

THE PROBLEM OF THE CRIPPLED CHILD

BY

GEORGE OSCAR BERG

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In considering this great social question, I shall consider the general aspects of the problem and shall briefly report what is being done at present in a practical attempt at solving it.

The problem of the crippled child is a great social problem, an effective solution for which must be found. It is, to my mind, the social problem which offers the most promising field for constructive work. All through this country we see a humanitarian philosophy governing the plan of handling our various social problems. It is true that these plans are often inadequate, but it must be said that they are the crystallized public consciences in action dealing with great problems in the best way which our times permit.

We see public funds expended in the creation of reformatory, corrective, and custodial institutions. With this machinery we attempt to care for the socially inadequate; often with most undesirable results. We are faced with a steady increase in the total population of all the states dependents, defectives, delinquents, and insane. Certainly, the outlook for constructive social and economic results is brighter for the crippled child than it is for mental defectives, delinquents, criminals, and insane; yet it is the part of our social responsibility that has received the least recognition.

A fundamental precept embodied in our constitution recognizes the responsibility of the State for providing adequate education for its citizens. We appreciate the fact that the school system of the

the United States probably does more for the ordinary citizen than is done in any other country. I feel, however, that unless such an educational system is a good educational system for all states' citizens, it is a poor system for any of its citizens. It is not enough that such a system care for ninety per cent of the citizens, it must be flexible enough to care for all.

Among the numerous definitions of education, I cite as the one that seems to me most expressive, the definition given by Herbert Spencer. Says Spencer, "Education is preparation for complete living." This ideal carries with it the preparation of the individual so that he is able to adjust completely in every detail to his environment. He must, first of all, be physically and mentally able to maintain himself in a civilization founded on competition. Not, it is true, competition under the law of the tooth and claw, but competition just as relentless, though less obvious. Before the individual may derive any of the benefits of any type of culture, he must be able to earn his way. This is the key note of my study of this problem.

Preventive medicine has won signal victories in rendering large sections of the world inhabitable. It has conserved the health of millions of workers and it has guarded the efficiency of millions of soldiers. It has most brilliantly come to the aid of mankind in the age old struggle against devastating disease. New victories are constantly won in all these fields. Its activities have been developed in the field of correction of physical conditions, commonly called deformities

and disabilities, which produce cripples. This specialized development, the general field of Orthopedics, is well organized and developed.

The public conscience is spontaneously awakening to a recognition of its responsibilities in giving to persons who need such help the services of orthopedic surgeons, and their co-workers. Most of this work has been done by independent social units, though there are encouraging signs of state enterprise. Orthopedic surgery is the form of preventive medicine which is the most important factor in preventing the dependency of the unfortunate crippled child. The problem is to get individuals who need this help in touch with such help so that a later educational development may safely be placed on a foundation which will support it.

Presented on this basis I am sure no one will doubt the economic wisdom of investing public funds in the reconstruction of the deformities of the bodies of crippled children, thereby making of them useful citizens. Viewed even from its most selfish viewpoint this process justifies itself; as, if we are able to train these people to earn their own maintenance, we reduce the financial load of caring for the unfit, which falls on the shoulders of a state's citizens. If we do not succeed in making a self supporting wage earner of the crippled child, he will be a life long dependent. As such, he will be a reflection on our civilization - one that we should no longer maintain.

A feasible plan must use public funds, not in the way that characterizes the custodial plan of caring for inadequates, which plan

usually considers only how these children may be cared for at the lowest cost, but the plan must consider only how the investment may be administered, in order to get a sum total of satisfactory, economic, and sociologic results. This plan must correlate high grade orthopedics, specialized industrial and business training, satisfactory basic schooling and an accurate survey of the number of persons needing such help in the state. Careful studies of how persons with given deformities and disabilities have been able to adjust to our civilization in solving their own economic problems must be made in order to widen the field in which these cripples may be trained.

