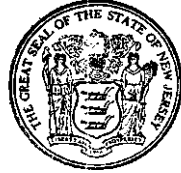


FACTS  
AND  
FANCIES  
ABOUT  
MENTAL DEFICIENCY



LLOYD N. YEPSEN, PhD.

State of New Jersey  
Department of Institutions and Agencies  
Trenton, New Jersey

*Any part or all of this pamphlet may be reproduced without permission, providing appropriate credit is given.*

Distributed as a public service by the New Jersey State Department of Institutions and Agencies. Can be supplied in quantity at cost.

(Second printing - 10M, 9-53)

STATE DEPARTMENT OF INSTITUTIONS AND AGENCIES

STATE BOARD OF CONTROL

EX-OFFICIO - HON. ALFRED E. DRISCOLL, *Governor*

REEVE SCHLEY, *President*

MRS. LEWIS S. THOMPSON

DR. S. EMLEN STOKES

BARKLIE HENRY

CARROLL B. MERRITT

MRS. R. STEWART BOYD

GEORGE MUFSON

SANFORD BATES, *Commissioner*

## INTRODUCTION

Mental deficiency is the second largest social problem in the United States today. Its ramifications cut across many fields. The body of persons making up the category numbers in excess of one and a half millions in this country. Included in this large group are those ranging from the most severely retarded, in that they require all the ministrations society can offer, through to those whose deficiency becomes apparent only when they become social, educational or economic casualties.

Today there is renewed and widespread interest in this field causing many persons to be alerted to the problem with an accompanying acceleration in the desire for accurate information to aid in the development of much needed programs.

Because of the widespread acceptance of the first edition of this pamphlet **FIFTY FACTS AND FANCIES ABOUT MENTAL DEFICIENCY**—this revised and enlarged edition has been made available.

The research behind the original edition was based upon statements commonly heard about mental deficiency. This edition carries it still further. Hundreds of persons took the original "test". There is no normal score, but for the sake of comparison the more statements the reader answers correctly, the more favorably will his knowledge of the truth about mental deficiency compare with professionals in the field of mental deficiency.

The reader should begin by reading the instructions on the following page. The questions are repeated on Pages 4, 5, 6, 7 with the correct answer—True or False followed by a brief discussion as to the reason it is true or false. This is not intended to be a textbook but merely to orient the public as to some of the facts and fancies about mental deficiency.

The author acknowledges the aid parents of retarded children, his colleagues and others have given him in the preparation of this pamphlet. He welcomes correspondence regarding future editions and other matters relating to the problem of mental deficiency.

L. N. Yepsen, PhD.

**FACTS AND FANCIES  
ABOUT  
MENTAL DEFICIENCY**

The reader may use this section to test his knowledge about mental deficiency (See Introduction).

*DIRECTIONS: Read carefully each question and then draw a circle around T, if you think it is true; around F, if you think it is false.*

FACTS AND FANCIES ABOUT MENTAL DEFICIENCY  
(Read Instructions on Previous Page)

1. As a baby, first evidences of mental retardation are that the child is slow to notice things, slow to sit up unsupported, retarded in walking and talking. T F
2. About one out of every hundred of the population is mentally deficient. T F
3. Mental deficiency and mental illness are not the same. T F
4. At least 90 per cent of mental deficiency is due to poor heredity. T F
5. Many parents overestimate the abilities of their mentally deficient children. T F
6. In some cases the severely retarded child may be recognized at an early age. T F
7. Mental deficiency may not be recognized in some cases until the child fails to learn in school. T F
8. All children who are below average in intelligence are mentally deficient. T F
9. A child who cannot learn to read is mentally retarded. T F
10. Many mentally deficient children could be cared for at home. T F
11. Most mentally deficient children have pleasant dispositions. T F
12. Many parents are finding it increasingly difficult to care for a mentally deficient member of the family in the home. T F
13. All mentally deficient persons should be in institutions. T F
14. Marriage of cousins is not one of the main causes of mental deficiency. T F
15. If a mentally deficient child is put in a good home environment, he will become normal. T F

