

X. THE CARE OF HANDICAPPED CHILDREN IN THE UNITED STATES
INCLUDING EDUCATION, LEGISLATION, ORGANIZATION

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The Care of the Handicapped Children in the United States
Including Education, Legislation, Organizations

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History

"A survey very brief indeed, of the care of the crippled and disabled throughout the ages."

There are many words in the English language of today that denote ugliness, helplessness, and dependence. These words have gained their meaning through centuries of use in repeated association with many distasteful things. "Handicapped" and "crippled" — what pictures do not these words conjure up before our minds. From the beginning of time the physically imperfect have always been with us. Today these words express all the hatefulness and cruelty with which they were treated in ancient times; their ludicrous and ridiculous position of the Middle Ages; and some of the kindness and progressiveness with which they are being regarded today.

The history of the care of the disabled has not been a pleasant one. Civilization has very little to be proud of and a great deal to be ashamed of. There has always existed a feeling of disgust and aversion toward the physically imperfect. Perhaps this has done more to retard their cause than any other one thing. As a result of this attitude the crippled have never been able to fit into their environment. In addition to this physical limitation, he has had to bear the further burden of being a social outcast. When the Babylonians conquered the Hebrews, Nebuchadnezzar said, "Bring me all the prisoners that I may pick my slaves from among them. But bring me children in whom there is no Hebrewish."

In primitive ages their lot was doubly difficult. The struggle for existence was hard enough even when the barbarians possessed all of their faculties. Preservation of the group was their principle objective. The self-sufficiency of each member of the tribe was their basis for existence. The crippled, blind, old, infirm, and ill were frequently put to death, or abandoned to perish of hunger and exposure. They found it impossible to carry such persons around with them.

The following passage can be found among the laws governing the Levite priests. It is an early record expressing the fear and ostracism with which the handicapped were confronted among the Hebrews.

"Whosoever he be in their generations that hath any blemish, let him not approach to offer the bread of his God. For whosoever he be that hath a blemish, he shall not approach: a blind man, or a lame or a man that is brokefooted, or brokenhanded, or crookbackt, or a dwarf, or hath a blemish in his right eye, or be scurvy or scabbed... He shall eat of the bread of the Lord... only he shall not go unto the veil, nor come nigh unto the altar because he has a blemish." *

Though Moses was not obviously crippled, he did have a handicap, that of a speech disorder. "He faltered long before his mission because he was slow of speech and slow of tongue." Later Demosthenes declaimed against the sea with pebbles in his mouth to overcome his "stoppage of speech."

Besides the burden on the tribe, there was the ever-present factor of superstition. They felt that the lack of bodily strength was the work of evil spirits. Added to this was their blind fear of the unusual and their doubt regarding the unknown.

There are a few instances, however, where tribes have been very humane in their treatment of the infirm. The afflicted were cared for usually by the family even at a great sacrifice and struggle. Though the Hebrews would not let a deformed person participate in religion, socially they were shown great consideration. The Laws of Moses are a specific example.

The early Greeks and Spartans destroyed their imperfect citizens in order to maintain their physical strength and superiority. In the fourth century before Christ, Hippocrates was already forming the principles of modern orthopedic surgery. The advent of Christianity stimulated a new feeling of sympathy to be

* Leviticus XXI

shown the handicapped. Like many improvements, this attitude did not dominate for long.

Socially and politically, the Middle Ages were the Dark Ages. The handicapped were not an exception. Superstition and doubt were rampant. The ignorance and prejudice among the rich and poor alike caused the crippled to be looked upon as works of the devil, bodies in league with the devil, or victims of the wrath of God. They tended to assume that the crippled in body were also crippled in mind. Medieval cripples, particularly crippled children, were cruelly exploited for purposes of amusement. A stutler is said to have been one form of rare entertainment while a spastic child produced glee unimaginable.

During the Reformation, deformity was considered to be the fatal sign of witchcraft. The afflicted were continually suspected and persecuted. Even Luther regarded misformed children as mere masses of flesh and considered the killing of them as a work well pleasing to God. No active program of treatment was carried out. The handicapped were frequently hidden in their own homes under most disgusting conditions. The existence of a cripple was kept secret, lest the misfortune be thought hereditary and the rest of the family be shunned.

