Planning for the blind in Lebanon.

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http://hdl.handle.net/2144/11229

Boston University
PLANNING FOR THE BLIND IN LEBANON

by

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(Beirut College for Women, B.A., 1954)

Submitted in partial fulfillment of the requirements
for the degree of Master of Education
June 1956
First reader: Helen Blair Sullivan, Professor of Education

Second reader: W. Linwood Chase, Dean of the School
Just Give us a Chance

"Now all we ask, is a chance in the world,
   An even chance with the rest;
A chance, whereby, we may earn our bread;
   A chance to do our best.
Don't feast upon all that's good yourself,
   And then throw us a bone,
But give us a chance to earn our way
   Unaided, and alone!"

Don't turn a man down because he is blind,
   And can't see a ray of light,
He may be just the fellow you need,
   B'cause of his clear insight.
There are men who are big and strong
   Some who are frail and weak
But all have tramped the streets o'er and o'er
   As honest work they seek.

Some are old, some young, some morbid, some gay,
   And some use a crutch or cane,
To shove them aside won't help them much
   To win in life's hard game.
"Just give us a chance!" is all they ask,
   "A chance to rise not sink."
And this same chance saves many of them
   The downward road to drink.

The world is wide, there is room for us all,
   Tho' crippled, blind, or aged;
So don't be afraid he'll shirk his work
   And thus not earn his wage;
But give him a job where he can climb,
   We all like to advance,
And I'm sure he will make good, if we
   Only give him a chance!

by Nellie Hazeltine
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Although there is a growing awakening among many of the people in Lebanon, and although professional social welfare people are working hard to educate public opinion, it has to be admitted that compared to other countries, the care for the blind in Lebanon is still in its infancy. Sentiments of pity and charity are prevalent.

The blind in Lebanon are still looked upon as those unfortunate "fellows in the dark," helpless, incapable of producing the least; and what could they be given in return other than pity? Few of the seeing realize that such human beings have talents of their own and that if helped in a proper way they can become useful citizens.

It is a mistake to isolate the blind by grouping them in a special class. It is an even greater error to think that these people are all alike for they are as diverse as are those who can see. They fit in different categories ranging from the partially seeing to the totally blind; there are those born blind, those blinded later in life, those who have partial sight and those who have been totally blind but have recovered some degree of vision through surgery or other medical treatment.
This thesis will be mainly concerned with those who are totally blind. The writer will analyze the problem and will suggest ways of better care for those handicapped in Lebanon. This country suffers from a lack of general statistics. The schools for the blind have their own limited statistics which in themselves are inadequate. Any research on the subject, therefore, must be based on personal investigation. In spite of the disadvantages such a scheme is the only way possible until cooperation of the Lebanese government is provided.

The statistics included in this study were collected by the writer herself in 1954. They involve 212 blind only. They exclude beggars and probably a few more blind persons in the city of Beirut, considering that in Lebanon the number of the blind is estimated to be one thousand. Although incomplete, the research gives the reader some idea about the causes of loss of vision, the age at onset of blindness, employment, literacy and marital status of 212 blind persons in the city of Beirut.

It is hoped that this thesis will be an incentive for better help on the part of both the people and the government of Lebanon.
CHAPTER II
BLINDNESS

Definition -- The definition of blindness is wide in scope and varies from one place to the other. Thus the number of the blind in a country depends on the definition adopted by that particular country. In England, as well as in other European states, a person whose visual acuity is between 6/60 and 3/60 in the better eye with correction, is labeled blind. In America, however, the definition of the blind includes the individual whose visual acuity is 20/200.

Generally we may define a blind person as being:
"one who is unable to distinguish light from darkness by vision, whose eyes are removed or their functioning for visual purposes wholly destroyed."\(^1\)

Causes -- Blindness may result from congenital and hereditary lesions, from infectious diseases, from non-infectious systemic diseases, from glaucoma, cataract, traumatic injuries. These diseases vary in their importance as causes of blindness, depending on the degree of modern treatments available in a specific country.

\(^1\)Richard French, From Homer to Helen Keller, American Foundation for the Blind, Inc., 125 East 46th St., New York, 1932, p. 5.
Any approach to the problem of the blind must necessarily begin with a medical review of the causes of blindness. This is essential because prevention is an all-important aspect of the problem.

The following classification had been adopted by the Committee of Prevention of Blindness in London 1931, and has been in use for years in Egypt.

Due to congenital and hereditary lesions

The most common are:

Anophthalmos -- condition of failure of the eyes to develop at all; microphthalmos where there is rudimentary development in varying degrees of the eyes -- both are congenital and hereditary.

Optic atrophy -- manifesting itself as postnatal disease -- usually the unaffected mother passes it on to her male baby. It is markedly hereditary.

Cxycephaly -- Irregular development of the bones of the skull -- usually resulting in optic atrophy.

Buphthalmia or congenital glaucoma -- enlargement of the cornea and drainage of the eye.

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Albinism -- pigment deficiency -- absence of the choroidal pigments causing glare and internal reflection in the eyes.

Muscular dystrophies of different kinds may affect vision at or after birth. They result in impairment or complete loss of central vision.

Retinitis pigmentosa -- increasing contraction of the visual field along with night blindness.

Retinoblastoma -- is malignant tumor present at birth and may result in total blindness.

Aniridia is when the iris fails to develop -- It is markedly hereditary.

Congenital cataract is not serious when it is partial affliction. But when it is extensive it may interfere seriously with vision. The most common is that due to German measles affecting the mother during pregnancy.

Congenital dislocation of the lens -- this usually is bilateral.

Retrolental fibrophasia affects infants born prematurely. It was recently discovered that the cause is the excess of oxygen given to premature babies.

Infectious Diseases

Ophthalhia Neonatorum is usually conjunctivitis generating pus and may cause total damage to the eye.
Syphilis -- most acute is interstitial keratitis. It is hereditary in origin. Loss of sight may also occur in complicated cases of acquired syphilis. The deeper structures of the eyes get involved along with the cornea which becomes hazy. In acquired syphilis the optic nerve may be affected causing complete loss of sight.

Diphtheria -- if not treated properly by antitoxic serum may cause weakness in the eyes and leave them subject to infection.

Smallpox -- may cause blindness -- involvement of the cornea along with the formation of scars often result in the complete loss of vision.

Trachoma a granular conjunctivitis is a chronic contagious disease of the conjunctiva and the cornea. This is a very common cause of blindness in the Orient.

Ocular tuberculosis -- occurs usually with young adults. It is rare, but when it does occur, it means there is active T.B. elsewhere in the body.

Other infectious diseases -- as gonorrhea, meningitis, scarlet fever, typhoid, cholera, typhos may also weaken the vision and leave the eyes subject to infection.

Non-infectious systemic diseases

Arteriosclerosis and hypertension -- this may cause loss of sight as a result of the overflow of blood
into the tissues that affect the seeing membranes of the eyes.

Kidney disease -- such complications may impair the vision permanently.

Diabetes -- in those cases when the hemorrhage becomes very strong and cause glaucoma.

Vitamin deficiencies -- causing amblyopia (dimness of vision) -- such as beriberi and pellagra

Toxic poisoning -- may result in weakness of vision due to the inflammation of the retina and the optic nerve. Toxic drugs may result in complete loss of sight when they develop into glaucoma or cataract.

