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INFORMATION FROM NON-SELF-GOVERNING TERRITORIES :  
SUMMARY AND ANALYSIS OF INFORMATION TRANSMITTED  
UNDER ARTICLE 73 e OF THE CHARTER. REPORT OF THE  
SECRETARY-GENERAL.

Analysis of information on social welfare<sup>1/</sup>

<sup>1/</sup> This analysis is also submitted to the Special Committee on Information  
Transmitted under Article 73 e of the Charter.

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## INTRODUCTION

1. The analysis of social welfare prepared last year contains a general survey of the activities classified under social welfare in the various territories and an account of the public assistance measures which have been taken for old persons and children in need of relief as concrete aspects of social welfare administered by government services.<sup>1/</sup> A paper has been prepared this year on the training of social workers.<sup>2/</sup> In pursuance of General Assembly resolutions 218 (III) and 331 (IV), the particular subject of information on the welfare of handicapped children is being considered, account being taken of resolution 122 (VI) of the Economic and Social Council, which approves in its preamble the resolution on a child welfare programme contained in the report (E/578) reiterating a call for a study of child welfare in under-developed areas and stressing the importance of such a study on the "welfare and re-education of children, physically or mentally handicapped, or in moral danger".

2. The following paper therefore presents data on social welfare measures and activities directed to the needs of children physically or mentally handicapped in the Non-Self-Governing Territories. It is limited to territories administered by the United Kingdom and the United States of America, since the information transmitted in respect of these territories, together with the relevant supplemental information, provides the most detailed treatment of the problems.

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<sup>1/</sup> United Nations: Non-Self-Governing Territories, Summaries and analyses of information transmitted to the Secretary-General in 1949, Vol. I, pages 206-241.

<sup>2/</sup> Document A/AC.35/L.3.

# I. HANDICAPPED CHILDREN IN NON-SELF-GOVERNING TERRITORIES

3. The alleviation of handicaps of children caused by ill-health and social maladjustment lies not only in special treatment accorded to children but, first of all, in the development of preventive medicine and, in general, in the improvement of living conditions. The subject matter of this paper is to treat the welfare of this special category of handicapped children in some Non-Self-Governing Territories whose handicaps consist in a prolonged or permanent physical or mental disability, i.e. the problem of crippled, chronically sick, blind, deaf and feeble-minded children.

4. Statistical data on the incidence of physical and mental handicaps among children are lacking for most Territories. The nature and extent of some of these handicaps may be judged, however, from the census data on infirmities available for a number of the United Kingdom Territories. Table 1 presents these data in respect of some categories of handicapped persons in selected Territories.<sup>1/</sup>

<sup>1/</sup> Cyprus: Report and General Abstracts of the Census of 1931, Nicosia 1932, pages 20 ff.; British Guiana: Report on the Results of the Census of the Population 1931, Georgetown 1932, pages xlii ff.; British Honduras: Census of British Honduras 1931, Belizo 1932, pages 17 f.; Jamaica: Census of Jamaica and Dependencies 1943, Kingston 1945, pages lxxviii, 276; Trinidad and Tobago: Census 1946, Trinidad and Tobago 1946, page 20; St. Vincent: Report and General Abstracts of the Census of 1931, Kingstown 1931, page 8; Gold Coast: The Gold Coast, 1931, Accra 1932, pages 225 ff.; Nigeria: Census of Nigeria 1931, London 1933, Vol. I, pages 40 ff., 115; Nyasaland: Report on the Census of 1931, Zomba 1932, pages 7 ff.; Report on the Census of 1945, Zomba, page 17; Aden: Census of Aden 1946, Aden 1947, page 95; Fiji: A Report on the Results of the Census of the Population 1946, Suva 1947, page 56.



Table 1. Statistics of the handicapped in selected Territories

Territory and census year	Blind		Totally Deaf		Deaf and Dumb		Mentally Deranged	
	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
Cyprus 1931	1,233	354	451	130	410	120	511	150
British Guiana 1931	524	169	738	130	202	64 <sup>a/</sup>	816	260
British Honduras 1931	79	154	135	262	47	91	184	351
Jamaica 1943	3,426	277			1,056	85		
Trinidad and Tobago 1946	1,105 <sup>b/</sup>	197 <sup>b/</sup>	717	128	95	17	1,446	259
St. Vincent 1931	122	254			94	195	132	275
Gold Coast (including Togoland) 1931	7,081	224			2,131	67	1,959	62
Nigeria 1931 Northern Provinces	68,472	600					10,745	90
Nyasaland 1945	4,597	225			3,731 <sup>c/</sup>	230 <sup>c/</sup>		
Aden 1946	154	190			23	28	32	39
Fiji 1946	704 <sup>d/</sup>	270 <sup>d/</sup>	780 <sup>e/</sup>	390 <sup>e/</sup>	102	40	298	120

a/ Includes deaf and dumb (25 per 100,000) and dumb (39 per 100,000).

b/ Includes totally blind (135 per 100,000) and blind in one eye (72 per 100,000).

c/ Census 1931.

d/ In addition there are 1,116 "nearly blind" or 430 per 100,000.

e/ Census 1936.

