

SOME MAJOR PROBLEMS IN CHILD WELFARE

A STUDY OF THE AMERICAN CHILD

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Chapter I

Introduction

The Child: Americas Challenge: Every American child is of the greatest importance because the future of America depends on the children of our nation.

Two factors are of importance in influencing the lives and determining the destinies of all children, - heredity and environment.

The challenge of American Democracy is to strengthen the heredity of and to make better the environment for its children so that they may become worthwhile citizens instead of criminals with low standards.

Rights of Children:

The problems facing the average child of our nation are many and varied. Many rights of children are in turn manifested as problems which hinder the fullest attainment of these rights.

Every child has the right to be well born. This means a legitimate birth, a strong mind and a sound body.

Every normal child has the right to a home and family environment, wherein reside a father and mother and other members of the family. Many children are denied this right. Even where there is a family often the income is so low that the child is not properly nourished and provided with the necessities of life.

Every child has a right to spiritual and moral training. It is hard for him to receive either when the father curses God and members of the family lead lives of immorality and vice.

Every child has a right to an education, commensurate with his ability, which will enable him to earn a living when he is old enough to work. He has a right to attend schools that are staffed with well trained capable teachers. He has a right to receive instruction in a school building that is safe from hazards, sanitary, properly equipped, well lighted, and properly ventilated.

Every child should have safety education for protection against accidents to which modern conditions subject him.

Every child has the right to good health. Handicapped children should receive such measures as will early discover and diagnose his handicap; provide care and treatment; and, so train him that he may become an asset to society rather than a liability.

Every child has a right to be protected from labor that stunts growth.

Every child who has committed some juvenile error has the right to be dealt with intelligently.

Every child has the right to be protected from race prejudice. To a Negro child living in a white man's land this is great protection.

In short, many of the inalienable rights of children are bound up in our constitutional ideas of freedom and the worth of each of us, as individuals. Without rights there is no meaning to democratic Americanism. It is the obligation, the duty, of society to provide each child with those essentials necessary for complete development.

Purpose: Child welfare includes many types of interests. Due to the scope of the subject this study has been confined to four major topics: The White House Conference, Maternal and Infant Mortality, Child Labor, and Crippled Children.

Realizing that most people today are not aware nor conscious of conditions and many problems of children in relation to the broader aspects of general social well-being and security; it was deemed advisable to learn something of the nature of some of these problems, and what is being done in these fields of child welfare. An attempt has been made to determine how various welfare measures have been administered; what has been their aim; and why so great a Democracy should concern itself with the problems of children and attempt to improve the social, economic, educational, and physical conditions affecting its children - the citizens of tomorrow.

Methods of Procedure: In a subject of this nature the research must of necessity be confined to the use of secondary sources. Due to the technical nature of many problems of child welfare and the expense involved, an original survey was impossible.

Source materials were used extensively for the general background and history of the problems dealt with. In this connection many books, monographs, pamphlets, periodicals, and bulletins were used. Especially valuable were the publications of the Children's Bureau of the United States Department of Labor. These publications constitute the major source of much of the statistical material bearing on the subject. In addition the publications of the United

States Census Bureau, publications on Population and Vital Statistics, were relied upon extensively. In each instance the most recent data available bearing on the specific subject were utilized.

The method of personal correspondence and visits to institutions and agencies dealing with problems of Child Welfare were also used. In this connection a visit to the Children's Bureau in Washington proved very valuable.

Chapter II

The White House Conference On Children
In A Democracy

Definition: The White House Conference on Child Welfare and Protection is composed of non-paid interested persons working for the welfare of the American Child.

Meeting Dates: The White House Conference meets every ten years, in Washington, D. C. It is called by the President of the United States.

The last series of meetings of the White House Conference began in April, 1939 and extended until January, 1940. It was called the White House Conference of 1940.

History: The first conference was held in 1909. This conference gave impetus to the movement to establish the United States Children's Bureau.

Ten years later, in 1919, the conference adopted child welfare standards and stimulated efforts for health protection of handicapped children.

In 1930, the conference adopted the Children's Charter and laid the foundations for new developments.

The 1940 conference centered on the family and its well being as essential to the well rounded growth and development of children.

Why Named: The name, "The White House Conference on Children in a Democracy," was selected because it expressed relationship between a successful democracy and the children who form an integral part of the democracy.

Membership: The membership of the 1940 conference included persons of every political party, in every part of the country. Many interests, callings, practical experiences, and religious beliefs were represented. Members represented the fields of medicine, public health education, social service, child guidance, religion, public administration, agriculture and general civic interests.

The governor of each state and territory designated a representative. Other members were appointed by the chairman of the conference. Membership was accepted by more than 600 persons, representing every state, the District of Columbia, Alaska, Hawaii, and Puerto Rico. In 1940, 676 persons belonged to the conference.

The Secretary of Labor, Frances Perkins, was chairman of the planning committee and also chairman of the conference of 1940. Executive responsibility for the conference was placed in the Children's Bureau. The chief of the bureau, Katharine Lenroot, was the executive secretary.

Objectives, 1940: The White House Conference of 1940 had the objectives of determining how a democracy can best serve its children and of ascertaining how children can best be helped to grow into the kind of citizens who will know how to preserve and perfect our democracy.

Viewpoints of the Conference

In 1930, the White House Conference recorded the tremendous progress made in scientific knowledge and in the character of children. The conference believed it the right of children to benefit from the results of this progress.

During the decade, 1930-1940 the lives of children were subjected to crosscurrents of influences and strain. The term, "child welfare," was broken down into some of its major component parts, including child health, education, social welfare, control of child labor, provision for leisure-time activity, recreation, vocational guidance, and opportunity for useful employment.

The 1930 conference recognized the primary essential of child welfare is a living wage for the father. This primary essential was challenged by the onset of the depression, and in a very few years more than six million children were living in families receiving relief payments. By 1940, more than a million families had a yearly income below \$250 and two-fifths of all families had incomes under \$1,000.

The White House Conference of 1940 considered the child as a whole, as each child was related to the lives of his brothers and sisters, the life of his family, and then to the life of his state, and the life of his nation. The slogan of the 1940 conference was, "Our Concern-Every Child."

The 1940 conference recognized the home as the most important influence in the child's life. In the home the child learns to respect the feelings and rights of others. Here too, he learns the feeling of security, mutual good will, and faith in God.

The 1940 conference believed that there should be an equality of opportunity for children without regard to race, color and creed, as far as possible.

The 1940 conference recognized the fact that the economic system of the United States should be regulated in order to assure democratic ideals. The governmental machine should be made to serve children.

In the initial session, held on April 26, 1939 President Roosevelt said:

"Child welfare--to use a much misused term--did not enter the public conscience of any nation until about one hundred years ago. We know from reading Dickens and the literature of his period that the well-being of children in those early days was principally considered from the viewpoints of schooling and of crime prevention and the ending of physical cruelty--all interwoven with the sentimentalities of the good--the ultra good Victorians. In this conference, we made the assumption that a happy child shall live in a home where he will find warmth and food and affection; that his parents will take care of him should he fall ill; that at school he will find the teachers and tools needed for an education; that when he grows up there will be a job for him and that he will some day establish his own home."

Some Duties of a Democratic Government as Seen by the White House Conference:

Some duties of a democratic government are to recognize:

First, that the safety, the health, the home, and the school of the children must be protected regardless of cost.

Second, the economic foundation of home life must not only be preserved, but must be strengthened.

Third, the child must be protected from unfair child labor standards.

Fourth, every child must have a chance for schooling in order to promote his interests and to be able to make a living wage.

Fifth, the health of the child must be protected. Every county should have public health nursing facilities and service to guard against epidemics, give health supervision, and assist in the development of community health services for children.

Sixth, youth programs must be given in order to train for emergencies, aircraft production, and operation, the manning of war industries, and the enlistment in the armed forces. Youths with special talents must be insured an opportunity for education and useful employment.

Seventh, the service of our children and youth must be financed in order to give internal and external security. Children, whose parents have low incomes, must be helped by citizens of high incomes.

White House Conference Statistics: Some interesting facts have been found in studying various reports of the Preliminary Committee of the White House Conference on Child Health and Protection.

Unless otherwise stated the reports are for 1939. Only approximate figures are given.

There were 36,000,000 children under 14 years of age living in the United States. This number is 30 percent of the total population.

Many of the children are physically and mentally defective. Some are needy children. Only 28,000,000 are listed as normal, mentally sound and able-bodied. Some children have more than one physical defect.

There are more than 6,000,000 children who are improperly nourished.

Among the physically defective there are 1,000,000 with damaged hearts; 1,000,000 with defective speech; 3,000,000 with impaired hearing; 350,000 crippled children; 1,215,000 handicapped children; 300,000 tubercular children; 15,000 totally deaf; and 68,000 blind children.

The reports give 225,000 delinquent and 525,000 dependent children, also 300,000 children who are mentally deficient.

In the care of children the dependent and delinquent are listed together. These 750,000 children came from 380,000 families. Four-hundred thousand were cared for in their own homes, 250,000 were cared for by social agencies, and 50,000 were cared for in free homes. There were 500 institutions caring for these children. Many of the institutions were orphanages which were operated by some church. The most outstanding demonination in orphanage care was the Roman Catholic Church. There were 350 child placing agencies in operation.

There were 220,000 children living directly with their mothers, who were receiving a Mother's pension. The number of children in the family was 2.7 to 3.9. The mothers were paid from \$20 to \$57.40 per month depending upon the number of children. The net amount of \$33,000,000 was spent on Mother's pensions.

The Federal Board of Education in 1927 secured reports from 158 of the 173 reformatory institutions in the United States. Their combined population was 84,317 of which the boys number 65,174 and the girls 19,143. The population for the remaining institutions was 8,000, making a total population of 92,000. From Juvenile Court records the boys outnumbered the girls by more than three to one.

The reports gave for the mentally deficient 33,432 were admitted to psychopathic wards, 125,000 were in Federal and State prisons, and 500,000 were in penal and corrective institutions. Six-hundred and seventy thousand school children of elementary school were found mentally defective.

There were 15,000 completely blind children and 50,000 children who were partially blind. Eighty schools with an enrollment of 7,000 were serving these children. Twenty-one states had adopted Pension laws for the blind, and 3,300 persons were pensioned.

About 1,000,000 children were working in gainful occupations, including agriculture. Because of social legislation and compulsory school laws, child laborers had decreased about 6,000,000 since 1900.

In 1940 there were approximately 4,000 Health centers. In all the centers prenatal care was taught. Forty-four states had passed legislation providing for the care of mothers and dependent children. More than 3,000,000 had attended camps of various types.

About \$12,000,000 was spent for Federal Public Health services. The states had spent \$25,000,000 on health. The different cities had spent \$35,000,000 Public Health expenditures had amounted to \$72,000,000 and private association had spent \$30,000,000.

The White House Conference calls upon 29,000,000 families of the Nation to be schools for democratic living.

In preserving the health and safety of the child the following objectives are stressed:

First, to reduce maternal mortality. Each year, since 1900, 14,000 mothers have died from conditions due to pregnancy and child labor during birth. It is estimated that at least one-half of these

maternal deaths are preventable.

Second, to reduce infant mortality. Each year 50,000 infants die in the second to the twelfth month of life, of which many are preventable. Second, to reduce infant mortality. Each year 50,000 infants die in the second to the twelfth month of life, of which many are preventable. On the average there are 75,000 still births each year. 15/ Many of these are believed to be preventable.

Third, to provide doctors and nurses. Each year nearly a quarter of a million mothers are not attended by a physician at child birth. About a quarter of a million new born babies lack medical attention. The White House Conference hopes to provide these mothers and infants with adequate attention and care. When public opinion is sufficiently aroused, adequate funds will be given through private contributions and legislative measures.

Fourth, the better housing conditions. The conference hopes to better the housing situation which condemns many urban and rural communities. Many families are forced to live in shelters which are unfit for human habitation. Better housing conditions should be made for families of moderate incomes. Loans should be made assuring low interest rates and long term amortization. These loans should stimulate the desire for home ownership. Homes that will mean for the child, education, happiness, and character.

Fifth, to provide religious freedom and training. The conference recognizes that religion is important in a democracy which seeks to reconcile social unity with individual freedom. Practical measures should

1/ United States Bureau of the Census, Vital Statistics. Special Report, January, 1940.

be taken to make the resources of religious training more available to children. This will help to develop personal and social integrity. A non-governmental commission should be created which will have on it representatives of different denominations and creeds.

Sixth, to develop constructive use of leisure time. The conference asserts that the constructive use of leisure time for all children should be a public responsibility. The conference desires equality of opportunity in leisure-time for the children living in rural or sparsely settled areas, children in poor financially families, Negro children, and children in congested neighborhoods. A privately supported non-governmental national commission on recreation should be created to take care of the development of recreation.

Seventh, to protect children in labor. The conference believes that employment certificates should be granted to children up to 18 years of age before he can obtain work. Reliable evidence of age should be gained before a work certificate is granted. Children working should have the most careful supervision. The conference believes the Chief of the Children's Bureau, who is the Secretary of Labor, should determine in what kind of work and under what conditions children may be employed. It has been determined children between 14 and 16 years of age may be employed in non-manufacturing and non-mining occupations providing the occupation does not interfere with their schooling, health, or well-being.

Eighth, to establish fair educational opportunities. The conference believes a fair educational opportunity is the right of every child. Units of local school attendance and administration should be enlarged.

Substantial financial assistance should be granted by every state for the purpose of equalizing tax burdens and reducing educational inequalities. Extended Federal assistance should be given to the physically, mentally, and socially handicapped. Teachers and other educational workers should be selected and retained in service on the basis of professional qualifications alone.

Nineth, the grant financial and economical security. The White House Conference suggests that there shall be an income sufficient to provide the essentials of clothing, shelter, and health. It suggests that steady progress be made to more complete utilization of our material resources and man power. It recognized economic aid should be given many families and suggests that local, state, and Federal governments should share the responsibility.

Influence of the Conference: The White House Conference has directly or indirectly promoted or influenced the following:

First, social legislation. The conference has worked on social legislative measures protecting children and women in industry. Public agencies have been established to deal with labor, public welfare, health, workmen's compensation, and mother's pensions.

Second, economic security. Remedial processes have been set in motion to solve the basic problems in agriculture, banking, finance, conservation of natural resources, employment, economic security, housing, and long-range economic stabilization.

Third, health. The health of the nation has been studied and appraised. Medical science has been brought more extensively into public service. Death rates have been reduced. The health of children has been improved. Medical service is more nearly for all. Public health administrations have been set up through local, state, and Federal agencies. Much has been learned concerning health and danger. Many serums and remedies have been found. Public interest has been actively awakened concerning health. Research workers are kept busy trying to find the seemingly unfindable cures.

Fourth, recreational activities. Nation wide programs for the benefit of children have been established in recreation. Most every community has a community play ground, and a community hall or center. Competent and efficiently trained recreation leaders have charge of them. The children are taught to play together. They are taught the great democratic principle of living together. Community Christmas tree program have been given to provide funds to buy games and toys for recreational pleasure.

Fifth, respectable living. The standards of decent living have been raised, but even yet many children lack sufficient food and adequate shelter. Many American children lack medical care. The housing conditions have been bettered. Land on which to build houses has been purchased. Tenement houses have been torn down and small homes have been built on the purchased land. In many of our larger cities the "slums" have almost disappeared. Studies have been made estimating the number of persons living in one room or in small areas. This congested condition has been bettered.

Sixth, juvenile delinquency. Work has been begun on a study of trends in juvenile court work. Local, county, state, and Federal units have developed new methods of treatment for juvenile delinquent children. Boarding houses are being used in communities both for detention purposes and for the care of delinquent children after court action. The old method was to place the youthful offenders in jail with hardened criminals. Special work has been done for the Socially Maladjusted Children.