There are however, a few instances of humane action. In 590 A.D., Pope Gregory included the crippled in a classification of the infirm and the destitute, to be supported from public funds. Not until the sixteenth century, was there any legislative provision made for the disabled. In 1530, the twenty-second statute of Henry the VIII made a distinction between "the impotent and able-bodied". The impotent were allowed to beg. By the twenty-seventh statute this same king ordered "that the mayors, bailiffs, constables and other head officers

of the cities, towns, and parishes shall most charitably receive such poor creatures and shall succour, relieve, and keep such people by way of voluntary charitable alms, in such wise that none of them shall be compelled to wander and go openly begging.

In 1551-52, the fifth and sixth statutes of Edward VI were passed to provide for the "impotent, feeble, and lame which are poor in very deed", and directed the collection of alms by commissions. In spite of these laws, London was over-crowded with poor. In 1569, the order was given to apprehend all beggars and idle persons. The aged, impotent, sick, sore, lame or blind were taken to St. Bartholomew's or St. Thomas's Hospitals. The Poor Relief Act of Elizabeth in 1601, consolidated the provisions of the previous poor laws and provided for the custody of cripples.

In the eighteenth century, such provisions as were made merely offered asylum to the disabled but there were no provisions made for their proper care or education. In the nineteenth century, Charles Dickens depicted the attitude of the public toward the disabled. This was one of no thought of hope or cure. It was taken for granted that if a child survived, his deformity would render him useless as a citizen. He was merely a burden to society which had to be borne. As a result they were gathered together in homes and workhouses, or hidden in their own homes with only the most meagre and desolate of existences facing them for the remainder of their life.

Lord Byron was hated by his mother because of a clubfoot. Most of us reading his poetry can distinguish the effects of his mother's insult, "you lame brat." He is said to have replied, "I was born so, mother."

In Charles Dickens's Christmas Carol, Mr. Scrooge

in speaking of Ling Lim said, "What then if he be like to die, he had better do it, and decrease the surplus population."

Today, the care of the handicapped has made much progress. This has been greatly stimulated by the advance of medical science. The feeling of aversion is slowly evaporating. The bodily restricted are being regarded with greater understanding. Their needs are more fully understood. The afflicted person is being accepted as a natural unit of society to which all belong.

Pattern of Life — H. Marguerite Graham.

I scarcely hear, when people every day
Look smilingly at me, then turn away
And to each other whisper soft and low:

"Poor dear! surely she must know
and feel some pang! Her curved and twisted spine —
Her hips and shoulders so much out of line
Must crush her joy and cause her many tears!"
I scarcely hear so tight I've closed my ears.

These people cannot know, they cannot see
That life is far more beautiful for me
Because I seek a change — because my soul
Must reach some satisfying, shining goal
As counterbalance to what nature left.
I scarcely hear; to sordid things my ears are deaf!

These Handicapped Children

Definitions, descriptions, classifications, - all equally important and numerous.

The handicapped, the crippled, the disabled, the bodily restricted! — All are phrases describing persons who are ill. It is difficult to say just what portion of their body is diseased. Formerly such words were used to describe only the orthopedic cripple. Today they have a much wider scope, including the cardiac, the tuberculous, those suffering from birth injuries, the hard of hearing, and those suffering from sight impairment.

When these words are employed in describing the adult cripple, we frequently shrug our shoulders and do no more about it. But when they refer to the child handicapped — ah, that is a different story. People find it not so easy to dismiss a child from their minds with a shrug.

The child who is just beginning life, will find it most difficult, equipped with all his faculties. What then, of the child who is bodily restricted. Should he be pitied, protected, and kept from the pursuit of a normal life or should a program of cure, education, and self-help be instituted? That is a problem which has visited for many years. It is only recently, however, that the problem is being faced and action instituted.

Although progress has been great, we have a long road yet to travel. Today there are many societies and organizations united to aid handicapped children. They have become much interwoven and it would hardly be possible for one to exist without the other. Among them are the national and state institutions of Education, Health, and Welfare, which are continually searching for every child who is in need of special attention. They are aided greatly by such private agencies as churches, social service societies, and clubs such as Rotary, Kiwanis, and Shrine.

How different is the health program of today from that of a few years past! Some time ago, parents felt that it was the fate of each child to, sooner or later, fall a victim to the so-called childhood diseases — whooping cough, measles, mumps, and often small-pox, scarlet fever, and diphtheria. It is now a firmly established principle that any health program should be primarily one of prevention rather than cure. In the schools this program has been carried out extensively. The various health departments have gone far in diminishing the number of cases. Rigid quarantine of those already affected with disease has helped more possibly than any other one factor, in keeping sickness under control. Parents have learned through bitter experience, that good health is based on good sanitary conditions, wholesome food, and the need to get in touch at once with those best fitted to care for these diseases. As a result, the family, the child, and the community have been greatly benefited.

