FACTS ABOUT CRIPPLED CHILDREN

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CHILDREN'S BUREAU
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Contents

Facts About Crippled Children

Federal aid to the States for services for crippled children authorized in the Social Security Act (approved August 14, 1935, and amended August 10, 1939), has made possible the development of a Nation-wide program of medical, surgical, and aftercare services for the physical restoration and social readjustment of crippled children.

The conduct of this program is bringing to light information not heretofore available for all the States about the numbers and location of crippled children, the causes of crippling conditions, the care such children need, and the costs of care.

How Many Crippled Children Are There?

Since the passage of the Social Security Act, registers for crippled children have been established by each official State agency administering these services.

The registers of crippled children in the 48 States, Alaska, the District of Columbia, Hawaii, and Puerto Rico on June 30, 1944, included the names of 373,177 crippled children. The children registered are those under 21 years of age who are living in the State or Territory and who are suffering from crippling conditions as determined by the diagnosis of a licensed physician under the definition given in the State or Territorial law or regulation. Included are children under care or awaiting care by the official crippled children's agency or under other public or private auspices. The number of crippled children on State registers increases as the States develop more effective methods of locating crippled children and broaden the types of crippling conditions covered.

What Are the Causes of Crippling Conditions?

Information received in a special report from State agencies regarding the crippled children on State registers indicated that 97 percent of the children so registered were suffering from orthopedic or plastic conditions, and 3 percent were suffering from other types of crippling conditions.

Among the major causes of crippling, as shown by State registers, are infantile paralysis, congenital defects, birth injuries, accidents, rickets, osteomyelitis, and bone and joint tuberculosis. It is recognized that there are many other types of crippling conditions among children for which little or no provision for care has been made, such as disabilities arising from impaired vision, impaired hearing, and diabetes. A begin-

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ning has been made in the provision of care for children with rheumatic fever or heart disease.[1]

Except for certain congenital defects the causes of crippling or the crippled conditions which result are to some degree preventable. In the majority of cases proper treatment given in time will result in physical restoration or will materially reduce the child's handicap.

What Progress Has Been Made by Public Agencies for Care and Treatment?

Over a number of years notable work for crippled children has been carried on by private organizations, both in providing direct services for crippled children and in urging appropriations from public funds for the extension of such services.

The first public hospital devoted to the care of crippled children was established in Minnesota in 1897. The first State law that made provision for services on a State-wide basis was enacted in Ohio in 1919.

By 1934, 35 States had made some provision for funds for the care of crippled children, although in several of these States the appropriations were so small that only a few children could be cared for. In relatively few States was it possible to conduct a State-wide program providing diagnosis, medical and surgical care, hospitalization, and aftercare services for any substantial number of crippled children.

On August 14, 1935, the Social Security Act became a law and 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 for this purpose made funds available for grants to the States on February 1, 1936, and the States then began to submit State plans as required in requesting Federal grants.

By June 30, 1937, 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. In the 8-year period since February 1, 1936, services for crippled children, under the provisions of the Social Security Act, have been established in every State, the District of Columbia, Alaska, Hawaii, and Puerto Rico.

Children's Bureau Publication No. 258, which is available upon request,

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[1] The following Children's Bureau publications deal with the subject of rheumatic fever:

State Programs for Care of Children With Rheumatic Fever Under the Social Security Act, title V, part 2. 1943.

Some Facts About Rheumatic Fever. 1943.

The Virginia Program for Children With Rheumatic Fever. Reprint from The Child (January) 1942.

Social Planning for Children With Rheumatic Heart Disease. Reprint From The Child (January) 1941.

Proceedings of Conference on Rheumatic Fever. 1944. (In press.)

describes in detail the development of the crippled children's program and the progress made in each State in extending and improving its services.

How Does the Federal Government Help Finance the Program?

The Social Security Act, title V, part 2, as amended (1939) authorizes the appropriation annually of $3,870,000 for Federal grants to the States to help them "extend and improve (especially in rural areas and in areas suffering from severe economic distress) * * * services for locating crippled children, and for providing medical, surgical, corrective, and other services and care, and facilities for diagnosis, hospitalization, and aftercare, for children who are crippled or who are suffering from conditions which lead to crippling." Grants are made to the States upon approval by the Chief of the Children's Bureau of State plans for such services.