Glaucoma does involve a group of pathological conditions. It is very serious and common all over the world. When occurring in young people it is known as juvenile glaucoma. It is not very common before the age of thirty-five. There are two kinds, the primary and the secondary. In both cases there is an increased pressure inside the eye. The cause of this tension in the primary kind is not known, while in the secondary the cause may be due to trauma, changes in the lens, intra-ocular tumors and hemorrhages, detachment of the retina, congenital anomalies such as buphthalmos. Glaucoma cannot be completely cured but may be stopped or decreased.
Cataract is an outstanding eye disease. It may occur at any age but is usually known as an old age defect. It causes loss of transparency in the lens. Aside from congenital cataract there is the senile form which belongs to the aged and is the most common cause of blindness.

Sympathetic ophthalmitis -- A bilateral inflammation of the entire uveal tract. It is characterized by a sudden onset ending disastrously. The direct cause is unknown.

Traumatic and chemical injuries -- Accidents generally rate high as causes of blindness especially in industrial countries -- chemical injuries may also lead to the loss of vision.

The causes of blindness already mentioned do have a bearing on the attitudes and patterns of behavior exhibited by those afflicted.

Attitudes and Patterns of Behavior -- The most important effects on the blind are caused by the attitudes of the family and of friends. The early home influences and the environment are of major importance. They are, however, doubly so for the blind. The handicap tends to limit the person to home contacts and he is much less
capable of stepping further than the immediate environment. As a result overprotection on the part of the parents is a common attitude. It is not easy for them to treat their sightless child just as they would their normal one. Be it the result of guilt feeling or of genuine affection, overprotection is a hindrance to the independence of the blind child. Some parents go as far as feeding their handicapped child without giving him the chance to try it alone. Some parents even refuse to allow their child to go outdoors all by himself for fear he may stumble and get injured. On the other hand, the attitude of rejection on the part of some parents may drive them to deny their child's existence, not allowing him to appear in public, or to send him to an institution for foster care.

In countries where care for the blind is inadequate the blind have no choice other than to remain helpless, dependent, waiting to be fed and sheltered; or to beg, as many of the blind prefer to do so rather than feel like a social jelly-fish.

The attitude of the seeing then becomes that of charity and pity. In Lebanon, as well as in other Asiatic countries, it has become very natural for the passer-by to

see the blind scattered on the streets, for "the side walk is where those fellows in the dark belong!"

Concerning the blind themselves, in spite of the fact that they may adjust themselves physically to the loss of their eye-sight, they still have to cope with the emotional adjustment which is by far harder to achieve and which is too slow if no proper help is extended. As a result some blind become timid and their shyness may induce them to react with marked dependence and extreme fear of the unknown. Also, some may become aggressive and would try to force and impose themselves into whatever activities they may encounter. There are always those who crave for attention and who seek it in many ways ranging from regressions such as baby talk to neurotic behavior such as hysterical heart attacks. Still some others cling to whatever adulation they may receive from either friends or parents; this leaves them with a feeling of superiority ready to rebel against any attempt toward education or employment. Another common attitude is that of "the world owes me a living" -- this is when the blind consider that special continual help of friends, community and state is a rightful duty. Let us not overlook those who commercialize their handicap -- and make a profession out of their begging.

No matter how "well adjusted" a blind person may be there is always a background of tension behind him. Constant pressure is surrounding him -- he continually faces social dangers, not knowing how he may be stared at, or how a slight mistake in his behavior may offend others; also the physical dangers, fear of hitting the wrong door, the wrong stairs, etc. These attitudes do not by any means make it necessary for all the blind to be maladjusted. It is observed that when well guided, properly educated, these difficulties are decreased to a minimum. As Louise Neuschutz puts it: "The blind want that opportunity to live a full life socially and economically which is the birth right of every man. They do not ask for pensions, for sentimental charities." ¹

It is noticed that in the United States today many blind lead normal lives, have jobs and professional careers -- some even support families. Others compete in factories with seeing workers and still others are active in clubs, churches and schools, etc. All these are normal achievements of normal human beings. How can the blind achieve this? The remaining senses substitute for the absence of vision.

The Blind and their Senses -- However diverse its origin, blindness deprives its victim of the all-important

sense of sight. His remaining senses do not, as is commonly believed, automatically increase in acuteness. The deprivation of vision, however, requires serious concentration on the part of the other senses. To minimize the consequent uncertainties and gaps, the senses of the blind can be trained to a maximum efficiency. The fingers do not show any increase in sensitivity as a result of blindness; rather, this is due to the long periods of concentration. The more the blind practice, the more efficiency and the more skill they are apt to develop.

Sense training may help the blind feel the emotions of other persons through a hand shake or a mere touch of the arm. This sense of touch may be equally developed in the feet, for many of the blind, with practice, are able to recognize the sort of material they are treading on such as asphalt, gravel, dirt or grass. The blind may also recognize and evaluate personalities, locate objects and people, identify the tone of voice that accompanies the mood of the person.

The blind cannot see the birds but they may be trained to identify them by their calls. A tree may be recognized through the sound of the breeze that shakes its leaves. The sense of smell and that of taste may also aid the blind to recognize flowers by their fragrance, foods by
their tastes or smells. The modern education of the blind believes in a direct approach of training the senses of the sightless. The aim is to enable the blind to recognize common objects of everyday living. The school will have an active role in orienting the children and in helping them adopt certain methods which will prove useful to them. Such a program must necessarily be varied and interesting.

The following examples will show what a sense training program could include, when involving the four senses of the blind.

**Sense of touch** -- It is often said that the fingers of the blind are their eyes. This statement is true and the blind themselves often use the term "see" for what their hands feel.

By training the sense of touch, it can be developed to its fullest extent. To meet the purpose, a variety of the everyday common objects are usually selected such as glass, metal, and wooden materials. In the kindergarten, for instance, the blind child may be taught to differentiate between wooden objects of different forms such as triangles, squares, circles; he may be introduced to the feeling of glass, stone or metal surfaces; he may be encouraged to

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distinguish between grains such as corn, rice, wheat. As the child grows, his sense training must be increased along with a continual challenge.

Sense training may be started with the simple finger exercises. Making knots, bows, tying laces, folding napkins, buttoning, unbuttoning, are but a few examples. The creative, ingenious teacher may be able to make gadgets and different devices to meet individual needs as they arise.

Sense of hearing -- the ears of the blind are as important as their fingers. When properly trained they enable the person to recognize voices and to locate the source. The blind child may start to familiarize his ear with the characteristic sounds of different animals, of cars, of airplanes. The teacher, by striking several objects in the classroom, may challenge the pupils to name them and can go further by asking the children to locate the objects.

Senses of smell and of taste -- The sense of smell as well as that of taste may be trained to serve many purposes such as recognizing foods. By employing identical bottles which hold the different ingredients, the teacher can ask the pupils to guess the contents either by smelling or by tasting.

Creativity on the part of the teacher is of prime importance in such a program which should comprise part of
the daily curriculum. Studies have been and are still being done concerning sense training. It is a new aspect in the field of formal education of the blind which, in itself, started in 1784 by Valentin Hadý.