There are two classes of cripples — maimed and diseased. Those children maimed as the result of infantile paralysis, because of congenital deformities, or through accident present a different problem from those children who have bone tuberculosis. Children deformed because of rickets resemble the first class in that their surgical treatment usually comes after the disease is no longer active. However, in common with those suffering from tuberculosis, they require general building up in order to prevent a return of the difficulty.

Cripples include cases with such widely varying needs that institutions for cripples are of several different types. Cripple children who are maimed or deformed but who have no active disease, first, need orthopedic treatment which will give them the greatest use of their muscles or make deformed limbs as nearly straight as possible. After recovery from operation, they can, in many cases, return to their homes. Thus far, it has seemed best to educate these children in day schools for cripples.

Rachitic children and those with bone tuberculosis need to live for a long time where the general living conditions as to food, air, and sun are the best. These form the largest proportion of those cared for by convalescent homes. The limited number of incurable cases are cared for in asylums. Very few of these cases were deformed at birth or hopelessly incurable. Most of the so-called incurables, except a small proportion of the badly paralyzed cases, are children on whom treatment was not instituted soon enough.

Today there are more than 400,000 crippled children in the United States, but these comprise only a small number of handicapped children. We shall first consider those handicapped by

Blindness and Partially Seeing

The lot of the blind has always been a sad one for the best they could expect from their fellow citizens was pity. In ancient times they were employed to lead people in the dark and fog. The history and folk lore of a country were frequently handed by word of mouth, through the blind who were forced to memorize the events.

In 1254 a most important institution for the blind was established. An asylum was created by Louis IX or St. Louis for the Crusaders who returned with their sight destroyed as the result of punishment from the hands of the Saracens or from diseases contracted in their travels. It was known as the "Hôtel des Quinze-Vingts" and accommodated several hundred blind.

Little or no attempt was made to educate the blind for their condition was felt to be hopeless. Toward the close of the eighteenth century, one light shone forth in the person of Valentine Haüy. He was a citizen of Paris, France, who was drawn to the notice of the blind because of the abuse to which they were subjected. He founded the first school in the world for the blind with François Sester as his first pupil. This became known as "l'Institution nationale

des Jeunes Aveugles." This has continued to be a public institution and is under the patronage of la Société Philanthropique.

In America, the creation of schools for the blind the chief appeal has been made to the heart. It has usually only been necessary to invoke commiseration for their lot to secure the desired action. Most states now have institutions or residential schools for the education of the blind. They are taught through their sense of touch and art craft and hand work are chief in the line of occupational therapy.

In the case of the partially seeing, there are the sight-saving classes organized in some cities. These classes provide special educational facilities without injury to the student's sight or general health. Some of them may go to these schools who because of progressive eye difficulties, may be harmed by the use of regular school equipment. Then too, there are those who because of low vision or a vision impairment, cannot make the most of their education. These students usually are of the group who have too much sight through the sense of touch, yet too little to use advantageously the facilities provided for the normally seeing. Educators have recognized this problem. The first such school was established in England in 1831. Although advancement has been slow, it is little by little, gaining a foothold.

Although the totally blind could not possibly attend the public schools in an attempt to acquire an education, their problems must be considered. They have been solved in the form of Braille day schools. They are tax supported and under the supervision of the central school board.

The Deaf and Hard of Hearing

There are comparatively few children who are born without the ability to hear owing to some abnormality to the auditory organ. Another relatively small group are born with normal ears and hearing, but in very early childhood, before acquiring speech, have become deaf because of some disease. Though not deaf mutes, they present the same problems. These two groups are the truly deaf.

Besides the truly deaf, there is a vast army of unfortunate individuals of all ages who once heard normally and who still retain, to a greater or less degree their normalcy of thought, personality and action. They are called the hard-of-hearing and the deafened. Approximately three million school children have been shown to have detectable hearing defects.

Modern schools have definite programs for the conservation of hearing. Children's ears are examined annually. Hearing tests are given to everyone to determine their degree of deafness. Special classes are maintained. In some cases curative procedures are carried out. In others, rehabilitating processes are promoted. In any case, the right treatment is given to the right student.

