans Administration officers.

d. Education officers in participating hospitals.

e. Social agencies' staffs that participated in the Program.

f. University Bursar and representative from the University accounting department.

Materials gathered from the preceding were divided into four classifications: (1) materials dealing with the pilot study of the Hospital and Tutorial Program and the History of the Program, (2) materials dealing with the administration of the Program, (3) materials dealing with the methods of teaching, course content, and guidance services, and (4) materials dealing with cost of inaugurating the Program, expenses, and budget items.

Examination of the Candidate

To examine the criteria for accepting students, the background of the students, the physical limitations involved, the progress and success or failure in the Program, and the follow up of those candidates accepted, the case study method was employed. Justification for use of the case study method will be found in the following chapter concerning related research. The examination of materials concerning the students enrolled in the Program in the ten-year period included, in addition to the personal interviews with the candidates, the following:
1. High school records of the accepted students.
2. All medical reports and recommendations available.
3. All psychological reports and recommendations available.
4. All personal history forms on file in the University.
5. All autobiographies of the students available.
6. All Veterans Administration test data available.
7. All University test data available.
8. Transcripts on all students for work completed in the Program.
9. Transcripts on all students who continued in undergraduate work and graduate work.
10. All correspondence on file in the Director's office concerning individual students.

Actual interviews with the students who enrolled in the Hospital and Tutorial Program were conducted over a year's period. The interviews were conducted in the writer's office within the University, in the home of the candidate, luncheon or evening appointments, and in the candidate's place of business. At no time did the writer contact a candidate at his place of employment. Those interviews held at a candidate's office or college were held there by suggestion of the candidate. The writer initiated an interview through a personal
telephone call, and in two cases the candidates suggested they would prefer to contact the writer at a later time. In both instances the candidates held appointments with the writer in the office of the Hospital and Tutorial Program.

In one instance the candidate requested the writer to let him read some of the material the writer had already gathered concerning the student. The writer had previously served as counselor to the student and was aware that the student was easily threatened. Although the material shown the student was primarily concerned with the student's academic progress, the student became quite threatened and the rapport was destroyed. The writer sought the student over luncheon, and after several meetings the rapport was re-established and the interviews were successful.

The average time spent interviewing a student was two hours although for some candidates the interviews were spread over several meetings.

The writer followed techniques of interviewing as suggested through course work in the University and the literature. Suggestions found in the literature will be discussed in the following chapter.
CHAPTER II
REVIEW OF THE LITERATURE

In reviewing the literature, the writer's purpose was threefold: (1) to discover the results of similar studies, (2) to ascertain what the professional literature contained concerning the procedures used in this study, and (3) to check the methodology of this study.

To determine the results of similar studies, the writer investigated the literature first to find similar programs to the hospital and Tutorial Program. The most recent published survey of special programs for the handicapped college students was completed in 1957 and reported by Margaret Condon, executive officer of the Health Guidance Board, City College, New York.

Condon's survey\(^1\) of two hundred and thirty-eight colleges had a response from one hundred eighty-one colleges, and of these, thirty-one colleges had a special program for the handicapped students. One hundred and five colleges had special services for handicapped students, including ramps, early registration, preferential seating, special study rooms, and special guidance services. In all college programs, attendance in the

---

college was mandatory.

The most extensive survey of existing college facilities for the handicapped students was made by the American Council on Education in 1947 under the direction of Ralph J. Strom. Of five hundred and ninety-seven colleges queried, the Council received reports from four hundred and fifty-three schools. The results were tabulated and divided into three areas of special facilities offered to handicapped students. The following list includes those services which have been installed for the handicapped students in various institutions throughout the country.

"Transportation facilities"

Special permission to use automobiles
Special parking privileges
Permission to use motor-driven vehicles on campus
Special elevator privileges
Guides to take the blind to classes
Extra stair railings for safety of badly disabled
Ramps into buildings for wheel-chair cases

"Housing facilities"

Assignment to first-floor rooms, or those without stairways, etc.
Assignments to homes convenient to the campus
Preference given to disabled students in quarters in veterans' villages.
Permission for handicapped students to remain in dormitories throughout college course, rather than limiting their residence to the freshman year.

"Classroom facilities"

Scheduling of classes to minimize walking distances for badly disabled students

Special classes for those allowed to attend classes for limited periods only
Concessions in prerequisites (substitutions for laboratory courses, etc.)
Home study groups arranged for severely disabled
Provisions of 'readers' for blind or partially blind students
Special instruction period for veterans frequently hospitalized
Note-takers provided for veterans unable to write
Special training courses for veterans who have lost power of speech
Provisions for left-handed seats where necessary
Audiophones for the hard-of-hearing
Front seats for hard-of-hearing and visual disability cases
Special lip-reading training classes
Special oral examinations for blind students
and those with arm and hand disabilities
Examinations prepared in Braille for the blind students
Braille typewriters for the blind students
Sound recorders for the blind students
Special reading room set aside for blind students
Permission for early dismissal or late arrival for amputees
Permission for early registration, thereby enabling the handicapped to secure classes at times most convenient to them.1/

Strom's survey, however, revealed no institution that provided a complete program for the severely handicapped that could be initiated while the student was still in the hospital.

In March 1957, the writer requested information from the Department of Health, Education and Welfare, Office of Vocational Rehabilitation in Washington, D. C., concerning programs similar to the Hospital and Tutorial Program. The assistant director answered immediately, pointing out many colleges which

have special provisions for the handicapped student, but the
department could not provide the name of any institution giving
credit courses leading to a degree that may be initiated in the
hospital or that were designed for the work-tolerance of the
student.

The writer has been in communication with J. A. Richards,
Director of Exeunote, Inc., Special Education Division, which
provides school-to-home telephone instruction for home-bound
students. Although the Teacherphone system has been used in
over three hundred school systems, \( \frac{1}{2} \) the program had been used
in only nine colleges in the United States, as of October 1956.
The colleges that have used the Teacherphone system are as
follows:

1. Boston College, Massachusetts
2. Elgin Community College, Illinois
3. Centenary College, Louisiana
4. University of Wisconsin, Wisconsin
5. University of Iowa, Iowa
6. Columbia University, New York
7. Concordia College, New York
8. Temple University School of Law,
   Pennsylvania
9. Boston University Junior College,
   Massachusetts \( \frac{3}{2} \)

In all colleges with the exception of Boston University,
the Teacherphone program was instituted for a special student
and not as a part of a formal program to which the college was
committed.

\[1/\text{J. A. Richards, Partial List of School to Home Telephone Users-}
\begin{align*}
1955, \text{ Special Education Division, Exeunote, Inc., New York, 1955}\end{align*}
\[2/\text{J. A. Richards, Special Education Division, Exeunote, Inc.,}
\begin{align*}
\text{New York, personal correspondence, October 1956}\end{align*}\]
Although the review of literature did not reveal any program designed specifically for the severely handicapped student similar to the Hospital and Tutorial Program, many colleges are actively engaged in providing special facilities for severely handicapped students. Lerner and Martin's report of the students serviced at Hunter College in New York over a ten-year period provided valuable information. This report reveals that of the fifty-nine students who have used the special facilities of Hunter College, thirty-three students graduated, fifteen students were still in attendance, and eleven withdrew. The students were serviced jointly by the Junior College Bureau of Educational and Vocational Guidance and the Division of Vocational Rehabilitation of the New York State Department of Education. The program for the physically handicapped has been jointly administered by the office of the Dean of Students and the office of the Bureau of Educational and Vocational Guidance.

The students accepted into the college had a wide range of physical handicaps, including:

- 27 orthopedic and neuromuscular disability cases
- 11 cardiac disability cases
- 7 hard of hearing cases
- 3 visually limited cases
- 5 tubercular cases
- 1 multiple sclerosis case
- 1 epilepsy case
- 1 Still's disease case

1 cleft palate case
1 renal tuberculosis case
1 chronic skin condition case

In summarizing their study, Lerner and Martin noted that the thirty-three students who graduated from Hunter College had majored in the following fields:

<table>
<thead>
<tr>
<th>No. of Students</th>
<th>Major Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Social Work</td>
</tr>
<tr>
<td>6</td>
<td>Science</td>
</tr>
<tr>
<td>3</td>
<td>English</td>
</tr>
<tr>
<td>2</td>
<td>Speech Therapy</td>
</tr>
<tr>
<td>2</td>
<td>Psychology</td>
</tr>
<tr>
<td>2</td>
<td>History</td>
</tr>
<tr>
<td>2</td>
<td>Political Economy</td>
</tr>
<tr>
<td>1</td>
<td>Latin and Greek</td>
</tr>
<tr>
<td>1</td>
<td>Economics</td>
</tr>
<tr>
<td>1</td>
<td>Mathematics</td>
</tr>
</tbody>
</table>

The same authors noted that the prospect for graduation for the student with a physical handicap at Hunter College is better than for the average non-handicapped student in the same college.

The authors noted that no single criterion can be relied upon to predict success in college achievement. High-school average, on the whole, is better than other criterion as a single measure of predicting college success. Motivation and willingness to exert maximum effort appears to the authors as being a highly significant factor in the student's success.

1/Euth S. Lerner and Marion Martin, op. cit., p. 83.
2/Ibid., p. 85.
3/Ibid., p. 85.
4/Ibid., p. 85.
The most recently published survey of the effectiveness of special services was conducted by Condon for the City College of New York. Condon surveyed the alumni of City College who had participated in the special services and vocational guidance program within the college. Of a total of one hundred and sixty-seven forms mailed, eighty-seven were returned. Of those eighty-seven students, sixty-five had graduated, twenty were drop-outs, two were attending evening division programs, and four forms were returned by their families informing the college the students had died. Seventy-six students failed to respond to the survey.

These same authors noted from the returned forms that forty-eight students felt that a college education was necessary for the positions they held, and forty-five students felt that the program they had majored in at college was a requisite for the positions they held.2

The students who were accepted into the City College special program had a wide range of handicap, including:

- 8 post-polioymelitis cases
- 3 blind cases
- 3 cardiac condition cases
- 3 cerebral palsy cases
- 3 total deafness cases
- 7 defective hearing cases
- 4 defective vision cases

6 diabetes cases
3 epilepsy cases
2 amputation cases
4 post-tuberculosis cases
2 other cases not listed

One of the largest and most active programs for physically handicapped students is conducted by Timothy Nugent, Supervisor, Student Rehabilitation Center at the University of Illinois in Urbana, Illinois. The writer visited Mr. Nugent in August 1958 to investigate the program and to observe firsthand the services provided for physically handicapped students in a campus setting.

The statistics of the Special Rehabilitation Program conducted in the University of Illinois are most impressive, and represent what a large state university may accomplish with state funds appropriated for an Educational Rehabilitation Program.