5. As regards the accuracy and reliability of the census figures, it is stated that this method of enumeration of physical and mental defects is inadequate and its findings should be treated with caution and regarded as only a limited indication of the total incidence. In England and Wales, the last census (1911) which asked for this information "proved so inadequate that it was decided in any subsequent Census to drop this method of enumeration." Owing to the voluntary registration of the blind, introduced subsequently together with financial benefits granted to the blind, the total number of the blind has, in a decade, almost trebled. "In South Africa, the grant of a small pension to the native blind caused the registered number of blind persons to soar from an almost negligible figure to 30,834 in a few years." "If the Census as a method of enumeration of the blind results in an under-estimate in England and Wales, where every facility for accurate compilation exists, its inadequacy in less civilized countries is inevitable."<sup>1/</sup>

6. So far as the blind are concerned, intensive medical surveys, carried out in some areas, indicate a higher incidence of blindness than that obtained through the census counts. In Aden Colony, where the census rate was 153 per 100,000 in 1931, and 190 per 100,000 in 1946, a special count in 1946 showed an incidence of 516 per 100,000. In Kenya, where no reliable statistics are available, enquiry conducted in ten areas in 1941 showed an incidence of about 159 per 100,000; a medical survey, conducted among Masai in 1931 showed total blindness in 700 per 100,000. In Uganda, reliable and detailed survey in one small area showed an incidence of 1,061 per 100,000. In Nigeria, more reliable counts conducted in several areas gave an incidence varying from 309 to 1,000 per 100,000. A medical survey of Yerva showed an incidence of 1,400 per 100,000, and in certain control areas of the 1931 census, where the count was based on medical examinations, the incidence of blindness was 1,736 per 100,000. In Sierra Leone, the Protectorate figures showed in 1931 7,859 blind persons, or an incidence of 470 per 100,000.

<sup>1/</sup> United Kingdom: Colonial Office: Blindness in British African and Middle East Territories, being the Report of a Joint Committee appointed by the Colonial Office and the National Institute for the Blind, following the visit of a Delegation to Africa and certain British Middle East Territories between July, 1946, and March, 1947, London 1948, page 10.

Two districts, with total population of 300,000 showed incidence of 1,470 and 1,890, respectively, per 100,000. In the Gold Coast, where the census of 1931 showed an incidence of 226 per 100,000, "one very small area (population 300) infected with onchocerciasis showed in a recent medical survey a blindness rate of 7,000 per 100,000."<sup>1/</sup>

7. Only in some Territories does the census data on infirmities include the breakdown by ages and show figures or percentages of handicapped children in the total population of the disabled. These data, supplemented in some cases by the information obtained from other sources, indicate that handicapped children of various categories constitute a considerable portion of all the infirm population and in some Territories reach considerable number.

8. In Cyprus, the census of 1931 showed 118 persons under the age of 20 in the total figure of 1,233 blind persons. Since that time, the percentage of blindness has decreased from 354 to 212 in one count, and from 354 to 300 in another count, per 100,000; the population has, however, increased by almost one third.<sup>2/</sup>

In Trinidad and Tobago, there were, in 1946, 35 totally blind children and young persons 24 years of age and under, and 31 children blind in one eye of the same age group among the total blind population of the Islands.<sup>3/</sup> In Jamaica, blind persons up to 20 years of age numbered in 1943, 149 individuals.<sup>4/</sup> In Africa, "medical survey (1931) on the Masai showed eye affections practically universal - 68 per cent of adults and 84 per cent of children suffering from conjunctivitis. Ten per cent of adults blind in one eye. Total blindness in 700 per 100,000 of adults, 370 per 100,000 children. There must have been many more totally blind people who were not brought along to the examination centres."<sup>5/</sup> In the Gold Coast,

1/ Ibid., pages 2 ff.

2/ Idem.

3/ Trinidad and Tobago: Census 1946, page 20.

4/ Jamaica: Census of Jamaica and Dependencies, page 276.

5/ Blindness in British African and Middle East Territories, op. cit., page 4.

with an incidence of 224 per 100,000, "the numbers are almost certainly an underestimate where women and children are concerned."<sup>1/</sup> In Nyasaland, in a total of 4,597 blind persons in the 1945 census, "those under the age of 18 number 580 or rather more than 12 per cent of the total blind population."<sup>2/</sup> In the Federation of Malaya, where at an incidence of 125 per 100,000 the number of totally blind is estimated at 6,000 persons, and the number of totally or partially blind at 12,000, it is considered that the proportion of blind children amounts to 141 per 1,000 blind persons and that it is "over five times as great as that in Great Britain."<sup>3/</sup> It has been stated<sup>4/</sup> "it is impossible to make an exact statement on the number of blind people in the Colonies, but some indication of the number affected can be gathered from the view of experts that there are at least 500,000 blind in British Africa alone".<sup>5/</sup> Still greater appears to be the proportion of children among the deafmutes. In Cyprus, the 200 deaf and mute children and young persons up to 24 years of age constituted in 1931 almost 50 per cent of the total. In Trinidad and Tobago, the proportion was in 1946 only slightly smaller: 41 children and young persons of the same age group as in Cyprus in a total of 95. In Jamaica, there were in 1943, 391 persons under the age of 25 among the 1,056 deaf and mute persons. Deaf children show smaller proportions: deaf persons under 25 years of age constituted 11 per cent of the total deaf population (in Cyprus in 1931 and 9 per cent in Trinidad in 1946).<sup>5/</sup> Statistics of the mentally handicapped, in the Territories for which data were available, also show the number to be considerable with a high proportion of children. In Cyprus, there were in 1931, 113 persons of unsound mind under 25 years of age, or 20 per cent of the total. In Trinidad and Tobago, 237 mentally deficient or deranged persons of the same age group as in Cyprus constituted in 1946, 16 per cent of the total. In Puerto Rico, figures for 1946-47 show among the 4,089 idiots and imbeciles 50 per cent are persons under

1/ Ibid., page 6.

2/ Ibid., page 5.

3/ Federation of Malaya: Report on and Recommendations for Blindness in Malaya. Kuala Lumpur 1948, page 6.

4/ United Kingdom: Commonwealth Survey, January-December 1950, Health 4 (f), 21 January 1950.

5/ Cyprus: Report and General Abstracts of the Census of 1931, Nicosia 1932, pages 20 f.; Trinidad and Tobago: Census 1946, page 20; Jamaica: Census of Jamaica and Dependencies 1943, page 276.

