
Prologue

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by Mildred Thomson

A Minnesota Story of Mental Retardation
Showing Changing Attitudes and Philosophies
Prior to September 1, 1959

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Foreword

MILDRED Thomson is uniquely qualified to write a historical account of Minnesota's program for the mentally retarded. A native of Atlanta, Georgia, she came to Minnesota in 1924 as supervisor of the state's Department for the Feebleminded and Epileptic. She had, in her own words, the "mental reservation that it would be only for one year—perhaps two." Fortunately for Minnesota, the two years eventually became 35.

Miss Thomson was among the vanguard who worked for the retarded during the years when there was little understanding of the retarded. She exhibited an enlightened concern for the retarded that was far ahead of her time, giving hope and comfort to them and their families in a time when these commodities were scarce indeed.

Miss Thomson begins her story with the years before she arrived in Minnesota—with the actual beginning of a state program for the retarded—and continues it up to her retirement in 1959. She is able to chronicle many of the changing attitudes, philosophies, and programs of these years as she herself observed them or was part of them.

It is Miss Thomson's hope, and our belief, that this account will be of interest and import not only to state administrators, social workers, educators, and others work-

ing in programs for the retarded, but also to all citizens who are concerned with how we, as a state and nation, provide for those who cannot demand for themselves certain basic rights and opportunities. For this reason, we were glad to accept Miss Thomson's offer of her manuscript and to assume responsibility for its publication.

It is Miss Thomson's wish that the proceeds from the sale of this book should go to our Minnesota Association for Retarded Children to be used in behalf of the retarded. Now, as throughout her career in Minnesota, Miss Thomson's first concern is for the welfare of our mentally retarded and their families.

BOARD OF DIRECTORS

Minnesota Association for Retarded Children

Donald H. Berglund, Ph.D., *President*

May 11, 1963

Appreciation

THIS account of early years in Minnesota—especially my own—could not have been written had it not been for the Minnesota Association for Retarded Children, the Minnesota Historical Society, and Miss Peggy Everson. The board of directors of the Minnesota Association for Retarded Children, through its executive director, Mr. Gerald Walsh, offered to pay for all the typing, and for any travel that might be necessary; the Minnesota Historical Society, through its executive, Mr. Russell Fridley, offered me a study room for as long as I needed it, that I might be as close as possible to the resources of the library and the services of its staff; Miss Everson, who had worked with me for several years and is probably the only person who could have deciphered my many corrections in several copies, has done all the typing—with pay by the Minnesota Association for Retarded Children, but she would have done it without pay.

Dr. Philip D. Jordan of the history department of the University of Minnesota suggested methods for handling the material that enabled me to combine my own experiences and their background, in a manner I could not have done without help.

Besides the librarians of the Historical Society, Mrs.

Dorothy Andree, librarian of the Minnesota Department of Welfare, the superintendents and some staff members of the institutions at Faribault, Owatonna, and Cambridge, and both Mr. Robert M. Brown and Mr. Fred R. Thibodeau of the Minnesota Archives gave major assistance; the latter by making the early Faribault correspondence available. My sister, Adelaide Thomson, who has lived with me most of these years, kept a diary which she permitted me to use to help me recall happenings and verify dates. A number of persons with whom I had worked took time to talk about our associations, to help make my accounts accurate. There were many who gave me encouragement and several libraries which helped me find material.

After the writing was done, there were persons who read one or more drafts, to advise and criticize from special points of view—that of a historian, a social worker, a psychologist, or one especially concerned with the mentally retarded. These are Dr. Philip D. Jordan, Mr. Russell Fridley, Mr. Gerald Walsh, Miss Fern Chase, Miss Mary Mercer, Dr. Harriet Blodgett, Mrs. Norma Kammann, and my sister. The last six persons participated in some degree in my experiences with the retarded and could comment on accuracy of detail.

To all mentioned here and to others—including many, many parents—I express my deep appreciation for aid and understanding. It is hoped that what I have written will be of value by helping to show that the flowers and fruits of today's program come from a plant with deep roots and a slow but constantly growing stalk.

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Chapter I

Setting the Stage

THE background of the present program for the mentally retarded of Minnesota is always interesting, often colored by disappointments, but sometimes thrilling. I spent thirty-five years in this program, beginning March 1, 1924, and extending to September 1, 1959. By the latter date great undertakings for the mentally retarded were being initiated on national, state, and local levels. Professional people from many disciplines were joining with parents of retarded children to bring about public interest and understanding, to increase knowledge of causes of retardation—thus making possible methods of prevention or amelioration—and to improve programs for care, treatment, education, and training. Millions of dollars were being spent for research by both public and private agencies. In addition to the medical and genetic, there was research in the fields of psychology and education. Demonstration projects were being established to provide adequate diagnosis and to bring to the retarded, group experiences which would make social contacts happier. Public school classes were being expanded, some communities establishing them for the rather severely retarded or “trainable” children. Community facilities were coming into existence in a limited number of areas—nursery schools, day-care centers, sheltered workshops!

In Minnesota we seemed actually on the threshold of

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establishing a broad, comprehensive program for the mentally retarded or mentally deficient—feebleminded an early synonym. However, this interest and activity had not always existed; and so this story is written as suggested by a number of persons who felt that there would be value in an account of the happenings seen or experienced by me during my thirty-five years—years which were part of a prologue to the happenings of today and tomorrow. I know I have not recorded all the significant occurrences of those years. I may even have omitted something of significance in the events of which I was a part. This is especially true of the later years which are too recent for perspective. Only time will separate the happenings of importance from those which were of more transient interest.

The functions of any public job are based on laws. How these are administered depends to some extent on the philosophy of the administrator as well as on his knowledge of the subject. This knowledge must include background information and must be placed within the framework of the times. It is therefore necessary not only to know the laws which existed when I arrived, but to comprehend how they came into being and had been administered. This knowledge gives some understanding of the personalities and philosophy of those who shaped the past; or perhaps such understanding will explain something of the development of trends, ideas, and programs. Some of the background information here recorded I learned during my years of work, and some I failed to learn at that time or learned erroneously. When I acquired these facts does not usually seem significant in relating them to later happenings, though had I known more than I did, I could have functioned more intelligently and easily at times.

Minnesota seemed very far away from my home in Atlanta, Georgia, in 1924. I think we still looked upon it as a frontier state, big and brash, busy raising wheat and making money. It had been a territory for only seventy-five years, a state for only sixty-six. Each of the original thirteen eastern seaboard states had been a settled colony more than a hundred years before Minnesota became a territory, and

had existed as a state for more than a half century. I came from one of these, but I was to find that in many ways Minnesota had outdistanced my own state.

When I arrived in Minnesota the population must have been about two and one-half million, since the 1920 census had shown 2,387,125 people. But consider some early facts and figures! The 1850 United States Census—the first made after Minnesota became a territory—gave the population as 6,077, this figure for the total area from which Minnesota had been carved. It included a substantial portion of the present Dakotas.

One finds it hard to picture the tremendous accomplishments of those early days! Alexander Ramsey, a Pennsylvania lawyer who in 1849 had been sent to Minnesota as territorial governor, in addressing the 1853 legislature described St. Paul as it had been on his arrival: "Not far from where we now are, a dozen framed houses not all completed, and some eight or ten small log buildings with bark roofs constituted the capitol of the new territory over whose destiny I had been commissioned to preside." He spoke as though it had already changed greatly; indeed, by 1857 the state population was 150,037. But even with such a beginning, how far it had to go, not only in increasing population, but in providing for the functions of government!

Nevertheless, at an early date some social legislation was included: laws pertaining to health and others providing guardianship for the incompetent and support for the indigent. The first territorial assembly requested Congress to apportion funds to build a prison, but it also provided for public schools. Soon after becoming a state, Minnesota began founding institutions to meet the needs of various groups needing treatment, training, or protection. Perhaps this happened because a number of the legislators had come from Massachusetts, New York, and Pennsylvania—which very early had provided such institutions—and they wanted to bring Minnesota abreast with their former states. It seems a logical deduction in view of an 1863 law establishing the first institution other than a prison—a school for the deaf, dumb, and blind. One sentence provided that a report be

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made to the legislature. "such a report from the president of the institution as is usually made from such institutions in other states."

In these early years there were also definite expressions of an interest in doing the humane thing and of recognition of the obligation of the state to look after the less fortunate. Many governors, in different words, expressed what Governor William R. Marshall said in 1866: "These children of sorrow, the blind, the dumb, the insane, have a claim upon us that we cannot disregard. No questions of expediency should fetter us in so plain obligations. Both in respect to these and educational institutions, parsimony is the worst extravagance." At this time the "insane" included the "idiot" or feeble-minded. Even advanced eastern states had been late in separating them from the mentally ill and in providing separate care for them; the first such institution was established only a year before Minnesota gained territorial status.

The federal government gave Minnesota some lands in addition to those specified for the schools. A large part of these were swamp lands to be sold, the money thus realized to be used as the legislature prescribed. In 1865 the legislature had directed the Commissioner of Lands to sell a specified number of acres when title to them was received, in order to secure funds for a state asylum or hospital and a school for the deaf, dumb, and blind. Apparently, however, this was not done, and over the years the railroads got a large percentage of the property. The institutions were built with tax money. In 1870 Governor Horace Austin pointed out that the state, with less than a half million population, had attempted within one decade to erect and furnish a full complement of public institutions—what other states had done only over scores of years. But in spite of drought, grasshopper plagues, financial depression, and forest fires, the legislature continued to appropriate money to make Minnesota's institutions the equal of those in any state.

Among the early laws of social importance were a number for the protection of children. In 1917 these laws were reviewed, amended, and extended, providing a "Children's

Code” which brought national acclaim. The Children’s Bureau was created to administer them.

Minnesota had not only built institutions and established social programs; it had shown interest in the conditions which were basic to the need for both. This interest, as it was related to the causes of mental retardation, was expressed in 1907 by Dr. Arthur C. Rogers, superintendent of the school for the retarded, in words applicable today as well as then: “But let us hope that the experiences of this age may become the wisdom of the next, and the Eutopian dreams of the present may become the practical realizations of the future.”

Such was the state to which I came, one with a background of which to be proud.

Chapter II

Preparation for Minnesota

SOME account of my life before I came to Minnesota, insofar as it was a preparation for my job here, is pertinent to an interpretation of my years in this state.

I was born in Atlanta, Georgia, in 1889, the youngest of eight living children, and attended public schools through one year of high school. For some years my father was president of the Board of Education, but he made it known that he did not wish favoritism toward his children. My first six years were spent in a school where I could grasp new material more rapidly than most of those in my grade. Indeed, there were two or three who remained in the lower grades year after year whom I now know were severely retarded mentally. This school and another in which the pupils were mostly from homes of higher educational levels were equally distant from my home, but the division lines were so drawn that we were in a school district where competition was limited, and there we went.

With little study and little attention I was one of only four or five who finished tasks first and led in most activities. I cannot remember any feeling of elation or superiority, but I sometimes wonder if the easy accomplishment of those six years did not affect my later attitudes; I have always found it difficult to force myself to take courses or enter into activities where I would have to "grind" in order to

compete. Thus, practically no science of any type! This attitude and a respect for personality instilled into me at home probably influenced the direction my interest in the retarded would take—a human and personal one rather than scientific. Moreover, my father was a lawyer, and I am sure I inherited some of the genes that made for his success. Even in my childhood he often told me he wished I could be a lawyer—a profession few women in the South chose in that day. My interest in law was helpful in Minnesota; I understood that proposed policies must be considered from a legal as well as social angle.

I took the last two grades in another school that provided stiff competition. High school, though segregated by sex, furnished even more. And then came college. Agnes Scott College, formerly a seminary for young ladies, located near Atlanta, in Decatur, Georgia, was fast attaining top rank, dropping year by year its precollege courses and raising its standards. By 1906 it was offering an A.B. degree. In 1905, however, I was able to enter as a subfreshman, planning only to take certificates in English and history. Later I decided to remain another year and take a degree. Of my class, 1910, only thirteen members received degrees, an indication of many dropouts over the years.

During my senior year my mother died, and for several years after graduation I stayed at home, with no thought of getting a job. I did a little volunteer visiting to selected families known to the Associated Charities, where my sister was in charge of what now would be called case-work services. After the death of my father several years later I became a teacher at the request of a public-school principal. A second grade, mainly of bright children, seemed a good choice for a person with no training and no experience, but sixty active children proved too much for me! After trying this for some months, I was transferred to a district in which most of the families represented a rather low economic level. My class was composed of about thirty children who had been advanced to the sixth grade—probably so that there would be desks to fit them—and at fourteen or fifteen could not be pushed further, but who were required to stay in

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school until they were sixteen. My job was to see what I could do for or with them. As I remember, the class had been organized in September, 1915, and I arrived Valentine's Day, 1916, to be greeted by the children with an announcement of how many teachers they had forced to leave. Today this group would be a junior high special class, but at that time Atlanta knew nothing of special classes nor of mental tests. The principal was experimenting, trying to find some way to relieve classes of troublesome problems. Without knowing it, I got experience in understanding the characteristics of some morons, for I am sure that most of this group, if tested, would have proved to have I.Q.'s in the 50's or 60's. I learned much more than I taught the children. A boy who taught me most was George, an overgrown fifteen-year-old with a cast in one eye and, I imagine, an I.Q. in the 50's. He was totally uninterested in studying, and one day arose in class and started to pommel a boy who was much smaller than he and something of a nuisance. I told him to stop, and I'll never forget his standing still with his hands on the other boy, looking at me and saying: "Are you asking me to do it or making me do it?" I assured him I was asking him, and he went quietly to his seat. Later I visited his home, where he gave me vegetables he had raised, an accomplishment for which I praised him. I had no more trouble with him, although I fear he learned little.

I finished out the year there, and then the principal of the largest school in the city, which was located in a cotton mill district, asked me to see if I could carry out her ideas for relieving classes of problems and perhaps teaching children who found learning difficult. Some were to come to me only for coaching, but the real problems would be with me all day, every day! Again, "the real problems" were, I am sure, in the moron group. Before opening such a class I visited cities where it was thought I could get help—Cleveland, Ohio, and Detroit and Grand Rapids, Michigan, among them. There were special groups of various kinds, but nothing to correspond to the plan my principal had in mind. At that time, the possible feeblemindedness of the children to be assigned to me was not being considered, and

so I do not remember visiting any special classes for retarded children, such as many cities were beginning to organize. My class was composed mainly of adolescents who, in addition to being slow academic learners, had never learned to adjust to other people. I struggled to find books for them, simple in language but not too childish in content, as well as such interesting occupations as work with chemistry sets and planting and caring for flowers in the school yard. The parents of these children showed little interest in what went on. This proved true of the whole school; there was no parent-teacher organization. One was started with the help of another teacher and the backing of the principal. The first president was a woman. She and I soon attended a state meeting.

An opportunity came to me in 1919 to spend a year at a university—more for relaxation and pleasure than for study. Fortunately for me, I went to Stanford. The school of education was the only department in which I could register. With no background in psychology, I could not have registered in the psychology department, but Dr. Lewis M. Terman was then in the school of education. I found that by staying four quarters I could get a master's degree working with him, and so decided to make my year at Stanford more than one of pleasant relaxation.

My thesis was entitled "Validity of Stanford Binet Tests as a Basis of Prediction of School Success." This was a follow-up study of 149 first-grade children from five schools near Stanford University who were tested in the early months of 1917. Three years later I found ninety of the children and retested them. Some of them came from homes of low economic level where the parents spoke only a foreign language. This necessitated the use of other tests to check the validity of the results from the Stanford Binet tests. In my conclusions I said: "It seems that as a whole the tests are as accurate a judgment of the mental ability of the low [economic] foreign element as of American children." In appraising the results of the study I found a high degree of I.Q. constancy, but also some wide variations. I concluded: "There are vast individual differences in children,

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so that other factors besides I.Q. count in success or lack of success. Occasionally there are certain physical or emotional traits, and even exterior surroundings which markedly affect the reaction to the test." These two conclusions are of special interest when I look back from my later testing experience and my years in Minnesota.

Two persons at Stanford University took many of the same courses that I did and later were related to my experiences in Minnesota. They were John Rockwell and Maud Merrill. Dr. John Rockwell was a professor of psychology at the University of Minnesota when I came to the state, and later was State Commissioner of Education. Maud Merrill—whose father was superintendent of the Owatonna State Public School—told me she had worked with Dr. Frederick Kuhlmann at Minnesota School for Feebleminded and Colony for Epileptics. She spoke of the school and of Dr. Arthur C. Rogers, long the superintendent there. I was not especially interested in the feebleminded or in Minnesota, and so paid only casual attention. I was being made into a school psychologist with really only one year of psychology courses; one taken at Agnes Scott College was negligible.

Before my last term at Stanford ended I was offered work as a psychologist—the first such position in the school system in Miami, Arizona. The superintendent was an engineering graduate and loved charts. I gave group tests to all the children in the grade schools and he charted them. We then decided to reorganize the largest school so that the slower, physically large children would not have to compete with the smaller, brighter children. We found a little girl who had struggled to reach the sixth grade after her mother entered her in the first grade, stating she was six when she was really only five. She was demoted one year and placed with the brighter children. Her father, who was under indictment for shooting out a man's eye, came to see me following the adjustment which, through a misunderstanding, had not been discussed with the family. His red-headed wife sent him to protest. I suggested that, as he was ~~between two redheads, he had best be master in his own~~ household. He agreed, and his daughter began to enjoy

school. The age discrepancy was discovered because individual tests had followed group tests in her case, as in many others. In some instances I tried to act as a clinical psychologist, although I had little background in this area.

In addition to these duties, I was responsible for a class of boys and one of girls organized under the federal Smith-Hughes Law. These were industrial classes, and in Miami those entering were all in the moron level of intelligence. Most of them were of Mexican background and this furnished an opportunity in the three years I was there to experiment with language difficulty as it affected test results.

One experience stands out predominantly, and I have used it many times to illustrate how easily one's actions can be based on a false understanding. Salvador attended the industrial class, whose teacher was a kind and upright Scotchman, Mr. Angus. One day, when Salvador was absent, the truant officer was sent for him. He came back shaking his head, saying Salvador would not come, but refused to tell why. So I went after Salvador. He was in the rear of his small home chopping wood. The conversation went something like this:

"Salvador, why are you not in school?"

No answer.

"Salvador, you must come to school. Your parents will get in trouble if you don't. *Why* don't you come?"

No answer.

"Salvador, did Mr. Angus do something to you?"

"He called me a name."

"What was it?"

"Too bad to tell."

"You'll have to tell me. What was it?"

"He called me a lounge!"

"Salvador, were you standing around doing nothing?"

A smile, an explanation, and Salvador returned to school.

Other experiences of these years that had some bearing on preparation for my work in Minnesota were my helping the YWCA secretary set up a well-baby clinic for Mexican mothers, and arranging graduation exercises for the Smith-Hughes students. The superintendent and the school prin-

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incipal humored me in the latter plan, and we had carefully worded diplomas and exercises which I believe gave the participants a sense of having attained their goal.

Realizing that I needed more background as a psychologist, I went to Columbia University in the fall of 1923. Out of the several courses selected at the suggestion of a faculty advisor, there were only one or two that I felt were helpful. My greatest interest was in doing some testing for a clinic headed by Dr. Ira S. Wile at Mount Sinai Hospital. He examined children in an open clinic attended by all the parents, children, and workers. After commenting on his findings and indicating what he needed to know, the children were referred for mental testing, social work follow-up, etc.; later they were seen again in an open clinic. This was my first experience in testing quite low-grade children and in hearing a discussion of plans for them. For the first time I found that the revision of the Binet tests made by Dr. Frederick Kuhlmann of Minnesota had items at the infancy level which the Stanford revision did not. I used them and liked them. What seemed to be an opportunity to work with Dr. Kuhlmann came with information from a former member of his staff that he was looking for a temporary replacement for a psychologist who was to be away for a year. I had decided to end my stay at Columbia at the close of the first semester in February, and so I applied to Dr. Kuhlmann for the year's experience and then returned to Georgia.

Shortly after I arrived at home, instead of hearing from Dr. Kuhlmann, I received a telegram from Mr. Charles F. Hall, director of the Children's Bureau of the Minnesota State Board of Control, offering me the position of Supervisor of the Department for the Feebleminded and Epileptic within the Children's Bureau. The fact that I had applied to Dr. Kuhlmann seemed to indicate that the Children's Bureau and Dr. Kuhlmann worked closely together and that I would have much contact with him. I do not remember the wording of the telegram, but the job sounded interesting even though I had no conception of what it would be. I accepted with the mental reservation that it would be only

for one year—perhaps two. However, as it turned out, the challenge of the job held me year after year—until suddenly it was time to retire.

Chapter III

People, Background, Laws, Policies

UPON my arrival at the state capitol on Saturday morning, March 1, 1924, I was greeted with a warm smile and handshake by the Director of the Children's Bureau, Mr. Charles F. Hall, a tall, thin man. He told me with pride of Minnesota's high standing in the field of child welfare. He explained the relationship of the Department for the Feeble-minded to the Children's Bureau, to the Board of Control, to county child welfare boards, and to the state institution for the feeble-minded. He explained the procedures necessary to carry out the guardianship law and my responsibilities in representing the Board of Control. I was introduced to the members of the Board of Control: Ralph J. Wheelock, who was chairman, but somewhat inactive; John Coleman, pleasant but interested chiefly in the physical plants of the institutions; Carl J. Swendsen, a former member of the legislature, a man with broader interests, a delightful sense of humor, and sometimes quick on the trigger; and Mrs. Blanche L. La Du, a member of the board only since 1921, a woman with great charm and a strong personality, and with great interest, ideas, and vision in the social field. The secretary of the Board was Mr. Downer Mullen, a pleasant person, but seemingly not particularly interested in the social aspects of Board of Control responsibility.

WITHIN THE OFFICE

Miss Agnes Crowley, my predecessor, was leaving St. Paul in the afternoon of the day of my arrival and the staff was giving her a luncheon, to which I was invited. I thus got to meet her, but not to discuss the job she was turning over to me. Her assistant, Miss Ann Litowitz, remained, but she had been employed to give individual community supervision and knew little of organization details.

Getting acquainted in the Children's Bureau proved to be both interesting and pleasant. I found that Mr. Hall had been a probate judge in Yellow Medicine County and as such was cognizant of the problems connected with the feeble-minded, and helpful in interpreting them to probate judges and others. He had been made director of the Children's Bureau in January, 1923, following the resignation of Mr. William Hodson, the first executive. There were special units in the bureau for dependent and neglected children, boarding homes, unmarried mothers, and the blind. There was a field staff of six who served all of us, interpreting state policies to county child welfare boards and county attorneys and probate judges, and bringing back their reactions and points of view. At that time they were all women and a wonderful group, working together more pleasantly and harmoniously than was sometimes true in later years, when the welfare program of the state broadened and staff had been multiplied many times. Mr. Hall, surrounded by his feminine staff, had been dubbed "Mr. Hall and His Harem" by Mike Holm, secretary of state.

It was imperative that I have immediate knowledge of the laws under which I would function and of the policies established to carry them out. The laws which had been passed in 1917 for the protection of children included provisions for the defective or feeble-minded. The Board of Control was the central state agency designated to see that these laws were enforced and to accept guardianship of persons who needed protection. A Department for the Feeble-minded and Epileptic was within the administrative agency, the Children's Bureau.

The basic law that I would administer provided that both

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adults and children could be committed to the guardianship of the Board of Control as feeble-minded. I would act for the board as guardian. Procedures for hearings in probate court were set up for the feeble-minded, the insane, and the inebriate—similar routines in many ways, but the feeble-minded were committed to the guardianship of the Board of Control and other groups to the state hospitals. The definition of a feeble-minded person was given: “The term ‘feeble-minded persons’ in this act means any person, minor or adult, other than an insane person, who is so mentally defective as to be incapable of managing himself and his affairs, and to require supervision, control and care for his own or the public welfare.”

The law provided for the Board of Control to send someone “skilled in mental diagnosis” to advise the examining board—composed of two licensed physicians and the judge—relative to the feeble-mindedness of the person considered. The confusion about the terms psychiatry and psychology was demonstrated in forms drawn up by the Board of Control for the judge to use in giving notice of a hearing. They provided space to request a psychiatrist when, indeed, a psychologist was the person the board had in mind and could send.

This 1917 law gave the board specific authority to place wards “in an appropriate institution,” but did not specifically provide for supervision in the community. Doubtless it was believed that guardianship implied this, but the law had not been long in operation before it became apparent that specific authority must be granted. In 1923 a phrase was added: “or to exercise general supervision over him anywhere in this state outside any institution through any child welfare board or other appropriate agency thereto authorized by the said board of control.” This was a part of the law as I found it.

The passage of the Children’s Code in 1917 had not been the result of a suddenly conceived idea. As early as 1908 the Board of Control had sponsored meetings to discuss codification and needed changes in earlier laws regarding children; and the State Conference of Charities and Cor-

rections had been instrumental in getting a bill introduced into both the 1913 and 1915 legislatures authorizing the appointment of a commission to study these needs. The bill had been killed in committee both times. In August, 1916, interested persons raised money to pay the salary of an executive for a Commission on Child Welfare appointed by Governor Winfield S. Hammond without legislative action. Judge Edward F. Waite of the juvenile court of Minneapolis was chairman, and the executive was William F. Hodson, a young attorney who had been with a Minneapolis social agency. Soon after the legislature met in 1917 a preliminary report was forwarded to it by the new governor, Joseph A. A. Burnquist. He expressed the hope the legislature would give it "the attention that the importance of the proposed measure deserves." The legislature acted favorably on most of the proposals.

The first recommendation in the commission report related to guardianship of the feeble-minded. Many words were spent in explaining the basis for it! "Almost every community in the state furnishes examples of hereditary feeble-mindedness." Since this created a serious public menace "wise and kindly segregation" was needed, especially for women and girls. This philosophy had been asserted over and over by Dr. Arthur C. Rogers, superintendent for many years at the Faribault State School and Colony, Minnesota's first institution for the feeble-minded. It was he who had insisted on the need for a guardianship law and also on supervision in the community for a few who might return to it after training had been completed. The report recommended a compulsory guardianship law—not compulsory for all, but in the sense that guardianship might be established without consent of the parent or guardian, and then placement in the institution could be ordered by the Board of Control. This provision had been included in the law as passed, but the reason for it—fear that the feeble-minded would become a social menace—was fortunately omitted.

It at first seemed odd to me that a guardianship law which included adults had been a part of the recommendations of the Commission on Child Welfare, and at the same time

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was part of a law for action by the probate court. This phenomenon is explained by the fact that in 1917 the probate judges were recommending passage of a bill placing guardianship proceedings for all "defective" persons within the jurisdiction of that court—"defective" to include "the feeble-minded, the inebriate, and the insane." When the Commission on Child Welfare came into being, it cooperated with the probate judges in determining what provisions should apply to the feeble-minded. Prior to that, patients had been accepted at Faribault on the authority of the superintendent, with the exception that the juvenile court could commit dependent or neglected children who were also feeble-minded.

Newspaper coverage indicates that the 1917 laws had public approval. *The Minneapolis Star*, commenting on the recommendations of the commission, implied all were good, but singled out the guardianship law as the most important because of the need for preventing the increase of the mentally deficient and others presenting social problems. It did so while recognizing the cost of greatly increased institutional space, but felt there should be no "penny wise policy in dealing with this important problem."

The guardianship law received most of the attention, but there was a general directive in another part of the code which in some respects was as important as the provision for guardianship. "It shall be the duty of the board to promote the enforcement of all laws for the protection of defective, illegitimate, dependent, neglected and delinquent children; to co-operate to this end with juvenile courts and all reputable child-helping and child-placing agencies of a public or private character, and to take the initiative in all matters involving the interests of such children where adequate provision therefor has not already been made." In the early years I sometimes assumed initiative because there seemed to be no one else to do it, without realizing, as I did much later, that this was a mandatory provision of the law.

With the passage of the 1917 laws, Minnesota had a community program for the feeble-minded, and administra-

tion of it was tied in with that for all children needing any state aid or protection. There was also a close relationship to the School for Feeble-minded, the mental hospitals, and the probate court. It seemed to me that the program for the feeble-minded lacked a definite identity; administratively it was classified with child welfare, but legally it was bracketed with the insane because of its commitment procedures, although they were basically different. I felt sometimes like a circus performer with a foot on each of two horses that were not always going in parallel directions.

As the Board of Control had administrative responsibility for all state institutions and for the Children's Bureau, its functions and background are of prime importance in explaining my duties. In 1883 the legislature had authorized a Board of Corrections and Charities to co-ordinate services, set standards, and give guidance to both public and private institutions and agencies. This board existed until 1901, but when I came to Minnesota I knew nothing of it. I assumed that the Board of Control was the original state agency and that it had been set up to administer all social programs and for no other purpose. This proved untrue. The law of 1901 was largely the result of the initiative of State Auditor Robert C. Dunn, backed by Governor Samuel R. Van Sant, and was conceived to save money. Governor Van Sant asserted that such a board would be nonpartisan and would result in large financial saving to the state but "without in any way lessening the efficiency of the service to the inmates."

The Board of Control was to be composed of businessmen paid for full-time service. It would have administrative responsibility for the hospitals for the insane, the School for Feeble-minded, the prison, the reformatory, and the correctional school, with specific and detailed duties prescribed. The administration of Owatonna State Public School and of the schools for the deaf and dumb and blind remained under individual boards until 1917. The Board of Control, in addition to carrying out all responsibilities formerly the duty of the Board of Corrections and Charities, was given \$500 and specifically enjoined to "encourage and urge the

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scientific investigation of the treatment of insane and epileptic by the medical staffs of the insane hospitals and the Minnesota School for Defectives." The feebleminded were not mentioned as subjects for scientific investigation.

An entirely different function was added, one that for many years took a large part of the time and attention of the board. The board was given authority over certain financial matters, including much of the purchasing for current needs of the schools for the deaf and blind, Owatonna State Public School, the university, and the normal schools. It was made responsible for new construction or major changes in all buildings financed by the state, and for furnishing coal for all buildings. Mr. Mullen had been employed during this era and the change in the board's responsibilities had not changed his interests. By the time I came to Minnesota the board was functioning mainly as a social agency, seeing that those needing care, training, treatment, and rehabilitation received it. This change had been given a real impetus in 1921 when, by law, two women were added to the board, thus increasing its number to five. In 1923, after the resignation of one woman member, the number was again reduced to three, one of these to be a woman. Mr. Wheelock, whose appointment ran less than two years, was to remain as a fourth member for that time. The final metamorphosis of the board was accomplished in 1925 with a Reorganization Act.

One of the first statements I heard on coming to Minnesota was that administration of the Board of Control was nonpolitical, and I had rather early evidence of this. When I arrived the governor was Jacob A. O. Preus, but elections were to take place in the fall, and I would be eligible to vote. Theodore Christianson was the Republican candidate. One of the stenographers of the Board of Control was admonished because she chided me for not wearing a Christianson button.

Apparently this nonpolitical attitude stemmed from persons who were interested in social welfare in the early days. In 1894 Mr. Rodney A. Mott, a member of the board of the Institute for Defectives, gave a paper at a national

meeting, scoring political interference and prophesying the coming of civil service. The law creating the Board of Control specified that political pressure must not be exerted toward any employee but it was not until 1923 that it prohibited more than two members belonging to the same political party. The action of the first Board of Control had, moreover, demonstrated an appreciation of competence for its own sake. In spite of pressures upon the members from friends and constituents, the board had notified every superintendent that he was to be fully responsible for employing his staff, and that his own tenure was not considered ended if he wished to continue. A rule was established that no one would be removed except for cause. This political independence for employees had continued during the years.

Acquaintance with the Children's Bureau and with the laws passed in 1917 gave me a basic understanding of my job, but I needed to know more details of its organization and procedures. Following the 1919 legislative session, the Department for the Feebleminded had been set up with a small but separate appropriation and thus as a partially independent unit within the Children's Bureau. In the first biennial report of the Board of Control following the establishment of the Children's Bureau—that for the period ending July 31, 1918—special attention had been given to recommendations regarding the feebleminded. One recommendation was for an appropriation of \$25,000 to be used by the Board of Control for the feebleminded committed to its care. The fund was also to pay two field workers supervised by the Children's Bureau. One worker was to be a psychiatrist (psychologist) who could do testing for the probate court, this function to be distinct from research in psychology.

The full appropriation requested was not granted, but Miss Agnes Crowley had been employed to head a Department for the Feebleminded at a salary of \$120 a month. When I took over the appropriation was \$6,000 and my salary was \$2,200 a year. This salary was paid by the School for Feebleminded and the appropriation used for travel and other expenses. Miss Crowley had organized the

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department and set up records that made for orderly functioning. She had worked out a form for statistical monthly reports, but the statistics concerned only persons placed under guardianship since 1918 when the law became operative. In reporting the number of patients in the school and colony at Faribault only those under guardianship were included. The institution had opened in 1879, and the figures were thus a bit confusing, since they omitted many hundreds who were nevertheless being cared for. Furthermore, individual planning and supervision for those who had entered without being placed under guardianship seemed to be considered outside the jurisdiction of the department.

For supervisory purposes Miss Crowley had divided the state wards in the community into three groups: (1) Outside supervision (O.S.)—those needing supervision only; (2) A waiting list (W.L.)—those who should be in the institution; (3) Unclassified—those needing more observation before being placed in group (1) or (2).

I found a partially prepared biennial report that was due June 30, and this supplied much information. On July 1, 1924, of a population of 1,900 at the Faribault State School and Colony, 804 were wards. There were also 251 O.S., 276 W.L., and thirteen unclassified by the department. The number of commitments to guardianship in the year 1923-24 had been 258, as against 301 the previous year. The decrease had been in the number of custodial-type children, those requiring a great deal of service because mentally unable to learn self-care or physically unable to exercise it. Since placement of these was not possible due to lack of space, many judges and workers had not encouraged families to have court hearings, as at that time guardianship was to a large extent looked upon only as a prerequisite to institutional placement.

The report gave information on a plan for community or "colony" placement of high-grade girls in Minneapolis. This had been worked out with the Women's Welfare League, an agency which conducted Harmon Club, a home or "clubhouse" where girls needing temporary housing could be placed. Eight girls had been "paroled" to the

Hennepin County Welfare Board for placement at Harmon Club on a more permanent basis. They were doing well and were nearly self-supporting.

There were recommendations, and a statement of the duties of the department as seen by Miss Crowley:

“Giving advice concerning uncommitted cases, sometimes leading towards commitment and sometimes not.

“Giving mental tests or securing the cooperation of the Research Bureau for this.

“Giving aid to the welfare boards to secure commitments.

“Supervising cases not in the institution.

“Assisting in making temporary arrangements for some of those who should be in the institution but cannot get in. This may be in other homes, private institutions, or in hospitals.

“Arranging to fill vacancies occurring in the School.

“Determining on advisability of vacations and paroles.”

At the time of this report I knew nothing about “colonies” and never grasped the idea that Harmon Club was based on that concept. Many things would have been clearer if I had. The concept was an old one. Dr. Rogers, who had gone to Faribault in 1885, had been one of many superintendents who were enthusiastic about a plan for “colonies.” The plan provided for the use of a building somewhat removed from the main institution to house a group of individuals—probably placed for life—who would live together under conditions which made for a family atmosphere and for more outlets for personal satisfaction than existed in the central plant. They would, however, be a part of the institution and close enough to participate in entertainments. The contribution they made by their work would mean they were self-supporting or largely so. One occupation for boys might be producing food for the institution, and for girls, making clothing. Dr. Rogers had established a farm colony at Faribault and a colony for epileptics. The girls made clothing but did not live away from the main grounds.

This basic idea of a colony had been greatly broadened in 1914 by the ideas and actions of Dr. Charles Bernstein, superintendent of Rome State School in New York. The

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question of the rightness of the concept on which his experiment was based was still controversial, however, in 1924. Dr. Bernstein had established homes or colonies away from the institution grounds for both girls and boys. The girls did housework for persons not connected with the institution. The boys were placed to re-forest state lands. Complete discharge with no further supervision was planned for them as soon as they were adjusted. The report for the first year—October, 1914 to October, 1915—had enthusiastically represented the plan as a great success. By 1923 the Board of Control and Miss Crowley had determined to adjust such a plan to Minnesota's laws and ideals, and thus Harmon Club came into being.

In these early days I was getting more information than I could absorb, and work piled up. A fundamental provision of the child welfare laws was authorization for the Board of Control, upon the request of the county commissioners, to appoint county child welfare boards to aid "in furtherance of the purpose of the act." Members of these boards thus had responsibility for the welfare of the feebleminded in their counties. With 540 wards of the Board of Control in the counties, these welfare boards had many reports to make and questions to ask. In spite of Mr. Hall's explanations, I had to learn the details and significance of court action by experience. Notices were coming from the courts, setting dates for guardianship hearings. Some of these I had to attend, to test the persons considered for guardianship. Florence Dunn, the secretary, knew Miss Crowley's procedures and she was able to acknowledge the notices, as well as brief me. But I had to see and try to understand the underlying plan shown in each record and know what information we already had. Each letter on a case meant more than answering that letter; it meant reading the whole file to get the background of that particular person. Thus, from the first, I began arriving at the office early and staying late, as well as spending extra time on many Saturdays and Sundays.

One occurrence of the first month perhaps helped to make friends for me as much as anything could have. When

I arrived March 1, the snow had disappeared and the plows been stored. But on the last Friday afternoon of the month a wet snow began to fall and continued all night. Next morning the unbroken snow, twelve inches deep even where it had not drifted, was a beautiful sight. I had no overshoes, but, arming myself with dry shoes and stockings, I started for the capitol, some fifteen blocks away. Coming from the South, I must show that I could meet any vicissitudes of the North! I was a bit late in getting to the office—but when I arrived no one was there! About noon one man, an employee of the department, came in—and so was able to confirm my story of a Southerner's first Minnesota snow-storm! It caused much amusement.

One of the early "facts of life" with which I had to deal was the waiting list—those persons who had been placed under guardianship and for whom placement in the institution was desirable but for whom there was no space. Reports of the Children's Bureau contained figures for such a list beginning with 1918, but it took the records in the Minnesota archives to show that there had always been a waiting list. The 1881 legislature had appropriated money for a building for "imbeciles," the brighter children, at the same time that it made the institution permanent and provided for entrance directly from the community. Governor Lucius F. Hubbard had reported to the 1883 legislature that the building had opened the previous February and forty-one children were in attendance—but that there was a list of fifty-nine applicants for whom there was no space. New buildings were authorized by one legislature after another, but when they were completed and applicants placed, there still was a "waiting list."

A policy of first on waiting list, first to be placed, depending on the type of vacancy existing, apparently was established as far back as the administration of Dr. George H. Knight, who was superintendent from 1879 to 1885. In a circular on policies was a statement that because of pressure from many sources for immediate entrance, applications for placement at the institution must be accepted in an order based on the date made but dependent upon available

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space in the appropriate group. This policy had continued until my day and was then carried out in spite of pressures from parents, legislators, or other influential persons. Emergency placements were individually considered and were based on need and the lack of other solutions.

Hand in hand with this policy was one that covered persons not under guardianship—they would not be placed so long as wards of the Board of Control were waiting admission. Such a practice meant that so long as there was a waiting list, no one not under guardianship would enter the Faribault State School and Colony, although this was legally possible. The policy had been established in 1918, only six months after the guardianship law went into operation. On July 2, 1918, Mr. Hodson, director of the Children's Bureau, wrote to the superintendent at Faribault: "It is also my understanding that no case shall be made special unless there has been a commitment and I believe the Board will proceed in the future on that basis."

Mr. Hodson's field staff made home investigations of the need for institutional care at the School and Colony for the Feeble-minded. Before this, investigations had been made by state agents authorized by the 1907 legislature. Their primary function was, under the direction of a hospital superintendent, to look after patients paroled or discharged from hospitals for the insane. Minnesota School for Feeble-minded and Colony for Epileptics had been included as one of the institutions to be served, but to qualify for the job the agent must have had at least a year's experience in a hospital for the insane—not the School for Feeble-minded. Those employed had been hospital attendants, but by 1918 the concept of the social worker had taken shape, a concept involving more education than attendants usually had. Also, there was a definite understanding, apparently from the time the Children's Bureau was organized, that feeble-minded persons not actually in the institution were the responsibility of the outside agency, not the institution. Probably if Dr. Rogers had not died before the Children's Bureau came into existence, a closer relationship in community planning might have been established between the bureau and the institution.

When I arrived in 1924 participation on the part of Mr. Guy C. Hanna, then superintendent of the School for Feeble-minded, was negative rather than positive.

THE STATE INSTITUTION

It seemed most important from my first day that I meet Mr. Hanna and also see the School for Feeble-minded. On that first Monday, therefore, Mr. Hall wrote him suggesting that I visit on Thursday or Friday, and telling him that I had "had very broad experience working with the feeble-minded," although I had never been in an institution for the feeble-minded and thus had no basis for comparison or real understanding on this first visit. Mr. Hanna replied to Mr. Hall's letter saying that it would be "satisfactory" for me to come on Friday and that if he were not there someone else would show me around.

Before going to Faribault I visited Harmon Club so as to be ready to discuss placing some girls there, as this was a project that I was expected to emphasize for some time.

I remember little of this first visit to Faribault, but perhaps Mr. Hanna was not there and Miss Nora Cashman, the school principal, showed me the institution. At any rate, on April 8 I wrote Mr. Hanna, evidently following up previous correspondence. Apparently I had discussed "Mary" with the school principal as a candidate for the clubhouse, and in writing Mr. Hanna mentioned that we had conferred on plans for her. He had replied that there were to be no conferences except with him! My reply was one of explanation and apology, as many of my letters seemed to be in the following months. Mr. Hanna had been at the school for seven years when I arrived in Minnesota but he did not give the impression of being a part of an unfolding and growing program, although before his day Faribault's program could have been so described.

An institution for the feeble-minded had been established in Faribault in 1879 after the State Board of Health and the superintendents of the St. Peter State Hospital and the School for the Deaf had attempted for four consecutive years to get this action. "Idiots" or "imbeciles" had been sent to

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both of these institutions and in 1877, in order to relieve the crowded conditions at the St. Peter State Hospital, the legislature established procedures for returning some "imbeciles" to their counties, with the provision "that no patients shall be returned to counties where the crops have been seriously damaged or destroyed by grasshoppers, until one year after the grasshoppers shall have disappeared from such counties."

The action of 1879 was again an amendment to the hospital law: "It shall further be the duty of said commission to select from the patients of the insane hospitals such idiotic and feeble-minded children and youths who in their opinion, are proper subjects for training and instruction, and transfer the same to the trustees of the asylum for the deaf, dumb and blind at Faribault." The trustees were authorized to receive the patients, and required to lease a proper building for a term not exceeding two years, to provide a competent teacher and attendants, and to make rules and regulations for "the instruction, training and government of said children and youths." The law was approved March 8, 1879, to take effect immediately. In July nine girls and five boys were transferred from St. Peter State Hospital, and the number soon was raised to twenty-five.

Of great importance for the future of this program had been the fact that before opening the institution the services of Dr. Henry M. Knight, who had visited schools in Europe and was the founder and superintendent of the Connecticut School for Imbeciles, had been secured for help and advice. His son, Dr. George H. Knight, took charge of the Minnesota School for Idiots and Imbeciles the latter part of September. His basic program can be understood from a few sentences in his report to the 1881 legislature: "We have to make the training of the special senses and physical education the foundation of all our work. It is the only way to arouse the dormant minds of such as these." He then gave figures showing the numbers who had acquired special skills. The highest number—ten—had been taught to dance and the lowest number—three—had learned to write letters home! "In addition, *all* have learned valuable lessons of decency, order, and cleanliness." This legislature made the institution

permanent, and permitted entrance to be made from the community—both of persons who might respond to the training offered and of the more severely retarded.

Dr. Arthur C. Rogers succeeded Dr. Knight in 1885 and it was he about whom I heard much. Legend had it that he ran the institution without regard to appropriations, and the legislature made up the deficits. I am sure, partly because the records sometimes show small balances, that this is not true. One incident is significant of his methods, however. He was to become superintendent on September 1, but arrived in August. Miss Laura Baker—later the founder of a private school at Northfield—was teaching at Glenwood, Iowa. Dr. Rogers wanted her for his head teacher. He wrote Dr. F. M. Powell, the superintendent, who said that Miss Baker must make her own decision. On August 28 Miss Baker wrote that she wanted to come but Dr. Powell had raised her salary to \$400 a year, and her father said it would be too unbusiness-like for her to leave! She wish he hadn't raised it! On September 4 a telegram came saying that she was arriving; the records show that her salary was \$400 for a ten-month year. This determination to have the best characterized the administration of Dr. Rogers for the thirty-one years he remained at Faribault.