Developing a satisfactory and efficient plan of this sort carries with it the education of the general public. More especially perhaps must the legislators who handle our public funds, and who create public institutions, be convinced not only of the necessity but of the public demand for such a development. General publicity work which reaches the public schools, the school nurses, the county nurses and all physicians must be done. The general public must be reached with publicity material expressing the necessity for such active steps in dealing with the problem. The public must be "sold" on the essential economy of attacking this problem in the manner suggested. When we do this we may expect favorable legislative action which is indispensable if adequate machinery is to be provided for dealing with this grave problem. The parents of the crippled child must come in contact with social workers specially trained in presenting the possible benefits to them, and to the

crippled child, which result from proper correction. The method of discovering these children, paying the costs of their transportation and subsequent hospitalization, and later education must be made as simple and easy as possible. The public must be informed regarding the exact steps to be taken to get a child in contact with this help.

I shall briefly survey what has proved to be a practical method of attacking this problem with existing state agencies in the State of Wisconsin.

THE WISCONSIN ATTACK ON THE PROBLEM OF THE CRIPPLED CHILD

In the State of Wisconsin the charitable, corrective, and penal institutions are controlled and administered by the State Board of Control. There are seventeen State institutions fully controlled by the Board. One of these is the State Public School for dependent and neglected children at Sparta. Children cared for in this school come from every part of the state, except Milwaukee County which takes care of its own dependent children. This school has become, like all of our state institutions, seriously overcrowded. The child population is at Sparta, because its parents are among those who make up the mass of society's incapables. The proper care of these dependent and neglected children is doing a great deal to help in the solution of the problem of the State care of its adult dependents, its criminals, and its mental defectives.

The original concept was that Sparta was to be a school receiving children from three to fourteen years serving as a clearing house for

normal children, as the law required that every child received by placed in a home on indenture, or placed for adoption within six weeks after admission. If found, after admission, to be unfit for placing in a home the child was to be returned to the county from which it was sent.

This impossible and preposterous concept has been changed. Children are now admitted regardless of their mental or physical fitness for being placed in homes. This, of course, was the only proper and humane thing to do.

Schooling of a general type has been given the children at Sparta. Academic school work for the grades has been very well taught for the few normal children who, for one reason or another, have not been placed in homes. No system of vocational training was possible until recently when the 1923 Legislature provided a sum for such a beginning. The school had for many years been the most neglected, relatively, of all the State Institutions. It has always been overcrowded and its population had steadily increasing during the years, and little attention had been given to its physical expansion. In 1921, 1923 and 1925 the State Legislature came to the rescue in a number of ways. Funds were provided so that badly needed physical improvements have been made, and provision made for changes in the policy of the institution, which changes will be of great value to the state, as a whole.

A new schoolhouse has been built. There has been provision made for dental work, facilities for vocational work and training and provision by appropriation so that a practical beginning of the work of car-

ing for crippled children has been made by the State Legislature. This modification of the State Laws was made in 1921.

It was at the State Public School at Sparta that Dr. L. R. Prince, who was superintendent of the School, became actively interested in making an attempt to solve the problem of the crippled child. Dr. Prince's study of the laws governing the administration of the School showed that in 1901, due to the interest of Governor Mc Govern of this state, the laws governing the State School at Sparta were changed to permit the admission of crippled children to Sparta. An interesting sidelight is that Governor Mc Govern's sympathies were enlisted in this matter as he had a crippled child in his own family.

The basic legislation necessary for the care of crippled children was the same in 1901 as it is today. It was not until 1911 that any attempt was made to carry out the law and it was not until 1919 that anything was done beyond custodial care and the application of mechanical aids, such as crutches and braces. This program did not appeal to Dr. Prince, as being intelligent or practical.

In examining the law under which the school at Sparta operated, Dr. Prince discovered that any child under twenty-one, who is crippled or deformed in body, whose condition may be cured or ameliorated by medical or surgical or other means, could be admitted to State School at Sparta. The law further provided that he was to receive scientific care of every possible kind. In addition, he was to receive the same benefits accorded under the law to children who were not cripples, in the

way of educational, physical, moral and vocational training. A most excellent law, but one without teeth as no funds were provided to realize the ideal set forth.

Undaunted by lack of precedent, Dr. Prince diligently studied the situation. He learned that there was an Emergency Appropriations Board. On appeal to this Board he was informed that funds could be appropriated to pay surgical and hospital fees incurred in the treatment of these children. The Board instructed him to go ahead, do the work, and let the Legislature see the cost of such service. Dr. Prince secured the active cooperation of Dr. F. J. Gaenslen and Dr. G. V. I. Brown of Milwaukee. These men very willingly did the necessary work on a selected group of cases. The total cost of treating these cases was then presented to the Emergency Appropriations Board for payment. The costs were paid and the Legislature was appealed to for the necessary funds to carry on the work provided for by law.

