

THE CAMPAIGN AGAINST CRIPPLING DISEASES.

The campaign conducted both by the national Red Cross Societies and other bodies against the crippling diseases in childhood in many countries, has revealed many problems and difficulties which are common to all. The experience of one country is therefore often helpful to many other countries, and what has been learnt in the U.S.A. of late years in this matter may well prove useful to the national Red Cross Societies elsewhere.

For several years Minnesota, with a population of about 2,500,000, of whom about 50 per cent. live in rural areas, embracing a territory of over 84,000 square miles, has done pioneer work in this field, and has sought by careful organisation to render the maximum of service with the minimum waste of time, money and energy. Dr. H. E. Hilleboe, who is Director of Services for Crippled Children under the Minnesota State Board of Control, has contributed to a recent number of the American Journal of Public Health an article in which he describes the machinery of his organisation.

In July 1937, it was estimated that there were 8,300 crippled persons under the age of 21, 8.3 per 1,000 children having to be considered as cripples. They were classified according to the character of their crippling, and it was found that congenital deformities accounted for 25 per cent., infantile paralysis for 20 per cent., cerebral palsies for 14 per cent., miscellaneous causes also for 14 per cent., accidents for 11 per cent., rickets for 5 per cent., osteomyelitis for 4 per cent., tuberculosis of the bones and joints for 3 per cent., arthritis for 2 per cent., muscular dystrophy for 1 per cent., lateral curvature of the spine (scoliosis) of unknown origin also for 1 per cent.

These figures, which do not include cases of defective eyesight and hearing, not only show how vast the problem is as a whole, but also how much more important numerically some causes of crippling are than others. It will be noted that tuberculosis of the bones and joints accounts for only 3 per cent. of the total. When the first State hospital for crippled children was started in Minnesota in 1897, it was estimated that 70 per cent. of the children coming to hospital were disabled by tuberculosis of the bones and joints. At the present time, less than 1 per cent. of the admissions to the State hospital are necessitated by tuberculosis of the bones and joints.

How has this amazing change been effected? What is probably the most important single factor is the eradication of tuberculosis in cattle, for whereas cattle are not susceptible to the human type of tubercle bacillus, human beings are so to the bovine type of tubercle bacillus which causes tuberculosis in cattle. In Minnesota, the campaign against tuberculosis in cattle has been so effective that less than 0.5 per cent. of all the cattle can now be considered as infected with tuberculosis. Now the type of tubercle bacillus commonly found in the bone and joint tuberculosis of children is the bovine type which in most cases has reached its victims through the milk of tuberculous cows.

It will also be noted that infantile paralysis accounts for 20 per cent. of all the cases of crippling under the age of 21. In a group of 1,274 children crippled by infantile paralysis, it was found that only 7 per cent. were under the age of 1 year, whereas 49 per cent. were between 1 and 4 years, and 30 per cent. were between 5 and 9 years. It will thus be seen that it is quite early in childhood that infantile paralysis claims most of its victims. A study of 227 boys crippled by infantile paralysis showed that about 72 per cent. did not enter hospital till three or more years after they had been attacked by the disease.

This observation, which is doubtless true of many other communities than that of Minnesota, fully justifies the complaint made by orthopaedic surgeons that they cannot give of their best unless the patients are brought to them and brought early. To this end there must be a field nursing service linking up the crippled child isolated in the country with the orthopaedic surgeon in his hospital.

The public health nurse not only discovers new cases, but also old cases which have prematurely ceased treatment. She will be greatly assisted in her work by the field clinic which brings to the crippled child the aid he cannot afford himself to seek far from home. The clinic is also valuable in drawing the attention of local doctors and public officials to the need for a concerted effort to prevent and cure crippling. When a clinic is held in a local community and people see crippled children coming to it, a lasting impression is made and the soil is prepared for the development of a permanent educational programme. In rural areas it is seldom possible to hold such clinics more than once a year. In order that every crippled child in Minnesota may have access to an orthopaedic examination, an attempt is made to hold the clinic yearly in the same town so that it may function as a permanent outpatient department of the main hospital.

By means of such a clinic it is possible to reach previously unknown cases soon after the paralysis has occurred. A skilled orthopaedic surgeon travels with the field clinic whose standards of medical care are therefore as high as those of the outpatient department of an orthopaedic hospital to which many parents cannot afford to bring their children when their homes are some 200 to 300 miles away. By sending expert examiners out to the children in rural areas, much time is saved, examinations are made at an earlier date, and definite provision can be made for hospital care if the patients are unable to provide private medical care.

In addition to the examination of new cases, the field clinic follows up old cases which might otherwise be forgotten and neglected. For though in most instances children will be brought to hospital to receive the necessary continuous treatment, it sometimes happens that the crippled child leaves an orthopaedic hospital and fails to return to it for the necessary follow-up treatment. The result is that the initial expert treatment is sometimes of small permanent benefit. In Minnesota it has been calculated that the combined efforts of the field nursing and clinical services, in co-operation with the hospital social service, are needed to prevent permanent disability and possible further deformity in about 33 per cent. of the crippled children coming to hospital.

It cannot be emphasised too strongly that the family doctor is an integral part of any sound public health scheme for crippled children. It is he who usually first sees the crippled child, and to whom the crippled child must be returned after special treatment has been given.

(Communicated by the Secretariat of the League of Red Cross Societies.)

London Hospital Governor Retires.

Having reached the age of retirement, Capt. A. G. Elliott is to relinquish the office of House Governor at the London Hospital, and will be succeeded by Capt. H. Brierley.

Ex-Policeman's £25 Gift.

A 76-year-old ex-police officer, who wishes to remain anonymous, walked into the office of the secretary of the Royal Sussex Hospital, Hastings, and handed in a gift of 25 one-pound notes.

[previous page](#)

[next page](#)