AN ANALYSIS OF THE WORK BEING DONE BY EXISTING AGENCIES IN MARION AND VIGO COUNTIES IN INDIANA TOWARD THE EDUCATIONAL AND PHYSICAL DEVELOPMENT OF CRIPPLED CHILDREN

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by
Martha Claire Stanger
May 1947
The thesis of Martha Claire Stanger, Contribution of the Graduate School, Indiana State Teachers College, Number 553, under the title 
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is hereby approved as counting toward the completion of the Master's degree in the amount of 8 hours' credit.

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CHAPTER I

INTRODUCTION

"OUR SON IS A SPASTIC."

"Our son is a spastic." Such was the tragic statement of Mrs. Ernest Lawrence C. during this investigator's association with her in the relationship of parent and teacher of this boy.

David Lawrence is a happy, tow-headed little fellow just eight years old—but he is a "spastic."

David was born August 10, 1938, the tenth child of Mr. and Mrs. Ernest Lawrence C. At birth David appeared to be a perfectly normal baby; and he continued in a seemingly normal development until he was about five or six months old. At that time his head repeatedly fell forward instead of standing erect as it should for a baby of that age. This, the family doctor diagnosed as a ricket condition.

This abnormal physical development continued and soon included the inability to sit alone, the inability to talk understandably, and the inability to walk. David was past two years old when he was able for the first time to sit alone.

It was then that his family took David from their home in West Terre Haute, Indiana, to the James Whitcomb Riley
Hospital in Indianapolis for a physical examination. There it was discovered that David had scurvy resulting from a severe vitamin deficiency, the symptoms being that he bruised easily, large blue spots being visible all over his body. The doctors were readily able to clear up this disease, but they found another condition which they could not cure, that of "spastic paralysis" a form of cerebral palsy.

The parents were dazed and bewildered when the doctors told them of their diagnosis. "What is a 'spastic', Doctor?" they asked. The following is a definition similar to that which was given the family in reply to their question:

Cerebral palsy is a disturbance of the neuro-muscular mechanism resulting from defect, injury, or disease of the brain, occurring in prenatal development, or as an accident at birth, or later in life as a result of injury, febrile disease, or vascular accident. This disorder affects coordinated functioning of the body, and may be manifested by motor, sensory disturbances, and mental defects, according to the site of the pathology. (See Figure I)¹ Common patterns of motor behavior are those of spasticity, athetosis, ataxia, rigidity, tremor, and atonia. The intelligence of a cerebral palsied

¹Figure I obtained from Division of Services for Crippled Children, Indiana State Department of Public Welfare: An Outline On Cerebral Palsy Including the Functions of the Nurse. Mimeograph.
Figure I

Areas of cerebral hemisphere
child may be very hard to estimate because of his appearance and difficulty in expressing himself. The classification as to motor involvement of spasticity can best be explained by the following outline. 2

I. Definition: A condition characterized by hyper-irritability of a muscle to normal stimuli.

II. Location of Lesion: Cerebral cortex and pyramidal tracts.

III. Syndrome
A. Involuntary, exaggerated muscular contraction varying from slight to convulsive spasms.
B. Exaggerated response to sensory stimuli.
C. Exaggerated reflexes.
D. Extreme difficulty in relaxation.

IV. Areas of involvement
A. Head and chest
   1. Inability to raise head and/or difficulty in controlling head movements.
   2. Speech and breathing mechanism, affecting regularity of rhythm.
   3. Swallowing mechanism--causing drooling.
B. Upper extremities
   1. Shoulders, elbows, wrist, fingers--flexed

2Ibid.
Forearm—pronated (palm of hand turned down)
Thumb—adducted (drawn toward palm)
2. Limitation of joint motion due to muscular tightness, rapid, jerky movements
3. Tendency toward contractures.
C. Lower extremities
1. Hips—flexed, inwardly rotated, and adducted.
2. Knees—flexed.
3. Feet—Planter flexed (foot drop tendency—stands on toes)
D. Posture—Affected by contractures of lower extremities, degree of postural defect varies from walking slightly on toes to typical scissors gait deformity (hips inwardly rotated and adducted—cannot put heels on ground).
E. Personality—introvert tendency.
1. Exaggerated fear of noise and of falling.
2. Need for reassurance, affection, and feeling for security.
With an understanding of this condition, came the realization of the responsibility and fear for David's future. What could be done for David? At that time, the doctors could offer his parents little hope for his future, but they did tell Mr. and Mrs. C. to bring David back to the clinic for regular check-ups.
When David was old enough, he was given periodic intelligence tests at the hospital, where he consistently showed above normal. At that time, David had a very bad scissors gait deformity, an inability to spread his legs apart. When the other children in the family carried him on their backs, they had to pry his legs apart, and even then he could not wrap his legs around their bodies. During these later check-ups, the doctors carefully observed David and then recommended treatments for him to be given at home. These home treatments were: exercises to stretch his arm, leg, and shoulder muscles and tendons; exercises for developing muscular coordination by using building blocks and other especially designed toys; blowing exercises to help alleviate his being short of breath; buttoning and unbuttoning exercises to develop muscular dexterity in his hands and facilitate his being able to write.

When David was seven years old, his parents took him again to the Riley Hospital where he underwent a very serious operation which resulted in his being able to spread his legs and walk in a fairly normal manner.

Beginning in January, 1946, and continuing until June of that year, David had a student teacher who came to his home three days a week for an hour each day.
In October, 1946, this investigator was employed by the Indiana Society for Crippled Children, Inc. to serve as tutor to David. She continued in this capacity to date.

On Tuesday, December 3, 1946, David went to Riley Hospital and received his braces, which helped him to a very marked degree in his walking. He was able for the first time to walk with an erect posture and to touch his heels to the floor. Formerly, he had bounced on his toes in a very unsteady gait. The doctor also told Mrs. C. to have David do for himself those things of which he was capable, such as dressing and undressing himself, and finding things which he wanted for himself.

Such is the picture of David Lawrence C., a happy, tow-headed little fellow just eight years old, who, through no fault of his own or of any of those who love him so dearly, is a "spastic."

"OUR DAUGHTER IS A VICTIM OF CONGENITAL HEART MURMUR"

Yes, here is another child who has a physical handicap. Jean Ellen was born November 26, 1937, the first child of Mr. and Mrs. Paul B. She is now nine years old and the victim of congenital heart murmur, which is a condition wherein the valves of the heart do not close properly, allowing the blood to seep backward. One of the dangers in this malformation is that the heart will increase in size.
due to the strain of having to repump the blood. The doctor who delivered Jean Ellen told the parents that she had this trouble and that they would have to be very watchful of her.

When Jean Ellen was only six weeks old, she had her first cold, and upon being given the medicine prescribed by the doctor, she turned very red. The dosage was immediately reduced to half upon the instructions of the attending physician. During colds or respiratory infections, her heart murmur becomes very bad, and is particularly affected by medicines of very much strength. Even during normal circumstances, Jean’s murmur can easily be heard by putting the ear near her chest. Because of her physical handicap, Jean Ellen has always tired very easily and has also been more susceptible to colds than a normal child.

At two years of age, this child contracted pneumonia, from which she nearly died. This, of course, left her in a terribly weakened condition, and it was more than three months before she was able to be up and around with any ease.

Jean Ellen contracted the chicken pox when she was seven years old. This was only a slight case lasting for two weeks, but it left her in such a weakened condition that she almost immediately became ill from the influenza and was in bed for an additional six weeks.

The latest child’s disease which Jean Ellen has had was the three-day measles. Even this slight illness was
much harder on her than it would have been had she been a normal child.

Throughout all of these illnesses, however, Jean Ellen and her family have shown a remarkably brave spirit and the best kind of cooperation. Naturally, Jean wanted to go to school when she was old enough, so her mother took her to a specialist to have a thorough physical examination (even though she had constantly been under the care of their family physician). This specialist advised them that it would be all right to let her enter school if they would see to it that she had plenty of rest when she was at home. He also told the parents that Jean's heart was slightly to the right of where it properly belonged, and that it was minutely enlarged. The hope which he gave to them was that by developing a strong, healthy body, she might in time be able to live a fairly normal life.

Jean Ellen was immunized for whooping cough and diptheria with no ill effects; however, the doctor would not immunize her against small pox because of the possibility of an adverse reaction. For the same reason the doctor warned Jean Ellen's family against ever giving her, or letting her be given, sulfa or even novocain for the purpose of having her teeth extracted.

In September before she was six years old, Jean Ellen started to school. She progressed beautifully
throughout the first year, only missing four weeks of school, and these were at two different times of two weeks each.

The next year Jean went through the first term with flying colors, but during the second term she contracted the chicken pox subsequently followed by the influenza. Her mother taught her at home for the rest of that year.

September, 1946, saw Jean Ellen again at the door of the school. This time, however, she was not destined to stay in school, for after the first week she was forced to drop out because her strength was not up to the task at hand. She was so thoroughly disappointed at not being able to stay that her mother went over and had a talk with the principal who told her of the possibility of getting a tutor for the child. Soon after that, the Indiana Society for Crippled Children, Inc. employed Miss Rogers as tutor for Jean Ellen. Throughout the year, Jean progressed nicely with the guidance of her new-found friend and teacher.

Yes, Jean Ellen is a victim of congenital heart murmur, but there are ways in which she can and will be able to find happiness. These cases are indeed tragic. But there are so many more, so very many more of these physically handicapped children, and they, too, need special kinds of help.
How many of these children are there in the state of Indiana? What kinds of special help do they need? Where will they be able to get such assistance? How would one go about securing such aid from the agencies which are in existence for the purpose of giving help to physically handicapped children? Are all crippled children eligible in like manner? In general, just what is being done by those agencies existing in Marion and Vigo Counties in Indiana for the physical and educational development of crippled children? These are some of the questions which came to the mind of this investigator during her work as tutor of David Lawrence C. As an outgrowth of that interest, this research was made.

The purpose of this investigation was to ascertain how Marion and Vigo Counties in Indiana are caring for the educational and physical development of crippled children.

Through case studies of three physically handicapped children, interviews with the executives of a number of agencies dealing with handicapped children, observations in special schools, hospital wards, cerebral palsy clinics, and occupational therapy wards, and surveys of published and unpublished materials relative to the problem, a fairly clear picture was gained by this investigator which she in turn has attempted to put down on paper so that the reader may have a better knowledge of the work which has been and is being done in this field.
CHAPTER II

DISCUSSION OF THE NUMBER OF CRIPPLED CHILDREN IN INDIANA WITH A SUMMARY OF THEIR NEEDS

Since it has always been considered a wise procedure to know first the scope of one's subject, the logical place to begin the research was to ascertain the number of children whom these agencies might serve. This in itself proved to be quite a problem because there was a recognized duplication of cases upon the records of many of the agencies and also a lack of reports on all cases in existence. Since there was no way to obtain accurate statistical data without making a personal house-to-house canvas, the investigator graciously, if somewhat reluctantly, accepted the statistics of 1940 as they were released by the children's bureau of the United States Department of Labor and the Crippled Children's Division of the Indiana Department of Public Welfare, which are admittedly insufficient.

Following this information, came an analytical consideration of the needs of these children with physical disabilities. The Children's Charter served as a basis from which to work, as it provides the acme of perfection toward which society is striving in relation to its provisions for all children. These conclusions were reached after a careful survey done by the following bodies and courts:

...
survey of articles dealing with physical handicaps of children had been made. The articles were written by authorities in their respective fields, and appeared in current issues of medical periodicals.