Under the terms of the act as amended the sum of $20,000 is allotted by the Secretary of Labor to each State (total $1,040,000), and the sum of $1,830,000 is allotted on the basis of the need in each State after the number of crippled children in need of care and the costs of furnishing care have been taken into consideration. These amounts (total $2,870,000) are available for expenditure for services for crippled children under approved State plans when matched by State funds. The remaining amount ($1,000,000), first authorized under a 1939 amendment, is available for grants to the States without the requirement for matching by State funds. It is allotted by the Secretary of Labor according to the financial need of each State for assistance in carrying out its State plan after taking into consideration the number of crippled children in the State who need care and the cost of furnishing services to them. This fund makes possible the provision of services for additional children in States with limited financial resources; expansion of the program to include other types of crippling conditions, such as rheumatic heart disease; and provision for emergencies, such as epidemics of infantile paralysis.

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

Fiscal year:	
1936	$732,492.33
1937	2,011,606.04
1938	2,691,869.82
1939	2,997,914.77
1940	3,378,985.56
1941	3,919,837.04
1942	4,053,292.08
1943	3,862,531.29
1944	3,781,751.77

How Are the Services Administered?

The crippled children's program and the maternal and child-health program (also included under provisions of the Social Security Act) are administered by the Children's Bureau in its Division of Health Services, with a medical director in charge and with medical, medical-social, and public-health-nursing staff to give consultant service to the State agencies in formulating their plans and carrying on their services for crippled children. A part-time orthopedic consultant is available when needed.

The annual plan for services for crippled children, submitted by each State crippled children's agency to the Chief of the Children's Bureau, embodies the State's request for the Federal aid offered, explaining how the funds will be used in accordance with the requirements of the Social Security Act. If the State plan is in conformity with the requirements, the Chief of the Children's Bureau approves the plan, and the Secretary of Labor certifies to the Secretary of the Treasury the payments to be made to the State for services for crippled children.

The Children's Bureau receives quarterly reports on the registration of crippled children and services rendered to crippled children in the States. These reports are summarized and are issued annually for the United States as a whole. Special studies to promote the efficient administration of the program are also made by the States and by the Children's Bureau.

An advisory committee on services for crippled children, appointed by the Secretary of Labor, assists the Children's Bureau in the development of policies affecting the administration of title V, part 2, of the Social Security Act. The advisory committee on services for crippled children is composed of orthopedic surgeons, pediatricians, nurses, medical-social workers, physical-therapy technicians, and others experienced in the care of crippled children and in the administration of services for their benefit. Its recommendations and those of the State and Territorial health officers are of great assistance in the development of State programs.

What Services Are Included in a State Program?

A summary of the State plans in operation for the fiscal year ending June 30, 1944, shows the program administered in 29 States by the department of health, in 10 by the department of welfare, in 5 by a crippled children's commission, in 5 by the department of education, and in 3 by State university medical school or hospital.

Federal funds for crippled children's services have made possible the development of State-wide programs where they did not previously exist and the extension and improvement of programs already being administered by other public and private agencies and organizations. The State programs vary widely, since each State has been guided in developing its program by its own needs and resources.

A State plan usually provides for a State administrative staff, including

one or more physicians, public-health nurses, physical-therapy technicians, and medical-social workers. Local physicians, public-health nurses, social workers, school officials, and members of community groups aid in locating crippled children and report them to the State crippled children's agencies. The State agency employs qualified orthopedic surgeons and pediatricians to conduct diagnostic and treatment clinics. When a child needs more extensive treatment than can be provided at the clinic, the State agency arranges for his care by an orthopedic surgeon and other physicians at an approved hospital and pays for these services. The State agency arranges for aftercare services needed to complete the child's physical restoration and social readjustment.

At the present time many orthopedic surgeons and other physicians who formerly participated in the State services for crippled children are now serving in the armed forces. This has necessitated certain changes in State programs with regard to location and frequency of clinics, hospitals used, and number of physicians and surgeons engaged in providing diagnostic and treatment services. In some instances children in need of care cannot be furnished with the necessary medical, nursing, or physiotherapy services so promptly as formerly. In order to care for those most urgently in need of such services special consideration is given to those children with crippling conditions requiring prompt attention which, if neglected for any considerable period, would have a detrimental effect upon the welfare of the child.