Seventh, education. Elementary education now reaches 90 percent of all children of appropriate. The enrollment in secondary schools has nearly doubled in every decade, from 1890 to 1930. 2/ Local school attendance and administration have been enlarged. Additional financial support has been given. Attention has been given to the needs of individual children, including those who are physically, mentally, or socially handicapped. Nursery schools and kindergartens have been established. The principle of providing educational opportunity for every child is recognized in every state. The fact yet remains that nearly a million children of elementary school age are not in school. School opportunities for hundreds of thousands of children of migrant and rural families and of Negroes are often deplorable or entirely lacking. 3/

Eighth, religion. Religion is being taught in many of our public schools. The course is called "Bible." Generally this instruction is paid for through private contributions or solicited funds. No creeds are introduced. Religion is frankly, openly, and objectively taught as an important factor in personal and social behavior in the democratic way

2/ Statistical Summary of Education; 1935-1936. United States Office of Education, Bulletin, 1937, Number 2, P. 2.

3/ Report of the Advisory Committee on Education, February, 1939, Pp. 41, 31-34, 133, Department of Interior, Washington, D. C.

of living.

Nineth, libraries. County and regional libraries have served rural areas. In the year 1939 more than 400 of the 3,000 counties in the United States were served by such libraries. 4/ The libraries furnish desirable reading material to person in remote sections.

Tenth, child labor. The Fair Labor Standard Act of 1938, with its basic 16 year minimum age governs the employment of children in industries where goods are produced for interstate commerce. Most of the work done by children is not covered by this Federal Act. Work of children in agriculture has been some what changed. Compulsory school attendance laws have lessened child labor. The N. Y. A. has made it possible for children over 16 years of age to remain in school, thus lessening child labor. The "sweat - shop" for children has almost disappeared.

Eleventh, economic security. The basic economic problem of our children is - to find a sound balance of wages. This, this conference has attempted to do. Some steps have been realized. Labor on public works including highways, education, recreation, health, hospitals, and other public services have helped to provide employment through public funds.

The economic security measures incorporated in the Social Security Act of 1935 have been beneficial. The old age benefit provisions serve as a family insurance, through old age and acts as a protection to children. Other protective measures are provisions for insurance against loss of income, through temporary or permanent disabilities. This insurance provides for loss of income.

4/ Report of the Library Extension Board of the American Library Association for the year ending July 31, 1939, Bulletin of the American Library Association, Volume 33, Number 9., Pp 552-557.

Summary: Without any question the White House Conference on Children in a Democracy has been of great value in bettering the condition of American childhood. The conference has proved to be a most worthwhile enterprise so far, what it will bring in the future remains to be seen.

The conference is truly a citizen's enterprise, bringing together citizens representing many types of professional and civic interests, practical experiences, and political and religious beliefs with the unified aim of the betterment of living conditions for American children.

Child Labor

Definition: - The term, child labor, may be defined as "the labor of children." It refers to economic practice and is now generally considered a social problem. The economic practice has long been taken for granted, but it was not until 1794 that the sociological nature of child labor became an issue.

The age limit differentiates child labor from adult labor. Some states permit children to be employed, in gainful occupations, at the age of 14. Other states place the minimum age at 16 or 18.

Child welfare workers generally agree that child labor means the gainful employment of children below the ages of 16 or 18 years. They believe that 16 is young enough to leave school for work of any kind and too young to work at night or in dangerous occupations. 5/

Causes of Child Labor: - The major cause of child labor is to be found in the thought systems of certain adults. If adults did not believe child labor was all right and quite necessary for the underprivileged child other provisions would be made to supply the necessities of life. Many older persons believe that the natural activity of poor children is to work.

5/ Fair Labor Standards for Children
Folder No. 6, Revised, United States Department of Labor,
Children's Bureau.

Poverty is an important factor in producing conditions favorable to child labor. Children, when asked as to why they went to work, will give poverty as the answer. Investigators have found this to be true. Society of today recognized this as a legitimate reason for children working. Our most stringent child labor laws have exemption clauses to permit children under age to work in cases of extreme emergency.

Many children desire greater material enjoyments, such as better clothes and more spending money. They regard the fact that they are self supporting as highly important. They believe themselves the equal of their elders in abilities and privileges. They would not exchange place with the non-worker. They go to work in the mills and factories graciously.

The working child believes that a small amount of money in the hand now is more to be desired than training and education for the future. If poverty forces him to work early, he will not likely overcome his condition. His lack of training compels him to stay at the same level. His children probably will never rise above that level.

A well enforced child labor law could prevent child labor and protect the child.

History of Child Labor

Child labor in England: - The history of child labor is bound up with the rights and privileges of childhood.

In early England, children were put to work at arduous tasks, in the home and fields. In textile mills, before the coming of other factories, children were worked hard. In the seventeenth and eighteenth centuries pauper children were bound out by the parish overseers to any master in any sort of business.

The districts of Lankinshire and Yorkshire had many cotton factories. At the close of the eighteenth century these factories worked the pauper children of London. These children were brought from London to Lancashire and Yorkshire in cart-loads. They were housed in unsanitary dormitories, which were built next door to the mills. These dormitories were called "prentice houses." Boys and girls lived together. They were literally driven to death by their taskmasters. Their hardships were almost unendurable. This period is recognized as one of the blackest in the history of child labor.

About 1800 not only pauper children were exploited, but the children of the poorer classes were forced to labor in the cotton mills and other factories. They were poverty stricken. Their dire straits were caused by the older members of the family being unable to make a living from home manufacturing and small farming.

In 1794, an infectious fever broke out in the cotton mills of Manchester. Dr. Thomas Percival was sent by the King of England to make an investigation as to the cause. His report contained the hypothesis that while the fever was not caused by the injury done to young people through confinement and to long continued labor, it was aggravated by it.

Dr. Percival became one of the first disciples for child labor reforms. He maintained that "education provides opportunity for children."

In 1802 the first protective child labor legislation was enacted. The act was known as, "The Health and Morale Act to Regulate the Labor of Bound Children in Cotton Factories." This act was sponsored by Sir Robert Peel. It forbade the binding out of children younger than nine years, restricted the working hours to twelve, and prohibited night work.

In 1819 a similar bill was passed extending protection to other children in the cotton mills who were not bound children.

Child labor in early stages of American Civilization:

American children have always worked. In early American life the entire family worked in producing food, clothing, fuel and shelter. The children worked with their parents in raising the crops of vegetables and grains. They helped in caring for the domestic animals and in making the family wardrobe. No one objected to their working at home. The boys, and occasionally the girls, were apprenticed to craftsmen. Sometimes the boys were exploited. No objection was raised because the children were training for self-support.

The puritan fathers subscribed to and gave religious approval to the children working in towns and on farms. They regarded idleness and play as laziness. They believed the idle mind to be "the devil's work shop."

In 1790 Samuel Slater built a cotton mill in Rhode Island. Later factories were built in New England and the Middle Atlantic states.

This mill and these factories employed boys and girls. There was no objection raised because of the colonial tradition that "hard work was good for the soul" and developed industry with cheap labor. Apparently, both sides were well pleased with the arrangements.

Slater employed boys and girls ranging in age from seven to twelve. Sometimes he employed the entire family and paid them under a single wage agreement. Hours of labor ranged from ten to fifteen hours per day.

Children were considered economic assets, during the early factory era. They were paid for work done in the manufacture of millinery, cardboard boxes, metal work, and furniture.

After the invention of the water wheel, specialized routine jobs were developed. These jobs robbed the child laborer of any educational or vocational value.

Fewer children have been employed in the machine age than possibly at any other time. The working hours per day have been shortened. Most of the labor for children has been in agricultural work. When hired adult laborers are scarce, a large farm demands much child labor.

Children have tended to become economic liabilities. The number of children per family has decreased. The proportion of all children to all adults has declined as well as the proportion of working children among all workers. Legislative measures have increased with respect to industrial occupations.

Wages Paid to Child Laborers: - The wages paid the child laborer have played an important role in the lives of the young worker. Had there been no money paid for working, possibly the child would not have gone away from home to work. Some parents have thought it necessary to work the child in order to have the bare necessities of life. In other cases the greed of the parents has forced the child to work. Then, too, the desire to have what children from the wealthier homes possess has driven children to seek employment early in life in order to get money.

Comprehensive data for wages paid the child laborer have not been available. It was found in 1910 that the average money earnings paid the child worker in factories was \$152 per year. In 1923 the average annual earning was \$475, an increase of 213 percent.⁶// This difference in wages is accounted for by the different child labor laws affecting wages in manufacturing and industry.

Fragmentary data were secured from the Children's Bureau showing wages in agriculture for 1930. For hoeing, weeding, topping, and worming, children in Kentucky earned from 10 cents to \$4.00 per day; in South Carolina the average wage was 50 cents per day; in Virginia the average daily wage was \$1.00; and in the Connecticut Valley the average was \$2.00 per day. In berry fields and on truck farms, in 1930, the child worker averaged 75 cents per day in Virginia; \$1.00 per day in Maryland; and \$1.25 per day in New Jersey and Washington.

⁶/ Earnings of Factory Workers. Monograph X PP. 94-156, United States Bureau of the Census, 1932.

On the Pacific Coast, in fruit orchards and hop fields, the average earning was \$2.50⁷/ per day. For grain and general farming the approximate earning for "working out children" was \$1.50 in North Dakota.

Children in stores earned from \$5.00 to \$16.00 per week during post war days. Boys commonly received more than girls for the same work in most industries. Southern factories paid less than Northern factories. Domestic and personal service and five and ten cent stores paid the lowest wages.

The child workers' wages have been raised partly by child labor legislation, especially the National Recovery Act of 1933.

In 1936 the Children's Bureau found a median weekly wage of \$4.00. Twenty percent of the workers, however, were only receiving \$2.00 per week.

It will be noted there was an increase in the number and proportion of children, employed from 1870 to 1910. This increase was caused by the expanding of industry and commerce.

From 1910-1920 there was a decline in the number of children employed in non-agricultural occupations. This decline was partly due to the way in which the census was taken. The census date was changed from April to January. The enumerators were instructed to count only regular work for farm children. Home tasks were to be omitted.

7/ Gills, Nettie P. Children in Agriculture, Publication No. 187, 1929, pp. 59-64.

The census of 1920 was taken at the beginning of the 1921 depression. The effects of the depression could be felt already. Many children were out of work. There was also a Federal Child Labor Law in operation. This law restricted the employment of children, under 14, in mills and factories.

In 1880 there were 1,118,356 children gainfully employed in the United States. This was 16.8 percent of all children between the ages of 10-15. From 1880 to 1890 there was an increase of 1.3 percent or 18.1 percent of all children between 10-15 years of age. This was caused by the employing of many children in the cotton mills and other factories in New England.

From 1920-1930 there was a decline for non-agricultural occupations. This decrease was from 413,549, in 1920 to 187,621 in 1930 or 3.8 percent. This decline was caused by the Federal taxing system, which amended the Revenue Act; the passing of state laws protecting child labor; and the ratification of the child labor amendment to the Federal Constitution by separate states.

There was an increase from 1870 to 1910 of 563,580 child workers in agriculture. Because of the child labor legislation being enforced which protected children in non-agricultural occupations, children were leaving industrial work and entering into agricultural work. There was no child labor legislation in the agricultural occupations.

From 1910-1930 there was a decline of 953,921 child workers 10-15 or 9.6 percent in agriculture. This decline was caused by the enforcement of the compulsory school attendance laws.

Child Labor Trends, 1870-1930

The following tables and their analysis explain the child labor trends from 1870-1930.

Table 1 . Gainful Employment of Children, 10-15 years of age in Agricultural and Non-agricultural Occupations, 1870-1930.*

Year	Number			Percent of all Children			Percent of all Workers		
	Total	Agric- cultural	Non- Agric- cultural	Total	Agric- cul- cultural	Non- Agric- cultural	Total	Agric- cul- tural	Non- Agric- cultural
1930	667,118	479,497	187,621	4.7	3.6	1.1	1.3	0.8	0.5
1920	1,060,858	647,309	413,549	8.5	5.2	3.3	2.5	1.2	1.3
1910	1,990,225	1,432,428	557,797	18.4	13.2	5.2	5.2	3.0	2.2
1900	1,750,178	1,063,965	686,213	18.2	11.1	7.1	6.0	2.3	3.7
1890	1,503,771	912,203	591,568	18.1	11.0	7.1	6.4	2.2	4.2
1880	1,118,356	721,852	396,504	16.8	10.8	6.0	6.4	2.7	3.7
1870	739,164	500,385	238,779	13.2	8.9	4.3	5.9	2.2	3.7

* Source: Abstract of the Fifteenth Census of the United States, "Occupations" 1930.

In the 60 years period, 1870-1930 the decrease in the number of children gainfully employed was approximately 50 percent.

An analysis of Table 1 indicates in the field of agriculture children from 10 to 17 years of age totaled 45.4 percent of all gainfully employed workers. The boys, 10-15 totaled 74.5 percent. The girls 10-15 totaled 62 percent of all girl workers. This was due to the fact that farmers were not reluctant to hire young children for the many tasks little hands can do.

In manufacturing, the percent of all children 10-15 in comparison to all employed was only 5. The percent for older children 10-17 was 21.7. This was due to child labor legislation which prohibited children under 14 in manufacturing work, but permitted older children to work.

Only 0.3 percent of the boys 10-15 were employed in 1930 in mining. The proportion of girls employed in mining was negligible. The percent in mining for older children 10-17 was less than 1 percent. This is accounted for by the fact that mining is an hazardous occupation and the younger child worker was protected by child labor legislation.

In the occupations of transportation and communication boys were employed in a greater proportion than girls. Ninety-three percent of all gainfully employed children 10-15 were males. This work includes telephone operators. This is work in which girls were quite efficient. Because of social customs and adult thought systems telephone companies have used only boys for messengers. Since the modern trend of thought is to use more girls possibly in the future girls will be used as telephone messengers as well as telephone operators.

Table 2 . Child Workers 10-15 Years of Age Gainfully Employed by Major Industry and Sex, United States, 1930.

Major Industry	Number of gainfully employed persons, 10-15						Percent of those age 10-15 were of all gainfully employed persons	Total numbers gainfully employed age	
	Total Number	Per- cent	Male		Female			Num- ber	Percent of total
			Num- bers	Per- cent of Total	Num- bers	Per- cent of Total			
Agriculture	469,097	74.5	343,100	74.5	126,397	61.3	4.5	975,568	45.4
Manufacturing	68,266	10.2	35,189	7.6	33,077	16.0	0.5	466,251	21.7
Domestic Personal Service	46,145	7.0	10,449	2.3	35,696	17.3	0.9	209,304	9.8
Trade	49,715	7.4	44,214	9.6	5,401	2.6	0.8	187,963	8.8
Clerical Occupations	16,803	2.5	12,482	2.7	4,321	2.1	0.4	172,182	8.0
Transportation and Communication	8,717	1.3	8,085	1.7	632	0.3	0.2	75,055	3.5
Mining	1,184	0.2	1,169	0.3	15	0.0	0.1	19,569	0.9
All others	6,891	1.0	6,054	1.3	837	0.4	0.2	40,040	1.9
Total		100.0							

Source: The Census of Occupations, Statistics Summary, The United States Bureau of The Census 1932. Tables 22 to 45.

Young girls 10-15 make useful domestic help. Seventeen and three-tenths percent of girls 10-15 are employed as compared with 2.3 percent of the boys. The percent of the total for children 10-15 in the domestic field is 7.0.

In the clerical occupations older children 10-17 are preferred. The workers 10-15 have a percent of 2.4. The percent 10-17 is 8.0. This places the percent for boys and girls 10-17 as 5.6 increase. This increase is accounted for in the curriculum of the modern high school. Boys and girls may choose work in commercial subjects. In their senior year they may take one years work in preparation for clerical positions. The training is very often adequate for the holding of smaller clerical jobs.

In all other occupations the percent for workers 10-15 is approximately 1.0. The older children 10-17 represent 1.9 percent.

For the entire period, 1880-1930, the number of boys gainfully employed was about twice that of girls. This was due to the fact more places and kinds of work were open for boy labor than girl labor.

From 1880-1910 the percent of boy labor was higher than in the last thirty years. This was due to the thought system of the times. Many persons believed it the right thing for boys to work. Many industries hired boy laborers.