Before 1900 Dr. Rogers was interested in learning more of the differences between feebleminded children and those not feebleminded. He had employed a pharmacist who was also an "earnest student of psychology," Dr. A. R. T. Wylie, a Ph.D. from Clark University. Dr. Wylie was the first psychologist to work in an institution in the United States. His procedures are described as follows: "Since the relation of the mind to the outer world is receptive, appreciative and reactive, there are three fields in which to seek for differences between mental activities in normal and abnormal children. In the first field the endeavor is to ascertain to what extent the senses are dulled. Taste, hearing, touch, sight and smell are all subjected to measurement tests and the results recorded. In the appreciative field, the memory receives special attention and tests. In the reactive field, the various manifestations of the will are studied, as rapidity of action,

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force, endurance, mental and muscular fatigue, voluntary motor ability, etc.”

Dr. Rogers' ideas formed some basis for attitudes in Minnesota and elsewhere for a long time, and certainly influenced the passage of laws I was to administer. As early as 1886 the objectives of an institution, as he saw them, were to provide comfort and care for the “helpless idiot” and epileptic children, and schooling and training for both those able to return to the community and those who would remain and work in the institution. For this last group he advocated “colonies,” and guardianship, with supervision in the community for the few who would return to it.

Dr. Rogers died in January, 1917, and Mr. Hanna became superintendent June 1, 1917. He was hailed by the Board of Control as a great administrator. The records indicate that there were two motivating factors in employing him—the board wanted to have a person who used more routine methods, and it wanted to save money. The latter assumption has a basis in the fact that during June, July, and August, 1918, the Board of Control transferred nearly \$27,000 from the appropriations for Faribault to other institutions—apparently “savings” for one year.

BUREAU OF RESEARCH

I met Dr. Frederick Kuhlmann, director of the Bureau of Research, during my very early days. I found him, a tall angular man, in his office in the Old Capitol building several blocks from the capitol. He greeted me cordially, but was more concerned with his tests than with pleasantries. I discovered that he had little contact with the staff of the Children's Bureau. His advice and counsel did not seem to be asked or given, although he familiarized himself with all reports and wrote many articles and pamphlets showing an acquaintance with the bureau and especially the Department for the Feebleminded. Perhaps the reason for this limited contact was that his bureau had originally been set up under research funds and was still to a large extent looked upon as only a research agency.

Dr. Kuhlmann had been one of the first psychologists

in this country to use and revise Binet tests after they were developed in France in 1908. Dr. Rogers had been one of the first superintendents to accept them. The Board of Control was apparently so confident of a "research" appropriation in 1911 that Dr. Kuhlmann's appointment was authorized for September 1, 1910. The 1911 legislature did establish a fund of \$5,000 a year for research into the causes of mental deficiency, insanity, and delinquency. The appropriation title for it was "Clinical and Scientific Work for Hospitals for Insane, School for Feeble-Minded and Penal Institutions." Dr. Kuhlmann had begun his work at Faribault by testing every child who came into the institution, and as rapidly as he could manage it, all who had entered previously. The results were then used for classification and determination of program on an individual basis. Although this was a practical use, the work was considered research, and careful records were kept for comparisons and deductions, as well as for a basis for further test revisions.

Prior to the development of Binet tests and their use by psychologists, diagnosis had been the responsibility of physicians. A need for definite methods had, however, been felt at least as early as 1877. In that year Dr. Hervey B. Wilbur, who established the first "school" in the United States, gave a paper entitled "Classifications of Idiocy." He defined idiocy or amentia as a "default of mental faculties that is congenital, or manifests itself at an early age," thus distinguished from dementia, which is an impairment of mental faculties once possessed. He then spoke of the fact that the manifestations used by doctors were "subtile" and asked, "Can we not, then, by thought and consultation, give some practical order and distinctness to these data and indications, as a foundation for a tolerably clear and correct prognosis?" Prognosis would here seem to be used as diagnosis.

In 1898 the question of diagnosis and the basis upon which it was or should be made had been partially answered for the first time by an English writer in a report presented to Parliament by the Departmental Commission on Defective and Epileptic Children. It was accepted in the United States by members of the Association of Medical Superintendents

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of Institutions for the Feeble-minded. In the English report are the following sentences: "Usually feeble-mindedness is marked by physical defects, such as irregularity in bodily conformation, malformation of head, palate, tongue, lips, teeth and ears, defective power either of motion or control in different forms of muscular action." and "A child may be abnormal in one or more of these respects without being necessarily feeble-minded. This is a matter which requires not only medical knowledge, but some medical study. Information can also be obtained as to a child's habits, conduct and power of learning and generally also as to its history." Then each case would be decided on its merits.

When Binet tests were first developed in Paris between 1905 and 1908, there was great enthusiasm. They were revised by American psychologists and widely used as a basis of diagnosis of feeble-mindedness. It is understandable that it was a thrilling experience to have at last what appeared to be one concrete tool for making an objective diagnosis of a feeble-minded person. Tests were accepted uncritically by many, but by 1916 some persons were becoming critical of them and of the methods of using them for diagnosis. Some psychologists, including Dr. Lewis M. Terman of Stanford University, agreed that tests are not absolutely accurate; that there must be supplementary information, medical, social, etc., as well as an understanding of emotional and other traits exhibited by the child. This was stated by Dr. Terman in a paper given in 1916, several years before I studied with him. He further stated that psychologists did not agree on the extent to which such information should be considered in diagnosis. Dr. Kuhlmann's ideas of the value of tests were different; he did not consider other information necessary as a basis for diagnosis. He influenced me, but I could never wholly agree with him, although I recognized his high standing in this field.

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People, Background, Laws, Relationships

LAWS other than those relating to Board of Control organization and functions were important for an understanding of my job. There were, moreover, persons I must come to know and understand.

WELFARE AND HEALTH

County child welfare boards were financed locally and so not considered as part of the Board of Control organization although three of the five members—two of whom had to be women—were appointed by the Board of Control. The other two were ex officio: one selected by the Board of County Commissioners from among their members, and the county school superintendent. In the larger counties the Board of Control appointed five out of seven members.

A county child welfare board could be appointed only upon the request of the Board of County Commissioners, and when I arrived in Minnesota in 1924—seven years after the Children's Bureau came into being—seventy-two counties out of Minnesota's eighty-seven had active child welfare boards, with the seventy-third in the process of being formed. In eighteen of these counties, one or more persons were employed to carry out the directives of the child welfare board. In the others the unpaid members made home

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visits and established contacts with the courts and other agencies under the direction of field agents of the Board of Control or the head of a special unit, such as the Department for the Feeble-minded and Epileptic. One can only marvel at how competently many of them handled a job for which even at that date special training in schools of social work was becoming a prerequisite for a social worker. Nor did they seem to count the hours they spent at it. There were many situations in which the county school superintendent, because of his knowledge of feeble-minded children and their parents, gave outstanding guidance and supervision.

I got to know members of child welfare boards in rural counties when I was attending meetings or when I was testing, either for the probate courts or as a basis for social planning—the latter on the request of the child welfare board. Otherwise my contacts were made largely by mail, giving advice or interpreting the law as it related to specific cases. My contacts with Hennepin and Ramsey counties—Minneapolis and St. Paul—could be made in person or by phone as well as by letter.

To a stranger, Minneapolis and St. Paul appeared to be almost as one city, but I soon discovered that the counties they represented differed in administration of a program for the feeble-minded. Getting acquainted with workers in these counties proved an interesting experience. The staff of the Ramsey County Board, located in St. Paul, was at first headed by Miss Monica Keating. The worker for the mentally deficient was Miss Gertrude Cammack, who in 1925 became the executive secretary when Miss Keating accepted a teaching position at the University of Minnesota. The Ramsey County Board worked in a businesslike manner and was co-operative, trying to carry out the laws and policies of the Board of Control as well as to act with imagination in providing supervision for the feeble-minded. But its methods were not spectacular. In those early years the attitude of the probate judge toward guardianship proceedings created a great problem. He was loath to place anyone under guardianship, and furthermore he stated that the law did not require guardianship for institutional place-

ment. Members of the child welfare board talked with him, citing the policies of the Board of Control and trying to convince him what the practical results would be to their county: persons needing institutional care would not get it.

Hennepin County was different. Mrs. Florence Davis was the executive, and Mrs. Laura Halse was the worker with the feeble-minded. Mrs. Halse, a somewhat vivacious blonde of about my age, was a very bright—indeed, brilliant—person with a real interest in the underdog in general and the feeble-minded in particular. She had a flair for working with individuals but disregarded all regulations and established procedures when by so doing she could achieve her objective. She loved to get information in a devious manner. As someone described her later, “She loved intrigue for the sake of intrigue,” and was able to get assistance in the most unlikely quarters in planning for the mentally retarded. She was gay and had many interesting ideas for supervision. She belonged to no professional group—such as the American Association of Social Workers—and rarely attended their meetings, but she did read professional literature. She had well-established relationships with both county attorney and sheriff’s offices and could get what might be called informal help whenever it was needed. Girls from Faribault going to Harmon Club were “paroled” to the Hennepin County Welfare Board and she supervised them. This meant a very close contact. Mrs. Halse was so exactly my opposite in many ways that she fascinated me and I liked her. She did much to help me take a hopeful view of what supervision could accomplish for even what seemed a hopelessly unadjusted retarded person. I sometimes marvelled at what she accomplished, but I fear I failed to consider her methods, as I should have done.

From my earliest days, public-health nurses in a number of the counties were the most helpful and understanding persons possible. In 1919 a law had been passed authorizing a board of county commissioners to employ a public-health nurse and assign her to the child welfare board for direction and supervision. The Division of Child Hygiene, created in the State Board of Health in 1922, directed these

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nurses from the health standpoint, but they continued to act for child welfare boards for some time. Two nurses who were serving these boards when I arrived—Miss Ann Nyquist in Renville County and Miss Mary Johnson in Traverse County—were later in the central office of the State Board of Health. They did much to bring about closer co-operation in counties where there was both a public health nurse and a welfare executive.

LEGAL CONTACTS

The guardianship law brought me into immediate contact with laws of the probate court, and with the probate judges. My first hearing taught me the value of having their understanding, and through all my years I sought this. In counties without active child welfare boards the judge could be a most effective “agent” when he was interested, because he knew people and their difficulties as few others did. For many years I was invited to the annual meetings of the probate judges and sometimes was given time to speak of our policies and problems—the “waiting list” being one of the most baffling of the latter.

I soon learned that the attorney general’s interpretation of law was basic to the functioning of the department. There were some very fine young attorneys in that office when I arrived. The Board of Control had one assigned who was not only to interpret laws but to represent the board in court. This included representation when a petition was filed for restoration of a ward to capacity. Such a petition was usually made on behalf of an adult or adolescent who came from an environment of low economic and cultural level and who may have been involved in some delinquency. Later the attorney general had the county attorneys act for the state, but in earlier years I briefed many an attorney and attended hearings in many parts of the state—sometimes giving testimony, but often only seeing that a state psychologist and other witnesses were provided. Toward the end of my service a change in emphasis, and better diagnosis and case work, lessened the number of such cases.

EDUCATION

In the public schools, special classes for the feebleminded—or subnormal, the term used by the schools—functioned under state laws and under policies established by the Board of Education. When I arrived there were 44 cities or towns that had special classes for the subnormal, with a total of 148 classes and an enrollment of 2,609. An interesting and significant fact shown in the 1923-24 biennial report of the Department of Education was that annual state aid per pupil was \$250 to \$300 for the physically handicapped, and only \$100 for the subnormal. The commissioner of education spoke of all special classes for the handicapped as “one of the most altruistic tendencies of modern education.” Apparently special classes were considered not an educational undertaking but an altruistic one, and thus a minimum of attention was all that was merited! This was true even though the physically handicapped might be very bright, and though classes for the mentally subnormal had no children with I.Q.’s below 50 and many with I.Q.’s between 75 and 85. Certainly many, if not most, of the children from such a group could be trained to become self-supporting.

Such classes in Minnesota—that is those with state subsidy—were less than ten years old, in spite of the fact that Minnesota citizens believed in education and the first territorial legislative assembly in 1849 had passed a school law. The opening sentence is a most significant one in view of the discussions on education for the retarded that took place many decades later: *“BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF THE TERRITORY OF MINNESOTA, THAT A FUND SHALL BE PROVIDED IN THE MANNER HEREINAFTER SPECIFIED FOR THE EDUCATION OF ALL THE CHILDREN AND YOUTH OF THE TERRITORY.”* Although the word *all* is in the law, it did not seem to include the feebleminded.

As early as 1899 the need of special methods for dealing with behavior problems had been recognized. A law was passed then which stated that the board of any school district might maintain one or more ungraded schools for (1) habitual truants; (2) those incorrigible, vicious, or im-

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moral in conduct, (3) children who wander streets or public places during school hours. The feeble-minded were not listed, but a precedent had been set—and one wonders how many of the children enrolled proved to be mentally deficient.

Special classes for the feeble-minded had spread over the United States since the first one was established in 1896 in Providence, Rhode Island. This country was following the lead of several foreign countries in such action. Duluth, Hibbing, and Minneapolis had classes prior to 1915, when the law providing for state subsidy was passed, sponsored by Dr. Edward Meyerding, supervisor of hygiene in the St. Paul public schools, and backed by the State Conference of Charities and Corrections. In the view of the commissioner of education, the duties connected with setting standards and helping communities take advantage of the law did not constitute a full-time job for one of his employees. The inspector of buildings, Mr. S. A. Challman, was given the added title of inspector of special classes. Fortunately he was interested, and by July, 1916, there were twenty-five classes in eight communities. It was difficult to get teachers then, just as the 1923-24 biennial report of the Department of Education showed. The report stated that the chief problem in providing such special education had been the lack of teachers with the additional necessary training.

In 1917 Mr. Challman had indicated why such teachers must be of high caliber. The reasons were: (1) varied accomplishments were required; (2) special methods of instruction were needed; (3) psychological problems must be met; and (4) great patience was essential.

This need for trained teachers and the recognition of the difficulty of instructing feeble-minded children had been understood very early. In 1851, when The Massachusetts School for Idiotic and Feeble-minded Youth was placed on a permanent basis, the superintendent, Dr. Samuel G. Howe, had the same problem. He described the attributes of a teacher: "A teacher of idiots should possess a rare combination of intellectual and moral qualities. He should have enthusiasm of spirit, love for his scholars, zeal for his work, and

faith in its final accomplishment; for which he must labor during many years with untiring patience—with earnestness of manner—with gentleness of temper—and with exhaustless fertility of invention.” And: “It is probably true that it requires a rarer and higher kind of talent to teach an idiot than a youth of superior talent.” And then he made a prophecy: “When the time comes that schools for idiots are established over the country, it will be found more difficult to get good teachers for them than to get good professors for our colleges.”

In spite of this interest in the feeble-minded and the high requirements for teachers, the outlook was not hopeful in 1915, as it was still thought that after completing school most of these pupils should go to institutions.

After the establishment of subsidized special classes Dr. Kuhlmann had been engaged to give tests for the schools to see if a child met the requirements of the Department of Education for admission to a class. This was still one of his functions when I arrived. Apparently he considered it as organization of the classes, as he later recommended that the State Board of Control be legally empowered to organize special classes, since this would make permanent a custom which already existed. It would, he stated, also establish a link between the training of mentally retarded children in the community and their later commitment to guardianship and institutionalization—the same concept held by the schools in 1915.

Early in my experience I came in touch with special classes and found to my surprise that Duluth had classes for children with I.Q.'s below 50, but operated them without state aid. Direction of special classes was still not considered a full-time job by the State Department of Education. The lack of interest in most counties seemed to reflect the minor consideration given by the state. Rather than establish special classes, the schools, as permitted by law, often excluded feeble-minded children unable to function in regular grades and then there was pressure for placement at the state institution.

Because of the public's attitude, many families whose

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children were in special classes felt that the children had been stigmatized rather than given an opportunity. This can be understood in view of the persistent opinion about permanent segregation. In contrast to this apathy, or opposition of officials, many teachers trained for special classes were tremendously interested in the mentally retarded and participated in the broad planning for them. In Minneapolis after 1915, children having I.Q.'s below 50 had been excluded from classes. In 1922 Miss May Bryne, a special-class teacher, first brought the neglect of these children to the attention of those interested in social welfare. The children could do nothing but stay on the streets if their parents were unable to keep them at home. The question she raised was: Did the schools have an obligation to establish classes similar to day nurseries to provide for the severely retarded? It was twenty years or more before this question became a national and controversial one, and more than thirty years before it was answered in Minnesota.

Chapter V
People, Background, Ideas

PROFESSIONAL ORGANIZATIONS

BESIDES state agencies created by law to provide for those needing care, training or treatment, there were state and national organizations that had been formed because persons with similar interests felt a need to confer with one another. In Minnesota, from the days when each state institution had its own board, the superintendents had been encouraged to attend such meetings. The Board of Control, immediately upon its organization in 1901, had accepted the previous philosophy that superintendents should attend meetings of their own professional group in order "to keep up with the times and insure the most modern methods in their administration." It agreed that the state should pay their expenses, but limited payments to one a year for meetings outside the state. This policy had been extended to include Mr. Charles Hall, director of the Children's Bureau, but not the staff. In line with this, a few weeks after my arrival I was told I would be allowed the time but not my expenses to attend the meeting of the American Association for the Study of the Feebleminded (now the American Association on Mental Deficiency) in Washington, D. C., from May 30 through June 2.

My introduction at this meeting to those working with the feebleminded was most auspicious. Dr. Walter E. Fernald

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was president of the association and the title of his address was "Thirty Years of Progress in the Care of the Feeble-minded." He reviewed the whole field but displayed an optimism tempered with realism that was an inspiration to someone who was trying to get her ideas clarified and fixed. He stated it had become a legend—and, he indicated, only a legend—that almost all feeble-mindedness was hereditary and that the feeble-minded were "dangerous people roaming up and down the earth seeking whom they might destroy." He felt that the institution was the pivot for a state program; and, after touching on many aspects of problems, attitudes, and progress in research, he spoke of past and present knowledge as more or less true, "but it is only a *part* of the truth. What we most need is more knowledge in many fields."

This organization came into being June 6, 1876, under the name, The Association of Medical Officers of American Institutions for Idiotic and Feeble-minded Persons. Dr. H. M. Knight of Connecticut, who later set up the Minnesota institution, was one of a small group of organizers. Augmented by more members the association met yearly. It not only discussed what had been done and what should be done, but printed its proceedings. In 1896 it began a quarterly publication, *Journal of Psycho Asthenics*. This included the proceedings. The American superintendents relied on accomplishments in England, France, Germany, and the Scandinavian countries, and persons from these countries participated in the discussions. These pioneers worked to spread their philosophy and an understanding of the needs of the retarded. When I attended the meeting in 1924, most states had at least one institution and professional staff from the institutions as well as other teachers, psychologists, and social workers were members and in attendance. This was the only organization whose sole concern was with the welfare of feeble-minded persons, the permanency of whose condition was constantly stressed. The proceedings and publications of this association contain the real history of the whole movement—the papers recording advances in research, better understanding, and improved programs in all

areas.

To understand early developments in this field it was necessary to know something of the teachings of Dr. Eduard Seguin, a French physician who started a school in Paris in 1837. The impetus in this country for "schools" for idiots and imbeciles had come from physicians who had visited Dr. Seguin's school. He moved to the United States after the 1848 revolution in France; for a long time his ideas were the basis of concepts regarding the mentally retarded, and set the pattern for teaching them. H. Holman, in his book, *Seguin and His Physiological Method of Education*, summarizes Seguin's ideas as follows: "He showed that the development of mind in the earliest years depends upon the development of the muscles, senses and nerves; and he discovered the means by which this could be best secured." This "means," as stated by Seguin, "consists in the adaptation of the principles of physiology through physiological means and instruments, to the development of the dynamic, perceptive, reflective, and spontaneous functions of the children submitted to treatment."

The first institutions for "idiot" children—the over-all term first used—were in Massachusetts. There, in the summer of 1848, Dr. Hervey B. Wilbur took a few children into his home and worked with them intensively. Several months later the state established such an institution under the direction of Dr. Samuel G. Howe, with the help of Dr. Seguin.

The prevalent idea that these children—even those whose reactions indicated the lowest-grade mentality—could learn at least to care for themselves was evident in legislative action of New York, which in 1851 established a school on an experimental basis. It was made a part of the state educational system and provided for children to return to their homes or community after a definite period of training.

At the meeting of the association in 1877—two years before Minnesota had an institution—Dr. Isaac N. Kerlin of the Pennsylvania Training School gave a paper embodying the basic concepts of that time. He defined idiocy and imbecility as "conditions in which there is a want of harmoni-

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ous development of the mental, active, and moral powers of the individual affected." He accepted Seguin's principles for teaching and showed the broad range in intelligence and in the special needs of these children. He emphasized that all were "susceptible to development" in some degree.

In 1896 Dr. Walter E. Fernald—the same Fernald I heard speak in 1924—had discussed concepts and goals as they had changed during the years. He noted that until 1874 the institutions established were strictly educational—"a link in the chain of common schools"—but it had been demonstrated that only a small percentage of those trained could go out into the world and support themselves independently. It had also been found that many needed life-long care and that an increasing number of applications for training came from the "unimprovables." The following sentence would seem even then to have questioned the total truth of Seguin's theories: "We have learned from the researches of modern pathology that in many cases the arrested or perverted development is not merely functional or a delayed infantile condition, but is directly due to the results of actual organic disease, or injury to the brain or nervous system, occurring either before birth or in early infancy." Dr. Fernald accepted the thesis that many who "graduate" from training still cannot leave the institution. For all of these the "institution provides a home where they may lead happy, harmless, useful lives." He added that the expense of the institution is lessened by the work done by the inmates. By 1924 when I heard him speak, he seemed to put more emphasis on lack of knowledge and the concomitant need for research than when he wrote this paper in 1896.

Other groups were of real significance for me. In the fall of 1924 the Minnesota State Conference of Social Work met on the St. Paul campus of the University of Minnesota; a number of the papers were concerned with the feeble-minded. In fact, I spoke—just six months after starting my job—on "The Feeble-minded as a Problem for the State." The concluding sentences in my paper were: "The State has led and has gone far, but it must continue to lead still further, backed by the cooperation of every county in adequate care and

support of its own feeble-minded persons. It is only the State which can see the problems with sufficient perspective to inaugurate a plan for adequate and economical care for the feeble-minded at the present time, and for a decrease in number, if not actual elimination in time to come." An exalted idea of what "the state" might do!

This conference was geared primarily to county child welfare boards and I did not then realize that it was far older than child welfare boards. In 1893, at the request of the Board of Corrections and Charities, Governor Knute Nelson had called a Conference of Charities and Corrections, and the legislature was asked to appropriate \$300 yearly for its expenses. Its purpose was "to give opportunity for the interchange of views and experience by those who are actually engaged in the work, especially County Commissioners and other citizens who work for the relief or improvement of the poor." This conference gave a local forum to those interested in the welfare of individuals, and in the early days the superintendents of institutions had been very active in it.

A national forum had existed for some time. In 1874 the American Social Science Association called together the boards of charities and corrections of the nine states having such boards—Massachusetts, New York, Pennsylvania, Illinois, Michigan, Wisconsin, Connecticut, Rhode Island, and Kansas. This group formed an organization first called the National Conference of Boards of Public Charity; this title was soon changed to the National Conference of Charities and Corrections, and still later to the National Conference of Social Work. Although Minnesota did not have a Board of Corrections and Charities until 1883, in earlier years it was represented at meetings of the conference by others concerned with the welfare of people. It was recognized that there are good and bad methods of helping people. Thus social work would seem to have come into existence as a possible profession because of this banding together of those who wanted to find and use the right methods of helping others. Mary E. Richmond, who was still living and writing at the time I came to Minnesota, can perhaps be said to have been its creator, or at least to have put into words for

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the benefit of others some of the methods found good.

Early interest in the feebleminded as a group was mainly limited to institution personnel and others of the group composing the National Conference of Charities and Corrections. This latter interest was chiefly in the question of segregation to prevent social problems. In 1895 Miss Richmond and Miss Julia Lathrop, another pioneer social worker, attended a section meeting where the feebleminded were discussed. One topic was on marriage laws and the need for permanent segregation of the feebleminded, who might create social problems by producing offspring, in or out of wedlock. Both women took part in the discussion accepting this point of view.

A national organization with local chapters came into being in the early 20's—the American Association of Social Workers. It had no specific concern for the feebleminded but was greatly interested in methods and attitudes for all social work. There was an active Minnesota chapter. A person who did welfare work was at that time considered a social worker and probably eligible for membership, especially if he had been previously active in an allied field. Mr. Hall was eager for his staff to become affiliated with this group and so, soon after my arrival, I applied for membership and was accepted.

At that time doctors, other than superintendents, were interested only in the occasional patient who presented clinical aspects of some particular "type"; programs of meetings of teachers' associations showed little concern until after the first decade of the century, and in Minnesota this had again diminished by 1924. Ministers had not assumed any responsibility except perhaps to advise parents, their counsel being based on their concept of duty or of the Lord's will. Some psychologists did, however, show broad concern. Broad medical and educational interest came later, as did that of pastors, public health nurses, and others.

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Years of Learning

ALTHOUGH I hope that I have continued gaining knowledge in this field even to the present day, my years of intensive learning began with my arrival in St. Paul and might be considered as having ended in 1929. In that year the stock market broke and the country—which in 1924 had seemed prosperous—was engulfed in disaster and despair. In 1923, Governor Jacob A. O. Preus reporting to the legislature on his two years in office, had stated: “During this period of evolution in social and economic conditions our country enjoyed great prosperity.” Certainly on my arrival I was not immediately conscious of any economic pressure on the Board of Control of Minnesota, although in 1927 Governor Theodore Christianson stated that for six years the farmers in Minnesota had been in unparalleled financial distress. In spite of this, the general atmosphere here, as over the country, was still one of blatant prosperity—an atmosphere which remained until after Herbert Hoover became president in March, 1929.

Trouble was looming on the horizon, but for me these were years relatively free of stress and tension. There was much to be done, but I had faith that it *would* be done because my work had the firm backing of Mr. Hall and the Board of Control.

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EARLY EXPERIENCES

Mr. Charles Hall had come from rural Minnesota. He thus knew that in order to gain acceptance for his program, members of child welfare boards, probate judges, and other key persons in the community must have understanding of the laws and the basic principles underlying them. Therefore, soon after he came to the Children's Bureau in 1923 he had arranged a series of meetings, at points convenient to persons from several counties, which his specialists in each phase of work attended with him. Discussion of the work of the bureau helped to create interest in its various programs, including that for the feebleminded. A second series of conferences was started in 1924, and within a few months after my arrival I participated in several. It was indeed an exhilarating experience. By June I was able to speak with some confidence of what "we" in the state office wanted done in the counties, and to offer suggestions on how it should be done. And I spoke with pride of "our" state of Minnesota.

Before the end of March, my first acquaintance with a probate judge occurred because of a court hearing. Miss Crowley had arranged for testing a mother and several children for whom petitions for commitment to guardianship had been filed in the Brown County probate court. Not only was the family supported by tax money, but the mother was unable to care for the children properly. I spent two days in the county and began to understand that a probate judge might look at commitment proceedings from a standpoint different from that of the social worker. Tests showed that all members of this family had I.Q.'s in the 50's and 60's, but physically there was nothing to set them apart from other people, and although they were slow in understanding, their basic needs were like those of brighter persons. A probate judge, by signing a warrant of commitment, would deprive them of freedom of movement, and this was serious. The fact that guardianship was exercised for the protection and benefit of the individual—as the welfare board and the Board of Control saw it—did not lessen the judge's responsibility.

This, my first experience in a court case, resulted in all the family being placed under guardianship. It was then that I realized, at least to some extent, the tremendous power that I, as a representative of the Board of Control, held over the lives of these people and others like them. Persons in such circumstances had no friend to whom to turn other than the state Department for the Feeble-minded and the county child welfare board. But these agencies had the responsibility of securing the best possible living conditions for wards of the state, and this could mean institutional placement to prevent associations considered undesirable.

SOCIAL CONCEPTS AND SOCIAL WORK

In 1924 two concepts prevailed about high-grade feeble-minded persons: They must be prevented from procreation even though this meant segregation in an institution; and the feeble-minded capable of self-support must be returned to the community under supervision. The first attitude had existed for decades, but now, while not discarded, it was being balanced with the second as that received emphasis. The changing view of the Minnesota State Board of Control had been expressed as early as 1918 in its biennial report, which was made only six months after the Children's Bureau had been established: "Not all the feeble-minded can be placed or should be in institutions. In the first place the cost would be prohibitive, and in the second it is unnecessary. There are so many gradations, so many types, that supervision must range from little or none to very close. The experience under the new law, while only a beginning, shows that a large part of the problem can be solved by the development of community interest and care outside of the institutions. This will need time and education of the communities to a realization of the need and of their responsibilities. The machinery for much of this work is already provided in the county child welfare boards." The emphasis of my job was to be that of co-ordination of the earlier and later concepts in planning for the feeble-minded.

Placement outside the institution presented a challenging

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program, and thus interest was focused on it. Because of this interest I visited Rome State School in May, 1924, when I attended the meeting of the American Association for the Study of the Feebleminded. For some reason Minnesota had shown no interest in a group plan for boys, and relied ordinarily on individual farm placements. There was consideration, however, of enlarging the program of "club-houses" for girls and I was therefore especially interested in the "colonies" for girls. I was not then familiar with the early idea of a colony as a lifelong home and so did not realize what a big step forward Dr. Charles Bernstein, the superintendent at Rome, had made in establishing these groups. I say this even though the two or three colonies I visited seemed to me very drab—both as regards the houses and the girls themselves. My recollection is that the houses were rented and furnished by the institution as cheaply as possible and that the girls wore institution clothing which was all much alike and "serviceable." They worked in private homes by the day, except for those in one colony, where factory piecework was done at home. The colonies were an extension of the institution and were so run. Earnings beyond a certain allowance were used by the institution towards meeting the cost of maintaining the girls. At this time, even with my little knowledge, I liked the Minnesota idea exemplified in Harmon Club. Our policy was to create some community ties and interests from the time a girl first entered the club, although protective restrictions were necessary. If a girl living at Harmon Club was earning enough, she paid her board—not including the expense of supervision—and any other money she earned was her own for clothing, other personal expenses, and, usually, a savings account. The matter of payment of board was fundamentally not unlike Rome's policies, but here all expenditures from earnings were recorded on an individual basis. Return to the institution was always possible, but supervision was by persons outside the institution staff.

At the time of Dr. Rogers' death he had not accepted Dr. Bernstein's colony concept. His illness had become evident, however, soon after Dr. Bernstein's first report made in

1915. After Dr. Rogers' death, Dr. Fernald, paying tribute to him on behalf of the American Association for the Study of the Feeble-minded, spoke of his accomplishments and broad interests, and then said: "And the last time I saw Dr. Rogers, to show how thoroughly up to date he was, he was more interested in Dr. Bernstein's plan than I can tell you, bubbling up with interest and enthusiasm and desire to know all Dr. Bernstein had in mind." Had Dr. Rogers lived, he might have taken the lead in co-ordinating the two concepts and in developing some original plans in Minnesota.

Mr. Guy C. Hanna, however, had shown no enthusiasm about plans for placement in the community. Early in January, 1924, when Miss Crowley had written him that the Board of Control had decided to place girls from the institution in the town of Faribault under the supervision of the child welfare board, Mr. Hanna had replied that this was a mistake from every standpoint and would only make trouble for him and the board. "My view is that if a person has the intelligence to justify a parole he should never have been placed in an institution." He further stated, "The commitment of the feeble-minded is for life and it is unthinkable that those released could have their lives regulated until they die, by state authority."

I made little headway in changing Mr. Hanna's attitude. After some months, the board decided that I should have free access to all buildings, talk with the staff, and become acquainted with the girls, choosing those suitable for placement. When it seemed necessary for me to make a visit, Mr. Coleman, a member of the board, phoned Mr. Hanna that I was arriving and what the board wanted. If an atmosphere could actually freeze a person, I would have become frozen in that institution. The staff and employees had been directed to give me no information. I went from building to building, receiving only monosyllabic responses—or at least noncommittal ones. Mr. Hanna let me know that he resented my visit, and when I reported this to the Board of Control they determined that he must have a social worker. I understand he was given his choice—I would act as social worker

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or he would employ one—and a first-class one!

Mr. Hanna wished to have no employees who would not be under his full authority, and he agreed to find a social worker. The qualifications were discussed with him, but it was not until September 4, 1925, that Mrs. Blanche La Du summarized them in a letter. The social worker must be a college graduate, if possible should have had experience with the feebleminded, and perhaps should be able to give mental tests. It was felt the future of the program would depend to quite an extent on the kind of person employed. The responsibilities of the social worker as seen by the board were then outlined: "We believe the person securing this appointment should have authority to look after all matters pertaining to the welfare of the children, such as classification upon their entrance to the school, assignment to school work or occupational work, physical exercise, adjustment of differences, paroles, placements, visits to parents." Of course action in carrying out these functions would all be discussed with the superintendent. The social worker would also make recommendations on any other welfare matters pertaining to the children. It was specifically stated that she should have authority to talk to all staff members, such as the school principal and the cottage personnel. The letter suggested that Mr. Hanna get in touch with schools of social work. He followed this suggestion, and from the University of Chicago's School of Social Work secured Miss Caroline Perkins, who had a master's degree in psychiatric social work—to my knowledge the first person with this degree in Minnesota. The board did not approve her appointment until January 18, 1926, and she arrived that month, although she had previously visited the institution for an interview, as had others.

Mr. Hanna had followed the directive of the board in employing a social worker, but in delegating her duties he did not. She was assigned to odd jobs such as pinch-hitting for almost anyone, or assisting with parties, picnics, and other activities. She was cautioned to establish no relationship with me, as all contact with the central office must be made by the superintendent. I came to know Miss

Perkins primarily through seeing her during court hearings for restoration to capacity, when she brought a ward from the institution. I soon discovered that she was making good use of her time by getting to know the "inmates" of both sexes and of all ages and levels of ability. She had great understanding of them and gave them and their parents a sense of having a friend they could rely on.

In November, 1924, the Board of Control arranged with the Women's Welfare League of Minneapolis for Harmon Club to serve as a home only for our wards, with a subsidy of \$20 per month for each girl. The matron, who had had experience with many types of girls, seemed somewhat surprised as she came to know this group, and gave an apt description: "They are just like everyone else, only more so!" There were problems. Sometimes a girl returned to Faribault, not because of her behavior, but because she could not become accustomed to the absence of strict routine and the need for some initiative on her part. Mary was one. She wept because the matron had not told her where to find the darning cotton and because, going out alone for a distance of only two or three blocks, she got lost. Life outside the institution was just too difficult! I did not then realize that this dependence had been fostered at Faribault. If a girl was to remain for life she must be kept childlike and satisfied with the simplicity of life in an institution, looking to the attendants for direction. But Mary later returned to the community, made an excellent adjustment, and after a period of supervision was discharged from guardianship.

My first biennial report covered the two years from July 1, 1924, through June 30, 1926. Outside of a few general statistics it was devoted to Harmon Club and the girls who had been placed there. During the approximately nineteen months that the Club had served solely for the mentally deficient, thirty-eight girls had been placed there. Three of them were found to have tuberculosis. (This alarming incidence may have influenced the Board of Control in adding the state institutions to the responsibilities of the tuberculosis control unit in the fall of 1925.) From the beginning it was

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evident that much of the work secured for the girls must be that of housemaids, living where they worked. This meant leaving the club. Thirteen of the thirty-eight coming to the club were placed in private homes—several almost immediately—although a number worked in laundries, candy factories, or at other types of jobs for which their institutional training had prepared them. The latter paid over \$8,000 in board, bought their own clothes, and opened savings accounts. At the time of this report, life was pleasant for them and the experiment seemed at least fairly successful, even from the financial angle.

Because of this success, the 1927 legislature, at the request of the Board of Control, amended the guardianship law that specifies methods for board supervision of its wards by adding "or in a home established or approved by the Board of Control for the purpose of giving care and supervision to a group of such feebleminded wards engaged in gainful occupations." This meant that the board could establish a clubhouse on its own initiative. Ten thousand dollars was appropriated for the year ending June 30, 1928. There was apparently no appropriation made for the second year. I do not remember any discussion about this, but perhaps it was hoped that by that time the girls would be employed and paying adequate board; staff salaries were considered a legitimate expense for the institution.

Lynnhurst Girls Club opened in St. Paul July 28, 1927, almost as soon as the appropriation was available. Finding a large house in a good neighborhood and making arrangements to rent it was a truly exciting experience. The attorney general drew up the contract and the purchasing department co-operated in securing attractive furnishings. Open house was not held until the end of November, when invitations were extended to all child welfare and social agency board members and staff, as well as to members of women's clubs and to other persons or agencies who might be interested. By this time there was a new superintendent at the Faribault State School and Colony and the occasion provided him and his wife an opportunity to meet interested persons and get a better understanding of the place of the feebleminded

in Minnesota's total welfare program.

Before the club opened we had changed the duties of the second person in the office from those of a social worker to those of a psychologist, because the child welfare boards were giving supervision and were frequently asking for testing. This meant that I assumed direct responsibility for directing the club. When I got to know these girls and to see them in relation to the unhappy and sometimes tragic experiences of early life, I marveled at how well most of them adjusted rather than despaired at failures.

During these early years, great interest and much time were expended on these clubhouses. As I look back on them I am convinced that basing the program on the colony idea was a mistake. It emphasized self-support. But should not the fundamental purpose have been helping the girls make personal and community adjustments during the period required for this, regardless of whether they were self-supporting? In the early 20's, however, the concept of the plan as administered was a great advance—a beginning of a gradual change in attitudes. To a limited extent, also, the clubs were adjustment centers, and hindsight is better than foresight.

Plans for community living brought on a discussion of the need for sterilization, and the Board of Control had a bill prepared for the 1925 legislative session. Dr. Kuhlmann was an advocate of sterilization for the feebleminded, as was Dr. Charles E. Dight, a Minneapolis physician who was greatly concerned with the need for study in the fields of mental deficiency and human genetics. As early as 1924 Dr. Dight had drafted a more complicated bill than the one sponsored by the Board of Control. It had provided that a board approve the prospective operation for a person, and, as I remember, for an executive to discover the feebleminded who should be sterilized. Dr. Dight visited the office from time to time, and if the board members were out I received him. He always entered into a long discussion on the broad question of prevention of feeblemindedness. It got to the point where if I saw him soon enough, I was out another door and so "not in" when he arrived. Had I under-

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stood his keen and discriminating interest, which was demonstrated some years later by a bequest which made possible the Dight Institute at the University. I might have been more considerate.

The 1925 legislature passed the permissive sterilization law sponsored by the Board of Control. This provided that the consent of the spouse or nearest relative must be secured before an operation could be authorized. Procedures were established for selecting those to be operated upon, for obtaining consents, and for selecting and authorizing the surgeon. Dr. George Eitel of Minneapolis was interested in the program and for many years was appointed surgeon, receiving only a nominal fee. Dr. Kuhlmann was the psychologist authorized to see the patient and certify the existence of feeble-mindedness; the assistant physician at the institution made the physical certification; and the superintendent transmitted these reports to the Board of Control with at least implied approval for authorization. Dr. Eitel and his assistant sometimes did as many as ten operations in a day. By July 1, 1928, the number of females who had had surgery was 157, but only eight males. While the general policy was not to operate unless placement seemed possible, at this time twenty-four of the females had not been placed. Of the other 133, two had died, eight were lost, and fourteen returned to the institution. This means 107 were doing well, as were all the males. This good record continued and we never found any indication that sterilization caused promiscuity, although this does not mean that it prevented it either.

When Dr. Eitel first began operating, his procedure for women was to cut and imbed the Fallopian tubes. There were several failures within the first years—a little over 1 per cent of those operated upon, but the national average was nearer 2 per cent. The first failure was reported within a year. It was a great shock! A woman who already had a large family bore twins! The technique was changed in 1933, making such an occurrence impossible. Many years later, however, one of the girls who was operated on during the early period married, and to everyone's consternation there was a child later!

I did not realize in 1925 that a sterilization law had previously been considered. A bill, however, had been introduced in the 1913 legislature authorizing sterilization "of the Feeble-minded (including idiots, imbeciles and morons), Epileptic, Rapists, Certain Criminals, and other Defectives." The basic assumption for the bill was the hereditary transmission of these defects. Apparently it was not sponsored by any social group, but a Minneapolis attorney, C. H. Slack, wrote the superintendents asking their support, which they did not give. The bill did not get out of committee.

Nearly two years later the Minnesota Public Health Association was considering "methods for diminishing or abolishing feeble-minded heredity." A committee of three, including Dr. Rogers, was appointed late in December, 1914, with the hope of preparing a sterilization bill for the 1915 legislature, but it was too late for this. The Commission on Child Welfare, in its report to the 1917 legislature, had recommended further study of the subject but indicated approval of some type of law.

Both locally and nationally there had been much discussion of sterilization, some persons seeing it as a means of ending feeble-mindedness. Dr. Rogers had been in favor of a law but had not believed that sterilization of every feeble-minded person—even if that were possible—would end feeble-mindedness. His study of the Mendelian law probably caused this more practical and more scientific view. By 1925, however, sterilization appeared to be at least a tool for meshing the concept of decreasing some social problems by preventing procreation by the feeble-minded with the newer concept that the feeble-minded capable of self-support should be in the community under supervision.

DR. KUHLMANN

Doctor Kuhlmann, one of the people with whom I had the closest association, was difficult to understand. I did not then know of a plan for Dr. Kuhlmann that the Board of Control had approved in August, 1921—recorded in the minutes for December 1, 1921. This plan, which follows, was to be the basis for the organization of the Research

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Bureau when he moved from Faribault to St. Paul, which he did in September, 1921.

ACTIVITIES

1. Survey of homes and environment.
 - a. of feeble-minded committed to Board of Control.
 - b. of representative unclassified cases to develop objective rating and essentials in homes for extra-institutional care.
2. Examination of court cases.
3. Examination and clinics at institution.
4. Free clinics in St. Paul office.
5. Traveling clinics—expenses by local organizations.
6. School examinations—4 or 5 months of one examiner, school to pay.
7. Miscellaneous matters on methods of investigation—chiefly research to improve methods.
8. Analysis and publication of results.
 - a. Handbook
 - b. Ten years at Faribault
Manual on grade tests.
Number of mentally deficient in Minnesota (surveys).
Family history studies (field worker to complete).
Miscellaneous minor studies.

While many of these activities were carried out, some would have conflicted with the responsibility assigned to the Department for the Feeble-minded and Epileptic when it was set up in 1919. Whether it was discussed with Mr. Hodson and Miss Crowley and opposed by them I do not know. I do not believe Mr. Hall heard of it. Dr. Kuhlmann sometimes told me he was authorized to employ social workers, but it was never revealed what the basis of his statement was or what these workers would do. This secret knowledge of a plan, much of which he probably realized would never be put into operation, must have caused him a sense of frustration.

Perhaps this approved plan of organization was responsible for a brochure Dr. Kuhlmann wrote and had printed

in January, 1925. It was entitled *Outline of Mental Deficiency for Social Workers, Teachers, and Others in Minnesota*. He not only gave a history of the development of understanding of the mentally deficient but statistics, laws, an explanation of tests, the need for a census, and definite directions to social workers, teachers, and probate judges on how they should function. In this he stressed, as he did in many talks, that for the community to approve of special classes, adequate institutional space, and community supervision, they must know who are the mentally deficient. "Let the citizens of each community see its defectives grow up from birth to maturity and through later life."

Some of his ideas and directions for functioning were certainly good, but some were a bit harsh and others that sounded well on paper were impractical—such as preventing marriages by giving every clerk of court a list of those under guardianship. Miss Crowley had tried this last method by sending printed lists to the clerks of court. They were outdated when I arrived. They could not be kept accurate or up-to-date without a greater clerical staff; and, furthermore, the clerks of court did not use them. Even had there been a law providing a penalty for issuing licenses in such cases, I doubt if it would have worked as well as the method that was used—co-operation of the clerk of court with the child welfare board.

In his *Outline* Dr. Kuhlmann recommended a separate institution for housing and training the morons, both adults and children, basing the recommendation, at least to a large extent, on economy. This would seem to imply less service for children of lower-grade mentality and was a stand Dr. Rogers had opposed in his early years at Faribault when it was advocated by the Board of Corrections and Charities. In the 1920's the idea of separation of school children from others was not generally accepted. As a whole, superintendents over the country wanted plans for delinquents made elsewhere but felt that the general institution might deteriorate for lack of incentive if school children were moved from it.

Dr. Kuhlmann also explained his plan for clinics. A child

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welfare board would send him a list of fifteen to thirty persons for whom tests were needed, requesting that he arrange a clinic. This many cases would keep a psychologist busy for a week—the number to be actually tested being dependent on age, degree of mentality, etc. Accompanying the psychologist would be a social worker from the Research Bureau. She would confer with the county social worker on the family histories, which were to be prepared according to an outline furnished by Dr. Kuhlmann. At the end of the week either the director of the Research Bureau or the supervisor of the Department for the Feebleminded would arrive to meet with those already on the job and discuss all cases, recommending what disposition should be made of each. This plan was more an ideal than a fact, as no social worker for the Research Bureau materialized, and such a meeting to discuss disposition of cases at the end of a psychologist's visit never occurred.