In the meantime, through the generosity of Dr. and Mrs. Harold Bradley, a Memorial Hospital in which these children might be hospitalized was provided. The active cooperation of the Medical Department of the University of Wisconsin was secured, and work was begun on a very respectable scale. In 1921 operative cases were sent to the Bradley Memorial Hospital at Madison. This was soon crowded to capacity. In 1922 two small cottages were secured from the University, on the University grounds, and these were used for the convalescent care of twenty children leaving the hospital facilities for

use in the most efficient manner.

This service has steadily grown, forming the nucleus for the development of the Wisconsin Memorial Hospital, whose services have taken over the original activities centered about children from Sparta. Under the law governing the operation of this hospital, crippled children whose parents cannot afford to pay for their medical and surgical treatment, may be admitted and may receive such treatment as is necessary for improvement or cure of their condition.

This development makes possible the discovery by school nurses and county nurses of children who need such help. This has always been difficult, as a great many of these children do not attend school. It would seem that well planned and broadcasted information should be sent to all social workers, physicians, nurses, and county judges in the State in order that they may receive complete information regarding exact methods to be followed in bringing children into contact with this institution.

A further development of this plan may well include the establishment of a special registry in the State Board of Health of all crippled and deformed citizens of every age. This registry should record important material descriptive of the deformity, the degree of disability, and the adjustment which the individual has been able to make to his environment with regard to his ability to, and the exact methods of supporting himself. Suggestions should be received from

all these persons in regard to their experience in education. This should include their report of the efficiency of various methods of training and schooling, and their estimates of the value of such schooling, together with suggestions for the extension of such schooling to others. In this way many new avenues of employment and methods of teaching will be opened.

With this survey as a basis, a plan can be developed which will provide a logical and feasible scheme of dealing with the problem. Such a development will include basic, corrective, orthopedic work. It will provide adequate quarters for the convalescent care of some hundreds of such children. It will provide for the basic schooling together with the secondary instruction of these children. It must have a close relation with the system of vocational schools now being developed in the State of Wisconsin.

It is necessary that these individuals be carefully studied in order that their individual capacities and inclinations be understood. Orientation of these persons to their responsibilities must necessarily be a problem in individual adaptation. This work may well enlist the cooperation of University Departments of Psychology, Sociology, Physical Education and Manual Arts. Such a development cannot fail to be genuinely constructive. It will necessarily cost the tax payers of the State an initial outlay for the creation of such a service. It will most assuredly justify itself in the savings to the tax payers by reducing the numbers of unfit who are an increasing burden on their fellows. It is only a matter of time, and it is to be hoped a short

time, when general recognition of the above mentioned truths will compel attention first from sociologists, next from economists, and later from legislators, and the general public. The medical profession and professional social workers already see the desirability of such development. What is needed is the interesting and inspiring of various independently organized social units, who will bring to the solving of this problem something of the spirit of the Crusaders.

We have now in the State of Wisconsin a society organized to further this work. This is the Wisconsin Association for the Disabled. This is a member society in the International Association for the Disabled. This organization now has branches in thirty of the states as well as in three of the provinces of Canada. It is supported by individual contribution of its members, each of whom pay a fee of a dollar a year. This society, through its executive secretary and with the cooperation of the County Medical Society, conducts a survey of selected counties in the State of Wisconsin. This survey is carried out by the executive secretary of the society following preliminary work done in the public schools, by county nurses and members of the County Medical Society. At a stated time one or more orthopedic surgeons are brought into the county to hold a clinic. These men examine, giving a thorough orthopedic examination to every child brought to the clinic. Cooperation with interested local residents is secured through their membership in this society. In some cases this cooperation comes largely from one of the service clubs of the city; in most instances the membership is not sectional, but is all inclusive, embracing men from

every profession and business, and women from all walks of life. These people function, first in going to the homes and bringing the crippled children to the clinic, second becoming familiar with the exact state of the crippled children which they have brought, third returning the child to his home and fourth under stimulating supervision from the officers of the local society keeping track of the case and making sure that recommendations for treatment are being followed.