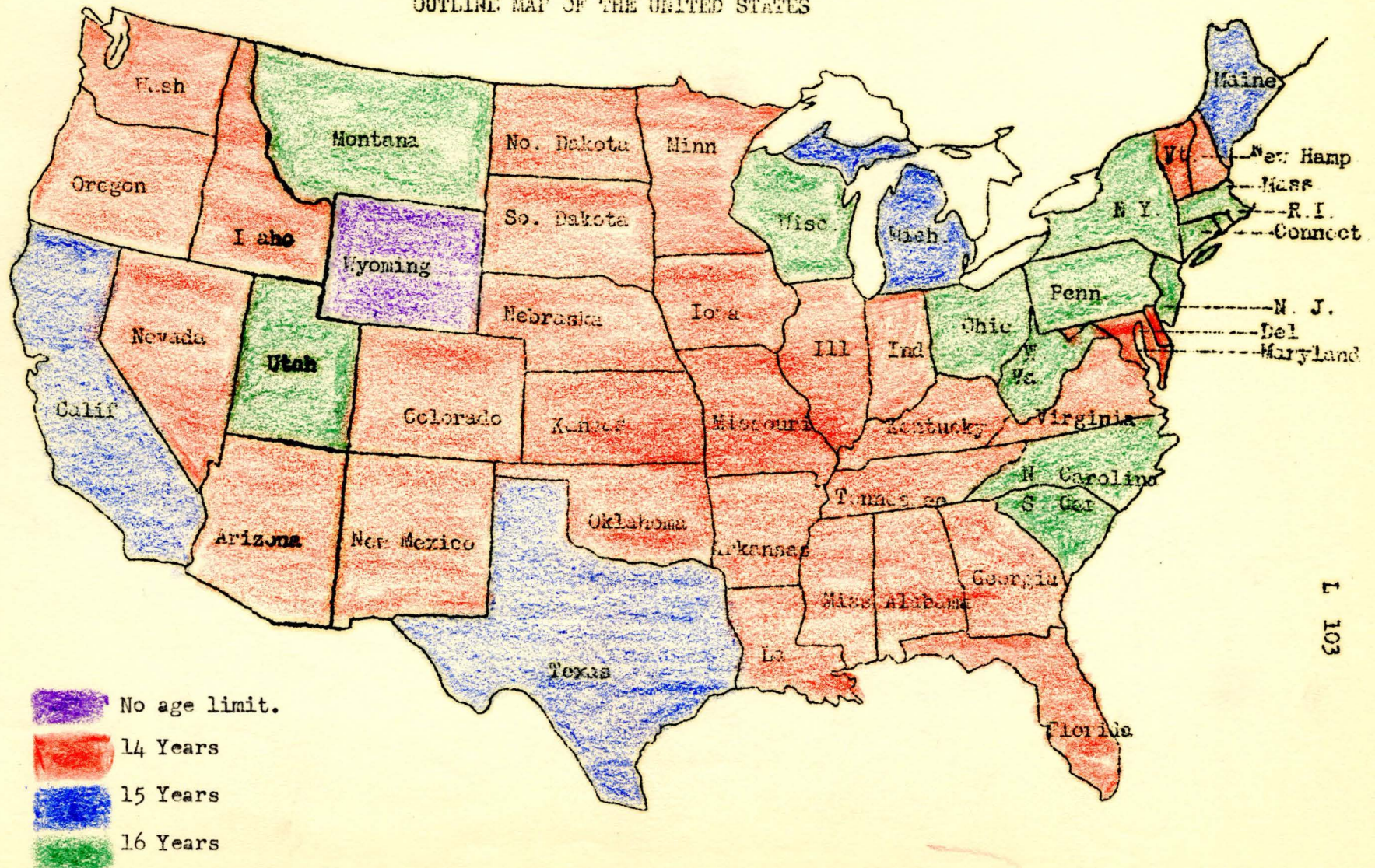
From 1910-1930 the percent of boy workers as compared with girl workers decreased. This decline was due to child labor legislation which protected boy workers under 14. This legislation prohibited boys from working in mines, quarries and hazardous industrial work. This work boys formerly had done.

Table 3 . Comparison of Boys and Girls Gainfully Employed in the United States, 1880-1930

Year	Number 10-15 gainfully employed		Percent of total population		Percent of all gainfully employed persons		Percent of Males Compared with Females
	Male	Female	Male	Female	Male	Female	
1930	460,742	206,376	6.4	2.9	1.2	1.9	44.8
1920	714,248	346,610	11.3	5.6	2.2	4.1	48.5
1910	1,353,139	637,086	24.8	11.9	4.5	7.9	47.0
1900	1,264,411	458,767	26.1	10.2	5.3	9.1	38.4
1890	1,094,845	408,917	25.9	10.0	5.7	10.2	37.4
1880	825,178	293,169	24.4	9.0	5.6	11.1	35.5

Source: Abstract of the Fifteenth Census of the United States. Statistics Summary, "Occupation."

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Figure 1. Basic Minimum Age For Child Labor Employment Under State Laws. (Farm Work and Domestic Service Not Included)

Source: United States Department of Labor, September 1, 1940.

From 1910-1930 there was a definite increase in percent of girl workers as compared with boy workers. Perhaps no more girls were gainfully employed, but due to the decline in boy workers the number of girl workers increased in percentage,

Child Labor Employment Certificates:

Since 1920 most states have required employment certificates. Child worker's records are based on these certificates. They are issued for children 14 to 16 years of age who leave school for work.

Sixteen states issue employment certificates only to children who have completed the eighth school grade; others have lower educational requirements; and ten states have no requirements in education at all. Thirty-three states have provisions for physical examination of children before going to work. The eight-hour day for children under 16 in factories or stores has been a requirement in 37 states. Georgia has no regulation for the length of the working day, but has a 60 hour maximum week. Twenty-nine states limit child workers to a 48 hour week. Fifteen states require children to wear badges. Girls are usually more protected than boys.

Child Labor Legislation:

English legislation: The first protective legislation for children was enacted in England. The English law of 1822 recognized the rights of neglected and abused children to protection from their own parents, and improvement in the laws for the poor curtailed the right of the poor law guardians to apprentice pauper children. Naturally, such legislation required a definition of age limits. Early legislation restricted child labor for children under seven.

State legislation: There has been a great divergence among the various states in regard to the practice and interpretations of child labor legislation.

At the close of the eighteenth century, foundlings, orphans, and deserted children received only sporadic or indifferent attention from the states. State legislation protected property rights rather than weaker individuals or groups of society. The states, in the early nineteenth century, restricted child labor as low as 7 years. Now they extend their jurisdiction to include the activities of children in late childhood. Some states have extended juvenile court proceedings to include those 20 years of age.

In August, 1930 the states held a conference in Chicago. Delegates were there from every state. The purpose of the meeting was to draft uniform state laws. There was adopted for recommendation to the various states, with the approval of the American Bar Association a uniform state labor act. It was proposed that the upper age limit of the legislation be fixed at 21 and the lower age limit be fixed at 14. Little was done for the child in domestic service and agricultural work. Compulsory school attendance standards were raised until the 16th year, with some provision, in absolute need. Education was considered a right, not a privilege. The limitations for the sale of intoxicants, drugs, and tobacco to minors were raised. The prohibiting of minors to places of moral and physical hazards, including certain picture houses, was also raised. The number of groups aided was increased.

Ohio was the first state to enact a commission for the purpose of research and recommendation on all phases of child welfare. Since then twenty-nine states and the District of Columbia have appointed commissions to study the need for such legislation and have adopted unified codes.

Since 1920, California, Alabama, New Jersey and Pennsylvania have reorganized all child labor legislation,

Under present state laws, the minimum ages for children working in factories and stores are:

Sixteen years in Connecticut, Massachusetts, Montana, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, West Virginia and Wisconsin.

Fifteen years in California, Maine, Michigan, and Texas.

Fourteen years 31 states and the District of Columbia.

Delaware has no minimum age limit for employment.

Federal legislation: The first child labor law bill to come before Congress was introduced by Senator Beveridge, December, 1906. It was called the Beverage-Parsons Bill. It provided that the carriers of interstate commerce, the railroads and steamboat lines should not transport the products of any factory or mine that employed or permitted the labor of children under 14 years of age. It was not passed.

The Copley-Poindexter bill was introduced in 1912 and 1914. It prohibited children under 14 from working in any mill, factory, cannery, workshop, manufacturing or mechanical establishment.

It prohibited children under 16 working in any mine or quarry, or in any dangerous, injurious, or immoral occupation. It also prohibited the shipment in interstate commerce of the products of such labor. This bill was not passed by either branch of the legislature.

The Palmer-Owen bill was introduced in Congress in 1914. It made it a misdemeanor for the producer to put into interstate commerce the products of any mine or quarry where children under 16 were employed. It prohibited the sale of products of any mill, cannery, workshop, factory, or manufacturing establishment in which children between 14 and 16 were employed. Children could not be employed more than 8 hours per day, or between 7:00 at night or 6:00 in the morning. This bill was passed by the House but was killed in the Senate.

The Keating-Owen bill was passed by Congress September 1, 1916 and went into effect September 1, 1917. The bill prohibited the shipment in interstate or foreign commerce goods produced in mines and quarries in factories and manufacturing establishments, mills, canneries and work shops, in which children were employed in violation of certain standards effectively established by Congress. These standards were: a 16 year minimum age in mines and quarries and a 14 year minimum age in factories and other establishments; an eight hour day; 48 hour week; 6 day week; and a prohibition of night work for children under 16 years.

The Keating-Owen bill only lived 275 days. It was declared unconstitutional June 3, 1918 by the Supreme Court on the grounds that Congress had exceeded its constitutional power to regulate interstate commerce.

On November 15, 1918 Senator Pomerene introduced the Federal taxing measure as an amendment to the Revenue Act. This was passed February 24, 1919. It carried a provision levying a tax of 10 percent on the annual net profits of any mill, cannery, workshop, factory or manufacturing establishment and or any standards established by the former Federal child labor law.

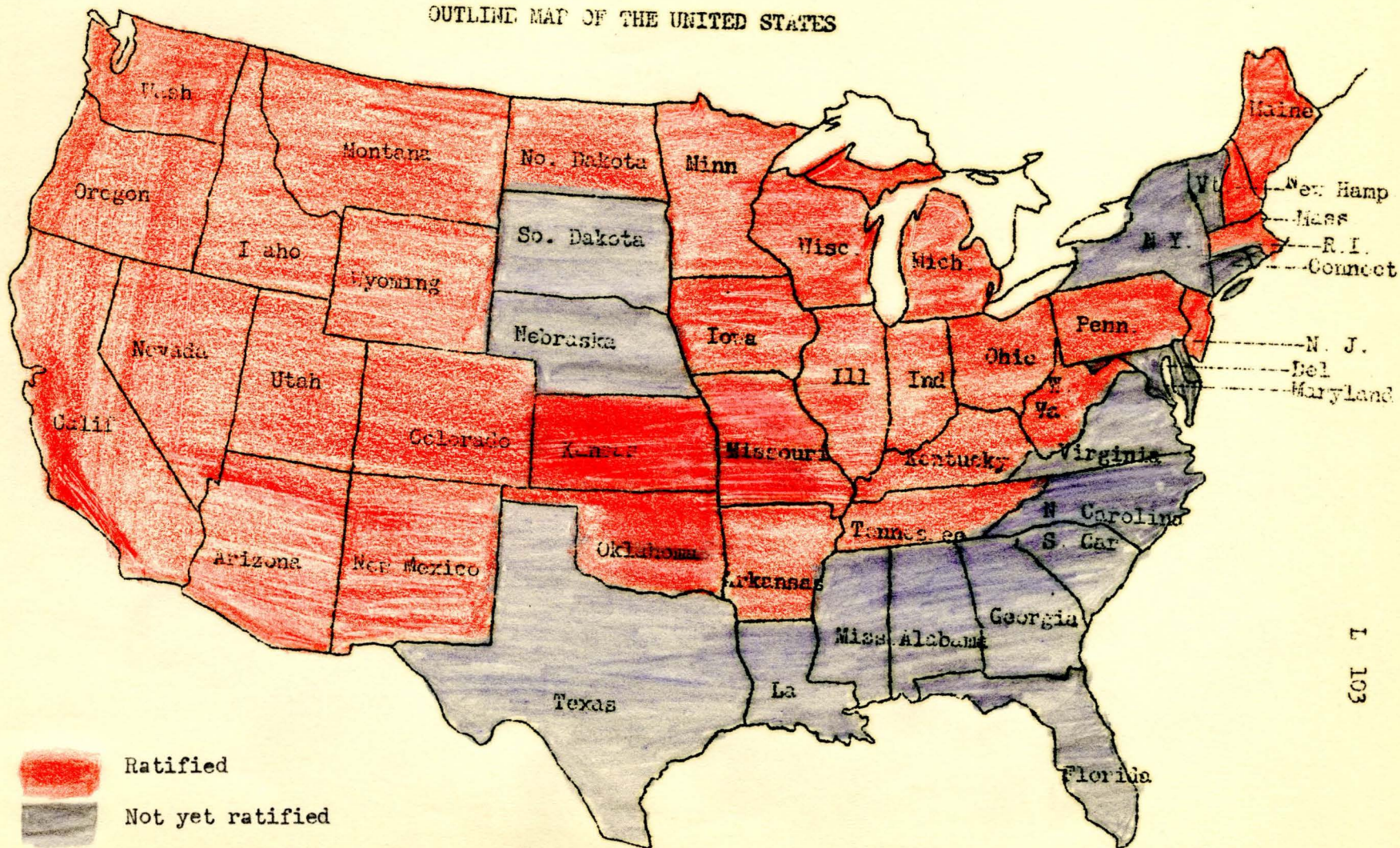
This act became operative April 25, 1919, and was administered by the office of Internal Revenue until May 22, 1922, when it was declared unconstitutional by the Supreme Court. The court declared that Congress under the guise of a tax, may not regulate a matter within the reserved rights of the states.

The National Child Labor Committee sponsored an attempt to introduce an amendment to the Federal constitution. The proposed amendment would empower the Congress to regulate, limit, and prohibit the work of persons under 18 years of age. Congress passed this amendment, but it was not ratified by a sufficient number of states. (See Map 2) The states contended Congress was empowered with unnecessary state rights.

Discouraged by the results in Congress and by the decisions given by the Supreme Court, workers for child welfare measures began to work for better child labor laws in the different states. Their efforts were not very successful. During the years of the depression child labor increased.

The National Industrial Recovery Act was passed by Congress June 16, 1933. It provided minimum wages and hours of labor for all workers. This act was declared unconstitutional May 27, 1935 on the grounds, that it attempted to regulate intrastate transactions which

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Figure 2. Ratification Progress of Child Labor Amendment. (Ratification by 8 More States is Necessary to Make the Amendment Part of the Constitution.)

Source: United States Department of Labor, Children's Bureau, September, 1940.

lay outside the authority of Congress. Child labor threatened to return when the number of child workers increased during the years of depression following 1930. The Supreme Court declared the National Recovery Act invalid May 27, 1935.

It was necessary to once more secure the ratification of the child labor amendment to the Federal constitution. Fourteen states voted for it in one year, 1938. This proposed amendment has been ratified by the 28 following states:

Arkansas, Arizona, California, Colorado, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Utah, Virginia, West Virginia, Wisconsin, and Wyoming. It should be noted that the amendment is not a law, but is an enabling act giving Congress power to pass Federal child labor legislation.

The Fair Labor Standards Act of 1938 was passed by Congress June 25, 1938. It prohibited the shipment in interstate commerce or to any foreign country goods produced in establishments, in the United States, in or about which oppressive child labor has been employed within 30 days prior to the removal of the goods. It prohibits the employment of children under 16 in mining and manufacturing and of children under 18 in hazardous occupations. The Supreme Court upheld the constitutionality of the Fair Labor Standard Acts, February 3, 1941.

Summary: Recent actions of the Supreme Court on the constitutionality of the child labor provisions of the Fair Labor Standard Act of 1938 have encouraged child labor advocates.

Efforts to get the child labor amendment ratified are to be continued, since attitudes have changed toward this bill.

The chief task which remains in the field is to further protect the child educationally, physically, and morally under the existing legislative enactments of the various states. Further action in educational programs as to the nature and consequences of child labor may well lead to the development of a "social consciousness" - which will eventually give to each American child those "inalienable rights" which are his birthright.