Dr. Kuhlmann's attitude toward the validity of mental tests and his ideas on clinics were forcefully expressed in February, 1925, at the Board of Control quarterly conference. Dr. Smiley Blanton, a psychiatrist who was director of the Minneapolis Child Guidance Clinic, spoke. He stated that mental age and I.Q. were of little value for diagnosis, especially in the upper levels, unless they were accompanied by other information, such as health and attitudes in taking the test. He spoke of many supplementary tests—such as those made to determine special aptitudes or emotional stability.

Dr. Kuhlmann replied during the discussion period, disagreeing violently. He felt that very few of the special tests were of any value and that usually only the result of the Binet test was needed for diagnosis. In an occasional instance some information might be of value in determining whether the test score was the result of mental illness instead of mental deficiency. Medical examinations were not needed for diagnosis—only for restoring health if a person was ill. Dr. Kuhlmann emphasized that mental deficiency is a condition, not a disease; he felt that Dr. Blanton's views were those of a psychiatrist and applicable only to mental

illness, not to mental deficiency. He added that for twenty years he had directed a clinic for diagnosing the mentally deficient and that the cost was less than \$5.00 per person. If Dr. Blanton's ideas were followed, the cost would be over \$100 per person and the results not so good. Dr. Blanton took issue, and he indicated that other psychologists would not agree with Dr. Kuhlmann.

In discussing cases and policies with Dr. Kuhlmann, I became more and more troubled by his antagonism to psychiatry and by his insistence that the I.Q. alone was sufficient for diagnosis. Over and over he would use this comparison: If you measure with an exact steel ruler, you don't use an inexact rubber one and then average the results. In my own testing I had the feeling that it made some difference in planning if one considered the degree of accuracy and time used in tests that were passed and also which ones were passed and which were missed. I would like to have discussed these ideas with him, as my psychological base was not too firm, but he cut me off with the kind of statement mentioned above. My ideas had been greatly influenced not only by my study for the master's degree, but by the ideas Dr. Terman expressed in 1916. I was thus always somewhat torn between the differing interpretations put upon mental testing by these two leading psychologists.

When the Department for the Feeble-minded was created, the Board of Control differentiated between testing for service and testing as a part of research, and thus Miss Crowley had done most of the county and court testing. I followed in her footsteps for a number of years, without any remonstrance from Dr. Kuhlmann or knowledge of his approved plan.

The first psychologist to replace the social worker in my office in 1926 did not remain long; but in August, 1927, Miss Anna S. Elonen joined the staff and remained for about two years, after which she was transferred to the Research Bureau. No entry of a formal decision on this transfer is found in the Board of Control minutes. My recollection is that there was general agreement that such a plan was a reasonable one. Until this time Dr. Kuhlmann's psychologists

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had been testing the population of the correctional institutions and the Hospital for Crippled Children. They had also done testing for private agencies and institutions, most of them in and around the Twin Cities; for special classes in the public schools; and for the welfare boards of Hennepin, Ramsey, and Dakota counties. Outside of these three counties Dr. Kuhlmann's report for 1926-28 shows only thirty tests other than those for schools, institutions, or private agencies. These tests were done in five counties while the examiners were testing at an institution or for a private agency. The report for 1928-30, however, shows that with the exception of Hennepin, Ramsey, and Dakota counties, 597 tests were given in sixty-one counties.

Most of the testing done in the counties was to determine whether a person should be planned for as feeble-minded, the request coming from the court or child welfare board. These requests came to the Department for the Feeble-minded and for several years I referred only a part of them to Dr. Kuhlmann, continuing my own contacts with the counties and the courts by doing some testing. As time passed I referred more and more of them; thus Dr. Kuhlmann's psychologists were soon placed on a district basis and came to know intimately the staff of the welfare boards. As I gave fewer tests and finally ceased altogether, psychologists of the Research Bureau began to serve as liaison agents between the Department for Feeble-minded and the child welfare boards. Their contacts with county social workers other than administrators were closer than those of the field representatives and their interest was in the individual who needed service rather than in policies. Thus as "liaison agents" they became real interpreters.

As I now read Dr. Kuhlmann's writings and think back over my years working with him, I am convinced that he wanted to be responsible for the whole program for the feeble-minded but did not know how to discuss this frankly and try to work out a more satisfying place for himself in it. Probably, however, his intense convictions on planning for the feeble-minded and on the value of mental tests in this planning resulted in making Minnesota "the most feeble-

mind-conscious" state in the Union—the comment of an experienced social worker who came here some years later.

Although I was to find Dr. Kuhlmann a difficult man to understand and to whom to adjust co-operatively, I knew that he had broad knowledge of and interest in the feeble-minded and their place in the community. I respected him and his knowledge. There was also an element of affectionate concern that a person with so much to give was so dogmatic and tense about his convictions that he cut himself off from the give and take of discussion with groups with whom it might have been fruitful.

THREE SUPERINTENDENTS

There was a considerable difference in my attitude toward Mr. Hanna, the superintendent at Faribault, from that toward Dr. Kuhlmann. I sensed his lack of real interest in the feeble-minded—and certainly of affection for them—from the first, but early in 1925 I heard it put into words at the same meeting of the quarterly conference where Dr. Blanton and Dr. Kuhlmann clashed. The title of Mr. Hanna's paper was "The Menace of the Feeble-minded," and he covered many aspects of the problem, all statements slanted toward proving the truthfulness of his title. He showed that his real interest was in the very bright; he was concerned with the mentally deficient only to the extent of trying to reduce their number and the money spent on them. He disapproved of parole, suggesting that it might seem good at first, but prophesying that in ten years one third of those placed would have disappeared, one third would have returned to the institution or been incarcerated elsewhere, and one third would be married and running true to form.

Mr. Hanna recommended the use of compulsion in placing the feeble-minded where they could not propagate. He cited the use of authority for preventing contagious diseases, condemning property, etc. "Why then should we be so tender about the prerogatives of those who are mentally unfit to manage themselves, who are an ever-increasing burden on the public, who cause both loss of life and loss of property, and who are the principal cause of all human misery and

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suffering?" He ended: "It is in the hands of the intelligent people of this country, for they are as yet in the majority, to say whether they will inaugurate a plan for the survival of the mentally fit or continue the present fatuous policy of the survival of the unfittest." Reading this statement and then statements made by Dr. Rogers, one can see a great difference in attitude. Until his death Dr. Rogers believed in permanent segregation for many, even of the higher-grade feebleminded, but his attitude was one of affection for the individual and protection of him as well as of society. He had constantly planned an enlarged program, and he searched for new knowledge on the causes of feeblemindedness, realizing that this knowledge could change both concepts and programs.

Apparently Mr. Hanna wanted to get some of the acclaim Dr. Rogers received, but much more cheaply from a dollar standpoint and without broad outside contacts. Apparently also he considered himself an authority on diagnosing and planning for the feebleminded without such contacts. When I arrived I found he had not attended a meeting of the American Association for the Study of the Feebleminded since 1921, preferring to go to the Prison Congress. When this practice was later questioned by the Board of Control, he replied that he had attended several meetings of the Association for the Study of the Feebleminded and that they were too small to be called national. Also, the members were mostly eastern superintendents who often shifted their viewpoint, even on the most important problems, and therefore the meetings were neither sound nor helpful! At the 1921 meeting only eight or nine superintendents were present at a round table arranged just for them; there was no discussion of the feebleminded—only smutty stories! He had left the next morning. He thought the prison conference must be interested in mental deficiency if it was interested in crime prevention and that therefore it was a proper meeting for a "student of mental deficiency!" To one who has read the proceedings of the A.A.M.D. from the earliest days and attended many meetings, this attitude seems to indicate a lack of knowledge, interest and under-

standing.

Mr. Hanna's propensity for cutting budgets was evident in that of 1924 and 1925—the one prepared before severe economic pressures were evident. Besides my salary, Mr. Hanna paid \$20 a month for each girl living at Harmon Club, and in July, 1925, the Board of Control asked him to contribute to Dr. Kuhlmann's budget. He replied that he received no service from Dr. Kuhlmann but would pay if the board wished it. He stated, however, that he had requested a decreased budget, although new buildings would increase his population by 100! The records show that the appropriations for current expense for the years 1924 and 1925 (passed in 1923) were \$385,000 and \$400,000 respectively, while for 1926 and 1927 (passed by the 1925 legislature) they were \$235,000 and \$335,000 respectively.

Although in 1917 the Board of Control evidently was especially interested in budget cuts, by the time I arrived more emphasis was being put on service; and differences in the attitudes of the board and of Mr. Hanna were evident. One of the most obvious contrasts related to their philosophies about training and placement of the higher grade feebleminded. This was a basic divergence of views, and may have accounted for Mr. Hanna's resignation in the spring of 1927, although the reason given was his health. At the request of the board, the resignation was not made public immediately.

Mr. Hanna was a man with seemingly conflicting characteristics. He had taught Latin and I was told he read the old Latin classics for pleasure. He never went East without making a pilgrimage to the tomb of Thomas Jefferson. But such idealism was not evident in my personal contacts with him. He was often cold and distant, even somewhat sarcastic, although he could be a charming conversationalist and write pleasing letters. I especially remember that one day, when I had been in Minnesota for more than a year, he came into the office in a gay mood, suggesting that he would like a "delightful companion" to drive back to Faribault with him. He looked at me. It seemed an opportunity to bring about better understanding. We started off pleasantly, but perhaps

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my efforts were too obvious. At any rate, there was a frigid atmosphere in the car before we reached Faribault, where he "dumped" me on the campus, to get back as best I could. I recounted my unsuccessful journey to Mr. Hall, who evidently told Mr. Swendsen, a member of the board. A couple of days later the latter saw me in the lunchroom, and with a twinkle in his eye asked me to have lunch with him. He laughed heartily over the experience and I concluded that the board had its problems too.

My contacts with Mr. Hanna were not to end, however, when he left Faribault. For about a year he was to be superintendent at the Colony for Epileptics at Cambridge. When I arrived in Minnesota, construction of this institution was under way; Mr. Hanna had the responsibility of overseeing construction, as well as of acting as superintendent when the first unit was opened in June, 1925. As this institution was for epileptics only, those not committable as feeble-minded were to be accepted on a voluntary basis by the superintendent. The opening of the dormitory at the new institution at Cambridge gave me my first experience of working with welfare boards and a superintendent in planning entrance of a hundred or more patients. These were both epileptic and feeble-minded. I have often wondered what Mr. Hanna's relations with the patients at Cambridge were. I did not ask him, but he once told me while he was at Faribault that he had never seen a patient have an epileptic seizure and never expected to.

The Board of Control had attempted to get an institution established for epileptics some years before an appropriation was made. The problem had first been brought to the attention of the 1919 legislature. At that time the legislature had authorized the board to select two locations on state land for colonies, one for the feeble-minded and one for epileptics. Apparently no state lands seemed suitable for the purpose, because none were selected. In the board's report to the 1921 legislature is a statement that something had to be done to meet the problem of the feeble-minded, and a suggestion that a special report would be issued. The 1923 legislature had received the same recommendation as that

of 1919, and it amended its 1919 statute to make possible the purchase of land for a site (not two sites) for colonies for the epileptic and the feebleminded. Money was appropriated for purchase of the land. In this 1923 report the Board of Control had based the urgency of its request upon the fact that this problem affects "the state's future because of its intimate relations to crime, vice, pauperism, and disease, mental and physical, with their untold cost to the state materially, morally and socially." This statement, made only a year before I came to Minnesota, embodied a harsh philosophy which had remained prevalent.

In 1925, before the first building at Cambridge was ready to be opened, the legislature appropriated \$255,000 for a group of administrative buildings, and, in 1927, money for a new cottage. Mr. Hanna left Cambridge before the latter was ready for occupancy.

Dr. David E. McBroom, who had been head of the medical staff at Faribault for some years, succeeded Mr. Hanna. Although Dr. McBroom was slightly lame, he had tremendous energy and a desire to accomplish his ends quickly. I shall never forget the opening of the first cottage after his administration began. He knew that I was the one who arranged for patients to enter and so wrote me what day he would be ready to open. He made the mistake, however, of sending a copy to the Board of Control. This action startled me and I was not surprised to receive a call to come to a meeting of the Board of Control. Mr. Swendsen was a somewhat peppery person, and this was an insult! He suggested that the board, to show its authority, might not allow the building to open at that time! I explained why the letter had been sent to me and after another outburst from him, I laughed. Mr. Swendsen's attitude seemed rather absurd. Fortunately, he finally saw it in the same light and smiled, suggesting that I caution Dr. McBroom against a repetition. Dr. McBroom was a person who angered easily, but laughed just as easily, so the incident was closed. Copies of later correspondence with me were not sent to the Board of Control.

Dr. McBroom and I worked together well, but Cambridge

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seemed something of a medical institution. This, coupled with the conditions of the original opening, meant that my relationship with Cambridge was never quite as close as with Faribault.

In a recent letter to me, Mrs. La Du, chairman of the Board of Control in 1927, writes that Governor Christianson had approved the board's request for an opportunity to secure the best qualified person in the United States as superintendent of the School for the Feeble-minded, before the proposed change was known and pressures brought for employing a local person who might not have the right qualifications. They wanted a physician who had had experience with the feeble-minded. Dr. James M. Murdoch of Pennsylvania was suggested by both Dr. Kuhlmann and myself when we were asked for suggestions. Mrs. La Du and Mr. Swendsen attended a meeting of the American Association on Mental Deficiency and interviewed several superintendents, including Dr. Murdoch. He was interested, and, after visiting the institution, was appointed, to begin work September 1, 1927, at a salary of \$5,000 and maintenance, a salary which compared favorably with other institutions of that date. Dr. Murdoch had been superintendent at Polk State School in Pennsylvania when it opened August 21, 1896, and had remained there until his resignation or retirement sometime in 1925. It had been my understanding that the state agency controlling institutions in Pennsylvania had demanded that he discharge some employees so as to streamline functioning of the institution. He refused to comply and instead resigned! I had understood, also, that because he had an independent income he had not looked for another position, but he had not lost his interest.

Although Dr. Murdoch was not young when he came to Faribault, he was the type of person needed at that time. His smile was kindly and his rather soft voice never rose in anger, but always seemed ready to become a chuckle. He was appreciative of everyone's efforts. He not only participated personally in meetings and served on committees that would help in the work of the institution, but

urged his staff to do so. He wrote a friend shortly after his arrival that he found he "missed the association with the feebleminded" after a year and a half away from them. He liked the guardianship law, with its provision that final responsibility for entrance or community placement be vested in the office of the Board of Control. He told me that he felt a superintendent could do a better job when relieved of pressures exerted by families or others in the community, as well as by patients within the institution.

Dr. Murdoch had been superintendent at Polk State School for some thirty years, and it is understandable that he was now in the forefront of those who had new ideas and were proposing new projects, as he had been in his earlier years in Pennsylvania. Thus, when he came to Minnesota, he made few basic changes. He did, however, make a great improvement in the system of keeping individual records on the children. He substituted letter-size folders for smaller envelopes, thus making information more easily available.

He praised the work of the institution, including the school department, although teachers of the retarded were critical of the school. He wrote another superintendent, on April 16, 1928: "Since coming here I have a better appreciation of Dr. Rogers than ever before. He was a man of vision, a good organizer and builded well for the future." The basic pattern had been established by Dr. Rogers, but to some it seemed that in the ten years following his death the program had become somewhat fixed and static, even in the forward-looking areas that had been retained.

It is my recollection that Dr. Murdoch had not had a social worker at Polk. The institutions of New York, Massachusetts, Connecticut, California, and possibly others had social workers by 1927, but their function of helping patients get back into the community was comparatively new. Miss Caroline Perkins, who had been the social worker at Fari-bault for less than two years when Dr. Murdoch arrived, became a great help to him. Her change in status made it possible to try placing men or boys on near-by farms in Rice County. At first they were supervised directly by the institution; later the welfare board was brought into the

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picture. The experiment was not too successful and we returned to the plan of placing a ward in his home county.

Dr. Murdoch was a wonderful person with whom to work and one could always count on his sympathetic understanding and full co-operation. He soon asked that Dr. Kuhlmann arrange for regular testing in the institution. Miss Anna S. Elonen was one of the first psychologists sent. Now Dr. Elonen, she recently told me of her first visit for testing. Dr. Murdoch took her on a tour, explaining various clinical types in a manner that gave her an understanding—especially of the Mongolian—that she had never had before. His knowledge of the feeble-minded was broad and sympathetic and he was always ready to share it.

After Dr. Murdoch's arrival a third girls' club was opened in Duluth. In spite of the disappointment about lack of full employment at Harmon and Lynnhurst club houses, the reports sounded good and it was the kind of plan that the public approved. I believe that the state legislators from St. Louis County urged the board to open a club: What Minneapolis and St. Paul had, they, too, should have! There was no canvassing for work opportunities, which were growing less even in the larger cities. Plans and procedures for opening the clubhouse were much as they had been in St. Paul, except that after renting a house in a residential district we were told that the neighbors were "up in arms" at this intrusion. Thus, Dr. Murdoch exercised great care; the first eight girls who arrived on April 8, 1928, were especially nice-looking and well-behaved. Before this I had accompanied the purchasing agent to Duluth, to assist the matron who had already been employed, in selecting furnishings.

SUPERVISION

An interesting by-product of my Duluth trip was the setting up of a Kardex file for our records. A representative of the company came with the purchasing agent and showed an interest in our program. I waxed enthusiastic over the possibilities of a Kardex as he described its uses. It seemed wonderful to imagine pulling out a drawer and at a glance

seeing **the** names of a group of wards and much information about **them**. I convinced Mr. Hall of its value and he obtained **Board of Control** approval.

A **really** important event in the office was the arrival, while **I** was in Duluth, of a new secretary—Mrs. Norma **Kammann**. Besides her secretarial work, she had charge of records; in fact, she was a real assistant, ready to undertake **whatever** needed to be done in a small unit. One of her first jobs **was** setting up the Kardex. Recording information for each **ward** on a card, which had been carefully worked out, was a **big** job. The biennial report prepared June 30, 1928, showed that there were 2,661 wards, and an average of **thirty-five** persons were being placed under guardianship each **month**. The Kardex, which was kept up to date, proved a real **boon**, not only for statistical counts, but as a check on **ourselves**, to see whether we were giving the supervision we should.

In **these** years of the late 20's I was giving personal supervision to all wards living in the two urban counties although still **the** financial responsibility of other counties. This had to be **closely** co-ordinated with the counties' own supervision and **plans**, and in Ramsey County the workers changed several times. In 1928 Mrs. Halse left the Hennepin County Welfare Board and it was then that I took over the supervision of Harmon Club. She became the Travelers' Aid representative of the St. Paul Y.W.C.A., but retained her interest in the feebleminded. She was replaced by Mrs. Florence Berglund (later Mrs. Florence Greiner). During my **years** of personal supervision I spent many hours at the three clubs, at parties, at meals, or just sitting with the girls to get to know and understand them. During part of this time **I** lived in a rather large fourplex and thus was in a position to give parties for them, and no group of young people ever behaved better—although of course some of those attending were not so young! Beginning in 1929, when I bought a car, I spent hours trying to find wards who "ran away," looking for them in the Twin Cities or in their home communities. I also was able to take girls to visit their relatives in a rural community or in the institution.

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The greatest difficulty for the girls was caused by men, on the street or elsewhere, who were always ready to "pick them up." I remember Mabel, an attractive Indian girl who eventually made an excellent adjustment. When she was placed under guardianship at fourteen, the test showed her to be an imbecile, although she was really at least borderline in intelligence. Even at that age, she was "common property" in the community. When placed out, Mabel told me life was especially hard for an Indian girl—that men not only made vile remarks to her but did things they would never do to a white girl. She married a home-mission minister in later years and came to see me more than once.

Then there was Joyce, pretty and with great poise. At twelve she was a prostitute collecting a few pennies for her services. Her sister and brother had been sent to the correctional schools—Sauk Centre and Red Wing—and with an I.Q. of 72 it seemed Joyce might profit from Faribault. After her school years were ended she was tried in both Harmon and Lynnhurst clubs, the House of the Good Shepherd, and in private homes! When she ran away and had a baby, a private agency was persuaded to take guardianship of the baby and arrange to let her see him, hoping that contact with her child would help Joyce to adjust. It did not. She disappeared, and the last we heard of her was when on the same day, two brothers, each stolid and hard-working, came to the office separately. Unknown to the other, each wanted to marry her and had been giving her money. Had Joyce been born into a respectable family—and had had perhaps a wee bit more intelligence—she would certainly have been the belle of the town. She had personality plus! It was she who answered some remark of mine designed to encourage social conformity, "Oh, Miss Thomson, that's just your psychological technique."

Dora, too, had personality. She was pretty, but sweet and more docile than Joyce. She had been an illegitimate child, placed in an orphanage at one month of age. When she was in her early teens the orphanage was closed because of bad management—and an account of some things which had happened to Dora would "make your hair stand on end."

She was given a psychiatric examination. A test of 72 resulted and the psychiatrist said she was feeble-minded and there was nothing to do but to commit her to guardianship and put her in an institution! When, after some years, placement in the community was arranged, she could not resist men's advances and she soon acquired gonorrhoea. She was a girl for whom psychiatry could have done much if at that time the feeble-minded had been considered capable of responding to treatment. Without doubt it would have shown her to be both brighter than indicated by the tests and capable of making a good adjustment. She needed a personal tie of some sort. Later we located her mother, but she refused to see her daughter, who was then about thirty years old. After some tragic experiences Dora married and established a stable home, and she was discharged from guardianship. A year or two later I was overcome with a feeling of humility when she sent me a Mother's Day gift—saying that if she could not send it to me, to whom could she send it?

And there is Elsie, who had been separated from her family and sent to Owatonna when she was very young. As an adolescent she tested in the 50's. She threw temper tantrums, and longed to find her family. She showed little ability while she was in the institution, but she was tried in Lynnhurst Club, then in a private home just to do cleaning and other simple jobs. Her employer understood her and gave her confidence and happiness. It was hard for me to believe that Elsie, unaided, really did the cooking I was told she did! Later we located some of her own family, which gave her comfort, though one visit to them sufficed. She married another ward, one who had seizures. There could be no children. Some ten years ago she called and invited me to come for Sunday dinner. They were buying their house. How proud she was of it, of their furniture, and of a well-stocked refrigerator!

I could go on indefinitely. Some, like Joyce, have disappeared, but more have made quite a good adjustment. Marriage, following sterilization, has frequently been a real solution. These girls were equal to caring for themselves after getting into a happy situation, but if they had had

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children it probably would have been a different story. There were boys and men who were given supervision and helped to make an adjustment, but the stories of the girls seem to show the problems a bit more dramatically.

Private social agencies were called on to supplement what the counties could or would do. At that time, if there was available space in an institution, most counties would not pay board to keep a ward in the community even when this seemed to be a good plan. Or if the ward was in an institution, a county child welfare board would not consider removal if payment of board then became necessary. This was the philosophy of many board members, not always based wholly on economic aspects; placement in an institution was not only a solution, but a final one, unless self-support or family care was possible.

Sometimes private agencies would help in unusual situations. The aid given by Washburn Home, a privately endowed agency then working with children presenting problems, was especially helpful. Perhaps the fact that Miss Elsa Castendyck, its director, had been a county child welfare executive and a staff member of the Children's Bureau meant that she had a greater appreciation of the problems of the feeble-minded than many workers with private agencies. Certainly her co-operation made possible some individual treatment that would not have been possible otherwise. During one two-year period, four children were accepted from Faribault. It was believed that they might be emotional rather than feeble-minded problems. One little girl could not quite adjust and had to return to Faribault to await maturity. She had so greatly enjoyed her experience that her ambition became to have children for Washburn Home to bring up!

My two years prior to 1929 were quite different from the earlier ones. I was learning from someone who understood the feeble-minded and had affection for them. Records from the days when Dr. Rogers was superintendent at Faribault indicate that he and Dr. Murdoch were alike in this attitude and also in their participation in outside activities. This meant both were interested in a total program and in com-

munity participation. Dr. Murdoch's interest made possible a real "team" approach, to use the terminology of a later day. This gave zest to all planning. In looking back, however, it seems all of these years of learning could be described as lighthearted in comparison with the tensions of later years.

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Years of Turmoil

THE years from 1929 to 1939—especially those before 1936—were catastrophic for the whole country. No story about this period can give a true picture of a social program without including something of the over-all turmoil and tragedy of the time.

PICTURE OF THE DEPRESSION

Minnesota social workers have, I believe, been characterized by deep concern about their clients. Thus many, especially the younger idealistic ones, began to wonder whether a political system that permitted such a depression could be the right one. The situation opened the way for the communists to present their philosophy as a solution. There were both Stalinists and Trotskyites, some local, some coming from outside. With Mrs. Halse, I went to more than one meeting of the organized unemployed. At that time I was quite naive and did not realize who organized these meetings, although pictures of American communists were on the walls. The talks were more vitriolic than reasonable. I was not impressed, although I understood the desperate feeling of people who lacked jobs and money to care for their families.

Many of our wards now lost their jobs because families could no longer pay for domestic service; factories closed

or curtailed production; and business dispensed with the service jobs our wards could hold. Moreover, people who had had good positions now accepted those of a lower level. Every type of makeshift was employed to earn money. I remember especially an older man who had had a well-paying white-collar job bringing his teen-age epileptic daughter to the capitol so that she might take orders for candy made by her mother. She had a seizure while she was there which caused consternation to those who witnessed it, besides distress and humiliation for father and daughter. It did serve, however, to bring to his attention the Department for the Feeble-minded and Epileptic and show him there was help for her.

Letters came from parents: They were without income and had to move in with *their* parents, but the retarded child created too much tension in crowded quarters! Unless the family was actually on relief, the counties could not pay the expenses of a boarding home even if one could be found for such a child. This condition was not remedied until after Floyd B. Olson became governor in 1931 and Mr. Hall requested the attorney general's opinion on public responsibility for such payments. The opinion named the local tax unit as responsible, putting this aid in the same class as a hospital case in which there is need for the service and inability to pay for it, but no need for general relief. The counties—but rarely the townships—accepted this and the child welfare boards began looking for boarding homes.

In 1931 Governor Christianson, in his farewell message to the legislature, seemed almost to plead that his administration be considered a humanitarian one. While taxes had been cut, there had been "an unprecedented expansion of facilities for the care of wards of the State." He pointed out that in the six years preceding his administration the capacity of institutions for the feeble-minded and the epileptic had increased at an average of thirty-five beds per year, but in his administration it had grown at an average of eighty-two beds per year! He stated, however, that overcrowding existed in every state, and he blamed the social workers: "Social workers have during the past decade carried on an

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intensive campaign for institutionalizing persons who in former times would have been cared for in their homes." This attitude differed greatly from that held by state officials before 1901. In 1889 the Board of Corrections and Charities reported: "It is a gratifying fact that Minnesota is making fuller provision for this class of unfortunates in proportion to her population than any other state in the Union." And the Minnesota Board of Directors for the Institute for Defectives, in requesting new buildings for the School for the Feeble-minded in 1900, had said: "The plan is to provide for the first time in the history of the department, room for all proper subjects of the institution in the State." Considering this early attitude, perhaps Governor Christianson's jibe at social workers should be interpreted as showing that the Department for the Feeble-minded and Epileptic and the county child welfare boards had been doing a good job.

Governor Christianson also spoke of the Board of Control and its whole program, saying that while there had been general state retrenchment, there had been a larger appropriation for the Board of Control—that the increase for the previous six years had been five times as great as for the six years preceding them—those following the First World War. He took pride in the fact that the institutions had been kept out of politics: There had been no interference with the actions of the Board of Control and he, as governor, had never "named" a single employee for an institution!

Governor Olson's inaugural message had little reference to the program of the Board of Control as it then existed, and no special mention of the feeble-minded. He emphasized solving problems created by unemployment by means of a public works program and compulsory old age assistance.

Soon after he took office in January, 1931, there was a march of unemployed on the capitol. It was felt by many persons that it was communist-instigated. When I went out to view the group Mrs. Halse was there, moving around and talking to various persons in the milling crowd. Many of them, I believe, were small farmers from over the state who had no crops and no income! The situation was ominous, but the governor did not let it get out of hand. He talked

with only a small committee, and assured them of his firm intention to take action.

The income from taxes was greatly decreased, and Governor Olson requested department heads to arrange for all employees to take payless vacations so as to save money without reducing standards. In 1932 every salary of over \$100 a month was cut in half for June, and smaller salaries were cut by a week's pay.

By 1933 the situation in Minnesota was so desperate that the legislature called for further salary cuts but permitted a compensating reduction in the amount spent for other items if such reductions were possible. The central office of the Board of Control made these savings, but my salary was paid by the Faribault school and so was cut. The next year the Board of Control, to recompense me, paid my way to a national meeting. Mrs. Kammann's salary was paid by the Cambridge colony and her cut was never "made up."

In September, 1932, Governor Olson had set up a state relief agency and appointed Professor Morris B. Lambie of the University of Minnesota as relief administrator. The Board of Control was designated by the governor to represent him in helping Mr. Lambie, and field representatives of the Children's Bureau were then made responsible for acting as liaison agents between Mr. Lambie and the counties.

In March of 1933, after President Roosevelt was inaugurated, Mr. Frank Rarig succeeded Mr. Lambie; Minnesota was made ready to take advantage of the federal grants that were expected. When these were received, funds for the Works Program Administration (WPA) and the Civil Works Administration (CWA) were state administered under federal direction. The State Relief Agency then organized county boards. Executives were appointed to disburse funds in accordance with set policies. The county child welfare boards were left with the responsibilities specifically prescribed by law. For several years, however, child welfare boards were somewhat inactive, as almost all interest was in relief programs geared to meet want and hunger. These boards were under pressure from many groups, some of

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which apparently were interested only in bringing about discord and confusion.

When the new county boards and their executives found some households living under deplorable conditions, they requested mental tests, and in many instances whole families were then committed to guardianship as feeble-minded. The Department for the Feeble-minded was powerless to relieve these situations after commitment had taken place, but apparently the boards were satisfied that they had taken some kind of action, although they still had to supply relief or WPA jobs. Later some of these families were difficult to work with; not all those tested and committed to guardianship under the circumstances proved to be really feeble-minded and their frustrating experiences made them resentful. Tests and decisions had been made too hurriedly.

Pressure was sometimes used in an effort to get special consideration for institutional space. I remember that a parent came to me urging immediate placement for his child, threatening me with reprisals from an organized group if he did not get action. The leader of this group was a former social worker, a young man who openly stated he was a communist, Stalinist variety. I can still remember my feeling of shock when he told me he was not interested in this child or any individual—only in creating a new order!

Because of the many pressures on the Board of Control, it reorganized its administrative units shortly after 1930. The 1931-32 biennial report shows that the major functions of the board were then carried out by administrative divisions. The Children's Bureau still carried its name, but it was administered as a division. The Department for the Feeble-minded became a subdivision of the Children's Bureau, with its characteristics as a separate entity erased. This downgrading did not always operate in practice, however, as I continued to make independent contacts.

IDEALS AND REPORTS IN 1930

In spite of the unrest and the critical economic situation developing over the country, people continued to carry on their normal functions. In 1930 three reports on the mentally

deficient that showed vision might, under other circumstances, have stimulated action.

Nation-wide interest in children had been shown by President Herbert Hoover's call for a conference to discuss their needs—the first White House Conference on Children. When plans were initiated for this conference, probably the cataclysmic depression was not foreseen, and there were great ideas about how its findings would be implemented. One committee was to study the needs of physically and mentally handicapped children. The subcommittee on the mentally handicapped, largely made up of very active members of the American Association on Mental Deficiency, was chaired by Professor Edward R. Johnstone, director, Training School, Vineland, New Jersey. He asked me to write a statement on Minnesota's community program, to be used in a final report on home care, community supervision, and parole and discharge. This invitation came after he had been in correspondence with Dr. Murdoch. I attended no meetings but was listed on the committee, and a preliminary report was sent me. Dr. Murdoch and Dr. McBroom agreed that it did not contain anything startlingly new to a member of the American Association on Mental Deficiency, but it furnished information and made recommendations not known or not accepted by the general public or by professional groups. The chief emphasis of the report was that a large proportion of the feeble-minded and intellectually subnormal could be made useful. The portion of the population considered feeble-minded was estimated at 2 per cent. Programs of diagnosis, treatment, guidance, and supervision were recommended as well as research, prevention of marriage, and possibly a state census—or at least central registration of both the mentally deficient and the mentally ill.

The White House Conference itself drew up a "Children's Charter" listing children's rights, and many of the provisions, such as those on health and protection, would apply to all children, including the mentally deficient. The right listed in Section XIII, however, had special application: "For every child who is blind, deaf, crippled, or otherwise physically handicapped, and for the child who is mentally handi-

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capped such measures as will early discover and diagnose his handicap, provide care and training, and so train him that he may become an asset to society rather than a liability. Expenses of these services should be borne publicly where they cannot be privately met."

Perhaps if there had been no depression the Federal Children's Bureau would have taken the initiative in publicizing this right and in giving the states some direction in changing a right into an accomplished fact. For nearly two decades, however, Section XIII of the Children's Charter remained to a large extent only words on paper. Even in Minnesota, which had laws implying such responsibility by the state, and the Department for the Feebleminded and Epileptic established to see that they were carried out, this portion of the Children's Charter was not a sufficient challenge to bring about provision of staff and facilities to really implement the existing laws. Nevertheless the ideal and the statement of the ideal now existed, and this was good.

In 1927, at the request of the Board of Control, the Federal Children's Bureau had made a survey of the first ten years of the Minnesota Children's Bureau. In 1930 Miss Katherine Lenroot, its director, reported to the combined meeting of the Minnesota Welfare Conference and the quarterly conference of superintendents. Her list of the six outstanding achievements of the Minnesota Children's Bureau is important, the sixth named being of special interest: *the creation of a state-wide program for the feeble-minded*. However, some of the other achievements are also definitely related to the program for the feeble-minded. They are: (1) general acceptance of a permissive county plan; (2) voluntary (county child welfare board) services; (3) state-wide services through field representatives; (4) practical elimination of undesirable boarding homes, and child-placing agencies; and (5) services to all unmarried mothers and their children. This report, the second in 1930, might in some areas be considered more a listing of goals than of achievements, but it was good to have them termed achievements.

The third important statement of 1930 was made by

Dr. George B. Wallace in his presidential address to the American Association for the Study of the Feebleminded. He outlined what he thought should be the elements of a uniform over-all program for all states. This program should include identification of the feebleminded, registration, education, supervision, segregation, public education, and establishment of scientific research into causes—and thus prevention. He advocated the establishment of short courses on mental deficiency in the curricula of every medical, law, and theological school, as well as in both teacher and nurse training courses. The fact that social work was not included is significant: Social work for the feebleminded was still confined largely to institutions—care of them being ordinarily considered a state rather than a local responsibility. The recommendation embodying the five professions, however, was an ideal not reached in Minnesota, or elsewhere I believe, even by 1959. If only the vision displayed in these three statements could have steered state and community programs, how different the story would be!

OVER-ALL PROBLEMS

On March 11, 1931, Miss Perkins, from Faribault, and social workers from child welfare boards of Hennepin, Ramsey, and Dakota counties had lunch at my apartment and we spent the afternoon discussing problems of supervision and planning for the mentally deficient. Perhaps I initiated these meetings because I recognized my need for help. In spite of the national interest in children evidenced by the White House Conference, general interest in the mentally deficient was less than it had been for a time. This was shown by the dearth of discussion of this topic at various meetings in the field of education and social welfare. Apparently I was discouraged; the Duluth Club was to close July 1, many were out of work at the other clubs, and girls and boys were getting into trouble. In my letter to Dr. Murdoch asking that Miss Perkins join this first group meeting, I thanked him for a letter of encouragement, but added that we needed to take stock and “perhaps correct a few mistakes.” An understatement, certainly!

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I do not remember definitely how frequent these meetings were and find no mention of another until November 4, 1931. By this time Mrs. Margaret De La Mere—a former worker in Ramsey County—was a member of the state staff and Miss Fern Chase was her successor in Ramsey County. Another meeting took place in March, 1932, and at one in August of that year we were joined by a social worker from Duluth. These meetings to discuss specific methods of carrying out our laws continued somewhat spasmodically through the years of the Board of Control. Some were held at Lynnhurst Club, thus giving the girls training in serving meals.

In July, 1931, Mrs. De La Mere joined the state staff. Since 1928 I had been trying to give personal supervision to girls in the community, placed from Harmon and Lynnhurst clubs, who did not have legal settlement in Hennepin or Ramsey counties. They now numbered forty-six; many needed close supervision requiring much time, which the welfare boards of the urban counties had felt unable to give. The time I could spend was far from adequate. The number of girls was increased by others not suitable for placement at the club but unable to return to their home counties, and also by some boys placed in the community. Mrs. De La Mere now assumed supervision of this group and of the clubs, although I continued to visit the girls living in the clubhouses because of my deep interest.

Lynnhurst became an activity center for all of "Mrs. De La Mere's girls" in the Twin Cities. Also, she cooperated with Miss Fern Chase of Ramsey County and Mrs. Florence Greiner of Hennepin County so that Lynnhurst could serve an even larger group. Miss Chase had organized a "fun" club, thus initiating a recreation plan which became popular. It met Thursday afternoons—maid's day off—and Lynnhurst was sometimes chosen as a meeting place. Before this there had been activities organized and directed by the social workers—especially Christmas parties, as well as picnics and moving picture parties from time to time.

Supervision of the girls living in the clubs required both

time and ingenuity. During 1933 there was such a lack of work that Harmon Club was closed and Lynnhurst moved to the house next to it, where rent was cheaper. Harmon was discontinued not only because it was a financial responsibility, but because a group of girls who were without work created conduct problems and formed habits that were not conducive to their later success.

As every difficult situation was made more difficult by the stringency of the depression, so was the need for beds in institutions everywhere. Perhaps, therefore, the crystalizing of two definite points of view on placement from the institution could be considered another result of the depression. At the 1934 meeting of the American Association on Mental Deficiency, Miss Mabel Matthews, a social worker with the Mansfield Training School in Connecticut, gave a paper showing that the depression was making it impossible to secure jobs for persons ready to leave the institution, and thus fewer placements could be made. She said her state was not in favor of placing the feeble-minded in private homes to work for board, room, and "hand-me-down" clothes. Dr. Bernstein of Rome, New York, took issue. His idea was that every bed vacated makes a space for the next worse case, and that a place to eat, sleep, and live in a decent environment, even without wages, was better than an institution. I agreed wholeheartedly with Miss Matthews, and our whole plan for placement was based on this philosophy. I always feared that wards might be exploited and felt that the state must protect them against it. I remember distinctly a letter from a rural couple asking that someone from the institution be placed in their home. Both were old; they needed help, and were "entitled" to it because they paid taxes! I disagreed.

By 1933 the pressure for space in state institutions was great, as many family situations were desperate. I suggested that the institutions permit the counties to exchange some patients every six months, admitting wards who were severe problems in place of some less severe. This would give many parents a rest, as opposed to furnishing permanent relief for a smaller number. The superintendents said "No" to that

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plan: it was impractical from an administrative standpoint. Dr. Murdoch, however, would try to take some additional patients and make adjustments. He wondered whether, with financial assistance, more parents could care for children at home—a good point but not seriously considered in the massive over-all relief program. He also suggested the use of county homes, as in Pennsylvania. As I understood it these were not small institutions for only the mentally retarded, but were for various persons whom the county for any reason must support. Such a plan was not approved in Minnesota.

No matter what the pressures might be, to Dr. Murdoch those in the institution were individuals for whom he had true affection and consideration. In his reports he spoke of them as “our children,” and the children actually in school as “students.” In 1934 he asked permission to alter the sign at the entrance to the grounds, taking out the words “feeble-minded” and “epileptic”—there was no reason to emphasize these terms to persons entering, or to their parents!

While I had no responsibility for what went on in the institution, I felt, during Dr. Murdoch's administration, that we established a close relationship of planning and working together which continued after he left Minnesota. Dr. Murdoch's recognition of this, expressed at the conclusion of his 1933-34 biennial report, gave me great satisfaction and, incidentally, could have been reversed as an expression of my attitude toward him. He said: “I particularly desire to express my appreciation for the cooperation of Mildred Thomson, supervisor of the feeble-minded, whose thorough understanding of our manifold problems has been of inestimable value to me and the institution.”

Dr. Murdoch attended the 1933 meeting of the American Association on Mental Deficiency (until then called the American Association for the Study of the Feeble-minded) where parole was much discussed. I did not go, but he wrote me that all institutions were having trouble, many with longer waiting lists than Minnesota. His estimate of the job we were doing was as follows: “I feel that Minnesota, with its Board of Control, your office and the county welfare

boards, are handling the question of parole more carefully and quite as satisfactorily as it is being taken care of anywhere." Dr. Murdoch knew that I wished to have a study made by competent persons, to compare our results with those of states which had institution social workers who went into the community to place and supervise their parolees. Although I knew we supervised or helped a far greater number than did other states, and felt that many of our cases could be compared favorably in adequacy of case-work, I wanted facts. Thus Dr. Murdoch's kind words seemed especially reassuring.

During my years in Minnesota the need for a program designed for the delinquent—especially the male—had been evident. This was also true nationally. The building at Faribault State School and Colony that was set apart for delinquent males was most unsatisfactory. In spite of the efforts that had been made to provide employment and recreation facilities for these wards, there were instances of violence and of escapes. The need for different provisions for this group had indeed been recognized in Minnesota much earlier. In the fall of 1917, Judge Edward F. Waite, at a meeting of the State Conference of Charities and Corrections, had recommended further changes in the laws passed that year. One was that provision be made at Red Wing for segregating young incorrigibles and defective delinquents; this arrangement was not feasible at Faribault, not only because of lack of space, but because the strict surveillance required was out of harmony with the Faribault institution. Nothing happened. Possibly the fact that we had entered the First World War had something to do with it; then, before too many years, came the depression. Discussion had continued, however, of plans not only for the teen-ager but for the older person.

Mrs. La Du showed special interest in providing for this group. Dr. Murdoch and I both attended the 1934 meeting of the American Association on Mental Deficiency in New York City. Prompted by Mrs. La Du's interest, we then visited Napanoch, the New York institution for "defective delinquents." Neither of us was favorably impressed. There

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was little variety of employment and the population included many in the imbecile group who were perhaps hyperactive or rebellious, but who required different routines and disciplines. After this trip all discussion in Minnesota of plans for the delinquent ended until the early 40's when Mr. Horace Whittier, warden of the State Reformatory for Men, suggested using a dormitory there for housing the delinquents. But the time was not quite ripe for this new undertaking, even though many bad situations emphasized its need.

Through the years the federal government had shown only limited interest in the mentally deficient in spite of the report of the White House Conference. In 1932 Miss Elise Martens, who was with the Office of Education, joined the American Association on Mental Deficiency. She was responsible for compiling information on all groups of the handicapped, as an aid to schools over the country. I believe that she had little office assistance in this. Nevertheless she gave real leadership to teachers of the feeble-minded as well as to the other groups.

Miss Agnes K. Hanna, who was with the Federal Children's Bureau, had attended some of the meetings of the American Association on Mental Deficiency, but as an observer rather than a participant. Miss Ruth Colby, who had been in a number of positions with the Minnesota Children's Bureau, joined the Federal Children's Bureau in the middle 1930's. She was interested in the mentally deficient and without doubt spurred Miss Hanna's interest.

By 1934 the federal programs set up to provide employment could be used indirectly to foster interest or give information on the mentally deficient. Federal grants were available for CWA projects, and departments were asked to submit plans. I thought or hoped for a project that would make it possible to identify the potential delinquent before his delinquency occurred. During the early 30's, after discussing the matter with the state office, the Home School for Girls at Sauk Centre established a policy of requesting hearings for some of the girls whom, following tests, Dr. Kuhlmann had classified as feebleminded. If they were committed to guardianship they were transferred to the

School for Feeble-minded at Faribault. Many had later been placed in a clubhouse or put under the supervision of welfare boards. There were, however, many with the same I.Q.'s at the Home School for whom commitment was not asked. Thus there was apparently some basis for choice—although it perhaps was established unconsciously. Also, many in this I.Q. range whose behavior was similar were placed under guardianship as feeble-minded in their own counties without a delinquency commitment. Why? If we could study a group of each—those who had been only at Sauk Centre, those who had been only at Faribault, and those who had been in both institutions—with approximately the same chronological age, I.Q. and date of placement, we might find some common basis for adjustment or the lack of it, and determine the type of training and supervision suited for various types of girls.

Everyone co-operated splendidly. The two young workers assigned by CWA were intelligent and interested. They recorded each girl's background, behavior, attitudes, etc., not only from records, but from staff interviews at Faribault, Sauk Centre, and Lynnhurst Club. I charted the information secured and spent many hours mulling over it, but nothing that was helpful seemed to stand out. I definitely was not competent to make such a study independently and there was no one to furnish help. Everyone was concerned with his own job and not particularly interested in the feeble-minded. After we made two office moves, with our space lessening each time, it seemed useless to keep this mass of material any longer. This effort, made possible only because of federal funds, was a forerunner, however, of a committee established in the 1950's with somewhat the same purpose.