16. Mental deficiency is rarely caused by a child falling on its head. T F
17. Some types of mental deficiency are the result of severe illnesses in infancy which damage the brain. T F
18. Mental subnormality is the result of poor training during infancy and childhood. T F
19. Mental deficiency in a child can be caused by a fright given the mother during pregnancy. T F
20. You can always tell whether a person is mentally deficient or not by looking at the size of his head. T F
21. There is a type of mentally deficient person called the "Mongoloid type". T F
22. All mentally deficient persons are dangerous in the community. T F
23. The best place for the mentally deficient person is in a state hospital for the mentally ill. T F
24. Many mentally deficient persons can be trained to be self supporting citizens. T F
25. A mentally deficient child may be expected to grow out of it. T F
26. Mental deficiency can be cured. T F
27. Some mentally deficient persons can do certain jobs which require patience and manual dexterity. T F
28. The mentally retarded child who is in need of special education in the public school constitutes at least two to three per cent of all school children. T F
29. A feebleminded girl can be made normal by having her get married. T F
30. A person who is mentally deficient can also become insane. T F
31. A normal person who becomes insane can also become feeble-minded. T F

32. Mentally deficient women always have mentally deficient children. T F
33. A mentally deficient child is not capable of loving its parents. T F
34. If a child can be taught to talk properly, he will be normal in intelligence. T F
35. Mentally deficient children need specialized training, not merely a "watered down" regular course of study. T F
36. Many persons who have been in a training school or institutions for the mentally deficient make a good adjustment in the community. T F
37. The intelligence quotient alone should never be used to determine whether a person is mentally deficient. T F
38. The mentally deficient child cannot learn to read. T F
39. There is not much different between the feeble-minded person and the genius. T F
40. Sterilization would solve the whole problem of mental deficiency. T F
41. A mentally deficient person can learn to operate machinery. T F
42. Gland extract treatment can make a mentally deficient child normal. T F
43. Special types of training can make a person more intelligent. T F
44. There are just as many mentally deficient girls as there are mentally deficient boys. T F
45. It is possible for any adult to become mentally deficient. T F
46. Every child who has convulsions is also mentally deficient. T F
47. Any person who is mentally deficient sometimes cannot understand social responsibilities such as marriage, etc. T F
48. Fifty per cent of all persons are below average in intelligence. T F
49. More than one half of those who commit offenses against society are mentally deficient, T F



50. All mentally deficient persons require some degree of supervision as long as they live. T F
51. Emotional disturbances in a child may retard his mental development and cause him to appear to be mentally deficient. T F
52. Childhood shizophrenia, (a mental illness), may be mistaken for mental deficiency. T F
53. The cerebral palsied are all mentally deficient. T F
54. Brothers and sisters of mentally deficient children, the non-hereditary type, should not fear to have children of their own. T F
55. Parents of a mentally deficient child should decide not to have more children. T F
56. The mentally deficient are very much alike. T F
57. There are mentally deficient children who cannot be helped at all. T F
58. Placement in a state institution is the worst thing a parent can do for a child. T F
59. Of the probable 1,600,000 mentally deficient persons of all ages in the United States less than 10% are in state residential schools for the mentally deficient. T F
60. There is still much to be done to bring many state programs up to a high level. T F

THE ANSWERS  
TO  
FACTS AND FANCIES

1. *As a baby first evidences of mental retardation are that the child is slow to notice things, slow to sit up unsupported, retarded in walking and talking.*

A. TRUE.

The delay in one of these accomplishments may not be an indication of retardation, but a delay in two or more is usually found to be characteristic of children who are mentally retarded.

2. *About one out of every hundred of the population is mentally deficient.*

A. TRUE.

This is the figure generally accepted by competent authorities in the field, although the percentage in the newborn may be somewhat higher. One must be careful to differentiate between simple mental retardation and mental deficiency. The mentally retarded are those who may succeed in home, school and community life without supervision, if special training is given. The mentally deficient require supervision even though they are given special training.