Maternal and Child Welfare

President Franklin Delano Roosevelt, in an address before the White House Conference, April, 1940 said:

"More than any other previous decade we know how to safe-guard the health of parents and children. Because of the advance of medical knowledge and the growth of public health work, we have it in our power to conquer diseases that we could not conquer 10 years ago, and the ability to promote good health.

New opportunities to us mean new duties. It was one thing to let people sicken and die when we were helpless to protect them. It was quite another thing to leave a large proportion of our population without care at all. It is my definite hope-and I believe that hope can be fulfilled-that within the next 10 years every part of the country-just to use an example-every part of the United States will have complete and adequate service for all women during maternity and for all new born infants. That we can do". 8/

History of Maternal and Child Welfare in the United States:

In 1921, the first co-operation undertaking was engaged in by the Federal Government and the states for promotion of the welfare and hygiene of maternity and infancy. This Federal maternity and infancy act expired in 1929, leaving the United States without an effective program.

Due to the effects of the depression, in 1932, many under-nourished children were found in the public schools and homes. The

8/ The Child - Monthly News Summary, Volume 4, Number 9, March, 1940, P. 223-224, United States Department of Labor, Washington, D. C.

condition was known to be serious. Schools, through the Parent Teachers Associations, began to serve nourishing foods to these children. The results were happier children and better work.

In 1933, at suggestion of the Children's Bureau, the Secretary of Labor called a national conference on child health recovery. Plans were made for creating nation wide interest in the health of children in families affected by the economic depression. It was recommended that a survey be made to locate undernourished children and by adequate feeding and medical care to overcome malnutrition.

The Federal Emergency Relief Administration, seeing the effective work being done by the Children's Bureau, requested that this bureau act as consultant in the organization of special statewide nursing projects. These projects were to be under the direction of the various state health departments. Unemployed nurses were to be hired and paid from Civil Works Administration funds. Physicians on the staff of the Children's Bureau visited every state and helped to work out practical programs.

In 1934, the Federal Emergency Relief Administration carried on a school lunch program, emphasizing child health. This program showed more clearly the urgent need for a more extensive and permanent program for maternal and child health.

In August, 1935, Congress passed the Social Security Act. Funds to make it workable became available in 1936. Title V of the act authorized annual appropriations of \$3,800,000 for maternal and

child health services, to be administered by the Children's Bureau. This act was amended in 1939; and, the appropriations were increased to \$5,820,000. Puerto Rico was to receive benefits from this act, beginning January 1, 1940. Another amendment was made requiring state plans, after January 1, 1940, to include provision for the establishment and maintenance of personnel standards on a merit system.

By the end of 1939, maternal and child health services were in operation in forty-eight states, and Alaska, Hawaii, and the District of Columbia. There were approximately 1,229 prenatal clinics. The state department of health supervised one-half of these.

In 1939, thirteen states and twenty-five hundred counties had no prenatal clinics. There were more than six thousand public health nurses.

It was realized rural mothers needed good nursing care when a baby was born in the home. Nearly two-thirds of the states have organized services of this type.

Increasing attention has been given to training and post graduate education in medicine, nursing, and other professional personnel employed in connection with maternal and child health programs and services. Nutrition and dental programs have been set up.

The National Health Survey (1935-1936) revealed new health needs, including data on the extent and the severity of illness among children at different age levels, the relation of poverty to illness, and the availability of medical care.

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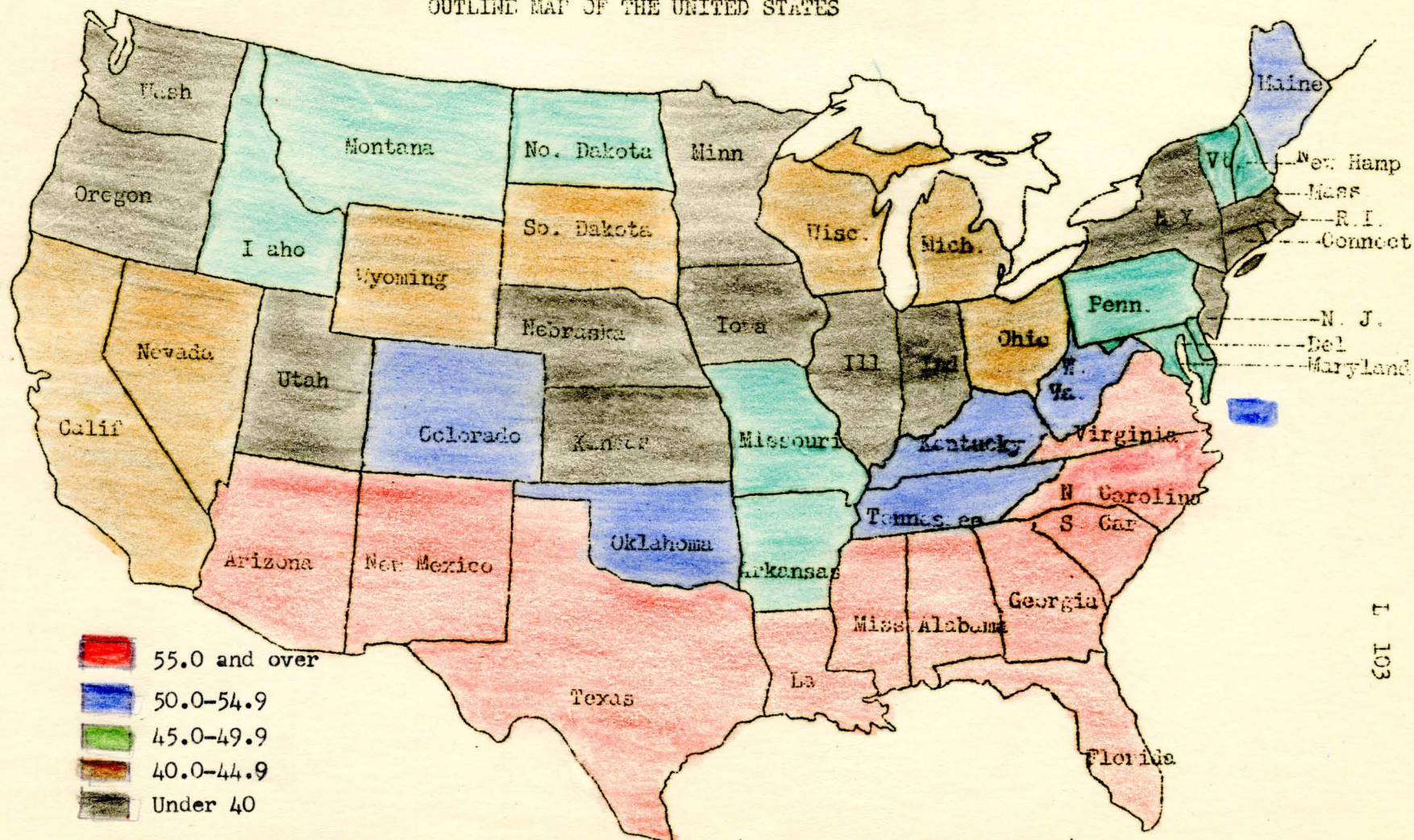


Figure 3. Infant Death Rates, by States: 1939. (Rate per 1000 Live Births)

Source: U. S. Bureau of Census, Vital Statistics, Special Reports, June, 1941.

In 1938, the Children's Bureau called a meeting of the National Conference. A National council for mothers and babies was organized. This council took on the work of maternal care for more than fifty national groups comprising its membership.

The National Citizens committee was created by the conference to give leadership in making effective recommendations. Child conservation and national defense were studied. The report was issued June 17, 1940. The committee report recommended that health services and medical care should be maintained, for all.

The Trend of Maternal and Child Care

Infant Mortality: There has been an unnecessarily high infant death rate in the United States. Two million births occur each year. Of these 150,000 are born dead or die within the first thirty days. Half of those who die under one month are premature babies.

In 1910, the infant mortality rate was 133 per 1,000 live births; in 1920, 86 to 1,000; in 1930, 65 to each 1,000; in 1934, 60 to each 1,000; in 1936, 54 to each 1,000; in 1937, 57 to each 1,000; in 1938 there were 51 to each 1,000. 9//

The provisional urban infant mortality rate for 1937 was 52 per 1,000 and the rural rate for the same year was 59 to each 1,000.

9/ General Report, White House Conference on Children in a Democracy, Washington, D. C., January 19, 1940. PP. 55-56.

OUTLINE MAP OF THE UNITED STATES

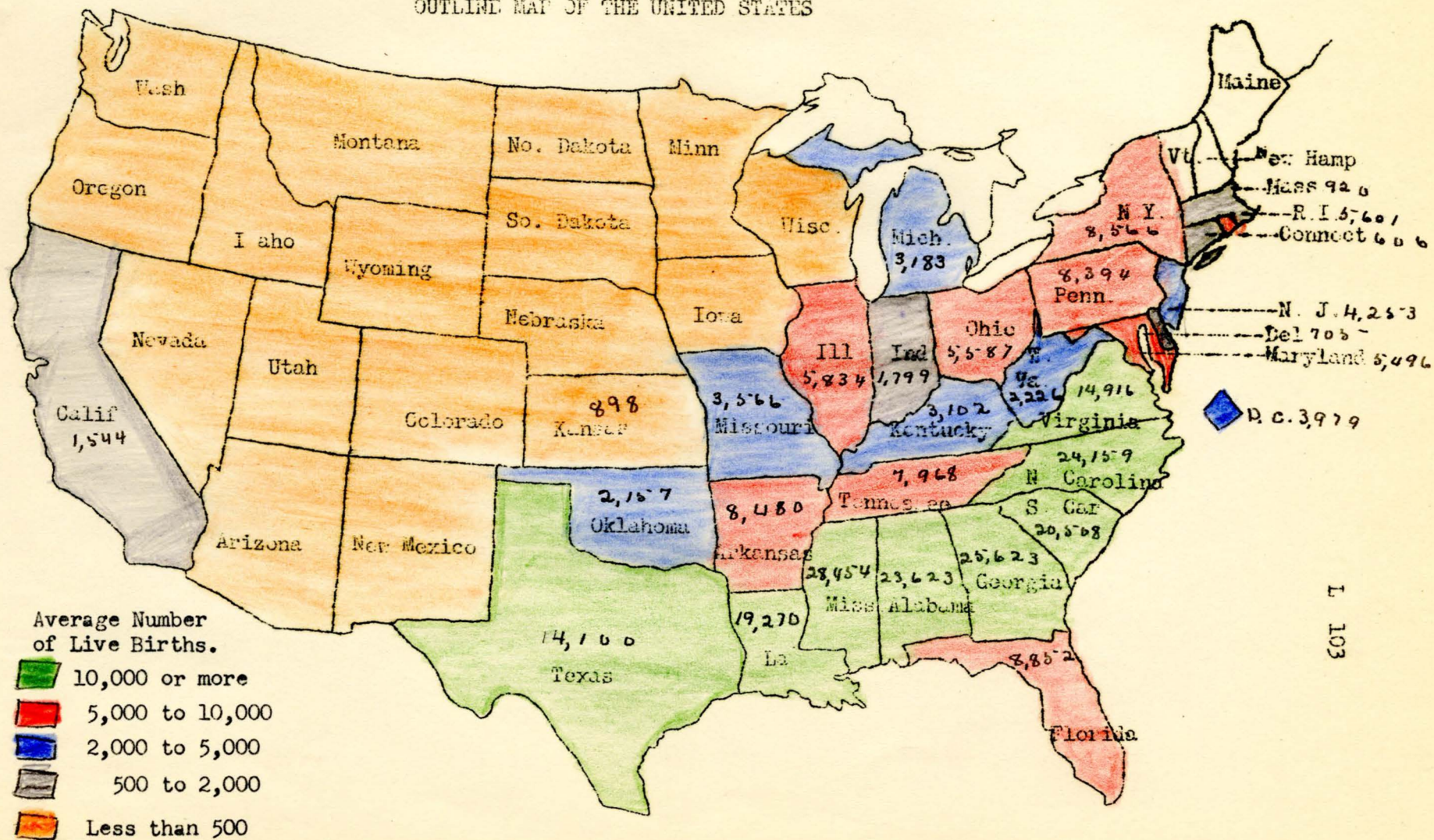


Figure 4. Number of Live Births Among Negroes Each Year, 1936-1938. (29 States With 500 or More Negro Live Births Each Year).

Source: Reports of United States Bureau of the Census.

OUTLINE MAP OF THE UNITED STATES

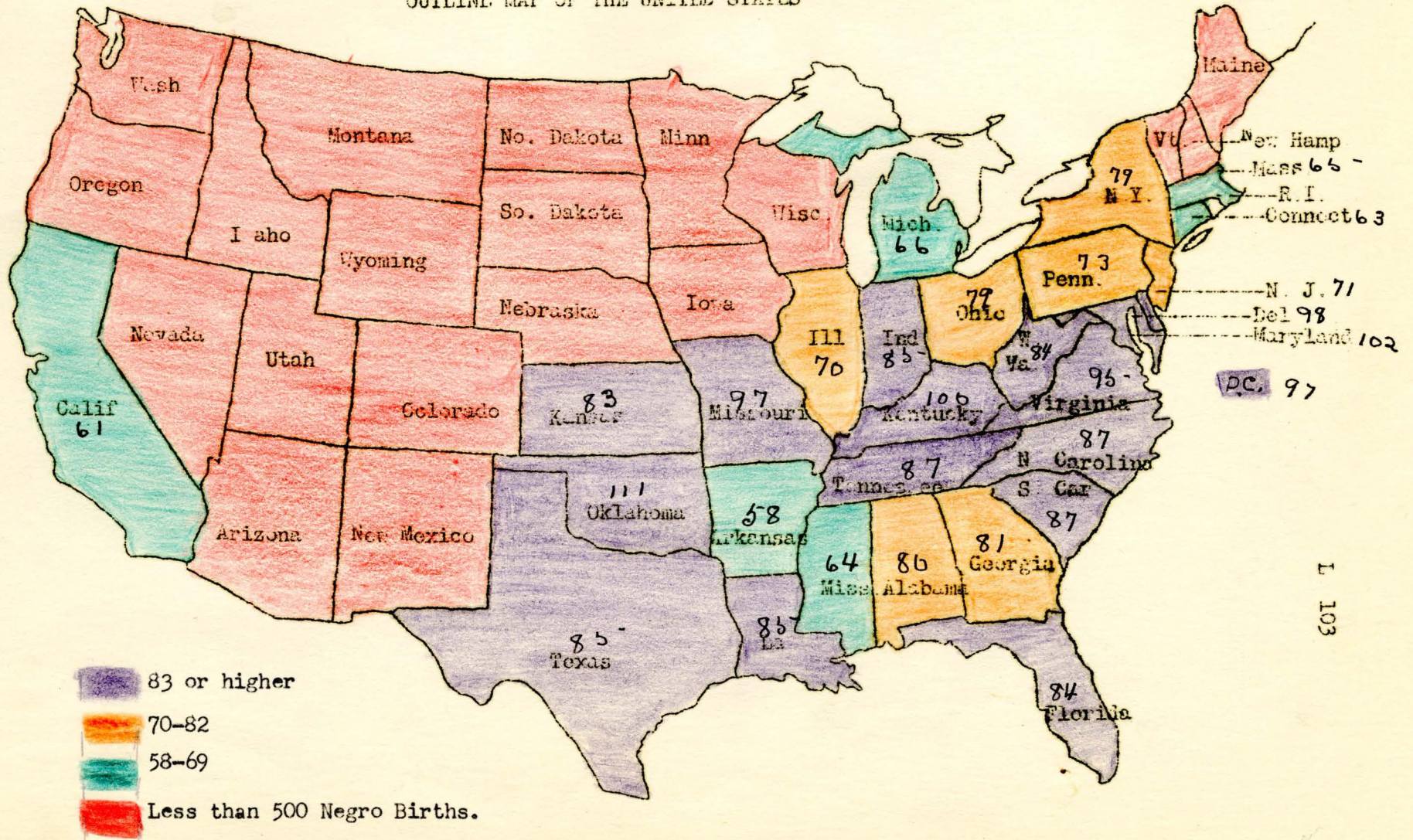


Figure 5. Infant Mortality Among Negroes, 1936-1938. (29 States With 500 or More Negro Live Births Each Year.)