Discussion of the number of crippled children in Indiana, specifically those in Marion and Vigo counties. According to the figures released by the children's bureau of the United States Department of Labor, it was estimated that there were 13,000 crippled children in Indiana below the age of 21 years in the year 1940. Of those 13,000 crippled children in Indiana there were in Vigo County 297 and in Marion County 1,380. The ratio is three crippled children per every 1,000 population. In 1938 a study by the Division of Service for Crippled Children was made of those cases included in the register on whom the medically verified diagnosis had been obtained. While these cases numbered 2,781, it was felt that the sampling was not quite large enough to be entirely representative. However, several important facts for present and future reference were disclosed by this study. These points are shown by the following tables and charts.¹

¹Data obtained from A Report of Services for Crippled Children in the State of Indiana as Administered by the Division of Services for Crippled Children. Oliver W. Greer, M.D., Director—State of Indiana Department of Public Welfare. (1936-1940)
CHART I
PERCENTAGE DISTRIBUTION OF THE ETIOLOGY
OF Crippling CONDITION
CHART II
PERCENTAGE DISTRIBUTION OF CRIPPLED CHILDREN
BY DIAGNOSIS
<table>
<thead>
<tr>
<th>Etiology</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2781</td>
<td>100.0</td>
</tr>
<tr>
<td>Congenital</td>
<td>1244</td>
<td>44.8</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>568</td>
<td>20.4</td>
</tr>
<tr>
<td>Other Infectious</td>
<td>510</td>
<td>18.3</td>
</tr>
<tr>
<td>Trauma</td>
<td>342</td>
<td>12.3</td>
</tr>
<tr>
<td>Other</td>
<td>117</td>
<td>4.2</td>
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</table>

TABLE I

ETIOLOGY OF CRIPPLING CONDITION OF 2,781 CASES ON THE REGISTER OF CRIPPLED CHILDREN ON JUNE 30, 1938
TABLE II

DIAGNOSIS OF GRIPPING CONDITION OF 2,781 CASES ON

THE REGISTER OF CRIPPLED CHILDREN ON

JUNE 30, 1938

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number</th>
<th>Per Cent</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>2781</td>
<td>100.0</td>
</tr>
<tr>
<td>Congenital Malformation of Bones, Joints, etc.</td>
<td>698</td>
<td>25.1</td>
</tr>
<tr>
<td>Feet</td>
<td>407</td>
<td>14.6</td>
</tr>
<tr>
<td>Legs and Feet</td>
<td>81</td>
<td>2.9</td>
</tr>
<tr>
<td>Spine</td>
<td>63</td>
<td>2.3</td>
</tr>
<tr>
<td>Hip</td>
<td>89</td>
<td>3.2</td>
</tr>
<tr>
<td>Other</td>
<td>58</td>
<td>2.1</td>
</tr>
<tr>
<td>Post-Poliomyelitis</td>
<td>568</td>
<td>20.4</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>383</td>
<td>13.8</td>
</tr>
<tr>
<td>Plastic</td>
<td>197</td>
<td>7.1</td>
</tr>
<tr>
<td>Harelip</td>
<td>30</td>
<td>1.1</td>
</tr>
<tr>
<td>Cleft Palate</td>
<td>46</td>
<td>1.7</td>
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<tr>
<td>Harelip and Cleft Palate</td>
<td>76</td>
<td>2.7</td>
</tr>
<tr>
<td>Burns and Other Plastics</td>
<td>45</td>
<td>1.6</td>
</tr>
<tr>
<td>Osteomyelitis</td>
<td>194</td>
<td>7.0</td>
</tr>
<tr>
<td>Tuberculosis of Bone or Joint</td>
<td>170</td>
<td>6.1</td>
</tr>
<tr>
<td>Other</td>
<td>571</td>
<td>20.5</td>
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<tr>
<td>Congenital Trauma</td>
<td>35</td>
<td>1.2</td>
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<tr>
<td>Infectious</td>
<td>158</td>
<td>5.7</td>
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<tr>
<td>Other</td>
<td>103</td>
<td>3.7</td>
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</table>
CHART III

PERCENTAGE DISTRIBUTION OF AGE AT ONSET
OF CRIPPLING CONDITION
### CHART IV

**SEX DISTRIBUTION OF CRIPPLED CHILDREN**

**BY DIAGNOSTIC AND ETIOLOGICAL GROUPS**

<table>
<thead>
<tr>
<th>Etiological Groups</th>
<th>Plastic</th>
<th>Cerebral Palsy</th>
<th>Post-Poliomyelitis</th>
<th>Osteomyelitis</th>
<th>Tuberculosis of Bone or Joint</th>
<th>Congenital Malformation of Bones, Joints, etc.</th>
<th>Hips</th>
<th>Other</th>
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<tbody>
<tr>
<td><strong>Total Crippled Children</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons under 21 years (1930 U.S. Census)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Per Cent</th>
<th>0</th>
<th>25</th>
<th>50</th>
<th>75</th>
<th>100</th>
</tr>
</thead>
</table>

- **Male** represented by | | | |
- **Female** represented by | | | |

Note: The chart illustrates the distribution of male and female crippled children by diagnostic and etiological groups.
Discussion of the needs of crippled children. David, Jean Ellen, and the thousands of other children like them are truly handicapped. The types of men and women they become will depend largely upon the way in which their needs are supplied. Out of the 1929-30 White House Conference on Child Health and Protection came the idealistic "Children's Charter." It is toward the fulfillment of these ideals that all philanthropic organizations are working, whether they be private or public agencies.

For the child who is physically handicapped, the need is urgent for early discovery and diagnosis of his condition. Many unsightly cripples of today could undoubtedly have been nearly normal in appearance if their conditions had been diagnosed at an early age.

This discovery and diagnosis is not enough. There must, of necessity, be skilled medical, surgical, nursing, medical social, physical-therapy, and occupational-therapy services provided for children in hospitals, convalescent homes, foster homes, or in their own homes following their hospital confinement.

During and after the convalescent stage, handicapped children must have proper opportunities for the beginning or continuation of their education.

2See Appendix
Long-range planning, guided by carefully chosen medical advice, is necessary with the view in mind of guiding the handicapped child in the selection of a vocation in life which is suited to him.

A handicapped child must have a happy, cheerful, secure, environment with a great amount of love and affection. This environment must be of such quality as to stimulate self-confidence and confidence in others. An atmosphere of quiet orderliness and peace is imperative to the best emotional development of the child. He should at all times be made to feel himself a valued member of the family group. A handicapped child should never be pampered or spoiled, but is entitled to sympathy and affection even though he should, by quiet firmness, be required to conform to usual behavior standards of other children. As nearly as possible the physically handicapped child should be protected from thoughtless, unkind attitudes of children or those outside the home.

Parents should see that their child has normal children join him in play. Because of his handicap he should not feel that he is left out, but should have every opportunity for a well rounded life.

Parents should never allow pity to replace understanding nor should they shower special privileges on the handicapped child. Care should be taken not to push the child beyond his
physical, mental, or emotional ability; but his progress, even though limited, should be recognized and encouraged. Parents must be careful not to comment unfavorably on the child's condition in his hearing.

Patience, perseverance, and affection applied with courage are necessary traits for parents of handicapped children in order that they may provide the highest type home in which their child may develop toward adult life in the most physically, educationally, and emotionally normal manner.

Both parents and teachers should gear their efforts toward aiding the children in their striving for independence. Never do for a crippled child that which he can do for himself.

The handicapped child should be placed in school as soon as possible in order that he may not lose any more time than is absolutely necessary in making social and educational adjustments. Such schools as would care for the education of physically handicapped children must of necessity be especially staffed and equipped schools or classes and must have suitable facilities for transportation to and from the building.

From this it can be seen that the problem of the crippled children in Indiana is not one to be considered lightly. These children, unless educated and cared for properly, are doomed to be a burden on society and a loss to
themselves. What, then, is being done in Indiana to help them become well adjusted individuals and citizens?
CHAPTER III

WORK BEING DONE BY PRIVATE INSTITUTIONS

The Indiana Society for Crippled Children, Inc. This is a private, non-profit organization which was organized under the laws of Indiana in 1938. It is governed by a Board of Directors composed of laymen, employers, and professional men and women from all over the state. In addition to the state office, there are now 30 local county chapters in Indiana. Through the efforts of the ever-active state executives, Mary Paxton, Director of Education, Kenneth Patton, Director of Extension, and Kenneth Miller, Executive Director of Indiana, plus those of many public spirited citizens, the Vigo County Chapter of the Indiana Society for Crippled Children was organized in November, 1946.

The Society depends largely upon the annual Easter Seal Sale plus donations from philanthropic-minded citizens for its financial support. There are but four paid staff members in Indiana, and they operate the State Headquarters in Indianapolis, Indiana. All other members of the organization volunteer their time and energies toward this worthy cause in order that more funds may be allocated to direct services for the handicapped children. The funds derived from the Easter Seal Sale are divided as follows:1

8.3% is used by the National Society which conducts a legislative, investigative, and service development program on a national level.

41.7% is used by the Indiana Society to carry on projects in which all counties have a share.

50.0% remains in the organized counties for their own local programs and projects.

The definition of a crippled child as it is accepted by the Indiana Society is as follows: Any condition which constitutes a physical handicap is considered a crippling condition. This includes defective vision, impaired hearing, speech defects, rheumatic fever, epilepsy, and all other crippling conditions as well as orthopedic cases.2

"The Indiana Society for Crippled Children is concerned not only that every crippled child in Indiana receives the right kind of skilled medical care and after treatment but that he receives the benefit of a good education; that he receives wise vocational counselling at an age at which it will be most beneficial; that opportunities for employment are open to him if he can demonstrate successful performance; and that his own attitude toward his handicap is such as to enable him to find his rightful place in society."3

2 Data obtained from private interview with Miss Mary Paxton, Director of Education, Indiana Society for Crippled Children, Inc.

3 Data obtained from Indiana Society for Crippled Children, Inc. Folder: Indiana Cares for Its Crippled Children. Provided by Miss Mary Paxton.
The Indiana Society’s state office does not conduct a direct case-work program for handicapped children (this is done through the county chapters), but it does provide and arrange for referral and informational advice. This society is designed for the purpose of providing for the crippled children in Indiana those services not provided by other agencies in the state. To date, the most outstanding of these services has been the provision of licensed teachers for homeconfined children. To the investigator’s knowledge, this is the only agency in Indiana which has such a service to offer. The Indiana Society for Crippled Children works in close cooperation with all other existing agencies and accepts referrals from them for educational help and other such cases which those agencies are not authorized to care for.

The program carried on by the Society is as follows:

I. Discovery

A. To determine through survey and study the extent of the problem and to assist all state departments and interested organizations in discovering crippled children, including those located in more remote rural sections.

B. To help in the reinforcement of established systems of recording and reporting physically handicapped cases.
II. Diagnosis and Treatment

A. To assist in arranging for periodic clinics with the cooperation of state, county, and city health officers; doctors, nurses, hospitals, state departments and parents. To help in providing transportation and artificial appliances.

III. Educational Opportunity

A. To promote a campaign in behalf of the proper use and supervision of the Indiana law which provides for the special education of the physically handicapped children.

B. To arrange for transportation of physically handicapped children.

C. To arrange for the instruction of the homebound cases, who because of the severity of their handicap are unable to attend school.

D. To support summer camps for the physically handicapped. (There are now four such camps in Indiana.)

IV. Vocational Training

A. To cooperate with the State Rehabilitation Department, schools, training agencies, and local groups.

B. To help provide funds for transportation, board and room, equipment and appliances.

V. Job Placement
A. To work with the State Rehabilitation Department, Indiana Employment Service, training agencies, employers, and local groups for the placement of physically handicapped.

B. To provide work for shut-ins and arrange for sheltered workshops.

VI. Research and Information

A. To provide knowledge of all the available resources for meeting the handicapped children's needs in the research for a Directory Service listing all agencies and organizations.

B. To publish a monthly News Letter reporting new developments in the fields and the activities of local groups.

C. To act as a spokesman and public relations representative to groups and individuals in order to make known the programs and services which are offered by the Society and other allied organizations which serve the physically handicapped.

The Harry Mock School. Here is an illustration of how the Indiana Society cooperates with school systems in helping to start the special schools for physically handicapped children.

