



# THE HANDICAPPED CHILD\*

The London County Council has many Special Schools for delicate children. Left: boys at one of these schools enjoying racing model yachts on the pool within the grounds

## 1.—The Physical Handicap

**T**O help a child to live on good terms with his disability, and to teach him to do one thing so well that he does it better than most people, is the work of the teacher in the special school for physically defective children. Any abnormality produces a different effect upon a child, and the child with a congenital defect differs from one who acquires a defect later. The teacher has to replace the child's fear by confidence." Mrs. J. E. Thomas, M.B.E., formerly headmistress of Meeting House Lane, London County Council Special School, Peckham, opened her lecture with these words when she was speaking to health visitors at Bedford College who were attending the Winter School of the Women Public Health Officers' Association.

She discussed the problem of the parent of the physically defective child. She could never be considered a normal mother for she had been robbed of much of her happy joy of motherhood. Some of these mothers were intensely bitter and their emotions were complex. If it were not that they were nearly always guided by love, they would make far worse mistakes than they usually did. The teacher had to gain the parent's confidence and show the parent what the child had achieved in school.

Mrs. Thomas said that she had spent forty years working amongst physically defective children and that the children who came to day schools usually fell into four groups; there were the children with

\* These two lectures formed part of the twenty-second Winter School in "Health the Great Adventure" for health visitors, school nurses and tuberculosis visitors held at Bedford College by the Women Public Health Officers' Association.



Above: At an open-air school not ten miles from Charing Cross, the children wearing black veils, crowd round while a master gives them a lesson on bee-keeping. This is a popular subject, and the children show keen interest

tuberculous joints, the children with paralysis, those with heart disease and those who could be classified in no special category, such as the child who had had an amputation after a street accident.

### Hospital Inertia

One child in her school had previously spent ten years in hospital from the age of 2 to 12 years, and he had never learnt to talk in hospital. He was an extreme case of what she called, "hospital inertia." Even if a hospital school were functioning, children who had been in hospital for any length of time usually had a profound conviction that they had missed a lot. All these children suffered from a visible and an invisible defect which was the wound to their spirit which their disability had given them.

The child who had had infantile paralysis often tended to become an embittered child. The attack was sudden and he was beset with the idea of a terrible present contrasting a beautiful past.

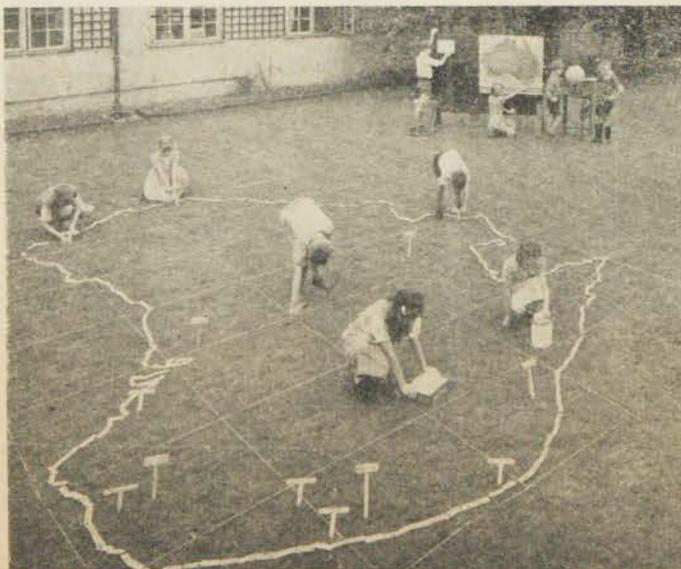
Heart cases presented a particular problem. The boy or girl with the well-compensated rheumatic heart had no apparent defect such as the crippled child. He wanted to do as other people did and could not understand why he should have to rest.

### Advantage of Special Schools

A child's great right was to be educated among his peers and, in this respect, special schools had a tremendous advantage over the ordinary school where the child with a slight handicap felt that everything which the other children enjoyed was reft from him, such as games, dancing and swimming. The child could not be segregated more cruelly than by being left in an ordinary school. In the school

Children from a London County Council Special School learn about Australia by "pegging the map" out on the lawn. In beautiful surroundings the children are helped to overcome their handicap and to make the most of their educational opportunities

(Pictures by courtesy of the London County Council)



**NURSING LEGISLATION**

In the House of Lords on Tuesday, April 12, Lord Shepherd, Lord-in-Waiting, presented a Bill to reconstitute the General Nursing Council for England and Wales, and otherwise to amend the Nurses Acts, 1919 to 1945 and to make further provision for the training of nurses for the sick. The Bill was formally read a first time.

where Jew and Christian came together. Two of the Society's Hospitals in Transjordan are now being used for Arab refugees. The 105 trained European nurses who work for the society do invaluable work, as do also the native nurses who work in many of the hospitals. In India, 80 per cent. of the Indian nurses are Christians. Rising costs throughout the world impede the work of the Society, and in China the windows of a rebuilt hospital cost as much as the whole building would have cost before the war. Support at home will obviously play a deciding part in the scope of the work able to be undertaken in the future.