Source: Reports of United States Bureau of the Census.

In 1938 they were 48 and 54 respectively. 10/

In 1938 there was 50,000 deaths of infants in the second to twelfth month of life. There were 75,000 still births and 70,000 deaths of all age infants. 11/

In 1939 there were 108,846 infant deaths registered in the United States. This number of infant deaths was the lowest reported since the United States birth registration area was completed in 1933. On a rate basis, the infant mortality rate of 48.0 per 1,000 live births in 1939 was the lowest ever recorded for the registration area. The provisional infant death rate of 47.9 per 1,000 live births for 1940 indicates that the infant mortality rate may be lower than 1939, but the decrease is not great. 12/

10/ Lenrott, Katherine F. The American Academy of Political and Social Science, Volume 49, March, PP. 3 ff.

11/ United States Bureau of the Census, Vital Statistics, 1940, Special Report.

12/ Bureau of the Census. Vital Statistics Special Reports, Volume 12, Number 26, PP. 495, June, 1941.

Negro Infant Mortality: The United States Census (1936-1938) gave an average of 260,000 negro babies born alive each year. Of these 21,000 die; 11,000 die in the first 30 days; 10,000 die in later infancy. The infant mortality rate for negroes was 82 per 1,000 live births while the rate for white infants was 50 per 1,000. Sixteen states had rates higher than the National average for negro infants (82). ^{13/} The state of Oklahoma has the highest rate, 111 per 1,000. All states had rates higher than the national average for white infants (50).

There are about 214,000 negro babies born each year in the Southern States; 170,000 are born in states where the per capita income is below the national average.

There are more than 10,000 negro live births each year in the states of Alabama, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Texas and Virginia. More than 25 percent of all live Negro births are in the above eight states, the District of Columbia, and Florida.

Stillbirths: Most of the states require the registration of stillbirths after conception has advanced to the fifth month of gestation. There are approximately 17,000 negro registered still births in the United States each year. The stillbirth rate (1936-1938) was 66 per 1,000 live births or more than twice the rate for the white race. (29).

^{13/} Virginia, West Virginia, Kentucky, Indiana, Missouri, Kansas, Oklahoma, Texas, Louisiana, Florida, Tennessee, North Carolina, South Carolina, Delaware, Maryland, and the District of Columbia.

OUTLINE MAP OF THE UNITED STATES

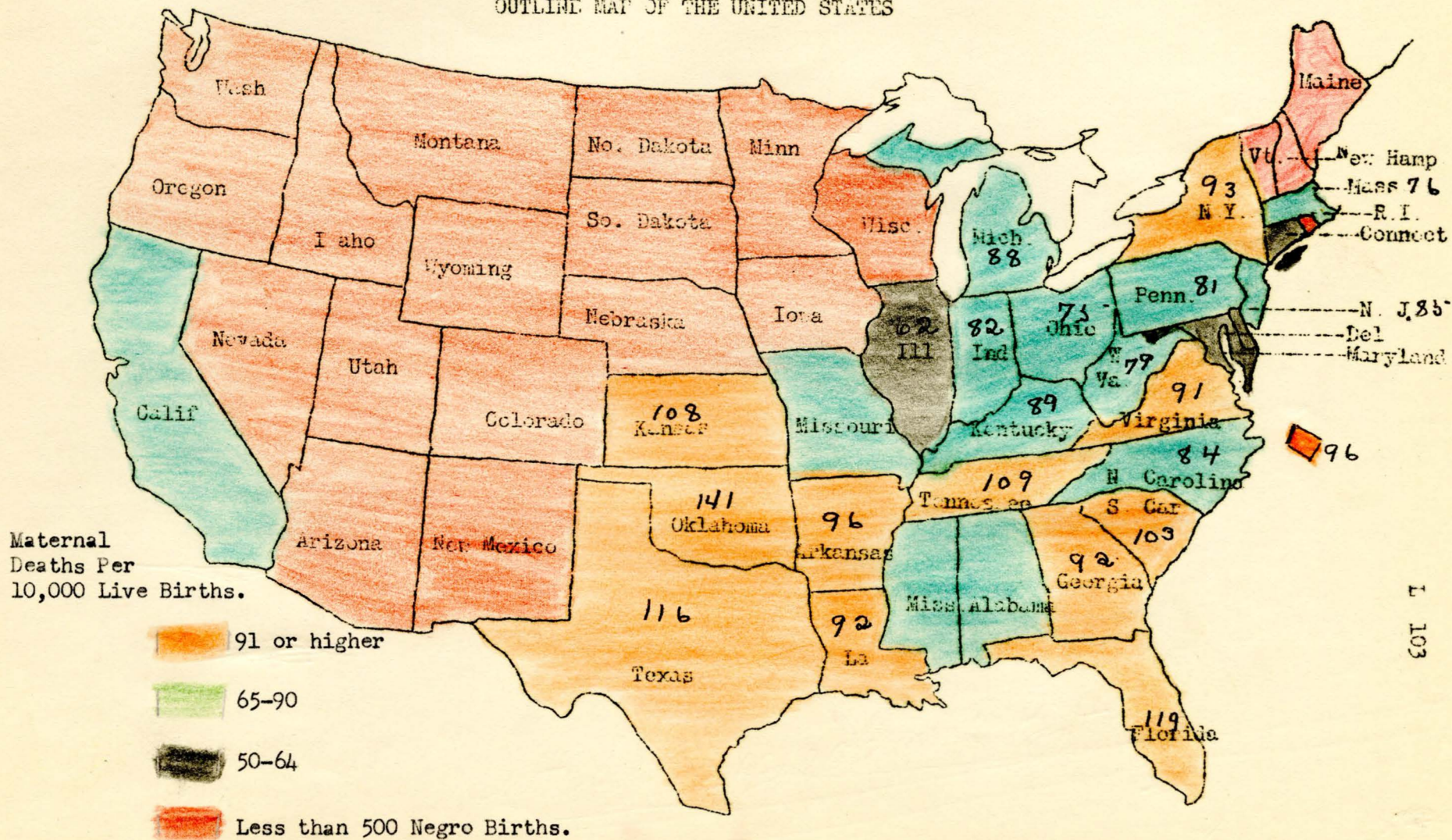


Figure 6. Maternal Deaths Per 10,000 Live Births Among Negroes, 1936-1938. (29 States With 500 or More Negro Live Birth Each Year)

Source: Reports of U. S. Bureau of The Census, July, 1940.

In 1937 the Children's Bureau^{14/} with the cooperation of the Sub-committee on stillbirths of the American Public Health Association made a study of 6,750 stillbirths. Two hundred and twenty-three hospitals located in 49 cities in 26 states were used in the survey. It was found 5,539 whites and 1,211 negroes were in the 6,750 stillbirths.

The following were found for negro stillbirths; 68 percent of the negro fetus born dead died before the onset of labor. The comparable percentages for the white race were 57 to 43. Mothers were delivered prematurely in a large proportion of cases; 68 percent of the negro stillbirths were premature (less than 38 weeks gestation); 48 percent of the negro fetuses that died during labor were premature deliveries.

Maternal Mortality: There has been an unnecessarily high maternal mortality rate, as well as a high infant mortality rate. This has caused physicians and health authorities to realize something must be done to safeguard the lives and health of the American Mother.

For approximately twenty years (1915-1934) about 15,000 to 16,000 women in this country died each year in child birth. ^{15/}

^{14/} Tandy, Elizabeth C. The Health Situation of Negro Mothers and Babies in the United States. Published by Children's Bureau, July 1, 1940. P. 4.

^{15/} Good Housekeeping Magazine, "How Babies are Cared for in Chicago", November, 1937 - pp. 78, 79, 102, 110.

In 1930, the maternal mortality rate was 67 per 10,000 live births in the registration area; in 1933 it was 69 to 10,000; in 1934 it was 59 to 10,000; in 1937 it was 40 to 10,000; in 1938 it was 44 to 10,000 - the lowest in history.

In 1935, 12,000 mothers died in the United States in child birth. ^{16/} Preliminary figures of the United States Public Health Services indicate there were 10,000 maternal death in 1938.

There are approximately 2,300 negro mothers who die each year from conditions of pregnancy and child birth. It is estimated 22 percent of these are young mothers - under 20 years of age.

During the years 1936-38 the maternal mortality rate for negroes in the United States was 90 per 10,000 live births. The rate for white women was 44 per 10,000. Twenty-nine states had a higher maternal mortality rate for negro mothers than the average rate for the United States, for white mothers. Thirteen states had a higher rate than the United States average for negroes. See figure 6.

The rate for maternal mortality among negroes, 1938, was 86 per 10,000 live births. This was 8 percent lower than for 1934, (93). This means that almost 200 negro mothers were saved in 1938 who would have died had maternal mortality been as high as in 1934. ^{17/}

^{16/} Twenty-seventh Annual Report, Secretary of Labor, Washington, D. C., 1939 - P. 170.

^{17/} Tandy, Elizabeth C. The Health Situation of Negro Mothers and Babies in the United States, Children's Bureau Booklet, July 1, 1940, PP. 5-6.

Analysis of Infant and Maternal Mortality

Infant Mortality: The death rate among infants represents one of the most sensitive indexes of Social Welfare. Sir Anthony Newsholme once said: "Infant Mortality is the most sensitive index of sound welfare and sanitary improvements which we possess." If babies were well born and well cared for their mortality would be negligible.

Evidence of the progress that has been made in America during the past forty years can be gained by observing the trend in infant mortality. The first official records for infant mortality are given for 1900. There were 150 deaths per 1,000 live births and in 1911 there were 111.9 deaths per 1,000 live births.

In 1915, the Registration area was formed. In 1915 about 10 out of each 100 infants died during the first year of life. The infant mortality rate was 99.9 per 1,000 live births. The rate for whites was 98.6, whereas that of negroes was 180.6 and other races 196.2. (See table 4) and (figure 7). In 1939, the rate for the total population had decreased to 5 per 100 infants born. The rate was therefore, about one-half as great as it had been in 1915. This represents a tremendous decline in the short span of about twenty-five years. That this is encouraging is not to be denied, but it is possible to reduce this rate even further. As George Whipple has said, "A country that will not provide adequate protection for its infants will not care for its adults." 18/

18/ Whipple, George C., Elements of Vital Statistics, New York, John Wiley and Sons, 1927, P. 71.

Rate Per
1,000 Live Births

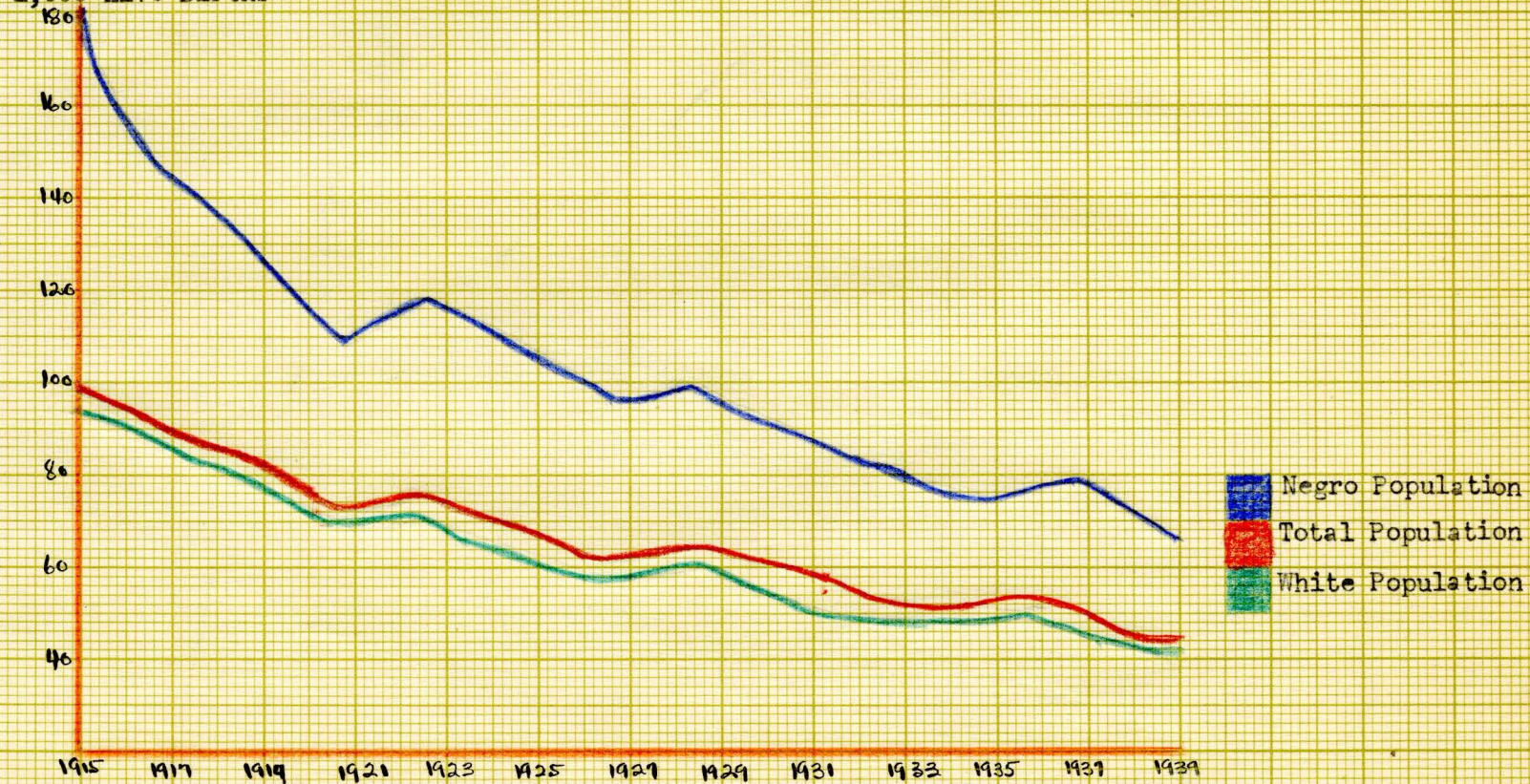


Figure 7. Infant Death Rates per 1,000 Live Births by Race: United States
Births by Race: United States Birth Registration Area, 1915-1940.

Source: U. S. Census Bureau, "Vital Statistics," Special Reports, July, 1941.

Furthermore, evidence of infant mortality trends for Sweden, New Zealand, Australia, Norway, and Netherlands, all of which have a lower infant death rate than the United States indicate that it is possible for us to save more of our infants. The increased prolongation of life, "life expectancy," is in a large measure attributed to the decline in infant mortality. To add to our life expectancy is probable and possible by better care of infants during the first year of life. Demographers estimate that had the infant mortality rate for 1939 prevailed through the history of the birth Registration area 927,172 of the 3,153,351 infants who died would have survived the most critical first year of life.

The difference in infant mortality by social groups has been mentioned in passing. A study of the decline indicates among negroes that the decrease in infant mortality has been greater than among whites. For example, in 1915, the infant mortality rate among negroes was 180.6 per 1,000 live births. During the intervening 25 years the rate had declined to 73.2 This represents a decrease of approximately 60 percent. On the other hand the white infant mortality rate declined about 55 percent. Thus it appears the reduction of infants deaths has been slightly better among negroes. It should be borne in mind, however, that this is not unusual, since the negro rate was more than twice as great as the white rate in 1915 and thus has a greater distance to fall with any improvement in general conditions of child welfare.

Because of the wide differentials in white and Negro infant mortality one must be cautious in examining the data. This figure 7 was prepared to indicate the infant mortality rate in the United States for 1939. This map shows many interesting features worth noting. The rate varied from 35.5 per 1,000 in Oregon to 109 per 1,000 live births in New Mexico. Further examination, Figure 2 reveals the racial differentials. The highest rates are found in the Southeastern and Southwestern regions. The influence of Negro population in the southern states having a rate of more than 55 per 1,000 live births, is evident. 19/. In the Southwest, the large proportion of Mexicans in the population is sufficient to cause a rate of more than 55 per 1,000. 20/. These eleven states had a mortality rate which was higher than the United States average was in 1932. Bordering on these states are those states that have a rate from 50-54.9 per 1,000 live births. This is a comparatively high rate. 21/. Curiously enough one would expect to find Arkansas in the group having the highest infant mortality rates, but it does not come into the category expected. Any explanation for this is apparently lacking, since Arkansas has a relatively high proportion of Negro population.