Historical Development of the Care for the Blind --

History tells us that, for countless centuries, the blind had suffered a hazardous existence. In ancient times they were hidden away and wholly deprived of either care or education. Then followed a period of asylums where those sightless received little help with a minimum learning, but they, nevertheless, remained "nuisances to the society." They were particularly neglected and even eliminated in times of war when their helplessness was accentuated by their incapability of contributing to the fighting force of the group.

With the spread of the monotheistic religion there came a marked change in the care for the blind. The Christian impulse inspired priests and kings to give charity to the blind as a group. Little by little, they became recognized and were granted security by the church which then assumed the role of a protector. So together with the helpless children and the aged, the blind became the preferred receivers of charity.

Although neglected in the past, the blind have had their champions beginning with the Christian Church which offered them protection. Whatever attempts were made to educate the blind then were based entirely on oral instruction. Systematic care in the form of educational institutions came into being much later, toward the end of the eighteenth century with Valentin Haüy. It was not until the middle of the nineteenth century that Braille's system of embossed letters brought forth to greatest advance all the previous efforts in the education of the sightless. After this period good guidance, jobs and state care in many countries were provided. But so long as religion alone championed the help, no systematic efforts were laid. When, however, the philosophy of the eighteenth century started a humanitarian movement, attention was more fully given to the problem. This, indeed, was on a pure theoretical basis but it gave the spur, and it was left to Valentin Haüy to give it practical expression. Haüy was greatly influenced by the outstanding philosophers of his time: Diderot, Voltaire and Rousseau, all of whom were humanitarian and revolutionary. The end of the French Revolution brought an increasing contrast between the condition of the rich and the poor which had already been developed. People were newly stirred on social matters and efforts were being put forth to extend help to the poor and needy. In 1784,
Valentin Hady opened the first institution, "Institution Nationale des jeunes Aveugles" for the blind in Paris. He had already started printing books for the blind having realized that tangible printing, rather than oral instruction, should be the basis of any education for the blind. In his school Hady used an embossed printed system which was not easy to be retained, and through which very little literature could actually be supplied.

By the middle of the nineteenth century there had been proposed about twenty-two different systems of embossed letters, all of which had failed to make the fingers substitute for the eyes. It was not until Braille completed his system that the greatest of all contributions was made to the world of the blind.

Born in 1809 near Paris, Louis Braille lost his vision at the age of three. Seven years later he entered Valentin Hady's school and was taught the embossed system of the alphabet. Being a very brilliant student, Braille was not satisfied with Hady's system and in 1829 he himself issued a pamphlet explaining his own invention of embossed dots. His system, however, was not successful immediately. Braille worked more and made improvements until in 1837, "A Short History of France," his first embossed book, appeared. Nevertheless his system was not given recognition until two years after his death in 1852.
Braille's system consists of six dots. His whole alphabet is composed according to various groupings of three dots in each of two vertical lines representing: letters, punctuation marks, combination of letters and even words. The first ten letters are formed from different variations of the four upper dots. These are known as fundamental, for all the other signs are based on them. This system which proved easier and speedier than Hany's, was later called "braille." Braille may be written either by hand or by machine. The hand writing requires a slate and stylus. The words are reversed and punched from right to left. The braille machine, however, has six keys corresponding to each of the six braille dots.

Meanwhile, in England in the late middle ages, there had been established homes and pensions for the blind, but those homes served as destitution relief and were not for the education and the training of the sightless. Four centuries later in 1791, in Liverpool, a blind man named Edward Rushton, along with some of his friends, established the first school for the blind in Britain. This school, however, embodied the new ideas conceived by Valentin Hany in Paris. And by the close of the eighteenth century there were established on the Liverpool school method three other institutions: one in Bristol, one in Edinburgh, and one in London.
During the year 1868, voluntary efforts provided secondary education. The Royal Normal College for the Blind was thus established leading to specialization in either school teaching or in music. It was not until the year 1893 that the act of compulsory education for the blind was passed in Britain. It applied to all blind children between five and six years of age. These blind get their education in residential schools free of charge. Blind children have residential nursery schools. When twelve or thirteen years of age, the blind in England are usually divided into three categories:

1. Those directed toward workshop and manual employment.

2. Those who seem suitable for a career, such as shorthand, typing, music, piano tuning are referred to the Royal Normal College mentioned above.

3. Those children who show exceptional intelligence are sent either to Chorleywood College, to the National Institute's Secondary School for Blind Girls, or to Worcester College for the Blind Boys.¹

Those who seem ineducable due to a certain mental defect are taken care of by the National Health Service.

Doctor Thomas Rhodes, who was himself blind, studied the different embossed letters of his time and in the year 1868 he declared the superiority of the braille system. As an outcome, he founded the British and Foreign Blind Association to advocate the general use of braille in literature, maps, and music.

As to the rehabilitation for the adult blind -- such homes were established in England for the purpose of helping the newly blinded to readjust to their new circumstances. The blind may also be helped to readjust in their own home with the help of a home teacher. A few years after 1791 the system of home visiting societies was established -- the first of these societies was called "The Indigent Blind Visiting Society" founded in 1834. It provided the blind with daily readers of scriptures and other means of amusements. In the year 1886 there were around seventy-nine visiting societies, many of which still exist today as agencies for welfare purposes.

The system of social security came into force in July 1948. Everyone whose income is below a certain minimum is considered insured and if his incapacity is the result of his loss of vision he receives a pension for life.
Great Britain has adopted the principle that the blind children should better be educated separately, in residential schools. The education of the blind together with those having sight was once tried and abandoned in Scotland, but has never been approved of in England and never has it been tried either. On the other hand, in America attempts have been made toward sending the more adjusted blind to the regular public schools.

It was in Boston on March 2, 1824, that Doctor John Fisher on returning from his tour in Europe gave a detailed account of the European programs of helping the blind. He, as a result, called the people's attentions to this field. He showed them samples of printed books which he had brought over with him from Europe. A committee was then formed and was granted the power for organizing a corporation which was called "The New England Asylum for the Blind," later known as Perkins Institution and Massachusetts School for the Blind. The corporation proceeded slowly and in 1831, Doctor Samuel Howe was engaged to be the head of this Institution. He was, first, supposed to tour Europe, get acquainted with the whole program, then return and proceed with the organization. Doctor Howe came back from Paris in 1832 with an assistant to teach the handicraft. The subsequent school succeeded and after seventy-six years at South Boston, was moved to
Watertown, where it is known today as Perkins School for the Blind.

In 1831 both New York and Philadelphia became interested in the movement, and on March 1831, "The New York Institute for the Education of the Blind" was opened, and a school in Pennsylvania followed in 1833.

Doctor Howe later travelled in many states and stirred the people to help the blind by opening schools.

At the present time, there are about eight hundred organizations for the blind in the United States. Facilities for the aged blind are still few. Such a condition is not due to the neglect of this category of the blind, but rather to the opinion that old people can better adjust in their own homes.