The writer interviewed Mr. Nugent and was taken on a complete tour of the University. Mr. Nugent has allocated the greater part of his budget to making buildings accessible for the wheel-chair students. There were ramps everywhere: in libraries, dormitories, fraternity houses, coffee houses, lecture halls, etc. The town businessmen who own stores and restaurants have added ramps to their entrances. Special buses with hydraulic lifts travel the campus. Wheel-chair students participate in sports, such as basketball and softball, and play

\[1\] Margaret E. Condon, op. cit., p. 270.
in national meetings with other wheel-chair teams. It is not surprising that Mr. Nugent has been granted a citation from the President of the United States for his work with handicapped veterans.

The following is a report on the general composite of students within the program during the year 1957-1958:

Special Rehabilitation Program
General Statistics on Enrollment
School Year - 1957-58
Semester I

<table>
<thead>
<tr>
<th>Total Students</th>
<th>146</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheelchair Students</td>
<td>93</td>
</tr>
<tr>
<td>Male</td>
<td>97</td>
</tr>
<tr>
<td>Female</td>
<td>49</td>
</tr>
</tbody>
</table>

States and Territories Represented and the Frequency

<table>
<thead>
<tr>
<th>State</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>1</td>
</tr>
<tr>
<td>Connecticut</td>
<td>1</td>
</tr>
<tr>
<td>Georgia</td>
<td>1</td>
</tr>
<tr>
<td>Hawaii</td>
<td>1</td>
</tr>
<tr>
<td>Illinois</td>
<td>102</td>
</tr>
<tr>
<td>Indiana</td>
<td>4</td>
</tr>
<tr>
<td>Iowa</td>
<td>4</td>
</tr>
<tr>
<td>Kansas</td>
<td>1</td>
</tr>
<tr>
<td>Kentucky</td>
<td>3</td>
</tr>
<tr>
<td>Maryland</td>
<td>1</td>
</tr>
<tr>
<td>Michigan</td>
<td>2</td>
</tr>
<tr>
<td>Mississippi</td>
<td>1</td>
</tr>
<tr>
<td>Missouri</td>
<td>1</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>1</td>
</tr>
<tr>
<td>New Jersey</td>
<td>2</td>
</tr>
<tr>
<td>New York</td>
<td>1</td>
</tr>
<tr>
<td>North Carolina</td>
<td>1</td>
</tr>
<tr>
<td>Ohio</td>
<td>6</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>1</td>
</tr>
<tr>
<td>South Carolina</td>
<td>1</td>
</tr>
<tr>
<td>South Dakota</td>
<td>1</td>
</tr>
<tr>
<td>Tennessee</td>
<td>1</td>
</tr>
<tr>
<td>Virginia</td>
<td>1</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>7</td>
</tr>
</tbody>
</table>

Applicants: 350+ (from every state in the Union plus foreign countries. There is a temporary quota on enrollment.)

Graduate Students: 12, of which 4 are doctoral level.
In wheelchairs: 6 (law students not included.)

Graduates: 102, over half in wheelchairs.
Placement: 100% in complimentary and secure professional positions; average income in excess of $5300.00 per year.

Married Students: 12, of which 6 are in wheelchairs.

Students are pursuing many curricula in each of the following colleges and divisions:

Agriculture

Commerce and Bus. Admin. Graduate

Education Journal and Communi-

Engineering

Fine and Applied Arts Law

Liberal Arts & Sciences

Division of Spec.

Serv. for War Vets.

(Many are pursuing studies in Institutes and Schools directly or indirectly a part of the Colleges and Divisions listed above.

General Classification of Disability:

Spinal Trauma, (Para-Tri-Quad-) 22* Amputees............. 3**

Foot polio......................... 79 Arthritis (severe) 2

Cerebral palsy..................... 13 Blind...................... 9

Muscular Dystrophy................ 3 Miscellaneous........ 4

*An individual with a Spinal Bifida (paraplegia) with a life history of Osteomyelitis and disarticulation of left leg at hip.

**An amputee, right arm (AB), with cerebral injury resulting in partial paralysis of right leg and right side of trunk, etc.

These figures change, proportionately and grossly, each semester.

To investigate the background, capabilities, physical limitations, achievement in the Hospital and Tutorial Program, and success or failure of the students, the writer chose the case study method.

Young discusses the values and limitations of the case method and notes:

"A case study seeks to determine social processes, it reveals the complexity of factors and indicates their sequences and interrelationships. A series of case studies, uniformly gathered, persistently seeks out similarities and differences for purposes of

comparing and differentiating the unique as well as common differences."

Good notes the value of the case-study method in his "Sequence of Steps in Case Study and Case Work." Of particular value in the current integration battle is Frazier's study of persons in a given cultural setting. Hollingshead's study and information on recording and testing case data and Symonds' work on the case study as a research method pointed out particular pitfalls and useful materials for the writer to consider.

To determine the most effective manner of conducting interviews with the students who had participated in the Hospital and Tutorial Program, the writer, though a counselor by training, reviewed the literature pertaining to techniques of successful interviewing.

Rothney and Roens work on counseling individuals and


2/Franklin E. Frazier, Negro Youth at the Crossroads: Their Personality Development in the Middle States, American Council on Education, Washington, 1940.


Rogers' Counseling and Psychotherapy provided valuable information in dealing with the student who is seeking personal adjustment. Kessler's work on rehabilitation of the physically handicapped students provided insight into the problems of the handicapped students. Arbuckle's Teacher Counseling and his more recent Student Personnel Services in Higher Education, as well as Wrenn's work on personnel services in colleges, provided suggestions and insight on dealing with students who had been or were the writer's counselors.

Bingham and Moore give practical suggestions for interviewing, and Erickson's handbook for counselors, as well as his basic text on interviewing were of value in conducting

the interviews with former students of the Hospital and Tutorial Program. Snyder's\textsuperscript{1} casebook and Gardner's\textsuperscript{2} non-directive counseling suggestions were pertinent to the interviews held with the handicapped students.

For information concerning philosophies of rehabilitation, the writer investigated the literature to determine whether the philosophy of the Program was substantiated by others in the field.

The writer is of the opinion that the work of Kenneth Hamilton\textsuperscript{3} is most valuable for a description of one philosophy of rehabilitation and also for techniques in working with handicapped students. Hamilton notes that the aims of the severely handicapped are essentially the same as for other persons but that too often the fact is not accepted.\textsuperscript{4}

Hamilton cites as basic aims of the handicapped the following:\textsuperscript{5}

1. The highest physical function he can gain.
2. Social acceptance as an active participating member of the community.

\textsuperscript{1}William T. Snyder, Casebook of Non-directive Counseling, Houghton-Mifflin Co., Boston, 1947.

\textsuperscript{2}B. B. Gardner, Case Studies for Interviewing Methods and Techniques, University of Chicago Bookstore, Chicago, 1944.


\textsuperscript{4}Ibid., p. 205.

\textsuperscript{5}Ibid., p. 216.
(He seeks to avoid the status of the passive, side-line enabler who is dependent and contributes little, and whose satisfactions are largely vicarious.)

3. The highest degree of economic self-reliance he can realize as a prerequisite to his highest degree of self-determination.

4. The fullest realization of emotional satisfactions in his personal and social relationships, including aesthetic, vocational and sexual expression."

The work of Rush and Taylor\(^1\) primarily for people with severe handicaps provided a further awareness of the problems of the students in the Hospital and Tutorial Program. Such problems as "Taking Advice," "Doing Things Differently," and "Conquest of the Kitchen" gave insight to the writer in counseling and later in the follow-up interviews conducted with the handicapped students.

Yost and Gilbreth\(^2\) book, specifically for "men and women who have become disabled and want to know what the future holds," is a straightforward account of the problems that beset the physically handicapped, with suggestions as to how to meet and overcome these problems. This book, although written for the disabled student, provided a great deal of information concerning the self-understanding the student must have to be successful in his rehabilitation program.

The counselors who have worked in the Hospital and

---


Tutorial Program have all been aware of limitations in training and lack of experience in dealing with some of the particular problems of the physically handicapped. Hamilton lists some of the basic limitations to counseling in a rehabilitation process which are particularly appropriate for the work of the counselors in the Hospital and Tutorial Program. The limitations of counseling as proposed by Hamilton are as follows:

1. We do not know the basic psychological meaning to client of his disability. The capacity of a person to experience far exceeds his capacity to transmit this experience to others. Words are not sufficiently precise for this purpose. Sermon alone is not adequate to meet this limitation.

2. Counseling is restricted to the uncompromising limitations of diagnostic and therapeutic techniques, in the social and psychological areas especially.

3. The attempt to determine by medical information alone what the client can or cannot do, in the sense of capacities, is unreliable. The variables imposing the difficulty in this regard are such things as the adaptability of the client, his will to succeed, and the adaptability of employment requirements....

4. The limitations of the counselor are, of course, the limitations of counseling. His knowledge of community resources and his skill in making use of them are two obvious points. Other limitations relating to the counselor are: his knowledge of the structure of industry, ingenuity, tact, resourcefulness, drive, ability to relate to persons other than his client, and willingness to apply himself. Counselors vary in their abilities to do the thinking which the complex factors in rehabilitation require. They also vary in their freedom from bias.

\[1\text{Kenneth V. Hamilton, op. cit., pp. 110-111.}\]
and emotional loading and in their reactions to clients of differing disabilities, background, and abilities.

5. The limitations of the community are the limitations of counseling. Employment and training opportunities differ. The availability of needed resources, medical, surgical, or other, is not the same from one community to the next. The adaptability of existing resources is another variable. The community consciousness, its acceptance of welfare efforts, the weight of tradition, economic levels, and the presence or absence of leadership, within the community are among other things which limit counseling in varying ways from one community to the next.

6. The individual differences among clients limit counseling. Clients vary in their capacity to take a long-term view of themselves. They differ in intelligence. They differ in maturity and in personal integration and incentive. They vary in their susceptibilities to the counseling process, just as students vary in their capacities to benefit from educational opportunities. Clients have families. There may be conflict between personal and family interest. The family of the client commonly exerts simultaneous pressures and influences on him which are of an unpredictable nature and sometimes in an undesirable direction.

7. Counseling limitations are, in varying degrees, inherent in the disabilities of clients. Established neurotic patterns in clients' attitudes toward disability make the disability 'needed.' This situation confronts the counselor with an added disability, the removal of which is difficult, if not impossible, until the basis of the original 'need' is removed. Finally some disabilities are in themselves causes for social rejection. When this is present to a marked degree, very little benefit can be anticipated from efforts directed solely to the afflicted person. His insight and his own mental hygiene are fundamental, of course, but the real answer to the problem is not his to give.
CHAPTER III

HISTORY OF THE PROGRAM

The Boston University Hospital and Tutorial Program was inaugurated in April 1948, as a result of a contract drawn between the Veterans Administration and the Trustees of Boston University, signed by E. Gay Spears, Treasurer of Boston University, and John L. Pickett, Chief, Vocational Rehabilitation and Educational Division, Veterans Administration in Boston, Massachusetts.

The contract is filed in the Veterans Administration office in Washington under the number #Va 1 r-ve 298. The contract is an agreement on the part of the Veterans Administration to be charged for instruction for hospitalized veterans by Boston University within the limits of Public Law 346, providing for training and education to eligible veterans. The contract was a result of a proposal made by Dean Judson Butler, of the then-named General College of Boston University, in which the General College would undertake a pilot study of ten students, all veterans residing in the Veterans Hospital in Rutland, Massachusetts.