19/ Louisiana, Mississippi, Oklahoma, Georgia, Florida, South Carolina, North Carolina, and Virginia all have rates of more than 55 per 1,000 live births.

20/ Texas, New Mexico and Arizona.

21/ Colorado, Tennessee, Kentucky, West Virginia, Maryland, Delaware, and Maine.

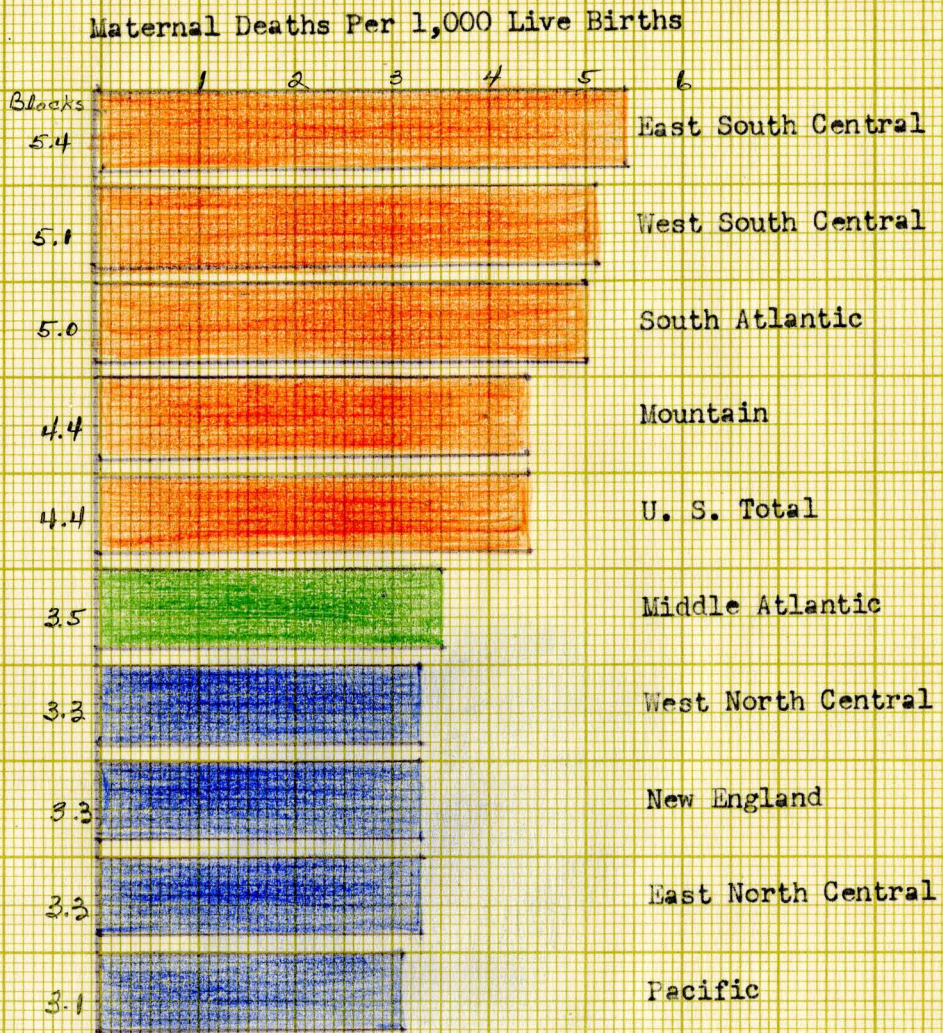


Figure 8. Maternal Mortality Rates Per 1,000 Live Births, by Major Geographic Regions, United States, 1939.

Another factor in interpreting infant mortality rates is found in the degree of accuracy in registration. ^{22/} The importance of this factor cannot be ignored. It has been estimated between 1920 and 1930 about 14 percent of the decline in infant mortality has been due to better registration of births.

Maternal Mortality: The maternal mortality rate is usually expressed as the ratio of mothers dying per 1,000 live births. Because of the many problems of health and sanitation involved in the past and prenatal care of expectant mothers which are in turn closely associated with general condition of economic well being; there are important regional differences in the rates at which mothers die in child birth.

The highest maternal mortality rate is found in the Southern and South-western states. That a higher proportion of Negroes and other non-whites tend to influence the high rate in these areas is not to be denied. On the other hand, the rate for whites in Southern area is higher than that of whites in other areas.

4 The following tabulation shows the maternal mortality rate per 1,000 live births in 1939: Table 4.

United States	4.0	South Atlantic	5.0
New England	3.4	East South Central	5.4
Middle Atlantic	3.4	West South Central	5.1
East North Central	3.3	Mountain	4.0
West North Central	3.4	Pacific	3.1

^{22/} In this connection see the excellent articles dealing with Negro America, (Whelpton) and rural America, (Smith): Whelpton, P. K., "The Completeness of Birth Registration in the United States," Journal of American Statistical Association, Vol. 29, (1934), Pp. 125-136; and Smith, T. Lynn, "Rural Urban Differences in the Completeness of Birth Registration," Social Forces, Vol. 14, (March, 1936), PP., 368-372.

Examination of the data indicates five of the nine geographic regions have a lower rate than the average for the country as a whole. These are primarily the regions in the Northeast, Middle West and Pacific Coast. The highest rates are found in the three Southern geographic divisions, each having a rate of 50 or more per 1,000 live births. In the mountain division the rate is that of the United States total. Further, it is interesting to note the range in Maternal Mortality by regions. The lowest is found on the Pacific Coast; California, Washington, and Oregon, (See Figure 3), with a rate of 3.1 per 1,000 live births. The highest rate 5.4 per 1,000 live births is found in the East South Central division, (Alabama, Georgia, Tennessee and Mississippi). Figure 3 has been prepared to show the data geographically. Three states, Oregon, Idaho, and North Dakota have the lowest rate among states with 2.5 or fewer mothers dying during child birth. The highest rate among the states is found in Florida, with 6.5 deaths per 1,000 live births.

While the following does not have any direct relation to the problem at hand, as such; it does however indicate the progress made in Indian Maternal and child care. 23/

"Indian women are now becoming educated to the white woman's custom of going to the hospital for the birth of her baby. The Indian woman bears pain well. When her fears are overcome, she is almost heroic. Among the Utes, once so primitive, in 1939, two thirds of the babies were born in hospitals. In 1939, every baby born to the Indian Mother in Truxton Canyon Agency was born in a hospital." 24/

23/ From a letter received by the writer from Dr. Estelle Ford Worner.

24/ Personal Correspondence, January 16, 1941.

Dr. Warner is medical director for the Indians in the Southwestern part of the United States. She is the only woman in the United States service who has both the title and commission of Major.

Dr. Warners' headquarters are in Albuquerque, New Mexico. She is director of 86,000 Indians, 56 doctors, 33 hospitals, 175 graduate nurses and 350 hospital workers.

Causes of Infant and Maternal Mortality

Infant Mortality: Success in controlling infant mortality has been a notable achievement. It was quite necessary to find what caused the deaths before any definite steps could be taken. It was found one-fourth of the total deaths were due to congenital diseases and conditions of early infancy. More than one quarter were the result of the digestive diseases. The various pneumonias accounted for about one-seventh and other diseases, chiefly the communicable children's diseases, the remainder. ^{25/}

It has been found of the 21,000 Negro infants who die each year, 41 percent or approximately 8,000 infants died because of lack of prenatal and natal care; 19 percent, or approximately 3,000 died from respiratory diseases; 11 percent or approximately 2000 died from gastrointestinal conditions; 13 percent or approximately 2,750 died from all unknown and illdefined conditions.

The most common causes of Negro still births were; syphilis, 21 percent; placental and cord condition, 21 percent; toxemias of pregnancy, 12 percent; difficult or prolonged labor, 5 percent; birth injuries, 4 percent; and unknown and ill-defined conditions, 2 percent. ^{26/}

^{25/} Mangold, George B., - Social Pathology; The Macmillan Company, New York, 1932, P. 301.

^{26/} Report: United States Department of Labor, Children's Bureau-Statistical Research, July 1, 1940.

Many infant deaths are due to weak heredity, the daily unavoidable routine of the mothers life and inadequate prenatal care; and injuries caused at birth.

Maternal Mortality: Some mother dies in childbirth every 37 minutes in the United States. In 1935, 14,296 mothers died in childbirth. 27/

Some die because they have no care when the baby arrives. It is estimated 40,000 mothers each year bear children with ^{no} one in attendance.

Some die because of poverty, isolation, and ignorance. They have only a midwife as an attendant. Hazel Corbin, general director of the Maternity Center, New York City estimated 237,000 babies were delivered in 1936 by midwives.

Forty-one percent of all the mothers that died in 1938 were killed by infections. The infections were caused by uncleanliness. With proper care on the part of the mother, doctor, and nurse could have prevented many of these.

The accumulation of poisons known as Toxemias was the cause of 22 percent of the mothers dying in 1938. Toxemias causes a disease known as eclampsia or laymans convulsions. Eclampsia is preventable to a large degree by means of prenatal care.

Hemorrhage killed 11 percent of the mothers who died in 1935. Hemorrhage cannot always be prevented, but when it occurs, immediate and proper treatment and transfusion of blood when indicated lessen the danger of a fatal outcome.

27/ Keating, Isabelle, "Why Do They Die?" Literary Digest, Jan. 15, 1938, pp. 11-12-13.

It has been proven a large percent of these deaths could have been prevented. In 1935 physicians studied the maternal mortality in New York. They estimated 66 percent need not have died. In Birmingham in 1935 a similar study was made. Physicians estimated 80 percent of the mothers who died could, with proper care, have been saved.

It has been estimated 2,300 Negro mothers die each year from conditions of pregnancy and child birth. Almost one-fourth (22 percent) are very young mothers, under 20 years of age. Infection, largely preventable by avoidance of abortion and by strict cleanliness of attendants during labor and the postpartum period is responsible for 38 percent of the deaths. Toxemia of pregnancy, controllable by adequate care through pregnancy, are responsible for 29 percent. Hemorrhage, often controllable by competent attendants at birth, is responsible for 9 percent. Other causes, mostly ill-defined conditions are responsible for 24 percent.

The reason so many mothers die at childbirth is because public opinion has not been mobilized. It is believed the maternal death toll can be cut when enough people demand it.

Attendant at Birth

White attendant: In the reports of the Bureau of The Census, July 1, 1940, (for the years 1936-1938) it was found 5 percent of white mothers were attended by midwives, 50 percent were attended by physicians in homes and 45 percent were attended by physicians in hospitals. This

Percent attended.

White Population
Negro Population

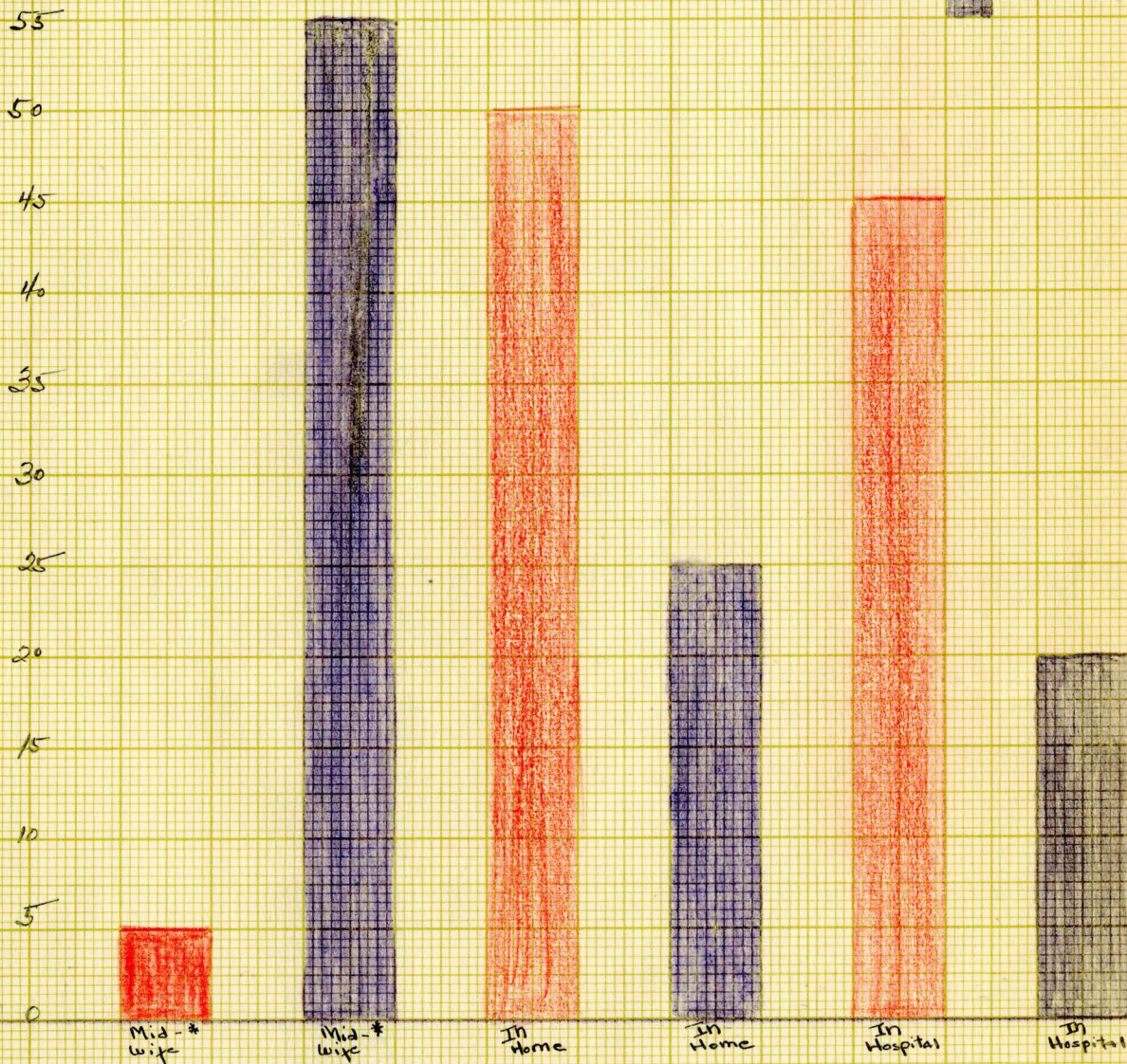


Figure 9. Attendant at Birth in the United States, 1936-1938.

Source: United States Bureau of Census, Special Report, July, 1940.

Note * Midwife includes 1 percent for each race with other non-medical attendant.

report gave 95 percent of all white mothers, during this period, were attended by medical doctors.

Negro attendants: For the same period, midwives attended 55 percent of all Negro births, 25 percent were attended by physicians in homes, and 20 percent were attended by physicians in hospitals. The total attendance for Negro mothers by physicians was 45 percent.

In the states of Mississippi, South Carolina, Arkansas, Georgia, Florida, Alabama, and Louisiana more than 66 percent of Negro births were attended by midwives. Midwives attended from one-third to two-thirds of Negro births in North Carolina, Virginia, Delaware, Texas and Oklahoma. In Tennessee and Maryland they attend one-fourth, in Kentucky they attend 11 percent, and in Missouri they attend 8 percent. In the remainder of the 29 states, 98 percent are attended by physicians and 2 percent are attended by midwives.

Midwives as Attendants at Childbirth

Five percent of all White mothers and 55 percent of all Negro mothers were attended by midwives, (1936-1938).

These attendants are not always trained in obstetrics. Often the only knowledge they have has been gained by watching the delivery of some baby by another midwife. After this observation she is ready for her life's work.

Equipped with her "saddle-pockets" which contains a few simple medicines, such as Epsom salts, paragoric, and herbs, she starts on her profession of infant delivery.