Children Handicapped by Cerebral Palsy.

This disease is defined as a disturbance of motor function due to damage of the brain before, during, or shortly after delivery of the infant. It has certain definite characteristics: —

1. The responsible cause has done its work and is no longer operating.
2. The child is therefore suffering from a past lesion or damage rather than from an active disease.
3. The tissue changes are fixed rather than progressive. Injury to any nervous tissue is replaced to a very small extent.
4. The lesion is likely to be diffuse rather than localized.
5. The damage is inflicted on a growing organism.

The influence of the lesion on the growing brain and on the behavior of the child will explain many of the difficulties which are common among these children.

These children can never be entirely cured but their condition can be greatly improved by the use of physiotherapy and muscle training. Because of their difficulty in getting about and their inability to make their wants known they are subjected to much ridicule. It is true, that many of these children are mentally retarded, and some are exceptionally brilliant. Trained in a field best suited to them, they can, not infrequently, make a success of their life.

The Location of Handicapped Children and the Problems Thereof

Although there are many, many definitions and classifications of what constitutes a handicapped child, these classifications are fairly well defined. The one most generally accepted is that one drawn up by the White House Conference on Child Health. They are as follows:

- a. The partially sighted
- b. The hard of hearing
- c. The Crippled
- d. The mentally deficient
- e. The behavior problem
- f. The speech defective
- g. Pupils with lowered vitality
 - (1) tuberculosis
 - (2) anemia
 - (3) hernia
 - (4) syphilis
 - (5) epilepsy
 - (6) heart disease

It is comparatively simple to make a statement describing the physically handicapped. It is equally as easy to state what types of treatment each child shall receive. But, and this is the problem, many cases of handicapped children never come to the attention of the proper authorities. In the foreign settlements, it is known that the incidence is quite high, yet they receive no medical aid, nor do public health officers know of their existence. Many superstitions and fears still flourish in the hearts of our poor. As a consequence, the disabled are hidden in their own homes and are treated by grandmother who received her information from her mother before her. But such secretiveness is not restricted to the poor alone. Many times, socially prominent people refuse registration of handicapped children because they fear social stigma and ostracism. It is greatly desired to locate and bring to the clinic and dispensary crippled children whom neighbors or ignorant and destitute parents are ignoring.

Many parents strongly desire that their handicapped children should receive adequate care but their

finances are limited. They are either ignorant or too proud to ask aid of the many agencies and clinics that would be at their disposal. Care of crippled children is very expensive due to the unusually long period of hospitalization and the purchase of braces and other appliances.

Many times crippled children come to the attention of those fitted to help them most when they have reached a period beyond the age when it is impossible to give them proper and efficient treatment. It is, in almost every case, absolutely essential that an early diagnosis be made and treatment started immediately for best results. Infantile paralysis now causes the crippled condition of more children than does any other disease. Next in line, follows bone and joint tuberculosis which usually requires surgery. Thirdly, are the congenital deformities, of which group spastic paralysis is outstanding. Fourthly, are the rachitic deformities, and last, are disabilities due to trauma or accident.

One of the greatest aids in discovering crippled children would be the taking of a census of such children in conjunction with the regular national census. In England this has been in practice for some time and has met with a great deal of success. In the United States, one step forward has been taken. Legislation has been passed requiring the registration of congenital cripples. In some of the large general hospitals, it is the practice to have orthopedic specialists examine newborn babies for major or minor defects such as torticollis, congenital hip, or club feet. Different states have different laws. In Oregon "every parent, guardian, or other person having control of a crippled child between the ages of four, six, and eighteen years who has not yet completed the first eight grades, shall enroll such child for instruction with the clerk of the district school where such child is a resident." *

* Rescher, The Care of the Crippled and Disabled - Pg 64.

Oregon also demands registration of all congenital cripples, and those children afflicted with polio, if recognized.

In order to take a census that would be uniform throughout the United States, a standard definition of a crippled and handicapped child would have to be formulated. In England, the definition used for census purposes is, "A person whose muscular movements are so far restricted by accident or disease as to effect his capacity for self-support." This definition is generally accepted in those districts where a census has been attempted.

Perhaps the greatest responsibility rests with the community. Their organizations are faced with many problems which belong to them alone. They have the responsibility of deciding who must have, and are in great need of special facilities and services if their opportunities for education and good citizenship are to be at all similar to those of normal children.