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4 Data obtained from Indiana Society for Crippled Children, Inc. Folder: The Harry Mock School. Provided by Miss Mary Paxton in an interview with her.
Through the efforts of the Delaware County Chapter of the Indiana Society for Crippled Children there was established in Muncie, Indiana, early in 1945 the Harry Mock School. Established in cooperation with the public schools of Muncie, this school is designed exclusively for the education of physically handicapped children. The Harry Mock School started in the middle of the term in the winter of 1945 holding class in one room of the Jefferson School Building with an enrollment of 16 pupils. By the next September the enrollment was doubled. At the end of two years the enrollment had increased to 50. Today the school is using three rooms and also a kitchen. Two of these rooms are used as classrooms, and one is used for rest and recreation. There are facilities for recreation and rest and appropriate materials for the promotion of educational opportunities.

The school serves these children residing in Muncie and Delaware County who, because of their physical condition, cannot attend public school classes or who, because of such handicaps, may profit more from the personal attention and specialized training afforded by the Harry Mock School. The proper selection of pupils is insured by physician's statement and the findings of public school officials and the school committee of the Delaware County Society for the Crippled, Inc.
The school is staffed by two teachers who have had specialized training and by a dietician who prepares appropriate lunches for the children. Transportation to and from the school is furnished.

The necessary equipment is provided by the Delaware County Society for the Crippled, Inc. through gifts and donations made by individuals and interested organizations, and the cost of operating the school is now defrayed by the city school system in cooperation with the Office of the State Superintendent of Public Instruction of Indiana.

Included among the students are a number of spastics, some heart cases, others with defective vision, a few with defective speech or hearing and victims of poliomyelitis.

The Vigo County Crippled Children's Society. This society was organized in November, 1946. At this time, the officers and board of directors were elected, and the files of the state organization were made accessible to the new county chapter. As quickly as was possible thereafter, each case was investigated by the case committee of the local chapter and forthwith cared for. At the first board of directors meeting on February 20, 1947, a program was formulated and committees were appointed. At this time a new salary schedule was formulated for this chapter because of the apparent

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5 Data obtained in an interview with Miss Blanche Fuqua, Case Committee Chairman of the Vigo County Crippled Children's Society.

6 See Appendix.
inadequacy of the state salary schedule. The program adopted at this time by the Vigo County Crippled Children's Society is as follows:

I. Finding children and adults whose needs are unmet
II. Referral to correct agencies for care
III. Providing educational opportunities
   A. Homebound patients
      1. Case studies to supply this information
         a. Physical condition
         b. Medical attention
         c. Social background
      2. Selection of teachers
      3. Systematizing the payment of teachers
         a. Determining a new salary schedule
         b. Determining lengths of teaching periods
         c. Transportation provisions
   B. Determining the need for special classes
IV. Providing speech and hearing therapy
V. Providing camping opportunities
VI. Providing scholarships for occupational therapists

Since the existence of the Vigo County Crippled Children's Society there have been contacts made by this organization with 26 different cases in the following: securing hospitalization at the Riley Hospital or other accredited hospitals, providing tutors, providing appliances, or arranging for admission of the children to the files of other organizations. At the present time there are nine teachers employed by this organization: Mrs. Catherine Taylor, Miss Dorothy Donahue, Miss Josephine Evans, Miss Jewell Pettiford, Miss Mable Butler, Miss Betty Rogers, Miss Frances Failing, Miss Mary Kadel, and Miss Martha Stanger. Some of those provided with tutors are
heart cases, cerebral palsy cases, speech defective cases, one case of tuberculosis of the spine, one case with hemophilia, and one with extreme nervousness. The junior-high-school age students participated in the Michael J. Dowling Award Contest, making posters for entry. The Society has also purchased a glass eye for one child, is now paying on a typewriter for another crippled child, is furnishing a wheelchair to another child, and is in the process of arranging for surgery of lips and palate to be given to another child at the Barnes Hospital in St. Louis.

The case file of the Vigo County Crippled Children's Society contains:

1. Letters and application for service.
2. Visiting case committee reports on findings.
3. Medical file (doctors' reports of services and recommendations).
4. Educational report on child.
5. In some cases, a report to the Vocational Rehabilitation Department when the child has become 16 years of age, and a case referral to them, thereby closing the case with the Society.

When children reach the age of 16 years and the Society feels that they may profit by vocational training, they are referred to the Vocational Rehabilitation Department. All cases over 16 years of age are referred to Vocational Rehabilitation upon application to the Society for aid.
The Vigo County Crippled Children's Society is a member of the Vigo County Central Index, an agency which operates as a confidential clearing house for all public or private social agencies registered with them. Eighteen agencies are represented in this Index. The Index has a card for each family or individual registered with any of these agencies. The Index works thus: As families come to the attention of each agency, this agency immediately communicates with the Index. The Index searches its files and reports back whether or not this family has been registered with any other agency. Only those holding membership in the Index are allowed the use of these files. Each agency makes a monthly statistical report on all of its cases to the Index. The purpose of this organization is to avoid duplication of services.

Crossroads Rehabilitation Center. This center, located at 30th and North New Jersey Streets, Indianapolis, Indiana, is a non-profit institution contributing to physical and psychological rehabilitation after illness or accident. It is a project of the Marion County Society for the Crippled. The chapter is a member of the Indiana Society for Crippled Children, Inc., a member of the Council of Social Agencies and is approved by the Indianapolis Medical Society.

The medical policies of this organization are established by the Medical Advisory Committee whose membership is
approved by the Indianapolis Medical Society. There is no resident physician; however all medical treatment is directed by the prescribing physician.

All attending physical and occupational therapists are graduates of schools accredited by the American Medical Association.

The purpose of rehabilitation is to return disabled persons to the highest possible degree of physical and economic efficiency. It covers the entire time between accident or illness and complete restoration to maximum functional ability. Patients need the services of specialists such as social workers, technicians, and psychologists, as well as the primary care by doctors.

Attempts are made by Crossroads to fulfill a need within the county for supervised post-hospital retraining with help in vocational and psychological readjustment, thus helping disabled persons to take their places in the community to the best of their individual abilities.

The doors of Crossroads are open from 8:30 a.m. to 4:30 p.m. Monday through Friday. Patients are requested to obtain an appointment for the first visit. For patients who are working, special arrangements are made.

Crossroads serves both indigents and patients who are able to pay the cost of treatments which range in price from...
$1.00 to $3.00 depending upon the services rendered. Through the Easter Seal sales of the Society, the cost of the treatment for patients unable to pay is made possible. Insurance companies or employers provide the finance for the cost of treating compensation cases. Crossroads is equipped to assist the physician by following his prescription relating to the physical and psychological restoration of his patients.

Physical and occupational therapy facilities are provided by Crossroads to meet the need for the treatment of patients with orthopedic or muscular conditions.

All patients must be referred to Crossroads on prescription by an M. D. who is in good standing with the medical society. There is an agreement entered into whereby the patients return to their physician for examination as frequently as the physician or Crossroads desires until maximum benefit has been reached. Individual progress reports are maintained in accordance with the instructions on the prescription form.

Neither patients whose disabilities cannot be improved by the facilities of this organization, nor individuals with sub-normal intelligence are accepted by Crossroads, because of the obvious fact that they cannot profit from this type of program.

The facilities provided in the physical therapy department of Crossroads are infra-red and ultra-violet lamps,
diathermy, radiant heat bakers, leg and arm whirlpool and remedial exercise equipment, along with massage, muscle testing, and re-education.

In the occupational therapy department numerous craft procedures including woodworking, weaving, leatherwork and plastics are offered for the specific treatment. Muscle strength, coordination, and psycho-social adjustment may be regained by means of graded purposeful activity.

The Kiwanis Clubs. These clubs built and equipped the wing known as "Ward K" of the James Whitcomb Riley Hospital. When there is a need for new equipment or for the replacement of worn equipment, the club is always willing to purchase whatever is necessary. The maintenance, however, is met by the state with the aid of federal grants. This ward is used for the care of orthopedic cases. Through their Underprivileged Child Committees, the local Kiwanis clubs, when called upon, finance medical care, braces and appliances, and transportation, and may assist in the vocational and employment problems of crippled persons.

The Rotary Clubs. These clubs built and equipped the Rotary Convalescent home of the James Whitcomb Riley Hospital.

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8 Data obtained from an interview with Mr. J. B. H. Martin, Business Administrator of the Indiana University Medical Center.

9 Ibid.
As the name indicates, the Home is used as a primarily recuperative hospital following operations or acute illnesses. Like the Kiwanis Clubs, the Rotary is willing and happy to purchase needed new equipment or to replace worn equipment as the need arises. The Convalescent Hospital is also maintained by the State with the aid of Federal grants. The local Rotary clubs give varying amounts and types of services to the crippled. They find cases and refer them to other appropriate agencies for needed services, cooperate in local orthopedic clinics, and finance such services as medical and orthopedic care, braces and appliances, transportation, and camping. The clubs help crippled persons obtain vocational training and employment, and they contribute toward the purchase of therapy tanks or toward financing of other needed services. These services may be given as the occasion arises, or as part of a regular program, and they may or may not be given through a special Crippled Children's Committee.

Data obtained in an interview with Miss Ruth Watts, occupational therapist.
clinic one day each week. Many senior Girl Scouts aid Miss Watts in her work during the summer months. These girls are required to come to training classes of a specified number before they are permitted to work as aids. These girls serve in the hospitals and also at the out patient clinic.

There are approximately 250 personal contacts made by Miss Watts each month in her occupational therapy work which includes leather tooling, weaving on small looms and large floor looms, basketry, plastic work, metal work, painting, wood work, and many other crafts which are beneficial. This work is all prescribed by the respective doctors in charge of the patients.

In her work in the hospitals, Miss Watts serves the children in the mornings and adults in the afternoons. Miss Watts stated that the work which she does is considered valuable because of its physical, psychological, and recreational benefits to children and adults alike. The nurses are particularly gratified because of the fact that much childish mischief is forestalled by these activities which create emotional outlets.

The Kiwanis Club purchases the equipment and supplies for these activities and provides part payment of Miss Watt's salary, the remainder of which is met by the hospitals. The clinic is equipped with the latest apparatus for treatment and is the project of the Kiwanis. This clinic is equipped with
facilities for occupational therapy and has two rooms, one with a sink and bath (stool and lavatory).

Miss Watts was very liberal in her praise of the fine cooperation given her by the Kiwanis Club in her work.

Shriners' Hospitals for Crippled Children.11 "Nearly one hundred thousand underprivileged boys and girls, given the best and most skillful treatment, comfort and attention that money can command or provide, is indeed a record worthy of the consideration of every charitable minded person. It is not merely a task undertaken with personal pride, but a God-given opportunity and privilege to serve in a truly humanitarian way; a living, vital enterprise that is boundless."

There are sixteen Shriners' Hospitals in the United States, the nearest one being that in St. Louis, Missouri. The writer's reason for including this hospital in her report of services in Indiana is the fact that many cases from Indiana are treated at this hospital. For, as Mr. Kenneth Miller, Executive Director of the Indiana Society for Crippled Children, explained, this is the main case wherein the services of two organizations overlap, i.e. the services of the Shriners' Hospital for Crippled Children and the services of the James Whitcomb Riley Hospital.

11 Data obtained from Shriners' Hospitals for Crippled Children Handbook: Johnny's Playing Ball Now! (Portland, Oregon, James, Kerns & Abbot Co., 1944)
The qualifications for admission of children to the Shriners' hospitals are as follows: First, inability of the parents to pay for medical services; second, the child shall not have reached the age limit of fourteen years; third, signatures of the parents and that of the physician who might have attended the child, together with that of a Noble of the Mystic Shrine, acting as sponsor must appear on the application blank for admission; and fourth, decision by the surgeon in charge that it is a case for the hospital. When these qualifications have been met satisfactorily the child's name is immediately placed on the waiting list. "Patiently they stand in line and wait" has become almost a slogan because of the length of the waiting lists of the sixteen hospitals, one of which in 1944 had on its roster the names of almost five times the number of the bed capacity of the hospital. At this same time other hospitals had waiting lists of from two to three times the capacity of their respective hospitals. Not a single hospital has even one bed vacant at any time, for "patiently they stand in line and wait."