20 years of age.<sup>1/</sup>

11. With the exception of Puerto Rico, Hawaii and Alaska, where the registration of crippled children has been introduced recently in connexion with the crippled children's programmes, statistical information on crippled children is lacking from the remainder of the Territories administered by the United States. In Puerto Rico, 7,670 active cases were on the register at the end of 1947-48.<sup>2/</sup> In Alaska, 767 children were on the register in 1949, and this figure was regarded as only "touching the surface".<sup>3/</sup> In Hawaii, in 1948, registered crippled children reached the figure of 2,482.<sup>4/</sup> This would constitute an approximate rate of 360 in Puerto Rico, 480 in Hawaii, and 300 in Alaska for each 100,000 of population. Rates for other Territories may be regarded as being still higher, particularly in view of a high incidence in some Territories of such crippling diseases as tuberculosis and leprosy.<sup>5/</sup>

- 1/ Cyprus: Report and General Abstracts of the Census of 1931, page 22; Trinidad and Tobago: Census 1946, page 20; Puerto Rico: Annual Report of the Commissioner of Health, Fiscal Year 1946-1947. San Juan 1948, page 357.
- 2/ Puerto Rico: Annual Report of the Commissioner of Health, Fiscal Year 1947-1948. San Juan 1949, page 244.
- 3/ Alaska: Biennial Report of the Alaska Commissioner of Health 1946-1948, pages 2 ff.
- 4/ Hawaii: Board of Health's Annual Report 1948, page 151.
- 5/ United Nations: Non-Self-Governing Territories, Summaries and Analyses of Information transmitted to the Secretary-General during 1948. Lake Success, New York 1949, pages 568 ff.



## II. EXISTING SERVICES AND PROGRAMMES

12. In most Territories, particularly in those where no special social welfare services have been established, welfare of the handicapped relies predominantly on customary security systems, inherent in the traditional organization of family, clan or village community. In many Territories, these systems are supplemented by the work of charitable bodies, particularly missionary organizations. In some Territories the activities of these bodies constitute the main form of an organized protection of handicapped persons, children or adults.

13. In a number of Territories, where social welfare services have been organized into a separate field of Government activities, assistance to the handicapped is provided mostly under general programmes of relief or public assistance. These services do not differentiate between various categories of the handicapped and their function consists chiefly in financial aid to handicapped families and individuals or to the maintenance of the homeless and disabled children and adults in public institutions.<sup>1/</sup> Some of these institutions provide for the education of some categories of handicapped children; others offer them only care and maintenance. For instance, in a Malayan institution for homeless and abandoned children, "some children get employment in good homes and... remain in the home till they marry... But all are not so fortunate, the blind, the deaf and dumb, the deformed, the mentally deficient all remain in the orphanage cared for during their lives by the Sisters."<sup>2/</sup>

14. The specialized services, concerned with the rehabilitation of the handicapped, and administered either by the Government agencies or by voluntary bodies, exist in a number of Territories. Only in a very few Territories, however, as, for instance, Puerto Rico or Hawaii, are they being developed into a more comprehensive system, catering for various categories of the handicapped and covering various phases of their rehabilitation. In most Territories, where

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<sup>1/</sup> For details, see document A/922, Information from Non-Self-Governing Territories, Analysis of information on social welfare problems, August 1949, pages 2-23, 24 ff.

<sup>2/</sup> Federation of Malaya: Annual Report of the Department of Social Welfare for the Year 1948. Kuala Lumpur, 1949, page 37.

some specialized services for the handicapped have been established, they usually provide for the needs of some particular category or categories of a limited number of handicapped persons, and only for some phases of their rehabilitation and adjustment.

15. For instance, special schools for the deaf and mute children are found only in certain Territories. In the British West Indies, schools for the deaf and dumb children exist in Jamaica and Trinidad. The Jamaican school is operated by a voluntary organization, but it receives grants from the Government. In Trinidad, a school for deaf children has been established in 1946 by the Association in Aid of the Deaf with the assistance of the Social Welfare Department. The Government subsidy amounts to \$4,000 yearly. The school receives children also from other territories, for instance Barbados. "The progress made by those of the children who have been in the care of the Association for well over a year is quite remarkable... Through its efforts, a group of children, who previously had little hope of becoming even partially self-supporting, now have every chance of becoming responsible citizens."<sup>1/</sup> In Hawaii, education of the deaf children is provided in the Territorial School for the Deaf and Blind. No schools for deaf-mutes are mentioned in the information transmitted concerning the African Territories. For South-East Asia the information is limited to the Hong Kong school for the deaf, established in 1936 and reopened in 1947. The school has 35 pupils, the majority of whom are boarders; it is provided with some modern technical equipment and staffed by professionally trained personnel. "One of the objects of the school is not only to teach deaf and dumb children to become self-reliant citizens, but also to train more qualified teachers."

16. Still less developed are the services for mentally deficient children, despite the fact that the number of children in this category is very considerable. In Hawaii, the Territorial Waimano Home provides for both feeble-minded children and adults. In 1947, the population of the institution was 713, of whom 623 were for the wards and 90 for the hospital. Of the 47 admissions, the "majority were crippled infants in age from 3 weeks to 5 years old." Among 615 mentally abnormal, there were 223 physically handicapped (158 epileptic, 45 paralytic, 5 blind, 11 mute, 4 deaf), of whom many were children. The services rendered to the inmates include clinical activities: social services, including home

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1/ Trinidad and Tobago: Colonial Annual Report 1947, London 1949, page 55.  
/visits

visits by social workers, psychological clinics etc.; religious services; occupational therapy, academic training; training in arts and crafts; recreation and music.<sup>1/</sup> In the Caribbean, an institution similar to the one in Hawaii for the mentally deficient has been planned in Puerto Rico. In Africa the only institution for mentally handicapped children, the Nairobi Home, is catering for a small number of backward or mentally defective European children. No institutions serving exclusively mentally abnormal children, apart from the mental hospitals, are mentioned in respect of South East Asia and other Pacific Territories.