3. *Mental deficiency and mental illness are not the same.*

A. TRUE.

Mental deficiency is a lack of mental development; in mental illness there is a disturbance in functioning. In mental deficiency the individual never had the potentialities for normal mental growth and development. In mental illness the individual's mental growth and development may have been normal but the manner in which the mentality operates is peculiar, different, bizarre,

4. *At least 90 per cent of mental deficiency is due to poor heredity*

A. FALSE.

This is an entirely mistaken notion. It is more likely that less than fifty per cent of mental deficiency is due to heredity. A considerable proportion of the non-hereditary cases are due to a variety of causes some of which are obscure or extremely difficult of identification.

5. *Many parents overestimate the abilities of their mentally deficient children.*

A. TRUE.

Parents frequently confuse little tricks of memory with intelligence. They also frequently forget the life age of the child. Parents can, with profit, compare the overall ability of their retarded child with that of a normal child as a standard.

6. *In some cases the severely retarded child may be recognized at an early age.*

A. TRUE.

The severely retarded child is sometimes recognized at birth or shortly thereafter because he fails to respond to the usual stimuli in his environment as does a normal baby. The growth factor is an important one in diagnosing mental deficiency.

7. *Mental deficiency may not be recognized in some cases until the child fails to learn in school.*

A. TRUE.

This is particularly true of the mentally retarded and the high grade mentally deficient child. His development may not have appeared to have been unusually retarded as a pre-school child but in the school situation one of the primary results of mental deficiency, the lowered ability to learn, quickly identifies him as a slow learner. All slow learning children should be studied by the psychologist. The psychologist will be alert to refer the child to other competent specialists as needed.

8. *All children who are below average in intelligence are mentally deficient.*

A. FALSE.

The "average" is what is known statistically as the central tendency but is also the middle group of any age distribution. Below this average group are the subnormals, which include the dull normals, the mentally retarded and the mentally deficient.

9. *A child who cannot learn to read is mentally retarded.*

A. FALSE.

There are many reasons why a child may not learn to read. Mental retardation is only one of these reasons. All children who do not learn to read after adequate instruction should be very carefully studied by psychological and medical specialists. If the child is normal mentally, he may need special training to overcome a reading disability.

10. *Many mentally deficient children could be cared for at home, if proper training were available.*

A. TRUE.

This has been proved true through experience in a large number of instances. Home training can be very successful providing it is given by teachers trained and experienced in this specialized field of work.

11. *Most mentally deficient children have pleasant dispositions.*

A. TRUE.

Any one who has ever worked in an institution or school for the mentally deficient knows this to be true. The child becomes irritable and difficult to manage when he becomes frustrated in a complex and highly competitive environment, whether it be in the home, in the school or in the community.

12. *Many parents are finding it increasingly difficult to care for a mentally deficient member of the family in the home.*

A. TRUE.

This is especially true because of the changing mode of living. Housing is more limited than it was a generation or more ago and in many instances both parents are wage earners. These and other factors make it more difficult to meet many of the special needs of the mentally deficient child at home.

13. *All mentally deficient persons should be in institutions.*

A. FALSE.

This is not true at all because many can and do perform very useful services in the community. Residential training schools should be only for those who are placed there because of (1) the need for special training which unfortunately is not provided in their home community, (2) for their own protection or the protection of others, (3) because of the great amount of physical care which is required or (4) when the presence of the mentally deficient person disturbs the economic or emotional balance of the home.

14. *Marriage of cousins is one of the main causes of mental deficiency.*

A. FALSE.

Consanguinity is longer considered to be one of the main causes of mental deficiency. If the cousins are of normal stock, the offspring should be normal but, of course, if the cousins are of poor stock, then it is probable that the offspring might be subnormal.