As part of this contract, #Va 1 r-ve-298, Schedule I describes the special provisions to be provided for the
hospitalized veterans.

"It is understood that the course offered to Hospitalized Veterans under Public Law 346 as amended is offered subject to the following conditions.

A. In order to enroll a trainee must be examined and determined by the Department of Medicine and Surgery of the Veterans Administration to be physically and mentally capable of carrying on the program. He will then be enrolled the same as other students in the University.

B. The duration of the General College course is two years and this means two ordinary school years of two sixteen week semesters per year. Those hospitalized veterans must complete the equivalent of work required in the General College Program.

C. While the full program of the General College is sixteen semester hours per semester that is completed in sixteen calendar weeks of attendance, it is understood that the length of time it may take a Hospitalized Veteran to complete a semester's work will depend upon his individual capacity.

D. The program will be in operation eleven months a year.

E. At the successful completion of any semester's work a trainee who is discharged from the hospital may enroll in the college at the appropriate semester as a resident student. Suitable arrangements will be made for the veteran to complete a semester if he is discharged or for other reasons leaves the hospital before a semester is completed. The institution will enroll the veteran in the appropriate semester.

F. Each trainee will receive packages, each representing a unit of work at the college. These packages will contain recordings of lectures, visual aids, graphs, diagrams, and reading assignments. Upon completion of each unit of work the trainee will move on to the package containing the following unit of work. These records contain a half of the regular school lecture on each side so that the record is the complete lecture.
G. The institution, Boston University, will furnish transcribers at no additional expense to the government or veteran.

H. An average of one instructor will visit each week with the trainees at the hospital in Butland Heights for instruction and discussion.

I. Tests and examinations will be sent to the Veterans Administration Medical Rehabilitation representative at the hospital who will be proctor of tests and examinations and who return said tests and examinations to Boston University for correction.

J. Since there are many reading assignments, it is planned to have a branch of the Boston University Library established at the hospital so that the books will be available to these veterans.

K. Tuition and other Fees: Tuition will be the regular college tuition of $450.00 per school year. In addition there will be a $40.00 library and guidance fee per school year and a $15.00 registration fee, also a graduation fee of $2.00 if the trainee successfully completes the course. There will be no other charge.

L. School year is interpreted for purposes of this contract as the time it takes these hospitalized veteran trainees to accomplish the equivalent of two semesters' work of the General College.

M. Subsistence allowance is not payable while the veteran is hospitalized or in the event of discharge from the hospital unless the veteran is actually in attendance at Boston University.

The provisions spelled out in Schedule I, Contract #VA 1 r-vw 296 were the result of proposals discussed by Dean Judson Butler and Veterans Administration representatives in an attempt to conduct a pilot study of college education for the severely disabled or those with limited work tolerance. It was agreed that no more than ten students would be accepted into the pilot group. A survey of all Butland Heights patients was
made to obtain their educational background and interest in such a program. The physical condition of each patient was then discussed with the ward physician. The physician decided whether the patient were physically and mentally capable of entering the program. The regular Boston University entrance examination was administered to all patients when the physicians approved, though some students were confined to their beds and made testing difficult. Since this was a trial program, only the patients with the highest marks were admitted to the Program.

It was the belief of Dean Butler that the program in General Education was ideally suited for returning veterans who were recuperating from long illnesses, provided that the Program could be adjusted to the work tolerance of the individual student. Such a program should enable a student meeting the requirements to (1) commence or recommence his studies at any time during the year without repetition or additional expense, and (2) progress at the maximum speed compatible with his physical ability. The Hospital and Tutorial Program of Boston University has been in operation since April 1943.

As a university may begin with the attempts of one college meeting the community needs by setting up new special schools or colleges, so a special program for the severely handicapped may have its origin in the attempts of a college meeting the needs of one handicapped student. The origin of the Hospital and Tutorial Program may be traced directly to the attempts of
the General College to meet the needs of one freshman student in September 1946.

In the entering freshman class of September 1946, one student from Tel Aviv, Israel enrolled with the understanding he would be granted leave for an anticipated spinal operation. This student had contracted poliomyelitis while attending a seventh grade class in Israel, and was to undergo a series of operations in the Hospital for Joint Diseases in New York City. In November 1946, he appealed to the dean of the General College for suggestions as to how he might continue his college work while hospitalized. Dean Butler and his faculty decided upon a trial use of recordings of all lectures. The General College was particularly suited for such an attempt because of the nature of the curriculum. It was a two-year program in which all students took the same subjects. The program included two years of studies in Science, Social Science, Political Science, the Humanities, and Educational and Vocational Guidance on an integrated basis.

Approximately eighteen lectures weekly were sent to the hospitalized student. The professors used a lapel microphone, recording the lecture as they delivered it to the freshman class. The tapes were reproduced on small plastic records and the spools were returned to the college to be erased and used again. Each record contained the full lecture of the professor as it was given, including any questions or responses of the students.
as they might occur.

An article in Campus News, May 15, 1947 stated:

"_________ takes notes on the lectures, laughs with the rest of the class when the professor cracks a joke, and plays over difficult parts of a lecture until he is sure he has absorbed them. This ability to play over entire lectures or portions of them, and to stop the reproduction until he is able to catch up on his note-taking is an advantage which students listening in the lecture hall do not enjoy, he admits. Patients in Ward 0 are receiving a liberal education as they use the recorder to reproduce lectures on English, Social Science, Natural Science, and Guidance. The recordings have attracted widespread attention among the medical people at the hospital as well as among patients and visitors."

Upon completion of the scheduled operations this student returned to the General College of Boston University. He graduated from the General College and was fully recommended to continue his studies at the Law School. In June 1955, this candidate was graduated from Boston University Law School and passed the bar examinations for the State of Massachusetts. He entered into private practice as an attorney.

The success of this one student prompted Dean Judson Butler and his faculty to consider the negotiations with the Veterans Administration that led to the pilot study of patients in the Veterans Administration Hospital at Rutland Heights, Massachusetts.

The Hospital Program, inaugurated in April 1948, met with
varying degrees of success. Although ten students had been approved, the program began with nine, for one student was immediately withdrawn by the staff physician prior to the first conference. The nature of tuberculosis is such as to make any prognosis uncertain, and prediction of academic success most difficult.

The achievement of the nine students may be noted in Figure 1. A resume of the students is listed in the Case Studies, numbers one through nine.

Shortly after the pilot study was begun, the program was faced with new problems. Several of the enrolled veterans had recovered sufficiently to be released from the hospital with a limited work tolerance. Though these veterans could continue their education, they lacked the physical stamina necessary to attend the University on a full-time or part-time regular basis. The work tolerance of the student is determined by the Veterans Administration physician and may fluctuate with any change in the student's physical condition. The program therefore had to plan a presentation which would enable students released from the hospital to continue their education while convalescing at home. This new presentation had to provide for the following:

1. Immediate or delayed transfer from the hospital to the new presentation.

2. Maximum progress for each student on an individual basis governed by his own work tolerance.
Figure 1. Achievement of Pilot Study Students in Hospital Program Accepted April 1948

<table>
<thead>
<tr>
<th>Student I</th>
<th>Student II</th>
<th>Student III</th>
<th>Student IV</th>
<th>Student V</th>
<th>Student VI</th>
<th>Student VII</th>
<th>Student VIII</th>
<th>Student IX</th>
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</thead>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 4 8 12 16</td>
<td>4 8 12 16</td>
<td>Discharged from hospital; recommended withdrawal</td>
<td>Discharged from hospital; full-time college program</td>
<td>Recommended withdrawal for surgery</td>
<td>Recommended withdrawal; psychological problems</td>
<td>General College full-time Sophomore Year</td>
<td>Recommended withdrawal for surgery</td>
<td>General College full-time Sophomore Year</td>
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</tbody>
</table>

*Note: Weeks indicated refer to weeks' achievement in the Program, not weeks in attendance.*
3. The possibility of rehospitalization, transfers back to the hospital and again back to the new method of presentation. These transfers were to be accomplished without retarding the student's progress, repeating any work, or additional expense to the veteran.

Since these veterans were processed and approved by Veterans Administration guidance officers for training under Public Law 16 prior to leaving the hospital, it was necessary for the school to negotiate a new contract with the Veterans Administration. Therefore, the following program was presented to the Veterans Administration for their approval:

1. All books and equipment furnished to a veteran in a hospital would be transferred to his home.
2. The veteran would be in resident training, i.e., attend conferences within the University one day a week.
3. Continuation of other provisions as provided by Schedule I.

The Veterans Administration Contract and Educational and Training Sections officials determined that this program should comply with all regulation for training veterans under Public Law 16 and, therefore, a contract was signed for the program entitled: "The Boston University General Education Home Study Program."
This contract, numbered #V-3001V-178, was signed by
E. Ray Speare, Treasurer of Boston University, and Harold S.
Niley, Chief, Vocational and Educational Division, Veterans
Administration. In a supplement marked Schedule I, provisions
of the program were outlined as follows:

"A. This course offered by Boston University is the
full program of the General College offered to
resident students of the General College of
Boston University.

B. The duration of the General College course is
two school years, consisting of two 16-week
semesters each school year.

C. While a full-time resident student is required
to complete a semester's work in 16 calendar
weeks, it is understood that the time it will
take a student enrolled in this extension pro-
gram to complete a semester's work will depend
upon his or her ability and individual capacity.

D. At the successful completion of any semester's
work a trainee who is declared medically feasible
for full-time resident training may enroll at
General College in the appropriate semester.

E. Each trainee will receive packages each represent-
ing a unit of work at the college. These packages
will contain recordings of lectures, visual aids,
graphs, diagrams and reading assignments. Upon
the completion of each unit of work, the trainee
will move on to the package containing the follow-
ing unit of work. (These records contain a half
of the regular class lecture on each side, each
record reproducing a complete lecture.) The school
will also furnish an Audograph machine for the
trainee's use. All necessary books will be avail-
able to the trainee.

F. Each trainee will visit General College once each
week by appointment. The trainee will receive a
half-hour private instruction each week during
this visit, in each of the following categories:


\[ \frac{1}{2} \text{ hour of Introduction to Science} \\
\frac{1}{2} \text{ hour of English and Humanities} \\
\frac{1}{2} \text{ hour of Human Relations} \\
\text{Every fourth week: } \frac{1}{2} \text{ hour in Guidance} \]

C. School year is interpreted for purposes of this contract as the time it takes a veteran trainee to accomplish the equivalent of two semesters' work of the General College.

II. This program will be in operation eleven months of the calendar year.

I. Tuition and Other Fees: Tuition will be the regular college charges of $450.00 per school year. In addition, there will be a $40.00 Library and Guidance Fee per school year and a $10.00 Registration Fee, also a Graduation Fee of $15.00 if the trainee successfully completes the course. A dictionary will be furnished at the current bookstore price. Recordings will be furnished at cost which is $0.25 per record.