Local boards of education cooperate with the Shriners' Hospitals by assigning teachers for studies comparable, as far as conditions permit, with those of the public schools. The educational program also includes regularly conducted
Sunday School and Bible study. Also included in their educational curriculum are many activities such as manual training, sewing and knitting; reading, singing, and games are encouraged. For these educational activities considerable materials are provided by different companies and organizations without cost to the hospitals. In addition to these things, well-equipped playgrounds and playrooms, sun rooms, lovely gardens and spacious lawns contribute to the physical and mental improvement of these physically handicapped children during their convalescent periods.

Upon the recommendations of the surgical staffs, new and proved ideas and methods for treatment and correction of infantile paralysis cases, old and neglected fractures, burns and scalds, deformities, and other cases in which these institutions specialize are constantly being adopted. The atmosphere is more like that of a nursery than that of a hospital. Cleanliness and orderliness everywhere are two of the qualities of utmost importance in these hospitals.

The Shriners' Hospitals for Crippled Children are under the direction and management of the Board of Trustees, who from time to time meet to review and direct the administrative, financial and other phases of these different units. This in turn is supplemented by Local Boards of Governors of each hospital, composed of Shriners who serve gratuitously,
and who are directly responsible to the trustees for the administration of their respective institutions.

The Chief Surgeons, however, receive compensation for their services and are selected by the Advisory Board of Orthopedic Surgeons, which is composed of five of the outstanding men of this profession in the country.

These Shriners' Hospitals are maintained by annual assessments of Nobles of the Mystic Shrine, contributions of individuals, charitable and fraternal organizations, and bequests and devices in wills and other testamentary dispositions of philanthropic hearted persons throughout North America.

Many men and women, from the warm desires of their hearts, are contributing free of charge their time, efforts, and special abilities toward the cheer and comforts of these crippled children. Some of the many of these persons are women of various auxiliaries who make and secure many articles; individuals and organizations who furnish appropriate entertainment; those who at Christmas and on other occasions see to it that happiness comes to little hearts; and the barbers who, regularly, contribute their services.

It is a matter of record that in the majority of cases those children, now grown up, who have gone forth from the Shriners' Hospitals, have taken their places in all walks of life--industry, commerce and the professions. Most of them are enjoying normal physical activity.
Of those children who have grown into manhood and womanhood, there were many in the armed forces of their country at home and in foreign lands. Thousands were engaged in essential war work. One was a bombardier, another was a soldier in Alaska and the Aleutians, still another was chief gunner in the navy. Others serving in the Royal Canadian Navy and the Canadian Merchant Navy were from the two hospital units in that country. There is also a record of a girl from one of these Canadian Hospital units who was in the service of the Royal Canadian Women's Air Corps. No doubt there were many such cases which were not known. Even so, this is a remarkable record for the rehabilitation of those who might have been permanently crippled.
CHAPTER IV

WORK BEING DONE BY PUBLIC AGENCIES

Indiana State Department of Public Welfare. The Indiana State Department of Public Welfare, through its Division of Services for Crippled Children, is the only legal agency in the state with the purpose of providing the treatment and care for crippled children. The Welfare Agency not only cares for the child through the legal angle, but also through the social aspect.

Before the establishment of a state-wide program with the provision for the care of crippled children, this work was all carried on by private organizations.

In 1921 the James Whitcomb Riley Hospital was established in Indianapolis, Indiana, by a group of public spirited laymen who decided that a hospital for children was a fitting memorial for their friend, the nationally beloved poet. The first step toward providing state-wide care for crippled children was in 1924 when the Riley Hospital was established as part of the Indiana University Medical Center.

The passage of the Social Security Act on August 14, 1935, paved the way for the forthcoming legislation of the Welfare Act of 1936. The combination of these two legislations provided for the establishment and maintenance of the
Division of Services for Crippled Children operating under the sponsorship of the Children's Bureau of the United States Department of Labor and through the legal administration of the Department of Public Welfare. Soon after this legislation had gone into effect, Dr. O. W. Greer was appointed the first medical director of the program for Indiana, whereupon he entered into the preliminary phase of setting up the present Crippled Children's Division of the State Department of Public Welfare in Indiana. In so doing, he requested that an Advisory Committee be appointed from the State Medical Association. The first meeting of this Advisory Committee was held on July 31, 1936. It was through the work of this committee, with the help of the Medical Director, that the present definition for a crippled child was born. The provision was made whereby this definition may be extended as the need arises. The next step was to build a registry of crippled children in Indiana. For this purpose, diagnostic clinics were held in different parts of the state. These clinics were later discontinued when they had fulfilled their purpose. Treatment centers were then set up through contracts with these hospitals which are advantageously located over the state. At the present time there are twelve treatment centers in Indiana. They are Mercy Hospital (hospital and clinic), Gary; Robert W. Long and James...
Whitcomb Riley Hospitals of the Indiana University Medical Center, Indianapolis; Children's Dispensary and Hospital, Memorial Hospital, St. Joseph Hospital, and Healthwin Tuberculosis Sanatorium, South Bend; St. Joseph Hospital, Lutheran Hospital, and Irene Byron Tuberculosis Sanatorium, Ft. Wayne; Protestant Deaconess Hospital (clinic), St. Mary's Hospital, and Welborne Hospital, Evansville. All critical cases taken by the Welfare are hospitalized in these centers. Both the centers at Gary and those at Evansville are very recent additions to the treatment centers. With the completion of the arrangements for hospitalization, the Committee took up the matter of a well defined treatment and follow up program. To accomplish this end, the state was divided into four sections, and one orthopedic nurse trained also in physical therapy was assigned to each section. The standards for these nurses were set by the American Association of Nurses and by the national organization of physical therapists. This nursing staff works as consultants to the county nurses and aids them with their problems. Before one of these trained nurses pays a visit, a letter is first sent to the nearest branch office of the State Board of Health which will announce her purpose, the date of arrival, and any other pertinent information. Also on the staff in the Indianapolis office are a specialist in physical therapy and a trained medical social worker.
The Cerebral Palsy Ward at the Riley Hospital was set up through the efforts of the Welfare Department as a special project when a very great need was felt for its establishment. The Welfare also pays the expenses of the personnel.

Orthopedic help is seen as a part of every type of nursing.¹

The Department of Public Welfare feels that finding the crippled child and assisting him and getting him under medical care is a community responsibility shared by every member of society but especially by health and welfare societies and agencies.²

The program as it is now organized is as follows:

1. Finding or locating crippled children. To date this phase of the program has been pretty much a "catch as catch can" sort of thing. The sources used are referrals from family physicians; congenital birth reports; maternal and child health services; school health services and school census; epidemiological reports; reports of accidents and fires; and surveys. Many agencies are working on the compilation of a crippled children's census. There are none

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¹Data obtained in an interview with Miss Hazel Johnson, Orthopedic nurse in charge of the central section of Indiana, with offices in the State Department of Public Welfare, Indianapolis, Indiana.

²Ibid.
complete but there are many duplications. However, on March 12, 1947, the Indiana State Legislature passed an act which provided for a state-wide census of physically handicapped children to be made by the township assessor while making his annual assessment of personal property.

2. Providing skilled diagnostic services by qualified surgeons and physicians at state clinics which are permanently located or in clinics held periodically in advantageously located centers. These centers have previously been indicated.

3. Maintaining a state register of all the crippled children in Indiana. Because of the fact that all data are not available, this task has not been as successful as was hoped. Through withdrawals by death and change of state, and by constant new entries, this is a difficult register to maintain in a current form. The state register depends upon the prompt, accurate contributions from the county departments to keep it in good form.

4. Selecting properly equipped hospitals, convalescent homes, and foster homes throughout the state and providing for the care of such crippled children in those hospitals and homes.

5 Ibid.

4 See Appendix C for exact copy of this act. (House enrolled Act No. 18)
5. Providing skilled medical, surgical, nursing, medical-social, and physical-therapy services for children in hospitals, convalescent homes, and foster homes.

6. Providing medical, nursing, medical-social, and physical-therapy services at home for crippled children who are not in need of hospitalization or who have been returned home following hospital or convalescent care.

7. Cooperating with other agencies in arranging for education and vocational training for crippled children.

8. Cooperating with professional groups, with private organizations, and with public agencies in providing services for crippled children.

9. Coordinating state and local services for the care of crippled children.

The Services for Crippled Children are those services offered in the state of Indiana in accordance with the Federal Social Security Act and the Indiana Welfare Act of 1936 and 1937 to improve and extend care for crippled children in the state. The program of Services for Crippled Children includes all the services offered to the crippled child either directly or indirectly by the State Department of Public Welfare.

Data obtained from Mimeograph P-4435-3-1-45 (revised) furnished by Miss Hazel Johnson of the State Department of Public Welfare, Indianapolis, Indiana.
One of the chief direct services is the medical service through the placement procedure. The medical care given at Riley Hospital is identical to that provided by commitment, but the child under placement has the added advantage of greater continuity of care through transmission of medical findings and recommendations to the local nurse; case work service through the medical social consultant stationed at the hospital center; and after-care, physical therapy, and consultant nursing service. Services at South Bend and Ft. Wayne are obtainable only through placement.

Medical care is rendered at the centers approved by the State Department of Public Welfare in accordance with the standards of facilities and personnel as set up by the advisory committees of the national professional groups and accepted by the U. S. Children's Bureau.

As the need arises and as communities indicate their desire to be designated as medical centers and when they are able to meet standards for approval by the U. S. Children's Bureau, the State Department of Public Welfare will be glad to consider the establishment of other centers for medical care and treatment.

The children who may receive care under Services for Crippled Children are those who come within the Indiana definition of a crippled child, subject to the doctor's recommendation and to the establishment by the County Department of
Public Welfare of the family's eligibility to receive care at public cost. This Indiana State definition of a crippled child is:

A crippled child shall be defined as a child under twenty-one (21) years of age who, from any cause, is deprived of the free and normal use of any of his limbs, or who shall be deprived of strength or capability for service due to bone, tendon, joint, or fascial deformity caused by accident, birth injury, or disease; neuro-muscular affection due to disease, birth injury, or other trauma; cicatricial scars which limit motion of extremities; or crippling physical defects, congenital or acquired, that may be benefited by surgical or other medical procedures.

In addition to the crippling conditions implied in this definition, there shall be included all conditions needing reconstructive or plastic surgery, as well as congenital cataract.6

When the family physician feels that care is advisable the family should make application to the County Department of Public Welfare of the county in which they live. A written statement from the doctor on specified forms indicates that the child needs treatment and will benefit from it and that the condition is within the scope of the service. The Department of Public Welfare conducts an investigation to establish financial eligibility for assistance at public cost and assists the child's parent or guardian to complete the necessary application forms. If the application can be accepted by the County Board of Public Welfare, it is referred

6Ibid.
to the State Department of Public Welfare. On approval application is made to the authorities of the medical center for the admission of the child for care. Appointment for clinic service is usually sent to the family within two weeks by the hospital authorities.

If the family doctor recommends emergency care for a child, however, this can be arranged by the County Department of Public Welfare, usually by telephone contact with the State Department of Public Welfare. In cases of acute anterior poliomyelitis or other acute conditions that may lead to crippling, pediatric consultation for diagnosis and recommendations may be provided by the State Department of Public Welfare on the request of the attending physician.

For border line cases where the family cannot meet the expense of private care but are not indigent, the County Department of Public Welfare may plan with the family that cost of transportation, special apparatus, etc., be met by the family. In addition the family may make a "gift" to the county fund in accordance with their ability.

The Cerebral Palsy Project of the Indiana State Services for Crippled Children, in addition to its regular clinic service, also offers a pay service to patients of private physicians since it is the only agency for treatment of cerebral palsy in the state. The Cerebral Palsy Project is
located in the Indiana University Medical Center. Application is made through the County Department of Public Welfare.