In St. Paul there was a very important use of WPA services. Largely because of the initiative of Mrs. John Rockwell, who was a case-work supervisor with the Ramsey County Child Welfare Board, classes—termed "Beta classes"—were established for children who had I.Q.'s under 50 and thus were not included in the special classes of the public schools. Duluth had maintained such classes in its school system for some years without state aid, but the two larger

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cities had not. The enthusiasm of parents whose children were enrolled in the WPA classes was tremendous. Thus, when federal funds ended, the St. Paul schools were forced, by the success of the project, to take over the classes even though no state aid was available.

WHO ARE THE FEEBLEMINDED?

Another special job was the charting of several generations of two Minnesota families in which there was much feeble-mindedness and between which there had been several intermarriages. Few of the individuals were able to support or plan for themselves, although very little delinquency was evident. The charts made were used in talks to indicate that feeble-mindedness had a hereditary basis. Dr. Dwight E. Minnich, chairman of the Department of Biology at the University of Minnesota, found them valuable, and a number of probate judges, after viewing them, asked for copies. They served a real purpose by increasing public interest, and they also increased the zeal of the child welfare boards in working with such families.

This interest in charting families was not new. From the earliest days institution superintendents had studied the backgrounds of their patients to try and determine the cause of their condition. Successive generations of several families had been charted in this country, the results apparently showing that feeble-mindedness produced feeble-mindedness. Dr. Rogers had been especially interested in this question. He had joined the Breeders' Association which, while primarily or originally established for the study of animals and plants, had a human genetics section located at Cold Springs Harbor, Long Island, New York. In the early 1900's, research in human genetics was being done there, and incentives were offered to others engaged in such research. With the backing of this organization, in 1911 Dr. Rogers initiated studies of a number of families represented in the population of his institution. The legislature appropriated money for a research assistant recommended by the Cold Springs Harbor laboratory, which in turn agreed to pay for a second one. The investigators went into the field gathering

background information, which was then charted. In many families where the parents appeared to be feebleminded there were an unusual number of feebleminded children and persons presenting social problems such as alcoholism. Thus Dr. Rogers' concern about the production of offspring by these groups had not lessened. At the time of his death in 1917 the material had not been fully compiled, but stories of some of the families, written in a popular style and including small heredity charts, were prepared by one of his assistants under the title *The Vale of Siddom*. I used this as a guide in planning to have the families charted in the 30's.

Such studies are closely tied in with an interest in knowing who are the feebleminded. As early as 1840 the United States Census listed the insane, who then included the feebleminded or "idiot." Later the two groups were separated, and in 1880 there were 729 feebleminded listed for Minnesota, a number considered low by those close to the problem, although hearsay methods had been used for obtaining names. Enumerators had been instructed to identify the feebleminded not only by getting lists from the institutions and information from families, but by questioning physicians and neighbors and recording the names given. Before the 1900 census was taken, Congress discontinued listing the feebleminded and similar groups. The reason was not the haphazard method of getting names, as one might think, but that the many special items collected in 1890 had delayed printing the census, and data on population as well as on such subjects as agriculture and business were needed earlier. Although the superintendents had criticized the census, they deplored its discontinuance, which left them with no means of projecting how many would be needing care.

In 1855 Minnesota had provided for a census, to be taken every ten years. As early as 1865 the deaf and dumb, the blind, and the insane were listed, the latter including the "idiot" and the "imbecile." Minnesota also had a school census law and in 1872 Mr. J. L. Noyes, superintendent of the School for the Deaf and Dumb, recommended that the

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enumerators be required to show how many of those between the ages of five and twenty-one were blind, deaf and dumb, and idiots. Estimates of the number of feebleminded had been, at first, one in two thousand, and then one in one thousand. The percentage estimate had increased over the years and in some of Dr. Kuhlmann's surveys he gave a figure of 5-8 per cent of school children. By the 30's, however, 2 or 3 per cent was a more frequent estimate. The interest in really knowing the size of the problem continued, however, and in 1934 the question received some study and emphasis.

Dr. Kuhlmann, from his early days in Minnesota, had had a strong conviction of the value of a census of the feebleminded. In 1917, soon after the passage of the guardianship law, he spoke at a meeting of the state Conference of Charities and Corrections, at which he stated that only a complete census of the feebleminded could make this law work successfully. He then said that a census would (1) persuade lawmakers to provide adequate institutional accommodations; (2) make possible the giving of special care and training to the high grade feebleminded at a young age; (3) make possible provisions for those showing delinquent tendencies (a fourth to a third of the men at the St. Cloud Reformatory were feebleminded); (4) provide for giving names of the feebleminded to clerks of court so that marriages could be prevented. Now, some fifteen years later, Dr. Kuhlmann was still the chief proponent of a census, not because others did not want to know the size of the problem, but because many saw difficulties in setting it up and doubted that it could be effective.

Until 1934 the only Minnesota committee organized to consider the feebleminded was that of the state, county and institution social workers. By that year it was evident that people in various professions and agencies needed to pool their knowledge and ideas and to work together, or at least think together. The Ramsey County Welfare Board organized such a group, whose first meeting was held March 7, 1934. Dr. Alice Leahy, professor in the University School of Social Work, acted as chairman. Another member was

Dr. William H. Hengstler, a private psychiatrist whose chief interest probably arose from the fact that he served on many examining boards of the probate court when petitions for guardianship were considered. There were also representatives from the state department of education, the Board of Control, and private agencies. Many problems were discussed, including those of definition, a census, the defective delinquent—especially the male—and co-operation between agencies.

The emphasis was on a census of the feeble-minded. Dr. Kuhlmann, who gave the first paper, spoke of it as a "finding agency," stating that no such agency existed—either in the schools or the Board of Control. As in many of his talks, he emphasized the value of having citizens know the mentally deficient in the community. He stated also that a census would bring about earlier guardianship commitments, and he recommended compulsory commitment when special class training was completed, if not before. After his tense preoccupation with this subject for so many years, he at last had this opportunity to speak to a group which might be interested in getting some action.

From the minutes available for these meetings, apparently I voiced for the first time my growing doubt of the feasibility of a census. I raised the question of who would decide what names were to be listed. I cited a recent case where, on Dr. Kuhlmann's recommendation, a petition was filed but the examining board had determined, "not feeble-minded at this time." Would such a name be in the census? I knew that questioning the methods or usefulness of a census law was anathema to Dr. Kuhlmann, for he saw a state census not only as the basis of a program, but as an actual means of solving problems. I felt, however, that there must be discussion of the possible difficulties. Nevertheless, I knew that a program should be planned on the basis of a knowledge of numbers. Thus, in spite of my doubts, I supported the decision to work for the passage of a law at the next legislative session. A law was passed and it was signed by Governor Olson on April 29, 1935, before the committee disbanded. Many of the provisions were clearly those Dr.

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Kuhlmann had been recommending for so long, but no appropriation was made to carry them out. The establishment of a census of the feeble-minded was made jointly mandatory upon the Board of Control and the Department of Education. Dr. Kuhlmann was the person vitally interested in it, and when no method of administration was provided in the law, he took the initiative to provide procedures.

Nothing in the Board of Control minutes for either 1935 or 1936 shows action by the board. I know, however, from my own experience that a member or members of the board who happened to be in the office frequently made decisions without calling in the secretary, and that some decisions were not recorded. Thus it is probable that in 1936 the board did approve the method of administration, but not Dr. Kuhlmann's earlier action. Soon after the passage of the law, the number of notices of court hearings coming to the Sub-Division for the Feeble-minded and Epileptic suddenly dropped. Somewhat by chance, I found that Dr. Kuhlmann had written the probate judges that the notices were to come to him in the future. I had to ask for the board's decision on this procedure and they directed the courts to send the notices, as had been done previously, to the Sub-Division for the Feeble-minded and Epileptic, their representative in the field of guardianship. In 1936 a board of three was formed to administer this law. It was composed of Dr. J. M. Murdoch, superintendent of the School for Feeble-minded, Dr. Frank Finch of the Department of Education, and Dr. Kuhlmann, who was chairman.

It was Dr. Kuhlmann's hope that each feeble-minded person in the state would be discussed by his board of three and disposition of the case decided by them, the I.Q. rating being the main factor in the recommendation. To implement this plan he had large cards printed, which had spaces for considerable family and individual information, and one for a recommendation for disposition. He was able to arrange a WPA project for filling out these cards from information in the files of the Sub-Division for the Feeble-minded. His own test reports were used as a basis for

determining which files should be read, and they were drawn alphabetically. To his sorrow, WPA ended before files for the last several letters of the alphabet were recorded. I was not included in his discussions and I believe that the two other members of the board did not co-operate in this plan of individual disposition, as he had hoped they would. Persons actually working with individuals could not see that placing a name on the census roll and specifying that a certain disposition be made of the case meant the accomplishment of the plan as Dr. Kuhlmann's statements had indicated would happen.

The Sub-Division for the Feeble-minded had established procedures for individual planning for those under guardianship or thought to be feeble-minded. In cases where a problem existed, discussion was held, when possible, by a group which included a psychologist, the local social worker, the field representative of the Children's Bureau, the county nurse, and perhaps others. Also, demonstration child guidance clinics were in operation and were often used for the most difficult cases. Dr. Kuhlmann's plan was not meshed into existing procedures and therefore seemed somewhat irrelevant.

At this time Mr. George Barnes was county attorney in Redwood County and he was greatly interested in the program for the mentally deficient. Shortly after the census law was passed, he found that money could be obtained through the Federal Relief Agency for giving mental tests to all the children in his county. It seemed a proper expense as a basis for knowing potentialities and problems in families. We both discussed it with Dr. Kuhlmann and he arranged for the survey to be made. It was done by two examiners who gave group tests in all the schools, checking low results with individual tests. They also attempted to find and test children who were not in school but were in school-age range. A list of those tested, with age and I.Q., was given to the Sub-Division for the Feeble-minded and to the county child welfare board but, unfortunately, no specific use of the results seemed possible—although the list was helpful for some time as a means of checking which

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children had been tested. In the next biennial report—that for July 1, 1934 to July 1, 1936—Dr. Kuhlmann included the results of the study as part of his report on the census law. He also on September 1, 1936, recommended to the Board of Control that several counties be surveyed—eventually the whole state. The initial cost for a state census would be \$150,000 to \$175,000, and after that, in his judgment, it would be relatively inexpensive to keep up. The larger amount, however, could be spread out over a number of years, so that with an appropriation of only \$9,000 a year, one or two counties could be added at a time.

HALFWAY POINT IN THE DEPRESSION

Besides the Ramsey County committee which concentrated on a census, a group of persons who also had differing bases for interest in the feebleminded was formed in July, 1934, on the initiative of the Sub-Division for the Feebleminded and Epileptic. This group functioned on a somewhat broader level. In addition to persons from private social agencies of both Hennepin and Ramsey counties, and from local and state departments of education, health, and welfare, there were several university professors. Discussions were to be planned under three general headings: (1) What was the problem of the feebleminded—its extent and manifestations (2) Means of modification (3) What practical application could be made in this modification.

Dr. Kuhlmann gave the first paper on the census. This group supported his desire for a law but did not concentrate on that subject. In addition to papers given by members from the fields of education, social work, and institutions, there were several from university professors: Dr. John C. McKinley on neurological aspects, Dr. Dwight E. Minnich on heredity, and Dr. George B. Vold on delinquency. For this group I reviewed the laws that dealt with the feebleminded from the time of territorial days, finding that they seemed to show an increasing social consciousness, at least until 1925.

This committee continued to meet for over a year, sometimes twice a month. Some of the papers—though not all—

were preserved and are in the library of the Department of Welfare. In 1951 Dr. John Pearson, then head of the Bureau of Psychological Services, and I attempted to revive the committee. We sent each participant (or his successor) the paper he had given in the 1930's, suggesting that it be brought up to date and presented to the new committee. Many expressed some interest, but before any real plan was initiated Dr. Pearson left the state office and there were changes within the administrative setup.

It is strange that no pediatrician was a member of the committee, but apparently pediatricians then had no special interest in the feeble-minded. This attitude was generally true, I believe, although there are exceptions, and it was the head of the pediatrics department of the university medical school, Dr. Irvine McQuarrie, who at about this time used a grant of \$25,000 to produce a film, "The Feeble-minded." Doctors Murdoch and McBroom co-operated by making patients available. It was a wonderful film for teaching students, as it showed and explained many clinical types of abnormalities. It began and ended, however, on the theme of the high percentage of the feeble-minded in the community and the dangers of marriage—a subject entirely unrelated to the clinical types shown. It was learned in the late 1950's that the University of Pennsylvania still sold the film entitled "The Feeble-minded." The Minnesota Department of Welfare and the University of Minnesota then revised the title, prologue, and epilogue of the film to conform to more modern terminology, ideas, and knowledge.

During the early 30's, regional conferences that had been initiated by Mr. Charles F. Hall in 1923 were still being held. Joint sponsorship with the State Conference of Social Welfare had begun at an early date. By 1930 sponsorship had been increased—at least for many conferences—by the addition of the extension department of the University of Minnesota and the State Board of Health. Conferences under multiple sponsorship, but with the main initiative by the Children's Bureau, lasted until 1935. The biennial report of the Children's Bureau for 1933-34 mentioned six meetings for the two-year period. However, at the meeting of the

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State Conference of Social Welfare in the fall of 1934 a regional conference committee was appointed and the State Conference took over full responsibility for the meetings in 1935. I was the first chairman of this committee and remained so for several years. Meetings were held in all regions, and while I was chairman I made certain that the feeble-minded were not entirely forgotten.

Another event in 1935 was the organization by Mrs. Louise Fraser of a day school for the mentally retarded in Minneapolis. At first there were only a few pupils who came to her home. Later it became the Home Study School, with several classes. The real impact the school made on me was in 1936 when Mrs. Fraser had her first picnic for her children and invited others whom I knew. These children were largely in the group then called imbecile but later called trainable, and the picnic was to be conducted like any other—with games, food, singing, etc. I was accustomed to the dances and other activities arranged for lower grade children at the institution, but such activities seemed geared to a group living together under close supervision. It was a new idea that those living at home could respond so as to enjoy group activities. At that time I had no ideas of how to implement this realization, but I had a nagging feeling that more could be done for these severely retarded children than offer institutional space and that we were emphasizing their differences from normal children rather than the greater number of ways in which they were like others.

A legislative action of 1935 that had special significance for the Sub-Division for the Feeble-minded and Epileptic was the passage of the probate code—gathering together all probate laws in the statutes and adding or amending many. In October, 1934, Judge Albin Pearson, probate judge of Ramsey County, presented proposals for changes in the laws at a meeting of the Minnesota Neurological Society. Dr. Kuhlmann, Mr. Hall, and I were invited to attend this as representatives of the Board of Control. After discussion the society appointed Doctors Murdoch, George H. Freeman, and Frank W. Whitmore to assist the judges in phrasing commitment laws. I did not know the content of the revised

laws until they were discussed at the annual meeting of the probate judges in January, 1935. There were several changes affecting procedures, but the main one included the epileptic in the guardianship law.

I did not realize then that in the early days there had been a question of where responsibility for epileptic patients should be, that superintendents of the institutions for the feeble-minded agreed that it belonged with them, and that those from hospitals for the insane concurred. From these discussions one might conclude that epilepsy was considered more of a medical problem than feeble-mindedness, and that thus more could be accomplished with it in the professional area.

The Colony for Epileptics at Cambridge had been tied to the program for the feeble-minded, an acceptance of this early viewpoint. Indeed, beginning in 1932 feeble-minded patients who were not epileptic had been received there. Problems had arisen with epileptic persons too bright to be committed as feeble-minded but unwilling to apply for entrance to Cambridge even though they were unable to adjust to community life. I was surprised, however, that guardianship was now provided for them and felt that the responsibility of the Board of Control should be largely limited to this unstable group. Through the years, however, the state agency became greatly concerned because of the difficulty of obtaining employment for persons with seizures. There was discussion of a law protecting employers from liability in case of injury to an epileptic employee. It seemed imperative, but none was passed.

President Roosevelt was re-elected in 1936 and it was evident that the national welfare program would continue. There was no specific help for the mentally deficient, but general laws such as those dealing with social security, unemployment insurance, and old-age assistance, helped to ease some situations.

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Unsettled Years

BY the end of 1936 several changes in the Board of Control had taken place. Mr. Carl J. Swendsen, a member since 1911, died in October, 1933; and Mr. Carl R. Carlgren was appointed to finish the term, and re-appointed when it expired. At the end of Mrs. La Du's appointive term in April, 1936, Governor Olson, although he recognized the great service she had rendered, told her he could not reappoint her. He wanted someone from his own party—the Farmer-Labor party. This would mean that only two members of the board would be from his party, the number permitted by law. His appointee was Mrs. Anna D. Determan. The third member was a Democrat, Mr. Lou Foley, who had succeeded Mr. Coleman. Each board change meant a new adjustment for me, with new efforts to promote understanding of the program for the mentally deficient.

With Governor Olson's death in August, 1936, Lieutenant Governor Hjalmar Peterson became governor. After a few months he was succeeded by Elmer Benson, who was elected in 1936 to become governor in 1937. In spite of tremendous pressures, Governor Olson, so long as he was active, seemed to direct what took place. My feeling was that when he became ill, less responsible elements began to gain ascendancy; and pressure groups, including some that were communist or communist-oriented, had more influence. Later hap-

penings reinforce my memory that the pressures increased after his death.

A CHANGE IN LAWS AND PROCEDURES

Drastic administrative changes were made necessary in 1936 by the action of a special legislative session. Laws were passed which permitted the state to take advantage of federal grants that covered a number of categories. Some dealt with child welfare but none with the mentally deficient. Following the legislative action, the Board of Control on June 15, 1936, established a co-ordinated field service combining the duties imposed by the state relief agency and the Children's Bureau. This agency was to serve the county welfare boards and, if requested, other organizations. Mr. Benjamin Youngdahl, who had been director of the Relief Agency, became director of the co-ordinated services. On July 1, 1937, all welfare functions other than the institutions were placed within a Division of Public Assistance, with Mr. Youngdahl as director. The Children's Bureau, under Mr. Hall, was within this division, and the unit for the feeble-minded was a section of the Children's Bureau. The changes on the state level showed the need for change on the county level. Every county, to be eligible for certain federal funds, had to have an administrative agency. Thus the 1937 legislature established mandatory welfare boards with broad responsibilities, specifically including the duties of the county child welfare boards. This law took effect July 1, 1937.

The years from 1936 to 1939 were years of change and also of considerable stress. The relief and social security programs were so large and spent such huge sums of money that the program for the mentally deficient, without grants of any kind, seemed especially overshadowed. With few exceptions the welfare boards gave first consideration to other programs; supervision of the feeble-minded was done almost solely on an emergency basis.

Although the Federal Children's Bureau had no money for the mentally deficient, it showed some interest in them. In April, 1937, Miss Ruth Colby wrote me that Miss Agnes K. Hanna was considering making a study of mental de-

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iciency programs in several states and suggested that I get on the civil service lists for a temporary job in helping with this. The study was something I had wanted done for years, but when I read the qualifications I felt mine were not included. An applicant, to qualify, had to present printed material. I had none. I had written no books. I had made many talks to many groups in Minnesota, but they had not been printed. I had not given any papers at the American Association on Mental Deficiency, although by this time I had served on several committees. My only printed material consisted of the biennial reports to the Board of Control. Friends urged me to send these, hoping that the Civil Service Commission would accept them when they were accompanied by recommendations from some of the people with whom I had worked. When I told Dr. Murdoch I had given his name as a reference, he graciously wrote: "I know of no one so well qualified as yourself to aid in such a study." Washington thought otherwise, however. My reports were returned, and my name did not make the civil service list. The study did not materialize.

The Board of Control minutes show that on May 27, 1937, Dr. Murdoch's resignation, to take effect July 1, was accepted. He did not tell me his reasons for resigning nor comment on his relationship with the board. In 1936, however, throughout both state and county agencies, an atmosphere of intrigue had begun to penetrate, a sense of uneasiness and a fear of frank discussion. There was a feeling that anyone might lose his job at any time and that "spies" for the governor or those around him, would report words or actions out of line with the policy of the administration. I knew Mrs. Halse had close ties with the administration, and Dr. Murdoch's resignation caused me to fear that she was involved in some plan to make drastic changes in the program for the feebleminded. I do not know that she had aided in creating a situation unsatisfactory to him, but it seems likely that such a situation existed and that, rather than oppose pressures for changes in personnel or policies that he could not sanction, Dr. Murdoch resigned.

Next to Dr. Murdoch's resignation in the board minutes

is the appointment of his successor, Dr. Edward J. Engberg, a psychiatrist of St. Paul. (Mrs. Determan, incidentally, did not concur in this approval and requested that her reason be recorded—that the superintendent should be an outstanding person in the field of psychology or education.) The *St. Paul Dispatch*, for May 28, carried the item about the appointment of Dr. Engberg and a copy of a telegram of approbation sent to the Board of Control by the Minnesota Medical Association. Dr. Murdoch, with his usual thoughtfulness for others, wrote Dr. Engberg June 1 that he was “happy to see the superintendency of this school which I consider one of the finest in the land, transferred to a man of your high qualifications.” He offered any assistance he could give.

I did not know Dr. Engberg personally, but with the existing tension in the atmosphere, any change could bring about foreboding. Therefore I was greatly pleased when Dr. Herman E. Hilleboe arranged for the two of us to have lunch with Dr. Engberg. Dr. Hilleboe, director of the Division for Tuberculosis and Services for Crippled Children, was a man of vision and forcefulness, who understood many of the political crosscurrents. I felt some confidence in the future when I was reinforced by his confidence.

The luncheon with Dr. Engberg proved not only a pleasant occasion, but a most worthwhile one, as we discussed both his ideas and Minnesota’s program for the retarded. I feel that this first meeting established the basis for co-operative planning, a relationship which existed during the years I was with the state.

There were several staff changes at Faribault after Dr. Engberg became superintendent. Dr. Rogers had been able to bring together a fine staff because of his training program, his appreciative attitude, and the relatively high salaries and good working conditions—for those days, not today. This staff had been at least partially dissipated by Mr. Hanna and was not rebuilt by Dr. Murdoch, probably because of stringency in finances and his desire not to hurt anyone. A most important change was the employment of Theodore Carlton as school principal. He was a young man with many

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ideas. An early project of his was to set up a definite training program for girls who were to be returned to the community. Completion of this was to take precedence over any wish for earlier placement which might be voiced by parents or county welfare boards. Apparently little attention was given to a similar program for boys, and there seemed to be no plan for a definite school program for children with I.Q.'s below 50, such as some institutions were establishing. Mr. Carlton remained only one year, however, leaving before the new procedures were firmly established.

A new physician at Faribault, a young man, Ralph E. Moyer, attended some of the meetings of the social workers and made clear that the institution needed more information than was contained in the forms from the court which were forwarded by the central office. Because of this, with the aid of the State Board of Health a form for necessary medical information was drawn up. It included some laboratory tests, which the Board of Health agreed to make. The medical information was added to a social history provided by county welfare boards.

Political pressures were great when Dr. Engberg took over at the institution and he had serious problems. Mrs. Halse went on his payroll as of July 15, 1937, which gave some credence to the suggestion that she was involved in Dr. Murdoch's resignation. The records do not indicate just what her job was supposed to be, and Dr. Engberg has said that he did not know what it was. He wrote the board in 1939 that she had been the social worker for Lynnhurst Club, but he did not take over Lynnhurst until June, 1938, and it was August of that year when Mrs. Halse was given responsibility for it. I know that prior to that she did a good deal of traveling in the counties. There is little to indicate what her activities were, but a letter I wrote to Dr. Engberg in July, 1938, mentions at least one of her contacts. The social worker in Faribault County had written me that Mrs. Halse had told her that there were vacancies at Faribault and she could probably place her most urgent cases. I asked Dr. Engberg about this and he replied that any vacant beds he had were in the process of being filled. Such episodes were

hard to explain, especially when I was in the dark as to their significance.

In January, 1938, Mrs. Halse had been given time to visit institutions and study parole programs in Washington, Oregon, and California, apparently with the plan that she head such work in Minnesota. During those many months I could only wonder what was taking place. I knew Mrs. Halse had no relation to my subdivision, but whether she had authority superior to mine, I did not know.

Lynnhurst Girls' Club presented a situation of early concern to Dr. Engberg and one in which Mrs. Halse was involved. As early as 1935 I had questioned whether maintaining Lynnhurst was justified, in spite of its service as a recreation center. With that in mind I had drawn up a simple questionnaire entitled "Institutional Care for the Feeble-minded and Its Substitutes." After having it approved by Dr. Murdoch, I sent it to other states to see what they were doing in the way of substitutes for institutional care. Thirty-one states had replied, only sixteen of which had any type of parole plan, and in one state alone was there a colony. Programs for supervision in most of the sixteen states applied only to those placed in the community from an institution. Minnesota, alone, because of guardianship, accepted responsibility for many who had never had institutional experiences and continued to provide supervision somewhat indefinitely for all. In other states there were practically no arrangements for boarding the mentally deficient and there was almost 100 per cent disapproval of a suggested state subsidy of boarding homes. By comparison, we did not seem backward in plans for community supervision.

The study, however, provided no comparison for determining the fate of Lynnhurst. In 1936 I again discussed with the Board of Control the advisability of closing it. Although Dr. Murdoch considered the clubhouse "a splendid adjunct" to the program, with his limited budget the subsidy for it might not be justified. By 1938 Lynnhurst loomed large, as in addition to the problems connected with the employment and adjustment of the girls, keeping a staff

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had also become a problem. We tried several types of persons as assistant. One, a home economics teacher, was engaged with the hope that she would give training in homemaking to the many girls without jobs. But an assistant with practical experience proved a better choice. The question of the number of working hours was raised by the employees, and this necessitated a discussion with the board as early as 1936. Mrs. Halse continued her interest in the club during these years and I felt that she was responsible for creating dissatisfaction with working conditions. One of the two persons employed had to be constantly available although both might be busy with their own affairs during much of the time. Availability for only an eight-hour day was impossible the way the club was set up. When both staff members became dissatisfied, an unhappy atmosphere prevailed. This necessitated a change in personnel before 1938, or early in that year. Soon after this—on June 20, 1938—the director of the Children's Bureau was notified that Dr. Engberg would take over the management of Lynnhurst as of July 1, 1938. Until this date Miss Lucille Floren, a close friend of Mrs. Halse, was the social worker in my office. She had responsibility for the Lynnhurst girls. When the transfer was made, the board dispensed with her services.

On August 8, 1938, the secretary of the board wrote Dr. Engberg, following board action: "After a general discussion of the training program at the School for the Feeble-minded and of the problems pertaining to the parole of inmates of that institution, it was decided to place Mrs. Laura Halse in charge of the social service work at the Lynnhurst Girls' Club. Mrs. Halse will participate in weekly staff meetings held at the School, . . ." Among stipulations for her work was one that she report to the Board of Control the names of girls ready for return to their home counties, so that the Sub-Division for the Feeble-minded could make arrangements with the local welfare board. Somewhat later—probably early in 1939—the board decided that Mrs. Halse should supervise a larger group, including all girls who had ever been in the club and were then living in Hennepin and Ramsey counties, although not the financial responsi-

bility of those counties. She was to determine whether they should remain in the Twin Cities.

I was told by someone who, I think, knew whereof she spoke, that Mrs. Halse tried very hard to have me removed, but here the board refused. I know none of the supposed details, but considering her actions of several years, it seems believable. These were trying days, not only because of the confusion in the counties and my own feeling of not knowing when I would be double-crossed, but because of having been mistaken in a friend. In spite of conflicts in plans for supervision caused by the duplicating responsibility given Mrs. Halse, Dr. Engberg and I remained friends and worked together.

PROBLEMS OF OTHER AGENCIES

For many years the number of special classes in the public schools had remained almost static. Prior to about 1933 the State Department of Education had allotted a third of one person's time for directing all special education. This meant that the director of special classes, who was Mr. C. W. Street, when I arrived in Minnesota, could furnish little leadership, even though he was interested in the work and participated in any meetings that he was asked to attend.

When Dr. John Rockwell became commissioner I hoped to see guidance for special classes greatly increased because of his interest in the mentally retarded. This, however, did not come about. He joined in organizing professional or community groups, speaking and furnishing general leadership; he appointed a representative to Dr. Kuhlmann's census board and assigned the supervision of special education to his director of Vocational Education, Dr. Donald Dabelstein. The latter said in a later report that he gave one tenth of his time to this part of his job, although in fact he participated very actively in some over-all planning for the retarded. Years later, when I was discussing with Dr. Rockwell why the number of special classes or program assistance to them had not been increased, he reminded me that in the 1930's it was an accomplishment to get any aid for the schools, and no request for an extra staff member for this purpose

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would have been tolerated.

Shortly after the passage of the 1915 law providing for special classes in the public schools a spurt of interest in the retarded on the part of educators seemed to be indicated by the increase in the number of papers given at meetings or printed in magazines. This interest decreased in the 1930's on both a national and state level, due partly, perhaps, to the depression and partly to a widespread feeling of futility. It seemed that no matter what one did, the problem did not lessen! The Minnesota Education Association was divided into regional sections for meetings and not all had sessions on the handicapped. I remember going to the St. Paul Auditorium when one meeting was scheduled, to ask that a discussion of the mentally retarded be included on the program. After talking with an officer I came away feeling that it was useless even to suggest such interest. In spite of this, there were special-class teachers in the Twin Cities and over the state who held on and were superb in their teaching. They succeeded in preparing children to get jobs when their school days were ended.

During the depression years the American Association on Mental Deficiency became financially static, as did most agencies, but it still held to an ideal of proper care and training for the retarded in spite of a rather indifferent public. It was really not until 1941, when Dr. Neil A. Dayton became secretary-treasurer, that the association got started toward becoming a firmly established, growing organization able to finance new undertakings. I attended most of the meetings of the association, as did Dr. Engberg and Dr. Kuhlmann. Even when general interest was lowest I always came back with new ideas but also with a feeling that we in Minnesota were doing some things as routine procedure that many states—or their institutions—were reporting as great advances. Some institutions, however, were outdistancing us in certain areas, the training of the severely retarded an especially impressive one.

A paper of great interest was given at the 1937 meeting by Dr. George A. Jervis of Letchworth Village, New York. His title was "Inherited Biochemical Alterations in Certain

Types of Mental Deficiency." Phenylketonuria (PKU) was one of these, and I believe this was the first paper on the subject given in the United States. Dr. Jervis showed it to be a genetic condition, but what could be done to prevent it or alleviate it was not yet known. Research, however, was on its way to paying off!

Dr. Kuhlmann was president when the association met in Richmond, Virginia, in 1938, and this provided an added interest for Minnesota. By fall Dr. Engberg was considering a paper to be presented at the meeting of A.A.M.D. in the spring of 1939, the subject, "Sterilization of the Mentally Deficient." These early plans of Dr. Engberg spurred Dr. Kuhlmann and me to decide jointly that Minnesota must present more papers—it had a program of which it could be proud. Therefore I also gave a paper at the 1939 meeting, detailing our program and emphasizing in which aspects it differed from other states.

During the late 30's there were I think two emphases in papers and thought of members of the A.A.M.D.—the need for research of all kinds and the need for regarding every retarded person as an individual human being like ourselves.

Another event of some significance, and some strain, took place in 1936 and 1937. I became president of the Twin City Chapter of the American Association of Social Workers. I had not been especially active in this organization, although I attended meetings when it was convenient and served on some committees, with their endless discussion of what constitutes social work and a social worker. Imagine my surprise in being asked to have my name presented for the presidency!

During the depression years there were extremely conservative social workers and extremely radical ones. Perhaps because the program for the feeble-minded had no money grants, it was somewhat remote from political theories about relief and the rights of the individual. At any rate, the nominating committee was having difficulty finding a person on whom everyone could agree—and my name seemed to provoke no violent opposition. I agreed to serve, was elected, and spent many turbulent hours. Some members of the more

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radical group apparently did not mind staying up all night, and when there was a meeting they would decide that discussion could go on indefinitely. Getting some actions taken, staving off others, and bringing a meeting to an end at least by midnight was always an accomplishment.

My real test came in October, 1937. During the year the question of who should be employed by the Board of Control and whose job should be terminated seemed to have become one controlled mainly by persons other than the board. In October two of the field representatives received notices from the Board of Control that their services were ended. They were both good, conscientious workers, and how they had offended the powers that be was not stated. The office staff was aghast but not too surprised. As president of the American Association of Social Workers I was "on the spot." Both the discharged employees were members, and at the first meeting after termination, Mr. Pierce Atwater, executive secretary of a private agency, asked that the chapter take action in behalf of its members. I shall never forget that meeting! I had been warned of what was to come, as had others. There was a large crowd and I had a feeling of being watched by opposing forces. I appointed a committee to see the Board of Control asking Mr. Atwater to serve on it. He refused, but Mr. Fred Thomas and two other leading social workers agreed to act. The next morning I told Mr. Carl Carlgren, the chairman of the board, that this committee would visit him, but did not discuss the matter. The committee acted and made its report, which was a mild one. Meanwhile both the social workers had gotten jobs in the West and left the state, and so the matter was allowed to drop. If they had stayed and pressed for a hearing, probably more of us would have been discharged!

THE YEAR 1938

Early in 1938 Dr. Engberg was discussing material for talks, and I sent him a list of twelve needed laws and provisions which I had formulated in December, 1937. The probate judges had been very active in the 1937 legislature in an effort to secure an additional institution. They had

failed, but one of them, who was interested in the over-all program, had asked for information about total needs. As an example of my thinking at that time, the list is given without any attempt to explain or enlarge upon it:

1. Further consideration of what is really meant by a feeble-minded person.
2. Complete census of the feeble-minded in the state.
3. Adequate institutional space for the idiots and imbeciles and morons needing training outside their own home.
4. An institution for all grades and types of feeble-minded in the northern part of the state unless study should indicate that smaller regional institutions would be advisable.
5. Study to ascertain whether certain groups of feeble-minded children—probably the docile imbecile—could be satisfactorily boarded in private homes and, if so, whether it would be more economical than institutional space for the same number.
6. A law to define and provide appropriate institutional space for the defective delinquent, male and female.
7. Study to ascertain the best methods of teaching the feeble-minded.
8. Special classes made available to rural as well as city children probably by means of transportation.
9. Further study of occupational abilities.
10. Providing of work for all feeble-minded—if unable to compete in industry, then by subsidized employment: farms, parks for conservation work, or factories to supply the needs of state wards.
11. Special workers in every county and co-operation between agencies and departments to see that the feeble-minded get training when children and are planned for before becoming social problems. This should mean consideration of sterilization before there are children who must be taken from parents or who are neglected.
12. Amendment to the marriage law so that the Board of Control may permit wards to marry if sterile.

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By 1938 there was a need for another committee composed of persons with varying interests in the feeble-minded. On March 16, 1938, a letter signed by Dr. John Rockwell, Dr. E. J. Engberg, and myself was sent to many persons whom it was thought would be interested. Dr. Albert J. Chesley of the State Board of Health was sympathetic to the formation of such a committee, although he did not sign the letter.

This committee was a "high-powered" one, as had been previous ones. In addition to the same groups represented on the earlier committees, there were representatives from the probate judges, the county attorneys, the American Legion, and a number of clubs. Some members came from distant points in the state. The committee decided to subdivide into four groups for study of special phases of feeble-mindedness and perhaps eventual action. The subcommittees were to cover identification, education, social problems, and methods of management. There were meetings and reports by the subcommittees of studies planned or started, all emphasizing public education and the need for more institutional space. The fact that this group took some responsibility for the education of both the public and the legislature showed a broadening of the base of interest.

In the early days of Dr. Rogers' superintendency, there were no groups such as this to influence the legislature other than the State Conference of Charities and Corrections, and in 1913 Judge Waite had found that the legislature was not responsive to social workers or welfare organizations. The first provision for the feeble-minded, in 1879, had come as the result of a presentation by the Board of Health and existing institutions. Later laws or appropriations apparently were authorized largely because of the superintendents' and other official reports and of personal observation by legislative committees—who were perhaps influenced by a desire to keep up with other states. Newspaper editorials that followed the introduction of a bill were sometimes significant also. Where personal contacts had been sufficient in earlier days, interest and help from groups such as this committee had now become necessary.

In October, 1938, Mr. Youngdahl and Mr. Hall issued a *Child Welfare Manual* to help welfare boards carry out their responsibilities towards children and the feeble-minded. This material had been under consideration for many years. Very soon after my arrival I felt the need for a method of avoiding writing long letters containing explanations of policies and procedures—the same explanations written over and over again. In fact, on November 5, 1928, I wrote Dr. Murdoch about the preparation of a manual, asking him what information he would like to have included. I suggested that it might be several months before it was out. Apparently instead of months it was ten years, and less than a fourth of the contents of the 1938 manual concerned the feeble-minded. It was now Dr. Engberg—not Dr. Murdoch—who supplied information on Faribault and its policies, the same applying to Cambridge, with the exception of different visiting hours.

The manual, besides outlining policies and procedures, gave the basic philosophy underlying the program. In many of its broad statements this philosophy was the same in 1959, although it differed in details of interpretation and implementation, especially as regards persons of lower intelligence. By 1959 there was far greater knowledge and understanding of the mentally retarded, greater community interest, and a change in the attitude of parents. Following are some quotations from the 1938 manual:

“Minnesota’s laws concerning feeble-mindedness are based on the assumption that feeble-mindedness is an innate mental deficiency, and that once existing always exists.”

“Society has a never-ending obligation to the person not mentally equipped to compete with normal individuals on a fair basis.”

There were general statements to explain the basis for the guardianship law and of what “society” owes to the different groups: to the higher grade, action which will secure protection from exploitation, a good environment, “and other contacts for their happiness and spiritual well-being.”

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"It owes to the low grade individual a sheltered life with physical care and kind treatment, and to his family relief from an intolerable burden in caring for him."

"It owes to itself protection from the delinquency which would come about without early training, and relief from further burdens in ensuing generations."

The epileptic was included as an additional burden.

The specifics of carrying out our obligations were set down with emphasis on circumstances under which individuals should *not* be institutionalized. The great difference in thinking and attitudes that had come about before 1959 in regard to the lower-grade children was in the fact that community planning for some of them had been found feasible. In 1938 there seemed nothing—and indeed there was nothing tangible—that the county or state could offer a parent except institutional care or possibly a boarding home plan, and boarding homes were hard to find. Even concrete suggestions for training were limited: parents should be told to use firmness in disciplining the child; and a sandbox and soft balls or other soft articles were the best playthings. Supervisory visits at only half-yearly or yearly intervals were suggested because it was felt the social worker had little knowledge to help parents and might only cause further frustration.

Another statement was that, on an individual basis, boarding homes would be approved for a severely retarded child that would not be appropriate for a normal child or a higher grade retarded one. This sounds like a mistaken policy, but in reality it was not. I remember a hyperactive child whose home was of a high level economically but whose mother was very emotional. The child was placed with a couple on the edge of town. The economic and educational level were both low. The house and yard were not too orderly and comforts were few. Speech was ungrammatical and language sometimes rough. But the boarding mother did not care whether the child stayed clean, and he could throw dirt to his heart's content. She hugged him and rocked him and loved him. After a time he was much less hyperactive. He was happy. The low standards of the

home had not harmed him.

Although I stated that there then seemed no way to help parents because there were no community facilities for the severely retarded, my constant hope was that we could have social workers in the counties with real understanding of what it meant to parents to tell their problems to someone with time to listen. But in the 1930's and even later, most parents were self-conscious about discussing their severely retarded children, and social workers did not know how to establish empathy even if they could take the time. My realization of what unhurried and sympathetic listening means has been intensified since I retired. A mother recalled her first visit to my office, which probably took place in 1938. She had brought her daughter Faith with her. The family had been impatient with Faith. "You talked to me like a mother," she said, and "you took Faith to the window, pointing out the cars as you talked to her. I'll never forget it. You gave me the first feeling of understanding I'd ever had."

In the early years, inability to talk with parents extended to many doctors. I well remember a visit from parents who lived in the southern part of the state. They had their Mongolian child with them and said they had been sent to me by a Minneapolis psychiatrist, but did not seem to know why. I reach him by phone to ask why they had come. His answer was that he did not wish to tell them their child was Mongolian and he knew I could do it! This lack of interest in taking time for explanations seemed to me typical of many experiences related by parents.

There were child guidance clinics in Minneapolis and St. Paul, but they were not interested in the retarded—even the higher grade. On October 1, 1938, however, an experimental clinic for children was established at University Hospitals with private funds. The director was Dr. Eric Kent Clark, and Dr. Reynold Jensen was assistant director. Both showed an early interest in the retarded and Dr. Jensen was soon in the very forefront of those working for better diagnosis and understanding. For many years diagnosis had been based largely on psychological tests alone. Now there

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would more often be a broader base of study and the psychiatrist would then make the interpretation.

This trend toward careful diagnosis was really for Minnesota a revival of the earlier interest shown by Dr. Rogers, as was indicated after his death in a tribute to him expressed by Dr. Walter E. Fernald for the American Association on Mental Deficiency. Among other words of love and admiration he said: "The committee felt that the fact that the problem of the feeble-minded has been studied more carefully and more thoroughly, and the principles of care and diagnosis have been worked out more in this country than any other, is largely due to the services of Dr. Rogers, in correlating and in balancing up and bringing together the different interests."

END OF AN ERA

Harold Stassen was elected governor in 1938, and in his address to the legislature in January, 1939, he recommended the establishment of a civil service board and of a department of social security with three divisions—social welfare, public institutions, and employment and security. Both recommendations were accepted and the laws passed, but the civil service law was not to go into effect immediately.

The law creating the Social Security Board was signed April 22, to go into effect as soon as new officers had been appointed and a transfer of powers effected. Apparently Governor Stassen did not complete the appointments until June 6, as it was on that date that the Board of Control went out of existence. A new regime, with new as well as old problems, came into being.

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Prewar and War Years

THE depression years, with their special problems, were coming to an end and war did not seem close when the new social security board and its divisions were activated on June 6, 1939.

NEW LAWS IN OPERATION

All state institutions were placed under the direction of the Division of Public Institutions, but responsibility for the feeble-minded, the epileptic, and the insane who were not in institutions rested with the Division of Social Welfare, under which all county-administered laws were placed. The enthusiasm of persons interested in improved programs had free range with this new administrative leadership. The Director of the Division of Social Welfare, Mr. Walter Finke, was a young Minneapolis attorney who had shown active interest in social problems over a number of years. He was now ready for new ideas and for action.

Separating the community program for the feeble-minded from the institutions caused a split personality for me! Although the Bureau for Feeble-minded and Epileptic remained in the Division of Social Welfare, strong ties had to be maintained with the institutions. To secure smooth functioning, the directors of the two divisions collaborated on a bulletin to welfare boards, probate judges, and county attorneys,

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stating policies which provided for the same relationship that had existed previously. This was sent out on July 20, 1939; it discussed the new setup for the Bureau for the Feeble-minded and Epileptic, now separated from Child Welfare. I was listed as head, with control of all the wards—that is, persons under guardianship. Mrs. Helen Lindahl was in charge of supervision and Mrs. Norma Kammann was secretary. Before the end of the first year, however, many organization changes took place. Several “units” were set up—child welfare, administrative services, etc. Within these were “bureaus” and then “sections.” The Bureau for the Feeble-minded now became a section within the Mental Hygiene Bureau, which in turn was a part of the Medical Services Unit, headed by Dr. Herman E. Hilleboe. The Bureau for Psychological Services became the Section for Mental Examinations.

Mr. Hall remained at the head of Child Welfare for only a very brief period, but during that time, although he was not my director, I could discuss problems with him. He was not physically robust and was nearing the age of retirement. I remember the tension felt by those of us who had worked for years with him when we realized that he would be replaced; change was the order of the day for this young and vigorous leadership. In February, 1940, the agency publication, *Social Welfare Review*, carried an article stating that Mr. Hall had recently resigned from active leadership but had “consented to give part of his time to the Bureau as a consultant in child welfare problems. His valuable contributions to the work will therefore continue to be available to the agency.” This arrangement was a relatively brief one. The *Review* for July, 1941, gave the news of his final retirement. The article said that the foundations of a child welfare program had been well laid and the future structure well planned. Then this sentence is of especial significance: “How he could keep a steady goal and see light through many dark years, against the opposition of indifference, is a question that has been raised time and again by Mr. Hall’s colleagues and friends.” It referred to the child welfare program, but the vision he held was for

the feeble-minded also.