Rental charge on Audiograph machine will be $10.00 per calendar month per instrument. Private instruction will be at the rate of $5.00 each half hour of instruction.

J. Billing for tuition under the instructions of Paragraph 1361, Manual MT-5 will be on the basis of number of weeks completed rather than on the usual calendar week basis.

An additional supplement entitled Supplement #2, effective as of September 1, 1948 included the following provisions:

"This supplement is negotiated for the purpose of providing in Paragraph F of Schedule I of the original contract the following additional category: \( \frac{1}{2} \) hour of Mathematics."

This supplement was also signed by R. Ray Speere, Treasurer of Boston University, and Harold S. Kiley, Chief Vocational and Educational Division Veterans Administration."
As the program continued, the Veterans Administration and Boston University entered into yearly contracts. Substantially the same as agreed upon in the original contract, V 300 1 V-178, new changes or additional instructions were noted in supplementary schedules included in each contract.

In November 1950, the contract negotiated between the University and the Veterans Administration included this additional supplement:

"All students will receive \( \frac{1}{2} \) hour of private instruction in the following areas:

<table>
<thead>
<tr>
<th>First Year</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Introduction to Science</td>
<td>( \frac{1}{2} ) hour</td>
</tr>
<tr>
<td>Human Relations (Introduction to Social Science)</td>
<td>( \frac{1}{2} ) hour</td>
</tr>
<tr>
<td>English and Humanities</td>
<td>( \frac{1}{2} ) hour</td>
</tr>
<tr>
<td>Personal and Occupational Psychology</td>
<td>every 4 weeks</td>
</tr>
<tr>
<td>Mathematics</td>
<td>( \frac{1}{2} ) hour</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Science</td>
<td>( \frac{1}{2} ) hour</td>
</tr>
<tr>
<td>Human Relations</td>
<td>( \frac{1}{2} ) hour</td>
</tr>
<tr>
<td>English and Humanities</td>
<td>( \frac{1}{2} ) hour</td>
</tr>
<tr>
<td>Political Economy</td>
<td>( \frac{1}{2} ) hour</td>
</tr>
</tbody>
</table>

The additional supplement also included an agreement for increased tuition rates from $430.00 to $475.00, and allowed for a charge of $2.35 for rental of degree cap and gown for students who would graduate from the General College during the period of the contract.

The contract negotiated in September 1951 through August 1952, numbered Contract #V3001V-1227, included this additional provision:
"All students will receive half hour private instruction in the following areas:

**Freshman Year**

- Semester One
  - English and Humanities ½ hour
  - Human Relations ½ hour
  - Introduction to Science ½ hour
  - Personal and Occupational Psychology ½ hour

- Semester Two
  - English and Humanities ½ hour
  - Human Relations ½ hour
  - Introduction to Science ½ hour
  - Mathematics (Basic) ½ hour

**Sophomore Year**

- Semester One
  - English and Humanities ½ hour
  - Human Relations ½ hour
  - Political Economy ½ hour
  - Science ½ hour

- Semester Two
  - English and Humanities ½ hour
  - Human Relations ½ hour
  - Political Economy ½ hour
  - Science ½ hour

The contract #V3001V-1237 provided, also, for an increase in tuition from $475.00 to $900.00 per school year, as of November 1, 1951. The contract also provided for a decrease in charges of the individual recordings from twenty-seven cents to fifteen cents per record.

The contract negotiated in July 1952 covered the period from September 1, 1952 through August 31, 1953. The contract was numbered Contract #V3001V-1318, and included this additional provision:
"Tuition $990.00 per school year.
Fees: Guidance, Library Service and Special
Activity fee $32.50
Graduation fee 7.50
Application fee 10.00
Rental charge for Audiograph machine will be
$10.00 per month.
Record Rental (approximately 300 records)
$1.15 per record.
Associate Degree Cap and Gown rental $2.25
Private instruction will be at the rate of
$5.00 each half hour of instruction."

In contract #V3001V-1312, the agreement is stated as being
an agreement between Boston University College of General Educa-
tion (formerly General College), including the Junior College
Division, and the Veterans Administration. Subsequent agree-
ments would also refer to the College of General Education.

In February 1954, a contract #3001V-1619 was negotiated
covering the period from August 20, 1954 to March 1, 1955 and
later extended by supplementary agreement to January 31, 1955.
This contract included a supplement Schedule I which provided
for the following provisions:

"Tuition: The charge for completing the credit
requirements for a school year in (18) eighteen
or less calendar months is $1,000.00. (This
charge includes tuition, machine and record
rental, library service, mimeographed materials,
private instruction and guidance.)"

This contract, numbered #3001V-1619, was signed by
E. Bay Spears, Treasurer of Boston University, and Harold S.
Kiley, Chief Vocational Rehabilitation and Education Division
for the Veterans Administration.

Since January 1955, individual students entering the
Program under the sponsorship of the Veterans Administration have been enrolled following the provisions of the 1953 contract. The tuition of the College of General Education is at present $950.00 for one year's full-time attendance. The tuition for the Hospital and Tutorial Program has remained at $1,000.00 per academic year since 1953. The Hospital and Tutorial Program has continued the policy of charging the student for only that amount of work accomplished per semester rather than the semester tuition.

Since the inauguration of the Program in April 1948, the Hospital and Tutorial Program has serviced students with great differences in physical limitations. Starting with tubercular patients in a Veterans Administration Hospital, the Program expanded into serving students handicapped by paraplegia, quadriplegia, poliomyelitis, myasthenia gravis, congenital deformities, and the crippling results of automobile and diving accidents.

The Program services the students through two methods: the Recorded Program and the Teacherphone Program. The Recorded Program is the curriculum of the College of General Education provided to the student through records and personal conferences with the instructors. The conferences with instructors are held in the hospital, the home, or on a weekly basis within the college. Upon completion of the Hospital and Tutorial Program, the candidate receives the Associate in Arts
Degree and is recommended for transfer, with Junior standing, to the school or college within the University for advanced study in his field of specialization.

The Teacherphone Program is a two-way intercommunication system by means of telephone lines between the student's home or hospital and the University. The Teacherphone Program has been available through the Junior College, the College of General Education, the School of Public Relations and Communications, and, most recently by vote of the faculty, the College of Liberal Arts.

This system enables the student to listen to lectures from his own home as they are being given to those in attendance. The phone system allows the student to participate in class discussions, ask questions, or be called upon to answer the instructor's questions while the class is in progress. Instructors and guidance counselor visit the student in his home for clarification or assistance on any aspect of the work being covered in the classroom.

It is also possible for a student to use a combination of both programs through use of the Recorded Program for the first two years of the student's college education and the Teacherphone Program for the last two years of the student's college education.

It is important in reviewing the case studies of the students accepted into the Pilot Study to note that no student was
physically able to attend any college program that required attendance on a regular basis. The inability to attend regular classes became the first criterion for acceptance into the Hospital and Tutorial Program. Many colleges provide programs on a part-time basis, and within Boston University a student may enroll as a part-time student, carrying as little as three credit hours per semester. But in all part-time programs a student must meet consistently all the class meetings of the course. Beyond an accepted "cut" limitation, the student must attend all class meetings or, by University policy, be withdrawn from the course.

The Boston University Hospital and Tutorial Program is unique in that the design of the Program is specifically for those students who cannot attend regularly. In cases where the student cannot attend the University at all, the instructors of the University will meet with the student within the home or hospital. In cases where the student suffers a relapse or re-enters a hospital for surgery or treatment, his program may be interrupted until his physician grants permission to recommence his studies.
CHAPTER IV
THE PROGRAM

1. The Course Content in the Hospital and Tutorial Program

The Hospital and Tutorial Program, established in 1948, has consistently followed the course outlines of the Boston University College of General Education. The administration has at all times been housed in the same building as the college; the faculty has at all times been members of the college faculty.

As changes and revisions in the curriculum of the College of General Education have been made, these changes and revisions have been incorporated into the Hospital and Tutorial Program. The Director of the Program is a member of the faculty of the College of General Education. The Director attends all faculty meetings and is included in all discussions of curriculum change.

Although course content or sequence may be altered through self-study evaluations, the purposes and aims of the College of General Education have remained the same as stated in the 1948-1949 General College Catalogue. The aims of the college, as drawn up by the Dean and the faculty in 1948, are as follows:

"The aim of the General College, as its name implies, is to offer the students a general education in which emphasis is placed on the relationships within and among the principal fields of knowledge, rather than upon specialized training in any one vocational or cultural subject....The two year curriculum of the General College includes material..."
from five broad areas of human interest, taught without reference to the lines of demarcation which normally set off one subject from another: Natural Science (Geology, Physics, Chemistry, and Astronomy), Human Relations, English and the Humanities, Political Economy and Guidance.

An examination of the catalogues of the General College (now known as the College of General Education) supports the premise that changes in the curriculum did not affect changes in the aims and purposes of the college.

The description of course content in the Department of Human Relations taken from the 1948-1949 catalogue as compared with the description of the course content in the same department in the 1958-1959 catalogue may be used to illustrate this premise. The 1948-1949 General College Catalogue describes the course content of the Human Relations Department as follows:

"The course in Human Relations covers a two-year period. The first year's work is analytical and is concerned with the study of man, social institutions and forces, while the second year uses a dynamic or historical approach giving a picture of the development of certain social institutions in western civilization as well as an examination of some of the great social issues of our time. The complete course discusses the larger aspects of man's relation to other men in the area of personal and impersonal association, and introduces the student to the origin and character of the problems facing man in the twentieth century. It gives careful attention to such questions as the reduction of conflict between nations, races, and religions; the status of the family in our society and the fundamental problems that have to do with marriage relationships; and the place of values and ideals as they affect the course of human development.

"Through the use of the case method the student is encouraged to think about these questions in the concrete experience of everyday life. Every oppor-
tunity is given for individual discussion in small section-meetings, and through conference periods. The purpose of the work in Human Relations, in short, is to arouse the interest of students in the fundamental human and social problems which are demanding the attention of informed and intelligent people everywhere, and to give these students the knowledge provided in the social sciences which will assist in living a successful life as members of a democratic family, community and society.

"Among the specialized fields of the social sciences which are concerned with man's relation to other men are anthropology, psychology and sociology. The work in Human Relations utilizes materials selected from these particular areas as they bear on man and the contemporary world. Although the material is fused into a common whole rather than studied as separate disciplines, the student is expected to master the fundamentals. Over the two-year period, the course provides 6 credit hours of anthropology, 5 credit hours of psychology and 6 credit hours of sociology.

**First Semester**

I. Science and the Social Sciences: analysis of the scientific method as it applies to the study of man and society.

II. Psychological factors and personality: motivation; drives, wishes, interests, aptitudes (See also Guidance Department); learning and memory; perception, feelings and emotions; psychoanalytic theory of emotional conflict; the nervous and glandular systems (See also the Science Department).

III. Cultural factors and personality; the nature of culture; folkways and mores, culture patterns, the effect of culture upon personality.

IV. The Group and personality; the nature of the group, types of groups, mechanisms underlying group behavior; the self as a product of the group; psychogenic factors; the importance of early family and primary group experiences.