15. *If a mentally deficient child is put in a good home environment, he will become normal.*

A. FALSE.

A truly mentally deficient child will not be improved mentally by being placed in a good home environment. As yet it has not been demonstrated that an enriched environment will make a normal person out of an otherwise mentally dull individual. He may show the results of good training, and may more nearly reach the accomplishment level in accordance with his potentials for development but this must not be confused with growth of intelligence.

16. *Mental deficiency is rarely caused by a child falling on its head.*

A. TRUE.

A fall, or other head injury, is frequently given as a cause for a child's mental retardation. The normal head injuries of childhood rarely cause severe damage to the brain.

17. *Some types of mental deficiency are the result of severe illnesses in infancy which damage the brain.*

A. TRUE.

There is evidence to show that certain illnesses, particularly those in which there is a high fever, damage the brain tissue which results in a reduction of the potentialities for normal mental development.

18. *Mental subnormality is the result of poor training during infancy and childhood.*

A. FALSE.

The trained specialist in child psychology will seldom confuse the child who is mentally deficient, or retarded, and the child who appears to be subnormal because of poor training. Sometimes this requires very careful clinical study because at first glance it may be difficult to determine.

19. *Mental deficiency in a child can be caused by a fright given the mother during pregnancy.*

A. FALSE.

This is an old notion which is entirely unsupported by research data.

20. *You can always tell whether a person is mentally deficient or not by looking at the size of his head.*

A. FALSE.

Only in the case of the very, very small (microcephalic) or very, very large (macrocephalic and hydrocephalic) head, the size of it doesn't mean a thing as far as being diagnostic is concerned. Even in such instances there are rare cases in which there are but limited deficiencies.

21. *There is a type of mentally deficient person called the "mongoloid type".*

A. TRUE.

The name "mongolian" or "mongoloid" was given to children when physical types were being classified by their resemblance to racial groups. Because of one type of child's resemblance to the Mongolian race, primarily because of the slanted, almond shaped eyes, he was called a mongolian just as others were called American Indian type, Negroid type, etc. These children appear about once in every 500 births. The cause or causes are obscure and the condition does not respond, or responds very little, to treatment. There is no undebatable instance on record of a child of this type being made normal or even near normal through treatment.

22. *All mentally deficient persons are dangerous in the community.*

A. FALSE.

A mentally deficient person is not a potentially dangerous person. He is generally a simple, childlike person, rather than a dangerous one.

23. *The best place for the mentally deficient person is in a state hospital for the mentally ill.*

A. FALSE.

The state hospital is for mentally ill persons and the mentally deficient person is not mentally ill. He should not be placed in a state hospital unless he actually becomes psychotic. Such placement, otherwise, would be a serious mistake because he needs an environment where the emphasis would be upon training.

24. *Many mentally deficient persons can be trained to be self-supporting citizens.*

A. TRUE.

Their social and economic adjustment may not be at a high level but many of them need not be totally dependent upon the community. There are thousands of mentally deficient persons in the community who are successful graduates of classes for the mentally subnormal and the state training schools for the mentally deficient. They may require

some supervision from time to time in order to increase their effectiveness, however.

25. *A mentally deficient child may be expected to grow out of it.*

A. FALSE.

A child who has been positively determined to be truly mentally deficient never "grows out of it". Nearly everyone appreciates that the potentials for mental development are fixed at birth and there is nothing that can be done to accelerate the rate of growth.

26. *Mental deficiency can be cured.*

A. FALSE.

There is absolutely no evidence that mental deficiency can be cured. In the light of today's knowledge there is no known medical treatment or training program which can give a truly mentally deficient individual normal intelligence or enable him to function at a normal level. Training and treatment will, however, help him to reach his full potentials and permit him to accomplish many things he would otherwise be able to accomplish without such training. In instances where there has been an apparent "cure" it is likely that the child was not mentally deficient in the first place. He may have appeared to have been mentally deficient and a false conclusion reached because of inconclusive or inappropriate examinations.