Residential nurseries for the blind children are even fewer. Only two of them have survived: one in Boston and the other in New York. This is equally due to the accepted idea that the pre-school child is much better off in his own home. There are, however, a number of day nurseries for blind children, and today a better practice is followed, that of having the blind child go to the play school with other children. There are about fifty-eight special schools to educate the blind child from kindergarten up to high school level; in addition, public

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school classes are provided in many of the states. Philadelphia alone has the one special school for the mentally retarded blind. The residential schools for the blind are still existant in America, but there are no especial colleges for the blind because it is believed that those who are capable can adjust in regular colleges. The graduate school of education of Boston University offers courses for both blind and seeing for teacher training for the blind. Such courses are conducted with the help of Perkins School for the Blind in Watertown. Other teacher training courses are given in other universities in the country, and since the year 1924, a program for training home teachers for the blind has been established in some schools of social work.

Many organizations aim at assisting the blind, after completing school, to make a good adjustment to the seeing world, and especially those who cannot succeed in becoming completely independent. In America there are "sheltered shops" subsidized by Welfare organizations which help, primarily, those who cannot work in regular industries.

A program of rehabilitation was instituted in 1920 following World War I. In 1935 a Social Security Act was passed to provide for vocational rehabilitation programs. This provides the needy blind with financial
aid; and all the "legally blind" persons receive partial exemption from Federal Income Tax.

It was not until 1900 that special welfare programs for the blind were established from public funds, and in 1935 twenty-nine states received financial state assistance. In 1936 an act was passed authorizing the provision stands in public buildings for the selling of newspapers, periodicals, cigarettes and candy by licensed blind persons. Other laws were passed such as the right for free mailing of embossed readings for the blind. Also the blind man and his guide were allowed to travel on railroads on one fare. Other laws require that all state-owned pianos be tuned by blind persons.

Thus, it can be seen that the blind in the United States, as well as in Great Britain, receive adequate care. There are many homes and schools to help in the care and education of the sightless. On the preventive side, moreover, public health measures are doing their best to minimize the occurrences of eye diseases. It can be seen that in both of these countries the blind have every chance of a proper education and of becoming independent. Results have shown that the blind have been able to compete with the seeing in many fields.

It is still a disputed question whether the blind should be educated in residential or in public schools.
With the increasing occurrence of retrolental fibroplasia (blindness of premature babies), the number of the blind children in the United States rose, and more schools were necessary to provide for them. So the trend supporting unsegregated education became more intense. Today, desegregation is recognized in the United States and it is believed that if a blind person is more than ordinarily capable, he can adjust in regular classes. England, on the other hand, believes in a strict system of keeping the blind in separate institutions. This English idea is put into practice in Lebanon.
CHAPTER III
CARE FOR THE BLIND IN LEBANON

The help for those handicapped in Lebanon is still in its preliminary stages. It is still a private and missionary enterprise, as there are no state laws concerning the blind. In Lebanon, today, there are two schools for the blind and one organization which is operated by the blind themselves. There may be other small organizations which are mostly charitable.

One of these blind schools is directed by the Swiss Mission and serves only Armenians; the other school is directed by the English Mission and serves the non-Armenians. Both schools use the braille system of education, both help their students after they graduate.

Although these two schools have existed for many years, neither the people nor the state has been awakened to a better systematic care. As a result, very few blind have had the chance of getting educated.

School for the Blind of the British Syrain Lebanese Mission -- This school for the blind is the oldest in Lebanon. It was founded in the year 1868. It first
extended help to both men and women, but due to financial difficulties the British Mission in 1949 decided to help blind males only.

The school educates the blind and trains them for various jobs in order for them to earn their living in the future. Many of them remain in the school after graduation to teach other blind students.

The building comprises three floors. On the ground floor is a workshop where the blind can and repair chairs and tables and do basketry. They have an adjacent room for the finished articles. The first floor houses the school itself with a special office for the principal. The school has only one braille writer for any of the students who wishes to practice typing. Then there are two classrooms; one for the older students ranging between thirteen and twenty-four years of age and who are usually not more than eight in number, and the second is for the younger students who do not exceed ten in number and who are ten and twelve years of age.

In the same building there are two large rooms; one for each group. A third room is reserved for teachers of whom there are only two.

The rooms are clean and tidy, and the beds are well spaced, each with a small table close to his bed.

The school has a recreational room with a radio, piano and
a violin for individual blind students who wish to practice. Puzzles and games such as dominos are also available.

This whole school cannot care for more than twenty-three boys at a time. These are accepted irrespective of race and religion. Most of them are boarders and very few are day students. New students entering must be at least eight years old. If there is no vacancy, the office keeps their names on the waiting list.

As to the educational process: the school has six primary classes where students are taught both the Arabic and English braille. Aside from reading and writing, they also learn arithmetic, history, geography, and religion. Those courses start at eight in the morning and end at noon. In the afternoon those students who are above twelve years of age have their workshop hours from two to five, while the younger ones who are allowed into the workshop only once a week, spend their afternoon in the recreational room or in music. The school has a very small library with English and Arabic braille material.

During summer the school closes and the students spend their holidays with their parents or relatives. The school has no regular medical service. A doctor of the British Syrian Training College is called in whenever the need arises, as in cases of serious epidemics when injections become indispensable.
The budget of the school is covered by contributions received annually from certain families and schools. If the blind student is able to pay, he is charged five Lebanese pounds per month (less than two dollars).

The finished products of the workshop are sold, and the money is used to meet the expenses for the straw which is imported from Belgium.

The Swiss School for the Blind Armenians (Asile des aveugles) -- The Swiss school for the blind is for Armenians only. It was established in Ghazir, a small village in Lebanon, in the year 1923, but later in 1946 moved to Bourj Hammond, Beirut, where it is located today.

The aim of this school is to house as many blind Armenians as possible. Those are refugees that escaped the Turkish Massacre and fled to Lebanon for shelter. Most of them had contacted an eye disease known as Trachoma.

The school has a kindergarten and a primary setting composed of six classes. Students are taught Arabic, Armenian and English braille. Besides reading, and writing, the pupils are taught Bible, history, geography, arithmetic, sciences and music. Workshop is of major importance and a part of the daily program.

The Swiss school has a large collection of books, about one thousand braille books in Arabic, Armenian, English, French, German and Turkish. Also, music books in braille. This is used as a lending library for the blind
of the Swiss school as well as for other blind people in the states of Lebanon, Syria, Jordan, Iraq and Turkey.

In order to keep in touch with the ex-students, a review called "Loois," meaning light, is published bi-monthly in Armenian braille.

The school also has a small music department where violin, harmonium and singing lessons are offered to the blind.

The work shop is divided into four departments: two for making brushes in which elderly men and women work, one is for sorgho brooms and one for straw work, basketry and wicker furniture. The school has a store in town for the finished goods. Part of it goes for wholesale, the other for retail.

The Swiss school also supplies at a moderate price braille watches for the blind, braille paper and slates, as well as raw materials for the blind.

Medical care comprises a clinic with three rooms; one for the general treatment of patients, and two others for hospitalization.

A blind child is accepted if he is Armenian and if he is above five years of age. He remains in the school until he finishes his education and may continue to work there if he chooses.

A branch of the Swiss school was started in Ghazir in 1938 for the care of the deaf. Soon after, it was
closed due to the war. But in 1949, it was reopened in Beirut. Presently this branch is a part of this school for the blind.