The Civil Service Law, which was also passed in 1939, provided for an appointive administrative board. Detailed procedures were outlined, with ratings and rules for employees. The law was not to take effect until August 1, and until that date employees could be "fired" and new ones appointed without reference to civil service requirements. The new employees would later have to take qualifying examinations only—not competitive ones. Thus, payment of political debts was still possible. There was, indeed, a specific provision in the law that prior to August 1 persons could be dismissed or transferred "at the will and pleasure of the authority employing them." In many instances this was the will and pleasure of the political authority of the state, just as it had been in the last years of the previous administration. In a diary kept by my sister is an entry for July 17, 1939: "Mildred came from office very tired, depressed over situation; so many have lost jobs." Most of those who were dismissed had been employed within the previous ten years—the period of the Farmer-Labor administration—but there was an atmosphere of uneasiness which could not but affect me as well as others.

AN ADVISORY BOARD

Advisory boards soon became the order of the day. I immediately requested that one be formed for the Bureau for the Feeble-minded and Epileptic—hoping that by means of it more emphasis would be put on a program for these groups. I suggested as members persons whose previous interest indicated that they could and would give understanding and direction to the program. Mr. Finke, in sending out letters of invitation to them, spoke of the broad problems and general importance of the program for the feeble-minded and the epileptic, and requested the committee to discuss controversial subjects, advise him on broad policies, and recommend legislation. The chairman of the board was Dr. Gordon Kamman, a St. Paul psychiatrist. Dr. Hilleboe, Dr. Kuhlmann, Dr. Engberg, and Dr. McBroom were ex officio members. As I was the primary person to be

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advised, my duty was to present matters for discussion. The organization meeting, which was held in the state office on the night of September 11, 1939, received good newspaper publicity. Several members of this board were also members of the over-all committee organized in 1938 and there was early discussion on the advisability of now disbanding it. The consensus of opinion was that both committee and board were needed, as their scope and function were very different: The Advisory Board was semi-official, a policy-making or policy-recommending body; while the main functions of the committee were to be working for public education and securing legislation in any area needed for the benefit of the feeble-minded. Both groups continued to function, supplementing each other.

A significant matter taken up by the Advisory Board related to the drivers' license law. This had been amended in 1939 to provide specifically that no person who had been committed as feeble-minded, epileptic, or insane should have a license unless he was restored to capacity. When I learned this I was greatly disturbed and discussed it with Dr. Kuhlmann, Dr. Rockwell, and Dr. Engberg. There was general agreement that many who needed guardianship for their own protection could drive far better than many who had physical handicaps or emotional disabilities; moreover, many feeble-minded had not been put under guardianship and thus there was discrimination against our wards. The Advisory Board talked the matter over and agreed that the law was too drastic. I had had a discussion with a staff member of the Drivers' License Bureau; he had indicated his desire for help. With the aid of some members of the board, arrangements were made for the two of us to meet with the safety committee of the Minnesota Medical Association. The result was that in 1941 the law was amended to give the Drivers' License Bureau authority to determine whether a person was competent to drive. To aid in making these decisions, the license bureau furnished cards to be filled out by the Bureau for the Feeble-minded and Epileptic with pertinent information on all wards of an age and ability to apply for licenses. These were filed, and a ward who

applied for a license was given a test to determine his ability to drive—before this became necessary for every applicant. The doctors agreed to help decide on an individual basis when—if ever—an epileptic person should have a license.

In the early days of the Advisory Board, it also discussed and approved a plan to invite members and staff of welfare boards to hold conferences at the institutions. Several county boards, with the field representative from the state office, would be invited to join my assistant and me at Cambridge and the next month another group would meet at Faribault. This, it was felt, would bring the institutions and the counties into closer relationship and create more interest in the program. The plan was discussed with and approved by the Division of Public Institutions and the superintendents concerned. The first meeting at Cambridge was in January, 1940, and it was followed by one at Faribault in February. There is no doubt that these gatherings brought about mutual understanding and greater interest.

The Advisory Board held other discussions of problems and topics of interest. One revived the ever-present question of providing adequately for the defective who is also delinquent. The warden at St. Cloud Reformatory suggested placing the males in his institution under a special dormitory plan, but the committee decided that this would require special legislation, and obtaining that did not appear feasible.

The request of the St. Paul Department of Education that the Division of Social Welfare take over the administration and financing of Beta classes was brought up; the decision—with which the Division of Public Institutions concurred—was that such classes were an educational, not a welfare problem.

Another important policy question was whether the annual institutional charge of \$40 a year should be paid from funds held for a ward in the state treasury. Some counties contended that this should be done if there was as much as \$40 from the ward's earnings or from other sources. My contention was that other programs allowed some funds to be held by a person even when receiving aid, and the same should hold true in this case. The board agreed, but thought

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such a policy would require legal action, and recommended referring the question to the Attorney General.

A by-product of this board's work was the action of a member, Mrs. Everett Fraser, whose husband was dean of the law school at the university. She was so impressed with the need for more institutional facilities and for an enlarged program that she suggested that the League of Women Voters, with which she was associated, back legislation that would accomplish these improvements. The organization answered that this was out of its field, but if Mrs. Fraser would prepare a fact sheet about these needs, the League would send it out to its membership. I helped her prepare a series of pertinent questions and answers, which was ready to be mailed in May, 1940. Even at that late date we included the "menace" aspect as a way of getting interest. I believe that a series of these fact sheets were made up, but do not find copies of others.

RENVILLE COUNTY CENSUS

Dr. Kuhlmann, hoping to have the census law implemented, very soon brought the matter to Mr. Finke's attention. I was one of a number of persons from the Division of Social Welfare and the Department of Education called together by Mr. Finke in early December for a conference on what could be done. Although there was no appropriation for carrying out the law, and most of the legal provisions would not be invoked, the one requiring schools to make pupils available for testing could be used as a basis for testing all children in a county. If this procedure was kept up year after year, eventually there would be records for a large proportion of the feebleminded.

Those attending this December meeting agreed that the Advisory Board should make certain decisions which would apply to any census to be taken in the future. These were: (1) Definition of feebleminded for census; (2) Specific objectives to be accomplished; (3) Methods of procedure to reach objectives, and (4) Legislative objectives in relation to census. The decisions of the Advisory Board were: (1) For the purposes of the study all children not expected

to rank above 70 I.Q. (M.A. 11 years) at age sixteen, and all persons sixteen years of age or above who test below 70 (M.A. 11 years) should be termed feebleminded; (2) The objectives should be to determine the potential feebleminded in a county, to outline a program of special education and of vocational guidance, and to help the county form a social plan; (3) The objectives would be accomplished by county surveys on a spot check basis; and (4) The results would be used as a basis for asking for legislative appropriations.

A technical committee was appointed to carry out the surveys. It consisted of Dr. Kuhlmann, psychologist; Dr. Eric Kent Clark, psychiatrist; Dr. Donald Dabelstein, educator; Mildred Thomson, social worker; and, from child welfare, William Schmidt—replaced in July, 1940, by Russell Drake, a unit administrator.

Robert Henton, probate judge of Renville County, was a member both of the Advisory Board and of the larger committee, whose interests were public education and legislation. He favored a survey of his county and had obtained the backing of school superintendents. In his county the county school superintendent and the county nurse actively participated in planning for the feebleminded and so would welcome such a survey. The schools could aid in financing the project and the Bureau of Psychological Services would carry that portion of the cost which could be considered a part of their routine expenses.

Early in January, 1940, several members of the technical committee met in Renville County with a local committee composed of members of the child welfare board, its executive secretary, and its child welfare worker; the county superintendent of schools; superintendents of both the high and graded schools; and the probate judge. Procedures for the actual testing program of both public and parochial school children—and of some not in school who were known to the welfare board—were agreed on. Unfortunately, Dr. Kuhlmann was ill and could not attend, but he was to arrange that the survey be made in the immediate future.

This committee recommended that a county unit child

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guidance conference plan be formulated as a means of organizing a permanent group to plan for the retarded—a term just beginning to be used in place of “feebleminded.” The steering committee would be composed of the county school superintendent, the child welfare worker, and the county nurse. The county school superintendent would be chairman. The executive secretary of the welfare board, other school personnel, and perhaps other persons with some responsibility for the program would attend at least some of the meetings. State personnel from the fields of education, psychology, mental retardation and field services, would attend four meetings during the year. The basic idea of the plan was incorporated in the following sentence: “Such a plan is essentially gathering together a group of school people and community workers for the systematic and thoughtful study of the problems and needs of the mentally retarded children and the development of an integrated approach to meeting these needs. It requires the active cooperation on the part of all in the schools and community who are concerned with the mentally retarded pupil and his problem.” This provided an enthusiastic send-off and the survey was made.

The first action resulting from it was an effort to aid a consolidated school system to organize a special class which would serve a rural area. Unfortunately, there were technical reasons preventing state aid for the class and this plan fell through. Dr. Dabelstein, as one means of follow-up, planned a home teaching or parent instruction program for the lower-grade child, based on some material I had secured from Massachusetts. There was real enthusiasm in Renville County. The field representative for the division reported that interest had been stimulated and the county was giving consideration to the need for special attention to retarded and other problem children. He thought something would be done.

About this time Miss Ruth Colby, a social worker from the Federal Children’s Bureau, visited the state to discuss the possibility of making studies in several states of various phases of a program for the feebleminded. A suggestion for

carrying this out in Minnesota was that the Children's Bureau make a full social study based on the results of the Renville County survey. Unfortunately, the Children's Bureau did not have funds for so comprehensive a job.

Unfortunately, also, local interest in Renville County did not remain at its early high level, probably because of three changes in the state organization: Dr. Kuhlmann was ill—he died of a brain tumor in April, 1941; a drastic difference of opinion developed between Governor Stassen and Commissioner Rockwell of the Department of Education, and this resulted, toward the end of 1940, in the ousting of the commissioner and temporary termination of all department participation in plans for the retarded; the Section for the Feebleminded and Epileptic and the Section for Mental Examinations were transferred to the Division of Public Institutions on July 1, 1941.

Before these changes took place, however, two other counties, Cook and Wright, had arranged for surveys, with the same general plan for using the results.

PROGRAMS CRITICIZED

During the late 1930's many people had become convinced that those with mental problems were not being given sufficient consideration and that if complacency continued to prevail, conditions would grow worse rather than better. I believe that this pressure for change was part of a movement which brought about the abolishment of the Board of Control. One cannot but wonder whether an attitude seemingly shown by the Board of Control in 1917 may not have been one basis for these later conditions and the public apathy. At that time Dr. Rogers, a dynamic and imaginative superintendent, was replaced by a person whose first interest would be economy—not the program. May this action not have been an expression of the values then held by the public, and thus also by the Board of Control? If these values carried over into other institutional programs the emphasis on economy would necessarily have increased as the depression began. If other institutions functioned on the same basis as obviously Faribault did in

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spite of Mrs. La Du's efforts for improvement of programs, this situation could explain the attitude of hopelessness which developed into complacency. This tendency toward economy in spite of need did not seem to diminish as the depression lessened, although federal assistance of many types was now permanently available. In 1939 various departments of the state government received instructions about the necessity for economy, and, in some instances, legislative appropriations were cut. Correspondence in the Cambridge files shows that personnel had to be reduced and that the small salaries allowed for physicians made it almost impossible for Dr. McBroom to find an assistant. For many months he served as superintendent of the institution and as physician for over 1,100 patients, most of them epileptic!

Formation of the Mental Hygiene Society in May, 1939, was a public expression of a revolt against the current apathy about unsatisfactory conditions. The initiative for this had come from persons outside the state setup, but I was one of several state employees who took part in forming this society. For about five years I was a board member, but I found that the society's primary interest was in the mentally ill—not the feebleminded. The movement was not limited to Minnesota but was a part of nation-wide dissatisfaction with the care of the mentally ill. As in Minnesota, the mentally retarded were sometimes included in this term, but somewhat as an afterthought.

In the same year the United States Public Health Service surveyed the Minnesota mental health program, as it was doing in forty other states. The report went to Governor Stassen in 1940; minutes of the Mental Hygiene Society show that it contained a recommendation for a state-wide mental health program. It has been impossible to find a copy of this report. The federal government printed a summary for the forty states and recommended that each state provide copies of its own report. Apparently this was not done, as the Mental Hygiene Society obtained its copy from the governor only with difficulty. It was not until 1941 that the governor took steps to implement the report.

In 1939 the United States Public Welfare Association was also asked to make a study of Minnesota's welfare program, with special emphasis on the area of mental health. The latter was conducted by Dr. Milton R. Kirkpatrick, director of community clinics of the National Committee for Mental Hygiene, and the report came out in January, 1941. It gave me a shock! It was more than critical—it was devastating—in its estimate of the program for the mentally deficient and epileptic. The report recommended that the state be divided into districts, each with a mental hospital as the center for the work of the Division of Mental Health, which would include that with the mentally deficient as well as the mentally ill. The two groups were to be lumped into one for supervision, and the superintendent of each institution would not only fully control his admissions but he would make placements without referral to the welfare boards. Dr. Kirkpatrick disapproved of a guardianship law, indicating that its administration was responsible for the large waiting list. The solution to the waiting list situation would be a selective guardianship, to apply only to those for whom the community had no adequate facility. He stated that supervision in Minnesota existed mainly on paper. He disapproved of surveys made to determine the amount of feeble-mindedness in a community, since already more feeble-minded persons were known than were being cared for.

Among many critical statements in the report there were two of a somewhat basic nature: "Certain people in Minnesota have been very proud of the attempts that they have made to cope satisfactorily with the problem of the feeble-minded," and "There are many opportunities for improvement in the program of guardianship of the feeble-minded and epileptic." The former sounded a bit sarcastic, in view of the tone of the report, but with the latter I agreed most heartily. However, I was not prepared to concur with all the recommendations, which were:

1. To discharge all getting on well for one(or two) years.
2. To retain on the waiting list only those urgently in need of care.

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3. Acceptance and discharge of patients to be entirely the responsibility of the superintendent, although temporary leave could be granted with the approval of the head of the Bureau of Mental Hygiene (a physician or psychiatrist).
4. The superintendent to examine each case for admission and reject at his discretion.
5. Discharge to be determined by the superintendent when he felt adjustment could be made.
6. The social worker in the institution and the county social worker to supervise jointly.
7. Institutions to take patients on a temporary basis.

The setup for this combined program of the mentally deficient with the mentally ill would be a division of mental health with two bureaus—one for clinical services and one for psychological services.

When I read the report, my reaction was that Dr. Kirkpatrick was trying to re-create the feeble-minded in the image of the mentally ill even more than others had done, and that he was assuming that if you refused to recognize a problem, it did not exist. Apparently he had little respect for county welfare boards and no conception of what we were trying to do, or, indeed, what we were actually accomplishing, even though the latter was only a tiny fraction of what needed doing.

I wrote a memorandum for Mr. Finke, voicing these feelings and sending him the *Journal* of the American Association on Mental Deficiency, which included a paper I had given the previous spring, "Supervision of the Feeble-minded by County Welfare Boards." In this I had outlined our program, given examples, and indicated the advantages of having all family problems handled by one local agency, instead of having someone from outside supervise the retarded individual. The discussion of the paper was also printed in the *Journal*. It had been given by Miss Florentine Hackbush, a social worker in charge of community programs for the Pennsylvania Department of Mental Hygiene. She gave Elizabeth McCord De Schweinitz's definition of case work: "Those processes involved in giving service, financial

assistance or personal counsel to individuals by representatives of social agencies according to policies established, and with consideration of individual need." She then stated that the presentation of Minnesota's program showed it to be an ideal program of case work. Miss Hackbush felt, however, that while this system might work in states just initiating state programs, the established procedures of older states remained best for them. After reading the paper Mr. Finke wrote that basically he agreed with me and liked the use of local community resources. He said that Dr. Kirkpatrick's report would be brought up at a staff meeting. Perhaps because of that discussion, in May, 1941, my paper was mimeographed and sent to the counties with a covering letter that spoke of national recognition of Minnesota's plan and attributed its success to the welfare boards.

The state had paid my way to the meeting where I had given this paper and so had required a written report. I therefore had had to consider trends and to compare our program with others. This was in 1940, before the reports of the two state surveys had been received. The first item I mentioned was that there was no concept common to all disciplines of what constituted a feeble-minded or mentally defective person and that committees of the association were to work on this problem. More special classes were needed. I also pointed out that though in many states the institution was the only agency planning for the feeble-minded, even those states agreed that consideration of social aspects was most important. All institutions had long waiting lists, found the delinquent defective a problem, and were urging that there be more outside placements, some on a family-care basis—that is, boarding care financed and directed by the institution. I then added:

"Minnesota is, I feel, ahead of the country as a whole in its acceptance of the problem of the feeble-minded as a part of its social program, thus co-ordinating it on a county level with other social planning. The relationship between the institution and those planning outside care is different from that in most states, but not inferior. We are aware of the same problems in: need for institutional care, provision

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for delinquent, cooperation with schools.

"Compared with the best in other states, I feel we need additional trained state workers to help the counties make plans for the feebleminded. Also, we need to make some plans for aiding the counties give assistance to the homes forced to care for low-grade children. Mrs. Nugent of Boston has agreed to send me a copy of her home teaching plans, with the idea it may be possible to experiment with a similar plan in one or more counties in Minnesota."

As it happened, sending county boards the paper on Minnesota's program was one of the last acts for the Section for the Feebleminded carried out by the Division of Social Welfare. By executive order, a Mental Health Unit was organized on July 1, 1941, in the Division of Public Institutions. Its purpose was setting up clinics and co-ordinating the work of the institutions and of the Sections for the Feebleminded and Epileptic and for Psychological Services, both of which were now transferred from the Division of Social Welfare.

THE DIVISION OF PUBLIC INSTITUTIONS

There was quite a contrast between the Division of Public Institutions and the Division of Social Welfare. The former operated in an atmosphere of isolation, compared with the broad social programs of the Division of Social Welfare. Once again there were new people with whom to get acquainted. The director was Mr. Carl H. Swanson, a businessman. He was a man of few words, but a good listener, one who smiled not too often, but showed a warmth of feeling when his interest was aroused. He expected economy and efficiency and so required full justification for new requests.

Mr. Swanson was occupied with an investigation of the state school at Faribault by a legislative investigative committee composed of senate and house members. The committee did not meet until after the end of the 1941 session and apparently the investigation was largely concerned with food. Most of the accusations made came from discharged employees, but this situation may have been an added

manifestation of the general feeling of the need for improving institutional procedures. The committee found no basis for adverse findings and the director of public institutions stood firmly back of the superintendent and his staff. Any such investigation, with the attendant newspaper publicity, is disturbing to parents, and thus the Bureau for Mentally Deficient and Epileptic, besides concern for Dr. Engberg and his staff, had the trying and unhappy experience of explaining this action to parents and welfare boards.

On September 1, 1941, Dr. McBroom came from the Colony for Epileptics at Cambridge to head the Mental Health Unit for a year and Dr. Royal Gray became acting superintendent at Cambridge. This arrangement was for only one year and in September, 1942, they again exchanged jobs. Although Dr. McBroom had served in institutions for the mentally deficient and epileptic, his program, as outlined to the Mental Hygiene Society, really was planned for the mentally ill, an emphasis which continued after he left. Perhaps one reason for this emphasis was that the early plan of supervision of the mentally deficient by county child welfare boards had made for a far more advanced program of community placement and supervision for this group than for the mentally ill.

Doctor McBroom showed his interest in the feeble-minded, however, by deciding to go to the North Central regional meeting of the American Association on Mental Deficiency at Glenwood, Iowa, in November, 1941. The region was composed of the states of North and South Dakota, Nebraska, Iowa, and Minnesota. I had helped to organize it the previous spring, when a meeting was held on the university campus in a medical school classroom. Arrangements for this had been made by Dr. McKinley, and Dr. Minnich was on the program. All five states had participated by presenting and discussing their programs and policies. Dr. Kuhlmann was to have had the place of honor but died a few days previously. In spite of the sadness caused by his loss the meeting had been a good one. This November meeting was the second in one year; it was held

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to establish a fall schedule. The trip to Glenwood is one of my most vivid memories. The world situation was tense, and I had decided to relearn knitting—for the soldiers of other countries, if not our own. We started early in the morning. Dr. Engberg and Dr. Stuart Cook, who had replaced Dr. Kuhlmann, were on the back seat of the car, and I, with my knitting, was on the front seat with Dr. McBroom. The roads were covered with ice and sleet most of the way, and we sailed over them at about 90 miles an hour. It was a wild ride! The men in the back held onto the straps and I think gritted their teeth, while I knit furiously, raveled, and reknit. All went well, however!

In November, too, Dr. McBroom stated his intention to reactivate the Advisory Board with the same membership it had had in the Division of Social Welfare. The first meeting was delayed, however, until March, 1942. The board was not the vital force it had been, and the records—or lack of them—and my memory indicate that it soon disintegrated, probably because of war conditions.

Before my transfer from the Division of Social Welfare I had been working on a revised manual designed just for the mentally deficient and epileptic program. It was to include what psychological services were available, since mental tests were an important part of much of the planning for these groups. The manual was not complete when my transfer was made, but it was issued to the counties about March, 1942, when there was still confusion because guardianship commitments were legally made to the Director of Social Welfare.

A paper written by the assistant social worker, Stella Hanson, had greatly impressed Dr. McBroom and was included in the manual as the section on supervision. From a study of 200 adult cases she had deduced that social workers tended to show a definite attitude in their supervision of wards—friendly, routine, disciplinary, defeatist, or overly sympathetic. She tried to show that even with a good attitude case work had to be competent to be successful.

The manual also emphasized that supervision of those on the waiting list must be based on the same principles as

those determining plans for wards placed in the community—a decided change from the earlier position that a visit every six months or once a year was sufficient. This manual was soon out of date; another was ready in 1943, after the legislature had placed the functions of the Bureau for Feeble-minded in the Division of Public Institutions. Before being printed it was reviewed by a committee whose membership included superintendents and staff of institutions and some staff members of welfare boards.

The Division of Public Institutions functioned more as the Board of Control had functioned than did the Division of Social Welfare. It continued to issue a biennial report, with each institution or bureau writing its own section to be incorporated in it. The Division of Social Welfare had printed an annual report that included only a paragraph or two of rather general statements or simple statistics about the feeble-minded and epileptic as part of the division's responsibility. A disadvantage of this system, however, was that I was not required to summarize accomplishments, analyze statistics, and list needs, and so this had not been done. As an evidence that previous reports had been valuable, a letter had come from Miss Colby of the Federal Children's Bureau asking for such information following publication of the report for the year ending June 30, 1940. It was a satisfaction to me when she wrote: "As you know, we have long been interested in community service for the feeble-minded similar to that made available in Minnesota."

Following transfer of the unit for psychological services and the unit for the feeble-minded and epileptic to the Division of Public Institutions, they again became bureaus, and for the first time in Minnesota my name, with my title, was signed to the Bureau's report for July, 1941, through June 30, 1942. The content of this is clear evidence of my thinking at the midway point of my service in Minnesota. Nine of the ten functions listed for the bureau referred to the need for co-operation in determining the advisability of commitment to guardianship or the procedures in supervision and planning for wards, with emphasis on the latter. The tenth, however, was more general; it showed a trend toward a

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greater breadth of view and acceptance of broader responsibility by the bureau: "Furnishing leadership or cooperation in improved understanding and social treatment of the mentally deficient and epileptic."

Statistics were given and analyzed, especially those connected with the waiting list. Here emphasis was put on those who, because of their need for physical care, created extreme problems in the home. There were some certified boarding homes, but not enough to relieve the parents who required help. I emphasized the importance of assistance to these parents, but still accepted an old concept and stated: "Nothing constructive can be done for a large part of this group." In the same report is the statement: "The constructive job with the feebleminded is planning for those counted for Outside Supervision"—that is, the group capable of at least partial self-support. This second assertion showed my changed attitude toward this higher group. Previously the social problems they might create had been emphasized; now the emphasis was that they could make their contributions to society.

The report contained suggestions for easing the problems created by the waiting list. As the war had made it impossible to use a 1941 appropriation for buildings, attention was called to various facilities already existent which might be surveyed for possible temporary use. One specific suggestion concerned utilizing space in a correctional institution for placement of defective persons with delinquent tendencies.

One recommendation related to community plans for making the waiting-list problems less critical. Because the Department of Education had not undertaken a home-training program such as had been considered by Dr. Dabelstein, I asked that a person competent to organize such a program for the severely retarded be employed. She would instruct county workers, who in turn would teach parents how to carry out a program of home training. This request was not accepted and Minnesota did not establish a home-training program. The Department of Institutions and Agencies of New Jersey, however, instituted one in September, 1943.

It had a long "waiting list," as did Minnesota, and the training program was intended to bring help to parents of these children. The plan was much like that of Massachusetts, except that educators, not social workers, carried it out. It was most successful and proved that many parents no longer wanted institutional placement for their children after receiving this help.

Recognizing that the war prevented the accomplishment of many things that were desirable, I also listed among my recommendations some for delayed action: an appropriation that would enable the institution to board a group of patients close enough to permit supervision by the staff; increase of the number of social workers within the bureau to four; an interim commission, with a trained staff, to review the functioning of the guardianship law by examining case records. No such study was made, but later, guardianship was interpreted as a reinforcement to parental responsibility, with authority to be held in reserve for use only where there was not parental responsibility.

With the various administrative changes and the stringency of the situation caused by war, meetings of social workers from the institutions and from both urban and near-by rural counties had been interrupted. By 1943 the need for such conferences, held regularly, became apparent, and they were reinstated under the name Committee on Policies and Procedures, with the superintendents also attending at times. Mrs. Hazel Daniels, a dynamic person who had qualities for leadership, was administrative assistant to Mr. Swanson. In this capacity she was giving strong support and assistance to the programs for the mentally deficient, and she became a member of this committee.

One of the first topics considered was that of planning an organization for parents of retarded children—not just those with children in an institution but also those with children at home. Several years earlier I had secured material about the accomplishments of a group of parents organized in the state of Washington in 1937. At that time Mrs. Florence Greiner, who was with the Hennepin County Welfare Board, had spoken to a father who was a man of initiative but he

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had not thought it feasible to start such a group in Minnesota. Now in 1943 this committee, composed largely of social workers, discussed this possibility and agreed with the Hennepin County father. Nothing was done.

The committee was enlarged by extending invitations for membership to educators and public-health nurses from both state and local levels. A rather detailed outline of the responsibility of each of the three disciplines in dealing with situations on a county level was worked out.

It was then decided that the committee should produce a booklet. Should it be designed for parents or for the general public? There was little in print for either group, although the need for information about the retarded in other than textbook form had been recognized at least as early as 1940, when Miss Katherine Ecob had written a pamphlet, *The Retarded Child in the Community*. It was printed by the New York Mental Hygiene Society and was geared to give pertinent information to social workers and to others who had to work with the retarded without having had special training.

The committee agreed that parents of the lower-grade child needed help most and that if a booklet was written, the three groups represented on the committee would be furnished copies to give parents. Two of the state psychologists, Dr. Louise Gates and Mrs. Helen Brasie, were designated as the writers, and each month the committee reviewed and discussed what had been written. *Teach Me* was the final result. The title was Dr. Engberg's suggestion, made after he saw a cover design done by an inmate of the reformatory—a child holding a book entitled *How to Live*. A realization that more must be done for the severely retarded child than provide institutional care was indicated by *Teach Me*, and so the publication of this booklet was a turning point in the emphasis of the program.

After a preface, dated September 1, 1945, was written by Mr. Swanson, *Teach Me* was printed at the reformatory and distributed by the Division of Public Institutions. With no thought of promoting sales, I sent copies to a number of friends in the American Association on Mental Deficiency

and immediately received requests for purchase. Suddenly it became apparent that this was the first book, or booklet, specifically designed to help parents train their children, and they were eager to get it. Several nonprofessional magazines reviewed it, and requests for it came from agencies and parents all over the world. The director of Public Institutions decided to sell it outside the state at cost, as a public service.

The only adverse criticism I knew of came from Minnesota. The Division of Social Welfare asked Dr. Florence Goodenough of the Institute of Child Welfare to review it for their monthly publication. When her review was received—the tenor of which was that the booklet was not good—I was called in for discussion. The basis of her criticism was her conviction that all severely retarded children should be in institutions, and that therefore parents should not be encouraged to keep them at home. The editor and I knew that whether they *should* be in an institution was an academic question here. They could not be! We all agreed that a review so opposed to state policy and so unrealistic should not be printed; it would serve only to confuse the welfare boards.

Several countries translated *Teach Me* or issued material similar to it. As late as May, 1949, the National Mental Health Foundation wrote: "It is virtually the only publication available which gives practical suggestions for the home care and training of these children."

In 1944, in preparation for the 1945 legislative session, the waiting list had again—as on several previous occasions—been checked with the counties. Emphasis was put on removing from the waiting list the names of children who, although they required physical care, were satisfactorily placed at home and whose parents wished to continue this arrangement. They would be listed as nonurgent custodial (N.U.C.) and were, of course, potential emergencies. Many names were thus removed. This procedure, together with the high population count of the institutions and the space which had been made available by the exchange of patients, made possible a decrease in waiting-list figures from 1,485 in 1942 to 1,085 on July 1, 1944.

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This reduction was achieved despite the fact that during this biennium a new recommendation by physicians had been evidenced in Minnesota and over the country—placement of infants in state institutions or private facilities. In Minnesota this trend originated with Dr. C. Anderson Aldrich of the Mayo Clinic, who was doing a study on parents and children. He advised immediate separation from the mother of an infant recognized at birth as mentally retarded—including the mongolian. Immediate request for guardianship, with temporary boarding-home placement, was the result. Social workers were somewhat aghast, but the medical profession was a bit sacrosanct. Sixty-seven such babies were placed under guardianship during the biennium 1942-44. Dr. Aldrich urged immediate permanent placement in order, he said, that the parents might forget this baby and prepare to have another child. This suggestion was not in line with the division's policy on emergency placements, and thus many boarding homes were needed for these newborn babies.

At about this time the unit of the Bureau of Child Welfare which licensed boarding homes determined that if a boarding mother cared for more than five children at a time, she of necessity must have facilities and use methods different from those needed for one or two children. Therefore, she would be licensed for a residential institution and must meet standards for group care. This established a precedent which later made logical the development of larger facilities established to meet the needs of the retarded who should be out of their own homes. Most of those placed were children whose names were on the "waiting list."

My one assistant had been replaced many times. From the early Board of Control days I had pressed for two, three, or four social workers, but up to this time I had had only one. Within a few years two were allowed me, but I did not get three until just before I left the state's employ, and then by legislative directive on the initiative of the Minnesota Association for Retarded Children, an organization that did not exist in 1945. My assistants had all been competent and good workers under pressure, but they were social

workers first and interested only secondarily in the mentally retarded. Thus, after a comparatively short period each had gone on to some other job. In the fall of 1944, however, Phyllis Mickelson, a worker in the feebleminded unit of the Ramsey County Welfare Board, came to fill the place. She was a "real find," an excellent social worker and really interested, besides, in developing a program for the mentally deficient. She was tall, with a flair for clothes that made her stand out in any group. She was also a truly intelligent person, with a smile, a laugh, and a consideration for others that inspired confidence. With such a person it seemed that we might be on the road to real accomplishments.

In 1945 one needed task was begun that did not end for several years. Between July 1, 1945, and July 1, 1948, Miss Mickelson and I pulled every case record in the office—many more than 5,000—and reviewed them. As I had expected, there were many wards who had not come to my attention since they had been placed under guardianship or had entered an institution. As a result of this review, plans were initiated to remove some persons from the institution, the counties were advised about service to some who had been neglected, and before the end of the three-year period the director had petitioned the courts for discharge from guardianship of 605 persons—some of whom had been "lost" for a long time—and perhaps were no longer in Minnesota. While the accomplishment of this survey did not mean that active supervision would or could be given every ward, it did mean that we knew more about them, and about what should be done.

Our efforts to do good case work and to do it co-operatively can be illustrated by one "case." Planning for Dan began in the summer of 1945. The procedures were never exactly duplicated in other instances, but they do demonstrate the basic principles underlying our philosophy. His case is one that I used frequently to emphasize the need for careful diagnosis, as well as to point out an example of co-operative efforts to do a good job—even though with him co-operation was needed to make up for previous errors. Dan had been placed under guardianship some years earlier.

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He had entered Faribault, where he was classified with the very low-grade but active children and so received no school training. Early in 1945, while he was at home on vacation, his mother told the social worker for the first time that he was deaf. The worker arranged for tests, which, taking account of this knowledge, indicated that he was not retarded. The School for the Deaf agreed to try him, although he was now near or in his early teens and could not respond to their usual teaching methods. The school closed for the summer vacation of 1946, but Dan needed continued tutoring. Here Mr. Swanson showed his concern for individuals. Instead of trying to get a difficult town board to pay for both boarding care and a tutor, he suggested and authorized that a way be found for the state to do both. This meant securing, without delay, a boarding home in which a deaf person, who could be employed as a tutor, was a resident. Dan advanced somewhat during the summer, and for several years at the School for the Deaf where the superintendent, Mr. Howard Quigley, took a personal interest in him. When he was ready to leave, Mrs. Petra Howard, a worker with the deaf, got him a job in the town of Faribault and for a time it seemed that he could be counted one of our successes. Soon, however, he became a mental problem and had to enter a state hospital, where little could be done for him. If he had not been mistakenly classified as feebleminded, would this have happened?

Two new residential facilities—at Owatonna and St. Cloud—were provided for the mentally deficient in 1945. Both were to give specialized services. The use of both institutions was to be on a two-year trial basis. This hesitancy in setting up new institutions was characteristic of the legislature. The School for the Deaf, in 1863, and that for the feebleminded, in 1879, had both begun as experiments. Now, as with those earlier schools, these two were made permanent—Owatonna in 1947, the one at St. Cloud not until 1955.

In 1886 the legislature had established at Owatonna a State Public School to accept children who were homeless or had been removed from home because of dependency or

neglect. Now ideas and laws had changed. Families were not broken up so easily, and children who were removed were placed in boarding homes. Thus Owatonna State Public School became the first institution that was no longer needed for its original purpose, and the legislature designated it for use for the mentally deficient. It became Owatonna State School.

In the late summer and early fall of 1945 there were 233 transfers from Faribault to Owatonna but none from Cambridge, as the latter were epileptic patients—few of school ability—and the law specified that Owatonna could accept only those who were capable of becoming self-supporting. The number of pupils at Owatonna was soon increased to 364 by the admission of some from the waiting list. The superintendent of the State Public School, Mr. Mendus Vevle, was made superintendent of the new institution, although many persons had hoped that someone who had had experience with the retarded would be chosen.

One of the children placed was a boy, Norman, for whom self-support was a hope, not a certainty. He tested in the lower moron range and had elephantiasis. His feet were grotesque and he had difficulty crossing the campus. Mr. Vevle very shortly requested his removal, but Mr. Swanson agreed with me that a real trial must first be made. In November an epidemic of diphtheria came to the school—not too serious but involving a four months' quarantine. By the end of that time Norman had won the hearts of everyone—staff and children. Many years later the Department of Vocational Rehabilitation co-operated in placing him in a boarding home and training him for a job it was felt he might hold.

The legislature provided additional space for the mentally deficient by authorizing the use of a dormitory at St. Cloud Reformatory, a plan suggested by the warden many years earlier. Fifty-two men were transferred to the Annex for Defective Delinquents, the name chosen for the St. Cloud facility, although this title was not used in the wording of the law. Fifteen were added from the waiting list. No restrictions were placed on the use of the St. Cloud Re-

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formatory, but naturally those admitted were men or boys presenting serious behavior problems, many of whom the county had thought should remain in an institution for life. However, Warden Whittier and Mr. Ralph Rosenberger, the educational director, instituted an intensive training program—even though there were no funds for staff—and insisted upon placement of some who responded to it. This meant considerable re-education of the county boards—and incidentally of those of us in the central office—but eventually, with co-operation from most counties, the program of the A.D.D. had phenomenal rehabilitative results. An early innovation helped us to know the program and the men. My two assistants and I would visit at stated periods. Joined by Mr. Rosenberger and several members of the staff, we would see the men considered for placement or presenting problems. The regular reformatory inmates had a parole board. Our men wanted one.

Replacements at Faribault for those transferred to these two institutions were chosen from the lists of the seriously retarded, a practice that created problems for Dr. Engberg and his staff. Although in July, 1945, construction was to begin on buildings for which funds had originally been appropriated in 1941, it was still difficult to get materials, and 1947 was the date set for opening. There was now at least some hope of relief, however, both from serious overcrowding and from a long waiting list that contained many emergency cases.

EFFECTS OF THE WAR

The war period brought terrific problems to the institutions and to all social agencies—probably much greater than those of the first World War. Staff members, including my assistant, entered war service and could not be replaced; travel was restricted; and supplies were difficult to secure. The institutions also had problems with rationing, because persons entering, who were supposed to bring ration cards, frequently did not. To increase the emergencies of the waiting list, there were such instances as the family which, because it included a severely retarded child, faced an

almost impossible situation when the father was drafted. Adjustments of all kinds had to be made and the counties were asked to take from the institutions persons who could be placed in boarding homes or county homes—the latter a placement not usually recommended—so that more pressing problems could be cared for. Because of the necessity for restricting travel, I suggested to the superintendents that we try permitting some of the more stable adults to go and return from vacations alone, but this did not appear feasible to them.

Another effect of the war was the reduction in the number of sterilization operations because of the lack of surgical nurses. For the biennial period 1940-42, which included only the first six months of United States participation in the war, 155 women and sixty-three men were operated on. This number dropped sharply during the next biennium, the figures being fifty-nine and fifty-four respectively. The operation for males did not demand as much nursing care as that for females required, and therefore the difference in numbers of men was not so great.

There was a bright side also to the war picture. Many higher-grade wards were proving successful in jobs—many in war industries—requiring abilities that, it had been feared, they did not possess. Indeed, at the meeting of the American Association on Mental Deficiency in 1945, Frances Coakley, supervisor of the feebleminded in Ramsey County, gave a paper entitled "Study of Feebleminded Wards Employed in War Industries." She showed conclusively that many of our wards were more competent than we had thought them to be.

A number of men who were wards of the state, committed as feebleminded, not only were accepted for the army but were successful in service—the degree of success not always being related to the person's I.Q. but to some extent perhaps to the niche found for him. The Divisions of Social Welfare and of Public Institutions checked draft lists for persons who were probably unsuited to war service. My function was to indicate which were wards who had been committed as feebleminded or epileptic. We did not ask that they be

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rejected and sometimes they were accepted in spite of the information that was furnished. Others entered as volunteers. A number who had higher I.Q.'s but were unstable later received dishonorable discharges or were dismissed as not suitable for the army. But I remember especially one man whose I.Q., secured on several tests, was below 50. Apparently he was a good shot, and he got into a company that received special honors for sharpshooting. One could never forget his erect carriage when he came to the office, still in uniform, or the pride with which he pointed out his special insignia—which, I believe, was a circle of gold braid hanging from his shoulder.

Another ward who had a fine physique but an I.Q. below 60 made a wonderful appearance in his uniform. He was quiet and pleasant and had a nice smile. He married a woman he met in service. She was a very talkative person with more than a high school education. Even though she was told frankly of his background—that he had been sterilized and that most of his family was of the same intelligence level—she was still anxious to marry him.

This was indeed a hectic time, but those of us left to do the job knew we were not making the same sacrifices as those in service, and thus our difficulties did not produce a sense of frustration. With the end of the war another distinct period was ended—one with a record of some accomplishments in spite of the war, or perhaps because the war made them necessary by the very real stringencies of staff, finances, and facilities.

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Years of Parent Organization

THE conclusion of the war lessened or ended many problems, but to many institutions over the United States it also dealt a real blow to their programs. Many conscientious objectors had been assigned to work in state institutions for the mentally retarded or mentally ill, frequently as aides, even though they might have college or advanced degrees. They had seen the results of overcrowding and of lack of staff and facilities, and had returned home to express their consternation. It has been my impression—one I cannot verify—that it was the pressure of this group which caused the National Mental Health Foundation, about 1947, to produce a small booklet, *Forgotten Children*, containing basic information on mental retardation. Certainly some who had worked in institutions were associated with other groups who were trying to arouse public interest in providing improved programs for the mentally ill. This movement had started before the war and had been halted by it; it now appeared with redoubled energy and with participation or leadership by this dedicated group. In some states these efforts were really campaigns against existing authorities. Several years later a psychiatrist in a state whose mental health program had been thrown into chaos by such attacks led by a conscientious objector, told me that this type of crusade, which might destroy reputations in its fight, was

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probably the pacifist's substitution of a bloodless battle for physical combat. Minnesota was to feel such pressures before too long.

A NEW ERA BEGINS

The year 1946 showed no great advances until December, when an event occurred, later shown to be part of a national movement, which brought into being a totally new program for the retarded. Aside from this, everyone was taking stock and making adjustments to a postwar period.

In the spring of 1946 Miss Phyllis Mickelson gave a paper at the annual meeting of the American Association on Mental Deficiency under the title "The Feebleminded Parent." I spoke about Minnesota's program—this time on guidance, placement and follow-up. I referred only to the brighter group and emphasized the change which had occurred in the thinking of interested persons: "Emphasis is now put on the individual and his adjustment to the community rather than considering him primarily as a potential menace or financial burden from whom the community must be protected, as was true in the past." War experiences had brought a better understanding of the potentialities of the higher-grade ward; fuller participation in job training and placement on the part of the Division of Vocational Rehabilitation seemed imperative. In December, 1946, a meeting was arranged with its director, Mr. Ben Brainerd, and some of his staff to try to work out a four-way co-operative plan for placement, adding a representative from Vocational Rehabilitation to those from the institution, the county welfare board, and the central office. The counselors were helpful in many cases, but in these first years they did not always understand the need of some of the retarded for a protective environment, and their suggestions had to be vetoed. At this time, and indeed during my whole tenure, full co-operation in planning for those with serious visual defects was given by the Department for the Blind, which was within the welfare setup and had funds to be used when needed, not only for training but also for board.

At this time Dr. Alice Leahy of the university's school of

social work included in one of her courses two or more class periods in which I gave the students some information for a background on mental deficiency and on Minnesota's program. This plan lasted for only a few years. Since then efforts to make possible some understanding of the mentally deficient by social work students—possibly by adding to the curriculum one or more elective courses on the subject—have met with a negative response. It was reasoned that giving such a course would mean adding others limited to the blind, the crippled, the dependent child, or the unmarried mother, and for this reason courses had to be based on generic principles so that they would apply to all. I disagree. Dependency, neglect, and the state of being an unmarried mother who needs service are not permanent conditions, and the physically handicapped not only are much smaller in number, but if trained they will usually become independent unless they are also mentally handicapped.

The year 1946 was an election year and, unfortunately, some politicians apparently hoped to defeat the incumbents by attacking the institutional program. Accusations were made of mistreatment and wholesale sterilization at Fari-bault State School and Hospital. These were printed in scare type by some newspapers, but others printed letters from parents who stated that they were standing back of the institutions. Many parents, however, were worried and bewildered.

The nature of the accusations caused the Rice County grand jury to investigate, and I was called in to outline and explain sterilization procedures. The grand jury's report was made in December, and a copy of some paragraphs was sent to the welfare boards so that they could let others know the findings, which had not received the publicity that the accusations had been given. It was shown that the grand jury had visited the institution and interviewed witnesses, and that "charges of mistreatment of inmates, wholesale and unauthorized sterilization and unsatisfactory food conditions were unwarranted and not substantiated." It stated, however, that conditions in general were satisfactory, especially considering the difficulty in the employment situ-

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ation—thus emphasizing the known fact that even though the accusations were untrue, provisions for care were not all that one could wish for.

And then came the event which presaged a changed future for the retarded. Just before Christmas, 1946, parents of the children at Hammer School for retarded children, located at Wayzata, formed an organization. They did this with the help of Miss Evelyn Carlson, a teacher and assistant director of the school, who, the following year, became the owner and director. Mr. Reuben T. Lindh, the annual school Santa Claus, a brother-in-law of one of the boys and a man with initiative, was chosen president. Notices inserted by Mr. Lindh in the newspapers brought in other parents, and soon there came into being the Minneapolis Association of Parents and Friends of the Mentally Retarded, not all of the members, however, being from Minneapolis. By 1947 Mr. Lindh and those he represented were assuming real leadership in bettering conditions for the retarded. Their vision of their function and activities was broad but limited to the state of Minnesota. What could they do for the children in the institutions? What about the public schools, etc. Members of the association established relations with the institutions to determine which children lacked gifts. They secured the help of Cedric Adams, a radio personality and newspaper columnist, who let the public know of needs not only for individual gifts, but for money for such basic equipment as radios and television sets. This exhibition of interest is reminiscent of the early days at Faribault, when Sunday-school classes and others sent gifts, for which those children who could write sent letters of thanks, and when entertainments were held to make money for a stereopticon or a merry-go-round. Such activities had been almost nonexistent since Dr. Rogers' death.

In 1947 the term "mentally deficient" was legally substituted for "feeble-minded" in recognition of the fact that words can have unpleasant connotations as well as primary meanings. "Idiot" and "imbecile" had long since been discarded as general terms, and "mentally retarded" was coming into popular use.