27. *Some mentally deficient persons can do certain jobs which require patience and manual dexterity.*

A. TRUE.

This is one of the saving characteristics of the mentally deficient individual. If properly trained and properly motivated on the job, he will not tire of routine tasks, although he welcomes a change as much as does his normal brother. His manual dexterity, however, is not a dexterity of the fine muscles, but as a result of proper training, he may coordinate his large muscles quite well.

28. *The mentally retarded child who is in need of special education in the public school constitutes at least two to three per cent of all school children.*

A. TRUE.

This is a minimum percentage. Some educators would place it even higher. Special education or an adjusted course of study is the right of every child who cannot benefit by the school program which is designed to meet the needs of the greatest number of children.

29. *A feeble-minded girl can be made normal by having her get married.*

A. FALSE.

This is a stupid and totally unfounded idea. Unfortunately some parents believe this.

30. *A person who is mentally deficient can also become insane.*

A. TRUE.

Insanity is mental illness and mental illness is a disturbance of function. The mentally deficient person can become disturbed in function, hence he can become insane.

31. *A normal person who becomes insane can also become feeble-minded.*

A. FALSE.

No, the once normal adult never does become "feeble-minded". He may react similar to a feeble-minded person as a result of his mental illness, but he is not technically a feeble-minded person. This condition is known as mental deterioration.

32. *Mentally deficient women always have mentally deficient children.*

A. FALSE.

This is not necessarily true. To determine whether a mentally deficient woman will give birth to a mentally deficient child, it is necessary to prove that she is mentally deficient by heredity and that the father is mentally deficient by heredity. Any other combination would not produce a hereditarily mentally deficient child with any degree of certainty. (The Mendelian Law.)

33. *A mentally deficient child is not capable of loving its parents.*

A. FALSE.

The mentally deficient child responds to love and affection perhaps even more than does the normal child. His is primarily an emotional and not an intellectual life.

34. *If a child can be taught to talk properly, he will be normal in intelligence.*

A. FALSE.

Speech training cannot possibly make an individual brighter than he really is. He may appear to be brighter because of better expressiveness. There is some evidence, however, to suggest that attempts to speed up the rate of learning to talk may produce a highly unstable child.



35. *Mentally deficient children need specialized training, not merely a "watered down" regular course of study.*

A. TRUE.

The most successful training programs are those which are devised to meet the individual and particular needs of the mentally deficient child. The program should be one essentially of "clinical teaching". The mentally deficient child is an outstandingly slow learner and, therefore, must have the material presented to him at the moment which is psychologically appropriate in steps which are small. Small steps provide for the elimination of gaps in the teaching process. All learning must be highly motivated.

36. *Many persons who have been in a training school or institution for the mentally deficient make a good adjustment in the community.*

A. TRUE.

It is entirely erroneous to conclude that all children or older persons sent to a training school or other residential institution for the mentally deficient must remain in the institution continuously. During the past twenty-five years institutions have developed as a goal the return of selected well trained individuals to the community. One state reports a thirteen year survey of admissions. 3,742 children, different in ages and degree of brightness, ranging from very severely retarded to very high grade, were admitted to its institutions. Of these 1,398 were released to the community as "capable of self-support". In many instances, these children received some degree of supervision in the community but many became free agents and good citizens.

37. *The intelligence quotient alone should never be used to determine whether a person is mentally deficient.*

A. TRUE.

It is generally recognized by skilled technicians that the intelligence quotient cannot be accepted as the sole index of mental deficiency. Many inexperienced and unskilled persons accept the I.Q. as final evidence of normality or of mental deficiency but this is an extremely dangerous procedure. It may be a helpful guide but, like many other scores, frequently is of questionable value in critical cases. Because of the "probable error" an intelligence quotient of 80 may be actually as high as 85 or as low as 75. Intelligence quotients derived from group tests are at best only very rough and frequently unreliable indices as to degree of brightness and of little diagnostic importance. Only the quotients derived from carefully administered individual tests should be recorded, and even then, most psychologists agree that only a few are of value.