17. The need for the specialized welfare services, covering both medical and social aspects of the rehabilitation of the handicapped children is recognized, and in a number of Territories there is a noticeable trend towards the reorganization of the existing services and their development into a more comprehensive system. Thus in Singapore, a Handicapped Children's Society has recently been formed and has collected funds for the establishment of separate homes for blind, crippled, mentally deficient and deaf and dumb children. "Some assistance in training personnel is looked for from UNICEF." The most significant developments which have recently taken place in this field of child welfare are the crippled children's programmes carried out in the United States Territories, and the welfare of the blind in the United Kingdom Territories of Africa and South East Asia.

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<sup>1/</sup> Hawaii: Annual Report, Department of Institutions, Territory of Hawaii, for the year ended June 30, 1947, pages 141 ff.



### III. CRIPPLED CHILDREN'S PROGRAMMES

18. The problem of crippled children presents in most Territories particular difficulties, in view of the limited scope and extent of their medical, social and educational services, whose efficiency and co-ordination is essential for the full rehabilitation of children affected by a crippling condition. Hence in most Territories, no programmes aiming at the definition and registration of all crippled children and at an organized assistance, covering all phases of their handicaps, have been so far tried.
19. The specialized assistance, when provided, does not extend beyond the medical care rendered in the existing hospitals or clinics to their patients; however, in some hospitals or leper colonies the physical rehabilitation is supplemented, as it is explicitly stated in some cases, by education provided for the hospitalized children, by occupational therapy, and other elements of social rehabilitation. In many Territories, where such services are on a minimum scale and can be provided only for the more serious cases, the development of preventive medicine, aiming at reduction and control of disabling diseases is still of more concern than direct help to a crippled child.
20. Comprehensive programmes aimed at meeting the needs of this particular category of handicapped children have in recent years been developed in the United States dependencies of Hawaii, Alaska, Puerto Rico and the Virgin Islands. These programmes are based on the close co-operation of all existing social services and on the co-ordination of their efforts into a single unified scheme aimed at the full physical and social rehabilitation of possibly all crippled children in the respective Territories.
21. These services were introduced in Alaska and Hawaii in 1939, in Puerto Rico in 1943, and in the Virgin Islands in 1947, under the provisions of the Federal Social Security Act. They are financed in part from Federal grants-in-aid. In the Virgin Islands, the Federal grants for the crippled children's programme amounted in 1946-47 to \$13,624, and in 1947-48 to \$39,624. In Hawaii, in 1947-48, 3.16 per cent of the total public health expenditure was spent on the crippled children's programme; the Territorial appropriations amounted to \$50,000, whilst the sum of \$91,649 was allotted from the Federal Funds.
22. The scope of the crippled children's programmes developed in these Territories is fairly uniform. It includes the following services: finding crippled

/children,

children, diagnostic services, hospitalization and surgical care, convalescent care, physical therapy, manufacture of appliances, vocational rehabilitation, social care and academic training. The services are provided largely through the existing network of public health, social welfare and educational institutions and services. Their functions in respect of the crippled children are directed, co-ordinated and supplemented by special Bureaux operating as a subdivision of the Territorial public health organization. The Bureaux are responsible for the planning and execution of the programmes. The cost of the services rendered to the patients in the Territorial hospitals, clinics or laboratories, as well as travelling expenses for their transportation to clinics and hospitals and the cost of drugs proscribed for the children, whose families need part or complete financial assistance, is covered from the budget of the Bureaux.

23. In Puerto Rico, the Bureau of Crippled Children is directly responsible for the following activities. It compiles the central register of crippled children, which includes every child under 21 years of age, resident in the island, and with a crippling condition. It organizes the orthopaedic, ophthalmic and plastic clinics through the island, provides the specialized orthopaedic nursing services in the district hospitals, and is responsible for placing crippled children without families in foster homes. The manufacturing of orthopaedic appliances is carried out at the Brace Shop organized at the Bureau. The Bureau provides for the in-service training of the professional and technical staff, engaged in the service, through lectures, discussions, educational films, etc., and for the professional training of personnel. In 1948-49, for instance, the following trainees were sent for advanced studies to the States: one orthopaedic surgeon, two physical therapists, one orthopaedic nurse, one occupational therapist and one speech therapist.

24. Other co-operating agencies provide for the crippled children in their respective fields. Home nursing services for case finding and follow-up are provided by the public health nurses through the existing network of the public health units. A public health orthopaedic nursing consultant assists the Bureau of Crippled Children in relation to all major problems of nursing. Hospitalization for the orthopaedic cases in need of hospital treatment and physical and occupational therapy is provided in the Insular hospitals and the children's Convalescent Home. The Bureau of Medical Social Services is responsible for the medical social services to crippled children. The function of the Division of

Public Welfare consists in the referral of cases for public assistance, foster home care, and for neurological, psychometric and psychiatric examinations. The vocational rehabilitation of crippled children is assured by an agreement between the Department of Education and the Bureau of Crippled Children.

25. In 1947-48, crippled children on the register numbered 7,670 active cases. The table below<sup>1/</sup> is indicative of the type and extent of the services rendered in 1946-47, 1947-48 and 1948-49:

	Clinics			Operations			Number of children served by medical social services	Number of treatments	
	Orthopaedic	Ophthalmic	Plastic	Orthopaedic	Ophthalmic	Plastic		Physical therapy	Occupational therapy
1946-47	178	4	2	299	25	34	-	11,862	10,665
1947-48	284	24	35	278	77	134	4,008	7,360	7,372
1948-49	293	96	30	392	170	129	4,496	3,535	6,512

26. In the Virgin Islands, the crippled children's programme was started in 1947. Orthopaedic, ophthalmic and plastic clinics have been held in the Islands and in 1947-48, 48 children were attended in clinics (as against 15 adults) and operations were performed on 14 children (as against one adult). The programme is supplemented by the activities of the Insular Red Cross which furnishes funds for the purchase of eye glasses for school children and for cataract cases that were operated upon by specialists from the mainland. The problem of placing handicapped children in employment is being considered by the Department of Social Welfare.<sup>2/</sup>

27. In Hawaii a programme similar to that in Puerto Rico is operated by the Bureau of Maternal and Child Health and Crippled Children. The two bureaux have a combined staff of 23, including professional and clerical personnel. "Some of the staff serve both the maternal and child health and crippled programmes and other staff members work entirely in one programme."