V. Biological factors and personality: the nature of variability; the relative influence of heredity and environment; the problem of test intelligence.
(See also Guidance Department); sex differences; race differences.

VI Personality disorganization: the mentally disorganized; the mentally deficient; the alcoholic; the delinquent; the criminal.

Second Semester

I Psychological factors and society: social interaction; competition; foundations of competition; nature and types of conflict; race relations and conflict; prejudice accommodation; caste and class structures.

II Culture and social organization: the family and marriage; the religious institutions; economic and political institutions; the educational institution.

III Biological factors and society: disease and society; population; theories of population growth and decline; the birth control movement; eugenics and problems of population quality.

IV Social disorganization: family disorganization; community disorganization; political and economic corruption; crime and social disorganization; organized crime and the culture pattern; penal institutions.

Third Semester

I Human Origins: the lower primates and their development; human evolution; and prehistoric man; the character and contributions of the cultural period of prehistory.

II Early Civilizations: civilization in the Near East; the land, people, social life, religion, philosophy and legacy; the background of classical civilization; the Minoan and Mycenaean cultures.

III Classical Civilization: the reaction against tradition in 5th century Greece; the refinement of methods of thought in Athens, dialectic and grammar; Plato and Aristotle; social and ethical criticism in Greece and Rome; religious thought in the latter classical period.
IV The Middle Ages: authoritarianism and its effect on life and thought; Realism and society; social institutions of the Middle Ages; education and the family; Nominalism and its effect upon subsequent thought.

V The Early Modern Period: the scientific movement; Copernicus, Galileo, Newton; the philosophical reaction; Francis Bacon, Descartes, Hobbes, Spinoza; the religious movement; Calvin, Luther; the Counter-Reformation; Deism.

VI The Modern Period: Educational backgrounds; Pestalozzi, Herbart, Froebel, social reformers; Montesquieu, Turgot, Saint Simon, Comte, Spencer, Sumner, Development of modern Psychology: Wundt, James Tichener, Dewey.

Fourth Semester

I Invention and Diffusion in Social Change: analysis of processes; integration of innovation; social effects of innovation.

II Migration and Mobility as factors in Social Change: migration as a historic phenomenon; immigration in the United States; the Refugees; mobile types; personality characteristics, migratory families and workers.

III War as a factor in Social Change: its institutional and psychological aspects; its social products; its effect upon social institutions; war, nationalism and internationalism; revolution.

IV Geographic factors and Social Change: the theory of geographical determinism; land and its effect upon society; social relief, mineral resources, natural resources and internationalism; the conservation of natural resources.

V The Machine and Social Change: society and technology; the machine and the industrial revolution; the effect of the machine, positive and negative; the factory as a social system; the social and psychological aspects of unemployment; the machine and leisure and recreation.

VI The City as the Center of Social Change: the
history of the growth of cities; the ecology of the city; urban life and personality; urban life and social institutions; urban life and minorities; housing.

VII Factors in Social Control: communication and social control in the local group; fashion, rumor, propaganda; censorship and public opinion; the psychology of the crowd and audience; the administration of relief and social work; communications and social control in international relations.

VIII Towards the Good Society; the place of values in personal and social philosophy."

The 1958-1959 catalogue of the College of General Education describes the content of the course in Human Relations as follows:

"The Human Relations Department seeks to give students a knowledge of themselves and the society in which they live. In so doing, it seeks forth an integration of the social sciences, attempting to interweave concepts drawn from several areas, notably anthropology, history, social psychology, and sociology, in the effort to discuss man as a whole in the social field. The first year presents an elementary analysis of society and personality: the second is concerned with an historical and intellectual approach to the development of our civilization. The entire program discusses the larger aspects of man's relations to other men, and introduces the student to the origin and character of the problems facing man in the twentieth century. It seeks to give the background of some of the personal and social issues which are demanding the attention of informed people everywhere, and attempts to provide such knowledge as will assist the student in living a satisfying life as a member of a democratic family, community, and society. Somewhat more specifically, the course helps students:

1. To acquire an understanding of other cultures and peoples.
2. To gain the ability to observe social facts objectively.
3. To analyze the roles of social and histor--
ical forces in institutional life.
4. To explore the place of values in personality and society.
5. To attain an understanding of the philosophic currents which constitute Western civilization.

"The Program, in short, is orientated toward the development of the intellectual capacity necessary for informed and responsible citizenship. Throughout, the attempt is made to relate each topic or unit of study to those in other departments in order that students may see given facts in their widest possible relationships.

"For purposes of transfer to other colleges, the following distribution of units of credit is recommended:

- Anthropology 3 credit hours
- Psychology 3 credit hours
- Sociology 6 credit hours

First Year

I. The Methods and Scope of Anthropology and Sociology: the application of social science principles to an understanding of society.

II. Ecological and Biological Bases of Human Society: geographic and ecological interpretations; organic factors in social life; racial and ethnic groups; demographic trends and movements.

III. Cultural and Social Foundations of Human Society: the nature, content, and characteristics of culture; folkways, mores, laws and institutions, culture patterns, variability of culture; functionalism as a theory of culture; the nature of the group, status and role; types of groups, group processes, social and cultural change.

IV. The Application of Sociological and Anthropological Concepts to Specific Societies: a folk society illustrated by the Eskimo; a society based on kinship—the Navajo; a Colonial African Society—The Baganda; a society based on caste and class—The Cotton South; an industrial society—The English Midlands.

V. The Methods and Scope of Psychology: the application of psychological principles to an understanding
of human behavior and personality.

VI Organic and Psychological Bases of Personality: personality as a psychological concept; perception; organic, group, and cultural factors relating to perception; motivation; organic, social and cultural factors in human motives; learning; psychological; group, and cultural factors relating to learning; emotion; organic, group, and cultural influences in emotion.

VII Individual Differences: the interpretation of the 'nature versus nurture' theory in psychology; the effect of heredity and environment upon mental differences, sex differences, constitutional differences.

VIII The Self and Personality Organization: theories of the self; the emergence and development of the self in social interaction; the study of 'role' theory.

IX Dynamic Aspects of Personality: the importance of childhood; unconscious motivation; the structure of personality; the defense mechanisms; the concepts of the normal and abnormal.

X The application of selected principles of psychology, anthropology, and sociology to a study of the growth of personality by specific individuals; an analysis of the shaping of personalities by social, cultural, biological, and psychodynamic factors.

Second Year.

I Judaism: the environmental background of Hebrew monotheism; the changing content of the Hebrew idea of God; social justice as religious morality.

II Classical Culture: the foundations of philosophy from the pre-Socratics to Aristotle; the Hellenistic era and the world diffusion of the Greek achievement.

III Christian Culture: the social background of Christianity; the intellectual and cultural contributions of Christian universalism; the Christian synthesis of the Middle Ages; the fusion of Reason and Revelation.
IV The Renaissance and Reformation: the revolt from the medieval synthesis; Secularism, Humanism, and the glorification of the individual; the ideological and social consequences of new religious doctrine.

V The Scientific Revolution: the birth of the modern mind; Copernicus to Descartes; the implications of a heliocentric universe; the affirmation of human reason.

VI The Age of Reason: the philosophical consequences of the scientific revolution; the eighteenth-century Enlightenment and the publicists of Reason, Nature, and Progress.

VII The Crisis of Nineteenth-Century Ideology; the repudiation of the Age of Reason; the impact of industrial capitalism; sociological questions arising from the new technology; the analysis of problems in historical perspective.

VIII The Problem of Social Change: attempts to formulate a dynamic theory of society; historical interpretations from Marx to Toynbee; social change and the world crisis.

IX The Problem of Religion in a Secular Society: the challenge of science, secularism, and indifference to contemporary religion; nineteenth-century roots of major modern theological emphases; contemporary cults, sects, and denominations.

X The Problem of the Individual in a Mass Society: the destiny of man in an urban industrial civilization; depersonalization or a higher integration.

Although there were changes and revisions in the content of the Human Relations Department during the ten-year period as indicated, the basic purpose of the department has not altered. This developing and changing of course content is common in all five disciplines but the purposes and aims of the college
have not altered since its inception.

2. The Administration of The Program

The role of the administrator of the Hospital and Tutorial Program is a unique responsibility. Examination of the duties of the Director indicates the responsibilities of the position, which are threefold. The Director is responsible for (1) the day-by-day administration of the Program, (2) the servicing of the individual students, and (3) the activating of community participation. The following is a description of the duties involved in these three areas:

Administration of the Program.— The Director is responsible for all administrative duties involved in conducting a special program of education within the framework of a large urban university. It is her responsibility to schedule all conferences within the college, home, or hospital. Since the participation of the instructors is in addition to their teaching responsibilities, appointments must be scheduled outside of the hours involved in classroom teaching, faculty meetings, or office hours. The scheduling must take into consideration the work tolerance of the student, whose physician may permit only four hours of attendance in the University per week.

During the days the students have conferences, the Director
must schedule twenty-five to forty-five appointments for the faculty members to meet the individual students. If eight students are scheduled for their weekly conference on one day, each student must see five instructors for a half hour of private instruction before leaving the college.

When the students are not attending weekly conferences, the Director is responsible for selecting the appropriate records for each student to hear during the week. Approximately sixty to seventy-five lecture records are exchanged weekly in the Program, and the Director must insure each student's receiving the correct lectures for the weekly reading assignments.

The Director is responsible for payment of instructors, including stipend for conference work, travel and expense vouchers. She is responsible for all library facilities that must be sent to the home or hospital, for the servicing of all equipment, and for providing the student with all audio or visual aids used in the five courses.

Servicing the Students.—The most time-consuming and demanding responsibilities of the Director of the Program are in servicing individual students. The director is responsible for the student's initial orientation to the aims and methods of the Hospital and Tutorial Program. She visits the home and/or hospital, interviews the candidate, the family, and the physician. She must have full recommendation of the staff or personal physician before the student may be considered by the
admissions committee of the University.

The Director must make arrangements for the student to be interviewed by one of the guidance counselors in the College of General Education. She is responsible for the testing of the student to determine his eligibility in Boston University. The University admissions committee does not provide testing facilities outside of the campus. In cases where the student is hospitalized, or where the student's work tolerance precludes testing at the University, the Director must personally supervise the testing or make arrangements for a competent proctor to be present.

The Director determines whether the candidate can afford the tuition costs in the Hospital and Tutorial Program. In ten years of operation, only one candidate has had the financial means to pay his own tuition. The Director has found scholarship aid for every student who did not qualify for Vocational Rehabilitation or Veterans Administration funds.

It is significant that for nine years the Vocational Rehabilitation Commission of Massachusetts would not assume the tuition costs for any student. Correspondence and records indicate that the Commission ruled that general education, while valuable as education, did not lead to a specific occupation, and therefore was outside of their criteria for financial support. The financial support for the students has been found through the Director's work in the community, which will be discussed in the
following pages.

Many of the students who attend the college for weekly conferences are unable to get in and out of an automobile without assistance. It is the duty of the Director to provide volunteer assistance from the faculty or student body.