The various war agencies concerned with rationing and priorities of materials have consistently given careful consideration to the special needs of crippled children, particularly as these needs apply to the use of metal for braces, purchase of special shoes, and the rationing of gasoline for transporting the children to clinics for treatment. Safeguards have been provided that will permit continuation of the essential services to this group during the present National emergency.

The program of services that every State aims to provide through the crippled children's agency established under State law includes the following features:

1. Locating all crippled children.
2. Providing skilled diagnostic services by qualified surgeons and physicians at State clinics located in permanent centers or held periodically in other centers so as to be accessible to all parts of the State.
3. Maintaining a State register of all crippled children in the State.
4. Selecting properly equipped hospitals, convalescent homes, and foster homes throughout the State and providing for the care of crippled children at such hospitals and homes.
5. Providing skilled medical, surgical, nursing, medical-social, and physical-therapy services for children in hospitals, convalescent homes, and foster homes.

FEDERAL GRANTS TO STATES FOR CRIPPLED CHILDREN'S SERVICES UNDER THE SOCIAL SECURITY ACT

[Title V, part 2, of the Social Security Act, as amended]

Federal Funds Available and Federal Funds Requested as of March 15, 1944, in State Plans Approved by the Chief of the Children's Bureau for the Fiscal Year Ending June 30, 1944

State [1]	Total		Fund A (matching required)		Fund B (matching not required)	
	Federal funds available for fiscal year 1944 [2]	Requests for Federal funds approved for fiscal year 1944	Federal funds available for fiscal year 1944	Requests for Federal funds approved for fiscal year 1944	Federal funds available for fiscal year 1944	Requests for Federal funds approved for fiscal year 1944
United States	[3] [4] 5,142,389.75	4,437,542.54	[3] 3,779,610.16	3,215,359.98	[4] 1,362,779.59	1,222,182.56
Alabama	97,281.49	97,281.49	74,936.00	74,936.00	22,345.49	22,345.49
Alaska	74,046.40	32,027.29	63,038.11	21,019.00	11,008.29	11,008.29
Arizona	44,099.10	44,099.10	35,022.65	35,022.65	9,076.45	9,076.45
Arkansas	80,136.69	80,136.69	61,681.14	61,681.14	18,455.55	18,455.55
California	168,145.61	166,072.00	97,005.59	95,667.00	71,140.02	70,405.00
Colorado	55,168.33	55,168.33	32,696.00	32,696.00	22,472.33	22,472.33
Connecticut	98,033.22	92,729.61	67,808.68	62,505.07	30,224.54	30,224.54
Delaware	66,775.73	9,301.00	61,944.78	6,298.00	4,830.95	3,003.00
District of Columbia	81,298.39	81,298.39	29,669.23	29,669.23	51,629.16	51,629.16
Florida	72,833.82	72,833.82	54,877.01	54,877.01	17,956.81	17,956.81
Georgia	133,639.77	133,639.77	115,855.18	115,855.18	17,784.59	17,784.59
Hawaii	54,062.91	53,887.07	45,274.66	45,098.82	8,788.25	8,788.25
Idaho	55,786.61	46,385.00	31,170.00	31,170.00	24,616.61	15,215.00
Illinois	152,823.20	152,823.20	128,822.68	128,822.68	24,000.52	24,000.52
Indiana	81,756.81	78,260.00	66,337.77	63,620.00	15,419.04	14,640.00
Iowa	125, 865. 46	125, 865. 46	71, 267. 63	71, 267. 63	54, 579. 83	54, 597. 83
Kansas	67, 608. 27	59, 826. 00	47, 513. 77	43, 920. 00	20, 094. 50	15, 906. 00
Kentucky	94, 237. 42	94, 237. 42	72, 788. 47	72, 788. 47	21, 448. 95	21, 448. 95
Louisiana	102, 471. 03	102, 471. 03	88, 078. 72	88, 078. 72	14, 392. 31	14, 392. 31
Maine	48, 018. 20	48, 018. 20	33, 507. 64	33, 507. 64	14. 510. 56	14, 510. 56
Maryland	91, 257. 48	91, 257. 48	58, 248. 02	58, 248. 02	33, 009. 46	33, 009. 46