<sup>1/</sup> Puerto Rico: Annual Report of the Commissioner of Health 1946-47, San Juan 1948.

pages 210 ff.; Annual Report of the Commissioner of Health 1947-48, San Juan 1949: pages 241 ff.; Annual Report of the Commissioner of Health 1948-49, San Juan 1950, pages 249 ff.

<sup>2/</sup> Virgin Islands: Annual Report of the Department of Social Welfare, St. Croix, 1946-47; Annual Report of Activities of the Department of Social Welfare, St. Croix, 1947-48, pages 9 f.; Annual Report of the Chief Municipal Physician, St. Croix, 1946-47, page 4; Annual Report of the Chief Municipal Physician, St. Thomas and St. John, 1946-47, page 3; Annual Report of the Commissioner of Health of the Virgin Islands of the U.S.A. for the fiscal year 1948, page 3 ff.

28. At the end of the fiscal year 1947-1948, there were 2,482 persons under 21 years of age on the register; 1,576 received some type of service from the Bureau, and of these, 244 were given some financial aid. There were 132 admissions of crippled children to hospitals for a total of 2,247 days of hospitalization. During the year, there were 272 new admissions to the register and 176 discharged as cured, over-age, or deceased. The above figures do not include the services under the special rheumatic fever and cerebral palsy programmes. Crippled children clinics covering orthopaedic and neurological conditions were conducted on all islands and cleft lip and palate clinics on Oahu. There were 62 orthopaedic clinics with an attendance of 751, three neurological clinics with an attendance of 23, and three cleft lip and palate and plastic clinics with an attendance of 35. A total of 69 clinics were held with an attendance of 707. Children with other conditions not covered by clinics received diagnostic services in physicians' offices. There were over 5,000 public health nursing visits to crippled children. Pediatric, orthopaedic nursing, physical therapy, occupational therapy, and medical social services were available at many of the clinics and to individual children in their homes. The actual services in case-finding and follow-up to obtain corrections and social adjustment of crippled children and their families make up a large part of the crippled children programme. Financial aid was given to only about 15 per cent of the total number of children who received some type of service.

29. During 1948, special demonstration projects were developed relating to crippled children, namely the Rheumatic Fever Programme and the Cerebral Palsy Centre. The Rheumatic Fever Programme is financed by a grant of \$50,000 per year for three years from the Federal Children's Bureau. It operates a rheumatic fever clinic and a convalescent unit of 13 beds at a children's hospital. In 1948, 38 children have received 442 days of acute care and 2,353 days of convalescent care, and 108 children attended the out-patient clinic.

30. The establishment of the Cerebral Palsy Centre was made possible in 1948 by a special grant of \$30,000 a year for three years by the U.S. Children's Bureau. "The Centre as completed provides adequate facilities and equipment for physical therapy, occupational therapy and speech therapy for children with cerebral palsy... . One purpose of the Centre is to demonstrate the type of equipment and services needed in the treatment of cerebral palsy so that parents and other

groups interested in this type of work may be guided by observation at the Centre and by the staff's experience." During the first four month period, a total of 231 periods of physical therapy and 229 periods of occupational therapy have been given to 14 children enrolled.

31. In addition to the medical services, the staff of the Bureau co-operates with the Division of Health Education and Work with Handicapped Children of the Department of Public Instruction in providing consultation in medical, public health, nursing and health education fields. A special class for the crippled children is conducted at the Kawananoaka School, for which the Bureau provides frequent medical services, including physical and occupational therapy. There is also, operating in Hawaii, a pre-school unit for cerebral palsy children, which was established in 1947 under the auspices of the National Society of Crippled Children and Adults.

32. It is stated, that despite the fact that both Federal and Territorial funds have been available for the programme since 1936, and that during the 11-year period the programme has steadily expanded as to number of staff, extent and quality of services, and number of individuals served, basic appropriations for crippled children have not kept pace with the increased cost of hospital care and, by 1948, the Bureau "has developed a large waiting list of children needing surgical and hospital care."<sup>1/</sup>

33. In Alaska, the Crippled Children's Service, is administered by a Medical Director under the Territorial Commissioner of Health. The organisation is assisted in its work by the Alaska Crippled Children's Association, which "has been most helpful in providing a wide-spread educational and promotional programme to give the people of the Territory a better understanding of the cause, prevention, treatment and rehabilitation of crippling conditions. In addition to contributing large sums for actual hospital care, the Alaska Crippled Children's Association's financial assistance has made possible many comforts, pleasures, and other benefits to the children which were otherwise not available from federal or state funds."

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<sup>1/</sup> Hawaii: Annual Report of the Board of Health Territory of Hawaii, for the Fiscal Year 1948, ending June 30th, pages 141, 148, 151f.



34. The Alaska crippled children's service operates through the itinerant orthopaedic clinics which are conducted throughout the entire territory, the medical social service unit, whose services are available to all patients receiving other services through the Alaska Department of Public Health, and the orthopaedic hospital of 60 beds established in 1947. In addition, the University of Chicago Orthopaedic Units cares for 12 patients at no expense to Alaska. The local nurses and community workers assist in preparations for and giving services at the clinics.

35. The number of children brought under the care of the services provided by the programme increases each year. In 1946, the Territorial register of crippled children numbered 412 children; in 1947, the number of the registered children increased to 636, and in 1948, 131 new children were admitted to the register. However, in spite of the progress made in recent years, "it is felt that the actual case load of crippled children reported in Alaska is only touching the surface. New cases are being reported from the field each week... A larger number of chronic poliomyelitis and cerebral palsy cases have been found than was anticipated. As yet the Territory has no adequate means for caring for the latter and it is essential that steps be taken to have a programme which will benefit these children." Also "more and more of the early cases of tuberculosis of the bone and other handicapping conditions are being reported" and "it has been found that 60 hospital beds are not nearly adequate for those on the urgent waiting list at the present time."<sup>1/</sup>

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<sup>1/</sup> Alaska: Department of Health: Biennial Report of the Office of the Commissioner of Health for the period July 1, 1946 to June 30, 1948, page 38.