There is a growing tendency on the part of good clinical psychologists to drop the use of the I.Q. and base their determinations upon the symptom complex of mental deficiency.

38. *The mentally deficient child cannot learn to read.*

A. FALSE.

Many mentally deficient children can be taught to read to some extent, but there is a difference between the ability to pronounce the words on a page and the comprehension of the text. Reading for many mentally deficient children is merely a trick. Educators feel that entirely too much emphasis is placed upon academic learning in classes and schools for the mentally deficient. Unless the child will find the ability to read a useful process, the time spent in the laborious process of teaching a mentally deficient child to read could be spent to greater advantage by giving him training along other lines.

39. *There is not much difference between the feeble-minded person and the genius.*

A. FALSE.

The genius is the person of the highest level of intellectual competence. He stands at the upper end of the distribution of intelligence, while the feeble-minded, or mentally deficient person, stands at the extreme lower end. It is a difference in degree of intelligence and the difference is very great.

40. *Sterilization would solve the whole problem of mental deficiency.*

A. FALSE.

This statement must be accepted as being false. While it is true that many mentally deficient boys and girls of both the hereditary and non-hereditary type would not make good parents, there are a great number of other factors. Selective sterilization to prevent the procreation of the hereditary type of mental deficiency might be argued as being a good thing. Some perfectly normal parents without a trace of neuropathic ancestry, however, would continue to produce feeble-minded offspring. Further, sterilization may be a fine thing from the social point of view but it is a very difficult problem from the biological point of view. The fairest statement would be that sterilization might contribute to the solution of the problem of mental deficiency but it certainly will not solve it.

4.1. *A mentally deficient person can learn to operate machinery.*

A. TRUE.

The mentally deficient person can learn to operate machines which do not require fine judgements to be made. If the running of the machine can be reduced to a series of habit patterns, he can operate it. This could include such things as simple, power-operated tools, tractors, and even automobiles.

42. *Gland extract treatment can make a mentally deficient child normal.*

A. FALSE.

Unfortunately, from time to time, this claim has been made. Except for occasional changes in the body structure of clinical types such as the cretins, the best authorities agree that not much benefit can be expected from endocrine treatment. As yet, the field is definitely limited and until additional research studies are made, this must remain one of the many unlocked doors.

43. *Special types of training can make a person more intelligent.*

A. FALSE.

This point of view is strongly adhered to by some persons. It has not been shown, however, that training does make the individual any more intelligent. It may be true that the child or the individual, after training, may appear more intelligent but it is likely that what has happened is that the individual has more nearly reached his full potentials. Basically, the growth of intelligence is not the result of training. If it is possible through training to make a mentally deficient child anywhere near normal, then it ought to be possible to make a normal child a genius. One must differentiate between an act which is performed as the result of training and an act which is performed because of the individual's basic intelligence. Either the potentials for high intelligence are there or they are absent. In the mentally retarded they are absent.

44. *There are just as many mentally deficient girls as there are mentally deficient boys.*

A. TRUE.

This may be controversial but there is no evidence to support the point of view that there is any difference in the sexes as far as the percentage of mental deficiency is concerned.

45. *It is possible for any adult to become mentally deficient.*

A. FALSE.

Most definitions of mental deficiency clearly state that the condition

"exists from birth or from a very early age". Any adult who behaves as a mentally deficient person may do so because of an acquired defective mentality which may be due to a variety of factors, but he is not a mentally deficient person.

46. *Every child who has convulsions is also mentally deficient.*

A. FALSE.

There are a great many children subject to convulsive disorders who are perfectly normal in mentality. The same is true of adults. Some are, of course, mentally deficient.

47. *Any person is mentally deficient sometimes cannot understand social responsibilities such as marriage. etc.*

A. TRUE.

The understanding of the high social responsibilities involved in marriage and other social situations requires a higher level of intelligence than is found in the mentally deficient.