The need for greater knowledge of state programs caused the same 1947 legislature to authorize a legislative research committee whose function was to gather facts on any subject upon which legislation might be needed. The committee was composed of one house and one senate member from each congressional district, but it employed a director and other staff members. It was to continue until 1951, but in that year it was made permanent. The waiting list and the need for more beds for the retarded came under its scrutiny.

In 1947 Dr. Sheldon Reed became professor of zoology at the University of Minnesota. He was also director of the Dight Institute of Human Genetics, and a new era began for those interested in the mentally deficient from the standpoint of heredity. He explained the genetic basis of all heredity: genes, transmitted by parents, determine not only physical characteristics but potential intellectual and emotional endowment. The mentally deficient person, whose parents—and grandparents perhaps—were mentally deficient, has not inherited his condition as an entity. Rather it is the result of a multiplicity of genes for lower intelligence. Each of these individuals would, however, also carry some that were for higher intelligence. In addition to the direct inheritance of traits possessed by a parent, there might be other traits—the result of recessive genes. The Mendelian law—a theory for many decades—now had been demonstrated: if the two parents possessed the same recessive gene the child might inherit the condition or trait it carried. These facts of heredity, though perhaps not fully comprehended by social workers, were accepted and helped to explain the unevenness of performance of many of the high grade retarded and to make it clear that there were always many areas for their improvement.

The law of recessive genes also explained the cause of the condition of many of the severely mentally retarded children born to parents both of whom were normal. Dr. Reed immediately became interested in helping these parents understand the “why” of mental retardation and the chances of an additional retarded child occurring in a family where there had been one or two. He established a consultant

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service for parents, and with his explanation of recessive genes, the slogan "anyone may have a retarded child," had meaning. Parents lost the tendency to look at each other's background for the cause, realizing that if the condition was hereditary both carried the same recessive gene.

It is interesting that before 1900 Dr. Rogers had propounded a theory concerning "recessive genes," that indicated his acceptance of the Mendelian law, even though its human application could not then be demonstrated. The superintendents who followed him had spoken on heredity, but did not go beyond the earlier general concept that mentally deficient parents produced mentally deficient children. Dr. Reed with the modern knowledge of genetics and heredity had given parents and social workers new understanding and hope.

In 1945 Dr. Dwight E. Minnich, head of the zoology department of the university, and Dr. Clarence P. Oliver, Dr. Reed's predecessor, had established the Human Genetics League, of which Dr. Reed now became secretary. I was a charter member of this organization, which included both lay and professional persons. It had quite an impact on the spread of understanding of hereditary factors in mental deficiency, although its scope included all areas of genetic interest. Its purposes are stated: to initiate and to support research in the field of human genetics, to disseminate information, and to work for full acceptance of genetic hygiene as a public-health responsibility.

The 1947 meeting of the American Association on Mental Deficiency was to be held in St. Paul, and Dr. Engberg and I, as co-chairmen, organized committees and subcommittees of interested persons so that it might run smoothly. An important paper was given by Dr. C. Anderson Aldrich, who set forth his philosophy regarding immediate removal of retarded infants from their parents. This was discussed by Dr. Reynold Jensen, one of the few child psychiatrists who had shown themselves as really interested in the mentally retarded and their parents. He expressed the opinion that parents were unable to fully consider such a plan while the mother was in the hospital, and that separation made

without adequate discussion presaged emotional trouble—a prophecy borne out in several instances in Minnesota. This was the psychiatrist's point of view, but, unfortunately, many other doctors continued to follow Dr. Aldrich's teaching for years—some even up to the time of my retirement. One thing I tried but failed to accomplish in my last months with the Department of Welfare was to get verified information about the effect on mothers in such cases so that Dr. David Vail, a psychiatrist in the Division of Medical Services, might write an article for a medical journal.

Another paper of special importance at this 1947 meeting was given by Mr. Alan H. Sampson, president of a group organized by parents ten years earlier in the state of Washington. His topic was "Developing and Maintaining Good Relations with Parents of Mentally Deficient Children." This was an innovation—the first parent to attend a meeting and speak as a parent! I believe that he came at the invitation of Dr. Lloyd Yepsen of New Jersey, who was interested in the parent organizations which were beginning to spring up all over the country.

In St. Paul there had long been a parent-teacher association for the Beta classes of the public schools, but their efforts for improvement of conditions ended with their own children. One parent, Mr. Webster Peterson, had visions of a national organization but no practical ideas of how to go about organizing it. Members of this group were invited to the meeting of the American Association on Mental Deficiency because of the interest and guidance of Miss Lettisha Henderson, supervisor of special classes, but Mr. Lindh recently told me that he knew nothing of it. I cannot account for the failure to invite the Minneapolis Association, although I definitely had not recognized that this group would become the foundation for the great development which the future brought.

END OF THE DECADE OF THE 40'S

In January, 1948, Mr. Swanson resigned and Mr. Carl Jackson, a kind and courteous person who liked people and disliked controversy, took his place. He had been super-

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intendent of the Red Wing Training School and so was familiar with some of the problems of the mentally deficient.

Just one year later the Ramsey County attorney forced the issue of whether the division must pay the yearly \$40 institutional charge from even very small funds held for a ward. This had been discussed by the Advisory Board and Mr. Swanson had later agreed that \$300 could be set as a minimum amount below which such funds could not be used. Mr. Jackson referred to the Attorney General the question of the authority of the director to hold this sum. On December 28, 1949, the opinion was given that determination of how to expend funds for a ward's benefit was an administrative one and that the director was to decide what amount—if any—to hold. This sum was continued at \$300. Ramsey County made the payments and no further questions were raised.

A somewhat changing attitude toward the retarded was shown in the fall of 1949 when I spoke at a meeting of the Illinois Commission for Handicapped Children on "The Place of the Mental Retardate in the Community." I expressed a conviction which had been growing on me: "The place of the mental retardate is the same as your place or mine. It is a place that brings out the best that is in him. A place that allows for self-expression. In short, a place that provides equal—not the same—opportunity for all." This is a far cry from the attitude that was prevalent when I came to Minnesota in 1924 and an even farther cry from the attitude existing here and elsewhere in the early days of institutions. Then it was felt that "self-support" would be accomplished if these retardates worked in the institution, where they would be held indefinitely. Such procedures were based on a firm conviction that only thus could needed protection be given the individual and society, although there were also frank assertions that this method would reduce the cost of running an institution. Placing persons in the community had thus created serious administrative and financial problems. Fortunately, in Minnesota this had not interfered with the plans which had made possible my statement on the place of the retardate in the community.

The first full biennium for Owatonna was from July 1, 1946, through June 30, 1948. It had been found that two of the children—and possibly five others—were not mentally deficient. When they became somewhat stabilized by the routines of the institution and the stimulation of the school's program, not only had their tests shown higher I.Q.'s, but their performance had borne this out. This was a startling example of the need for making a very careful study before diagnosing the mentally deficient—but it was also a commentary on what a stable and invigorating environment can do to bring a person to his real potentiality.

The school at Owatonna had to some extent become the cause of disagreement between Civil Service and the Division of Public Institutions. In the estimation of Civil Service, the teaching staffs at Faribault and Cambridge needed only handicraft instructors, since Owatonna took care of the brighter children. Civil Service saw no reason for engaging academic teachers for children who could make little or no progress in the three R's, even though with training they could improve in social adjustment. There was a hearing in which Mrs. Daniels took the leadership and the superintendents gave the facts. These facts finally caused Civil Service to take a broader and more understanding view, realizing that great teaching skill was needed for children who had little ability to respond. This controversy is reminiscent of those of the earliest days of the institution, when the Board of Corrections and Charities believed that a cheap staff could care for the severely retarded. Dr. Rogers said "No," and during his tenure his policy prevailed.

The American Association on Mental Deficiency invited the state governors to be represented at its meeting in Boston in the spring of 1948, and Governor Luther M. Youngdahl appointed as his representative Mr. William Griffiths of the State Board of Health. One of Mr. Griffiths' duties was the expenditure of federal grants allocated to the state for public education in the field of mental health. I first met him in Boston and heard of this fund. The result was a three-day institute on mental deficiency at the Center for Continuation Study of the University of Minnesota. It took place in

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November, 1948, and was sponsored by the university, the Board of Health, and the Division of Public Institutions. Each county welfare board was authorized to send one staff member, whose expenses would be paid. Speakers for the conference included persons working in the field of mental deficiency and others whose activities were in a more inclusive field but were always to be relied on—such as Dr. Reynold Jensen and Dr. Sheldon Reed. Judge Gustavus Loevinger of the Ramsey County District Court—who was less closely associated with the mentally deficient but definitely interested—spoke on the legal aspects. There was time for full discussion by those registered, not only of ways of advancing knowledge and understanding of the mentally deficient, but of improvement in programs. The institute was a success and this meant its yearly continuance, although without future subsidy to the counties.

Dr. Jensen was always a source of help and therefore it was good that in this year he embodied his philosophy on the mentally deficient—especially the role of the physician or psychiatrist—in a paper he gave at a meeting of the American Psychiatric Association. The paper, “The Clinical Management of the Mentally Retarded Child and the Parents,” was published in the *American Journal of Psychiatry*, and some years later reprints were made available by the National Association for Retarded Children. It was *must* reading for all who were working with the mentally deficient. Its tenor was that the psychiatrist must take time to talk with the parents after he has made an examination and diagnosis of a child and explain its meaning, the prognosis, and possible plans—but he must leave to the parents which possible plan they will choose. I heard him say many times that the parents had to make the decision because it was the parents who must live with it. To me this statement always reinforced our declared policy that unless the child or the public were seriously endangered, parents made the decision whether or not a child entered an institution when space was available. This was true even though the social worker might disagree in the decision about whether to keep the child at home or to place him.

A staff change occurred in the fall of 1948 when Miss Mickelson took a year's leave to get her degree as master of social work at the University of Chicago. Miss Frances Coakley, supervisor of the work in Ramsey County, replaced her. She had indicated that she was interested in coming into the state office, though at the time her job was to be on a substitute basis. Miss Coakley's first interest, like Miss Mickelson's, was in the mentally retarded. Physically she was unlike Miss Mickelson: she was petite, and her blue eyes, sparkling smile, and dimples radiated friendliness, though they sometimes hid her firmness and determination.

The Minneapolis Association of Parents and Friends of the Mentally Retarded spurred the organization of similar groups in other communities. Members were parents with children in state institutions as well as those whose children were at home or in private institutions. All were showing a growing interest in the state program. Mr. Lindh and Mr. Donald J. Little, a Minneapolis parent, asked for an appointment with Mr. Jackson in the fall, shortly, I believe, after Miss Coakley had come to the division. Mr. Jackson invited the two of us, together with Mr. Lindh and Mr. Little, Dr. Engberg, and Dr. R. J. Gully from Cambridge, for an evening meeting at his home. Absolute and full co-operation was pledged by each group—the association to try to help improve programs and not to make public attacks, and the state to open all parts of the institution to inspection at any time and to keep the association informed of policies.

The growing co-operation was evident that fall when, at the request of Miss Caroline Perkins, secretary of the North Central Region of the American Association on Mental Deficiency, Mr. Lindh went to an Iowa meeting to speak on the subject, "A State-wide Program for Parents."

As the Minneapolis Association of Parents and Friends of the Mentally Retarded grew in numbers, the mental health program and the Mental Hygiene Society seemed a vehicle through which the mentally retarded were to come into their own, and so for a long time there was close identification. To me and to some others the mental health program seemed to have been designed predominantly for the mentally ill,

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and thus anything done for the mentally retarded must be accepted in a form suited to the mentally ill. Therefore I was eager for a definite understanding that the voluntary group designated to stand watch over the program for the mentally deficient should be the Association of Parents and Friends of the Mentally Retarded, thus avoiding duplication and any possible misunderstanding or friction.

I continued to be anxious for a definite statement of approval for our program or a recommendation for change from someone competent to judge it. Our state seemed so alone and so different! South Dakota had passed a law with some elements similar to ours, but had not provided for supervision. Since no state copied our provision for guardianship, I wondered what those studying it objectively would say, even though it seemed good to me. Mr. Jackson recommended that the 1949 legislature appoint a commission for this purpose, the members to have professional standing. But that legislature was interested in the mentally ill, not the mentally deficient!

Several reports made to the governor or to the legislature prior to that session had some mention of the mentally retarded. In 1948 Governor Youngdahl had appointed an advisory committee to make recommendations on the needs of the mental institutions. Dr. Alexander Dumas, a member of the committee, checked with both Faribault and Cambridge late in 1948 before the report was made. Additional space and staff for the institutions for the mentally deficient and the epileptic were among the recommendations.

The Legislative Research Committee had two reports completed and ready for the legislature. The first one was on "The Care and Treatment of Mental Patients." The purpose of the study was to find new approaches in medical and confinement practices for treatment of mentally ill and mentally incompetent persons. It was hoped this would obviate the necessity of huge expenditures for new buildings by returning considerable numbers to society. The report really concerned the mentally ill, although there were excellent recommendations for increased staff and facilities which in many ways would apply to the mentally deficient. The

second study was on the building needs of state institutions, but again Rochester State Hospital was the focus of attention. There was no definite recommendation for the mentally deficient, but there were figures from the records of the Bureau for Mentally Deficient and Epileptic—a classification of state wards, accompanied by an explanation of the status of those not in the institution. This showed 2,014 on outside supervision, 362 nonurgent custodial cases—not in the self-supporting group but not requiring institutional care—and 753 on the waiting list. Of this latter group, 285 were classified as emergencies, 322 as serious emergencies, and 146 as not immediately urgent. Although these reports said little about the mentally deficient, I remember distinctly having given our manual to one of the research staff. After reading it he spoke of it as our “Bible” and expressed the wish that policies were similarly set forth for the mentally ill.

By nature I believe in evolution rather than revolution. Perhaps, however, those concerned with better hospitals and better programs for the mentally ill—and for the mentally deficient when they are included in this group—thought that because public interest and pressures had started before 1939, evolution had not been sufficiently rapid. Many normally conservative people were therefore ready to let those with revolutionary methods take over. When those demanding immediate and drastic action were given free rein by Governor Youngdahl, a campaign was conducted against the methods of the hospitals. It had tremendous newspaper coverage, by photograph and by description, of all the worst conditions in the hospitals. Because of the drive of the executive director of the Mental Hygiene Society, county societies were organized and great pressure was then exerted on the legislature.

National publicity on mental hospitals as “snakepits,” federal appropriations to states for improving programs, the reports of the governor’s Advisory Committee and of the Legislative Research Committee, and interest created locally through the efforts of the Mental Hygiene Society and other groups, had resulted in Governor Youngdahl’s paying par-

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ticular attention to the mentally ill in his 1949 legislative report. It was impossible for the legislature to resist the public pressure, and a comprehensive mental health law was passed. It was, however, "an Act relating to mentally ill persons." The preamble began, "Whereas, mental illness is a sickness with respect to which there should be no stigma or shame" and continued to speak of the "mentally ill" as it authorized specific improvements in the hospital staff, the food, and other areas. Nevertheless, one paragraph did provide that the same standards apply to senile, inebriate, mentally deficient, and epileptic persons. This was interpreted to include Faribault and Cambridge but not Owatonna, which was considered a school—not a hospital. The following figures are given as representative of the percentage of increase in appropriations for the various types of institutions: the state hospital, more than 60 per cent; the general institution for the mentally deficient, more than 50 per cent; and the Owatonna State School, more than 25 per cent.

1947 appropriation (For 2 years)

	St. Peter State Hosp.	Faribault State School & Hosp.	Owatonna St. School
Current Exp. . . .	828,300	1,039,900	237,000
Salaries	1,455,612	1,629,559	586,903

1949 appropriation (For 2 years)

Current Exp. . . .	1,479,545	1,794,749	352,386
Salaries	2,218,463	2,337,755	691,798

Perhaps such a law and such an increase in appropriation could never have come from slow, planned progress, and it took the drama and excitement of a campaign that presented horrors to arouse the people!

The law provided for research into the causes of mental and related illness, and the treatment, diagnosis, and care of the mentally ill. A commissioner of mental health and mental hospitals was to be appointed, and all responsibility for mental health or hygiene programs was to be transferred from the Division of Social Welfare to this commissioner, who was to be placed within the Division of Public Institu-

tions. The Section for the Mentally Deficient and Epileptic was already in the Division of Public Institutions, and Mr. Carl J. Jackson agreed that since the law had not specifically designated its removal from his direct control, he would not consent to the transfer. He adhered to this resolve in spite of terrific pressures that were put on him. For this I was more than grateful, as it not only eased tension for me but, I believe, saved the program from chaos.

Before a commissioner took office, new positions were created in the central office of the Division of Public Institutions—consultants in such areas as social work, nursing, dietetics, recreation, and volunteer programs. The head of the Bureau of Psychological Services became one of these consultants. Each consultant was to determine what his counterpart should do in an institution and after placing such professional persons in the mental hospitals and in Faribault and Cambridge, direct the programs. Members of this group of “specialists” formed teams, several visiting an institution together to determine whether it was functioning according to the ideas or ideals existing. Emphasis for the programs at Faribault and Cambridge, as well as for the hospitals for the mentally ill, was on lack of physical restraints, no persons too low mentally or too regressed for improvement, patient activity, and placement of patients in the community.

THE PROGRAM AND DR. ROSSEN

Dr. Ralph Rossen, superintendent of Hastings State Hospital, became commissioner, but did not take office until February, 1950. One of his early acts was to allocate a \$1,400 research grant to Dight Institute for a scientific study of the family records which had been gathered at Faribault by Dr. Rogers. When Dr. Kuhlmann left Faribault in 1921 he brought these to St. Paul. After his death the Division of Social Welfare turned them over to Dight Institute. The popular stories embodied in the *Vale of Siddom* comprised the only written reports made of the study. Dr. Oliver had reviewed the material rather casually, discussing it with Dr. Engberg, but had not followed up on it. Such

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records, however, offered a gold mine for research to a geneticist, and Dr. Sheldon Reed made certain that the opportunity to use them was not missed. Later and supplementary information on the individuals studied and on their relatives and descendants was gathered from files at the institution, in the central office, and in county welfare board offices. This study in heredity planned in 1950, was not completed in 1959 as it was conducted by Dr. Elizabeth Reed (the wife of Dr. Sheldon Reed) in a very scientific and painstaking manner. When printed it will be a unique and valuable addition to man's knowledge of the laws of heredity.

The early 1950's were filled with stress and tension, although great events took place. Much of the stress involved placement of persons in the institutions. Over the years a policy, really set by the first superintendent at Faribault, had been defined and firmly established: If a plan for a ward could be made outside of a state institution, there would be no emergency placement. My superiors and I were able to face legislators and other influential citizens, as well as parents, and refute statements that So-and-So had been placed because the right people in the community knew the right people in the state. Beginning in 1950, there were pressures to ignore this policy. By law the commissioner of Mental Health and Mental Hospitals was to exercise his functions of supervision and planning "subject to the direction and control of the Director of Public Institutions," but Dr. Rossen had a pipe line to the governor. With the agitation for action in the mental health field, many persons went to Governor Youngdahl and to Dr. Rossen asking for immediate placement of someone who was far down on the waiting list or was not even under guardianship. Immediate favorable action on these cases was Dr. Rossen's solution. He and the governor failed to realize that to open the dike a little would mean an inundation by many other requests, and they brought pressure on the director of Public Institutions to comply. In spite of this, he held to the established policy.

Dr. Rossen and I also had disagreements and arguments

on this question. When a request for immediate placement came from him or from Governor Youngdahl, the Section for the Mentally Deficient consulted the welfare board involved, and if placement was not justified, some other plan was worked out if family co-operation could be obtained.

I especially remember one incident. A war veteran wished his child placed immediately. We knew this was desirable, but the child could be boarded, and if we were to make an exception there must be justification for it. The father was mentally ill, an out-patient of the Veterans' Hospital. We had several discussions with social workers at the hospital about the possible effect of this frustration on the father, and we agreed to immediate placement for the child as soon as we had a letter saying it was essential to the veteran's well-being. The letter came and arrangements were started, but that very day I met Dr. Rossen just outside the building. The father had come to see him and now the floodgates were open! That I, a mere social worker, should question his decision was preposterous! I could not get in a word edge-wise for some time and stood there while persons passing looked curiously at us. Finally I told him that arrangements were under way. It was an anticlimax. Dr. Rossen made up for his outburst by being especially considerate of me at a meeting that took place soon afterward.

The waiting list was a source of irritated concern to Dr. Rossen. He propounded several plans to reduce or end it. One was to send a number of psychiatrists around the state, to see every person on the waiting list. The psychiatrists would then decide which ones would be placed. This project did not materialize. Dr. Rossen also directed the superintendent at Cambridge to place beds in the day room, but the section, with the approval of the director, was slow to supply patients. Experience had demonstrated that such overcrowding was worse than many individual situations in the community. Dr. Rossen then formulated another plan. He would transfer from Faribault and Cambridge to the state-hospitals some older low-grade patients who were perhaps excitable but were neat. Two children would then be placed for each adult removed. Indeed, in the spring of 1951, while

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I was out of town, the director authorized the transfer of fifty males from Faribault to Sandstone, then a state hospital for the mentally ill. When I returned I helped complete arrangements for this, although I had opposed such placements and had talked to several psychiatrists about the plan. Dr. Engberg chose his best patients in the group specified, those who had been at Faribault for many years, were well adjusted, and able to care for their personal needs. However, Dr. John Reitmann, the superintendent who received them, found this difficult to believe: The bus in which the patients arrived was a mess; after their arrival many proved to have no established toilet habits, and several refused to wear clothing, shredding all that was put on them! This transfer made space at Faribault, but not for two children in place of each adult.

In the fall of 1950 still another proposal was made by Dr. Rossen and we worked very closely to carry it out. The plan was to give parents at least a respite from care by providing "vacations" at Hastings for some twenty or thirty children at a time. The building to be used was a two-story one with the day rooms upstairs; thus the children had to be able to walk up and down steps. Parents applying were to bring their children to a clinic arranged by a county social worker at a place which could serve several counties. I always attended these clinics with Dr. Helen Barnes, consulting pediatrician for the institutions, and a psychiatrist from Dr. Rossen's staff. They would see the child and talk with the parents. A high majority of the children were hyperactive. The period of placement for each child was first set at six weeks but later changed to three months. The idea was wonderful, but Hastings had no appropriation for caring for these children, and not sufficient staff even for the mentally ill patients. Now some of this staff, but not enough, must be used for the mentally retarded.

When the plan was formulated, Mrs. Miriam Karlins, the volunteer coordinator, obtained some furnishings, mainly through the Association of Parents and Friends of the Mentally Retarded. The St. Cloud Reformatory, on an emergency basis, made mattresses for large "cribs," which

Cambridge could supply. Dr. Milton G. Brown, assistant superintendent at Hastings, had the task of immediately creating quarters for these children by renovating this old building, suited at best only for able-bodied adults but now out of use, with bad plumbing and heating arrangements.

It was a hectic experience. No one had foreseen many of the problems which arose, including a sudden cold spell and frozen pipes just when the first group was to be received in November. Cafeterias for patients were becoming popular at this time and one in the next building was to serve these children. This arrangement was unsuccessful, and there were no facilities for serving food in their own building! An amount of clothing equal to that required for patients in other institutions had been listed for these children, but many were so untidy that in half a day they needed more than the total supplied; there was no reserve of clothing for children here, as was provided in the institutions for the mentally deficient and epileptic. The aides had never handled children and did not know how to distract their attention when they destroyed the room furnishings. In the boys' day room was a very heavy table, and how small boys got it apart I'll never understand, but they did. No activities were provided for the earliest groups, but later several parents from the Association of Parents and Friends of the Retarded went down and took some of the children out-of-doors for play periods.

The children got thorough physical examinations, and Dr. Barnes discovered that several had remedial defects. One child who was thought to be quite low grade proved to be deaf; he belonged with a far brighter group. I had no direct responsibility for the program but kept in touch and visited occasionally. Those who did the job could tell a dramatic story!

I was glad to establish a good relationship with Dr. Rossen in this project, and perhaps he, too, was glad to work without disagreements. After an early "clinic" which he attended, he wrote Mr. Jackson: "I would like to compliment Miss Thomson for her complete co-operation in handling the social workers and volunteers which were available for the

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doctor's convenience." It was an experiment in an area where service was needed, and had there been proper facilities and staff, it would have been a great success. As it was, it did help some parents, but when other facilities provided by the 1951 legislature were ready that fall, it was decided to accept no more groups at Hastings.

NATIONAL ASSOCIATIONS

In the spring of 1948 I became president-elect of the American Association on Mental Deficiency, which meant that I was responsible for the 1949 program of the meeting held in New Orleans. Some of the young and enthusiastic members of the association thought they would be able to get funds—perhaps from the United States Department of State—to bring persons from South America to participate in the program and thus make it a Pan-American meeting. Some South Americans in the field contributed papers, but there was no money for their traveling expenses, and there was little actual participation by them. We had to get their papers translated and have them read.

A second innovation at this meeting was that each parent group known to the American Association on Mental Deficiency was invited to send a representative to New Orleans; a session was arranged in which they would participate. Groups such as the Association of Parents and Friends of the Mentally Retarded in Minnesota and the one in the state of Washington had been formed in many places. In Ohio and New Jersey, parents were showing activity and leadership. Dr. Lloyd Yepsen of New Jersey was especially interested in the movement and in giving encouragement to parents in his state. Mr. Reuben Lindh from Minnesota was on the program in New Orleans. One superintendent who spoke was all in favor of parents organizing, provided they were always directed by the superintendent of an institution or another professional person. This seemed to throw a little cold water on the enthusiasm of parents.

The 1950 meeting was in Columbus, Ohio. For my presidential address, I had taken the title "Together," emphasizing the need for all those within the association to

work together, as well as to co-operate with the many national and international groups now organizing or exhibiting interest in the retarded. I placed special emphasis on the parents who, while not organized nationally, had many strong local groups with broad interests. In the beginning I raised many questions about the goals of the association, one of which is basic: "If phrased in very broad and idealistic terms can we not say that our goal is a world in which continuing effort will be made to find the cause of and to eradicate physical and mental abnormalities, but also a world where even the most helpless and incompetent individual will be given the care, the training, the protection and the understanding necessary for his happiness and the fulfillment of what capacity he may have for mental and spiritual development?" I then attempted to individualize the mentally retarded, stressing that their needs should be met—though on different levels. I ended by listing the many "bridges" we must build to bring about understanding and to make the mentally retarded a real part of society, closing with the sentence, "As all of us interested in these children who will never be fully matured work 'together' toward the goals of greater research, greater understanding and adequate care and training, we will find that we are thus building the bridges long seen in our dreams." Many parents were present at the Columbus meeting and a few weeks later one of them, Dr. Elizabeth Boggs, requested my permission to have reprints made of "Together" to distribute to parent groups already organized. The director decided that this would be a proper expense for the division. Thus a link was forged with parents, as goals discussed in the paper were goals common to all with a true interest in the retarded.

Mr. Lindh did not attend the meeting in Columbus but there was other strong leadership among the parents. They were ready to organize nationally, although not under the direction of the American Association on Mental Deficiency or as an arm of it, as some of its members recommended. I was one who agreed with the parents. I knew that a large percentage of the membership of the American Association

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on Mental Deficiency consisted of persons whose income came from tax funds, a natural phenomenon, since responsibility for the mentally deficient had been considered mainly a public one. A totally "free" group, such as one composed of parents, could be more successful in getting private funds for research and perhaps for other activities if it was organized separately. Public Institutions and agencies could then help in setting up projects and giving counsel. Both groups needed freedom in their own fields, which I saw as different.

When the parents talked about where to hold an organization meeting, it was evident that a central location between California and New York was desired. The Twin Cities was a logical choice. I therefore took the risk of issuing an invitation in the name of the Association of Parents and Friends of the Mentally Retarded. It was accepted enthusiastically, and on my return, Mr. Lindh—whom I called immediately—accepted the responsibility for arrangements, as I had been confident he would. The date was set for the end of September. Mr. Lindh and a committee set up by him did a marvelous job, with less than four months to make arrangements. Our director agreed that the two assistants in the section—Miss Mickelson and Miss Coakley—could offer their services to aid in registration and similar tasks, and that I could attend somewhat as a liaison person for the American Association on Mental Deficiency.

There is one special happening at this meeting which shows the intense feeling of parents. When, on the second morning, I arrived early at the hotel where the conference was held, a man was standing near the registration desk, which had not opened. He was a parent who lived in Michigan; the night before, his mother had telephoned him about a short statement in the evening paper concerning this meeting in Minneapolis. He immediately took a plane to find out what was happening.

I realized that the parents attending were a bit jealous of their status as it related to the American Association on Mental Deficiency, and I stayed away from committee meetings that dealt with drafting a constitution or establishing

policies. I was delighted when the parents who wanted a name for the organization which glossed over retardation—such as a title that included the words “Exceptional Children”—were voted down, and the name National Association for Retarded Children was chosen. The parents had prevailed who said: “Our children *are* retarded. If we cannot say this to others, how can we expect help?” Governor Youngdahl installed the first officers of the association, in accordance with arrangements made by Mr. Lindh. With these officers functioning, a turning point in programs for the retarded was passed.

EARLY YEARS OF THE 50'S

In Governor Youngdahl's address at the inauguration of officers of the National Association for Retarded Children he stated that Commissioner Dean M. Schweickhard would consider a new basis for accepting retarded children in special classes, since requirements were set by the Board of Education, not the legislature. This promise was the climax of an intense effort made by parents over several years. Not too long after the organization of the Minneapolis Association of Parents and Friends of the Mentally Retarded, some parents had begun to demand that the Department of Education give financial aid for classes for the “trainable” and that the University of Minnesota train more teachers for classes for the retarded. The university had some courses listed for teachers of such classes, but its emphasis was on the physically handicapped, and the number of teachers being trained for the mentally deficient was negligible. Dr. Harold Delp was director of this teaching training, and about 1948 he had determined that more information was needed on what such classes could accomplish. He therefore arranged for a student to make a follow-up study of the Beta or trainable classes of St. Paul. The report had brought no change in attitude on the part of educators who had opposed such classes in the public schools, and Dr. Delp did nothing to lessen the growing pressures to provide classes for trainable children. In 1951 some members of the Parents and Friends of the Mentally

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Retarded showed greater emotional reactions than has been true in later years. They tried the technique of wearing down the university and the State Department of Education by frequent phone calls—an act which produced irritation rather than sympathy.

But if this was not a school problem, was it a “social” and thus a nursery-school problem? Some parents made an appeal to the Division of Social Welfare, which licensed private facilities for children, but there it was called a teaching and thus a school problem. One could not attend a meeting of Parents and Friends of the Mentally Retarded in Minneapolis without being asked: “Why cannot my child with an I.Q. of 48 or 49 have an opportunity for schooling?” Parents were beginning to feel frustrated, and the atmosphere was tense and explosive.

Because no help or guidance had come from the University of Minnesota, the Department of Education, or the Division of Social Welfare, Dr. Rossen was urged by the Association of Parents and Friends of the Retarded to take part in the argument. Late in 1950 he called a group together—educators, welfare workers, psychologists, and others—to discuss the question and make a recommendation to the Board of Education. The Bureau for the Mentally Deficient and Epileptic was represented by Frances Coakley. The conclusions forwarded to the Commissioner of Education in 1951 gave talking points for those with both views, but focused attention on the need for some type of group training, no matter who provided it. The report of Dr. Rossen’s committee apparently did not help the Commissioner of Education to come to a decision and accept such classes as a permanent responsibility of education.

This somewhat chaotic state still existed when, in the fall of 1951, Dr. Maynard Reynolds replaced Dr. Delp, who had resigned. Dr. Reynolds knew not what awaited him. He spoke to the association soon after his work began and was somewhat astounded at the vehemence with which he was asked what he was going to do about providing special-class teachers. He came to see me shortly after this and I tried to give him an over-all picture of the status of the

whole program for the mentally retarded in Minnesota. He very quietly got his facts established and although he had no budget he set about working out a way to offer summer courses for training teachers.

Commissioner Schweickhard felt that further information was needed to determine the policy of the Board of Education and asked Dr. Reynolds to be chairman of an advisory committee to make a study relative to a public-school program for children with severe mental retardation. I was the one non-university member of a small group composed of university professors from the several fields of interest.

A study of the Beta classes of St. Paul was made to determine just what happened in a classroom for the trainable, what were the children's reactions, and what the parents' goals for the children were. This, of course, took time, and the final report—recommending the continuance of experimental classes and the improvement of skills of professional workers, both social and educational—was not made until well into 1953, when a new era for the retarded was beginning in many areas.

This question, whether children whose academic achievements could be only minimal belonged in the school setup, had not been limited to Minnesota. It was a controversial one and for some time had been a burning issue all over the United States. Meanings of the terms "educable" and "trainable," as used by different persons, were not always the same and this was confusing. It was interesting that parents themselves fixed the meaning of these words at their second national meeting in 1951. "Educable" was used by them to describe the group who could accept some academic training and could also learn sufficient skills to become self-supporting, or partially so. "Trainable" described those to whom "reading, writing and arithmetic" would mean little, but who could profit from socializing experiences and learn to care for themselves, do simple tasks, and live more harmoniously in the home and community. To teach the trainable to reach these goals required the skills of the educator, and to many, therefore, it was a school problem—while to others it was a social problem.

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However, after 1951 the use of "educable" and "trainable," as defined by the National Association for Retarded Children, was generally accepted.

The meeting in Minnesota that was called to organize the National Association had provided the Minneapolis Association of Parents and Friends of the Mentally Retarded an opportunity to draw in parents and teachers of children who were attending the Home Study School in Minneapolis, as well as those of Beta class children in St. Paul. Everyone who attended was excited and stimulated. In St. Paul the parents of Beta class pupils, with some others who had been members of the Minneapolis association, began plans for their own organization, and by the spring of 1951 were ready to form one. The number of groups over the state now increased more rapidly.

Minnesota parents had an advantage over those of most states, since by law the county welfare boards were responsible for meeting the needs of the retarded, and many parents already knew the staffs in their counties. The value of the services provided by welfare boards was recognized by parents who attended national meetings and there found that parents from most other states had no one to whom to turn for individual planning or for aid in organization. The director of the Division of Public Institutions wrote the welfare boards endorsing the parent movement and asking for co-operation with the local chapters of the Association for Retarded Children. The confidential nature of records is always impressed on social workers; thus a list of the retarded known to a welfare board was not given to parents who wished to organize, but rather the board sent a letter to each parent endorsing the organization and enclosing a letter from the association. Many public-health nurses and teachers were also active from the first in aiding parents—in some counties giving more help than the staffs of welfare boards. As units were organized in the counties, they supported welfare boards and other public agencies by creating public interest, setting up local activities, and working for increased appropriations. Their enthusiasm and drive were amazing, and what a boost they gave the state program!

I did not join any group as a dues-paying (and therefore voting) member. I felt that the Association for Retarded Children should be a watchdog for public agencies, and a group dedicated to educating the public and helping secure needed legislation and appropriations. Therefore I should not be a part of a group evaluating my own work, but rather should be ready to give facts and counsel when it was called for. In this capacity my contacts were close, and, with the two social workers in the section, I attended many meetings in Minneapolis before St. Paul also organized.

I was both surprised and pleased when, at a meeting of the Minneapolis Association for Retarded Children (formerly the Association of Parents and Friends of the Mentally Retarded), held December 20, 1950, I was given an orchid and then a certificate of appreciation which included a life membership—the latter presented by Governor Youngdahl. The certificate read: "Having given of her time, her talents, and her labours in devoting herself to the interests of Humanity and in assisting in the purposes for which this Association is created, is acknowledged to have caused great progress in such endeavors." This meeting was held at the WCCO broadcasting station, and Cedric Adams—who also received a certificate in appreciation of his Christmas-gift campaign, which had continued for several years—broadcast this part of it.

In 1951 the local chapters of the Association for Retarded Children organized a state association, which held its first annual meeting in 1952. I was asked to speak on "What the State Offers the Retarded Child." I explained guardianship as it was interpreted by the state, and tried to impress upon those attending some of the things the state could not do because of its lack of facilities, as well as what it actually was doing. I concluded: "But with the interest and cooperation of parents and others concerned about the mentally retarded, we know we will make progress toward the attainment of an ideal—knowledge and facilities to meet the needs of every retarded person from infancy to old age—so as to bring about happiness for each and success in accordance with his ability." No longer would interest

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and time be given almost exclusively to the higher-grade person who could respond to supervision by becoming self-supporting.

Concern and frustration caused by the ever-increasing waiting list, which Dr. Rossen had tried in so many ways to solve immediately, impelled Governor Youngdahl in his 1951 message to the legislature to emphasize the need for a new institution for the mentally deficient. He spoke of this as a most urgent requirement: Existing institutions were overcrowded and 800 families were denied an opportunity for adequate care for their children. He did not indicate that those in the institutions were not getting "adequate care" because of serious overcrowding. A study made by the section, showing that the cost to taxpayers or to individuals for boarding care for the previous two years had been about half a million dollars, may have had some influence on legislative action. Certainly an important motivation was furnished legislators by parents, a number of whom visited legislative committees and for the first time described their own home situations. They also told of them on the radio. The legislature responded by appropriating \$100,000 to the state Executive Council for purchasing land and drawing plans for a "new mental institution," with the understanding that it was intended for the mentally retarded. The legislature also authorized the use for the mentally retarded of four unoccupied "cottages"—three at the Home School for Girls at Sauk Centre and one at the State Reformatory for Women at Shakopee.

Using buildings that had been designed for other purposes presented many problems. Space was needed for lower-grade children and these buildings were utterly unsuited for this. To make them even usable involved major changes and there were many delays. When it finally appeared that they would be ready by September, 1951, dates were set and arrangements made for children to enter. At Shakopee several children arrived, although letters had been written to delay them. So that they would not have to be sent home, the recreation room for the inmates was used as a dormitory for some days. The women's spirit in agreeing to this was

wonderful. Confusion and staff hardships at both Shakopee and Sauk Centre were extreme during this period.

There was no real administrator for Sauk Centre. A supervising nurse was in charge, but Sauk Centre was a long distance from anyone competent to help her. The nurse, Mrs. Dorothy Jarchow, was largely on her own, although I asked that consultants in the central office—especially those in nursing and recreation—make visits. They gave all the help they could; Mrs. Daniels and I also visited. She made suggestions about housekeeping methods, while I was concerned with welfare board and parent relationships and with records. Several years later the Sauk Centre home was closed when other facilities made this possible. It had not proved feasible to use the girls at the Home School to help the aides—there was not sufficient staff to train them and the hours during which they were needed interfered with their own programs. The group of children at Shakopee remained, however. The women inmates, when carefully selected for the work, proved excellent help as “aides,” and the children received unusual personal attention from the two trained nurses in charge, and from Dr. Frederick H. Buck, the local physician who often spent more time with the children than needed for medical services—just because he enjoyed being with them.

The program for the mentally deficient and epileptic seemed a bit isolated. On one hand, the two mainsprings of interest of the Division of Social Welfare (and thus of welfare boards) were the programs receiving federal grants and those for children. On the other hand, the Division of Public Institutions emphasized the mentally ill. And yet mental deficiency touches all social programs. Perhaps the conclusion of my biennial report of 1950 showed my feeling of separation and at the same time of community of interest. I first thanked the welfare boards for their accomplishments in the field of mental retardation and marveled at how much they had done, with so many other areas to serve. I then extended thanks for the co-operation of all the various units of the Division of Social Welfare (which included both the Crippled Children and the Blind, not always thought of under

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this title), the Youth Conservation Commission, the Department of Vocational Rehabilitation, the parole board, the Department of Veterans' Affairs, the Board of Health, the University Hospitals, the attorney general, the probate judges, the clinic staffs, and many private agencies, as well as our director, the superintendents and staffs of institutions, and, especially, my own staff. For some reason I omitted agencies that had been important all through my tenure—the public-health nurses (as separate from the general term "Board of Health"), and, within the Division of Public Institutions, the other bureaus or sections, especially the Bureau of Psychological Services.

Omitting the latter from the list is inexplicable, except for the fact that the traveling psychologists were so necessary to our program that they seemed almost like a part of our staff. An interview with me and study of our manual constituted a portion of their in-service training. Recently a woman who some years ago was one of the traveling psychologists, discussing the importance of the relationship between the two bureaus, wrote: "Without that relationship the right people would not have gotten into and out of the mental deficiency program with anywhere near the efficiency Minnesota showed over all these years. They supported you and carried the knowledge of what you were doing to the farthest corners of the state. Without this it would have been very difficult to build up that close feeling of partnership your department had with every county in the state." These psychologists were indeed liaison agents between the central office and the counties.

One agency that I relied on particularly was the Psychiatric Clinic for children at University Hospitals, where Dr. Jensen accepted some children for diagnosis and recommendation of plans. These were wards, or children considered for guardianship, whose problems were not only severe but baffling. Before July, 1952, such a child was placed for study on the pediatric ward, and after that date on the new psychiatric ward for children. Dr. Jensen, at the completion of his study, would hold a conference of representatives of the interested agencies to give his recom-

mendation—which would be based on possible plans, not impossible ideals.

My staff, to whom I had expressed appreciation, was now an unusually good one and included Miss Mickelson and Miss Coakley and four particularly fine clerical workers. We had hoped to have three social workers, but there had been an error in appropriation requests. When Miss Mickelson returned in 1949 I had settled for two qualified workers in place of three inexperienced ones as had been provided for in the appropriation.

Conferences on community placement of patients from the institutions had involved many of those mentioned in my list to be thanked, and were now more frequent. Not only were there representatives of the central office, the institution, and the welfare board involved, but also representatives from Vocational Rehabilitation, and frequently county nurses or perhaps a private agency.

Unfortunately, however, in the spring of 1951 the Ramsey County Welfare Board decided to do away with its unit for the mentally retarded. Apparently the reasoning was that this group presented the same problems as other persons who required help, and no special knowledge or skills were needed for them. The adults would be supervised by the general relief unit, and the children by the child welfare unit. No matter what the interest of the social workers, their knowledge, skills, and attitudes were geared to the other programs. An effort was made to give in-service training to these many workers, but in spite of this, the plan did not prove satisfactory. The need for a broad knowledge of mental deficiency, and of special skills for working with the retarded and their families, became evident; before many years there was again a unit for the mentally deficient. Fortunately, the Hennepin County Welfare Board did not try such experiments, and in fact took the initiative in setting up its own meetings at the institutions so that the same social workers could keep in touch with a ward whether he was in an institution or outside of it.

In October, 1949, the superintendent of Owatonna, Mr. Mendus Vevle, died, and later, Mr. Cuyler M. Henderson,

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who had had some years of experience in the educational program of an institution for the mentally retarded, was employed. It soon became evident that more understanding was needed of the differing functions of our institutions. Mrs. Daniels, administrative assistant to the director of public institutions, was ready in that capacity to initiate meetings of some of the professional staff of the institutions with the staff of the central office. The main purpose at the first meeting in September, 1950, was to have a discussion between Faribault and Owatonna about the transfer of some "students." The success of this conference meant the initiation of regular meetings, with discussions broadened to include policies and relationships, and with all institutions for the mentally deficient participating. Thus began inter-institutional meetings which continued on a somewhat regular basis while the Division of Public Institutions was in existence and then were discontinued until 1956.

A topic that constantly recurred in discussions with individuals or at group meetings was the implications of guardianship. Many parents, while eager that their children be protected, feared a law that, interpreted literally, might mean that they could no longer have any control in planning for them. They did not wish the retarded child to become too great a responsibility for his brothers and sisters after their death, but questioned whether the state could be trusted. My answer was that as long as parent associations were active "the state" would be restrained from arbitrary actions, no matter who the administrator.

My ability to understand a parent's hesitancy may have been enhanced because of an appeal from commitment proceedings which reached our supreme court in 1947. The lower courts had decided with the state, that guardianship should remain. The case was one of a truly neglected, illegitimate child—a girl—who needed protection. The mother had signed a petition to place her under guardianship and later changed her mind. The supreme court stated that when a parent signed such a petition he made himself an adversary to his child, and counsel must then be appointed to protect the child's interests. No such appointment had

been made and thus guardianship was voided. It is of interest that life was not smooth for this girl. Some years later, after giving birth to a baby and showing her inability to care for herself or her child, she was again placed under guardianship.

To me, the supreme court here showed a misconception of the significance of guardianship which was intended to be basically protective. Following the decision there was apprehension about the prospect of wholesale appeals, but I believe there were only one or two—certainly few. The probate courts had to change their procedures, however, making hearings more cumbersome and less informal—and thus more difficult for the families. Nevertheless, when the parents organized in Minnesota and the guardianship law and the administration of it were understood, many of them became its strongest proponents.

