THE PROBLEM OF OUR PHYSICALLY HANDICAPPED

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The influx annually of a million or more of the unskilled laboring class of Europe into this country ceased with the great war in 1914 and bids fair through prohibitive legislation here and abroad to be cut down to a small fraction of that number for some years to come. The economic adjustment coincident with the vast movement and hoarding of capital makes this of compensatory value to labor in this country and is probably the large factor in restricted production, high prices and slow return to stable conditions. In the meantime both the possible need of conserving labor because of limited supply from Europe and our duty to our permanently handicapped soldiers has awakened this country to a new responsibility to all classes of handicapped. The crippled soldiers are but a very small part of the problem, for industry cripples annually far more than did the war and there are almost an equal number who fall into the discard through disease, tuberculosis claiming the largest group, followed by heart, circulatory and kidney disease, rheumatism, disturbances of special senses, epilepsy and diseases of the nervous system and the mind, apart from subnormal brain development. Of the entire group there has been no organized effort to meet the situation other than by emergency measures of relief through workmen’s compensation laws, private insurance, sickness and disability benefits through lodges and insurance companies, except in the case of the blind for whom, through state and private agencies, has been worked out a fairly satisfactory plan of subsidy and vocational training.

The great overturn of labor in all large industries amounting annually from 60 to 100 per cent and more, has caused various efforts to be made by capital to cut this down, for it has been a

1 Read before the Association of Medical Social Workers, April 18, 1922.

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large factor in the cost of production. These efforts have generally directed themselves toward what is called “welfare” work in many industries and the physical fitness of employees has been made the basis of acceptance into the industry, provided no incorrectable physical handicap existed. The odium of this sort of selection has been mitigated by some opportunities for correction of defects often very well and economically done, the cost being borne by the employer and charged off the weekly pay-roll until met finally by the employee. The B. F. Goodrich Rubber Company report this as working well and very rarely have they suffered loss by men leaving them before the costs to them of the corrections have been met.

Many large corporations make a special effort to take care of the cripples of their own making through accidents, and of faithful employees who are handicapped through various illnesses. The accompanying chart shows the classified permanent injuries among the Southern Pacific Railroad System employees, leading
to recognizable disability in its broad sense, and the subsequent
place in industry occupied by the handicapped individual. Wage
earning is taken as the measure of fitness and our experience
goes to show that the sooner the wound of a body is healed by
proper surgical attention and the wound of the feelings adjusted
by reasonable financial settlement and the injured man returned
to some job, the less he becomes the slave of his handicap. Some
men with two fingers gone are never the same again, while
others with a hand and forearm off are stimulated to greater
effort and rise steadily to higher and better paid places. The
same principle applies to medical disabilities although the adjust­
ment of an active mechanic to an office job is often very difficult
and accompanied by far more marked economic loss. Not
enough attention has been paid to this and far too many cripples
of medicine hide their infirmities and die suddenly or struggle
on with progressive inefficiency until they drop out, only to find
that they are too far advanced in disease to be helped. ²

Tuberculosis presents the most common and difficult problem.
Rarely making itself known until its hold is not to be shaken off,
it lays its heavy toll on industry and when it incapacitates its
victim for work, in 8 cases out of 10, it presents also the problem
of dependency, and the community’s burden is increased. Vari­
ous efforts have been made to combine with treatment of the
disease some opportunity for work of remunerative character.
Special effort is now rather generally introduced in tuberculosis
sanatoria to provide not only some work for those able to do a
little, but to have graded forms of work, some of which might
be done by patients in bed. Most of this may be classed as
occupational therapy—better called ergotherapy—and it is to
be looked upon as valuable largely because it keeps the patient
from becoming too self-centered and lazy. "Cot duty" is
certainly an idle and demoralizing existence and it has been
said in the past that healed tuberculous patients are never more