**Miss Susan J. Haines**

IN London last week, on her way to Australia for her first visit home for six years, was Miss Susan J. Haines, Chief Nurse, International Refugee Organization, whose article on Nursing Aspects of the Refugee Problem was published in the *Nursing Times* of January 29. Miss Haines has been a Principal Matron in the Australian Army Nursing Service and succeeded Miss Udell as Chief Nurse, European Regional Organization of U.N.R.R.A. before taking her present position with the International Refugee Organization in 1947. Miss Haines hopes to attend the International Congress in Stockholm, where she will be welcomed by her many friends before returning to her international work in Geneva.

**The Cry of the Children**

Less than four hours after arriving in England from Transjordan, E. Jorden, S.R.N., S.C.M., was making an urgent appeal during a press conference at the Red Cross Society's Headquarters last week. She made a broadcast appeal later in the same week. "Unless help comes," she said, "and comes very quickly, to the refugee children before the hot weather arrives, the death rate among the children will be very high, for their plight in the camp is pitiful." Miss Jorden has been working as a member of a Red Cross team in South Shune camp, where 17,000 refugees are housed, many of them are children under five years. The joyless stories she told are from her own experiences. She spoke of working through the long hot days, pestered by flies, handicapped by shortages of even the simplest equipment; every bandage has to be washed and used again. She told of being almost overwhelmed by endless queues of restless natives who may use a knife to settle a dispute, of being aware all the time of a hopeless feeling which becomes almost uncontrollable when, within a week, six children under two are brought in dying of malnutrition. The nurses also know that, in spite of keeping at work all day, barely stopping to eat, still less to exchange a word with a colleague, that they can never treat every case. Many die unattended. After a day's work in the clinic is over, the nurses visit in the camp, where they are surrounded at once by crowds of Arabs who beg them to come to



Above (from left to right): Miss D. C. Bridges, Executive Secretary, International Council of Nurses; Miss Susan J. Haines, Chief Nurse, International Refugee Organization; Miss O. Baggallay, Secretary, Florence Nightingale International Foundation; Miss Alice Sher, Assistant Secretary, International Council of Nurses (see text)

save a dying child, to give comfort to a suffering relative, or to deliver a mother in some dirty, overcrowded tent. Denied most of the most necessary weapons to fight disease, owing to lack of funds, the nurses still fight on. Shortage of soap deprives them of a vital weapon to prevent the scabies, multiple boils, and other terrible skin diseases that are caused, as Miss Jorden says, through "PURE DIRT." The world-to-day is overwhelmed by stories of ubiquitous suffering. Nevertheless, this appeal cannot be ignored, and the Red Cross need money, and need it badly to set up a tented camp to relieve the overcrowding, to pay for local help, to send personnel to help those teams that are already there, and above all, for urgent medical stores and penicillin, which is very expensive. Please send your donation to the British Red Cross Society, 14, Grosvenor Crescent, London, S.W.1, and mark the envelope "Middle East."

**Gardens to See**

THIS summer again, the public will be able to enjoy the beauty of famous private gardens throughout the country. A list of those to be opened which includes Sandringham and Frogmore, by permission of His Majesty the King, has been published by the National Gardens Scheme, and may be obtained from the Organizing Secretary, at 57, Lower Belgrave Street, London, S.W.1. Many of the gardens are of historical as well as botanical interest. Others are famous for particular blooms or trees, and have attracted attention over a period of many years. In the majority of cases, the gardens will be open from 11 a.m. to 7 p.m. and the price of admission will be 1s. Where there is a building of interest to visitors, a small extra charge may be made if they are conducted over it. A percentage of the proceeds will go to the Queen's Institute, to help retired district nurses, who derive little or no benefit from State superannuation, so those who enjoy the beauties of these gardens will have the added satisfaction of knowing that they are contributing help where it is really needed.

**NEED IN TRANSJORDON**

Left: Miss Ella Jorden, S.R.N., S.C.M., who trained at Bristol Royal Hospital, in London where she has just arrived in order to make a B.B.C. appeal for the Refugees.

Right: an Arab lad care worn, when he might be care free.

Below: the fight against dirt and disease; Miss Jorden and an assistant working without proper equipment in a small tent





*Young people who are backward in mental development are often clever with their hands, and develop into good craftsmen. Above: boys in a special school learning to repair boots*

for physically defective children, he was not always the one who had to sit in the background.

With all these children there was the education of circumstances, but it was very important that the teacher understood the child's outlook on life which was so different from that of the normal child.

## 2—The Mental Handicap

Mrs. J. E. Thomas, in her second lecture, dealt with the mentally defective child.

Children who were mentally sub-normal could be educated in special classes in the ordinary school or in special schools. These children were handicapped with a terrible disadvantage for few people were

moved by the sight of a mentally handicapped child. It was difficult to see beyond the unpleasing exterior such as the wandering eye and loose mouth and the clumsy, blundering exterior. Their appearance and behaviour gave these children an additional burden to carry.