#### IV. WELFARE OF THE BLIND

##### Institutions for the blind

36. Schools and institutions for the blind are found in a number of United Kingdom Territories. Most of them are of recent origin, limit their activities chiefly to the education of the blind and take care only of a fraction of the blind children in the Territories which are served by them.

37. In Cyprus, a school for the blind is operated by a voluntary committee and supported by Government grants up to 45 per cent of the total cost. It accommodates a small number of boys (23 in 1939 and 13 in 1947), half of whom are drawn from one district. "The object of the school is to train the children to earn a living, and efforts are made to place those who show any aptitude for industrial work". In 1946 one pupil of the school was trained in England as a piano tuner. "The usual primary curriculum is followed as far as possible, with some handwork, but many boys leave before training is complete."<sup>1/</sup> In Gibraltar, a Society for the Prevention of Blindness, which has been formed locally assists medical authorities in the preventive work and provides financial assistance and recreational and educational activities for the blind persons in the community.

38. In the British West Indies, education for the blind is provided in a few Territories. It rests on the schools, administered by voluntary bodies but subsidized by the Territorial administration. In the Bahamas, the "Salvation Army has a small school and workshop where blind people are taught to read Braille and to make sample articles". A school for the blind operated by the Salvation Army exists also in Jamaica.

39. In Barbados, there is no school for the blind, but the Barbados Association in Aid of the Blind, the Deaf and the Dumb, founded in 1943, "gives assistance and training for children of school age". The association "is compiling a register, the first of its kind, of all the blind, deaf and dumb persons in the island". In 1948, preparations were made for "sending a blind man to Trinidad ... to be trained in craft work and in the reading and writing in Braille, so that he may be able to return to the island and give other blind persons the benefit of his training". The association receives a small Government subsidy (\$960 in 1949) and relies largely on voluntary support. In 1948, for instance, the three deaf

<sup>1/</sup> United Kingdom: Colonial Office: Blindness in British African and Middle East Territories, London 1948, pages 2 f.; Cyprus: Colonial Annual Report 1946, London 1948, page 36.

and dumb children sent for training to Trinidad, were "supported partly by Vestry and Government grants, partly by funds from the Association, and by help from the families, friends or people interested in the welfare of the children".<sup>1/</sup>

40. In Trinidad, there is an Institute for the Blind, which in 1948 received a Government subsidy of \$4,300. The Institute "provides instruction for its inmates as far as funds permit". It also serves other Territories and includes in its programme the training of the teachers of the blind. In 1947, a new ordinance was passed which provided for the Trinidad and Tobago Blind Welfare Association to "take over, modernize and extend the work of the committee of the Institute for the Blind". Advisory assistance has been made available to the Association by the Canadian National Institute for the Blind and this "has already enabled the Association to make rapid strides towards realizing its objective. A completely new attitude has been adopted to the work, namely to replace the old attempt to give comfort and some training to the small number of blind people who could be accommodated in the institute... with a view so to train blind people that they can take their place side by side with sighted persons, as normal members of the Community".<sup>2/</sup>

41. In the mainland of Africa, schools for the blind children exist in several United Kingdom Territories. In Nigeria, the only school for the blind is the Bible Class for Blind Men maintained by the Sudan Interior Mission. The normal size of this class is 12 students, but the actual enrolment may be much lower. "The course of instruction, which is limited to reading or memorising Scriptural passages in Hausa Braille, lasts from six to twelve months. No trades are taught, and the pupils, on completing their course, are usually engaged by the Mission as assistant evangelists." In the Gold Coast, a school for blind children, numbering 15 pupils, was opened in 1946, under the auspices of the Scottish Presbyterian and Methodist Missions, in the grounds of the Presbyterian Mission Teacher Centre at Akropong. The Government subsidized the school at the rate of approximately 80 per cent of the total cost. The primary school curriculum is followed in English and "stress is laid on simple training in housecraft, as well as in the various pastime handicrafts".<sup>3/</sup>

42. In Kenya, a school for the blind opened in 1946 by the Salvation Army and

1/ Barbados: Colonial Annual Report 1948, London 1949, page 38.

2/ Trinidad and Tobago: Colonial Annual Report 1947. London 1949, page 55.

3/ United Kingdom: Blindness in British African and Middle East Territories, op.cit., page 70.



financed by the Government, is designed to accommodate 100 pupils. In 1948, its population consisted of 68 pupils, the majority of whom were Kikuyu. "Swahili is used as a medium of instruction, but English Braille is taught from an early age. The general primary school curriculum is followed with special attention to handicrafts."<sup>1/</sup> In Northern Rhodesia there are two schools for the blind, open also to the blind students from the Nyasaland. Both schools receive subsidies from the Government. The school at Magworo, established in 1923 by the Dutch Reformed Church, numbers at present 40 students, of whom the majority are children. "The school curriculum is spread over 5 years, and covers the usual primary subjects, with crafts (spinning, mat-making, knitting, twine-making)". But there is no craft instructor and the "standard reached in handicrafts is not high enough to enable the pupils to become self-supporting. Chinyanga Braille, printed in South Africa, is the medium of instruction, with English Braille in the upper standards." Another school at Lwela, founded in 1942 by the Christian Missions in Many Lands, is reserved entirely for children of 7 to 18 years of age. In 1948, there were 26 pupils in the school. In addition to the usual primary school curriculum, the "children are taught to make mats, baskets, fishing nets and string", and the school aims at preparing the children for at least partial self-support.<sup>2/</sup>

43. In Zanzibar, a count of the blind was made in 1947 and the details obtained have formed the nucleus of a register of the blind maintained by the Welfare Officer. "Social workers are taking steps to contact all blind persons, and endeavour is made to teach handicrafts to such as will learn them and to provide for the education of blind children so far as this is possible."<sup>3/</sup> In Aden, the Aden Society for the Welfare of the Blind was founded "to raise voluntary funds, to assist in compiling a register of blind persons, to establish a handicraft and play centre, to survey industries suitable for the blind, and generally to co-operate with Government in developing blind welfare services."<sup>4/</sup>

<sup>1/</sup> United Kingdom: Blindness in British African and Middle East Territories, op. cit., page 7C.