The Swiss school is the only one in the Middle East which teaches Armenian braille. Aside from finding jobs for its students, it also cares for the aged blind in order to discourage begging.

This school is not helped by the government, is rather entirely self-supporting. The annual expenses are covered by: gifts from Christian friends in Switzerland, gifts from Armenian families and others, and the school's store.

Table 1. Statistics of December 31, 1952

<table>
<thead>
<tr>
<th>Classification</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Boarders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blind students</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Blind teachers</td>
<td></td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Blind workers</td>
<td>5</td>
<td>29</td>
<td>34</td>
</tr>
<tr>
<td>Deaf students</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Deaf workers</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Paralytic and weak</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Staff (with vision)</td>
<td>-</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Swiss direction</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>French Assistant</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>B. Living outside</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blind students</td>
<td>10</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Blind workers</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Deaf students</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Half paralytic workers</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>With vision, teachers</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>With vision, home workers</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>With vision, industrial workers</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>With vision, office workers</td>
<td>30</td>
<td>30</td>
<td>60</td>
</tr>
</tbody>
</table>
The table of statistics on page 31 shows that there are forty-six workers, thirty-six of whom live in the school, and six female blind teachers boarding in the school. There are two teachers who can see who live outside the school.

Organization of the Lebanese Blind Workers

Many of those blind who have not had a chance for an education feel dependent, helpless and a nuisance. They do not want to beg, and yet chair caning alone is not enough to earn their bread, for, today many of the seeing are doing this kind of work. As a result, those blind develop a feeling of insecurity, they get suspicious and refuse to trust other than those who have the same handicap. So, in 1938 a group of Lebanese blind men got together and formed an organization which they called "The Organization of the Lebanese Blind Workers." This was licensed by the government on May 4, 1938, and since then it has been functioning actively under its able president, Mr. Mansour who is himself totally blind.

The officers are seven in number, elected by all the members of the organization. A member is permitted to vote when he has paid his membership fee for at least six months and has been attending all the meetings regularly. The membership fee is twenty-five Lebanese piasters.
(seven cents) a month per person. The payment of this fee is a requirement for admission.

The aim of this organization is to unite the Lebanese blind and to encourage them to find work, thus becoming independent and ready to assist each other whenever help is needed. Only the blind are accepted as members and each member is admitted at the recommendation of two others. He retains his membership as long as he is paying the dues and maintaining a good moral behavior. Should it be proven that he has begged, stolen or misbehaved in any other way, he is automatically deprived of his membership. It is a non-political, non-sectarian organization. It has no relation with either of the schools of the blind. The meetings are held monthly for members, and weekly for officers.

The budget of this association comes through donations of rich families, membership fees and from the different yearly activities sponsored by the association itself for its own welfare. This latter project has proven very successful.

Eighty per cent of the budget is distributed equally among all the members of the association twice per year; while the remaining twenty per cent is left in the treasury for emergency cases such as sudden illness of a member or maybe an urgent need for straw.
This association has been a means of encouragement for the blind in Lebanon. In spite of the disadvantages, such an organization usually develops in the individual members the needed feeling of belonging, security and social relationship with those who have the same handicap.

The organization of the Lebanese blind workers, like the two schools already described, receives no aid from the government.

Research -- As it was earlier mentioned, care for the blind in Lebanon is under private and missionary enterprise, and there is a lack of general statistics. The two schools have each their own statistics which are inadequate in themselves. Therefore, any research on the subject of the blind in Lebanon must be based on personal investigation until cooperation of the government for gathering dependable data is obtained.

The following study involves 212 blind persons. They exclude the beggars and probably a few more blind persons in the city of Beirut, considering that the recent estimated number by the Lebanese Ministry of Social Affairs is 1000 blind.

The statistics in this thesis are included to give the reader an idea of some of the causes of blindness, the age at onset of the affliction, the employment, the
literacy and the marital status of 212 blind residing in the capital of Lebanon.

Chart number I shows the various causes of blindness of the 212 cases studied out of which 135 are men. Results show that 100 per cent of the causes due to post-operative illness, glaucoma and accidents pertain to men. Trachoma and conjunctivitis occur to 88% of the male cases and 12% of the female cases. The chart also shows five cases of cataract, four of which pertain to males. There are sixty-seven cases described as inflammation of the eye. The five cases of blindness at birth were due to syphilis.

Out of the 212 there are twenty-six cases where blindness is due to small pox. The infectious diseases include 1.4% measles and diphtheria, 1.4% due to cholera, 0.5% whooping cough, 0.5% meningitis, 2.3% typhoid, 0.5% due to typhus. These different diseases will not be mentioned separately on the chart because many of them are not direct causes of blindness. These produce a general weakness in the body and in the eyes, thus leaving the patient susceptible to infection, which, along with other sequels of the disease, may lead to blindness.

This portion of the statistics is incomplete due to the fact that the research was not based on any medical record. The writer has relied mainly on the blind themselves and the results have been checked by a doctor. This
however, gives an idea on the causes, that they are mainly due to diseases, many of which are 100% preventable if adequate public health measures were available. These statistics are stated in this thesis as an incentive for better medical public health research.

I. Causes of Blindness in Beirut

<table>
<thead>
<tr>
<th>Causes</th>
<th>M.</th>
<th>F.</th>
<th>M. and F.</th>
<th>Male % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>1. Post-Operative</td>
<td>3</td>
<td>-</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>2. Glaucoma</td>
<td>4</td>
<td>-</td>
<td>4</td>
<td>100</td>
</tr>
<tr>
<td>3. Accidents</td>
<td>15</td>
<td>-</td>
<td>15</td>
<td>100</td>
</tr>
<tr>
<td>4. Trachoma (conjunctivitis)</td>
<td>30</td>
<td>4</td>
<td>34</td>
<td>88</td>
</tr>
<tr>
<td>5. Cataract</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>80</td>
</tr>
<tr>
<td>6. Inflammation (unknown)</td>
<td>43</td>
<td>24</td>
<td>67</td>
<td>64</td>
</tr>
<tr>
<td>7. Blindness at birth (syphilis)</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>60</td>
</tr>
<tr>
<td>8. Small pox</td>
<td>14</td>
<td>12</td>
<td>26</td>
<td>54</td>
</tr>
<tr>
<td>9. Other infectious diseases</td>
<td>19</td>
<td>34</td>
<td>53</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>135</td>
<td>77</td>
<td>212</td>
<td>63</td>
</tr>
</tbody>
</table>

As to the age at which blindness occurred, only fifty-one out of the 212 persons were able to tell exactly the date
of the onset of blindness. The chart shows that the largest number of blindness occurred between one and ten years of age, with both males and females alike. This is probably due to the neglect of the children during this age. The children's eyes get infected and become blind due to the carelessness and ignorance on the part of their parents.