To look at this problem from a purely selfish point of view, it is to a community's advantage to locate and institute early treatment for handicapped children if they do not want them to become liabilities of the state and useless as citizens in their adult life.

The Bill of Rights of the Handicapped Child as Formulated by the White House Conference

The handicapped child has a right

1. To as vigorous a body as human skill can give him.
2. To an education so adapted to his handicap that he can be economically independent and have a chance for the fullest life of which he is capable.
3. To be brought up and educated by those who understand the nature of the burden he has to bear and who consider it a privilege to help him bear it.
4. To grow up in a world which does not set him apart, which welcomes him exactly as it welcomes every other child, which offers him identical privileges and identical responsibilities.
5. To a life on which his handicap casts no shadow, but which is full day by day with those things which make it worth while, with comradeship, love, work, play, laughter, and tears — a life in which these things bring continually increasing growth, richness, release of energies, joy and achievement.

This Bill of Rights is the guide and teacher to all interested in preventing and improving the lot of those physically handicapped.

Handicapped children — there include such a wide variety of disabilities with all their numerous attending problems. The blind, the orthopedic cripple, the cardiac, — all have different methods of approach and a wide variety of treatments. Some require exercise; others require rest. Some can be treated at home; others require long periods of hospitalization. It is a vast undertaking and requires the unceasing labor and cooperation of thousands of professional and lay people.

An organized attempt to aid these little people is very new but has made much progress. Numbers alone cannot tell the entire tale. The story

behind so many appealing figures is one of spiritual, physical, and economic misery which must be endured by the disabled person; of a loss to a nation of many productive citizens; of a burden to society in general irrespective of whether the cripple is dependent on public or private charity.

Should there be sufficient funds to carry out all the phases of a program necessary for caring for unfortunate children; the planning, personnel, and effort would embrace a very extensive program. At present the network is becoming more meshed and complicated than time and paper would allow to recount. From very humble beginnings, programs have become known to almost every part of the United States. There is really no planned nor well organized method of attack. The numerous and various agencies work more or less independently. There is little duplication of effort because the field of endeavor is so vast and the number of handicapped children so immense.

The first humanitarian efforts brought forth neither ridicule or praise. They were but a speck on the horizon little appreciated except by those who were recipients of their aid. Nearly every organization for the care of these children has originated from neither a scientific point of view, nor from the educational standpoint, but because of sentiment or pity. The founders have desired to make these handicapped children accepted by society as any other child; to make their life as nearly normal as possible; and to enable them to be lucrative and self-supporting individuals.

It is true, that from early endeavors the program has included many more phases. Early in history, it was desirable to give such medical care and hospitalization as was necessary and usually included only the orthopedic cripple. Today, the program is one of prevention and cure; social adjustment and rehabilitation; and includes not only the

child cripple, but also all other physical impairments common to children.

The program now may be said to include the following points. It is a broad field of endeavor and requires the assistance of many willing hands.

I It is most desirable, and the newest step, to decrease as far as possible, those causative influences and environmental conditions which favor the creation of handicapped children. This program is one chiefly of prevention and is the most progressive point in any medical program of the present day.

II The second point is one of location. This is more difficult than it would seem. Frequently, disabling factors are not noticed until the most favorable period for treatment is far past. Many times their condition is ignored by ignorant or unwilling parents. Most frequently the financial status of parents is an important factor. For results it is best that children be brought to clinics or dispensaries for early diagnosis and treatment.

III For those who are in need of it, surgical care and hospitalization should be made available. Convalescent care is also vitally necessary for those whose general physical condition should be improved preliminary to operation, or whom proper conditions of environment and treatment during an extended period of time will improve or cure.

IV After the location, prevention, and cure has successfully been carried out, one must fit these children for their place in society. Some may be totally cured but a greater percentage will carry some remnants of their handicap throughout life. The handicapped child must be insured a general and fundamental education which physical handicaps have made impossible for so long. In addition, they should be given the benefits of occupational therapy, vocational training, vocational guidance and assistance.

V There is not much point and little success in treatment if these children are allowed to return to

environmental conditions in which their affliction originally developed. If such conditions cannot be improved upon, other methods of caring for these children should be devised. At present the foster home, outside of institutions has proven to be the best method of solving the problem.