While residence of one year in the state is usually required for eligibility, it is provided that "in cases where postponement of treatment might result in permanent impairment or render such treatment less effective," residence requirements may be waived if the child is otherwise eligible for service. If the family moves out of the state, however, care in Indiana is discontinued. The crippled children's service of the new state is notified that the child is now in their territory, and such information is given them as is necessary to assist them in carrying on the indicated service.

If the private physician believes physical-therapy is indicated for his patient and such service is not available locally, he may request physical-therapy service from the State Department of Public Welfare. When the physician has requested physical-therapy for his patient, the physical-therapist will visit the physician, and on his request will do the indicated examination of the patient. The physical-therapist will teach the patient and his family the prescribed physical-therapy. This visit is usually made with the local nurse, who learns at the same time how she may best help the family in their continued care of the patient. The physical-
therapist will make such return visits as are requested by the physician. He does not take the responsibility for daily treatment, but he does teach a home program of prescribed treatment to the person responsible for the patient's care.

On furlough from the hospital or at clinic visits the family is taught the home program of prescribed physical therapy by the physical therapy staff of the medical center. The program is then referred to the field physical therapist, who visits the home with the local nurse. The treatment is checked with the member of the family responsible for the patient's care. Any indicated corrections or changes in the program are made at this time and reported to the physical therapy staff of the medical center.

The fact that a child is receiving services as a crippled child does not bar him from other assistance if necessary. Medical and social agencies prefer always to consider the child as a whole; and where other service, either medical or social, is needed by the crippled child, he may be offered such service.

Crippled children are not pensioned in Indiana. The only financial assistance offered by the Services for Crippled Children is through meeting the cost of the needed medical care.

The Division of Services for Crippled Children also offers certain indirect services for the benefit of the
crippled child. Among these are the consultant services available to the nurse, to the Department of Public Welfare, and to the doctor.

Orthopedic nursing consultant services are available to the nurse in any orthopedic or potentially orthopedic condition. Of course, if the patient is under private medical care, the nurse will have contacted the physician for approval before taking the consultant into the patient's home. The orthopedic nursing consultant helps the nurse with individual problems, either through case discussion or through visits to selected cases. Since, as with any other branch of medicine, orthopedics has its own exact language, the orthopedic nursing consultant may assist the nurse in understanding the terminology and the recommended treatment. She can interpret orthopedic principles of nursing care and can assist the nurse in the early recognition of orthopedic disability and in the interpretation of need for care. She can also assist the nurse to integrate the principles of orthopedic nursing into all phases of her work through an understanding of the application of these principles.

Much of the orthopedic nursing consultant's contact is directly with the nurse to assist her in being and feeling more adequate in her service to the community. However, when
the local nurse wishes, the orthopedic nursing consultant may be available to assist her in group talks or demonstrations.

The physical therapist is also available at any time to assist the local nurse.

Physicians are offered two types of consultant services by the Services for Crippled Children: clinic service and home service.

The Indiana University Hospitals offer a one visit generalized diagnostic service to doctors throughout the state, and as was explained above, there is also available pediatric consultant service for diagnosis and recommendations on cases of acute anterior poliomyelitis or other acute conditions that may lead to crippling.

Finally, the Division of Services for Crippled Children offers medical social consultant services to advise regarding the treatment of those family and personality problems that adversely affect the medical care and personal adjustment of the crippled child. The consultant aims to interpret to patient, family, and County Department of Public Welfare the doctor's recommendations, attempting to integrate the medical and social factors in order to meet the patient's needs. Conversely she endeavors to make available to the hospital staff pertinent information of a social nature, provided by the County Department of Public Welfare, to aid
them in making treatment plans. In addition, the medical social consultant assists the County Department of Public Welfare in social planning and treatment in order to help the child function more adequately as an individual and as a member of his group. The medical social consultant works through conferences in the hospitals and through correspondence and conferences with the County Departments of Public Welfare.

The local nurse plays an important part in the work with crippled children. First of all she is concerned with the prevention of orthopedic problems. She helps in correcting environmental and other factors which might lead to the crippling condition. She can assist in the prevention of orthopedic disability during and following acute diseases and she helps to prevent further disability by early recognition and referral for medical care. The nurse also helps by instructing families in the science of nutrition, for, by building a strong, healthy body, adequate nutrition leads to increased resistance to disease and, especially in deficiency diseases, may prevent the disease itself. And, through her home visits and her teaching, the nurse can often teach families the value of preventing accidents rather than just hoping that they will not occur.

Secondly, the nurse provides care for the crippled child just as she would for a normal one, only more so. Special appliances such as casts or braces may need attention
and the nurse observes them periodically as to fit, etc., and the patient's condition and reaction to them. Although the family is responsible for any treatment prescribed for the child, and special measures, such as physical therapy will be taught the family at the hospital, the nurse is still available to assist the family in the carrying out of treatment and in understanding the value of continued medical supervision. The nurse is kept informed of the prescriptions and recommendations of the doctors at the medical center on each crippled child in her locality. In like manner, the nurse informs the hospital center whenever she discovers a condition which should be reported to the doctor. If the observed condition seems to have the nature of an emergency, she will ask the advice of the family doctor as to immediate care.

Vigo County Welfare Department. The Vigo County Welfare Department established in July, 1937, is under the supervision of Miss Evelyn Bell. Miss Mildred Vaughan, the Intake Worker, accepts all applications for service, and Mrs. Mildred Patton fills the position of Case Worker and Hospitalization Investigator. The program of work is exactly that prescribed by the State Department of Public Welfare. The number and types of cases of crippled children in Vigo county under the

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Data obtained in an interview with Miss Mildred Vaughan, Intake Worker of Vigo County Welfare Department.
jurisdiction of the Welfare Department were not available.

Vocational Rehabilitation Department. Vocational Rehabilitation is a public service maintained through the provisions of State and Federal laws for the benefit of physically and mentally handicapped persons between the ages of 16 and 65 years of age. The services provided by this agency are briefly as follows:

1. Thorough physical examinations
2. Necessary medical, surgical, psychiatric, and hospital services
3. Necessary prosthetic devices, such as artificial limbs, hearing aids, trusses, and the like
4. Individual counseling and guidance
5. Training for a job—in schools, on the job, by correspondence or by tutor
6. Maintenance and transportation during rehabilitation, if necessary
7. Necessary tools, equipment, and licenses
8. Placement on the right job
9. Follow-up to make sure the worker and the job are properly matched.

To be eligible for this rehabilitation service, a

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8 Data obtained in an interview with Mr. Charles Campbell, Vocational Rehabilitation Director of District No. 6, Vigo Co.
person must

1. Be of work age
2. Have a substantial job handicap because of physical or mental disability
3. Have a reasonably good chance of becoming employed or of getting a more suitable job through the rehabilitation service.

Work age is defined as between the ages of 16 and 65 years.

A job handicap is defined as any condition resulting from accident, illness, or any other cause which substantially prevents or interferes with one's earning a living in accordance with his best ability.

It must be the opinion of the doctor or doctors that the proposed medical treatment is likely to reduce or remove the disability within a reasonable period of time.

This department is interested only in rehabilitation in the light of preserving or restoring abilities of people so that they may work for pay.

The Vocational Rehabilitation office located in Terre Haute is known as District 6. Included in this district are Vigo, Sullivan, Clay, Putnam, Parke, Fountain, Montgomery, and Vermillion counties. The Vocational Rehabilitation agency is under the jurisdiction of the Superintendent of Public
Instruction of the Department of Education in Indiana and housed in the Administration Building of the city schools, 6½ and Walnut Streets, Terre Haute, Indiana.

In Vigo County there are 104 persons being helped by this agency. Of those persons, 42 are between the ages of 16 and 21.

"Vocational Rehabilitation helps the handicapped to help themselves."

James Roberts School. The James Roberts School, Indianapolis, Indiana, was established in 1937 with a capacity for providing the education and treatments for 200 children.

Entrance requirements for admittance to the James Roberts School are that the child be physically handicapped but have an I. Q. of such quality that he or she may be able to learn and profit by his school experience.

In this school children are trained to be considerate, kind, helpful, courteous, truthful, appreciative, and in all the other social niceties in the regular class routine. A very high type of discipline is maintained at all times and the children are especially helped in making their adjustment.

These children are also trained to be self reliant.

In this respect, interrupted routine and visitors do not
appreciably disrupt the children. During this investigator's observation, one child of seven years was left to her own resources after being kept overtime in the physiotherapy ward for a demonstration of her improvement from poliomyelitis to a visiting class from Butler University.

The James Roberts School maintains trained physical therapists who work with the children, each child receiving treatment two or three times weekly for a half hour to one hour at a time. The boys are taken at one time and the girls at another into the physical therapy ward. While one group is being given physical therapy, the other group is being given occupational therapy such as weaving, basketry, toy making, and wood working.

Some of the obvious advantages of the Roberts school for handicapped children are a Hubbard tub, which is a key shaped tank for hydrotherapy treatments, gradual ramps, an elevator, and a pool donated by the contractors for the Roberts school.

A primer room is equipped with cots; special cots are provided in all rooms for children with disabilities such as spells of exhaustion, etc. Specially built chairs with rollers are provided for the children who are unable to walk. A beautiful lunch room lighted on two sides by continuous windows is provided for the children. This room is located on the
first floor, making it accessible to the greatest number of children. Here well balanced meals are served during three separate lunch periods. This gives a greater opportunity for a better arrangement than if they all were eating at one time. Also included are facilities for air conditioning and a completely equipped office for three doctors. The school has the service of an attending, full-time nurse.

A strict adherence is given to the Indianapolis curriculum, with the exception of physical education, which is elastic to fit the special needs of the children. The same types of games, songs, etc., of the regular physical educational program are used, but the motions are changed for the benefit of those handicapped children, in so far as they might walk instead of run, or clap hands instead of dance, and so on.

Parents' attitudes play a very large part in the handicapped child's life. One case was given, as an example, where the mother came to visit the school when her child of six was ready to enter. She was so distressed by the fact that the children in the school were so much more physically handicapped than her little girl who had only a slight case of cerebral palsy that she refused to send her child there and instead placed her in a regular school. Mrs. Rost tried hard to explain to the woman that as her child grew older, the
handicap would increase rather than become less if the child were not given the physical and occupational therapy provided by the special school. This was all to no avail and the woman proceeded to send the child to regular school. The child was physically unable to compete with normal children, was doing failing work, and was very unhappy in this situation. After a year, the mother realized the folly of her action and sent the child to the special school. This child had a very high I. Q. and with the physical and occupational therapy provided by the special school she was able to enter the seventh grade in the regular school and do justice to her work. The last report received by Mrs. Rost was that this girl is doing a fine job in her work and is making beautiful adjustments to the regular school situation.

Cardiac cases form the largest group attending the school, and those afflicted with cerebral palsy form the second largest group. The present enrollment is 215 children.

The Vigo County School Speech, Hearing, and Eye Testing Program.10 This program is directed by Mary Alice Flesher and is carried on in this manner:

I. Hearing testing is conducted the first six weeks of school.
   A. This year there were 3,691 children tested from an enrollment of 5,721. There were 195 children who showed from

10Data obtained in an interview with Mary Alice Flesher, Director of Speech, Hearing, and Visual Correction, Vigo County Department of Education.
slight to very serious hearing losses.

B. All parents and teachers are notified in advance of the testing.

C. This agency makes suggestions as to ways of helping the children, and if parents are unable to pay for treatments of aids recommended, the agency notifies other private and public agencies which provide them without cost.

D. Ear treatments were provided for four children, and one hearing aid was purchased by the Indiana Society for Crippled Children, Inc.

II. Speech correction is conducted in each school once every nine and one-half days. Corrections needed range in scope from baby talk to congenital defects.

A. This year there were 359 cases needing speech correction in Vigo County.

B. Through the Vigo County Society for Crippled Children, arrangements are being made to send one child to the Barnes Hospital in St. Louis for lip and palate repair. (This case has been mentioned before in the discussion of the Vigo County Society for Crippled Children.)