The teacher of these children had to learn not to be discouraged, for very often the children learnt more from their lessons than was realized. They had to learn slowly and must never be presented with more than one difficulty at a time. They often learnt to be deft with their hands and produced very good work.

Some of these children had great difficulty in inhibiting the feeling which they experienced at the moment, were it of anger or joy, and the teacher had to learn to cope with these children without anger.

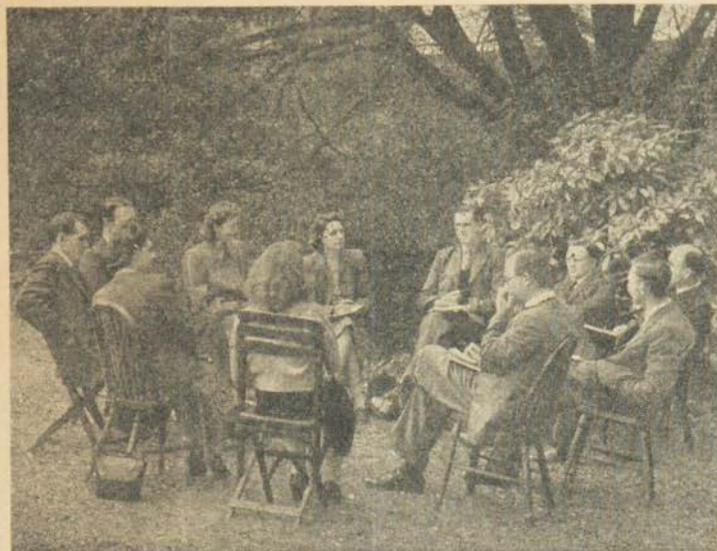
### Handicapped Children in Scotland

Mrs. Thomas went on to say that Scotland had been far-sighted in dealing with her educationally sub-normal children. In Glasgow, there were special centres where the teachers were trained. All over Scotland, the occupational classes were included on the educational side so that all the services of the educational system were available for the mentally sub-normal children.

There was a great need for classes for children with dual defects, such as children who had a physical defect and were educationally sub-normal. These children were sometimes sent to a school for physically handicapped children and the result was bitter frustration and the creation of a maladjusted child. In a good school for physically defective children the teaching was done at an express speed to help the children to catch up to their normal standard. A number of these children gained scholarships when they were 11 years old. The child with a dual defect was sadly out of place here, and the need for special classes for him was very real.



In the House of Commons, on March 3, Mr. Bevan Minister of Health, stated that Lord Rushcliffe had consented to become Chairman of the Advisory Council on the Welfare of Handicapped Persons appointed under the National Assistance Act. A complete list of members was circulated in the official report to the House. The Council will advise the Minister on the development of welfare services for the blind, deaf and dumb, and cripples.



Above : pleasant surroundings add to the informal atmosphere at this Bureau of Current Affairs course. Below : the visual approach is stressed in courses for discussion leaders; an example of the convenient type of illustrated chart is shown here

**T**HE Bureau of Current Affairs is an independent educational body, non-profit-making and free from Government control. It is the civilian successor to the A.B.C.A. (the Army Bureau of Current Affairs), and was established in 1946 by the Carnegie United Kingdom Trust, in the belief that democracy depends on discussion and that responsible discussion depends on having the relevant facts.

It is intended for everyone interested in keeping abreast of current affairs—students, teachers and leaders of social, political, religious, cultural or industrial groups, as well as officers and educational instructors in the armed forces. The Bureau provides a cost-price service of publications and maintains an information section and training staff. All the staff have academical qualifications, but they

## DISCUSSION GROUP METHODS

Comments on the Bureau of Current Affairs Course  
by Two Sister Tutors

Thirdly, the control of the whole group is all important and is the key-note to a good discussion. The groups are best kept small, not exceeding ten or twelve persons.

Visual Aids were used in abundance and are most necessary when we realize that 75 per cent. of what we learn is assimilated by sight. The material may be home-made or professional, but it is important that it can be seen by all, that it is comprehensible to all, and that it is relevant to the discussion.

When the various methods and techniques had been shown to us, we each in turn had to put it into practice to the best of our ability, during the next three days. We were given a free choice of subjects such as music; leisure; democracy; crime; religion; sport; nationalization; British Broadcasting Corporation; the growth of Nazism; is the atomic bomb immoral? etcetera.

Each of us had half an hour for the discussion, acting as the group leader, followed by 10 minutes of criticism by the group and 10 minutes by the tutor, who was not so kindly towards us as our group! We were given a fair time for their preparation and literature was provided for our perusal; also paints and paper etcetera for making posters. Some of these were most cleverly done.

### A Cross-Section

It may interest some to know about the people who were on this course. Of the four women, two were from hospitals, one was a youth service officer, and the other came from the head office of a large steel works, they also sent two men from Swansea and Port Talbot. There were five house-masters from various Borstal Institutes; four from the Army, one from the British Institute of Management, one from the Education and Training Department, Industrial Relations Division, Kodak, Limited, and one from the University of London