VI Before much good can be done, extensive and beneficial legislation should be carried out. Much has already been done in this field, the greatest and newest legislation being embodied in the Social Security Act. It is the duty of every interested individual to arouse public sentiment which will support legislation and make the above program possible.

Education of the Disabled Child

What is a child cripple one may well ask. Does it merely include the orthopedic or is the scope much greater? "The child cripple includes those who have been crippled from birth, or have become crippled through accident or disease".*

There are many disabled persons in the United States when, however, we think of children in the same category with adults, we are making a huge mistake. Children have most of their life yet to live. It is up to us as citizens to determine whether his life shall be one of useful citizenship or whether the disabled child will become a burden to society. If they cannot become entirely physically cured we can attempt to give them adequate vocational training.

From a vocational point of view, handicapped children may be classified as follows:

1. Those who may be fully productive and can compete with the physically normal.
2. Those who because of personality and physical handicaps may become only partially productive.
3. Those who are totally unproductive.

Children represent an individual problem because of their age, sentimental appeal, the varied character of their disabilities and their possibilities for adjustment. The child cripple is always a potential adult disability problem. If we do not supply the proper educational facilities, we not only deny them a wholesome development, but also endanger the welfare of society.

Regardless of all preaching concerning the broader outlook of society and its complete acceptance of handicapped persons, there is still much left undone. The child who is physically handicapped is set aside as different from the normal child. The crippled or disabled child becomes a lonely creature because of his inability to join in the sports of other children and is so constantly reminded of his disability. It is no wonder that such a child frequently develops an abnormal psychology, a

moroseness, a self-consciousness, so affecting his point of view, that together with his unfortunate physique, he becomes mentally peculiar.

The education of the crippled child is not merely philanthropy. It has a wider scope; it is really enlightened self-interest. The responsibility no longer rests on the individual but on agencies maintained by public interest. These include not only tiny rural communities but also powerful national committees.

Perhaps the greatest responsibility rests with the community. Their organizations are faced with many problems which belong to them alone. They have the responsibility of discovering the number of children who must have, and are in great need of special facilities and services if their opportunities for education and good citizenship are to be at all similar to those of normal children.

Besides this, they have the ponderous task of determining the best method of giving these special advantages within the range of his mental and physical abilities.

Because special education of the handicapped is comparatively new it is surrounded by many difficult problems. A class of pupils under the supervision of one teacher may contain all types of children in need of special help and assistance. The teacher has many problems. You will say that she must be a genius; that she must be exceptionally brilliant; or that she must have a complete understanding of human nature. She knows that a child becomes truly educated only when she, as the teacher lends every energy to know and guide the whole child. However, she cannot possibly guide a group of children who possess such great variations in regard to their physical and mental make up.

Recently there has been much action in favor of special schools. The vitality of a handicapped child is not nearly so great as that of his normal playmates. His inactivity necessitates extra precautions in

preventing exposure. Since children gather so materially both physically and mentally, through active motion, the handicapped child in the regular school is prohibited because he cannot move quickly and regularly; he cannot perform regular movements. Since the group of students is large and the teacher so fearful of danger, she cannot do otherwise than have the child remain out of activities involving movement. The child cannot take part in active demonstrations and a sense of fear and inferiority develops. Such nicknames as "Peg leg" and "limpy jim" keep the memory of physical deformity constantly before him. Added to this, is the fact that the handicapped child is usually older and far behind his normal age-group due to sickness and inclement weather.

In segregated groups, the crippled child has the opportunity of competing with other children like himself. Thus the element of fear is removed. His activities are made to fit. He develops a sense of self-reliance and his sense of inferiority vanishes.

So much for the argument in favor of special schools. Other educators feel that special schools are not as successful as they might be. They realize that sooner or later, the disabled child will be removed from his restricted environment and will be forced to cope with society as a whole. Having been removed from his sheltered environment how will he then be able to cope with a hellignant, and far from sympathetic world? These educators contend that if a child is forced from early childhood to make adjustments, and lead as nearly a normal life as possible, with other normal children he will be more nearly fitted to lead a normal life and be a useful citizen of society.

Up until recently the absence of education has retarded the handicapped from assuming his normal place socially. Education is both a medium and a goal.

Today, educators are faced with two problems: — that of educating children who are temporarily crippled or "who differ only to a slight extent from the normal, sound child". There is the problem of educating those children who are incurable or severely handicapped by permanent deformities. Special facilities are necessary for both types.