Catnip is almost always carried in the "saddle-pockets," The

midwife knows the value of catnip tea as a soothing solution. A warm tea is made to which sugar is added. The sugary taste has a pleasing appeal, while the warmth of the solution soothes cramps and tired nerves.

The midwife is welcome in isolated regions and poverty stricken homes. The father and mother realize it is impossible to get a physician, because of the inaccessability to the home and the lack of money with which to pay the doctor. She is their haven in time of delivery.

Sometimes her practical knowledge is most valuable. Often she is the mother of several children of her own. Experience in her own deliveries plus the actual care of her own babies have given her useful information which she is not afraid to use.

Isabelle Keating, in her article, "Why Do Babies Die," 28/, has given a very interesting pen picture of midwives. To the writer her description seems somewhat overdrawn, but because of the general information a portion of her article is quoted.

Miss Keating said:

"A few give safe and intelligent care to mothers and babies. But in the whole United States there is only one school for training midwives—the Lobenstine Clinic conducted by the Maternity Center Association. In contrast to the relatively few skilled midwives, there are some 30,000 ignorant, untrained women practicing midwifery today. Some of the, the safest, do little at childbirth but sit and wait."

"Others, the dangerous ones, attempt manual dilation; grease the birth canal to help the baby slide out; administer daubers tea to relieve

pain; put infant's urine in the baby's sore eyes, or give the newly born a pork rind to suck."

"One midwife boasted of her scientific powers thus:

"T'ree years ago I bot me a pair of bran' new scissors an' before I evah used 'em I biled 'em for four hours and I nevah had to sturilize 'em since.

"To say "abolish the midwives" is easy. The 237,000 women who in 1936 had only the assistance of these toothless, ignorant, granny women at whildbirth would have chosen better medical care if only they could have gotten it. But as one puzzled health officer graphically remarked: "If I take away Aunt Mary's license to practice, who will take care of those women at Five Corners?" The shocking fact is that for them there is no safe maternity care yet."

The midwife does more than help in child delivery. She often assumes the duties of nurse, and housekeeper. The older "babies" in the family need care and attention during this trying time. These duties are taken care of by the midwife.

Often there are aged people and invalids in the home. The midwife prepares the meals for them and gives them the necessary care as best she can with the available facilities.

The quality of midwifery has improved. Now only licensed men and women are permitted to practice the art of midwifery.

Many of the modern midwives are trained, capable persons who know when and how to administer relief in suffering. They are a comfort in hours of trouble.

Until it has been made possible to supply every mother with more adequate medical care, midwives must not be abolished. Southern states public health authorities have realized the need for improving the midwifery service and have instituted programs with that objective in view.

The method of granting licenses varies with the different states.

In some states the permits are granted to midwives solely on the doctor's recommendation. In several states intensive group instructions are given at midwife classes before the midwives are given their permits and then later nursing visits are made for supervisory purposes. In other states permits are granted without any previous instruction and the only education and control of the midwife consists of frequent visits by the nurse, coupled with supervisory ante-partum and post-partum visits with the midwife to her patients.

Under The Social Security Act: The Social Security Act, approved by President Franklin Delano Roosevelt, August 14, 1935, carried a provision to establish, extend, and improve maternal and child health services. The Children's Bureau of the United States Department of Labor was directed to administer the section of the act providing grants to the States (including the possessions of Alaska, Hawaii, and the District of Columbia).

The Social Security Act authorized an annual appropriation of \$3,800,000. It provided: (1) that \$20,000 be allotted to each State; (2) that each State be allotted a part of \$1,600,000 based on the ratio of its live births in the latest calendar year for which census figures

are available. These amounts, (total \$2,820,000 designated for administrative purposes as fund A) are made available for paying one-half of State and local expenditures for maternal and child health services, under State plans approved by the Chief of the Children's Bureau. This act provides also that \$980,000 (designated as fund B) shall be allotted to the states according to the financial need of each state for assistance in carrying out its state plan, as determined by the Secretary of Labor after taking into consideration the number of live births in the state.

The first grant was made for the last 5 months of the fiscal year 1936, a total of \$1,580,000.

Of this grant \$1,172,518 (fund A) was available for matching state and local expenditures. From this fund \$8,315.69 was allotted to each state (approximately five-twelfth of \$20,000) and in addition a share of the balance \$748,417.81 in the proportion that the number of live births in the state bore to the total number in the United States in 1934.

The Federal appropriation was made to begin the fight for better maternity care. As a result, there is now a maternal and child health program with a physician in charge, functioning in every state in the Union and in the District of Columbia, Alaska, and Hawaii. More than 2,500 public health nurses are paid in part or in full from these funds to advise and assist mothers with babies, and local physicians are being paid to conduct prenatal and child health conferences.

This is a beginning, but enough has not been done. Physicians know that prenatal care and advice is very important if you are to keep mothers alive. Unless mothers are properly cared for when the baby is born, all

prenatal care and advice may be useless. The infections set in generally after birth. Forty-one percent of mothers die from infections. An effective program for cutting the maternal death rate must include attendance at childbirth.

All this attention costs money. If we are to embark on a health campaign to save the mothers, Congress should make a larger appropriation. It is worth the cost. We spend almost the amount appropriated for saving mothers and infants on conserving wild life in America. We spend forty times that much annually for Federal roads.

Summary: There has been a gradual decline in both the maternal and infant death rates since 1910. The lowest records were for the year 1938.

Even with the decrease it was found sufficient qualified professional care is not available to meet the health needs of the American mothers, especially in rural areas. The deficiency in individual care is paralleled by lack of hospitals and clinics.

Although maternal and child health movements are practically new ideas, the states and private citizens have shown much cooperation.

In the program of maternal care and the protection of the new born baby only the experimental stage has been reached. What should be done for mothers and infants remains the paramount question?

Money must be had for the development of certain minimum health services for mothers and infants in order to keep them alive.

Congress has appropriated an inadequate fund for maternal and infant care. There will be more than 2,000,000/infants born in this country this

year. Half of them will be born into families with an income below \$1,000 per year. One-fourth will be born to families on relief. Public health workers estimate each mother and baby should have at least \$30.00 for actual necessities. States are matching Federal funds to augment the total. Public opinion believes in the provision of necessities at childbirth.

If midwives are to be supplanted it will be necessary for the mothers to be able to help themselves through knowledge of the needs of healthy motherhood. The community should help by providing care for those who cannot afford it or to whom money is inaccessible. Physician should help by employing the best available methods in obstetrics and pediatrics.

The Children's Bureau holds conferences for the betterment of conditions pertaining to childbirth. Such a conference was held January 17, 1939. It was known as the Conference on Better Care for Mothers and Babies. The program consisted of talks and demonstrations. Physicians, nurses, civic, social welfare, labor and other groups were represented.

If we are to lower the maternal and infant death rates in the United States to that of Norway and Sweden, (between 2 and 3 maternal deaths per 1,000 live births as compared with 6 per 1,000 here), we must have competent doctors for mothers in all parts of the country.

Our government must assume a greater responsibility, and the medical profession must modify its individualism and cooperate with the government.

Objectives for the Coming Decade: Reduction in maternal deaths,-
The mother must be cared for before, during, and after childbirth. For
several years some 14,000 mothers died from conditions directly due to
pregnancy and childbirth, despite progress in obstetric science and
skills and in public health measures.

Reduction in death of infants,- Notwithstanding the progress made,
there are yet some 50,000 deaths of infants annually. It is believed
one-third of young infants and a considerable proportions of still
births are believed to be preventable.

Provision of doctors and nurses,- Many rural areas are most in-
adequately provided with doctors, dentists and nurses. Each year nearly
a quarter of a million of mothers are not attended by a physician at
childbirth and about a quarter million of mothers are not attended by
a physician at childbirth and about a quarter million of new born babies
lack the benefit of care in the first, most critical days of life. The
mother is often cared for ineffectively, because of lack of doctors and
nurses.

Crippled Children

Definition: A crippled child is a physically disabled child. His disability differentiates him from a normal child. He is a child whose range in choosing a life's occupation is greatly and permanently curtailed by his disability.

Numbers: The total number of cripples in the United States is about 2,000,000. About 350,000 of these are children under 6 years of age.

The state registers for crippled children were established after the passage of the Social Security Act (1935).

The registers of crippled children in the 48 states, Alaska, the District of Columbia, and Hawaii on December 31, 1939 included the names of 250,000 crippled children, who were suffering from crippling conditions as determined by the diagnosis of a licensed physician.

History of Care for Cripples: In ancient times a cripple was hated because he bore the "curse of God" and was feared because he was supposed to possess supernatural power. The "hunchback" was made fun of. No one seemed to realize the embarrassment, the suffering, and the helplessness the cripple endured. A crippled child was not desired. Human sympathy was lacking. Because there was no known way to cure the cripple, death was welcomed both by the cripple and his relatives. The easiest way out was the "grave" and the sooner the better.

At the beginning of the sixteenth century the art of surgery was begun. About the middle of the same century it was found amputations could be made with a fair degree of success. No longer was it necessary

to let injured children die. With amputation came thought reactions. A crippled child became more of an asset rather than liability.

For several years private organizations have carried on work for crippled children. One of the great objectives of the Kiwanis Club and of the Shriners was to help crippled children. The organizations provided direct services for cripples and urged appropriations from public funds for such service.

In 1897 the state of Minnesota established the first public hospital devoted to the care of crippled children.

In 1919 the state of Ohio passed the first State law making provision for services on a state-wide plan.

By 1934 a few states had made it possible to conduct a state-wide program providing diagnosis, medical and surgical care, hospitalization and after-care services for any substantial number of crippled children. Thirty-five states had made some provision for the care of their crippled children, (1934). The objection to the state appropriations was they were not large enough to care for but a few "selected" children. At times the children who needed the care most had to wait until their turn came.

When the Social Security Act became a law, August 14, 1935, it authorized Federal grants to the states for services for crippled children to be administered by the Children's Bureau of the United States Department of Labor. The first Federal appropriation made funds available for grants to the states as of February 1, 1936 and the states began to submit state plans as required in requesting Federal grants.

All the states, Alaska, Hawaii, and the District of Columbia had legislation authorizing an official state agency to carry on a program for the care of crippled children by June 30, 1937. By an amendment to the Social Security Act, approved August 10, 1939, Puerto Rico became eligible for Federal grants for services for crippled children, beginning January 1, 1940.

Causes of Crippling: The major causes of crippling are infantile paralysis, bone and joint tuberculosis, congenital defects, birth injuries, accidents, rickets and osteomyelitis. Other recognized causes are disabilities arising from impaired vision and hearing, rheumatic heart diseases, and diabetes. 29/

The most important single cause of crippling among children is infantile paralysis. More than one-fourth (27.2) percent of all crippled children reported have suffered deformities from this cause. A little less than one-fourth (23.7) have been crippled from bone and joint tuberculosis. Congenital deformities have crippled a little more than ten (13.1) percent. Rachitic diseases have crippled less than ten (8.0) percent. Osteomyelitis has crippled less than five (3.6) percent. Automobile accidents and other accidents have crippled less than five (4.6) percent. All other known diseases and injuries have crippled about twenty (20.2) percent.

As will be noticed infantile paralysis is listed as the major cause of crippling. This has been due to a number of infantile paralysis epidemics in the United States. The worst epidemic was in New York in 1918.

Our physicians have not been alert enough in diagnosing infantile paralysis. If the disease could be diagnosed in the very first stages and the patient inoculated at once, infantile paralysis could be greatly reduced.

Infantile paralysis generally attacks children under three years of age, but occasionally adults become its victim. Our President, Franklin Delano Roosevelt, was an adult sufferer from the disease.

President Roosevelt went to the warm springs of Warm Springs, Georgia during his recovery days. He found the water there most helpful to his recovery. Later he was instrumental in founding The Warm Springs Foundation for the Recovery of Infantile Paralysis. He has made it possible for other infantile paralysis sufferers to recover at Warm Springs.

To finance a health resort like Warm Springs, Georgia required a lot of money. This was found to be true if all infantile paralysis sufferers were admitted. The people of the United States decided to honor their President by holding balls on his birthday, (January 30th). An admission fee of \$1.00 was charged. The proceeds were donated to the Infantile Paralysis fund.

After Mr. Roosevelt became president he asked Congress for an endowment fund of \$1,000,000 to help overcome infantile paralysis. This fund was granted and the National Infantile Paralysis Foundation was organized.

Another method used to raise money for this health program was that of selling Infantile Paralysis stamps. A "dime to a dollar" was the slogan. Many "dimes" were given by school children.

One of the most modern methods of fighting infantile paralysis is through the use of respirators or "iron lungs." Because of the excessive cost of the "iron lungs" many hospitals do not have them. It is impossible for the low income family to buy them. Members of many communities have pooled their money together and have equipped their hospitals with this modern life saving invention.

The city of Chicago has begun one of the most promising researches in years in the study of the causes and prevention of infantile paralysis. It is the only one of its kind in the United States. It appears to be the best opportunity ever presented to learn more about the transmission of the disease in humans.

The National Infantile Paralysis Foundation donated \$4,000 and 50 monkeys to be used in the research. From 200 to 300 monkeys will be used.

The study is being made by the State Health Department headed by Dr. Roland R. Cross and the Cook county health unit. 30

Bone and joint tuberculosis is caused by a germ which invades the bones and joints through milk from infected cattle. This cripples the child.

The Department of Health of the various states, upon discovery that cows were the carriers of this form of tuberculosis, developed active campaigns to eliminate tubercular infected cattle.

It was found that by permitting only good milk to be sold on the market bone and joint tuberculosis diseases were reduced.

Tests were given to milk. Two standard types were found which passed

30 See Bluefield Daily Telegraph - P.1, August 20, 1941.

the same identical test, grade A milk and pasteurized milk. In grade A. milk tuberculosis germs were not found. By heating milk to the point of pasteurization, 150F, tuberculosis germs were killed.

Many cities passed regulations that only grade A and pasteurized milk could be sold for children's use. If other grades of milk were sold the grades were labeled B, C, and D. These labels were to be placed on the milk bottles.

Osteomyelitis is an infection of the bone caused by pus-producing bacteria. It was found to be most common in children between the ages of six and sixteen and was more common in boys than in girls.

Many doctors used live maggots to eat out the infection of osteomyelitis. These maggots were grown under sterile conditions. They were placed directly in the wound and were allowed to feed there until the wound was cleansed. 31/

When the social world heard of the "maggot healing" a demand was raised for a more non-nerve wracking treatment.

It was found that by giving the child an adequate diet which included an abundance of milk, codliver oil, and orange juice, osteomeylitis could be reduced. Sunshine was a further aid in the reduction of the crippling.

Congenital deformities were reduced by better pre-natal care. Syphilis was found to have been the main cause of congenital deformities.

It was found that often the baby in the uterus had become infected with the venereal disease from the mother who had it. Upon investigation

31/ Cabot, Hugh and Giles, Mary Dood, Surgical Nursing, P. 186.

it was found that in every case the mother had not had adequate prenatal care.

Syphilis is not considered the disgraceful disease as it was formerly. Campaigns have been carried on to eliminate the disease. The Wasserman blood test was the greatest factor in helping to eliminate syphilis. All pregnant mothers are now given this test.

Rachitic conditions are largely due to improper diet and lack of sunshine. In rickets the bones were found to be soft and flabby due to lack of calcium. Most rachitic children were found in dark tenement houses and in the families of foreigners. Italian children were easy victims of the disease.

The United States Housing Committee has done much to improve the tenement sections of our large cities. With the betterment of the housing conditions and the supplying of codliver oil and foods containing calcium, rachitic crippling has been reduced.

The National Safety Council in 1938 gave the following estimates of crippling by accidents: 95,000 were killed by accidents and 9,200,000 were non-permanently injured while 329,000 were left crippled. It was estimated 40 percent of these numbers were children and youths under 21 years of age. 32/

Using this 40 percent as an estimated average about 38,000 children and youths were killed; 3,880,000 were non-permanently injured, and 131,600 were permanently crippled by accidents in 1938.

32/ National Safety Council, Accident Facts, 1938.

It was found the annual cost of accidents for children in 1938 was \$1,280,000. 33/

To overcome accidental injuries Safety Education is being taught in all schools and places of work.