The Director supervises all quizzes and examinations given to the students within the college. When the students are confined to their homes or hospital, the Director must personally supervise the examinations or provide competent proctors.

A natural tendency of the student is to progress more rapidly in one academic subject than in another. Since the Program is an integrated study of five areas, the values of the integrated method would be lost if the Director did not coordinate the student's progress within each discipline.

Students who are paraplegic or quadriplegic often have lost the ability to feed themselves. It is the Director's responsibility not only to schedule adequate lunch and rest periods, but to feed those students who are unable to use their hands. The Director personally assists all female students in their toilet, and provides volunteers from the student body or faculty to assist the male students as needed.

The Director has commented on the cooperation and participation of the staffs of hospitals in which the students have been patients. This is a reciprocal cooperation. The Director schedules all conferences for hospitalized students during hours
when the patient is not engaged in physical therapy, medical treatments, or enforced bed rests.

When the student has completed the two-year program, the Director must write recommendations for the candidate to continue within the University or at other institutions. The Director arranges for personal interviews between the student and the guidance staff of the college to which the candidate is transferring. She attends the graduation of the student as he receives the Associate in Arts Degree, and insures transportation and assistance for those students confined in wheel chairs.

All social occasions, such as Christmas parties and picnics, are the direct responsibility of the Director. Social occasions planned for a wheel-chair population must consider transportation, special foods if necessary, sitting tolerance, mobility, and other provisions beyond that which a regular student affair need consider.

Community Participation.—While the University assumes the major cost of providing a special program within the University, the Director of the Program is responsible for bringing the community into active participation. This participation is not limited to the Boston community. The home community of the individual student is actively engaged in serving him. It is significant to note the participation of those communities which have assisted students within the Hospital and Tutorial Program.

Within the home community of the individual student, the
Director seeks sponsorship for the candidate while he is in attendance in college. This sponsorship comes from many sources and includes, depending on the need of the candidate, scholarship, transportation, and additional servicing from the social agencies of the community.

Most paraplegics, and all quadriplegics, must be driven to and from the college for weekly conferences. The Director corresponds with or visits all civic and fraternal organizations within the community, seeking assistance in transportation. Candidates have been transported by volunteers from local chapters of the American Red Cross, members of Rotary and Kiwanis organizations, and church-affiliated groups.

With one exception, all the candidates have required financial assistance. The majority of students did not qualify for immediate Veterans Administration or State Rehabilitation funds. The Director has obtained scholarship aid from clubs, civic organizations, business concerns, and private donations. To obtain scholarship aid the Director must be known in the community. She must correspond with over three hundred organizations and agencies that consider financing needy students.

In examining the correspondence and records of the Director of the Program, it was noted that for some students the Director has written over a hundred letters seeking scholarship aid and services of the community. All clubs, organizations, or agencies that provide tuition for a student must receive reports on
the student's progress from the Director. The State Rehabilitation Commission, which has approved the Program for recent candidates, must receive a monthly report on any candidate who receives state funds. A student may receive several partial scholarships from various organizations and individuals. All sponsors receive progress reports on the individual candidate receiving financial assistance.

The severely handicapped student may require special services of the various social agencies in the community. The Director maintains contact with the Visiting Nurses' Association in the student's community. She is in contact with the attending physician, the rehabilitation clinic, the medical centers, and any social agency that provides service to the individual.

The correspondence of the Director of the Hospital and Tutorial Program is extensive. There is no secretarial assistance provided for the Director, although students on a work scholarship have been used on a part-time basis for filing, recording the lectures, and general typing. The major part of the correspondence is of a confidential nature that precludes the use of student help.

The Administration of the Hospital and Tutorial Program is the complete responsibility of one person, the Director, Mrs. Alice Gamble. As Director, she may call upon the resources of the University for consultation or advice but maintains complete responsibility for the success of the Program. Mrs. Gamble
was appointed Director of the Program by Dean Judson Butler in April 1948, and has held this position to the present time.

3. Methods of Teaching in the Hospital and Tutorial Program

To examine the methods of teaching in the Hospital and Tutorial Program, one must examine the methods of teaching in the College of General Education. The College of General Education employs the lecture presentation and section meetings for each academic discipline. The lectures are given to the entire class, while the section meetings are held to twenty to twenty-five students and a section leader. Section meetings are used to discuss and elaborate upon questions raised during the lecture.

The lecture is given by a member of the department and attended by all instructors within that department. The department follows the philosophy of rotating lectures according to the particular interest or ability of the instructor in the material to be covered. Although lecturers differ in manner and presentation, the lecture is usually fifty minutes in length, covering a particular topic which is explored and integrated with the other academic areas of the curriculum.

The lectures are recorded while they are being given, for the use of the Hospital and Tutorial Program students.

The College of General Education employs the use of section
meetings, which are conducted by a member of the academic department. Following the philosophy of rotating lectures, the section leader may be the same instructor who has presented the lecture.

Students in the Hospital and Tutorial Program hear the same lectures as do the full-time students in the College of General Education. The students receive an outline of each course, with the units of work described, and assignments noted for each unit. The Director provides all recordings of the week's lectures and any audio or visual aid that has been used in the week's work. The student listens to the recordings through the use of a Gray Audiograph machine provided by the Program.

Conferences with the instructors are held on a weekly basis, with the student meeting each instructor on an individual basis for one-half hour. The conference time is held in place of section meetings, and allows time for the student to discuss the preceding week's work, to ask questions, to seek clarification of lecture points, and to discuss the next assignment. The conference also provides opportunity for the instructor to question the student to ascertain whether the student is making progress and whether he comprehends the lectures and reading assignments.

While conferences within the college must be held to a half hour's time because of the scheduling, the conferences in the home and hospital are an hour or more in length. From discussions with members of the faculty and the students in the
Program, the writer is of the opinion that the conference methods differ according to the personality and the philosophy of the instructor.

Students have given several reactions to the conferences in the Program. Some have found the conferences a time of stimulating discussion in which the teacher-pupil relationship was informal and relaxed. Some have stated that the conferences were a time for producing results, a time for proving that they had comprehended their home assignments and were progressing in their courses. All of the students agreed that the conferences were of great value; and some have stated that their whole hospital experience was made bearable through the benefits derived from the weekly meetings with the instructors of the Program.

The instructors have traveled to Veterans Hospitals in Framingham, Rutland, West Roxbury, and Jamaica Plain to hold weekly meetings with their students. They have held meetings in the Massachusetts General Hospital, the Children's Medical Center of the Children's Hospital, Massachusetts Memorial Hospital, Boston City Hospital and the Boston City Hospital branch located on Long Island in Boston Harbor. Since the majority of the students entered the Program while convalescing at the hospital or in their homes, the instructors have visited over fifty communities surrounding Boston to hold weekly conferences with their students.

It is the opinion of the students, the Director, and the
writer that the success of the Program, to a large extent, is due to the interest and dedication of the instructors who teach in the Hospital and Tutorial Program.

4. The Role of Guidance in the Hospital and Tutorial Program

The guidance services provided in the Hospital and Tutorial Program are essentially the same as those provided in the College of General Education. The counselors in the College of General Education are members of the faculty, and they provide the instruction in the course: Personal and Occupational Psychology. They serve as counselors to all the students in the College of General Education over a two-year period. In the Hospital and Tutorial Program, they serve as instructors in the Psychology course, but their role of counselor to the handicapped student is more comprehensive.

The majority of students who have entered the Hospital and Tutorial Program have no vocational plans. Some have never considered their future occupations, and some have had occupations to which they could not return. Few have an awareness or understanding of which occupations are more feasible for the handicapped student. All have the problems of the full-time students in addition to physical handicaps that have, for the most part, changed their entire lives.

The role of the counselor is to help the student to come to a self-understanding; to instruct the student in the avenues
opened to the severely handicapped; and to help the student to acquire a realistic evaluation of what he can and cannot do.

An examination of the records and notes of the counselors during the years 1948 - 1958 and discussions with counselors reveal that, basically, the counselors have been client-centered in their philosophy.

The counselor first meets the candidate prior to his formal application for admission to the University. In most cases, the interview has taken place in the candidate's home or the hospital in which he may be a patient. During this interview, the counselor endeavors to establish rapport and provide information concerning the Program and the work involved in two years of college study. It is of paramount importance that the student is not misled in his understanding of the studies required in the Hospital and Tutorial Program. A student must reach a level of forty hours a week study time, if he is to accomplish what a full-time student does in a single week's attendance at the college. The candidate must be made aware that the Program is geared to the work tolerance of the individual, but that he must work at his work tolerance at all times. In many instances, a counselor may have an associate meet with the candidate to discuss the orientation aspects of the Program, while the counselor confines his first visit to establishing rapport.

When the student has been accepted into the Program, the counselor serves as an instructor for the Guidance course
through weekly conferences and the lectures provided to the student. He may elect to hold extra conferences with the student, depending on the student's needs. Some students have required only the regularly scheduled weekly conference, while others with particular problems have required additional meetings with the counselor.

The students in the Hospital and Tutorial Program have one basic problem in common with each other. All of them have physical handicaps which preclude their attending a full-time program. With the exception of this common problem, the students differ to the extent that any group of individual students will differ. The physical handicaps of the student differ in kind and in degree. The effect of the physical handicap is different for each student. Paraplegia presents a series of obstacles different from tuberculosis; and the effect of poliomyelitis on a student who contracted the disease at the age of ten is different from the effect on a student who contracted the disease at the age of twenty.

The guidance counselors have found that group meetings usually held at lunchtime with several candidates are of great benefit. A new student becomes acquainted with other students with similar handicaps, and is aided through group discussions on how the students have overcome certain physical limitations or obstacles.

During the period the student is attending the Hospital
and Tutorial Program, the counselor endeavors to assist him in formulating his educational and vocational objectives. The curriculum of the Program offers the student opportunity to inquire into many areas of personal interest or special aptitude. A student who excels in the humanities may investigate the occupations which call for a specialization in literature, journalism or creative writing. A student interested in the sciences may investigate occupations requiring a proficiency in mathematics or the physical sciences.

The counselor may call upon the resources of the University, or the community, for consultations or opinions concerning the possibility of a student's entering a particular occupation or profession.

An important aspect of the course in Personal and Occupational Psychology is the assignment of a research paper dealing with a specific occupation in which the student has expressed interest. The research paper is a detailed investigation of an occupation, and an analysis by the student of his own strengths and weaknesses in attempting to enter this field. While the student is engaged in writing the paper, the counselor meets regularly with him to interpret the candidate's test battery and to offer suggestions for a more comprehensive examination of the field. As part of the project, the student interviews two people engaged in the field he is investigating.

Students have worked on their research papers for one
semester and then discovered that the field in which they were most interested was not appropriate for them. Students have indicated that the professions they entered were a direct result of the information they received through their research project.

The counselors in the Hospital and Tutorial Program meet with other faculty members in the Program for discussions and reports concerning the candidates. The counselors report directly to the Director of the Program and, through a team approach of faculty, counselor, and Director, assist the student during his years in the Hospital and Tutorial Program.