<sup>2/</sup> Ibid., pages 69 f.

<sup>3/</sup> Zanzibar: Colonial Annual Report 1947, London 1948, page 22; Colonial Annual Report 1948, London 1949, page 25.

<sup>4/</sup> United Kingdom: Blindness in British African and Middle East Territories, op. cit., pages 63 f.

44. In Mauritius, the school for the blind has been established in 1946 on the initiative of the Public Assistance Department. The school is administered by a committee appointed by the Government. The annual expenditure amounts to Rs 12,000 half of which is met from the Government grant and the remainder from private contributions and the sales of the articles made by the blind. In 1947 the school numbered 22 pupils, the majority of whom came from the Public Assistance Institutions. The programme of the school concentrates on teaching simple handicrafts and it provides also for the half-blind and for other categories of the handicapped, who could be utilized to work in conjunction with the blind. In 1947 a blind Mauritian was trained as the school instructor by the London Institute for the Blind.<sup>1/</sup>

45. In the United Kingdom Territories of South-East Asia, protection and maintenance of blind adults and children, is provided, as it is for other categories of the handicapped, mostly in institutions, managed and to a large extent financed by voluntary organizations. In some of these institutions, the blind people are taught braille and basket work, but there are, however, only a few special children's homes which have in view the education and rehabilitation of blind children. In the Federation of Malaya, the St. Nicholas' Home for the Blind in Penang accommodates about 50 boys and girls who, apart from their blindness, are mentally or physically normal. The school curriculum includes reading and writing in Braille and, in addition to other subjects, all taken in English, also music and singing. Handicrafts are taught after school hours. The school is subsidized by the Social Welfare Department at a rate of \$M10 per month per pupil.<sup>2/</sup> There is also a school operated by the Government where blind children receive education and vocational instruction. In Hong Kong, education of blind children is provided in two home for blind girls. The Ebenezer Home for the Blind was founded in 1897 by the Hillersheim Mission with a view "to rescue blind girls and educate them as useful members of society: also by leading to the knowledge of God help them to find hope and comfort in their misfortune." The home accommodates 24 inmates who "are

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<sup>1/</sup> Mauritius: Annual Report of the Public Assistance Department, 1947, Port Louis, Mauritius 1948, pages 8 f.; Colonial Annual Report 1946, London 1948, page 62; Colonial Annual Report 1947, London 1949, page 55.

<sup>2/</sup> Federation of Malaya: Annual Report of the Department of Social Welfare for the year 1948, Kuala Lumpur 1949, page 46.

taught knitting and basket-making, and under direction do all the work of the house". Eleven inmates are working outside as teachers and bible-women. The Honeyville Home for the Blind Girls, established in 1863, is managed and staffed by the Canossian Institute. Its 20 to 30 inmates are taught music, knitting and handicrafts. Plans are now being made to open a regular school for the blind as an extension of the home.

#### Surveys and policies

46. The problem of blindness in the United Kingdom Territories of Africa has been investigated in 1946 and 1947 by a Joint Committee, appointed by the Colonial Office and the National Institute for the Blind to enquire into conditions of blindness and to make recommendations as to possible remedies and services. The Committee has stressed the insufficiency of the existing preventive services, both in quality and quantity and has endorsed the view that "seventy-five to eighty per cent of the blindness in the Colonies is preventable." The Committee pointed out also that the existing schools of the blind, in spite of "a marked concern for the welfare of the children, and a desire to do whatever is possible for them", have to cope with many difficulties and rarely achieve satisfactory results of rehabilitation.

47. In general the work of the school is handicapped by inadequate equipment and limited knowledge of up-to-date apparatus and appliances for the blind, and of recent developments in the methods of teaching the blind. "Each school faced its particular problems without knowledge of how similar problems were being met in other areas". In some schools a very limited supply of Braille literature affects the teaching. The standard of craftsmanship is mediocre owing largely to lack of competent instructors. Some schools fail to appreciate that the education is only a first step in the rehabilitation and must be succeeded by training and employment. There is no system of after care for the individual once he or she has left school.<sup>1/</sup>

48. The work of the Committee has led to the elaboration of the following long-range scheme for the welfare of the blind in Africa:<sup>2/</sup>

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1/ United Kingdom: Blindness in British African and Middle East Territories, op. cit., pages 19 f.

2/ Ibid., pages 21-61, 62-65.

(a) Administration and finance. The first five years of the programme should be concerned with the establishing of an administrative organization, indispensable for the development and implementation of local schemes. This organization will include: an inter-territorial Organization to supply services which cannot be economically provided by single territories; a representative Local Organization, responsible for framing and operating a local scheme for blind welfare and taking form of Inter-departmental Committee, Advisory Board, or Council on Blindness. An important role is to be played by voluntary organizations such as missionary bodies, secular charities, and all organizations for social welfare. The main capital cost of initiating inter-territorial schemes is to be met by the metropolitan grants under the Colonial Development and Welfare Act, whilst local schemes would be normally financed through the Government Departments responsible for their initiation and additionally from voluntary funds raised by local organizations.

(b) Registration of the blind. A Register of the Blind, making use of the Trousseau standard of blindness, is to be compiled in each Territory on the basis of all existing or possible sources of information, such as: forthcoming Censuses, special counts, Government officials on tours, medical officers in Government hospitals and dispensaries and Mission hospitals, Tax Register enumerators, and interested members of the public. The Register should be administered by a Social Welfare Department or an equivalent body.