48. *Fifty per cent of all persons are below average in intelligence.*

A. TRUE.

Some persons do not recognize that the average is the mid-point above which and below which lie fifty per cent of the population.

49. *More than one half of those who commit offenses against society are mentally deficient.*

A. FALSE.

A study of 32,000 admissions, covering an eighteen year period, to penal and correctional institutions as well as training schools for the juvenile delinquents, revealed that but nine per cent were mentally deficient.

50. *All mentally deficient persons require some degree of supervision as long as they live.*

A. TRUE.

Ideally this would be desirable but the cost would be very great. Probably many more mentally deficient persons are receiving either formal or informal supervision than is generally recognized.

51. *Emotional disturbances in a child may retard his mental development and cause him to appear to be mentally deficient.*

A. TRUE.

This is possible but it does not happen as often as is sometimes be-

lieved. The emotional involvement would have to be quite severe and of the type the specialist would call "deep". Only the conclusion of a highly skilled specialist should be accepted in cases of this type.

52. *Childhood schizophrenia (a mental illness) may be mistaken for mental deficiency.*

A. TRUE.

It has been but a few years that it has been widely recognized that young children could become mentally ill. Such mental illness may be mistaken for severe mental deficiency. A study of the growth curves together with the use of highly specialized techniques by the examining team should enable the diagnosticians to differentiate between incompetence due to lack of normal development and disturbed mental function.

53. *The cerebral palsied are all mentally deficient.*

A. FALSE.

As a group they are not mentally deficient, although a great many of them do fall in that category. A recent study suggests that about six out of ten are of normal mentality. This means that perhaps in four out of ten cases these children are handicapped both mentally and physically.

54. *Brothers and sisters of mentally deficient children, the non-hereditary type, should not fear to have children of their own.*

A. TRUE.

If there is no question as to the heredity, the presence of a brother or sister who is mentally handicapped should not discourage the prospective parents.

55. *Parents of a mentally deficient child should decide not to have more children.*

A. FALSE.

The shock of having a child who is mentally handicapped born to them is a terrific one to all parents. The birth of such a child may easily cause some parents to decide not to risk any more children. They should consult their physician to determine if there is the chance that they cannot bear normal children.

56. *The mentally deficient are very much alike.*

A. FALSE.

In general they are very much alike. They are also very much different

from each other. This is only now beginning to be recognized and, more than anything else, points to the need of accurate diagnosis, appropriate planning, necessary treatment and adequate individual education and training.

57. *There are relatively few mentally deficient children who cannot be helped at all.*

A. TRUE.

There are only a very few children who cannot be helped through training. The level of accomplishment may be very low and the progress slight for some children, such as training in toilet habits, dressing self, feeding self and other matters of self help—but they can be helped. A defeatist attitude must not be taken but rather should the parent expect that the child will make progress beyond the level imposed by the limitations of mental development.

58. *Placement in a state institution is the worst thing a parent can do for a child.*

A. FALSE.

It is grossly unfair, in many instances, to the child, the family and the community to take this point of view. Sometimes it is the best thing that can be done. The child finds in a state residential school a world to his liking and one in which he can compete on more nearly equal terms and find happiness.

59. *Of the probable 1,600,000 mentally deficient persons of all ages in the United States less than 10% are in state residential schools for the mentally deficient.*

A. TRUE.

The figure is slightly less than ten per cent, somewhat under 120,000. It must be remembered, however, that the specialized institutions serve many more than this number for there is a steady movement of population with many of the trained individuals returning to the community each year.

60. *There is still much to be done to bring many state programs up to a high level.*

A. TRUE.

Each state should have a well planned and carefully integrated program if the needs of all are to be met. Such a program should include: special classes in public schools for several types of retarded children, sheltered workshops, diagnostic and guidance clinics, job placement, industrial, farm and domestic colonies, family placement, specialized residential schools, both public and private, home training and continuous supervision.