When the student has completed his studies in the Program, the counselor writes recommendations to colleges within the University or other institutions. The counselor assists in the transfer of the student from the Program to his junior year through recommendations, personal meetings with guidance departments in the school or college to which the student is transferring, and often through taking the student on a tour of the new college.

5. Financial Aspects of the Hospital and Tutorial Program

To determine the cost of the Hospital and Tutorial Program, several factors must be considered. The initial cost of inaugurating a program in special education is greater than the cost of any given year. Equipment including Gray Audio-
graph machines, stethoscope headsets, tape recorders, tapes, and records must be purchased prior to accepting candidates.

The cost of inaugurating the Boston University Hospital and Tutorial Program was as follows:

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Gray Audiograph Machines</td>
<td>$8,400.00</td>
</tr>
<tr>
<td>24 Stethoscope Headsets</td>
<td>300.00</td>
</tr>
<tr>
<td>1 Ampro-Movie Projector</td>
<td>337.50</td>
</tr>
<tr>
<td>2 Tape Recorders</td>
<td>110.00</td>
</tr>
<tr>
<td>4 dozen 1200' Tapes</td>
<td>66.72</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$9,214.22</strong></td>
</tr>
</tbody>
</table>

This total figure of $9,214.22 did not include office equipment, office supplies, or office furnishings, which were provided by the University.

With the inauguration of the Program, a budget was provided for operation by the University. This budget for the ten-year period from 1948 to 1958 was as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>1948 - 1949</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>1949 - 1950</td>
<td>5,000.00</td>
</tr>
<tr>
<td>1950 - 1951</td>
<td>5,000.00</td>
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<tr>
<td>1951 - 1952</td>
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<td>10,000.00</td>
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<tr>
<td>1957 - 1958</td>
<td>10,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$79,800.00</strong></td>
</tr>
</tbody>
</table>

The yearly budget was allocated for the salary of the full-time Director of the Program; for stipends for teaching faculty,
travel expenses for faculty and Director, student assistants
who recorded lectures; for cleaning and repairing Audograph
machines at a cost of $10.00 each machine per year; and for
general expense involved in operating the Program.

In April 1948, the Program began with nine students.
Ideally, the tuition charged those students would have support-
ed the Program for the first year. In the following years, new
candidates would have provided the necessary finances for each
year's operation. However, an examination of Case Studies
Numbers 1 through 9 indicates that only three of the first nine
students completed a year in the Program.

The University had a choice of two methods of charging
tuition: (1) the students would be charged for each semester,
following the policy for full-time students in the College of
General Education, or (2) the students would be charged accord-
ing to the amount of work covered in the semester. The Univer-
sity was aware that few, if any, students could complete a
semester's work within the time limit of fifteen weeks. Stu-
dents had been accepted into the Program on the basis that
their physical handicap precluded their attending a full-time
program. It was evident that many students would need a full
calendar year to complete the work of the first semester.

The University instituted a policy of charging the student
each semester for the work covered in that semester. Thus, a
student who completed only six weeks of work in a semester was
charged 6/15ths of the semester's tuition. Students who withdrew after a period of three months, and who had accomplished only a week's work, were charged 1/15th of the semester's tuition charge.

This decision to charge students according to the amount of work covered each semester had distinct advantages for the candidate. Students with low work tolerance could work at their maximum speed but were aware that no financial penalties would be incurred if they did not accomplish a complete semester's work in the fifteen weeks accorded full-time students.

The bookkeeping involved in charging students for individual conferences and for individual records became a major problem for the Director of the Program. The Veterans Administration officers required full and accurate records of each conference, each unit of work covered, and each record sent to the student. Finally, in February 1954, the contract negotiated between Boston University and the Veterans Administration provided for one charge that would include all services, instruction books, records, and equipment. This tuition charge was $1,000.00, and granted to the student a maximum of eighteen calendar months to complete the first year's work in the Program. This agreement between the Veterans Administration and the University became the standard tuition charge in 1954.

As tuition charges increased in the College of General Education as well as in the rest of the University, the tuition
charge of the Hospital and Tutorial Program has remained the same since 1954. The present charge for students in the College of General Education is $950.00, plus $50.00 for textbook charges. The present cost to the student in the Hospital and Tutorial Program is $100.00.

A program in special education for a few students is proportionately higher than the cost of providing education for the full-time students in a college program. To determine the cost per student in the Hospital and Tutorial Program, the following expenses must be included:

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition charge</td>
<td>$950.00</td>
</tr>
<tr>
<td>Textbooks, mimeograph</td>
<td></td>
</tr>
<tr>
<td>Materials, slides</td>
<td>$50.00</td>
</tr>
<tr>
<td>Audigraph machine rental</td>
<td>$110.00</td>
</tr>
<tr>
<td>Stipends for instructors</td>
<td>$700.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,834.00</td>
</tr>
</tbody>
</table>

Since the total charge for the Hospital and Tutorial student is $1,000.00, the additional costs are assumed by the University. Two additional factors are highly significant, however, in examining the actual cost of the student to the University: (1) the student has eighteen months, or approximately two academic years, to complete the work of the first year; and thus the tuition charge is $1,000.00 for two academic years while the expenses incurred are for each year he is in actual attendance, and (2) the university assumes the cost of rent, heat, light, telephone, transcripts, travel expenses,
parking facilities provided for the student, and the general operating expenses of the Program.

It is significant, also, to note that in addition to the expenses borne by the University, the faculty who participate in the Program also contribute heavily to its success. For the first year the Program was in operation, the faculty donated their time completely, receiving no stipend for any conference work at the Veterans Administration Hospital in Rutland, Massachusetts. Since this time they have received compensation for individual conferences but at a rate far below what professional teachers would receive. The current rate of payment for conference work is $3.50 per half hour within the college, $4.00 per half hour at local hospitals, and $4.50 per half hour at hospitals or homes beyond a fifteen-mile radius. The participating faculty receive no compensation for travel time to or from the hospitals and homes, though in practice it takes two to three hours from the time a teacher leaves the college for a conference until he returns. The participating faculty is composed mainly of men with professorial rank together with a few experienced instructors.

Since the tuition charged the students within the Hospital and Tutorial Program has been raised by the Director, who is employed by the University, the question of whether the University might not use the Director's talents as a fund raiser for other purposes is appropriate.
The University has made a commitment to the community to provide education for those qualified students who have ability but who lack the physical aptitude necessary for full-time attendance. The University has followed the policy of not only providing the education but, for a majority of the students, providing the tuition through the efforts of the Director of the Hospital and Tutorial Program. No student has been denied acceptance in the Program for lack of tuition.
CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary.—This study attempts to investigate the development of the Boston University Hospital and Tutorial Program from its inauguration in April 1948 to June 1958. The writer has also attempted to discover, through the case-study method, the success or failure of the students on the premise that the success of the students determines the success of the Program. To the degree that students denied a college education by a physical handicap could be successful in a special program, to this degree is a program successful.

The University has invested time, talent, resources, and money for a period of ten years in serving fifty-four students. The Program has been highly individualized, with each student receiving a maximum of attention and special services from the Director and the participating faculty. This study attempts to determine if this investment has been justified.

Of the first nine students accepted into the Program for a pilot study, three continued their education. (See Figure 1.) Dean Butler, however, was aware that the nature of tuberculosis is such as to make prediction for academic success most difficult. The literature supports the premise that leaving the
hospital against medical advice is a major problem in Veterans Administration Hospitals for tubercular cases. The administrators of the Hospital and Tutorial Program accepted 33-1/3 percent success among the first candidates as sufficient to warrant continuing the Program.

During the ten years of operation of the Program, there has been an obvious change in the preponderance of the type of physical handicap. Within the first five years, the Program accepted twenty-nine of the total number of students, and of these, twenty-two were handicapped by tuberculosis. In the last five years, the Program accepted twenty-five of the total number of students, and of these, two were handicapped by tuberculosis. The remaining twenty-three cases included fourteen cases of quadriplegia and five cases of paraplegia. The number of students accepted each year, and the limiting handicap of the student, is shown in Table 1.

There is some indication that with the approval of the Program by the State Department of Vocational Rehabilitation in recent years, a backlog of quadriplegic cases may find the Hospital and Tutorial Program an avenue to rehabilitation that had been formerly closed to them.

When the writer interviewed the students who had been enrolled in the Program, and stated the purpose of the interview, two different reactions were noted. The majority of students were most anxious to assist in any way they could,
Table 1. Number of Students and Types of Disabilities Accepted Yearly from 1948 - 1958 in Boston University Hospital and Tutorial Program

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of Students</th>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1948</td>
<td>8</td>
<td>Arrested Tuberculosis</td>
</tr>
<tr>
<td>1949</td>
<td>2</td>
<td>Arrested Tuberculosis</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Psychoneurosis</td>
</tr>
<tr>
<td>1950</td>
<td>3</td>
<td>Arrested Tuberculosis</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Arrested Tuberculosis - War Nerves</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Blood Disease</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Paraplegia</td>
</tr>
<tr>
<td>1951</td>
<td>7</td>
<td>Arrested Tuberculosis</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Psychoneurosis</td>
</tr>
<tr>
<td>1952</td>
<td>1</td>
<td>Arrested Tuberculosis</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Congenital Deformity</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Quadriplegia</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Myasthenia Gravis</td>
</tr>
<tr>
<td>1953</td>
<td>1</td>
<td>Paraplegia</td>
</tr>
<tr>
<td>1954</td>
<td>1</td>
<td>Arrested Tuberculosis</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Paraplegia</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Quadriplegia</td>
</tr>
<tr>
<td>1955</td>
<td>1</td>
<td>Arrested Tuberculosis</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Quadriplegia</td>
</tr>
<tr>
<td>1956</td>
<td>5</td>
<td>Paraplegia</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Quadriplegia</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Congenital Deformity</td>
</tr>
<tr>
<td>1957</td>
<td>1</td>
<td>Paraplegia</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Quadriplegia</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Multiple Injuries - Accident</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Post-Poliomyelitis Paralysis</td>
</tr>
<tr>
<td>1958</td>
<td>1</td>
<td>Arthritis</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Paraplegia</td>
</tr>
</tbody>
</table>
and offered suggestions and comments on their own experiences within the Program. Several students, however, expressed concern that an evaluation of the Program might be determined solely by the number of students who had graduated. These students were most emphatic that in their own cases the Program was often the difference between rehabilitation or nothing. One student commented that, for him, the Program was the difference between recovering or becoming a simple schizophrenic. He commented that after his illness he withdrew from all social contacts, stayed within his room, and refused to meet people. He felt that the Program must be measured in terms of its value to any one individual and could not be measured in numbers alone.

Another student emphasized the years he had spent in his home without any rehabilitation program whatsoever until his acceptance into the Hospital and Tutorial Program. This student stated that at the time of his illness, the concept of rehabilitation included simple training in manual tasks that would destroy any motivation or will to do better. He stated that the Program could not be judged or evaluated by costs or income but, rather, if one person had returned to society from the life he, himself, had been leading, the Program has been successful.