The fundamental principle of special education is to "help the individual to help himself to the limit of his capacity".* In the special education of every handicapped child there should be to some extent, contact with normal children. As much as possible, the child's attention should be directed away from his handicap to the development of his major possibilities. In naming special classes, the name should indicate the function of the class rather than the handicap of its members.

Educating our crippled children is but one phase of the program. We must instruct our teachers and parents in the best method of caring for such children without making them self-conscious and develop a cripple psychology.

The average teacher may be artificial in her relation to the child as a pupil. The child must learn to adjust not only to new and changing physical skills but also how to maintain his place as a person in a group which is likely to consider him as an inferior member.

So frequently, people are unconsciously of the opinion that the physically handicapped are also mentally handicapped. It is important to prevent the child from being adopted as a mascot of his class. We must learn early that he is to contribute his share if he wishes to enjoy the privileges of being a paid-up member of any group.

One eight-year old child remarking about her teacher said, "I wish my teacher wouldn't freeze every time she looks at me because then all I can do is freeze back at her." The child will usually be glad to take his handicap as a matter of course if those

about him will do likewise. If he is ready for school he should not be in pain or feel ill. Any activity in which he participates should be comfortable and enjoyable and not a burden.

When so much is being done in caring for the handicapped at school, little progress has been made in educating their families in the best methods of handling them in their homes. A handicapped child almost automatically makes a handicapped family. Parents sometimes feel that the presence of a disabled child is cause for shame. By all means, the mother should have outside interests. The questions of other children in the family should be answered openly and frankly. Every attempt should be made so as not to spoil the child or make him consider himself as the object of pity.

Effort should be made to interest the child in things which he can do and encourage himself in lines which are within the scope of his activity. Their childhood should be made as happy as possible. If their handicap is of any marked degree they are bound to have much trouble in social and economic adjustment as they grow older. Anything that can be done to store up memories of a happy childhood for them will be more than worth the time and effort spent.

"When the crippled child has received remedial treatment, convalescent care, and has completed a thorough educational period, society has done all that it can do to help him. If after that time, business and professional men will consider him on his own merits and give him an equal chance to secure employment and demonstrate his fitness to cope with the problems of a normal life, the handicap is then figuratively ended."

Many children have made successes of their life in spite of overwhelming odds. A graduate of the Spalding School for Crippled Children in Chicago, Ill. is owner of a commercial printing establishment with two large motor presses and other modern equipment, all purchased

through his own efforts. Joe Sullivan edited a newspaper at the age of twenty years. A one-armed Ohio youth operates a typewriter at the rate of sixty-five words per minute. Another Ohioan, paralyzed from the hips down at the age of twelve, has completed a course in commercial illustration and now is prepared to provide valuable services to a local advertising agency.

"If these young people can feel they are doing some useful work — and especially if they are exercising some developed talent or skill — they are at once raised to a much happier plane of life, and their work acts as a tonic both to mind and body. One useful result is that their attention is diverted from their ailments and incapacity, and this helps to neutralize the painful self-consciousness which often aggravates their suffering." *

Social Organizations

In 1909, a newspaper of Elyria, Ohio contained the following notice, "A large concourse gathered at the home of E. F. Allen to attend the funeral services of his son, Homer, yesterday afternoon at three o'clock."

As a result of this tragedy, fourteen years later was born the International Society for Crippled Children. Edgar F. Allen, the wealthy founder of the dead boy, was the beloved founder. As a preliminary step, Gates Hospital for crippled children was first organized. However, Allen realized that this would not solve the problem of crippled children. He became convinced of the fact that the job was not for one but for many people. Others became interested. In his campaign, Allen spoke to nearly Rotary Clubs and clinics were opened, that handicapped children might be given the necessary attention. Each Rotarian was given the responsibility of following up two children. The new movement spread rapidly and was quickly adopted by the New York and Ohio Rotarians.

Through Allen's interest, Mr. Douglas C. McMurtrie was appointed director of the Red Cross Institute for Crippled and Disabled Men. In 1912, Miss Edith Rees was employed by the Russell Sage Foundation. In 1914, she published a book entitled, "The Care and Education of Crippled Children in the United States."

Today, social agencies for aiding the unfortunate may be put in to six types.

1. The International Society includes a group of state and provincial societies which aim to increase non-professional interest in the problem. It is the guiding factor in sponsoring efficient and expedient legislation.