III. Eye testing is conducted throughout the year with the use of two Betts Telebinocular machines. These machines are taken from one school to another. The director trains one teacher in each building in the use of the machine.
A. All teachers and parents are notified in advance of testing.

B. Suggestions are made after testing that the child who needs them be given treatments or glasses. This expense is met in the same manner as is that for hearing.

C. Many children were fitted with glasses on the recommendation of the tester, and nine pairs of glasses were purchased by Family and County Welfare Agencies this year.

IV. In addition, this agency has arranged for

A. Three physical check-ups.

B. One tuberculosis test.

C. Five tonsillectomies.

D. Six dental care cases.

E. Two cases for the rehabilitation program.

F. Two leg braces and examinations.

G. Two tutors for home-bound children. (Through the Vigo County Society for Crippled Children.)

There are 32 schools in Vigo County, all of which are being served by this program.

Cerebral Palsy Ward, James Whitcomb Riley Hospital.\textsuperscript{11}

There are 1,700 known cases of cerebral palsy in Indiana and each year the Riley Hospital takes care of at least 1,050 cases.

\textsuperscript{11}Data obtained in an interview with two occupational therapists at the Cerebral Palsy Ward, James Whitcomb Riley Hospital, Indianapolis, Indiana.
During the initial visit to the Cerebral Palsy Ward, the child sees at least five doctors. He is examined by a psychologist; a neurologist; an orthopedic specialist; a pediatrist; and an eye, ear, nose and throat specialist. He then goes to see the physical therapists, the occupational therapists, and the speech pathologists. The total cost of this initial check-up is $2.50 for paying cases.

Most of the children are able to return to their homes and their parents are given instructions in the proper physical and psychological treatments to be administered the child there. All Marion county patients are allowed to return to their homes and if they require intensive treatment they are seen once or twice a week at the hospital.

For those out of town patients requiring intensive hospital treatment, there are eight beds available. These children are seen twice daily, four days a week at the clinic and are given medical care whenever it is needed. In addition, they are trained to feed themselves and do such other things for themselves as they are physically able to do. They also have tutoring in regular school work if they are able to take it. The ordinary daily program for these patients is as follows:

8:30 to 10:30  Occupational therapy, physical therapy, speech tutoring, mental hygiene, supervised play, rhythmic games, marching, and rhythm band.
10:45 to 12:00  Lunch. Much emphasis is placed upon feeding training at this time.
12:00 to 2:00 Rest period. Children are urged to sleep. They must be quiet.

2:00 to 3:30 Repeat morning training only less intense.
4:00 Supper.
7:00 to 8:00 To bed.

About ten or twelve children from the John Roberts School are brought in twice a week in two groups, one group on Monday and Tuesday and the other on Thursday and Friday.

During her visits at the hospital and in her interviews there, the investigator made the following observations:

1. Every activity has a purpose.
2. Furniture fits the child.
3. All equipment is adjustable.
4. Music is used to establish an atmosphere of relaxation.
5. Basketry is the cheapest craft used in occupational and physical therapy and it requires the most coordination.
6. Mirrors are used for the child to see the results of his work.
7. The whole motion is stressed rather than parts. After this is attained, it is broken down into the parts if this is possible.
8. All games and toys have many pieces in order to effect the maximum of hand-eye coordination.
9. Tools are built up (for those who have hand-grasp trouble) with paraffin or plasticine.

10. Much of the equipment is hand-made from inexpensive materials in order to show parents the practicality of inexpensive equipment in their own homes. Instructions are given the parents in how to construct these things.

11. The pool is used to help cerebral palsied children overcome fear of water.

12. Mat work is done with those who need it. This includes such things as scooting on the stomach, etc.

13. Blowing exercises, games, and conversational activities are used to facilitate speech development.

14. The toilet and sink are low enough for all children to reach them.

There are educational facilities provided by the hospital for those children who are able to profit from them. Two teachers are employed and provide individualized instruction for pupils. The purpose of this is to keep up the child's school work so that he can return to the school without having to be retarded. Ambulatory and even bed patients are taken to the classrooms. By means of a book projector, donated by the Indiana Society for Crippled Children, children are able to lie in bed and see the work projected on a screen on the ceiling.
Private organizations which serve the Riley Hospital are the Parent Teacher Organization, the Sunshine Society, the Indianapolis Rotary, the Indiana Society for Crippled Children, the Junior League, the Cheer Guild, and the women's clubs. These groups maintain current projects which add to the mental, physical, and emotional health of hospitalized children.
CHAPTER V

CONCLUSIONS

During certain historic ages, children who were physically imperfect were put to death. Today society has a far more humanitarian attitude toward those unfortunates who, through no fault of their own, are "different."

Since the beginning of time there have been individuals who looked ahead and acted ahead of the people of their times. Such was and is the case in relation to physically handicapped children. Individuals first worked alone and later banded together in private agencies in an effort to aid crippled children to become contributing members of society rather than society's outcasts and public charges.

A fitting example of an individual who has made enormous strides because of his own desire to help himself and in turn to direct his efforts toward helping other victims of a physical handicap is found in the book written by Dr. Earl R. Carlson entitled Born That Way. Dr. Carlson and his wife established two schools for children with cerebral palsy. One, called "Lago del Mare," is located in Pompano, Florida; the other is located in East Hampton, Long Island.

Many individuals have taken comparable dynamic strides in an effort to help others; for example, our late President,
Franklin D. Roosevelt, in his nation-wide campaign to aid infantile paralysis victims.

Through the efforts of these and like individuals, private agencies for crippled children and adults have sprung up over the world, country, nation, state and county. These private agencies are the foster parents, so to speak, of the resultant public agencies for physically handicapped persons. Although the public agencies are children of the Federal and State governments, they are guided and aided by the ideals, principles, aims, and traditional organizations of the private agencies. The public agencies still look to private individuals or organizations to lead the way, if not always in deed, at least in showing them the need for certain acts. Private agencies arouse public sentiment to the end that it in turn brings pressures to bear causing legislation to be enacted for the purpose of supplying the needs involved. For this reason, the work being done by the Indiana Society for Crippled Children and other private agencies is of utmost importance from the publicity angle.

In the preceding chapters, the services offered by many agencies are set forth. It is obvious that a great effort has been made to provide the best in medical, surgical care and follow-up treatment for physically handicapped children who are indigent. There also is the provision by the
Welfare agency whereby parents who are financially able may pay part of the expenses incurred and even make "gifts" where they are able for the medical, surgical, and hospitalization services rendered by the Riley Hospital and those other medical centers which are maintained by the state for the benefit of indigent crippled children. By this means all children may obtain these specialized medical, surgical, and hospital services. It must be noted, however, that in some cases there has been imposed a hardship upon some individuals, because after agreeing to pay a certain amount of the expenses, they found it financially impossible to meet them and withdrew their children from this care before they had received the prescribed amount of treatments.¹

Social Welfare workers, for this reason, must in the future be especially well trained in meeting and coping with such situations in order that each child may obtain every available service which will aid him in obtaining a better physical condition.

A number of these social agencies exist for the sole purpose of aiding physically handicapped children while others have as their aims the help of children and adults. The Vocational Rehabilitation Department is designed as a functional

¹Data obtained in an interview with Miss Edith Lindley, Medical Social Consultant, James Whitcomb Riley Hospital, Indianapolis, Indiana.
organization with the aim of helping handicapped persons from 16 to 65 years of age to help themselves, specifically in the pursuit of and the ability to work for pay, and to maintain an adequate standard of living.

Occupational therapy has recently come into its own as a recognized treatment for the physically handicapped in helping them to become better adjusted physically, mentally, emotionally, and even, in some instances, vocationally as well as avocationally.

Crossroads, the project of the Marion County Society for Crippled Children, is a fine example of work designed to provide social as well as physical and occupational activities.

Since, as has been previously stated, the private agencies preceded the public agencies, it is only natural that there is a great amount of duplication of services at the present time even though the Central Index system has been organized in many localities to prevent this happening. For this reason the House Enrolled Act No. 18 of the 1947 Indiana State Legislature is of obvious importance because it provides for the creation of an Indiana Commission for Physically Handicapped Children. The Commission is to coordinate the work being done by all agencies in Indiana which are existing for the purpose of aiding handicapped children. This same act provides the solution to another
problem—the dire need for the locating, and registering of physically handicapped children in Indiana—through its provision for a state wide census to be made by each township assessor while making his annual assessment of personal property.

There is, however, a very great lassitude at the present time with regard to the provision for adequate educational facilities for physically handicapped children. It must be noted that the Indiana Society for Crippled Children with its local chapters has made long strides along these lines by the provision of qualified tutors for home-bound crippled children. There are some isolated hospitals which also provide educational facilities for their patients.

It is unthinkable that many school systems would be so lethargic as not to have availed themselves of the proffered aid for the purpose of establishing classes and schools for physically handicapped children. But it is true! Chapter 211 of the Acts of 1927 provided for the establishment of "special classes for children of school age who cannot be taught profitably in regular school classes and granting state aid for a certain proportion of the cost thereby incurred." The Indiana Society for Crippled Children stands by with proffered aid whenever the occasion arises as in the case of the Harry Mock School, Muncie, Indiana.

Still, there are relatively few school systems which have established these special classes or schools. The ideal
situation is that of the James Roberts School, Indianapolis, Indiana. Vigo County should have such a school.

With the enactment of House Enrolled Act No. 163, Chapter 276 of the Acts of 1947, there is the possibility that the situation may improve greatly. This act created a Division of Special Education within the Indiana State Board of Education, made appropriations therefor, made provisions for the education of handicapped children, provided for the excess and certain costs thereof to be paid by the state, and declared an emergency.

In conclusion, there is an old cliche that can be aptly analogized here. "You can lead a horse to water, but you can't make him drink."

The Indiana Society for Crippled Children, certain individuals, and private and public agencies have led the way; the state legislature has just furnished the water; and now it is up to school administrators to draw from this water and use it for the nourishment of the intellects of the physically handicapped children which have previously been allowed to wither and waste away.
APPENDIX
APPENDIX A:  THE CHILDREN’S CHARTER

WHITE HOUSE CONFERENCES ON CHILD HEALTH AND PROTECTION HAVE RECOGNIZED THE RIGHTS OF THE CHILD AS THE FIRST RIGHTS OF CITIZENSHIP AND ARE PLEDGED TO THESE AIDS FOR THE CHILDREN OF AMERICA

I. For every child spiritual and moral training to help him to stand firm under the pressure of life.

II. For every child understanding and the guarding of his personality as his most precious right.

III. For every child a home and that love and security which a home provides; and for that child who must receive foster care, the nearest substitute for his own home.

IV. For every child full preparation for his birth, his mother receiving prenatal, natal and postnatal care; and the establishment of such protective measures as will make childbearing safer.

V. For every child, health protection from birth through adolescence, including periodical health examinations and, where needed, care of specialists and hospital treatment; regular dental examinations and care of the teeth; protective and preventive measure against communicable diseases; the insuring of pure food, pure milk, and pure water.

VI. For every child from birth through adolescence, promotion of health, including health instruction and a health
program, wholesome physical and mental recreation, with teachers and leaders adequately trained.

VII. For every child a dwelling place safe, sanitary, and wholesome, with reasonable provisions for privacy, free from conditions which tend to thwart his development; and a home environment harmonious and enriching.

VIII. For every child a school which is safe from hazards, sanitary, properly equipped, lighted, and ventilated. For younger children nursery schools and kindergartens to supplement home care.

IX. For every child a community which recognizes and plans for his needs, protects him against physical dangers, moral hazards, and disease; provides him with safe and wholesome places for play and recreation; and makes provision for his cultural and social needs.

X. For every child an education which, through the discovery and development of his individual abilities, prepares him for life; and through training and vocational guidance prepares him for a living which will yield him the maximum of satisfaction.