(c) Prevention of blindness. The preventive action should include: eradication of the breeding grounds of the simuliid fly; regular medical inspection of the eyes of school children and appropriate hygienic measures; extension of the ophthalmological services, including travelling eye dispensaries in the rural areas, training of specialist staff, European and African.

(d) Propaganda, directed to prevention of blindness and the promotion of the education, training and employment of the blind.

(e) Education. The education of the young blind has to form part of the general educational policy in each Territory. The training facilities should consist in: a. A Demonstration School and Vocational Training Centre, established in each inter-territorial areas (i.e. one in West Africa, and another in East Africa). The function of this establishment will be to provide for the needs of the young blind in the locality, and for the training of African teachers and craft instructors of the blind for the area; b. Special residential schools established in the Territories where numbers of blind children justify their existence. The curriculum of these schools should be based on not less than six years of general education, followed by two years' vocational training, with an additional two years where it appears desirable; c. Where no immediate educational provision can be made for blind children, they shall be encouraged to attend the school for the seeing. If possible, a special class, with trained teacher of the blind in charge, should be attached to a school for seeing.

(f) Vocational training. Vocational training is to be provided either through training department in a school for the blind, or in a centre serving two or more schools for the blind; or, finally, in a special department for the blind in general training centres. The craft instructors of the blind shall receive their specialized training in the Training Department attached to the Demonstration School and Vocational Training Centre. Where placement in factories is possible for the blind workers, a basic course of training shall be substituted for the vocational training course.

(g) Employment. Provision is to be made for the employment of the blind as home workers, workers in sheltered workshops, factory operatives, clerical workers and professional men. Until sheltered workshops can be provided, most blind Africans should be employed as home workers under the supervision of the Local Organization.

(h) Braille production. The need for a greater quantity and variety of school texts in English and the African vernacular can be met by establishing two Braille printing shops to serve East and Central Africa, and West Africa, respectively. The responsibility for the selection of texts and books should rest with the inter-territorial organization, in consultation with Directors of Education in each Territory. The capital cost of establishing the printing units should be the first object of an inter-territorial appeal for voluntary funds.

49. The first steps leading to the implementation of this scheme have already been taken. The Colonial Office and the National Institute for the Blind announced jointly on 5 January 1950, the formation of a British Empire Society for the Blind to deal with the problems of blindness in British Colonies, and to promote the welfare, education and employment of blind people in these Territories. The Society will be the first organization of its type to operate in the Colonies, and will constitute an important experiment in the partnership between government and philanthropy in the Colonial field. The Society has been constituted as an independent limited company under the direction of an Executive Council, with seven founder members, and the Colonial Office and the National Institute for the Blind will be permanently represented on it. The National Institute for the Blind has made the Society a grant of £10,000 to cover initial administrative costs, on the basis of a similar amount being contributed by Colonial Governments. At the end of October 1949, the Secretary of State for the Colonies invited Colonial Governments to make contributions, and they have already supplied over half the sum required. The progress of the Society's work will, however, depend on the response to an appeal for funds which will be launched in Great Britain, throughout the rest of the Commonwealth and in certain foreign countries.<sup>1/</sup>

<sup>1/</sup> United Kingdom: Commonwealth Survey, January-December 1950, Health 4 (f), 21 January 1950. /50. A similar



50. A similar plan has been designed for the Federation of Malaya and Singapore following the survey of blindness conducted in 1947 by the Federal Welfare Officer for the Blind. The system envisaged for this area is based on close co-operation of voluntary and public bodies. The controlling and co-ordinating functions are vested in the Council on Blindness, which will be fully representative of both the Governmental and the voluntary side of the work. The Council will initiate schemes for the welfare of the blind and make recommendations to the Government; it will also collect and distribute funds. This central body will operate through the Pan-Malayan Association for the Blind in charge of education and employment schemes, and State Associations in charge of the homes for the blind and of after-care work. The network of the essential blind welfare services recommended for the near future will consist of three schools, three workshops, a trade training centre, and a library.<sup>1/</sup>

51. Certain measures to implement the recommendations of the report on blindness in Malaya have already been initiated. For instance, during 1948, transcription of Books in Braille was started by two volunteers and by the end of 1948 there were six volunteers capable of transcribing; a committee has been formed to design Braille codes for Malay, Mandarin Chinese and Tamil; and a register of the blind has been instituted.<sup>2/</sup>

52. Both African and Malayan plans lay emphasis on the simultaneous development with Government assistance and guidance of the educational and training facilities for the blind and of a system of after-care and employment. The principles underlying these policies are stated as follows:

At present, "most of the schools... do gallant work despite acute shortage of funds, staff and equipment. Nevertheless, ... none of them is at present able to offer a training, employment and after-care service which will ensure that the average pupil can subsequently live without begging or family help. All the Missions concerned are anxious for assistance and guidance in solving this problem and their teachers are usually the first to admit that education which does not lead, through a purposeful sequence of training, employment and after-care, to independence is unjustifiable economically, however valuable it may be from the humanitarian point of view.... The history of blind welfare clearly shows that any government or voluntary body which undertakes to educate blind children must sooner or later also accept the responsibility for their training, employment and industrial after-care. Unless the whole sequence of services is planned at the outset and

<sup>1/</sup> Federation of Malaya: Report on and Recommendation for Blindness in Malaya, Kuala Lumpur 1948, pages 21 ff.

<sup>2/</sup> Federation of Malaya: Colonial Annual Report, 1948-1949, pages 110-111.

each stage of sequence related to the next, frustration and waste is unavoidable. In the Colonies, voluntary bodies cannot be expected to undertake so comprehensive a responsibility and Colonial Governments, which are necessarily accustomed to taking the initiative in economic developments generally must take positive action in this matter." 1/

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1/ United Kingdom: Blindness in British African and Middle East Territories, op. cit., page 20.