Early in 1952 two committees had been organized by the Division of Public Institutions on the initiative of the Bureau for the Mentally Deficient and Epileptic. One was a result of my persistent obsession that somehow we *should* know the evidences of future maladjustments in order to prevent them. Mr. Carl Jackson invited a number of persons who were interested in the mentally deficient to meet, to seek the right solution to planning for the defective who is also delinquent. Later the questions discussed were designated as management problems, since "delinquent" did not really describe many persons who presented the most serious problems. Attending the first meeting were staff members from the institutions and from the central office of the Division of Public Institutions; from the Youth Conservation Commission and Red Wing Training School (for some reason Sauk Centre did not participate); Dr. Hyman Lippman from the St. Paul Child Guidance Clinic; Dr. Richard Hanson from the Minneapolis Clinic; Doctors Dale Harris and Harriet Blodgett from the Institute of Child Welfare; and Mr. Alfred Angster from the Division of Social Welfare. Dr. Jensen was not at this meeting, but attended subsequent ones.

Everyone was interested and real effort was put forth to

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reach some conclusions that would result in recommendations that were feasible to carry out. The institutions made lists of their children—largely adolescents—with some information on their health and behavior as well as on age, I.Q., and abilities. Some of these cases were discussed in detail. At a later date, after the committee had broken into smaller groups to study different aspects of the problem, background information about the child before he went to the institution was recorded.

By September, possible research projects were being considered. Everyone agreed that larger and better staffs were needed in the institutions and in the community. Facilities were required for full study of individuals, made over a period of years. This latter recommendation resulted in requesting the director of public institutions—then Mr. Jarle Leirfallom—to consider asking the next legislature for funds to establish a center for such study. The discussions were helpful, although, as in the past, a blank wall was finally encountered so far as a solution was concerned. The last meeting of this committee was in March, 1953. Shortly afterward, the legislature provided for a new administrative setup, and the disbanding of this committee was one of many changes made.

The second committee activated by Mr. Jackson was the Conference Committee. I felt that to bring understanding there must be an organization by means of which representatives of chapters of the Association for Retarded Children could meet with staff members from some of the county welfare boards, the institutions, and from the central office, to discuss policies. The plan was based on my strong conviction that parents had much to contribute as a basis for policies and that if we did not make use of their help their criticism might be very harsh because of their lack of understanding. We needed them as much as they needed information about the program.

The first meeting was held March 5, 1952, and besides parents from St. Paul and Minneapolis, there were representatives from Red Wing, Duluth, and Mankato. Mr. Jackson welcomed them, asking their co-operation in con-

sidering the needs of the retarded. He hoped they would bring to the committee any dissatisfaction they found with state policies. There could then be discussion to see whether a change was needed and, if so, what it should be.

Perhaps over the years the most intense feeling shown by members of this committee was related to the policy of prohibiting winter vacations from an institution. Some parents approved, but others were greatly opposed and wanted their children home for Christmas. After many months of discussion it developed that those who were most intense about the question had children who were eighteen or over. After serious consideration the superintendents of the general institutions decided to permit this older group, but not the younger children, to have vacations during the winter months. The policy was amended for the general institutions—not for Owatonna.

A smaller but important question brought smiles when a parent reported it. She quoted the long medical term used in a letter she received telling of her child's illness. It sounded frightening and was not in her dictionary. After frantic searching she found that her child had swollen glands! Dr. Engberg smilingly said he would ask the doctors to remember that parents were lay people.

The attitude of parents can best be shown by an article in the Winter, 1957, issue of *Minnesota Welfare*. It was written by Mrs. Arthur Mostad, a parent who, since 1952, had attended meetings of the conference committee under real difficulties. She told about coming to understand and appreciate what welfare boards really were and did, and what the institutions accomplished on their small budgets. She stressed the interest and human relationship that she now knew existed. Guardianship had become insurance, not something to fear, and social workers now seemed human beings, not "machines doing a job." She wished more parents could attend even one meeting. If they could, she felt that "they would appreciate what is being done rather than criticize the work."

Articles and books were beginning to appear that were written by or for parents, but the amount was still only a

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trickle compared with the later output. Thus, soon after the committee was organized, it decided to put out a pamphlet for parents of retarded children, aimed especially at those who had just learned of their child's retardation. The content was decided by the group; Phyllis Mickelson then did the writing and brought it back for criticism. It was rewritten many times. *You Are Not Alone* was the title chosen to show parents new to the problem where they could get help. It was wonderful to hear parent members of the committee try to put their feelings into just the right words to reach others. The result was a booklet that had real warmth and understanding, yet was factual. The Division of Public Institutions had it printed and then made it available to physicians, ministers, and public-health nurses, as well as welfare boards. An administrator in England wrote that rarely did a government publication have such warmth and understanding. Like *Teach Me*, it was translated and adapted in other countries.

In later years the committee produced two more booklets: *Looking Ahead*, to help parents who had reached the stage of wanting to make plans for their children; and *Now They Are Grown*, to meet the problems of the older child in the home. When I left state employment I felt that watching parents progress in their ability for self-expression and in their attitude toward our program had been a thrilling experience.

Shortly after Mr. Jackson organized these two committees, drastic changes took place in the Division of Public Institutions. Warden Whittier of the State Reformatory died, and in the spring of 1952 Mr. Jackson was made warden or superintendent. I was confident Mr. Jackson would continue his interest in the mentally deficient and would give full backing to Mr. Rosenberger in working with the men in the Annex for Defective Delinquents. I believe that this plan, which makes possible varied types of occupation for the mentally retarded, is a good one. It can only be successful, however, if those administering it are interested and have an understanding of the men.

Following Mr. Jackson's appointment, Mr. Jarle Leir-

fallom, who had been director of the Division of Social Welfare, was made director of the Division of Public Institutions, and again there were changes. These did not greatly affect the functioning of the bureau. Mr. Leirfallom, however, did not wish to retain an administrative assistant and Mrs. Daniels resigned. She had been a firm supporter of the program for the mentally deficient and I missed her counsel, especially in relationships with the institutions where her position had made it possible for her to aid in working out co-operative policies.

Mr. Leirfallom brought with him a social worker, Leo Feider, to co-ordinate all social services. Mr. Feider was interested mainly in the mentally ill and there was much discussion of community planning for them. Some persons felt that the welfare boards could not supervise them and that the hospitals must employ sufficient psychiatric social workers to cover the state. Others thought that the plan for supervision of the mentally deficient furnished a pattern for that of the mentally ill.

In January, 1952, registration for the yearly institute for social workers which had started in 1949 was opened to parents, public-health nurses, teachers, and others interested. Backed by the new interest of the Federal Children's Bureau, public-health nurses were becoming even more active than they had been and were making home visits to help parents of severely retarded children. From the beginning, persons in professions other than social work had participated on the faculty of the institute program, and now parents were added. This gave added confidence to those workers whose counties had no parents' association and who therefore had not realized to what extent frankness when combined with understanding was possible. A copy of the proceedings of the institute reached an out-of-state parent, who wrote for additional copies. The Division of Public Institutions and the university co-operated in making it possible to send the report to the president of each local association for retarded children in the United States. Some months later Mrs. Letha Patterson, who was on the board of the National Association for Retarded Children, told of an experience at its meeting

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in the fall of 1952. Discussing some topic she had said. "That's how it looks from Minnesota." A California member held up a copy of the institute proceedings, saying: "Well, if this is any sample of Minnesota's thinking, I'll buy it. Those people in Minnesota have led us thus far and we shall continue to look to Minnesota for this professionally-sound leadership."

The 1953 meeting included a skit on planning for a retarded child in which real parents took the roles of parents, and a real pediatrician was the doctor. Social workers and the institution superintendent also represented their counterparts. This was an eye opener to many. Planning the skit was particularly illuminating to the doctor, as he found that parents were able to discuss questions tinged by emotion more objectively than he had believed possible from his real interviews. He learned also that many parents still felt that doctors gave them the "run-around" and did not tell them frankly what to expect. He in turn was able to explain that sometimes failure to give a diagnosis was due to a need for more study of the case, although it was evident that few doctors spent sufficient time explaining their findings to parents.

For the last paper of the 1953 meeting I spoke on "My Friends the Retarded." Trying to show that a retarded person should be valued no matter how low his mentality, I used the parable of the talents, saying that most of us were one-talent persons, but many of the retarded had been given only a small part of a talent. I emphasized our responsibility to help them develop it, saying: "With a basis of confidence and security, each mentally deficient person can develop and make return on the partial talent given him, no matter what his endowment may be." I ended by paraphrasing a "motto" for all who were interested: "Give to the retarded the best that you have, and the best will come back to you."

These years saw a change of attitude toward sterilization. The decrease in these operations during the war caused by lack of surgical nurses had continued, and in the biennial period ending July 1, 1948, there were no operations on

women, only four on men. Dr. Engberg noted that there were not enough surgical nurses available to take care of operations that were imperative for health reasons. After that year the number of operations increased slightly, reaching twenty-three and two for the biennium ending in 1952; however, large numbers of wards were never again even considered for sterilization. This cannot be attributed only to a continued lack of surgical nurses. It was based more on an important change in philosophy. The success of wards in industry during the war had helped to bring about the change, perhaps somewhat unconsciously. If they were able to show greater ability and better judgment than we had expected, perhaps we need not be so concerned about the possibility of their having offspring. Moreover, some of the knowledge of human genetics gained during these later years had ended the idea that mental deficiency was inherited as an entity. Thus sterilization could be considered on a more selective basis.

About this time Mr. Foster Barlow, who had worked with boys at Red Wing, became supervisor at Owatonna. He was disturbed about the children who did not get summer vacations and discussed this with me. We found that the state parks offered camping facilities and could be used for vacations for these boys and girls. The result was that with the help of the recreation director of the division and some of the Hennepin County staff, Owatonna opened its first camp in August, 1953. It was most successful and has been continued as a part of the program of the school. Since then there have been many camps for the retarded but I did not then realize that they had been a part of the program at Faribault before 1900. Dr. Rogers had arranged for children not going for summer vacations to have their outing at a near-by lake.

Both Miss Mickelson and Miss Coakley had been active in the American Association on Mental Deficiency since joining the staff, and in February, 1953, Miss Coakley—and Minnesota—received a great honor because of this. She was vice-president for social work for the year 1952-53 and so was invited by the World Health Organization to a small

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conference on the mentally retarded held in Geneva, Switzerland. The director gladly gave permission for her to attend and she was one of only two social workers—and the only one from the United States—in a group of persons representing several professions.

There were three reports to the 1953 legislature which had some recommendations on the mentally deficient, and—especially the first one—were probably largely responsible for an appropriation to provide 400 more beds at Cambridge.

Mr. John Holahan, a parent, was chairman of the research committee of the state association that was originally called the Minnesota Society for Mentally Retarded. The committee wished to determine what the association should stand for, with emphasis on increased institutional space. Beginning in 1951 we worked very closely with him, breaking down the waiting list into various groups to indicate the type of care and training needed. He decided that his committee could make a better and more telling exposition of needs if, in addition to a careful analytic and statistical study of our program and figures, he made a thorough study of the whole subject of mental deficiency and of what other states were doing. His report, with a definite assertion that a new institution was imperative, was ready for the 1953 legislative session. His statement had been based on the conservative estimate of 1 per cent of the population, to indicate the part which is mentally deficient, although at that time estimates of 2 or 3 per cent were more commonly used. The question of percentage is still not settled and has varied greatly over the years. In the earliest days it was one in 2,000 and then one in 1,000. Later, in Dr. Kuhlmann's studies, it was sometimes 4 and 5 per cent. By 1959 most studies made were based on a probable 3 per cent.

While Mr. Holahan was making his study, the Legislative Research Committee was making one on organization and administration of Minnesota's mental hospitals. This, too, concerned the hospitals for the mentally ill, but had some recommendations that would apply to those for the mentally deficient.

An interim committee of the legislature was studying

youth conservation and mental health problems. Some of their information was furnished by the Section for the Mentally Deficient and I included in it a statement on the need for provisions for the teen-aged retarded person who is delinquent. The latter part of the committee report contained some specific recommendations on the mentally deficient but none relating to the group who are also delinquent. One statement was perhaps the expression of an ideal rather than a recommendation: that all mentally retarded persons under guardianship and needing institutional care should be admitted to the institution and that there should be no waiting list "now or in the future." This is reminiscent of the 1898-1900 biennial report of the Minnesota Institute for Defectives. In requesting more space for the feeble-minded it stated: "The plan is to provide for the first time in the history of the department, room for all proper subjects of the institution in the state."

THE BASIS FOR CHANGE

The early slogan of parents of retarded children was "The Forgotten Children." When I first heard this I thought it did not apply to Minnesota, where we had long had a Section for the Mentally Deficient and Epileptic. And yet in one sense it was true even in this state. Perhaps the basic fact was not that these children were forgotten, but that a feeling of hopelessness prevailed as to what could be accomplished. In spite of the discussions and efforts of so many committees and individuals through the years, the program had become somewhat static. Increased institutional space, with better care for the severely retarded, and plans for community placement, with supervision of those who could be self-supporting, seemed to be our best-formulated goals in 1950—good ones, but not sufficient.

Over the country and in Minnesota there had been some stirrings prior to this date. A few pediatricians and psychiatrists, with Dr. Reynold Jensen of Minnesota in the forefront, had shown concern, and papers given at meetings of the American Association on Mental Deficiency indicated that some research was being done. New hope had been

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evident, but the hour of real awakening did not come until September, 1950!

A summary of this earlier period was done ten years later by Dr. Elizabeth Boggs, one of the organizers of the National Association for Retarded Children and a truly brilliant woman. Probably no professional person in the field of mental deficiency has the broad knowledge in all areas that has Mrs. Boggs. She has familiarized herself with all state programs and institutions, as well as with laws and their administration. In the October, 1959, and February, 1960, issues of *Children Limited*, the publication of the National Association for Retarded Children, she wrote an article entitled "The Decade of Decision." There is a sub-heading in the article, "The Accomplishments of Welfare." Under "Case-Work" she expressed her opinion that this service has been greatly lacking; in most places the retarded person must be one who can respond to the "generic" approach in case work—general principles which apply to all—or the social worker will turn him over to "the people in charge of institutions." The institution "would then have to set up its own outside program if supervision outside was needed." This sentence follows: "With the outstanding exception of Minnesota, whose community program for the retarded was born within its child welfare services 40 years ago and managed to survive the dark ages of the 2nd quarter century, the attitude of 'let the institution do it, it's their job' seems to have been prevalent in child and public welfare agencies wherever substantial services beyond financial grants were seen as necessary." This period covered my years with the state prior to 1950. My own opinion is that this might have occurred in Minnesota also, in spite of the Children's Bureau, if there had been no guardianship law which necessitated a definite unit to administer it, a unit which, no matter what the over-all administrative organization might be, had to continue functioning. Possibly the fact that the same person headed this unit as it was tossed from one administrative agency to another also helped to preserve it as an entity.

As an example of what might have happened, delinquent

children were mentioned in the law with the defective and with others whom the Board of Control was to protect, but no specific responsibility was stated as a basis for planning for them, and little was done through the Children's Bureau. The delinquent were lost in a program in which emphasis was placed on unmarried mothers, dependent and neglected children, boarding homes, and adoptions. It was some years later that the Youth Conservation Commission was created, through which such children and youths were given especial emphasis in the state.

Until the 1950's I had been able to know to some extent what was taking place in this state in the field of mental deficiency and to participate in most of the activities—largely because interest was limited even in Minnesota. It had been possible to acquire a general knowledge of what was happening over the country, as the amount of research and experimentation with programs was not too great. Beginning with the 1950's, I could not keep up with all that was happening in Minnesota or, sometimes, even in the agency where I worked. Previously, those of us who were responsible for a program for the retarded considered it a triumph to enlist the help of others. Many of those within the agency who previously had co-operated with us now initiated action, as did other public and private agencies. Much of the activity inside and outside public agencies came from the fact that parents had become a part of the picture. By 1953 the parents were well established and had been accepted in Minnesota as an integral part of any "team" planning for a partial or total program. The state could not share its legal responsibilities, but the Association for Retarded Children the other fully informed, and the association, to help the and the state complemented one another. Each must keep state carry out its responsibilities, had to aid in an interpretation of the mentally retarded and their needs—both to the public and the legislature.

I consider the organizing of parents on a national, state, and local basis to be the most important event that has taken place in the field of mental deficiency since the founding of the early institutions. Moreover, they have had

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good leadership. The emotional and perhaps self-centered attitudes that some professional persons feared would become evident did not materialize in the dominant leadership—rather, the parents have everywhere kept ahead of professional persons in advocating continued study and constructive change. New facilities and new plans have come into being. The Association has stimulated interest and secured backing for research the extent of which could not have been dreamed of even ten years earlier.

While attributing this new drive to parents, it is also well to recall a sentence from Eduard Seguin's *Idiocy and its Treatment by the Physiological Method*, written in 1866. He had been hailed as the creator of this method and the inspiration of those who early worked with the retarded. With true humility, he said: "At a given hour, anything wanted by the race makes its appearance simultaneously from so many quarters that the title of a single individual to discovery is always contested and seems clearly to belong to God manifested through man." Perhaps like Seguin, parents would agree that they were the means of sparking a movement which others were ready and waiting to join.

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Years with Child Welfare

JN May, 1953, the program for the mentally deficient and epileptic became once again part of that for child welfare, although quite different in its administrative aspect from what it had been under the Board of Control. This new organization resulted from legislative action of that year endorsed by Governor C. Elmer Anderson.

Governor Anderson recommended that the mental health program be expanded, with emphasis on personnel and research, since the food situation and other aspects had improved during the years immediately preceding. These statements were primarily concerned with the hospitals for the mentally ill, but were applicable to those for the mentally deficient. One definite and unequivocal recommendation, however, dealt with the mentally retarded: There must be additional facilities for residential care! The governor stated that in 1909 Governor John A. Johnson had reported that space was needed for 400 children. He felt that after forty-four years something should be done about this perpetual waiting list. Governor Anderson could have mentioned the year 1883 as the starting point of the waiting list. In that year Governor Hubbard reported that, by means of a building which had opened the previous February, the number of "imbecile" children provided for had increased to a total of 41; but in spite of the overcrowded condition there, 59 chil-

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dren remained for whom there were no beds. In the intervening years not every governor had mentioned the waiting list, but all had felt pressures because of it.

REORGANIZATION

The administrative changes in the welfare setup authorized by the legislature were included in recommendations made following a study on reorganization of state government. This portion of the study had been approved by Governor Anderson. His appointment in 1952 of Mr. Leirfallom as director of Public Institutions, and the whole trend of changes that were then initiated, had indicated that an administrative innovation was in the offing and that Mr. Leirfallom was slated to head a new, more unified organization. It was thus no surprise that a bill was passed abolishing the office of the commissioner of mental health and uniting the responsibilities of the directors of the Divisions of Social Welfare and Public Institutions under one person, the commissioner of public welfare. It was signed by the governor on April 21, to take effect as soon as a commissioner was appointed. On May 15, 1953, the two divisions were consolidated under Mr. Leirfallom; many details of organization had already been worked out.

When the legislature abolished the office of commissioner of mental health, it established a medical policy directional committee on mental health. It was composed of five members, each of whom was to be expert in some specific field of medical or related science. The law states that "the Committee shall advise" the commissioner on various aspects of institutional administration and policies, and on research policies and the use of research funds. The institutions and research funds for the mentally retarded were included with those for the mentally ill. Thus this committee, known as the Medical Policy Advisory Committee, has had a powerful voice in many matters concerning the institutions, as well as in the expenditure of federal grants in the field of mental deficiency. The law that established this committee directs the commissioner to appoint a licensed physician to assist him in carrying out medical policies formulated by

the committee. This provision was made in spite of the fact that elsewhere in the statutes the commissioner was given authority to organize his department as he might deem necessary.

On May 15, the date of the commissioner's appointment, I was in Los Angeles attending the meeting of the American Association on Mental Deficiency. I then took a vacation that I greatly needed because of the trying period of uncertainty that had followed Mr. Jackson's departure from the central office. When I returned May 28 a period of drastic reorganization had begun. The program for the mentally retarded was now to be definitely separated from that for the mentally ill and administered with child welfare. A Division of Child Welfare and Guardianship would include both the institutions for the mentally retarded and the section in the state office. The latter was physically separated from the administrative office until just before Christmas. The Division of Public Institutions had been located in a building in downtown St. Paul, and offices with the Department of Public Welfare now had to be arranged in the Capitol area.

From my standpoint the two key persons in the new program were Mr. Jarle Leirfallom and Mr. Alfred Angster, a very able administrator who was director of the new Division of Child Welfare and Guardianship. Mr. Leirfallom was sometimes called a Viking because of his stature and blondness, as well as his prowess in out-door sports. He was a driver, both of himself and of others, and was perhaps more concerned with tangible results than with individuals. His smile was pleasant, but one felt that it was not associated with a warmth of feeling. Mr. Angster made quite a contrast with his dark hair and expressive dark eyes, which were frequently merry but could be cold. His manner radiated efficiency, yet he could be relied on to consider the problems of individuals sympathetically. Both were young for top-level administrative jobs in such a tremendous program, and they had definite ideas of lines of authority and integration of programs. For the first time during my years in Minnesota I did not have access to the highest level of authority.

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Furthermore, I understood fully that Mr. Angster—not I—was the policy maker. From my earliest days I had understood that final authority was not vested in me, and I was careful to obtain approval for any policy changes that were more than procedural improvements. Procedures were largely unchanged, but for the first time in my experience I was conscious that I must proceed cautiously, lest I act without giving proper recognition to authority. This sometimes slowed down the action, but in the main, matters functioned smoothly and real and increasing interest was shown by the director.

We disagreed, however, on two matters, both based upon one of the director's theses—that the programs for child welfare and the mentally retarded were to be totally integrated. The first problem came up very soon in connection with discussion of a prospective manual for welfare boards. A revised one was needed to bring policies up to date for the mentally retarded and I had been working on this before the reorganization. Now we were told that there would be one manual for both programs, the material to be organized under such headings as "Children in Their Own Homes," and "Children Living Out of Their Own Homes," with something on both programs in each section. I argued that it was impossible to make this combination because of the very great difference in laws and procedures, but I did spend several months trying to fit the items that dealt with the mentally retarded under the proposed headings. The manual did not materialize.

Our other basic difference related to case records. Mr. Angster thought that records for child welfare and for the mentally deficient could be combined under one numbering system. If both sections were serving members of the same family, all parts would then be in one folder with a single case number. In theory this might be common sense and good policy, but practically it would not work. The Children's Bureau had started with that system in 1918 and had found it unsatisfactory, and when I came to Minnesota in 1924 cases were in the process of being separated. Now it was agreed that the case records would not be combined

immediately, but that there would be one records section for the division. Mrs. Kammann, who had been with me for many years serving both as secretary and records librarian, was classified by Civil Service in a higher bracket than was now allowed for the secretary of a section. I was to have a full-time secretary, but Mrs. Kammann, to keep her rating, had to accept the new position, with responsibility for the many and varied types of records of the whole division. It was a hard decision to make, but one does not readily accept a cut in pay. Furthermore, Mrs. Kammann, as secretary of the section, would have nothing to do with our records, which she had organized and built up through the years. The Section for the Mentally Deficient and Epileptic profited by her decision to become records librarian. In this area smooth functioning would now continue—without it there is lost motion and stalling in any program.

Miss Peggy Everson had been a stenographer with the bureau for several years, starting while she was still in high school. Not only could she decipher my handwriting and answer many letters without dictation, but she knew the functions and procedures of the department well and was competent to carry much responsibility. Thus she became an able successor to Mrs. Kammann. Within our own unit there were no other drastic changes. Both Mrs. Kammann and Miss Everson stayed with the mentally deficient section until after I left, although subsequent administrative changes again affected Mrs. Kammann's job.

Other changes took place in these early months. Two groups which had been meeting for some time were discontinued—the committee on management problems and the interinstitutional committee. Apparently Mr. Angster preferred to call in the superintendent or superintendents concerned with a specific problem, and he included me in the discussion if the matter had any relationship to the counties. I was told, moreover, that since we had started preparation for an institute at the center for continuation study of the university in January, 1954, we need not cancel it, but it was to be the last for a while. Once a year was too often for the same unit of a department to plan such a

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program. When the parents heard this after the 1954 institute, they attempted to organize one for 1955, but it did not materialize. It was 1957 before another was held.

CONFERENCE COMMITTEE CONTINUES

Mr. Angster did, however, approve of the Conference Committee as a policy-discussion group, and while he was administrator vacation procedures were changed permitting adults to leave for winter—and thus Christmas—vacations. He was greatly pleased with *You Are Not Alone*, the first pamphlet the committee had produced. Soon after the Department of Public Welfare came into existence, a copy of *You Are Not Alone* was sent, with a booklet produced by the Division of Child Welfare, to compete in a display of publications sponsored by the Child Welfare League of America. The two together took first place.

A new project was added to the functions of the Conference Committee—a booth at the Minnesota State Fair with parents and professional persons jointly manning it. Soon after the new organization came into being I was informed that the section was to have a booth at the fair. Several times in my early years with the Children's Bureau we had had a booth, and the decision had been that little was accomplished by our efforts to educate the public. Leaflets with factual information—or what we then thought were facts—were discarded all over the building and few people stopped to look at slides. The institutions had maintained booths for many years, selling articles made by patients or students. It seemed now that a booth planned and manned by the Conference Committee rather than the section alone might accomplish some real good. The committee was enthusiastic. There were wall exhibits showing the state setup, together with the location of the institutions and of the local associations for retarded children. Although some information was included on the functioning of each, emphasis was put on the fact that a parent of a retarded child and a county social worker were there at all times to give information or talk about personal plans if someone wished to take this opportunity. Many county papers carried write-

ups before the fair opened, and at least one mother with whom I talked had come, after seeing one of them, just to get information. She was far removed from the county seat in a far northern county and had not known of the services offered by the welfare board. We had the impression that some parents requested information by asking questions under the guise of a neighbor of a retarded child.

I spent considerable time in the booth and so felt qualified to agree with the Conference Committee's decision that the methods used were effective and the results good. Mr. Clarence Ebel, president of the St. Paul Association for Retarded Children, wrote to the department expressing the thanks of his organization for this experiment—the first time, so far as he knew, that parents and social workers had combined forces at a fair. This project became a yearly event and in 1959 sponsorship was increased to cover staff from the institutions, public health nurses, and school or Department of Education personnel.

The Conference Committee continued its monthly meetings as long as I was with the State. The National Association for Retarded Children commented on it favorably as a forward-looking acceptance of co-operative relationships with parents. At one of the meetings a representative from the attorney general's office talked on wills and trust funds, a subject which later was of great concern to the National Association. Besides discussions of problems or policies there were informative papers or talks; for example, Miss Mary Mercer prepared a profile of Owatonna State School and Mr. Arnold Madow one of Faribault. Both were fully discussed by the parents and were later printed in the department magazine, *Minnesota Welfare*, thus getting broader coverage. Occasionally during the years there were as many as twelve or fifteen local associations of parents represented, some from far corners of the state, but in the later 1950's fewer parents attended. The question was then raised of disbanding the committee. Had it served its purpose? The answer was "No"; more associations then began paying the traveling expenses of their representatives, and it was still possible to have good attendance.

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EARLY ADMINISTRATIVE PROBLEMS

During Mr. Leirfallom's administration as director of the Division of Public Institutions he became concerned because there was an empty cottage at Owatonna—a frame structure, vacated when the children were moved into a new brick building. The fire marshal prescribed the installation of a sprinkler system before the house could be used again. Mr. Leirfallom directed that this be done: There must be no building empty while there was a long waiting list! The law said that Owatonna was to provide training for those who could return to the community as self-supporting individuals, and so the choice of occupants for the building was limited. The possibility of self-support was really a distant mirage for many of the children already placed there. So whom to put in this building? I suggested young children, a group that would provide Owatonna girls training in child care. This proposal was accepted, and nurses from the State Board of Health helped in formulating plans. These were not completed until after the creation of the Department of Public Welfare.

The first "babies"—so-called because even though four or five years old they were severely retarded—were accepted about August 1, 1953. Using the cottage for training some of the girls did not seem feasible. The staff at Owatonna appeared unhappy, fearful of some catastrophe happening to this group of twenty little girls, so different from most of the students. Mr. Henderson was eager to have the children removed almost from the time of their arrival, but this was not accomplished until January, 1957, when the "babies," their beds, and their equipment were accepted by Dr. George Wadsworth, the superintendent at Cambridge State School and Hospital. An unsuccessful experiment then ended.

The Commission on Youth Conservation and Mental Health Problems which had stated that there should be "no waiting list" also recommended an amendment to the law that covered payment for care in a state institution for mentally deficient persons. The recommendation became law; it provided that responsible relatives pay yearly 52 per cent of the average of the Faribault and Cambridge per-

capita cost for patient care during the previous year. The law continued: "If the person so liable fails or refuses to pay such sum," the county of settlement was to reimburse the state the sum of \$80, which could then be collected from the relative if he was able to pay that amount. This seemed to make it legally possible for a parent to refuse to pay the 52 per cent even if he were able. Although the amount varied from year to year, it was always above \$40 a month, very different from the previous \$40 a year.

The law did not take effect until January, 1954, and thus plans were worked out within the Division of Child Welfare and Guardianship. There might be parents who would not meet this financial requirement even though they could, but I was more concerned about those who would deny themselves necessities in order to respond to what was expected of them. Mr. Angster was cognizant that a guide must be provided for the parents and for the county welfare boards who would interview them. A scale was drawn up to show under what circumstances payment should be considered possible, based on income and number of dependents, with allowances made for unusual medical bills, etc. It was not ungenerous, but according to the collections section of the financial division of the Department of Public Welfare there were never as many as 400 patients for whom the state received the 52 per cent, even though the population of the institutions was well over 5,000. Some parents felt that they could have paid more than \$80 a year, but not 52 per cent, and there was no provision for a sliding scale.

This law came at a time when parents all over the country were discussing state laws on payment for institutional care. Questions were being asked. Were parents of retarded children being discriminated against, compared with others whose children were handicapped? At home, public education of children was supported by tax money; was not a portion of the institutional cost allotted for education? Also, should parents be required to provide lifetime support for a retarded child if he was in an institution, when by age twenty-one or earlier the normal child was on his own?

The original philosophy in Minnesota—that the care of

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the "idiot and imbecile" was a humane responsibility of the state and that the "not to exceed \$40 a year" provision was for clothes and transportation—was ended with the passage of a law making a parent possibly responsible for 52 per cent of the cost. But what was the new philosophy? Minnesota has now given a partial answer to questions about this. To some extent institutions are schools, and a portion of the appropriation for those with school programs is now taken from the public-school aid fund. A bill to make further changes in the law and answer more of the questions was considered—and defeated—by a later legislative session, but the discussion was continuing when I left state employment.

During these years early philosophies were questioned in many areas. Should an institution serve as a permanent home for any retarded persons—and if so, for what groups? Should the local community, not the state, have the greatest responsibility for carrying out a total program? Could a plan be worked out for paying brighter patients as institution aides, since their worth had been shown through the years? To this last question no real answer has been offered, but some institutions have experimented a bit. The loss of the services of these patients by outside placements has been felt by all institutions, Minnesota included. A topic for future consideration may be a plan for adequate payment for work done by wards in the institutions. This might help solve the questions of unemployment for wards in the community and of a sufficient number of well-trained employees in the institution.

THE YEAR 1953

As I look back and review records, the year 1953 was one of taking stock—not of expanding—for the Section for the Mentally Deficient and Epileptic. The booth at the fair was, I believe, our only new venture. One staff change had a definite adverse effect on the functioning of the section. In June Miss Mickelson resigned to be married. She continued her interest in the mentally deficient by editing *Channel VIII*, a regional publication of the American As-

sociation on Mental Deficiency, but this did not compensate Minnesota for her loss.

The American Association on Mental Deficiency was also in a period of stocktaking. This body of concerned professional persons had never lost the hope that great progress would be made in research as well as in other areas. Indeed, when I was president in 1950, I gave a newspaper interview on the decision of the governing body, the council, to establish a research fund. How to start it was another question. When the National Association for Retarded Children came into existence the idea of the A. A. M. D. of establishing a research fund faded, and no substitute was ready by 1953. In that year, however, the minutes for the council meeting stated: "It was the sense of the meeting that the organization and development of the Parents' Groups, on the local and national levels, was one of the most encouraging factors to workers in our field, that has come into being for many years." A good omen for the future.

The National Association for Retarded Children was very active. It had not only organized, but was looking for an executive. It already had a very strong research committee headed by Dr. Grover Powers. This committee decided in 1953 that there must be a scientific advisory board, and Dr. Reynold Jensen and Dr. Sheldon Reed of Minnesota, among others, were selected as members of it, but the actual appointments were not made until January, 1954.

Advances were made on some state and community levels also, although apparently the year 1953 was one of serious financial stress. The budget for the university was cut; this made it impossible for the Department for Special Education to add staff for the training of more teachers of the mentally retarded. A summer course, however, was started by Dr. Reynolds, geared for teachers of all types of children needing special classes, but permitting registration by other interested persons. This course gave an over-all picture of the mentally retarded, their needs, and how to meet them. Similar courses were given for several years, and at one in 1955 I first met Mr. Gerald F. Walsh, who had just become executive direc-

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tor for the Minneapolis Association for Retarded Children.

In 1953 Dr. Jensen, in a course in child psychiatry for junior medical students, assigned three class periods to consideration of the mentally deficient. In the first period he gave basic principles; in a second, a parent talked on parents' experiences and attitudes; and in the last, I discussed the state program for the mentally retarded, relating it to the doctor's place in planning for them. This was continued as long as I was with the state, and there were usually three such classes a year. Thus many young doctors started their practices with at least some understanding of the mentally retarded—certainly more understanding than in the recent past. This I believe was the first time students were given any orientation since the time when the medical school had arranged with Dr. Rogers for visits to the institution.

Another significant occurrence of 1953 was a talk by a parent at the State Welfare Conference. There was an overflow crowd to hear Mrs. Letha Patterson speak on "The Parents' Viewpoint." She emphasized that many parents could solve their own problems if they were given help, and that the professional person must work with the parent. In fact, she listed a team of 3 P's—Parents, Public, Professional—as needed for a final solution of the problem of what to do for the mentally retarded.

In June of 1953 a number of persons especially interested in education of all the handicapped organized the Minnesota Council of Special Education. Its purpose was to give service to all exceptional children, stimulate research in the state institutions, secure scholarships for teachers, sponsor coordinated legislative action, and secure additional opportunities for education in the rural areas and consultant services for the multiple-handicapped. Mr. Henderson, Dr. Reynolds, Dr. Jensen, and many others—mainly educators and some interested parents—made this an organization which has shown real accomplishments, including taking the initiative in 1955 for getting a commission appointed to study the needs of handicapped children.

The Minnesota Association for Retarded Children held

its second annual convention about the middle of June, 1953. It took place in Duluth and demonstrated the real state-wide significance of the organization. Dominant leadership was from the parents or relatives of the retarded and this was a meeting where plans for getting action were mapped out. The influence of this group was added to that of the Minnesota Council on Special Education in securing the appointment of an interim committee in 1955.

The children who had been in Mrs. Fraser's Home Study School for some years were now reaching an age when other arrangements must be made for them. This posed a problem for the parents. One parent was also one of the teachers, Mrs. Laura Swanson, later Mrs. Laura Zemlin. The result was that the backing of interested persons was secured and Opportunity Work Shop was started on the same grounds as the school. Prior to this there had been workshops in the Twin Cities for the physically handicapped, with one or more mentally retarded persons in each group, but this was the first workshop established only for the retarded anywhere in Minnesota. It included some who could later go on into industry and also some for whom this type of sheltered environment would always be necessary. Several years later it was accepted for subsidy by the United States Office of Vocational Education.

Another near first in the country—if not the first—was a Protestant Sunday school opened in St. Paul for rather severely retarded young people—several of them in their teens. A group of mothers who wanted religious teaching for their children picked out a central location and went to the pastor of the church located there—Christ Lutheran. None of the parents were members of this church, but the pastor and his board were convinced that they should furnish the service on a strictly nondenominational basis. A number of parishioners volunteered their services and student pastors were sent to help. None of these people had had any experience with retarded children, but they were enthusiastic in their teaching—using pictures, music, and dramatization, and also calling for quite a bit of memory work by the children. At the special services they hold at Christmas and

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Easter it is a challenge to see the response of the children and the happiness of the parents, even though the children may have difficulty in saying the words of their parts or may not understand all that they read—the reading accomplished perhaps only with prompting.

Another class which started in the early days of such classes was at the Hennepin Avenue Methodist Church in Minneapolis. There several trained psychologists worked with the children and provided a program of learning and doing geared on an individual basis to the understanding and ability of each child. The program included a simple and short worship service with an atmosphere of reverence to which the children could respond.

Religious training for the severely retarded began to receive attention all over Minnesota and the country. It was realized that although the so-called trainable group could not understand religious doctrines, they could be taught reverence for God and a sense of His goodness. The Catholic Church prepared a revised catechism and many priests arranged special classes for instruction. The Jewish synagogues followed the trend somewhat later.

The increased interest in the retarded, although wonderful, created some special problems for parents. Many people were giving talks and some offered false hope to those still grasping for straws. An audience composed largely of parents of severely retarded children would be told, "The mentally retarded can become self-supporting," but the example given would be one of a really high-grade retarded person. Some parents heard the statement, not the example. Or again, some talks seemed to indicate not only improvement but cure of some children by means of diet, exercises, medication, etc. An example would be given of a child whose case might have been wrongly diagnosed, and some parents were ready to find a new doctor or psychologist and start the merry-go-round once again. Then there was the parent who would not even consider institutional placement, but would say "I love my child," as though implying that those who placed their children in institutions did not. This disturbed me when I watched parents, who felt that they

should place their child, make such a decision and then become uneasy about criticism.

From this time on many things showed an increasing interest in the mentally retarded, although if magazine and newspaper coverage could be measured as an indication of interest, I believe there would be more shown for the mentally ill, with the aging now running a close second. In and out of Minnesota, however, the mentally retarded were the focus for the attention of many groups or individuals who expressed new ideas for programs or public education and then put them into operation with enthusiasm and drive. To me, the experience of having others assume aggressive leadership was a thrilling one.

LAST YEARS WITH CHILD WELFARE

The year 1954 was a significant one in respect to my relationship with the National Association for Retarded Children. Since 1951 I had been chairman of the Liaison Committee of the American Association on Mental Deficiency, a committee organized to make certain there was understanding and co-ordination between the two groups. At the convention of the American Association on Mental Deficiency in Atlantic City in the spring of 1954, at my request someone else—a younger person—was elected to take over. On the last day of the convention the National Association for Retarded Children presented me its first award for meritorious service. The minutes of the meeting show that, in expressing thanks for the honor, "Miss Thomson said she felt this was as much a tribute to the American Association on Mental Deficiency as to herself personally." This was true. The award was "for devoted service to the welfare of retarded children, for loyal friendship and a guiding hand to their parents." This statement recognized my dominant interest and perhaps greatest strength—a desire to understand people and establish relationships on the basis of understanding—an attitude especially valued by parents at that early date. Although I had been a teacher, a psychologist, and a social worker, I had never been a technician. I was much more of a humanist—but with human

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interest based on some understanding of law and a recognition of the need for organization.

The Minnesota Association for Retarded Children awarded me its certificate of appreciation at its 1955 meeting, using almost identical wording in stating its basis—again recognizing my relationship with parents during the remainder of my years with the state.

The long waiting list continued into 1954, and finding boarding homes for children who should not be in their own homes became a problem. A "waiting list" for this type of space came into being. For some time it had been evident to many social agencies with residential institutions for normal children that the new philosophy of a home environment for each child meant changing the function of these institutions. Thus Vasa Home near Red Wing had to look for a new service. Mr. Morton Bjorkquist, executive director of welfare services of the Augustana Synod of the Lutheran Church and previously an executive secretary of a welfare board, was instrumental in changing this home into an institution for boarding retarded children. Children would be accepted whatever the religious affiliation of their parents. Other church-sponsored and private homes or schools were opened later.

As early as 1950, parents in a number of communities all over the United States had been organizing group care and training for children not in school. Much of this was done without any professional consultation and some of the results were not too satisfactory from the standpoint of physical surroundings, teacher qualifications, and range in both age and ability of pupils. In Minnesota such a situation arose very suddenly and spread quickly as groups were organized in small towns or cities. The Department of Public Welfare through its Standards and Licensing Section, was required to set standards and to license day-care facilities, but it was impossible to determine in this situation what could and should be done. In 1954, however, the Minneapolis Association for Retarded Children made plans for a day-care center at Elliott Park Neighborhood House—later Waite Neighborhood House. A trained nursery-school

staff was to be in charge, and interested psychologists agreed to screen the children. The experiences of this center could be expected to help in determining future standards and goals.

Research and pilot projects, largely aided by federal grants, were now not uncommon. In April of 1954 Dr. Maynard Reynolds proposed a study of the pupils who had left Owatonna State School—no matter for what reason. Mr. Henderson and I both liked the idea, and administrative approval was given on condition that no results obtained by Dr. Reynolds and his assistants would be made public without prior approval by the department.

Studies were also made in our section. Money was available to the Division of Child Welfare and Guardianship to employ someone on a "project." It was offered to the section if we had an acceptable plan. Plans or ideas are always floating around to be grasped if needed, and thus one was approved for reviewing the higher-grade adult population of the Faribault state school with the idea that some individuals might have been forgotten and should really be outside. After pertinent information had been collected from office files, it was hoped that the worker could use the medical and personal files at the institution and work independently to complete each person's record. Unfortunately, there had to be some interpretation of the records made by Miss Perkins or another staff member and thus, to avoid consuming an undue amount of staff time, the information requested was cut to a minimum. Plans outside were made for some persons sooner than would have been possible without this study, but as a whole those remaining in the institution were held for valid reasons: health, behavior, or attitudes.

A second study, made by department staff members, covered the earnings of wards for the year 1953. It summarized figures furnished by the welfare boards and the result, with other facts, was presented to the legislature as proof of the worthwhileness of paying for supervision. There were 741 employed wards upon whom the welfare boards reported. The amount of their earnings was \$1,047,506, of

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which \$921,958 was cash and \$125,545 "in kind"—mainly board and room at the places where they were working. Since "money talks," it was hoped that this report would be of value.

The 1955 legislature authorized the commissioner of Public Welfare to lease the Ramsey County Preventorium on Lake Owasso. It was placed under the direction of Faribault State School and Hospital. It was no longer needed as an institution for children with tubercular tendencies, and the county, to avoid paying for its upkeep, rented it for one dollar a year. This facility was to be used to make possible closing Sauk Centre. It was not well designed for small children, one drawback being its central dining room, located in the administration building, a unit separated from the dormitories. The nonambulatory children from Sauk Centre were taken to Faribault and the epileptic to Cambridge. The others, ranging in age from four or five up to eight or ten, were taken to Lake Owasso Children's Home on a December day when a big snowstorm brought high drifts. For several days the children could not leave their dormitories. This created great difficulties and Dr. Engberg soon decided to place older boys and girls there, eventually making the group all "girls"—many in their forties or fifties.

The opening of Sheltering Arms in Minneapolis as a school and research center for the retarded was an important event of 1955. The Sheltering Arms, a nonprofit, charitable organization founded in 1882 under the auspices of the Episcopal Church to provide services for children, had adapted its program over the years to meet the changing needs of the community. In 1955 it was searching for a new and vital undertaking and I suggested a study of a group of the unadjusted mentally deficient children. I continued to hope we could find out the "whys" of unacceptable behavior, but the agency did not have sufficient money for such a project, and so little consideration was given to it. The decision was to combine forces with the Minneapolis public schools and conduct a day school for several classes of retarded children—mainly those with unusual problems. Dr. Harriet Blodgett was made director. She had been a

psychologist in the Bureau of Psychological Services for a time before she took her Ph.D. at the University of Minnesota, and then became a professor at the Institute of Child Welfare. She had retained her interest in the mentally deficient from her days with the Bureau of Psychological Services, and even before becoming director of Sheltering Arms she served on many committees and as advisor to groups interested in the mentally deficient. Research, as well as teaching, would be emphasized—by keeping records and by working with parents in such a way that after several years there would be sufficient information to form a basis for establishing methods to determine children's abilities and needs and how they could be met. Although a ten-year period was considered not too long for research to show truly meaningful results, there were preliminary reports, even while I was still with the state, on parents' attitudes, learning ability of children, etc., that were helpful in state planning.

In the summer of 1955 Mrs. Norma Bostock, an Illinois parent and chairman of the Committee on Institutions for the National Association for Retarded Children, made a round of visits to institutions in the United States and Canada. Minnesota was on her list, and besides visiting institutions she spent a day with me. When I explained our program, she said she felt that Minnesota was twenty years ahead of Illinois—that what we here took for granted in many areas, Illinois was just striving to get.

Another significant happening of this year was the appointment by the National Association for Retarded Children of an executive officer and also a director of research under the direction of the Scientific Advisory Board. The research director was Dr. Richard Masland, assistant professor of neurology and psychiatry at the medical school of the University of North Carolina. In his travels over the country Dr. Masland was, of course, primarily looking for medical or biochemical research which might throw light on the causes of mental deficiency, even though it had not been undertaken specifically for that purpose.