Accurate records are kept of every case examined in these clinics. This society has been in existence in this state for two years. The parent organization was begun in Illyria, Ohio eleven years ago. This work was begun as a Rotary Club movement, but the volume of work done soon showed that it was futile to restrict membership to Rotarians and membership was accordingly thrown open to all persons who were interested. In the State of Wisconsin this society is fortunate in having a direct connection with the Vocational division of the State Department of Education. Its executive secretary is Miss Marguerite Larson, who is Director of Special Education in the Vocational Division. This division has offices in the State Capitol at 318 N.W. It is at this place that records of examinations and all statistical material of the society is kept. The funds contributed by members go to pay the fees of the examining surgeons and for the publication of publicity material which is now being prepared by the society's secretary.

This society aims at the discovery, the examination, and the

prescription of treatment for the cripple. Its examiners refer all cases, which can be so handled, to the local family physician for treatment. Cases needing special orthopedic surgery are referred to men in that field. In all the work every effort is taken to maintain friendly relations with the local medical society.

In this work the crying need seems to be the creation of convalescent homes where children may be kept under supervision, and where they may receive such attention as they need after corrective work. Institutions must be developed where such convalescent care can be given on a lower cost basis than that of complete hospitalization. Addition of such facilities will tremendously increase the efficiency of our hospital equipment.

A definite need is the addition to the physical education staff of the public school system of a specially trained physical educator, who can and will supervise cases which need and have had prescribed, corrective and remedial, gymnastics. This is very important, in order to secure the best results from the before mentioned examinations and prescriptions.

The Shriners have undertaken work in rehabilitating crippled children as their particular contribution to social progress. The Hospital Number of the Journal of the American Medical Association lists thirteen hospitals containing about seven hundred fifty beds devoted to the correction of these deformities. The unavoidable weakness of this attack is that it does not include, and cannot include, a proper

system of education and training needed to fit the individual for successfully meeting his life responsibilities. This function is best met by the State. The Federal Constitution makes it mandatory on the State that it provide necessary education for its citizens. However, such a beginning is tremendously encouraging and is sure to be followed by most worthwhile results.

In his Chairman's address read before the section on Orthopedic Surgery at the 76th Annual Session of the American Medical Association, Atlantic City, New Jersey, May 1925, Dr. F. J. Gaenslen of Milwaukee said in part:

"No doubt a good beginning in dealing with the cripple problem is to reduce its size, that is, the number of cripples in the first place, to the irreducible minimum. With infantile paralysis contributing roughly one-third of all juvenile cripples, some 88,000, it may be well to make some more concerted effort in the line of laboratory investigation. While there is no dispute as to the causal relation of the filterable virus to the disease, the role of Rosenau's streptococcus to this virus and the possibility of virus and streptococcus being different forms of the same infective agent should stimulate intensive study. If the laboratory could give us an efficient and practical method of immunization against this disease, it would with one stroke do more to relieve the cripple situation than all the ingenious operative procedures developed by the orthopedic surgeons for the repair of damaged limbs. We have bureaus and special laboratories for cancer re-

search; why not one for the study and prevention of infantile paralysis? It would be as promising, probably, as that for cancer, and economically perhaps quite as important as the disease attacks early in life with enormous economic loss. This may seem a poorly founded hope, but who will say that its realization is impossible? When it is recalled that even at this late date there are many unsolved problems touching etiology, early diagnosis, mode of transmission and proper quarantine measures, is it ill advised to urge the establishment of special research laboratories with mobile units for the study of epidemics wherever they may occur?

To come now to the more concrete, it is probably fair to say the disabilities resulting from neglected congenital deformities, notably club foot and congenital dislocation of the hip, is a reproach to the State in a large measure. With laws requiring prompt reporting of deformities recognized at birth, and in the case of defects not recognized at birth, the reporting of these as soon as discovered, and efficient follow-up through state health boards and social agencies, should have a telling effect on cripple surveys. Wisconsin is the only state in the Union which today requires the reporting of recognized congenital deformities and defects at birth. I say "recognized", because not all deformities, and among these is congenital dislocation of the hip, are recognizable at birth."

Approved by J. Evans
Professor of Medicine.

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