II. Age at which Blindness Occurred

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Male and Female</th>
<th>Male % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>1. 31 ---</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>100</td>
</tr>
<tr>
<td>2. 21 - 30</td>
<td>4</td>
<td>-</td>
<td>4</td>
<td>100</td>
</tr>
<tr>
<td>3. 11 - 20</td>
<td>12</td>
<td>1</td>
<td>13</td>
<td>92</td>
</tr>
<tr>
<td>4. 1 - 10</td>
<td>21</td>
<td>6</td>
<td>27</td>
<td>78</td>
</tr>
<tr>
<td>5. Blind at birth</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>60</td>
</tr>
</tbody>
</table>

The next group of statistics concerns the employment of the blind. According to the statistics, 2.3% are violinists, 3% are shop owners, 4% are street sellers -- these are practiced by men only, for, the prevailing
Arabic culture makes it difficult for a blind woman to appear in public places. Chair caning is mostly practiced by blind men, 1.8%, while the share of blind females is only 0.5%. Basketry is done by both sexes: 3.3% males and 1.4% females.

Other kinds of employment include working in the Regie Company where 6% of the blind are employed to separate cigarette papers. Those accepted are usually well paid.

In general unemployment is a bigger problem to blind females; 50% are without any jobs, while only 28% of the blind males are as such.

Employment of the blind is very important because it is only when we find out what their capacities are and what they can achieve that we can help them gain self-confidence and become accepted by the seeing group.

### III. Employment of the Blind in Beirut

<table>
<thead>
<tr>
<th>Type of employment</th>
<th>M.</th>
<th>F.</th>
<th>M. and F.</th>
<th>Male % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Violinist...........</td>
<td>5</td>
<td>-</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td>2. Shop owner..........</td>
<td>6</td>
<td>-</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>3. Street sellers......</td>
<td>8</td>
<td>-</td>
<td>8</td>
<td>100</td>
</tr>
</tbody>
</table>

(concluded on next page)
As to the problem of literacy, the statistics show that 74% of the blind males and 70% of the blind females are literate. The number of literate blind is high because a large number of the statistics came from the schools. Had the writer included the beggars, she would probably have had a larger list of illiteracy.

The part on marital status shows a decrease in marriage with blind females: 43% of blind males and 30% of blind females are married.
IV. **Education of the Blind**

<table>
<thead>
<tr>
<th>Education</th>
<th>Male</th>
<th>Female</th>
<th>Male and Female</th>
<th>Male % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>1. Literate</td>
<td>101</td>
<td>54</td>
<td>155</td>
<td>65</td>
</tr>
<tr>
<td>2. Illiterate</td>
<td>34</td>
<td>23</td>
<td>57</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>135</td>
<td>77</td>
<td>212</td>
<td>63</td>
</tr>
</tbody>
</table>

V. **Marital Status of the Blind**

<table>
<thead>
<tr>
<th>Education</th>
<th>Male</th>
<th>Female</th>
<th>Male and Female</th>
<th>Male % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>1. Married</td>
<td>66</td>
<td>23</td>
<td>89</td>
<td>74</td>
</tr>
<tr>
<td>2. Single</td>
<td>69</td>
<td>54</td>
<td>123</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>135</td>
<td>77</td>
<td>212</td>
<td></td>
</tr>
</tbody>
</table>

From the statistics mentioned above, we may deduce that:

Diseases are a primary cause of blindness -- such as small pox, typhoid, diphtheria and many other causes that could be minimized to a great extent.
by public health preventive measures.

There is lack of education, the blind schools do not have enough money to care for all the blind and nothing can be done unless some help from the government is attained.

There is lack of training which makes the blind people dependent on others rather than self-supporting. On top of his handicap, the blind is to bear poverty. The help he is given from time to time is none other than charity and pity. In the eyes of the state he is different, and therefore has no right to live like the seeing. So the blind man, in this case, has two alternatives: (1) Believe that he is different from those around him in every way so as to turn suspicious and distrustful; (2) Develop a sense of "get together and help each other" a proof of this force being the Association of the Lebanese Blind Worker.

An illustration to the first condition: H. A. who is personally known to the writer is blind and has never received any training for a job or any other help whatsoever. In his neighborhood he is labeled "the bad blind"; he is greatly suspicious of all the people around him and
even of his own wife who can see. She works in the neighborhood and whenever she is back late in the evening she gets a beating.

An illustration on the second attitude occurred when the writer was collecting the statistics. On her visits to the different members of the Association, the writer was accompanied by the president who himself had no sight. So when offered a plate of candy by a poor couple, the man clicked one sweet against the other inside the dish, and without his taking any, he said: "thank you very much I took one." Later, on leaving the place, he explained "this is the poorest couple amongst us, yet I had to pretend taking some candy in order not to hurt the woman's feelings."

Also, the vast majority of the blind are not contributing to their society. If helped as a right from the state, they would contribute as a duty, and if properly trained, they would make better use of their senses: While in a car looking for a police station, one totally blind Lebanese fellow who claimed to have been there before, pointed with his fingers out of the window upon reaching a certain point and he shouted, "It is there, it is there" as if he had seen it. But the writer, along with another seeing friend, explained in a very superior way that the station was still further on. At the end of the street they were told that this certain police station was a
long way behind, exactly where the blind man had pointed.

We must admit, however, that the difficulty encountered by those deprived of their sight is great in Lebanon, especially when striving for financial adjustment (this being difficult even for the seeing) -- so the blind are always struggling to adjust otherwise -- and if given the proper education, many will be able to adjust even better than the seeing.
CHAPTER IV

EDUCATION FOR THE BLIND IN LEBANON

The first step is to undertake complete research concerning all the blind in Lebanon. The help of the state is indispensable in every respect. The government can send letters to the Mukhtars (Sheiks responsible for different areas) urging them to investigate and contact every blind person in their quarter. Social workers and ophthalmologists can be sent to interview each patient individually and examine the eyes thoroughly to determine the exact cause of blindness. At the same time, efforts should be made in all hospitals to have those born blind registered in the government.

Once the statistics are collected, the causes of blindness will appear distinctly, but not until then would a study be complete for the purpose of determining the necessary number of schools. For, education of the blind is exceedingly important and it is most essential that the program be planned to meet the different individual needs.

In order to make the educational program effective and of permanent value the scheme has to be wisely planned.
Education of the blind may be achieved in either a residential or a public school setting. Some of those who favor the latter system, back their preference with the following:

1. The child does not become institutionalized.
2. He does not become a stranger in his own home.
3. In a public school system the classes are a part of the regular educational system and their standards are better recognized.
4. The public has a better opportunity to become acquainted with what blind children can do.
5. Cost of maintenance in public schools is only about one-half that of institutions.
6. On the whole, parents are more willing to send their children to a public school than to an "institution."
7. Children educated in residential schools are apt to encounter additional social difficulties later.

---

on leaving for a complete integration with the seeing.

While with some children, this may be true, still with others the residential system remains indispensable; and, while the integration of the blind in public schools may give successful results in the United States, it is very unlikely to be so in Lebanon. The people there have not yet accepted the fact that the blind are born to share equal rights with the seeing. It is, therefore, the writer's opinion that, in Lebanon, better results in the education of the blind will be achieved in residential schools. Integration, on the other hand, will have to be done gradually and, above all, not until the blind are better accepted as part of society. Until this is accomplished the question of desegregation in Lebanon remains dangerous. Some unexpected difficulty may aggravate the condition, thereby, causing irreparable damage to the afflicted.