XI. For every child such teaching and training as will prepare him for successful parenthood, home-making, and the rights of citizenship; and, for parents, supplementary training to fit them to deal wisely with the problems of parenthood.
XII. For every child education for safety and protection against accidents to which modern conditions subject him—their to which he is directly exposed and those which, through loss or maiming of his parents, affect him indirectly.

XIII. For every child who is blind, deaf, crippled, or otherwise physically handicapped, and for the child who is mentally handicapped, such measures as will early discover and diagnose his handicap, provide care and treatment, and so train him that he may become an asset to society rather than a liability. Expenses of these services should be borne publicly where they cannot be privately met.

XIV. For every child who is in conflict with society the right to be dealt with intelligently as society's charge, not society's outcast; with the home, the school, the church, the court and the institution when needed, shaped to return him whenever possible to the normal stream of life.

XV. For every child the right to grow up in a family with an adequate standard of living and the security of a stable income as the surest safeguard against social handicaps.

XVI. For every child protection against labor that stunts growth, either physical or mental, that limits education, that deprives children of the right of comradeship, of play, and of joy.
XVII. For every rural child as satisfactory schooling and health services as for the city child, and an extension to rural families of social, recreational, and cultural facilities.

XVIII. To supplement the home and the school in the training of youth, and to return to them those interests of which modern life tends to cheat children, every stimulation and encouragement should be given to the extension and development of the voluntary youth organizations.

XIX. To make everywhere available these minimum protections of the health and welfare of children, there should be a district, county, or community organization for health, education, and welfare, with full-time officials, coordinating with a state-wide program which will be responsive to a nation-wide service of general information, statistics, and scientific research. This should include

   (a) Trained full-time public health officials, with public health nurses, sanitary inspection, and laboratory workers

   (b) Available hospital beds

   (c) Full-time public welfare service for the relief, aid, and guidance of children in special need due to poverty, misfortune, or behavior difficulties, and for the protection of children from abuse, neglect,
exploitation, or moral hazard.

For EVERY child these rights, regardless of race, or color, or situation, wherever he may live under the protection of the American flag.
APPENDIX B: VIGO COUNTY CHAPTER OF THE INDIANA
SOCIETY FOR CRIPPLED CHILDREN, INC.
Affiliated with:
THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC.

I. Officers and Board of Directors

Mr. Wayne P. Watson, President
(C-4366)

Mrs. Pearl York Gibson, Vice President
(G-2391)

Miss Rose Geckler, Secretary
(C-7611)

Mr. George C. Carroll, Treas.
(C-6056)

Mr. Hugh L. Barr
(C-2227)

Mr. Carl Baraider
(C-6258)

Dr. Paul J. Bronson
(C-6878)

Mrs. Charlotte Burford
(C-4678)

Dr. M. C. Topping
(C-2652)

Mr. Charles Campbell
(C-1751)

Mr. William F. Cronin
(C-1331)

City School Administration
Office, 667 Walnut Street
Terre Haute, Indiana

Chamber of Commerce Offices
3 Chamber of Commerce Bldg.
Terre Haute, Indiana

Public Health Nursing Assn.
328 South 5th Street
Terre Haute, Indiana

Merchant's National Bank
7th & Wabash Avenue
Terre Haute, Indiana

509½ Ohio Street
Terre Haute, Indiana

2329 North 10th Street
Terre Haute, Indiana

508 Tribune Building
Terre Haute, Indiana

1508 South 8th Street
Terre Haute, Indiana

505 Tribune Building
Terre Haute, Indiana

Vocational Rehabilitation
Office, 667 Walnut Street
Terre Haute, Indiana

Tribune-Star Publishing Co.
721 Wabash Avenue
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Mrs. Victor French  
(H-6857)  
2434 South 6th Street  
Terre Haute, Indiana

Miss Blanche Fuqua  
(B-7774)  
City School Administration  
Office, 667 Walnut Street  
Terre Haute, Indiana

Miss Faye Griffith  
(H-7313)  
525 South 5th Street  
Terre Haute, Indiana

Rev. James Hickey  
(G-6832)  
c/o St. Ann's Rectory  
1402 Locust Street  
Terre Haute, Indiana

Dr. Russell LaBier  
(G3078)  
408 Rose Dispensary Bldg.  
Terre Haute, Indiana

Miss Inez Morris  
(H-4417)  
1111 South 6th Street  
Terre Haute, Indiana

Mr. Clarence Pound  
(C-9415)  
639 Chestnut Street  
Terre Haute, Indiana

Miss Lena Reading  
(C-7381)  
Friendly Inn  
912 Chestnut Street  
Terre Haute, Indiana

Mr. Leon Purcell  
(H-2333)  
1475 South 10th Street  
Terre Haute, Indiana

Miss Bernadine Schmidt  
(C-3321)  
c/o Special Education Dept.  
Indiana State Teachers College  
Terre Haute, Indiana

II. Committees

City and County Survey Needs Committee

Mr. Clarence Pound, Chairman  
Dr. Paul J. Bronson  
Mr. Hugh Barr  
Miss Lena Reading  
Mr. Charles Campbell  
Miss Blanche Fuqua  
Mr. Carl Barraider  
Dr. M. O. Topping  
Mr. Leon Purcell
Case Committee

Miss Blanche Fuqua, Chairman
Miss Evelyn Bell
Dr. Bernadine Schmidt
Miss Rose Geckler
Mr. Charles Campbell
Dr. Russell LaBier
Miss Faye Griffith

Constitution Committee

Mrs. Charlotte Burford, Chairman
Miss Lena Reading
Miss Inez Morris
Rev. James Hickey
Mr. Clarence Pound

Seal Sale Committee

Mr. Leonard B. Marshall, Chairman
Mrs. Pearl York Gibson
Mr. George C. Carroll
Mr. Clarence Pound

Publicity Committee

Mrs. Pearl York Gibson, Chairman
Mr. William Cronin
Mr. Wayne P. Watson
Miss Rose Geckler
Mrs. Victor French

III. Salary Schedule for Home Tutors

$1.50 an hour  A student, no degree, no experience—supervised by Indiana State Teachers College

$2.00 an hour  A.B. Degree, no experience

$2.25 an hour  M.A. Degree, no experience

$2.50 an hour  A.B. Degree, with teaching experience

$3.00 an hour  M.A. Degree, with teaching experience
$3.50 an hour M.A. Degree in Special Education, and teaching experience in Special Education (This includes speech, physical therapy, hearing therapy, and occupational therapy).

If the teacher drives her own car she will be allowed five cents per mile. If the teacher has no car, bus fare will be allowed if teaching is in city. If connections are easily accessible for cases living out of the city, bus fare is allowed.
APPENDIX C: TWO RECENT INDIANA LAWS
PERTAINING TO CRIPPLED CHILDREN

ACTS OF 1947
CHAPTER 201
(House Enrolled Act No. 18)

AN ACT creating a commission for handicapped children and defining its duties, providing for a state-wide census of physically handicapped children and declaring an emergency.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF INDIANA:

SECTION 1. There is hereby created the Indiana Commission for Physically Handicapped Children, which shall consist of twelve members, seven of whom shall be ex officio members and five of whom shall be appointed by the governor. The ex officio members shall be the administrator of the state department of public welfare, the secretary of the state board of health, the state superintendent of public instruction, the secretary of the state employment security board, the director of the Indiana council for mental health, the dean of the Indiana University Medical Center of Indiana University and the chairman of the state hospital council. The five members appointed by the governor shall be appointed without regard to political affiliations and shall be persons interested in the welfare of physically handicapped children. One of the
members of the commission shall be designated by the governor as chairman and one member appointed by the governor shall be a member of the Indiana State Medical Association. Ex officio members of the commission shall serve during tenure of office and appointive members shall serve for a term of four years or until such time as their successors have been appointed and qualified. Seven members shall constitute a quorum for the transaction of any business. A majority vote of the members present shall be necessary for the adoption of a resolution or for any other action by the commission at any regular or special meeting. The commission shall meet upon the call of the chairman. The members of the commission shall serve without compensation. Administrative expenses of the commission and expenses of members necessarily incurred in connection with their official duties shall be paid by the state department of public welfare, from funds appropriated to such department for its operating expenses, except that expenses of ex officio members shall be paid by the state agency which he serves, from funds appropriated to such agency for its operating expenses.

SEC. 2 The duties of the commission shall be as follows:

(a) To study conditions relating to such handicapped children in Indiana and in other states with a view toward improving the facilities and services available to such children in Indiana through recommendations to administrative and legislative bodies.
(b) To establish and maintain a central register of physically handicapped children as defined in this act using the facilities of the state department of public welfare for such purpose.

(c) To coordinate the services of all public and private agencies insofar as they relate to the well-being of physically handicapped children as defined in this act and to compose any differences that may arise between such agencies.

(d) To stimulate all private and public efforts throughout the state in the care, treatment, education and social service of physically handicapped children and to coordinate such efforts into a unified and comprehensive program.

(e) To provide for a state-wide census of physically handicapped children using such public agencies as are necessary.

(f) To clarify responsibilities of the several agencies to prevent duplication of effort and overlapping responsibilities.

(g) To coordinate its activities with the Indiana council for mental health and with all state agencies responsible for handicapped children.

SEC. 3. All records of the commission shall be kept in the state department of public welfare, along with the registry of all physically handicapped children under twenty-one years of age which registry shall be accessible to all
public and private agencies interested in handicapped children for such lawful purposes as are related to the assistance, care and welfare of physically handicapped children.

SEC. 4. The following words and phrases as used in this act, unless a different meaning is plainly required by the context, shall have the following meanings:

(a) "Physically handicapped children" shall mean all persons under twenty-one years of age who suffer from a physical defect or infirmity, and shall specifically include (but not in limitation thereof), the crippled or deformed, the blind and those suffering from visual defect, the deaf and hard-of hearing, the cardiac, the tuberculous, the cerebral palsyed, and epileptic.

(b) "Commission" shall mean the Indiana Commission for Physically Handicapped Children, as created by this act.

SEC. 5. It shall be the duty of all agencies of government and all public officials and public employees in this state to cooperate so far as appropriate within the scope of their official duties, in the taking of the state-wide census of physically handicapped children.

SEC. 6. It shall be the duty of the township assessor, while making his annual assessment of personal property, to take a census of all physically handicapped children in the township for such age classifications as are determined by the
commission herein created. A report of the names and addresses and ages of such physically handicapped children shall be reported for compilation as directed by the commission.

SEC. 7. If either parent of or the person standing in loco parentis to any physically handicapped child shall object thereto, no official, agent, or representative, in carrying out the provisions of this act, shall enter any home of such physically handicapped child, nor compel any such parent or person standing in loco parentis to give information with respect to such child nor place nor keep the name of any such child on any census record or records.

SEC. 8. Whereas an emergency exists for the immediate taking effect of this act, the same shall be in full force from and after its passage.

Richard T. James
President of Senate

Hobart Creighton
Speaker of House of Representatives

Approved: March 12, 1947

Ralph F. Gates
Governor of the State of Indiana

(Filed with Secretary of State March 13, 1947, 10:45 a.m.)
AN ACT concerning the education of handicapped children, providing for the excess and certain costs thereof to be paid by the state, creating a Division of Special Education within the Indiana State Board of Education, making appropriations therefor, and declaring an emergency.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF INDIANA:

SECTION 1. The following words and phrases as used in this act, unless a different meaning is plainly required by the context, shall have the following meanings:

"Handicapped children" shall mean any educable children between the ages of five and twenty-one years, inclusive, having a physical and/or mental disability which makes regular school room activity impractical or impossible and children having needs for special educational facilities. Provided, however, that children who are totally blind and are admissible to the Indiana School for the blind and children who are deaf and are admissible to the Indiana State School for the Deaf and children who are admissible to the state schools for the feeble-minded and for the epileptic, shall not be included in this act.
"Division" shall mean the division of Special Education within the Indiana State Board of Education.

"Director" shall mean the director of the division of Special Education.

"School Corporation" shall mean any corporation authorized by law to establish public schools and levy taxes for the maintenance thereof.