Massachusetts	100, 753. 07	100, 753. 07	88, 601. 06	88, 601. 06	12, 152. 01	12, 152. 01
Michigan	148, 383. 43	148, 024. 52	91, 141. 82	90, 782. 91	57, 241. 61	57, 241. 61
Minnesota	145, 291. 10	145, 291. 10	65, 678. 35	65, 678. 35	79, 612. 75	79, 612. 75
Mississippi	90, 735. 15	90, 057. 99	61, 982. 36	61, 305. 20	28, 752. 79	28, 752. 79
Missouri	95, 898. 36	95, 771. 26	71, 979. 40	71, 852. 30	23, 918. 96	23, 918. 96
Montana	47, 835. 92	34, 829. 00	36, 216. 61	28, 536. 00	11, 619. 31	6, 293. 00
Nebraska	69, 814. 16	69, 814. 16	42, 496. 86	42, 496. 86	27, 317. 30	27, 317. 30
Nevada	69, 045. 76	9, 799. 00	61, 657. 10	7, 000. 00	7, 388. 66	2, 799. 00
New Hampshire	69, 879. 95	27, 004. 56	63, 330. 30	20, 454. 91	6, 549. 65	6, 549. 65
New Jersey	153, 935. 13	153, 935. 13	127, 018. 85	127, 018. 85	26, 916. 28	26, 916. 28
New Mexico	42, 967. 29	35, 234. 00	36, 997. 29	29, 264. 00	5, 670. 00	5, 970. 00
New York	248, 112. 79	206, 543. 23	248, 112. 79	206, 543. 23	.....	.....
North Carolina	112, 108. 06	112, 108. 06	91, 476. 29	91, 476. 29	20, 631. 77	20, 631. 77
North Dakota	46, 001. 78	46, 001. 78	40, 006. 39	40, 006. 39	5, 995. 39	5, 995. 39
Ohio	140,692.48	140,692.48	111,454.05	111,454.05	29,238.43	29,238.43
Oklahoma	114,230.23	114,230.23	60,797.87	60,797.87	53,432.36	53,432.36
Oregon	40,032.26	40,029.00	32,779.36	32,779.00	7,252.90	7,252.00
Pennsylvania	196,836.17	176,437.91	174,139.32	159,668.91	22,696.85	16,769.00
Puerto Rico	83,702.26	83,702.26	67,900.90	67,900.90	15,801.36	15,801.36
Rhode Island	87,626.85	44,890.00	58,148.39	24,290.00	29,478.46	20,600.00
South Carolina	96,977.19	96,627.19	56,864.21	56,514.21	40,112.98	40,112.98
South Dakota	37,592.59	37,196.16	29,362.63	28,966.20	8,229.96	8,229.96
Tennessee	110,484.94	89,613.08	84,108.08	75,822.08	26,376.86	13,791.00
Texas	179,848.27	162,464.00	121,546.27	115,548.00	58,302.00	46,916.00
Utah	71,012.88	66,860.63	34,341.56	33,343.15	36,671.32	33,517.48
Vermont	68,016.63	21,425.00	62,207.80	16,900.00	5,808.83	4,525.00
Virginia	98,396.68	92,139.00	52,621.09	50,775.00	45,775.59	41,364.00
Washington	97,051.21	64,760.00	46,928.31	34,840.00	50,122.90	29,920.00
West Virginia	70,937.21	63,380.00	55,965.91	51,258.00	14,971.30	12,122.00
Wisconsin	130,492.98	130,492.98	82,938.00	82,938.00	47,554.98	47,554.98
Wyoming	69,790.96	19,817.41	63,773.55	13,800.00	6,017.41	6,017.41

[1] The term "State" includes the District of Columbia, Alaska, Hawaii, and Puerto Rico.

[2] Includes, in addition to the allotment for fiscal year 1944, any balance of Federal funds in the State July 1, 1943, and the unrequested 1942 and 1943 allotments available for budgeting for the fiscal year 1944.

[3] Includes $119,493.66 fund A reserved for later apportionment.