On the other hand, residential care will always be needed for those who are victims of their handicap or handicaps, and for those who are unprepared or unable to ever compete with the seeing. In this case, the advantages of such a system are:

1. The residential school is able to accommodate blind children regardless of distance.

---

1Ralph Merry, Problems, p. 77.
2. It provides superior facilities for scientific research

3. It offers greater possibilities for grouping pupils according to ability.

4. It has a selected, highly-trained staff for all departments.

5. It has an extensive and varied equipment to meet all individual needs.

6. It offers a special environment for an "intensity of relationships which makes lifelong friendships."

An ideal plan, however, will embrace the cooperation of both systems. This in itself may be twofold:

1. Have the blind children attend day schools until adolescence, then allow them to enter residential institutions for industrial and often vocational training;
2. Have the blind children attend residential institutions until they have completed the grammar grade, then plan for them to continue in public schools.

While anticipating the advent of any of these factors, let us not forget that the blind in Lebanon are

\[1\] Ralph Merry, *Problems*, p. 81.
today in a crisis that demands immediate action. The residential program, briefly exposed in pages to follow, provokes the writer to draw a plan to meet the present situation in Lebanon. The program described is that being carried out at Perkins, a private residential school for the blind.

The program in a residential setup — Perkins School for the Blind in Watertown, Massachusetts, was one of the first schools to educate the blind in the United States.

Perkins is built according to the cottage family plan: small groups sharing different cottages under the close supervision of housemothers and resident teachers. Parents of the pupils are encouraged to take their children home for weekends and during vacations for the purpose of keeping parental ties as close as possible.

In the classrooms the pupils are tested to have their capabilities, achievements, personality traits evaluated. The special needs of each individual, as he stands in relation to his seeing counterpart, are carefully met.

The cottage family life is designed to help the blind attain an adequate social adjustment. The pupils are taught acceptable table manners; they are given full charge of setting and of clearing tables, washing dishes,
bed making and room cleaning. While living at Perkins, the blind have every opportunity of a healthful mental, physical and social growth. Such assets are calculated to help the blind become responsible citizens, well equipped to live in the seeing world and ready to make their contribution.

Concerning the scholastic program, Perkins has no facilities to care for pre-school blind babies; for it is commonly believed that home is best for these. So the educational program starts at Perkins in the kindergarten and extends through the last year of high school.

Kindergarten -- those blind children are between five and seven years of age and they require continual supervision. The kindergarten child is usually introduced to his environment as well as to his handicap. Many blind children at this age do not realize that they cannot see and that others can. This primary adjustment is reached while the child is being helped to grow physically, intellectually and socially.

To help in the physical growth, the blind child must keep healthy -- he is given nutritious foods, plenty of rest and sleep. He is taught personal physical cleanliness, and self-help in matters like dressing and undressing. Better muscular control is attained through the manipulation of different gadgets such as the peg and board, and beads which also prepare the fingers for braille reading.
At this age, too, the best means for intellectual growth is music. The teacher introduces the children to the simple rhythms well chosen to stimulate their imagination about many things which the seeing usually take for granted. When the rhythm is a gay, lively one, the teacher may suggest that the children be bunnies. And to be a bunny the child is asked to hold his arms straight up representing the bunny's ears and so he learns that bunnies have long ears above their heads. If the rhythm is slow and heavy the teacher may suggest that the children imitate a bear, then they will have to get down on their hands and feet, take heavy steps. The teacher may go further and tell them that bears live in forests and that they like honey.

The cottage family life helps the social growth of the blind. Playing and living together teaches them to be considerate of each other. They also learn to share their personal belongings with friends, and assume responsibility for their property. To stimulate their interest in the community and in their surroundings, the blind children are taken for short excursions.

**Grade one to six** -- While in the kindergarten the blind child is being introduced to his own world as well as that of the seeing. As soon as he is able to do some concentration, and as soon as his teacher thinks
that he is ready to start the braille reading, the child is promoted to the first grade.

In the first grade the pupil is introduced to the braille dots, to letters as well as simple contractions. Both the phoenetic and the word methods are used at Perkins. The teacher brailles the letters on separate cards and asks the children to feel each letter as they repeat its sound after the teacher.

A few years ago the only means of writing in this grade were the slate and stylus. A recent study, however, has shown that the braille writer is easier for beginners. The difficulty in the slate and stylus method is that the letters, to be read correctly, must be punched from right to left. This medium of writing is today introduced in the third grade.

As to the teaching of arithmetic, the blind children are first taught abstract counting, usually from one to one hundred; it is believed that many do come to school already equipped with some of this knowledge. Little by little concrete teaching takes form, as the teacher introduces different objects to be counted. In the first grade only the very simple fractions are taught. These become more elaborate in the higher grades. In the third, the addition and subtraction are usually well grasped, and in the fourth the children concentrate on division and
multiplication. Reaching the sixth grade the pupils are capable of adding any length of figures, as well as multiplying and dividing whole and mixed numbers.

The blind are taught to compute mentally, which, with drill, is easy and fast. In this method more accuracy is obtained if the emphasis is laid upon the quantity rather than the place of digits. The blind pupils, as a result, are taught to compute from left to right.

**Spelling** is usually started in the third grade and is continued through the sixth.

**Social Sciences** starts in the lower grades by getting acquainted with the environment, such as introducing the children to nature and domestic animals. By the fifth and sixth grades they have started on the geography of the United States and, briefly, on that of other countries.

**Hand work** -- Very simple handcraft is given in these grades with some introduction to woodwork and basketry.

**Music** -- Singing is taught in all grades and to all. Group singing is started in the fourth grade, and braille note reading in the second. Piano is optional, but those talented are encouraged to start in the third grade.

**Gym** -- This is a requirement of all, mainly group posture, folk dancing and swimming. The chart on the next page is a summary of the lower school program.
### VI. Perkins Institution In-School Program

**Grades 1 - 6**

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<th>5</th>
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<td>Music Braille or Solfeggio</td>
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<td>Piano</td>
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<td>Swimming</td>
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</table>

*Individual work in all grades, where Visual Aid needed.*
When the requirements for the sixth grade are completed, the pupils get transferred to the "upper school" which extends from grade seven through high school. The three main objectives are: (1) to continue the basic learning already started in the lower grades; (2) to explore into the interests and aptitudes of vocational goals; (3) to acquire useful skills through special studies whenever necessary.

Perkins School offers three diplomas: Senior, General and Commercial. The Senior Diploma requires four years of English, two years of science, two years of any foreign language, three years of mathematics and two courses in history and problems of democracy.

The General Diploma has less requirements of the courses mentioned above. More importance is given to the music and workshop departments.

As to the Commercial Diploma, it is given by the Dictaphone Company. The requirements are the same for the blind as for the seeing. Those students are also trained in general office work.

There is also the Industrial and Manual Certificate devised to meet other individual needs. Those pupils who do not do as well scholastically, and who are more inclined toward the industrial program, such as wood and metal work, are encouraged to complete the requirements for this certificate. It can be given in the tenth grade instead
of the thirteenth -- depending on the ability of the student. He has to cover all the general industrial areas, and to concentrate on one area, or two at the utmost, for a period of two years. State agencies cooperate with the school in placing these pupils vocationally.