² The Sheppard-Towner bill is an effort on the part of the federal government
to start motherhood on a sounder health basis, to the end that the infant mortality
and the number of handicapped children may be lessened. Why it has been
opposed by intelligent people is hard to see unless it threatens to "hurt business."
at the Napa State Hospital has been out several years and divides his time between church services and earning $150 a month in a medical laboratory where he gives complete satisfaction. Thomas W. Salmon's wonderful work with shell shock cases in our army convinced everyone familiar with it of the importance of early return to duty. The further from the front line trench such a case was removed the harder it was to get him back. The influence of an immediate effort at restoration to normal conditions among the cripples was remarkably illustrated at the Embarkation Hospital of the American Expeditionary Forces at Savaney. As many as 10,000 sick and wounded were held there waiting return to America, and under the able and wise system instituted by Col. Webb Cooper, the Commanding Officer, 200 men were at work under a graduate of the Cornell Agricultural School, raising what vegetables they could for the hospital. Every day the Red Cross Shop turned out its capacity of artificial limbs and the new limbs were adjusted to patients. At stated hours the class for men who had lost one leg met and then those who had lost both legs. The men were put through drills and setting up exercises so as to accustom them to handle themselves well with the aid of the new limbs. The exercise period was frequently followed by dancing, and it was a common thing to see the boys practicing walking the rail on the railroad track so as to perfect their control of the artificial legs. A finer thing than to remove from these men the crutches before their return could not be imagined. The softening and demoralizing effects of sympathy has been the curse of much of the unorganized effort for our returned soldiers, and the medical social worker has a responsibility in the matter of understanding fully the situation that now confronts the country. It is a great pity that the reconstruction work for soldiers could not have been better perfected and passed on to cripples of industry.

Persons who are born deaf are few in number and they have a type of handicap that interferes not at all with so vast a range of employment that they present no special problem. We hear in this country but little also of the difficulties of the congenitally blind, or those who acquire blindness through gonorrheal
ophthalmia in infancy. Because of the small number and the peculiar appeal early efforts to meet the problem have been fairly successful, and in this community remarkably so because of the able efforts in their behalf of one of their number, together with the active work of a well ordered society, which supports their interests. The system however in California was begun on a wrong basis and it is regrettable that there had to be a central school for the blind and the deaf and dumb. That children in their early years had to be taken away from homes and institutionalized in order to receive the educational advantages which they of all others are entitled to, is a hardship to parents and both a hardship and a serious handicap to the children. Thirty years ago in this state a bill was introduced to provide at state and county expense a specially trained teacher in every school district where six such children resided. The idea was that this would have the tendency to congregate this class in certain localities and enable parents to have their children at home under the normal conditions, instead of their being away from this most necessary influence for so large a period of the time in their formative years. San Francisco has a public school for the deaf where from 20 to 30 children are in attendance, but thus far there is no public school instruction for blind children anywhere in this state that I know of.

The opportunities given the adult blind to learn certain trades, the providing them with a special library and the entertainments given for their special benefit, represent the organized and sympathetic interest of society in their welfare, and it is to the credit of this community that the pencil vendors and blind fiddlers are scarce and in all probability represent a class whose mental attainment is exceedingly low and has but slight possibility of development.

We can learn a lesson from the method by which the state, the municipality, and private agencies have met this class of handicapped and by the lessons taught in the hospitals for cripples in the various allied countries during the war. The chief things needing consideration are, that when a handicap is placed suddenly on an adult, society should be prepared at
once to prevent that person sinking to the level of his handicap. We must have schools in every community where these people can be studied in reference to their remaining capabilities, and helped promptly to develop those to the utmost. Private agencies must organize these schools, under proper teachers and sell the output of them. Central workshops developed from the lessons before us must be started, and the finished products must be pooled in a common sales center. These products must have merit beyond the appeal to the sympathies of the people. The “Lame Duck Shop” would soon be known everywhere in the community and its lesson of optimism would go with each article that was sold. Let us not speak of a one armed, one eyed, or one legged man, or think of a locomotive engineer who is discovered to have heart disease as lost to full usefulness. Let us make the most of the potential efficiency of what remains, and not measure what is gone. Science has done much to prolong human life and we are stirred to enthusiasm when we are told of the wonderful progress by which in the past fifty years the span of life has been increased in the average by twenty years. What has science done to make these extra years of life worth living? That is our problem and we must try to solve it now.

The practical suggestion offered in connection with this paper is that lodges, benevolent societies, employers and various agencies interested in special conditions, like tuberculosis societies, and society for the blind, unite to form an organization for the care and training for the handicapped. The California Tuberculosis Society offers a vocational trainer for one year. No doubt some other society will furnish a building for a work shop. Agencies, employers and interested individuals who sent people to the shop for instruction could be charged a small sum a month for it. The product of each man’s effort could be sold in a central shop and half of it could be returned to the man while the other half was retained for expenses. Patients with treatable medical ailments would remain under some supervision, and their hours of work could be prescribed.