Section 2. There is hereby created, under the Indiana State Board of Education, a division of Special Education which shall exercise all the power and duties set out in this act. The Governor shall appoint, upon the recommendation of the State Superintendent of Public Instruction, a Director of Special Education who shall serve at the pleasure of the Governor. The duties of the Director shall be as follows:

1. General supervision of all classes and school for handicapped children and coordinating the work of these schools.

2. To make with the approval of the State Board of Education, rules and regulations governing the curriculum and instruction, including licensing of personnel in the field of education, as provided by law.

3. To inspect and rate all schools or classes for handicapped children in order to maintain proper standards of personnel, buildings, equipment and supplies.
(4) With the consent of the State Superintendent of Instruction to appoint and fix salaries for any assistants and other personnel needed to enable him to accomplish the duties of his office.

Section 3. Any school corporation may convert, build or lease the necessary school buildings or dormitories or use existing buildings, for the purpose of establishing and maintaining classes of one or more pupils who are residents of the State of Indiana and come under the definition of handicapped children as set out in section 1 of this act. Any school corporation may provide for instruction in the home of any handicapped child who is not able to attend a special class or school for handicapped children. Nurses, therapists and doctors may be employed in connection with such classes or schools and any expenditures therefor shall be lawful expenditures for maintaining the education of handicapped children. All nurses, therapists and doctors and related specialists employed under this act shall be registered and authorized to practice under the laws of this state and shall be subject to such additional examination as the Division of Special Education may require. Any school corporation may purchase special equipment needed in a class or school for handicapped children and any expenditures therefor shall be lawful expenditures for maintaining the education of handicapped children. All such children shall receive credit for school work accomplished on the same basis
as normal children who do similar work.

The school corporation constructing and/or operating any such school shall pay the operating expense thereof, for each pupil attending, in an amount equal to the average per capita pupil cost of educating normal children in the school corporation. Other school corporations sending handicapped children as students of such school shall pay tuition in a like amount. Any school corporation operating schools or classes for handicapped children shall at the end of each school semester send to the office of the State Superintendent of Public Instruction a certified statement of the average cost per pupil for maintaining the education of handicapped children, including pupils attending such school and residing in other school corporations, and the average cost per pupil for normal children based upon average daily attendance. The average cost for normal children shall include state aid, if any, and the state apportionment of school unit funds. The State Board of Education shall certify the amount of the excess for handicapped children to the auditor of state who shall reimburse each such school corporation in total excess of the cost of instruction of the same number of children in regular classes of the schools of such corporation from funds appropriated for such purposes.
If the state shall receive funds from the United States Government to aid in the operation of any school for handicapped children the Division of Special Education may adjust the above provisions to conform to and take into consideration such grant of federal funds which are hereby appropriated and shall be expended for the purposes for which granted.

Any school or classes for handicapped children shall be operated by the school corporation establishing the same under the laws of this state applying to the operation of public schools and under the supervision of the Division of Special Education. Teachers in classes and schools for handicapped children shall be appointed as are other public school teachers. They shall possess the usual qualifications required of teachers in the public schools and in addition thereto such special training as the Division of Special Education may require.

Participation in costs and/or reimbursement to school corporations by the state pursuant to the provisions of this act shall be subject to any standards of requirements and rules and regulations of the state board of education adopted as provided by law. Before any type of special class, organized under the provisions of this act, is established in any school corporation of this state, such type of special class shall be submitted to and shall be approved by the state board of education.
The state board of education shall adopt and promulgate such rules and regulations as may be deemed necessary for the proper administration of this act.

Section 4. The State of Indiana hereby accepts all of the provisions and benefits of all laws enacted by the Congress of the United States which provide for aid to handicapped children and the Indiana State Board of Education is hereby designated as the proper authority and is authorized to accept any federal funds appropriated for the purpose of aiding in the education of handicapped children and such state board of education shall comply with all the requirements of federal law concerning any such federal funds relating to such special educational activities as well as with any amendments thereto or rules and regulations issued thereunder and in conformity therewith, and not inconsistent with the provisions of this act.

Section 5. The Division of Special Education may, with approval of the Indiana State Board of Education, upon application by the governing body of a school corporation, together with proof of need thereof, authorize school corporation of the state to purchase, convert, remodel or construct rooms or buildings for special schools for handicapped children. In making such authorization the Division shall consider the geographical location of any such previously authorized school in an effort to get such schools located near the homes of the handicapped children it will serve.
The school corporation shall pay the cost of purchase, conversion, remodeling and/or construction and the cost of building equipment of any such school and may finance such conversion, remodeling and/or construction as other school buildings are financed; provided, however, that all plans and contracts have been submitted to the Director of Special Education and approved by the Indiana State Board of Education before any such work is begun.

The school corporation establishing any such school may send all its handicapped children thereto and shall admit, so long as facilities permit, any other handicapped children of the state who are eligible under this act and who are not provided with an opportunity to attend an adequate school in their own school corporation.

Section 6. Any school corporation establishing special schools or classes for handicapped children may purchase, convert, remodel, lease or construct and equip any buildings necessary to provide dormitories for handicapped children attending the school. The cost of such dormitories and equipment shall be financed and the approval thereof secured in the same manner as for school buildings for handicapped children and such dormitories shall be operated by the school corporation, which may employ the necessary personnel, including competent medical personnel for their proper operation and maintenance. The school corporation shall estimate the average cost
for room, board, medical and personal services for each handicapped child living in such dormitories and shall charge the parent or guardian of any child living in such dormitories accordingly, which cost when paid by the parent or guardian shall be credited to the fund of the local corporation for the education of handicapped children.

Section 7. Any parent or guardian who is unable to pay all or part of such cost of maintenance of the child as provided in section 6 of this act, may apply to the county department of public welfare in the county wherein the child resides, which county department shall investigate the financial condition of the parent or guardian and the needs of the child, and if it finds that such parent or guardian is unable to meet all or part of the expense of maintaining such handicapped child in a dormitory, and there is no other practicable way for such child to obtain an education, then the county department of public welfare, subject to any rules and regulations of the state department of public welfare adopted in conformance with The Welfare Act of 1936, as amended, and pertaining to such assistance, shall give such financial aid and assistance as is necessary up to one hundred per cent of the total maintenance cost and needs of such child, to insure such child's education, such aid and assistance to be paid from the county welfare fund of the county wherein the child resides,
from the pertinent appropriation, any necessary appropriations therefor being authorized. Such payments of aid and assistance for such cost of maintenance and needs may be paid to the parents or guardian or direct to the authorities responsible for the operation and administration of the school.

Section 8. The medical care of the handicapped child shall be the responsibility of the physician chosen by the family or guardian to attend that child. However, no handicapped child is to be excused from attending school unless the local health officer upon a statement of the attending physician, certifies that attendance would be injurious to the child. No child shall be admitted without a certificate from the local health officer upon recommendation of the attending physician. No physical, occupational or speech therapy shall be given to the child except as prescribed in writing by the attending physician. The educational and recreational program shall in no way alter the medical care prescribed by the proper medical authority.

All nurses and special therapists in physical therapy, occupational therapy and speech therapy, and related medical fields shall be graduates of fully accredited training schools and shall be registered by their respective examining boards or by their respective professional associations and shall meet any specifications established for such positions by the commission for Physically Handicapped Children.
The medical care of needy children suffering a handicap shall continue to be the responsibility of the State Department of Public Welfare and its Division for Crippled Children Services so far as provided by law. The personnel and facilities of said Division for Crippled Children Services, shall be utilized at all times for the determination of policies related to the medical care of handicapped children, for the professional supervision of all special therapists, and for individual case work as available.

Section 9. For the purpose of reimbursing school corporations educating handicapped children under the terms of this act, the state board of education shall, if they approve of the claim, authorize its payment by the state superintendent of public instruction. All claims authorized by this section shall be paid out of the common school revenue fund, and a sufficient amount to pay all such claims shall be reserved by the state superintendent of public instruction at the time of making the semi-annual apportionment, and such necessary amounts are hereby appropriated. Such claims shall be paid in the same manner as common school revenue fund is paid at the time of its apportionment.

Section 10. For the administration of the Division of Special Education within the Indiana State Board of Education
as created in this act, there is hereby appropriated out of any money in the general fund of the state treasury not otherwise appropriated, the sum of twenty thousand dollars annually.

Section 11. This act shall not be so construed as to amend, alter or repeal an act entitled "An Act concerning special classes for children of school age who cannot be taught profitably in regular school classes and granting state aid for a certain proportion of the cost thereby incurred," approved March 10, 1927, the same being chapter 211 of the acts of 1927 or any other act, but shall be supplemental thereto.

Section 12. No provision of this act shall be construed to require any pupil to undergo physical or medical examination or treatment, or to be compelled to receive medical instruction, if the parent or legal guardian of such pupil shall, in writing, notify the teacher or principal or other person in charge of such pupil that objects thereto because he relies in good faith on prayer or spiritual means for the treatment of sickness or affliction; provided, however, that no objection shall be made to a physical or medical examination of any such physically handicapped child for the purpose of determining whether such child shall be admitted to any class or school for handicapped children.
13. The board of any school corporation of this state is hereby authorized to accept, receive and administer a gift, devise, legacy or bequest of real and/or personal property, including the income from real estate, to or for the benefit of any school, dormitory and/or facility for the education of handicapped children and any of the purposes contemplated under the provisions of this act and not inconsistent with the provisions of this act or the laws of this state. The board of any school corporation is hereby authorized to invest or reinvest any of the funds received under the provisions of this section in the same kind of securities in which life insurance companies are authorized to invest their funds. All money received by any school corporation under the provisions of this section, and all money, proceeds or income realized from any real estate or other investments or property, shall be kept in a special fund and shall not be commingled with any other fund or funds received from taxation, and may be expended by the school board in any manner consistent with the purposes of this and the intention of the donor or donors.
Section 14. Whereas an emergency exists for the taking effect of this act, the same shall be in full force and effect from and after July 1, 1947.

Richard T. James
President of Senate

Hobart Creighton
Speaker of House of Representatives

Approved: March 13, 1947

Ralph F. Gates

(Filed with Secretary of State March 14, 1947, 9:10 a.m.)
This research has shown many of the inadequacies of the agencies as they exist today and have existed in the past; it is only fair, however, that an illustration be given of a case which exemplifies the fine work which can and, on occasion, has been done to restore a physically handicapped child to a useful place in society.

Such is the case of Jerry Lee E. Jerry Lee was born June 30, 1940, in Sullivan County, Indiana, the third child of Mr. and Mrs. Vern E. He was seemingly a perfectly normal baby until the time he was 16 months old. At that time his mother noticed that his kidneys were not functioning. She immediately took him to the family doctor. After drawing his urine twice daily for a period of nine days, the physician found that Jerry Lee had a kidney stone at the neck of the bladder and that his urine contained pus.

During the next two months he was treated for this condition, but at the end of that time he started to lose weight. The doctor told Jerry Lee's parents that in order for him to have a chance for life, it was imperative that they take him to the Riley Hospital in Indianapolis as it was the only place equipped to care for a child in his condition.

The application to the Clerk of Sullivan county was made immediately and nine days later Jerry Lee was taken to the Riley Hospital in a very critical condition.
For six weeks he was treated there by every known method. At the end of that time it was found by X-Ray that other stones were forming in the right kidney. An immediate operation was performed which seemed to be a success at the time. However, in two weeks, two more stones had formed in the tube between the bladder and kidney. This time the doctors operated and removed the kidney.

After two weeks, Jerry was able to be taken home, but the doctors instructed the family to bring him back to the hospital once a month for the next six months for check-ups. After that it was necessary for him to have a check-up only once each year.

All expenses of the operations and trips were financed by the Sullivan County Welfare Agency during the first year. After that the parents paid the expense of the yearly visits to the Riley Hospital.

Jerry Lee is nearly seven years old now, and he appears to be in good health. He goes to school regularly, and is in the 1A grade in one of the public schools of Terre Haute where his family have since moved.