[4] Includes $43,066.41 fund B reserved for later apportionment.

6. Providing medical, nursing, medical-social, and physical-therapy services at home for crippled children who are not in need of hospitalization or who have been returned home following hospital or convalescent care.
7. Cooperating with other agencies in arranging for education and vocational training for crippled children.
8. Cooperating with professional groups, with private organizations, and with public and private agencies in providing services for crippled children.
9. Coordinating State and local services for the care of crippled children.

Since January 1, 1940, several State agencies have inaugurated services for children suffering from rheumatic fever and heart disease. These services are usually confined to an area within the State where adequate facilities and services are available for the diagnosis, treatment, and supervision of children accepted for care. Such programs had been approved, by January 1944, in 17 States (California, Connecticut, the District of Columbia, Idaho, Iowa, Maine, Maryland, Michigan, Minnesota, Nebraska, Oklahoma, Rhode Island, South Carolina, Utah, Virginia, Washington, and Wisconsin). Additional informational bulletins describing the State rheumatic-fever programs are available and may be obtained upon request from the Children's Bureau, U. S. Department of Labor, Washington, D. C.

In accordance with a 1939 amendment to the Social Security Act, State crippled children's agencies have been required, since January 1, 1940, to provide in their State plans for the employment of all personnel on a merit basis, either under a State civil-service system, where such exists, or under a merit-system plan of personnel administration established by State executive action. Recommendations of national professional organizations and standards set by national examining boards with regard to essential qualifications for surgeons and other professional personnel are being used by State agencies as guides in establishing requirements for the selection of the members of the State staff and of those to whom children are to be sent for treatment.

Most of the State crippled children's agencies have the assistance of advisory committees representing the professional groups concerned in the program, the agencies experienced in providing care for crippled children, and the organizations actively concerned with obtaining care for crippled children. Such committees advise with regard to standards for personnel and for hospital and convalescent facilities and with regard to the extension and improvement of the services under the program.

Surgical and medical fees and hospital costs and rates are reviewed by the State agencies, with the assistance of their advisory committees, in arriving at an equitable basis of payment.

What Services Are Provided?

During the year ended June 30, 1944, the following services for crippled children were reported by State agencies:

Visits for medical service to diagnostic and treatment clinics	183,086
Children under care in hospitals [1]	31,428
Days' care provided in hospitals	1,228,158
Children under care in convalescent homes [1]	5,660
Days' care provided in convalescent homes	444,776
Children under care in foster homes [1]	1,190
Days' care provided in foster homes	92,438
Visits by public-health nurses	158,661
Visits by physical therapists	176,744
Children given medical-social service	21,841
Children referred for vocational rehabilitation	5,952

[1] Including readmissions.

How Does a Child Obtain Care?

The parents or friends of a crippled child needing care that his family cannot provide report the child's name to the State crippled children's agency. Children needing care are also reported to the State agency by local physicians, public-health nurses, social workers, school officials, and other individuals or groups who are helping to locate crippled children.

As soon as possible after receiving the name of a crippled child, the State agency arranges for diagnosis of the child's condition at a crippled children's clinic.

If hospitalization is necessary, the State agency arranges for the child's admission to an approved hospital as near home as possible where 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 leaves the hospital, medical treatment and other aftercare services are provided as needed in a convalescent home, a foster home, or the child's own home.

The purpose of the crippled children's program for each child served is to attain for him the maximum physical restoration possible and to aid him in adjusting to life at home and in the neighborhood and in taking advantage of opportunities for education and vocational training.

What Provisions Are There for Education?

Some States through their departments of education provide the funds necessary to cover the costs of special education for crippled children. Such costs include, for example, transportation of the children to school, special equipment to aid children in surmounting their handicaps or to be used in their physical training, teachers specially trained to work with crippled children, and teaching service for crippled children in hospitals or at home. In many States crippled children's agencies are working in cooperation with State departments of education to obtain additional services that are greatly needed.

What Provisions Are There for Vocational Training?

When the children reach the age of 16 years, vocational training is made available from funds provided jointly by the State and Federal Governments for the vocational rehabilitation of the physically disabled. Through cooperative arrangements provision is also made in a number of States for vocational guidance to crippled children who are under the age at which they may be accepted for training by the State vocational-rehabilitation service.