The writer is aware that individual testimonies may or may not justify a program for the physically handicapped.
The files of the Director are filled with letters from students, parents, physicians, and social agencies commending the work of the Program. It is significant to note, however, that of the twenty-two paraplegic and quadriplegic students accepted into the Program, the case studies revealed that none of these students could have been candidates in any other program at the time they were accepted into the Hospital and Tutorial Program.

Conclusions. — As indicated in Table 2, thirty-two students have received or are in the process of receiving their Associate in Arts Degree, while twenty-five students have received or are in the process of receiving their Bachelor's Degree. Six students received their Master's Degree, of which three have received or are in the process of receiving their Doctoral Degrees. It is significant that the three candidates who are engaged in Doctoral programs have all been awarded fellowships.

Table 2. Educational Levels Reached by Candidates in the Hospital and Tutorial Program, 1948-1958

<table>
<thead>
<tr>
<th>Educational Status</th>
<th>No. Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate for Associate in Arts Degree</td>
<td>5</td>
</tr>
<tr>
<td>Received Associate in Arts Degree</td>
<td>27</td>
</tr>
<tr>
<td>Candidate for Bachelor's Degree</td>
<td>9</td>
</tr>
<tr>
<td>Received Bachelor's Degree</td>
<td>16</td>
</tr>
<tr>
<td>Received Master's Degree</td>
<td>6</td>
</tr>
<tr>
<td>Candidate for Doctoral Degree</td>
<td>3</td>
</tr>
<tr>
<td>Temporary Interruption of Program</td>
<td>1</td>
</tr>
<tr>
<td>Withdrawals from Program</td>
<td>21</td>
</tr>
</tbody>
</table>
As indicated in Table 3, twenty-six students are now employed in a wide range of positions. It is significant to note that of the five students engaged in clerical positions, none had received an Associate in Arts Degree. The student engaged in nursing had received her training prior to being accepted into the Program but had withdrawn upon the advice of her physician. One of the two students engaged in real estate management had received his Associate in Arts Degree and was recommended to continue his education. He was married and the father of two children, and he felt that the two-year Program had prepared him sufficiently to undertake a position in his

<table>
<thead>
<tr>
<th>Occupation</th>
<th>No. Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting</td>
<td>1</td>
</tr>
<tr>
<td>Automobile Agency Representative</td>
<td>1</td>
</tr>
<tr>
<td>Banking</td>
<td>1</td>
</tr>
<tr>
<td>Clerical</td>
<td>5</td>
</tr>
<tr>
<td>Housewife</td>
<td>1</td>
</tr>
<tr>
<td>Insurance Representative</td>
<td>3</td>
</tr>
<tr>
<td>Journalism</td>
<td>2</td>
</tr>
<tr>
<td>Law</td>
<td>1</td>
</tr>
<tr>
<td>Nursing</td>
<td>1</td>
</tr>
<tr>
<td>Oil Company Representative</td>
<td>1</td>
</tr>
<tr>
<td>Real Estate Management</td>
<td>2</td>
</tr>
<tr>
<td>Social Work</td>
<td>1</td>
</tr>
<tr>
<td>Teaching (Elementary Schools)</td>
<td>1</td>
</tr>
<tr>
<td>Teaching (Secondary Schools)</td>
<td>2</td>
</tr>
<tr>
<td>Teaching (University)</td>
<td>1</td>
</tr>
<tr>
<td>Part-time Fellowships in University</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26</strong></td>
</tr>
</tbody>
</table>
family's business. The other student, engaged in real estate management, is a candidate for the Bachelor of Science Degree in the College of Business Administration. The student, working as a full-time housewife and mother, completed the two-year Program and has indicated her desire to continue her education through evening courses within the University.

Having completed the study, the writer concludes that the Program has been successful for twenty-seven of the total fifty-four students who have been enrolled, and should be successful for the five students currently enrolled.

The present status of the fifty-four students who have enrolled in the Program during the years 1948 through 1958 is noted in Table 4.

Table 4. Present Educational-Vocational Status of the Students in the Hospital and Tutorial Program, 1948-1958

<table>
<thead>
<tr>
<th>Educational-Vocational Status</th>
<th>No. Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presently Employed</td>
<td>24</td>
</tr>
<tr>
<td>Enrolled in Degree Program Institutions</td>
<td>16</td>
</tr>
<tr>
<td>Enrolled in Non-degree Program Institutions</td>
<td>3</td>
</tr>
<tr>
<td>Deceased</td>
<td>3</td>
</tr>
<tr>
<td>Interrupted Program</td>
<td>1</td>
</tr>
<tr>
<td>No Follow Up</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
</tr>
</tbody>
</table>

Twenty-one students have withdrawn from the Program, of which fourteen are presently employed. The writer was not able
to follow up the remaining seven students. It is not possible to predict the part the Hospital and Tutorial Program has played in the rehabilitation of the students who withdrew prior to graduation.

The case studies revealed that the Ohio State University Psychological Examination, generally used as a major test in admitting students, does not appear to predict success in a program for the severely handicapped student. A comparison of the seven students who withdrew, and on whom there is no follow-up, with the six students who continued in graduate school (three of whom are in Doctoral programs) reveals the following:

Table 5. Total Test Scores, Ohio State University Psychological Examination for 7 Withdrawals and 6 Graduate Students from the Hospital and Tutorial Program, 1942-1953

<table>
<thead>
<tr>
<th>Withdrawals</th>
<th>Graduate Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student 1, No Test Score</td>
<td>1. 60th Percentile</td>
</tr>
<tr>
<td>2. 63rd Percentile</td>
<td>2. 63rd Percentile</td>
</tr>
<tr>
<td>3. 45th Percentile</td>
<td>3. 65th Percentile</td>
</tr>
<tr>
<td>4. 95th Percentile</td>
<td>4. 80th Percentile</td>
</tr>
<tr>
<td>5. 80th Percentile</td>
<td>5. 82nd Percentile</td>
</tr>
<tr>
<td>6. 35th Percentile</td>
<td>6. 35th Percentile</td>
</tr>
<tr>
<td>7. 34th Percentile</td>
<td></td>
</tr>
</tbody>
</table>

The writer agrees with the findings of Lerner and Martin\(^\d\) that no single criterion can be relied upon to predict success.

\(^\d\)With S. Lerner, and Marion Martin, op. cit., p. 85.
in college achievement for the severely handicapped students, and that motivation and willingness to exert maximum effort appear to be highly significant.

The case studies reveal that the most severely handicapped quadriplegic students may be capable of achieving on a highly successful level, if given the opportunity and guidance. The highest scholastic record over a four-year period achieved by a student was that of a quadriplegic who had been confined to his wheel chair for nineteen years.

As indicated in Table 6, the students who completed the Hospital and Tutorial Program entered a wide range of specialization. The students entered seventeen different major programs within the University or other institutions.

Table 6. Major Programs Followed by Students who had been Enrolled in the Hospital and Tutorial Program, 1948-1958

<table>
<thead>
<tr>
<th>Major Program</th>
<th>No. Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting</td>
<td>2</td>
</tr>
<tr>
<td>Business Management</td>
<td>2</td>
</tr>
<tr>
<td>Education (1 Elementary, 1 Secondary)</td>
<td>2</td>
</tr>
<tr>
<td>English Literature</td>
<td>3</td>
</tr>
<tr>
<td>General Business Administration</td>
<td>3</td>
</tr>
<tr>
<td>History</td>
<td>1</td>
</tr>
<tr>
<td>Insurance</td>
<td>1</td>
</tr>
<tr>
<td>Journalism</td>
<td>2</td>
</tr>
<tr>
<td>Law</td>
<td>1</td>
</tr>
<tr>
<td>Marketing</td>
<td>1</td>
</tr>
<tr>
<td>Physics</td>
<td>1</td>
</tr>
<tr>
<td>Psychology</td>
<td>3</td>
</tr>
<tr>
<td>Public Relations</td>
<td>1</td>
</tr>
<tr>
<td>Romance Languages</td>
<td>1</td>
</tr>
<tr>
<td>Sociology</td>
<td>1</td>
</tr>
<tr>
<td>Speech Correction</td>
<td>1</td>
</tr>
<tr>
<td>Short-term business courses</td>
<td>2</td>
</tr>
<tr>
<td>17 different major programs</td>
<td>28</td>
</tr>
</tbody>
</table>
The success of the students in such varied programs indicates that no single field is better for the severely handicapped person. Simple tasks or business or repair work, that formerly had been recommended for the severely handicapped persons, are often more damaging than helpful. The success of the students in the Hospital and Tutorial Program indicates what a university may accomplish in pioneering a program for the physically handicapped in the community.

It is the opinion of the writer that the University has conducted a unique program for a period of ten years in educational rehabilitation. The disadvantage in pioneering a program, however, is that it must be a process of trial and error—a flexible, changing program that can profit from its own experiences. Early records are not as comprehensive as later ones; testing was not as extensive in the early years as it has been in more recent ones. In the first year of the Program, guidance services were more limited than in later years. Experience showed that the tuberculosis students required more counseling and service than had been projected when the University entered into a contract with the Veterans Administration to provide education for the severely handicapped student. At the present time, a student meets a counselor on a weekly basis and, if the student desires, the counselor may hold additional conferences or refer the student to the educational officer in the hospital or the Veterans Administration.
The Director of the Program has profited by early experiences in dealing with the students in 1948. For the first student in need of financial assistance, it required a great deal of effort on the part of the Director to raise the necessary tuition. The Director now enjoys a number of avenues that she may employ to raise money for needy students. Experience has shown that a community may sponsor a candidate from within its own area or a business concern can be approached for scholarship help for an employee's son. The Director and the participating faculty have stated that the methods now being used have been the result of many trials and experience gained in the first years of the Program.

Recommendations: Having completed this study of the Boston University Hospital and Tutorial Program from 1948 to 1958, the writer proposes the following recommendations:

1. The administration of the Program is the responsibility of one person who, however capable and competent, cannot be expected to continue in the Program indefinitely. The administration of the Program should be the responsibility of a committee from within the University, composed of a member of the Rehabilitation Program, the Admissions Office, the Placement Office, the chairman of the Guidance Department in the College of General Education, and the Director of the Hospital and Tutorial Program. The Director should continue the immediate responsibilities of the Program but have the resources of an
established committee to assist her.

2. Boston University Placement Service should be more actively aware of each candidate at least a year in advance of anticipated graduation. This would enable the placement officers to become familiar with the student, and to be aware of the capabilities and limitations of the candidate before he graduates from his program and actively seeks employment.

3. Test data accumulated on each student prior to his acceptance into the Program should be more extensive, and should include psychological testing to determine the emotional stability and problem areas of the student.

4. The Program should be more widely publicized, both for attracting new candidates who are seeking an avenue to rehabilitation and to serve as an example for other institutions of what education can do for the severely handicapped.

5. Boston University should continue its support of the Hospital and Tutorial Program. The Program has been a demonstrative effort of an institution serving not as a reflection of the community but as an agent providing leadership in the community.
BIBLIOGRAPHY