2. International social and fraternal societies. Member clubs do individual case work to aid the local handicapped child. They cooperate with existing agencies to locate the cases.

3. The third type of social agency is the National Philanthropic organization, which finds the problem of crippled children a necessary part of its program.

4. The official state and national governmental agencies, whose duty it is to promote education throughout their territory, or increase general welfare.

5. The local philanthropic organizations undertake to solve the problems in a particular community.

6. In addition, there are the local groups which select the problem of the handicapped child as the object of their energies for a limited period, or to dispose of charitably endowed funds.

There are three fundamental of the work for crippled children: —

1. Professional, which has to do with hospitals, convalescent homes, orthopedists, the medical profession, the nurse, the social service worker, and the school.

2. Financial, — The price of cure should be the duty of the state through legislation, either through the state treasury, or from charging the cost back to the county from which the child comes. Ninety per cent of the children lack the price of cure.

3. The Human, — This should be a state organization which has a definite purpose and has the interests of crippled children at heart.

International social organizations whose member clubs are doing local case work include Kiwanis Clubs, the Benevolent Protective Order of Elks, the Exchange Clubs, the Kings Daughters, and the Shriners (Masons).

It was quickly discovered in the early days of the International Society for Crippled Children, that the clinic was in reality a gateway to many miracles.

"The gateway to the wonderland of these miracles is the clinic or dispensary. The public health nurse, the social service worker, the Rotarians, Kiwanis, or other good friend is the gentle guide. In the hospital are the magic wands and potions, and in the convalescent

home or sanatorium, recoveries become accomplished facts. A few states have all of these progressive stages to care for their handicapped little ones; many have some, and a few have none of them. But the modern trend is the rapid development toward the completion of the magic pathway in every state and every locality for the plan has proved efficient and economical." *

Legislation

The first legislation enacted for the care of cripples was state legislation for the establishment of state owned and maintained institutions. The Law of Ohio, 1921, is undoubtedly the best law that has thus far been passed in the United States. It provided for a decentralized plan of caring for cripples, but emphasizing the family care of such persons rather than institutional care. It sought to fix upon the counties and the state, the costs and responsibility for treatment.

In all programs there is some danger of children becoming institutionalized. This objection can be met by the fact that handicapped children in the family are not usually treated as other members of the family are; they may be petted or may be despised and neglected.

One of the greatest problems in legislation is to draw up a definition of the word "cripple". Appropriations for Handicapped Children by the State of New York; under the Domestic Relations Court Act, so far have been only for children with orthopedic conditions. The act gives extremely wide latitude in its interpretation of the phrase "physically handicapped child": as "a person under twenty-one years of age who by reason of a physical defect or infirmity, whether congenital or acquired by accident, injury, or disease, is or maybe expected to be totally or partly incapacitated for education or for remunerative occupation, but shall not include the deaf and blind."

The Federal Government, under the Social Security Act employs no qualifying adjective to explain what is meant by a crippled child. Colorado, Georgia, and Louisiana have no legal definition of the term, or stated policy as to its interpretation.

Ohio, Kentucky, Virginia, and Vermont have no legal definition. The policy is to define them with reference to orthopedic and neuromuscular conditions, exclusively. Wisconsin restricts cripples

to orthopedics.

Law is to adopt, in connection with the Social Security Act, a broad definition to include, in addition to orthopedic cases, juvenile types of diabetes, cardiac and conditions that lead to crippling.

California says that the "crippled child is one who by reason of congenital or acquired defects, or deformities, disease or injury, is deficient in the use of his body or limbs."

Illinois specifically stated that among physically handicapped children shall be included those suffering from visual defects, as well as the blind; the deaf and the hard of hearing; the cardiac; the tuberculous; and those suffering from venereal disease.

Since the turn of the century the United States Government has done much by way of propaganda and legislation to improve the lot of handicapped children. There has been a joint resolution passed designating May first as Child Health Day.

"Resolved by the Senate and the House of Representatives in Congress assembled, that the President of the United States is hereby authorized and requested to issue annually a proclamation setting apart May 1, of each year as Child Health Day and inviting all agencies and organizations interested in child welfare to unite upon that day in the observance of such exercises as will awaken the people of the nation to the fundamental necessity of a year round program for the protection and development of the health of the nation's children.

As you can see, we have come a long way in solving the problems of Handicapped Children. We must not rest in the reflected glory of those who have gone before us however, but must continually strive for something more perfect.

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