Vocational-rehabilitation services in all the States will be expanded under the provisions of the Barden-LaFollette Vocational Rehabilitation Act, approved July 6, 1943, which is planned to meet the needs of physically disabled civilians of employable age. The Federal grants to the States for vocational rehabilitation are administered by the Federal Security Agency through the Office of Vocational Rehabilitation, and in the States the vocational-rehabilitation service is associated with the State department of education. Under the Barden-LaFollette Act, in addition to vocational education and training, corrective medical services and hospital care may now be provided for eligible individuals of employable age, some of whom will be under 21 years of age.

In order to avoid the duplication of services already available to crippled youths under State crippled children's programs, the Federal Office of Vocational Rehabilitation and the Division of Health Services of the Children's Bureau have agreed jointly on the policy that State vocational-rehabilitation services shall refer to the State crippled children's agencies all patients under 21 years of age who have crippling conditions for which diagnostic and treatment services may be provided under the crippled children's program. There will be joint planning by the State crippled children's agencies and the State vocational-rehabilitation agencies for physical restoration and for the vocational education and training of individual crippled children who are of employable age and who demonstrate vocational aptitudes and physical and mental capacities for specific types of training in selected trades and crafts.

What Measures Are Taken To Prevent Crippling Conditions?

An important feature of a crippled children's program is the effort to reduce the chances that children will be crippled and to provide prompt care for all children suffering from disease or injury that may result in physical handicap.

Individual and community effort is important in the prevention of physical handicaps. Parents must be instructed how to guard children against accidents and disease. Children must be taught how to avoid accidents. Better obstetric care for mothers will reduce birth injuries and crippling due to syphilis. Cod-liver oil and adequate exposure to sunlight will largely prevent and cure rickets. The use of pasteurized

milk from cows free from tuberculosis and the protection of children against exposure to active cases of tuberculosis are factors in preventing bone and joint tuberculosis. Periodic medical supervision of children, especially in the preschool period, will reveal injuries and incipient disease at a stage when treatment can be most effective. Precautions to protect children against accidents in the home and on the farm and safety campaigns to prevent highway and other accidents will reduce the number of children injured and crippled.

With Federal and State funds now available it is possible for the State crippled children's agencies, during epidemics of infantile paralysis, encephalitis, or meningitis, for example, to provide immediate diagnosis and treatment so as to prevent or reduce the physical handicap that may follow the disease.

As the State crippled children's agencies accumulate experience, they are in an increasingly better position to inform parents, physicians, nurses, and others who care for children of the ways to prevent the conditions that bring to children the danger of physical handicap.

How Do Public and Private Agencies Cooperate?

Many private organizations and individuals are maintaining hospitals and are raising funds to provide care for crippled children. In some States in which sufficient State appropriations have not yet been made, private funds have been made fully available for public use under the supervision of the State crippled children's agency in order that the State may receive its entire allotment of Federal funds for which matching is required.

There is continuous cooperation between the private groups and agencies interested in crippled children and the officials administering the State crippled children's programs. Citizens' groups are active in locating crippled children, in helping to arrange for and conduct crippled children's clinics, and in providing transportation for crippled children to the clinics and to hospitals. In arranging for the care of crippled children the State agencies make use of private as well as public hospitals and convalescent homes. Private groups frequently provide supplementary equipment and recreational supplies during the convalescent or aftercare period.

The most important contribution of private groups, including professional associations, is their continuing interest in the improvement in the quality of care made available for crippled children. Their representatives on the State advisory committees and on the advisory committee for the Federal Children's Bureau share in formulating standards for the selection of surgeons and other professional personnel and for the approval of hospitals, convalescent homes, and foster homes to which crippled children are to be sent. The interest and understanding of private groups are frequently responsible for improvement in public and private facilities used for the care of crippled children.