As earlier mentioned, one of the disadvantages of a residential system is the enormous cost involved. Lebanon, however, has a limited budget for the purpose of meeting the needs of a maximum number of blind.

Adapting the program to the situation in Lebanon -- A similar plan, not as extensive, may be adopted in Lebanon: that of a "semi-residential" system.

By "semi-residential" the writer means that only those blind whose home condition requires a change of atmosphere may be given facilities to board in the school. Under all other circumstances they will be urged to enroll as day students, distance being of no problem in Lebanon. At the same time, attempts would be made to have some of the blind children admitted in day nurseries for seeing children under close supervision. The nursery of the Beirut College for Women may be willing to cooperate.

Graduates of the two schools for the blind already in existence, could be employed to teach braille; at the same time interested teachers would be encouraged to observe the teaching and make an effort to learn braille. This
being the only means of training teachers for the blind, until a better program is achieved.

University and College students of both social work and sociology departments may be asked to assist in the gathering of statistics. Those who show further interest in the problem, social work students in particular, may be asked to do their field work with the parents of the blind pupils; interview them and help them to understand and accept the condition of their children. They may further help in family complications which are likely to occur as the result of the child's handicap. For, many of these afflicted need not all have been blind if the proper preventive measures had been accessible.
CHAPTER V
PREVENTION AND SUGGESTIONS

The most important step in the care for the blind lies in prevention. The statistics in this thesis, incomplete as they are, do show that many of the causes are largely due to diseases which with adequate medical care could be prevented; as an example: the Egyptian government has established a research office to work on the control of the trachoma disease, and during the past ten years there has been a reduction of fifty per cent of blindness.

Trachoma is not the only disease that can and should be prevented, but there are many others, such as typhoid fever, small pox and diphtheria. All these can be greatly decreased by vaccines, regular eye check-ups in schools and better sanitary conditions.

Prenatal and postnatal clinics should be accessible to all urban as well as rural areas. Midwives need to be taught the importance and the method of cleansing the eyes of the newborn babies, and then to teach the mothers the proper care.

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There is a pressing need for mobile units to visit areas where poor medical measures are prevalent. A team of health visitors should be appointed to pay home visits to families and teach them the essential methods pertaining to health and nutrition.

One of the most serious factors causing loss of sight is the ignorance of the illiterate people whose lack of knowledge is usually accompanied by superstition. They totally ignore the principles of health, sanitation, personal cleanliness and environmental hygiene. Such propaganda as organized public health exhibitions, talks on the radio, articles in the press, the opening of demonstration centers, would help in the prevention of blindness. A look at the program in the United States would convince us that it is possible to prevent loss of sight in many cases. It is everybody's right to have sight, therefore, it is the obligation of society to fight blindness.

But, again, in Lebanon, there still is a prevalent sentiment of pity and charity. The care of the blind, their education, their employment as well as their happiness are not much recognized as a responsibility of either the state or the community. This attitude needs to be changed; firstly, because of the moral and humanitarian obligation involved and secondly, because of the social
economy involved. In the long run it would cost us much less to treat these people rather than to continue accepting them as handicapped and as a nuisance to society.

The writer, at this point, wishes to present the following suggestions:

A bureau for the blind should be established involving both interested government agencies and private groups for the purpose of agreeing on the definition as to who is to be called "legally blind." On such basis adequate statistics may be collected. Once these are gathered, a comprehensive plan could be developed:

1. Community education of the causes, treatment and prevention of the problem -- Posters should be available everywhere for the purpose of reminding the people that those unfortunate blind are not apart from society. Broadcasts should be made over the radios explaining the condition of the blind in Lebanon, and urging the people, for example, to have their chairs caned and their pianos tuned by the blind only.

Motion pictures and films, pamphlets, and conferences should emphasize the danger that is apt to follow the present condition, if no serious help is extended. Also films showing what other
countries have already done for the prevention of the problem.

2. A program of education for the blind which will aim primarily at training for dependence and self-support of the sightless -- There should be in every public library an adequate collection of braille and talking books. The government should arrange for admission to the country, duty free, all braille books, braille writers, other tools and materials necessary for the blind.

A printing press is essential. The blind themselves will then be able to secure their physical support through their own labor and through the aid of competent friends rather than through humiliating charity.

Also, there should be no competition with those who can see in jobs such as chair caning. Efforts should be made to provide special markets where products of the blind could be put for sale.

3. A program of prevention of the diseases which are known to cause blindness -- Eye examination for every person in both private and public schools and a regular checkup for children already wearing glasses are of prime importance.
Mobile, prenatal and postnatal clinics are needed for better medical facilities and up to date preventive measures.

Local associations for the care of the blind should be organized like "The Lebanese Association for the Help of the Blind." Although this organization is new, it is in the process of building a school for the blind, aided by the government. Such organizations, if encouraged by the public, will stimulate other ones to appear.
CHAPTER VI
SUMMARY AND CONCLUSION

In this thesis attempts are made to organize the care for the blind in Lebanon.

The problem of the blind in Lebanon is still in its preliminary stages. It has become very natural for most of our people to take for granted the blind whom they see scattered on the streets and roadsides, for many of these people are not yet awakened to the dangers of such a problem. Moreover, those who are sensitive to the suffering of these blind are generally moved by the prevailing sentiment of pity and charity.

Organized and professional care for the blind in Lebanon is still under private and missionary enterprise. There are only two schools in the whole of Lebanon: one is directed by the Swiss mission and the other is directed by the English mission; also, there is one organization which is for the blind, and which is administered by the blind themselves. The government does not help any of them; as a result a very limited number of blind is being educated.

The statistics collected in this thesis are the result of a personal investigation. Although incomplete,
they show the causes of blindness, the age at onset of blindness, the education, and the types of employment of 212 blind persons in Lebanon. These statistics indicate first, that the causes of blindness are mostly due to diseases; second, that employment of these handicapped persons is very poor compared to that in England and in the United States; and third, more blind need to be properly educated.

Education is important in the program of the care for the blind. Public opinion should be educated so that the seeing would realize that, if helped in the right way, the blind can become valuable and useful citizens.

Prevention, in particular, is an all-important aspect of the problem. Public health measures should be taken into consideration very seriously. Among others, there should be mobile prenatal and postnatal clinics to put an end to the spread of the diseases which are known to cause blindness.

Finally, the people of Lebanon, as well as the government, should strive hand in hand to reduce blindness, for it is time for the words of the Prophet Isaiah to be fulfilled:

"I will bring the blind by a way that they knew not, I will lead them in paths which they have not known; I will make darkness light before them and crooked places straight. These things will I do unto them and not forsake them."
BIBLIOGRAPHY


Questionnaire used in Securing Information
Concerning the Blind

1. Name in full

2. Resident address

3. Quarter or village

4. Place and date of birth

5. Nationality

6. Male or female (cross out which ever unnecessary)

7. Family status -- single, married, widow, divorced

8. Number of children

9. Professional certificates (if any)

10. Literate or illiterate

11. Cause and date of blindness

12. State whether employed or not

13. Nature of work

14. Amount of income (monthly, weekly, or daily)

15. State whether previously employed

16. Nature of previous employment

17. Amount of previous income (monthly, weekly, or daily)

18. If unemployed, or employed on part time, state how living is secured