It is known that about 97 percent of all crippled children suffer from orthopedic or plastic conditions. The remaining 3 percent are crippled from other causes among which the most important are impaired vision, defective hearing, and rheumatic heart diseases. In comparison the minor disabilities are of little consequence and little action has been taken to make any provision for their reduction or control.

Educating the Cripple: "The first school for crippled children was established in Paris in 1789.

In 1904 Massachusetts established the first school for crippled children in America. It was supported at public expense.

The Boards of Education in some states provide the necessary funds to cover the costs of special education for crippled children. Such costs include transportation to school teachers trained to work with crippled children, and special equipment to aid the children to surmount their handicaps.

Where special schools exist the states give financial aid, either in paying the teacher's salary, or by defraying the extra cost of maintaining the school. A specified sum of money is given to the school authorities for each crippled child who is enrolled.

33/ Ibid.

Private and social organizations pay the salaries of private teachers for crippled children. The writer was paid such a salary by the Lion's Club.

The method of instruction is different in special schools. They provide both a school and a hospital where orthopedic instructions is given as well as regular school work.

Public schools are not desirable for crippled children. Too many difficulties have to be overcome. The taunts and derision of thoughtless children are hard to take. Often the teacher is not capable because her training did not lead to the capacities and needs of crippled children. The school authorities are not always ready to adjust the teaching rooms.

Since the founding of the International Society for Crippled Children (1921), the lot of the crippled child has been bettered. This society has devoted its interests to the education and medical care of all crippled children in America.

The crippled child is taught to study some occupation so that he can do it well. He faces the realization that it is necessary for him to compete in the economic world with normal children. He is taught careful selection of an occupation.

Vocational^{a)} Rehabilitation: The National Vocational Rehabilitation Act was passed in 1920. It was primarily aimed at the rehabilitation of the World War Veterans. It was broadened to include training for the children of veterans. Because of popular demand it was later enlarged to include other crippled children.

The Rehabilitation Act provided for a money grant to every state that established a rehabilitation service and appropriated a given sum for that purpose. It was a cooperative plan of work. It included men and women, and children over 16 years of age. Every state has accepted the plan. (1940).

The Rehabilitation Bureau studied many occupations. It was found that different kinds of work could be done by the physically handicapped. There were positions that could be effectively filled by armless and legless workers. One leg being shorter than the other was but a slight handicap. Physical handicaps were not always barriers.

One thing had to be overcome - the current of thought of the employer. Many employers preferred able bodied persons to cripples.

It has been proven that plastic surgery and orthopedics could make marvelous improvements. This was called Physical Rehabilitation. There has been much useful Orthopedic work done.

By reeducating the older child to some useful work that he could do, he was enabled to earn his own living. Quite naturally life became more worth the living.

By educating the younger cripple to do some useful vocational work his whole adult life was filled with worthwhile activities.

The individual case method has been used by the Rehabilitation Bureaus. Two methods of rehabilitation have been used. The first one was the restoration and instruction. In this method the older cripple was reeducated until he could be restored to a vocational occupation. The second method was placement. The educated youth was found employment that would pay him a livelihood.

The employer was not always willing to hire cripples. He was not willing to pay the cripple the same wage as an able bodied person. Often he would have to be persuaded to hire the cripple.

George Mangold estimated that it cost approximately \$250 to restore a cripple. It was also found the average cost per person in any poor house was from \$300 to \$500 annually. 34/

How a Crippled Child Obtains Care: Parents, friends, local physicians, public health nurses, social workers, school officials and other individuals report the child's name to the state crippled children's agency. They state the fact that the family cannot provide sufficiently for the proper care of the child.

The state agency, as soon as possible, arranges for the diagnosis of the child's condition at a crippled children's clinic.

The state agency arranges for the child's admission to an approved hospital, either private or public, if hospitalization is necessary. There medical and surgical treatment is provided as needed. Payment for medical and surgical treatment and for hospital and convalescent care is made by the state crippled children's agency.

After the child goes home from the hospital medical treatment and other aftercare services are provided as needed. 35/

Program of State Service: In the state set-up one will find physicians and medical social workers. Local physicians, public health nurses, social workers, school officials, and members of community groups

34/ Mangold, George B., Social Pathology, P. 86.

35/ United States Department of Labor, Facts About Crippled Children March, 1940.

aid in locating crippled children. Orthopedic surgeons and pediatricians are employed to conduct diagnostic and treatment clinics. The state agency arranges for after services needed to complete the child's physical restoration and social readjustment.

After January 1, 1940, the personnel of the crippled children's agencies were employed on a merit basis. This was provided for with a 1939 amendment to the Social Security Act. Two systems were considered, the state civil service system or under a merit system plan of personnel administration established by state executive actions. The Merit system was approved.

Progress in the States: In 1939, 26 states were administering services for crippled children through the State Health Departments; 14 were administering services through State Welfare Departments; 5 were working through the Crippled Children's Commissions, 5 were administering services through the State Departments of Education; and one was administering services through an University Hospital. 36/

In the same year, according to the state registers there were 800 practicing surgeons; 419 public health nurses; 82 physical-therapy technicians; 44 medical social workers; and 26 social workers. 37/

Services Rendered for Crippled Children: During the year ended June 30, 1939, the following services for crippled children were reported by the State crippled children's agencies:

36/ Children's Bureau, Facts About Crippled Children, Pp. 14-15, 1940.

37/ Ibid, P. 4.

Visits for medical service to diagnostic and treatment Clinics.....	193,000
Children under care in hospitals.....	44,000
Days care provided in hospitals.....	1,408,000
Children under care in convalescent homes.....	6,300
Children under care in foster homes.....	2,500
Days care provided in foster homes.....	108,000
Visits by public health nurses.....	194,000
Visits by physical therapists.....	144,000
Children given medical social service.....	15,000
Children referred for vocational rehabilitation.....	4,000 ^{38/}

These figures represent primarily the activities of the official state agencies, include some service provided by other public agencies and by private agencies.

Under the Social Security Law: The Social Security Act was approved August 14, 1935 and amended August 10, 1939. It made possible the development of a nation wide program of medical, surgical, and aftercare service for the physical restoration and social adjustment of crippled children. Federal aid to the states for services for crippled children was authorized in this act.

The Social Security Act, Title V, authorized the appropriation annually of \$3,780,000 for Federal grants to the states to help them extend and improve (especially in rural areas and in areas suffering from economic distress) services for locating crippled children. It

^{38/} Children's Bureau, Facts About Crippled Children, P. 10, March, 1940.

It provided medical, surgical, corrective, and other care. Provisions were made for diagnosis, and aftercare. It provided for children who were crippled or who were suffering from conditions leading to crippling.

Under the terms of the act as amended the sum of \$20,000 was allotted to each state. The sum of \$1,830,000 was to be allotted on the basis of the need in each state. The number of crippled children in need of care and the cost of furnishing the care must be taken into consideration. These amounts (total \$2,870,000) are available for expenditure for services for crippled children when matched by state funds. The remaining (amount \$1,000,000) was available for grants to the states without the requirement for matching by state funds. Under the Social Security Act and the state plans for matching Federal funds more than 6½ million dollars has been made available to meet the needs of crippled children.

Amount of Federal Funds Paid the States: Since February 1, 1936, the amount of Federal funds paid to the states for services for crippled children during each fiscal year has been:

Fiscal year 1936.....	\$732,492.33
Fiscal year 1937.....	2,011,606.04
Fiscal year 1938.....	2,694,676.33

Federal funds budgeted in approved state plans for Fiscal year ending June 30, 1940..... \$3,142,275.37. 439/

Summary: The purpose of the crippled children's program is to attain the maximum physical restoration and to aid children to adjust to life at home and in the community and to take advantage of opportunities for education and vocational training.

39/ Children's Bureau, Facts About Crippled Children., P. 5, March, 1940.

Since the state registers have become available (1935) it has been possible to more accurately determine the progress of the improvements for crippled children.

The attitude of the adult has changed toward the cripple. In former years it was one of derision. Today it is one of sympathy. The desire now is to help the cripple in every possible way.

Physicians are more alert now than ever before. They have made marked progress in controlling diseases that contribute to crippling. New serums have been discovered. Inoculation is in itself a mark of advancement.

More is known today about infantile paralysis than was ever known before. Yet much remain to be known. Not even the cause of infantile paralysis has been discovered. Without the knowledge of the cause it is hard to control the disease. Various health agencies are working in order to discover the cause.

In Chicago now a great research is being carried on in the hope of finding some cure for infantile paralysis. Monkeys are being used in the experiments. It is hoped some new serum or cure will be discovered. Since infantile paralysis is the major cause of crippling, many lives could be saved and the lives of 350,000 children would be brightened if a cure could be found.

The Warm Spring Foundation has done wonders in relieving the suffering of infantile paralysis patients. Possibly President Roosevelt feels his suffering has been worthwhile when he sees the many suffering children relieved by the movement that he sponsored.

The invention of the "iron lung" has meant much to infantile paralysis patients.

Pasteurization and the grading of raw milk have aided tubercular patients.

Physicians seldom now use live maggots to heal infections. A less repulsive method is being used, the changing of the diet and adding sunshine.

Syphilis is now no longer "an ashamed disease." The causes of syphilis have revealed sexual relations are not necessary in order to catch the disease. It is now openly recognized by its name and treatment is administered accordingly.

The United States Government, through the Housing Committee has reduced the number of rachitic diseases. New "small homes" have been constructed and the slum districts have been eliminated. With the addition of adequate diet and sufficient sunshine the foreign children have become stronger.

Accidents have been reduced by safety-first education. Stop-lights alone have reduced the number of deaths.

By the reeducating of the adult cripple and by educating the younger cripple to some vocational work, a happier future lies before them. -The ability to earn a living.

Private individuals and organizations have done much to help crippled children. Especially is this true of the Kiwanis Club, the Shriners, and the Lion's Club.

The Rehabilitation Act has provided an education for the cripple. It was also instrumental in giving jobs to the unemployed.

Perhaps the greatest boon of all to the cripple was the passing of the Social Security Act (1935). It provided a fund which could be directly drawn upon by the welfare workers. It was matched with the state fund.

Much remains to be done in the program for crippled children. Parents must be instructed how to guard children against accidents and disease. Children must be taught how to avoid accidents. Better obstetric care of mothers must be given to reduce crippling due to syphilis. Codliver oil and adequate exposure to sunlight must be given. The tubercular cow must be killed in order to have good milk. Periodic medical examinations will help to reduce the number of crippled children.

Summary and Some Future Implications

The welfare conditions of the average American child have been greatly improved since 1909. The greatest contributing factor in the improvement was the change of the thought systems and the attitudes of the adults regarding children's needs.

The White House Conference: The White House Conference was organized in 1909. It meets once every ten years in regular session.

The White House Conference is non-political in its organization. It is composed of a group of interested social workers and leaders in child welfare from every state in the union.

The major ideals of the White House Conference are: the preservation of the home, the superiority of the foster home over the orphanage, a higher degree of education for every child, and cooperation of Federal, state, and local child caring agencies.

Many of the child reform measures have been brought about through the influence of the White House Conference.

Child Labor: Child labor conditions have been bettered in the last thirty years.

The consolidated school system has enabled many children to receive a higher level of education. This was accomplished through "free" transportation to the school.

The minimum age for child workers has been raised to 14 years.

Compulsory school attendance laws have protected the younger worker.

Industrial legislation laws have protected the older child laborer in industry.

Mother's pensions have furnished an additional income to the family.

The Fair Labor Standard Act of 1938 has given protection to all workers.

Employment certificates have been the means of further protection.

According to the White House Conference the following are some future objectives for the child laborer.

The minimum age of 14 years be raised to 16 years for child workers.

The passing of more protective child labor legislation in industry and agriculture.

The rigid enforcement of the compulsory school law.

The adoption of a minimum wage scale for child workers.

The passing by Congress of a compulsory industrial accident law enforcing the employer to report all accidents.

The passing by Congress of a compensation law for all ill or injured child workers.

The more rigid enforcement of the existing child labor laws.

Physical examinations of all child workers.

Infant Mortality: The rate of infant mortality has been reduced from 150 per 1,000 live births in 1900 to 50 per 1,000 in 1938.

The great reduction in infant mortality has been considered one of the greatest achievements of modern time.

The establishment of pre-natal clinics in which pregnant mothers have received health instructions has helped to reduce the rate of infant mortality.

Parent education classes, where the instruction pertained to pregnancy, have been beneficial.

Nurses have been given special training in the care of premature babies.

By giving the Wasserman blood test to the infant, lives have been saved.

New serums have been discovered.

It was learned improper diet aided in the increase of infant mortality.

Better post-natal care has been given.

Midwives have been trained in obstetrics.

In spite of all modern control the mortality rate for infants due to child diseases has increased.

The following are some of the future objectives in the further reduction of infant mortality.

Reduce the percent of those dying from child diseases.

Lessen the arduous work of pregnant mothers.

Make available to those who need it, the medical knowledge of to-day.

Establish pre-natal clinics in every community.

Find new serums to overcome children's diseases.

Increase the education of the midwives.

Maternal Mortality: Since 1923 the maternal mortality rate has decreased from 7 per 1,000 births to 5.8 per 1,000 in 1939.

Syphilis is one of the major causes of maternal mortality.

Syphilis has been reduced by "publicized" campaigns.

The Wasserman blood test for syphilis has reduced maternal mortality.

Midwives have been a help in reducing maternal mortality, especially in isolated regions.

Midwives are now being trained in midwifery.

Many pre-natal clinics have been established.

Milk and other foods have been furnished pregnant mothers by private, social, and public organizations.

In the future some methods suggested to further reduce maternal mortality would include:

The over-coming of prejudice of some "church goers" and other adults in regard to pre-natal clinics.

The establishment of many more "pre-natal clinics for pregnant mothers.

Post-natal instruction be given every mother.

The further education of midwives.

Crippled Children: The conditions affecting the crippled child have greatly changed in the last thirty years.

The greatest change for the betterment of crippled children came with the passing of the Social Security Act in 1935.

The Social Security Act made funds available for services for crippled children.

The attitude of the American adult is now for not against, the cripple.

Many tubercular cows have been killed.

Pure Food Laws have been passed.

Quarantine laws have been enforced in an effort to control contagious diseases.

Immunization laws have been passed.

Safety-first laws have been passed in order to prevent accidents.

The Federal Housing Committee has made great progress in doing away of slums.

Deaths caused by infantile paralysis have been greatly reduced by medical and social control.

Milk and food have been furnished free to rachitic sufferers by private, social and fraternal organizations.

The use of silver nitrate in the infant's eyes has reduced crippling from blindness.

Special schools and hospitals have been built for the education and protection of cripples.

Special homes have been built to house the cripple.

Money has been raised by different methods, including the sale of infantile paralysis stamps and the President's Ball, for funds to fight infantile paralysis.

Experiments are now being carried on in Chicago, by the use of monkeys in an attempt to find some method of controlling infantile paralysis.

The Warm Springs, Georgia Foundation for Infantile Paralysis has helped many crippled children.

The Kiwanis Club, the Shriners, and the Lions Club have done much for crippled children.

There yet remains much to be done in the future for crippled children, including:

More accurate and early diagnosis of diseases by physicians;

An increase in the knowledge of surgery.

A further reduction of crippling by the finding of new serums to control diseases.

Education of industrial workers and others on how to recognize hazardous conditions, which contributes to accidents.

The observance of Safety-first laws in all work.

The construction of better homes which will provide shelter and sunshine.

The providing of better food for all children.

The establishment of several Government schools and hospitals with available facilities for all crippled children.

An increase in the Federal appropriation under the Social Security Act.

Under the Social Security Act: The Social Security Act of 1935 made financial provision for Maternal and Child Health and for Crippled Children. When the act was amended (1939) the appropriations were increased.

Because of the funds being directly available, conditions for the American child have been improved.

By matching of state funds with Government funds a double amount of money, approximately \$6,000,000 for maternal and child health and 6½ million for crippled children has been available. Even with this amount the total sum was insufficient to meet the required need.

Children are considered Americas greatest asset because they are the future citizens and workers in the process of civilized development which America hopes to retain. Every American child is important because of his future potentiality. The world of tomorrow depends upon the heredity, environment, care and education of the child of today.

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