State Agencies Administering Services for Crippled Children

Alabama.....	State Department of Education, Division of Vocational Education, Montgomery.
Alaska.....	Territorial Department of Health, Division of Maternal and Child Health and Crippled Children, Juneau.
Arizona.....	State Department of Social Security and Welfare, Division for Crippled Children, Phoenix.
Arkansas.....	State Department of Public Welfare, Crippled Children's Division, Little Rock.
California.....	State Department of Public Health, Crippled Children's Services, San Francisco.
Colorado.....	State Division of Public Health, Division of Crippled Children, Denver.
Connecticut...	State Department of Health, Bureau of Child Hygiene, Division of Crippled Children, Hartford.
Delaware.....	State Board of Health, Services for Crippled Children, Dover.
District of Columbia.	Health Department of the District of Columbia, Bureau of Maternal and Child Welfare, Washington.
Florida.....	Crippled Children's Commission, Tallahassee.
Georgia.....	State Department of Public Welfare, Crippled Children's Division, Atlanta.
Hawaii.....	Territorial Board of Health, Bureau of Crippled Children, Honolulu.
Idaho.....	State Department of Public Health, Bureau of Maternal and Child Health and Crippled Children, Boise.
Illinois.....	University of Illinois, Division of Services for Crippled Children, Springfield.
Indiana.....	State Department of Public Welfare, Services for Crippled Children, Indianapolis.
Iowa.....	State Board of Education, Crippled Children's Services, Iowa City.
Kansas.....	Crippled-Children Commission, Wichita.
Kentucky.....	State Department of Health, Crippled-Children Commission, Louisville.

Louisiana	State Board of Health, Division of Preventive Medicine, Division of Crippled Children's Services, New Orleans.
Maine	State Department of Health and Welfare, Bureau of Health, Division of Medical Service, Augusta.
Maryland	State Department of Health, Service for Crippled Children, Baltimore.
Massachusetts	State Department of Public Health, Services for Crippled Children, Boston.
Michigan	Crippled-Children Commission, Lansing.
Minnesota	State Department of Social Security, Division of Social Welfare, Bureau for Crippled Children, St. Paul.
Mississippi	State Board for Vocational Education, Crippled Children's Services, Jackson.
Missouri	University of Missouri, State Crippled Children's Service, Columbia.
Montana	State Board of Health, Division of Crippled Children, Helena.
Nebraska	State Board of Control, Division of Child Welfare and Services for Crippled Children, Lincoln.
Nevada	State Department of Health, Division of Maternal and Child Health and Crippled Children Services, Reno.
New Hampshire	State Board of Health, Division of Maternal and Child Health and Crippled Children's Services, Concord.
New Jersey	Crippled Children's Commission, Trenton.
New Mexico	State Department of Public Welfare, Division of Crippled Children's Services, Santa Fe.
New York	State Department of Health, Division of Orthopedics, Albany.
North Carolina	State Board of Health, Division for Crippled Children, Raleigh.
North Dakota	Public-Welfare Board of North Dakota, Division of Child Welfare, Bismarck.
Ohio	State Department of Public Welfare, Division of Social Administration, Services for Crippled Children, Columbus.
Oklahoma	Commission for Crippled Children, Oklahoma City.
Oregon	University of Oregon Medical School, Division of Crippled Children, Portland.
Pennsylvania	State Department of Health, Crippled Children's Service, Harrisburg.

Puerto Rico	Insular Department of Health, Bureau of Infant Hygiene, Bureau for Services for Crippled Children, San Juan.
Rhode Island	State Department of Health, Crippled Children's Division, Providence.
South Carolina	State Board of Health, Division of Crippled Children, Columbia.
South Dakota	State Board of Health, Division of Crippled Children, Pierre.
Tennessee	State Department of Public Health, Services for Crippled Children, Nashville.
Texas	State Department of Education, Division of Crippled Children, Austin.
Utah	State Department of Health, Crippled Children's Service, Salt Lake City.
Vermont	State Department of Public Health, Crippled Children's Division, Burlington.
Virginia	State Department of Health, Crippled Children's Bureau, Richmond.
Washington	State Department of Health, Division of Maternal and Child Hygiene and Crippled Children's Services, Seattle.
West Virginia	State Department of Public Assistance, Division of Crippled Children, Charleston.
Wisconsin	State Department of Public Instruction, Bureau for Handicapped Children, Crippled Children's Division, Madison.
Wyoming	State Department of Public Health, Division for Crippled Children, Cheyenne.

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