By 1955 the American Association on Mental Deficiency had started to chart its course of progress, based on con-

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ditions existing and new public interest. The federal government was beginning to provide funds in significant amounts for research, training of workers, and public education in the field of mental deficiency. These funds were coming from the Department of Health, Education, and Welfare and were expended by units in all three categories. The National Institute of Mental Health was especially concerned that its large appropriations be wisely expended, and for some time before the annual meeting in the spring of 1955, members of the association had been in touch with Dr. Leonard J. Duhl, a psychiatrist in charge of the Professional Services Branch of the National Institute of Mental Health. Dr. Duhl then met with the council of the association, stating his desire for professional help—that is from the American Association on Mental Deficiency—in setting up machinery to handle the problems presented by the rapid expansion in this field. Thus a committee of persons from the several disciplines represented in the association was appointed to meet with him and plan a course of action.

ADMINISTRATIVE CHANGES

Administrative changes in Minnesota came on both county and state levels. Early in 1955 the Ramsey County Welfare Board apparently decided that case-work services for the retarded could not be successfully given by workers carrying a general case load. It organized a section for retarded adults and on April 1 Miss Coakley returned to the county to direct it. Her section and that giving services to children comprised an over-all department headed by Miss Beatrice Bernhagen. By 1956 the mentally retarded children were placed under Miss Coakley. In counties with small numbers of clients in each category of service, it was necessary that each worker serve many different needs; this had given good results in Minnesota. In this large center, however, with many persons needing financial relief of some type, and with so many children requiring other types of special service, it was found that the mentally retarded were largely ignored until an emergency occurred. Even in the smaller counties, programs that involved federal grants usually got

first consideration.

Organization in Hennepin County was different. There both the mentally ill—now supervised by welfare boards—and the mentally deficient were under the same supervisor—Mrs. Alice Dumas Smith. She had worked with the mentally deficient in earlier days and so understood their special needs, a fact greatly appreciated.

I had been unable to replace Miss Mickelson, but fortunately, about the time Miss Coakley left, it was possible to employ Miss Shirley Bengtson, although it meant taking her from a job with a county welfare board. A person with a master's degree was desirable for the state office, other things being equal. In Miss Bengtson we had the other things—interest, understanding of the mentally deficient, reliability, and dependability. The degree came later.

In April of 1954 Mr. Angster had become deputy commissioner of the department, and Mrs. Roberta Rindfleisch, acting director of Child Welfare and Guardianship. The Section for the Mentally Deficient was placed under her, but Mr. Angster held the responsibility for the institutions.

About this same time Dr. Dale Cameron was appointed director of the Division of Medical Services, a position created by the 1953 legislature and now filled for the first time. The program for the mentally retarded was not in his charge, but he made it clear that he was responsible for directing medical programs even in the institutions for the retarded. It was easy to deduce from his conversations that he considered planning for the retarded basically a medical and psychiatric problem, with the other services furnished them a part of planning or "treatment" under medical direction.

Mr. Leirfallom's appointment in 1953 had come too late for approval by the senate. In 1954 Orville Freeman of the Democratic-Farmer-Labor Party became governor and it was soon evident that he would not wish to retain Mr. Leirfallom as commissioner. Thus, early in December, Mr. Leirfallom announced his resignation, to take effect when a new appointment was made. Mr. Angster returned to his old position, as the office of deputy commissioner was also

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appointive. This was a satisfaction to me, as naturally there was smoother functioning when the institutions and the section were under one direction.

Governor Freeman, soon after taking office, appointed Mr. Morris Hursh commissioner of welfare. Mr. Hursh is a Minnesota man, a lawyer who was secretary for Governors Olson and Benson. I have heard him tell more than once about what he says was his first meeting with me—although I do not remember it. As Governor Olson's secretary he had referred to our office, with suggestions for handling many requests or complaints that had come to the governor. Eventually he brought one problem to the office and gave me verbal suggestions. I listened, and then said: "Young man, you are quite busy with your job as the governor's secretary, aren't you?" He replied affirmatively, and I then said: "Well, suppose you look after your job and I'll look after mine and we'll get along well." We did get on well! When Harold Stassen became governor, Mr. Hursh was for a few months assistant secretary of the Board of Control and then, under the Division of Social Welfare, was the first head of the section for licensing boarding homes and private agencies. He later served the division as a legal advisor. At the time he was appointed commissioner of public welfare he was executive secretary of the Wisconsin Welfare Conference. In coming back to Minnesota he returned to many old friends and a program of which he knew much.

Few administrative changes followed the change of commissioners, but in September, 1955, Mr. Angster resigned and Mrs. Roberta Rindfleisch was appointed in his place, to take office October 1. I had sensed a tug of war (or tug of influence) between the Divisions of Medical Services and of Child Welfare and Guardianship as to which should be responsible for the program for the mentally deficient and epileptic. Mr. Hursh now settled this. The Section for the Mentally Deficient and Epileptic, as well as the institutions, were transferred to the Division of Medical Services. Once again there was a new administrator with a different point of view, as Dr. Cameron took over responsibility.

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Final Years

Now began my last four years of working for the state of Minnesota. I found that working for Dr. Cameron was in many ways very satisfying. He and his methods were quite different from the men and methods of the Division of Child Welfare. He was blond, but not with the pronounced blondness or appearance of physical ruggedness that were so striking with Mr. Leirfallom. He was several years older than Mr. Leirfallom and Mr. Angster, and had already had broad and satisfying administrative experience. Thus his manner did not radiate efficiency, but was rather relaxed. But to say he was relaxed does not mean that he did not demand that those under him give their best to the job nor that he did not strive for the success and enlargement of his division and win success in his strivings, even when competing with others.

CHANGE AND PROGRESS

I felt that Dr. Cameron frequently saw plans for the mentally retarded in terms of those adapted to the mentally ill. In the routine administration of the section I was left quite free, although he sometimes acted on matters relating to the mentally retarded without my even knowing what was being done. He wanted action and was ready to approve almost any suggestion that meant trying something new.

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The location of the section was not changed; we were not on the same floor as the others in the Division of Medical Services. Fortunately our records had not been physically combined with those of Child Welfare, as responsibility for records was again divided. This meant that before any questions relating to program development could be taken up, a decision had to be made about the status of Mrs. Kammann. I felt very strongly that she should retain her Civil Service rating even though she would be maintaining records of only one section: There were thousands of these, and keeping them properly organized required a high degree of knowledge of the program as well as administrative and technical skill. Civil Service said "No," and I lost my battle. Mrs. Kammann, rather than take a job in another department, accepted the lower rating and stayed on. She again initiated new procedures, and when I left was working with the statistical unit of the department, getting information from our records placed on IBM cards. The Kardex remained, however, as a means of keeping tab on the status of each ward.

An early action of Dr. Cameron was the reinstatement of the interinstitutional committee as a means of unifying the total program for the mentally retarded. He opened the first meeting by stating the purpose as he saw it: "To give everyone 'a bird's eye view' of the total program for the mentally retarded, followed by the identification of common problems, and hopefully at least some preliminary discussion of possible solutions to these problems." Two other statements from reports, summarized by the secretary, are perhaps significant in that they show the emphasis of that time. I said: "It has been the basic mission of the central office to coordinate the activities of the welfare boards and the institutions with the hope of making the best possible plan for the mentally deficient ward." I then made clear that emphasis was now on rehabilitation. I frankly had hesitated using the word "rehabilitation" in connection with the retarded, as it seemed to me that it was not a question of bringing the mentally retarded back to an earlier competency, but rather of developing their potentials—a different

emphasis that required different methods. But whatever the service and method, "rehabilitation" had become the term used. Mr. Rosenberger described the Annex for Defective Delinquents: "The program consists primarily of setting strict limits for the mentally deficient in a setting where there is a basic respect for the dignity of the individual."

The interinstitutional committee continued to hold quarterly meetings during my stay with the state. Besides policies and general problems, plans for persons who had difficulty in making an adjustment were discussed. If it was determined that placement in a certain institution was best for an individual, I never heard a superintendent try "to pass the buck" no matter how difficult the problems might be.

Planning for the mentally retarded as an integral part of the community now began to be accepted. It was coming to be recognized that their needs in education, recreation, spiritual guidance, etc., might require a specially trained staff and specially chosen facilities, but that these requirements should be met by agencies established and supported to meet such needs of the general public.

The trend toward acceptance of responsibility by a community agency first appeared in Minneapolis, although the St. Paul Association for Retarded Children had from the first stood for such acceptance and had not set up any projects of its own. The day-care center at Waite Neighborhood House—which had been sponsored by the Minneapolis Association for Retarded Children since 1954—had a Community Chest appropriation for 1956 and became a joint financial responsibility of the Minneapolis Association for Retarded Children and of the Community Chest, with the Neighborhood House assuming responsibility for direction.

In 1956 the Community Councils of both Minneapolis and St. Paul were studying the retarded and their needs in order to determine the community's responsibility. Parents were represented on both subcommittees and I represented the state. Each study came up with suggestions that private agencies accept more responsibility—a further step in bringing up to date the very early concept that caring for the "idiot" and "imbecile" was a state responsibility. After the

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St. Paul study was made, the Wilder Foundation agreed to establish a nursery school for retarded children. A near-tragedy occurred when it opened early in March, after the agency had spent many thousands of dollars renovating an old building. It had been expected that there would be more applicants than could be accepted—but there were comparatively few. Had the need been overemphasized? It had not. The problem was transportation for the children. Wilder Foundation had day centers for working mothers; it required that the parent bring the child and come for him, and made this a requirement for parents of the retarded. This arrangement proved not to be feasible for this group, and the St. Paul Association for Retarded Children took over the responsibility for transporting the children, thereby bringing the enrollment up to expectations.

The influence of parents was growing. Without doubt the combined influence of the Minnesota Association for Retarded Children and of the Minnesota Council on Special Education was responsible for the appointment by Governor Orville Freeman of an advisory board on the handicapped child, with Dr. Maynard Reynolds as chairman. An early action of that board was the appointment of a subcommittee on the trainable child. With funds given by chapters of the Association for Retarded Children a special study of this group was initiated.

The year 1957 opened a good legislative year for the retarded, the result of a more interested public. Governor Freeman had made an over-all recommendation for the addition or expansion of various facilities for meeting the needs of all groups requiring special consideration. A bill was passed allowing the state to subsidize community mental health services, and although most of the specific provisions concerned the mentally ill, the mentally retarded were mentioned as one of the groups to be served. Now that the provision was there, the retarded became progressively a group that drew interest.

An Advisory Board on Handicapped, Gifted, and Exceptional Children was set up by the legislature, replacing the more informal one appointed by the governor some months

earlier.

The report of the Interim Commission on Handicapped Children, authorized by the 1955 legislature, contained recommendations regarding special classes. The 1957 legislature accepted these and a law was passed requiring local school boards to provide education for the physically handicapped and the educable retarded. But it also provided state aid for classes for the trainable if they were organized according to standards set up by the Department of Education. The unit for special education was placed within a department for vocational rehabilitation, now showing great interest in the mentally retarded. Special education is designed for children and adolescents, rehabilitation for adults and adolescents. It is thus debatable, I think, whether this organization does not downgrade special education and fail to give it its rightful emphasis.

As has happened in other fields, the salary for a director of special education allowed by the legislature and Civil Service was not sufficiently attractive so that the Department of Education could interest an administrator from a progressive state that had such a division already organized. The person chosen, Mr. James Geary, a young man with excellent teaching experience, lacked such broad administrative experience, but had tremendous drive and a very high sense of responsibility. He did a wonderful job under great handicaps. I have never known anyone to work harder than Mr. Geary and his assistant did for many, many months, visiting communities interested in starting classes, setting standards, preparing directives, etc. And by 1958 he was well on his way to having established a stable and expanded state program. Particularly helpful in this organization was the Advisory Board authorized by the legislature. It again had Dr. Reynolds as chairman, and it gave considerable guidance and backing to Mr. Geary and his staff.

Scholarships for training teachers were now available, and the university exerted a special effort to provide sufficient teachers. It was indeed a satisfaction to have this area of an over-all state program so well organized. A by-product of the program was the fact that as communities established

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classes for the trainable, parents of children eligible for such classes often refused offers for institutional placement.

In 1957 the Minnesota Association for Retarded Children employed as executive director Mr. Gerald Walsh, who had been the executive of the Minneapolis Association. This meant that I developed a closer relationship with the association, as I often went with Mr. Walsh to give background information to new local groups.

On a national level, the National Association for Retarded Children was continuing to gather and disseminate information on all phases of programs relating to the retarded both in this country and elsewhere. Dr. Masland, who was continuing his travels to see what was being done in the research field, came to Minnesota in January, 1956, and I met him at a dinner given by the Sheldon Reeds. Although primarily he was not concerned with the social field, he was interested in it and liked Minnesota's program—in fact he intimated to me that it was one of a very few over-all programs he had found.

I have always thought that my close relationship with parents did much to bring an honor that came to me in 1956. Dr. Neil A. Dayton, secretary-treasurer of the American Association on Mental Deficiency and superintendent of Mansfield State Training School and Hospital in Connecticut, was responsible for having one of their new dormitories named for me. The certificate sent me read: "In appreciation and recognition of service in the interest of the Mentally Retarded rendered by Mildred Thomson as an outstanding National Leader, Administrator, and Past President of the American Association on Mental Deficiency, the Board of Trustees of the Mansfield State Training School and Hospital, on this fifteenth day of April, Nineteen Hundred and Fifty-Six, in dedication ceremonies, have named a resident dormitory Thomson Hall in her honor."

Dr. Dayton, a past president of the American Association on Mental Deficiency and secretary-treasurer for the previous fifteen years, had had a tremendous impact not only on the association and its policies, but on many of the broader issues in this field. He was greatly concerned that, with the

organization of the National Association for Retarded Children, the relationship between it and the American Association on Mental Deficiency should never become one of competition for leadership. Thus I am sure that my contacts as chairman of the liaison committee had prompted this recognition.

In 1956 the American Association on Mental Deficiency followed up on action taken in 1955. An announcement was made at the annual meeting that a committee had worked out a plan with Dr. Duhl for the A.A.M.D. to set up a Research Project on Technical Planning in Mental Retardation and already there was an appropriation of \$62,056 for implementing it. In September of that year Mr. Herschel Nisonger, professor at the Ohio State University in Columbus, agreed to act as director. He employed a staff and opened an office in Columbus. Many studies in various areas of interest were planned and carried out in the ensuing years.

After Dr. Masland's visit to Minnesota in January, 1956, he sent me a message saying I was going to be asked to participate in a conference, and would I please accept. An invitation came to a conference to be held in October at Winfield, Kansas, sponsored by the National Association for Retarded Children, the American Association on Mental Deficiency, and the University of Kansas, as well as the institutions for the mentally retarded and other local agencies. It was made financially possible by the National Institute of Mental Health. The subject was "Research in the Management of the Mentally Retarded Child." I replied that I was sorry I could not accept, that we had done no real research, although we had tried to evaluate our work whenever possible. A second letter came, and I then realized this was the invitation that Dr. Masland had mentioned, and that Minnesota's program was to be presented as research.

My topic was "A State Program Based on Parent, County, and State Co-operation," and as I traced the pattern over the years there was evidence of growth based on what we had learned, sometimes by our errors. Dr. Reynolds had

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been asked to report on his Owatonna study, and Dr. Budgett to give two papers—one a preliminary report on the Sheltering Arms School, and the other on "The Impact of the Mentally Retarded on the Family." Fourteen papers were given at the conference, including four from Minnesota that represented the university, the State Department of Public Welfare, and a private agency. One had the feeling that perhaps we in Minnesota were really working together and progressing together.

There was a great deal of interest in our guardianship law when I explained it at the conference. Many persons asked questions. Information about it seemed to spread and we received many requests in the office for copies of the law, some from officers of local units of the Association for Retarded Children. In each instance we sent a mimeographed copy of the law, with an explanation of our interpretation of it and of our procedures in administering it.

COMMITTEES AND PROJECTS

In December of 1956 a committee appointed by Governor C. Elmer Anderson in September, 1954, made its report on a mental health survey. The committee had been composed of legislators, professional persons, and lay citizens. A subcommittee on the mentally retarded had a chairman from outside Minnesota, Dr. Malcolm Farrell, superintendent of the Walter Fernald Training School in Massachusetts. At his request Miss Coakley and I had been appointed on the committee serving largely as sources of information. The recommendations included improvements in the institutions and the initiation of more research; an expansion of special classes for both the educable and the trainable; and facilities at Faribault for the training of teachers. There was also one recommendation that definitely affected the Section for Mentally Deficient and Epileptic. A Division of Mental Retardation within the Department of Public Welfare was recommended, this to be under medical supervision. I was pleased at this, as I had come more and more to feel that a separate division was needed, whether under medical or other professional direction. Mr.

Hursh, who was commissioner when the report was made, was unalterably opposed to the establishment of another division; he continued as long as I was with the department to give an emphatic "No" to any such suggestion.

I was not too successful with setting up federally aided projects. During many of the years of my stay with the state I had been eager that a film be made to show our program and the relationship of its various elements. We had old films from the states of Washington and New Jersey, but they were only partially applicable to Minnesota, even when they were made, many years before. There was nothing to show what Minnesota was doing, in or out of institutions. Dr. Cameron told me to prepare an outline and an estimate of cost, for consideration by the Medical Policy Advisory Committee. This information was ready in April, 1957, the estimated cost being possibly \$12,000. I was most enthusiastic, but my hopes were dashed. The prospective film was not approved. At this meeting of the Medical Policy Advisory Committee approval was given for funds to subsidize a day center for adults in Minneapolis, but I only knew of it much later, from outsiders. Establishment of the center was, of course, progress, but it appeared to me that the film was sacrificed for it, and I regretted that. This was my complete failure.

A film strip to cost only \$1,200 was approved. It had been conceived by Donna Mae Danielson, for use in training social workers. With the help of two other persons in the department, she worked out a strip that was completed and, with an accompanying explanation, ready for use in the late summer of 1959.

Another request based on the use of federal funds was for the employment of a group social worker to aid in setting up community activities, such as day nurseries for the retarded, or sheltered workshops or recreational groups. The Division of Child Welfare had the responsibility for licensing day-care centers, and the Minnesota Association for Retarded Children was frequently responsible for suggesting and helping its local units set up community activities. It seemed to me that someone was required who had the

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knowledge both to determine when an activity was needed and how to help a local community set it up in the right way. Dr. Cameron approved, Civil Service set up the job, and funds were allocated. A competent group social worker became interested, but unfortunately she failed a written Civil Service examination—a not unusual occurrence. My experience with these multiple-choice exams has been that they include little pertaining to the job under consideration and that most items have two choices of equal validity, of which one has been selected as right. Many of the most competent persons have to take these examinations two or three times, but this worker refused to do so and accepted a job elsewhere. It was two years before we secured someone, and then it was not a group worker. By that time the Section of Standards and Licensing of the Department had enlarged its services to fill the void partially, as had the Minnesota Association for Retarded Children. Thus the job did not develop as I had foreseen it. Instead of being one of leadership, it became one of supplementing what the others did.

Soon after transfer of the section to the Division of Medical Services I had told Dr. Cameron of my feeling that more should be done for the retarded who lived in rural areas—that children and adults who might perhaps be living on remote farms should have socializing experiences, as well as those in larger communities. But was it possible? Could a project be planned to determine what was really feasible? Dr. Cameron was immediately interested; he obtained a promise from the Federal Children's Bureau that such a project would be considered for persons not over twenty-one years of age, although the bureau really preferred that we ask for a diagnostic clinic. After nearly a year and a half of discussion and preparation the project, with its original objectives, was finally approved, to be sponsored jointly with the State Board of Health, to which the funds were now allocated.

The area of the project comprised four counties in the northwestern part of the state. The associate director and administrator, Wayne Larson—a social worker—was employed July 1, 1957. He had served as executive secretary

of a county welfare board before taking his degree as Master of Social Work, and he was truly interested in the retarded. In the fall of 1957 the psychologist and nurse were ready for in-service training at Faribault and the central office. In response to a requirement of the Federal Children's Bureau that the project be carried out under medical direction, Dr. Eunice Davis, a pediatrician with the Board of Health, became director on a part-time nonresident basis. After some months had passed without the project's having a staff social worker, I agreed that Donna Mae Danielson from my staff join the project, as it appeared that the difficulty of obtaining a competent worker was due at least partly to the rating given by Civil Service. The Four-County Project and the new unit of the Department of Education came into existence about the same time and each was helpful to the other. The increase in the number of special classes in that area was outstanding.

Medical rather than social direction was a natural arrangement with the Board of Health administratively responsible, and the focus of interest became one of diagnosis, an emphasis desired by the Federal Children's Bureau from the first. There was, however, co-operation with the county welfare boards and private social agencies as well as with the schools. Much has been accomplished in public education, as well as in the advancement of all programs for the mentally retarded in these four counties. Perhaps my question of the feasibility of socializing contacts for retarded persons when they live in a strictly rural—not small town—community has been answered by the fact that as long as I was with the state nothing of this kind was tried, although the project staff assisted in getting a workshop started in Fergus Falls, where the project office is located. Individual help to parents in caring for their children was stressed by Mrs. Ann Jordan, the public-health nurse. The psychologist for the project was changed several times and frequently there was no social worker, but Dr. Davis, Mr. Larson, and Mrs. Jordan, all of whom were on the original staff, were there when I left.

I had long felt the need for a committee such as the one

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which produced *Teach Me* in 1945, and 1958 seemed the crucial time to organize one. By then there were so many special consultants in the division and so many committees on mental health or allied subjects that it required co-operation with many people before a plan could be set in motion. Special co-operation was needed from and given by Mrs. Nancy Kjenaas, the mental health consultant for public relations, who had once been a psychologist with the Bureau of Psychological Services and was interested in the mentally retarded. The commissioner of welfare sent invitations to the commissioner of education and the secretary of the State Board of Health, asking that they furnish representatives for a committee to be known as the Inter-departmental Committee on Mental Deficiency, whose purpose would be to co-ordinate all activities in that field. A county representative from each of the three disciplines was also invited to become a member. Mr. Hursh sent an invitation to the Minnesota Association for Retarded Children asking Mr. Walsh, their executive, to be a representative since that agency must participate in discussions on state programs if it was to aid the state in improving its total program. With Mr. Walsh added as a member the committee soon became the Inter-Agency Committee.

The four groups represented proceeded to educate one another, and then appointed three subcommittees: one to consider an institute; one to carry out the recommendations of the advisory committee on the trainable; and a third to prepare a booklet of general interest that would give an idea of the total four-pronged program of Minnesota.

With the co-operation of the University of Minnesota, an institute was held in January, 1959, but securing attendance by educators was difficult, as teachers could rarely leave their classes and local administrators were seldom interested. Also, there was not as high a participation by any group as had been hoped for—perhaps because of the multiplicity of other meetings, this being especially the case with welfare boards, whose responsibilities were varied. In spite of the disappointment brought by this low attendance, another institute, to be held in January, 1960, was in process of

preparation when I retired. This next one was to utilize, for the first time, the resources of the regional state colleges. Topics considered at the institute were to be continued in regional areas centered around the colleges, most of which were now training teachers for the retarded and showing much general interest in the subject. I believe plans for this institute were given up soon after I left.

The Advisory Committee on Handicapped, Gifted, and Exceptional Children had completed its report on the trainable child some time before the inter-agency committee was organized. It had recommended that county committees be formed for the trainable that would include members from the welfare boards, the schools, and the public-health service. This committee would take responsibility for planning for all trainable children in the county. The recommendations in the report provided that the Department of Welfare would have almost total responsibility for meeting the needs of this group after school years. (In reality the recommendations in this report were not too different from those for all the mentally retarded made in Renville County nearly twenty years earlier.) On the basis of this report, the subcommittee on the trainable of the Inter-Agency Committee got some informal co-operation in the counties. There was much discussion concerning the functioning of local committees and it was realized that the initiation of such a plan on a state-wide, even though voluntary, basis meant that the three department heads must send letters to local representatives and that these must be co-ordinated. Actual composition of the letters began in the spring of 1959 and they were about ready to be mailed on September 1, 1959.

The third subcommittee completed its booklet, *Serving Minnesota's Retarded*, and I believe it was being printed when September rolled around.

An important but temporary committee was called together by the commissioner in 1958 to consider a revision of the marriage law. It was composed of faculty members from the various departments of the university; a representative from the Minnesota Medical Society; staff members from welfare boards; and various representatives of the de-

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partment. The result was that the 1959 legislature amended the marriage law, removing the epileptic from those for whom marriage was prohibited and allowing the commissioner of welfare to give consent to the marriage of a mentally deficient ward. This last provision was designed primarily to permit wards to establish homes when, with guidance, they could function satisfactorily, provided there were no children. Before I retired, procedures for carrying out the law permitting marriage of the mentally retarded had been worked out, and I am sure this possibility solved some problems for wards and helped the social worker by removing the necessity for equivocation.

An interesting sidelight on the committee's discussions was the reaction to my question of whether guardianship for the epileptic should be removed. I thought the mental specialists would say yes, but they did not. There was general agreement that there were some epileptic persons not mentally ill or mentally retarded but definitely in need of help or perhaps removal from the community. Guardianship for these was still the solution.

A third committee, and in some ways the most important one, was formed shortly after the program was transferred to the Division of Medical Services, but its work did not reach fruition until 1959. It consisted of social workers from the central office, the institutions, and the Hennepin and Ramsey County welfare boards, together with county executives who were members of the Committee on the Mentally Retarded of the Minnesota Association of Executive Secretaries of Welfare Boards—in 1959 the Minnesota Association of County Welfare Directors. The main function of the third committee was to prepare a manual. In discussing material for this, policies were clarified and sometimes changed—major changes being subject to approval by the director or commissioner. This manual was more detailed and specific than any we had had, and contained a remarkable index prepared by Mr. Reino Aho, one of the social workers in the office. The finished manuscript was finally approved by the Interinstitutional Committee and the commissioner and the manual was printed in the spring of 1959.

In addition to the manual, this group discussed the size of case loads—that is, how many persons one social worker could supervise. Administrative practice had always expected workers with the mentally deficient to supervise a higher number of persons than were assigned workers who dealt with children or with others who had special problems. We felt we could show that this was not justified. We worked out a plan for a study of the actual time that was involved under varying conditions for supervision of an individual and for the other requirements of a worker's job. But the powers that be called a halt!

The Department of Welfare was at this time making a study in several counties based on the analysis of case records. Priority in service would then be given to those persons who could soon be off of the case-load and "on their own." The Ramsey County Welfare Board also had a study on family-centered case work. I feared that both were geared so that the mentally retarded would be penalized, because, by the very nature of mental retardation, few could ever be completely on their own. My retirement date was near when the storm broke, but there was time to talk with Mr. Donald Glabe, who headed the state project, and have him explain his procedures to our committee. I left with his promise of seeing that the mentally retarded were not short-changed. Once again I was convinced that someone must ever be on the alert to protect a program for the mentally retarded. With the public much more aware of them and their needs, it was easy to assume, during the 50's, that they were on a par with others who required service. But I am sure this was not the case even in 1959.

EVENTS OF LAST YEARS

The 1957 legislature had ended some confusion about the non-specialized residential institutions by designating each as a state school and hospital preceded by the name of the city where it was located—Faribault, Cambridge, or Brainerd. With the addition of the new institution at Brainerd, they were now to be set up on a regional basis.

The first transfers from the institutions at Faribault and

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Cambridge were made to Brainerd State School and Hospital about the middle of January. This group was composed of females, and with the exception of a few severely retarded children, the 89 transferred were women, mostly in the high imbecile or low moron group. Many had been in the institution twenty or more years. In some areas of service the professional staff for this small number was as large as that for several hundred in other institutions. I feared that they would become bored with a group that seemed to offer little hope of significant accomplishment; and, at the other extreme, I feared that their adjustment to such limited service might make it hard for them to readjust to a far larger group. I urged that detailed records be kept as a basis for research to show what could be accomplished with concentrated services. This may not have been done, but the community has received such excellent education that the volunteer services were outstanding. Also, relatives were located and vacations arranged for some wards who had had no outside contacts for many, many years. Some patients accomplished the seemingly impossible. As the numbers increase and thus the ratio of patients to employees becomes more nearly equal to that of the other large institutions, it will be interesting to see how the achievement will compare with that in other places.

During these years a diet was found that offered promise of preventing deterioration in infants with phenylketonuria (P.K.U.) which had been discovered to be a genetic condition decades earlier. There was tremendous enthusiasm about it, and the university medical school and Faribault State School and Hospital co-operated in trying it out and determining results. This co-operative project was a continuation of policies that have existed over the years between the institutions and the medical school or the Mayo Clinic, with studies made on mongoloid children, treatment for epileptics, and in other even more specific areas.

In these later years, too, the Documents Division of the Department of Administration indicated its desire to take over distribution of the booklets and to sell, not give them, even in Minnesota. I demurred so far as Minnesota was con-

cerned, as I considered the booklets an integral part of case work. In this—to my surprise—I had the firm backing of our director of the Division of Finance. After considerable discussion, we compromised by relinquishing out-of-state sales of *Teach Me* but retaining responsibility for free distribution in Minnesota of all four booklets. Before I left, however, Mrs. Nancy Kjenaas, who had charge of distribution of booklets on the mentally ill, took over those on the mentally retarded, since two arrangements for such mailings in one division caused duplication and confusion.

During this time, case conferences, group discussions, and efforts to bring about community and especially welfare-board education were continuing. Members of the field staff, most of whom were now living in their districts, accepted more responsibility for the actions of their regions and some of them were truly interested in the mentally deficient. They not only co-operated, but they initiated activities. In addition, a consultant in the Division of Medical Services, Mrs. Lucille Poor, was responsible for educating the staff of welfare boards in the mental health field. Again the focus was on the mentally ill, but the mentally deficient were included. With the co-operation of my staff and the field staff, she arranged some excellent regional meetings.

One accomplishment of my later years in which I take satisfaction was that of aiding the social workers in my section to secure stipends and be accepted at universities for two years of study for higher degrees: Shirley Bengtson at the University of Tennessee in 1957—she was back for a few months before I left; Donna Mae Danielson at Washington University in St. Louis in 1958; and Reino Aho at the University of Tennessee in 1959, when I retired.

I was delighted, as my period of active participation was ending, to find that the Federal Children's Bureau was interested in getting more consideration for the mentally retarded in the curricula of the schools of social work. A representative of the bureau, Mr. Michael Begab, wrote that he was coming to Minnesota; one purpose of the trip was to talk with the director of the School of Social Work, Mr. John Kidneigh. I arranged for him to talk with Mr. Kid-

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neigh, and also for a dinner meeting with representatives of varied groups especially interested in the retarded. Mr. Kidneigh was most gracious, and secured the use of a dining room at the Campus Club of the university faculty. He acted as host. Each person present introduced himself and told what was his basis of interest in the retarded. Surely this would help bring into focus the need for special training in social work, as was required in the field of education! Would Mr. Begab get some satisfaction the next morning in his discussion of courses on mental retardation? I believe the answer was—only generic case work courses!

Owatonna was fast becoming a center for studying methods of teaching, and in addition to more research by Dr. Reynolds and his staff, a summer training school was set up. Co-operation was established with Mankato State College in its plans for training teachers for the mentally retarded. While this was getting under way, Mr. Henderson joined with the college staff to arrange a meeting to which they invited Dr. Darrell Hindman, a representative of the Project on Technical Planning of the American Association on Mental Deficiency. In addition to studies on education, he had made a study of some institutions and their co-operation with state universities and other agencies. It therefore seemed a good idea to arrange a luncheon meeting—even though it must be on a Saturday—and invite a limited number of university staff and others who worked with the Department of Welfare, to meet Dr. Hindman. Perhaps his presentation would give Minnesota new ideas for even further joint endeavors! Most of those invited came; it was truly a high-powered group. It seemed, after discussion, however, that Minnesota was already carrying out projects similar or comparable to those reported by Dr. Hindman.

In 1957 or early 1958, after Donna Mae Danielson had decided to go to the university in the fall of 1958, I told Dr. Cameron that it was time he began thinking of my successor. He seemed startled and asked if I would not stay—if my health continued good—at least until Miss Danielson finished her training in the summer of 1960, and I said I would consider it. Dr. Cameron raised the question again shortly

after this, and I gave him the same answer. I did think a great deal about it. Fundamentally, I believed that older persons should give way to younger ones; also, I would welcome giving up responsibilities, which produced tension. On the other hand, it is easy to consider yourself indispensable to an organization when you have been a part of it for so long! So what was I to do? Dr. Cameron settled the question in September, 1958. He told me that he had asked Miss Coakley if she would be interested in taking my place and she said she thought she would. He seemed greatly pleased, and some weeks later he asked me to tell a budget committee the exact date of my leaving. I knew he had changed his mind about wishing me to stay!

Dr. Cameron had told me, without explanation, that Miss Coakley's ideas were much more in agreement with his than were mine. He referred, I think, to my attitude towards fitting the mentally retarded into the pattern for the mentally ill, and to my strong feeling of the necessity for agreement on plans and acceptance of responsibility by welfare boards before a retarded person under guardianship was placed in a county or before a new activity was started. Other possible differences might have arisen from my hesitancy about the removal from the institution of long-time residents who were severely retarded and had no interested family, or to my insistence that ordinarily the family, not the social worker or doctor, make the final decision as to whether a child be placed in the institution when space was available. Just what was Miss Coakley's attitude toward these questions I do not know, but certainly she was the logical person to replace me. She had an M.A. degree in special education, had worked with the mentally retarded for years, was at that time president-elect of the American Association on Mental Deficiency, and had served on many committees and attended many meetings representing the A.A.M.D. or a Minnesota public agency.

Now in the fall of 1958 I began cleaning out desk drawers—and, I fear, throwing away correspondence that would be helpful to me now—and trying to get files and activities in shape to make it easy for someone, probably Miss Coakley,

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to take over on September 1, 1959.

PAST, PRESENT, AND FUTURE

In 1958 it had been necessary for me to look back to the early days in the field of mental deficiency. The spring issue of *Minnesota Welfare* for that year devoted some space to the first hundred years of welfare programs in the state. I had summed up the most important differences in programs for the retarded between 1858 and 1958, of which the following is one paragraph:

"In 1858 the community had little interest in the retarded person and no understanding of him. If a retarded person was a pauper, he must be supported. Otherwise the family met its own problems. In 1958 at least some communities have understanding of the retarded child and of the problems of the family. Special classes, nursery schools, sheltered workshops, and other facilities are provided to make community living a happier experience. In addition, there are boarding homes and residential schools and facilities for care of the child who cannot remain at home but for whom there is not space in a state institution."

I continued by saying that although there was still a long distance to go, there was probably no group requiring special services for whom attitudes and understanding had changed as greatly in the hundred years as for the mentally retarded. Even the terminology implied this. We had progressed in the use of a general term through the words "idiot," "feeble-minded," "mentally deficient," to "mentally retarded". Such was the gist of a short summary of the accomplishments of a hundred years, but progress had continued even during the year after that was written.

What stands out in 1959 as evidence of change and growth during these thirty-five years? Perhaps the two groups who had changed most were those then exerting leadership—the parents and the medical profession, especially the psychiatrists. The social workers, teachers, and psychologists had been interested and active to some extent for many, many years. The parents had now assumed a dominant role, many of them able to view their children's problems objectively,

but saying, "Something can and will be done"—in research on causes and methods; in programs; in providing better facilities; and in public education to secure interest and financial backing.

But the psychiatrists, too, as a whole had changed. During the 1930's only an occasional one had been interested in the retarded; in most cases their interest had ended when a diagnosis of mental deficiency had been made. Now they were saying "This is our problem. We are the ones to determine and direct plans." This change, as I observed it, had come about mainly after parents began to organize in local groups and therefore to exert influence, and especially after the national association came into being. Early organization of parents largely coincided with the end and the aftermath of World War II, the effects of which probably partially accounted for this change on the part of the medical profession.

Through the years the whole concept had changed not once but many times. In the middle of the nineteenth century—those very early days of working with the retarded—there had been hope and belief that the moment would arrive when many even of the severely retarded would become normal children. Gradually emphasis had swung to the other extreme—the severely retarded must have lifelong care to relieve family burdens, but the brighter person, the moron, must also, for his protection and that of the public, have lifelong care in an institution. This concept was based on the belief that he—or, more so, she—was a menace, responsible for crimes and poverty today and if not restrained, capable of producing another generation to continue in the same path. When I came to Minnesota those working with the "feebleminded" were just beginning to see a brighter picture, one which brightened very gradually, however, until the 40's or even 50's.

Yet in spite of those early forebodings there seems to have been an almost unconscious optimism, perhaps because of the love felt for the retarded by many of those working with them in the early days. Dr. Rogers, in his 1894 biennial report, emphasized the concept that feeblemindedness could

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not be cured and then said. "The question is not one of curing the person, but of developing the mental capacity in each case so far as the capacity for development will permit. On the other hand there are very few individuals whose mental development cannot be stimulated if sufficient time and care be expended upon it." This is good philosophy for today, and is it so different from the slogan of the National Association for Retarded Children, "The Retarded Child Can Be Helped"?

Further emphasizing the basic optimism of some persons in the early days was a statement from a paper given in 1898 by Dr. J. G. Carson, superintendent of the institution at Syracuse, New York. He spoke of the time more than fifty years earlier when the feebleminded had been looked upon as a helpless group, and then of the extremely high hopes of what could be accomplished, this period followed by another of far less hopefulness but of accomplishments nevertheless. He then concluded: "Each succeeding year unfolds to us new methods of instruction, new means of training and new discoveries in their medical care and treatment until we feel sanguine that their state will yet be much further advanced." And their state *has* been much further advanced because knowledge has increased. This has made it possible for interested persons to be more specific in foreseeing future accomplishments; it has also made possible the development of a program whose outlines were not visible to the dreamers of past generations who wrought so well with the knowledge and tools that they had.

In 1959, terminology, though completely changed since the 1800's, was as confused as it had been then. The question was again being discussed as to what mental deficiency really is: Is it based on poor genes and brain power of low caliber, or on a brain injury, and therefore irreversible? Or is it—at least with certain groups—the result of poor food, poor environment, and a lack of stimulation? The old controversy of heredity and environment in a little different dress! One view is that an environmental change can cause some individuals to be mentally deficient at one time and not at another time. The other view—which I hold—is that such

change could affect general performance and the results of a mental test, but the low response would result from a mistaken diagnosis if the potential existed although undeveloped.

Perhaps, looking back, the greatest change which took place during my time was in attitudes—of the family, of the community, and of those working with the retarded, in or out of institutions. The slogan, "The Retarded Child Can Be Helped," had been accepted by many, and some communities were providing training facilities—religious, educational, recreational—all giving socializing experiences. The institutions were becoming centers for stimulating community interest. The retarded person, whether of high or low mentality, was a *person* in his own right—not so considered by everyone as yet, but by a number that was fast increasing.

Key words for action in building a total social program in Minnesota were always "co-ordination" and "co-operation." Action described by these terms has been especially true in programs for the mentally retarded. Emphasis on the two C's began long before I came to Minnesota. It started as early as 1893 with the establishment of the Minnesota Conference of Charities and Corrections; was made a specific policy by the Board of Control when it established meetings of superintendents; was exemplified in Dr. Rogers' broad contacts and interests; and was carried out through the years by the many committees made up of persons from many areas of interest. The program for the retarded is clearly based on the acceptance of the fact that a child or adult is *one* person with many needs.

In spite of this co-operation and co-ordination, however, I am convinced that the program for the retarded must be separated administratively both from that for the mentally ill and that for child welfare if it is to achieve its highest goals. This conviction has become stronger as I have reviewed the records. The administrator responsible for the mentally retarded and for one of these other groups has consistently been appointed because of his experience and interest in the other field—mental illness, or other areas of

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child welfare. His emphasis remained in his chosen field, with the program for the mentally retarded expected to fit into a pattern set by his previous experience. Perhaps this is not unnatural—the mentally ill are to be made well, physically handicapped children, after special training, can steer their own lives; other children are to be helped to attain the status of contributing adults. But the needs of the mentally retarded continue year after year, changing but with ever-present needs—even those of many who can become self-supporting. The retarded are a challenge when they are compared with others in their group or when their attainments are compared with their potentialities. The philosophy of basing the amount of service given by social agencies on an early readiness of the client for self-responsibility was becoming accepted as I left; it seems to me to bear out my concern for attitudes toward the mentally retarded. The more definite—and, to some, more challenging—goal of bringing about total personal responsibility seems to give programs for these other groups an edge in the interest of the administrator, when comparisons are made within a case load.

I make this statement fully aware that some persons among the influential portion of the general population considered the retarded an important group. Early in 1958 the centennial volume of *Who's Who in Minnesota* included me as one of very few social workers listed. Later in 1958, for the first time a publication appeared, *Who's Who of American Women*, in which my name was included. I never knew by whom it was suggested for either publication, but I was assured by the editors that a name was checked carefully before it was included. As my only occupation had for so long been work with the retarded, this was the only basis for choosing me, and so seemed to give status to such employment.

As I come to the end of this summary—especially of my own thirty-five years—I realize that I have not attempted to trace institution programs nor to touch on what was happening in many other areas, some of which may prove to be as important as those mentioned. I have tried to be

factual, but I have omitted many details and specifics. Rather, I have tried to make evident the place of the mentally retarded in the total social program and to show it within the framework of the times. I hope also that I have been successful in indicating the changes in philosophy and attitude—changes denoting growth in knowledge and human understanding.

And now what will the future bring? More research, and gradually through it knowledge of the cause and perhaps the prevention of one clinical type after another—possibly also the prevention of mental deficiency in families whose history shows generations of mentally deficient persons. More community understanding and facilities for all. Better institutions and better schools. But what will it bring for persons who are in the higher levels of retardation? Certainly they will be more understood and will receive improved training. Without doubt, many once considered retarded will be found to be not retarded as in the past. But I saw automation throw the higher-grade retarded person out of employment as far back as the late twenties. It is true that during the war many worked well in industry—especially in plants making war materials. But they had little competition; the question now is, what of the future, with greater and greater automation? I fear that the employment or unemployment problem will be more acute for the retarded than for others. This is certainly an area where research, vision, and ingenuity will be needed to make certain that occupation is provided—as without it delinquency will certainly increase.

Never again will so few have responsibility for a total program, as in my early days. Many now share in planning and in contributing varied knowledge and skills, and they will doubtless increase in the future. This is good, but I am glad I began work in Minnesota when one department had to use its ingenuity to determine how to accomplish many desired ends—even though those ends, seen in the light of today's knowledge, were limited ones.

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FAREWELL

As September 1, 1959, drew near, the Minnesota Association for Retarded Children wished to give a dinner at which to bid me goodbye, and Dr. Cameron informed me that the Association would be joined in this by the Department of Public Welfare. I appreciated the thought, but saying goodbye is hard—and it *would* be goodbye, for I was determined not to participate in any activity that might impinge on the program of my successor. I would gladly do anything she requested; otherwise, my activities would be completely divorced from any related to my former employment.

Two other groups planned a send-off for me, but set the dates after September 1. The St. Paul Association for Retarded Children did not know of the dinner planned by the department and the Minnesota Association until after it had planned one of its own. Although the date was set just after my retirement, it was a part of the final goodbyes. I was presented with an "Award of Merit" accompanied by a life membership—that completed my collection of tokens of appreciation from parents.

A number of the executive directors of county welfare boards attended the department dinner, but even so, they arranged to give a tea on the occasion of their annual meeting, several weeks after my retirement. Those with whom I had worked since the 1930's took the initiative, insisting I must let them, as a group, wish me well. Thus, both the program administrators and the parents gave me assurance that my departure would not lessen their interest in the retarded.

I had hoped that at the joint dinner given by the Department and the Minnesota Association for Retarded Children the name of my successor could be announced. I knew Dr. Cameron had definitely asked Miss Coakley to take the job; I knew she was in touch with Civil Service, and I felt sure nothing could prevent this plan from working out, but there were delays in the Civil Service procedures. Twice in the final weeks, I invited Miss Coakley to lunch, so that I could report on the status of various activities in the office;

unfortunately, Mr. Hursh could not announce her appointment. The night of August 28 was one of the hottest I have ever experienced, but even so, many friends were present at the dinner. Some came from welfare boards and associations for retarded children out in the state and from the Twin Cities there were representatives from various areas of interest in the retarded, thus pointing up by this very attendance our oneness in an over-all program.

Tennyson's "Merlin and the Gleam" had long been a favorite poem of mine and I saw in his description of his past life, with its times of success and joy, but also times of depression and failure, a similarity to my own experience through the years. And so, in saying farewell, I decided to include this, after thanking the many people present—and many not present—who had so greatly contributed to any success that may have been attained. I quoted the first stanza, sketched quickly the vicissitudes of the years, and used the last stanza to leave as a challenge to those who would follow:

Not of the sunlight,
Not of the moonlight;
Not of the starlight.
O young Mariner,
Down to the haven,
Call your companions,
Launch your vessel
And crowd your canvas,
And, ere it vanishes
Over the margin,
After it, follow it,
Follow the Gleam.

SOURCE MATERIAL

Basic source materials used by the author are listed below and are grouped according to the facility where they are available. For those publications which have had more than one name, the most recent titles are used.

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