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stitution with which I am connected, we have two different forms of admission: one for those under twenty years of age and the other for those over twenty years of age—adults. Adults are committed on pursuing the same course of legal procedure as governs commitment to state hospitals for the insane and we have the same hold on the adults sent to us as they have on the persons committed to the hospital for the insane. The admission of children, however, is on the request of the parents, as a rule. When children are admitted on the request of parents we have no hold on them although we often wish we had the same control over them that we have over the adults. We also receive children committed to us by the juvenile courts in our state, gathered up by the probation officers—feeble-minded children who come to the attention of the probation officers of the probate court. Those children we do not release without an order from the court which committed them. I believe in giving the institution authority to hold any child.

Dr. La Moure (North Dakota): In North Dakota we have no commitment law. Patients are received voluntarily and they are taken out whenever parents wish it. Most of you will remember that I sent out a circular letter to superintendents of institutions for the feeble-minded asking opinions on the subject. Of the twenty-one answers which I received, fifteen were in favor of commitment, five were against it, and one did not make a pointed answer. I noticed that the five who did not recommend commitment were superintendents of institutions with a large waiting list. The general ignorance of the people on matters pertaining to the care of defectives is more marked throughout our state than in any other state with which I have come in contact. Because their children are good workers on the farm parents take them from the institution. We have cases similar to those mentioned by Dr. Hardt. I know of one case where a widowed mother is taking care of five feeble-minded children, herded out in the yard like cattle. I received applications for three of these, which I accepted, but they have never been brought to me. There are many cases similar to this one. Our

board recommended to the governor that legislation be taken authorizing commitments, but nothing was done.

Dr. Rogers (Minnesota): I presume that one of those five answers came from Minnesota, but Minnesota has never yet felt the necessity of a commitment law; first, because there is a long waiting list of from two to four hundred; and, again, because we have been able to make a pretty good bluff where we were satisfied the child should not be returned. I think there is little danger of restricting discharges too much if common sense is used although there is no doubt that sometimes even a feeble-minded child can be better taken care of in its own home than in a public institution. We have in Minnesota one source of information that is very useful. The State Board of Control has two agents, a man and a woman, who give their entire time to studying the conditions in the families where persons live who have been in state institutions for the insane and in the Minnesota School for Feeble-Minded and Colony for Epileptics. If we have any question about the desirability of returning any boy or girl to the home, we refer the matter to the state agents and on the first suitable occasion one of them visits the home, looks up conditions, and reports directly to us as superintendents. This works very nicely and enables us to act much more intelligently than we otherwise could. Yesterday, just before leaving home, a man came for his daughter. The latter had been running around the streets of one of the Twin Cities, and the parents were entirely unable to control her. They tried to keep her in a place where she could earn some money with the result that she would be found on the streets until 12 and 1 o'clock at night. She was admitted to our institution a number of months ago. Later, the parents insisted that she must be returned to the home, the object being apparently to place her out to earn money to help support the family. The parents appealed to the Board of Control, which, in cases of this kind, has invariably referred such matters to the superintendent for full data and his recommendation. My recommendation in this case was adverse and I happened to be in the board's office afterwards when the man and wife came to urge their plea for the removal of the daughter.

The mother became hysterical and threw herself on the floor, which in itself was a demonstration which satisfied the board that the mother would not be able to control her daughter. When the father came to the school last Sunday, I told him that his daughter could not be removed, but he urged the matter very persistently and asked if he could see her, saying he had a right to do that. I said, "Certainly, that will be all right." I instructed the officers to allow him to visit the daughter but to keep watch of them. He visited her an hour or so and as soon as he went away they locked the girl up, acting upon my orders, as there were symptoms upon her part of a plan to run away and meet the father outside. He came again and demanded the girl. The latter was kept locked up and the father informed that in order to get her it would be necessary to resort to habeas corpus proceedings. I think he would find it difficult to secure her custody, but if an order of the court does come, I shall, of course, be relieved of further responsibility. While I think commitment would remove a great deal of responsibility from the superintendent, I am still inclined to the opinion that by voluntary admission one can meet the outside situation better. That is, there are a great many children who attempt to attend public schools but drop out and whose parents would never apply for a commitment. It has been with reference to this class, particularly, that I have been a little opposed to the formal commitment. Dr. Wilmarth tells me, however, that in his state it has no such effect. It would seem to be impossible to devise, at the present time, any plan that would apply to all states alike.

Dr. Bullard: It seems to me to be the general consensus of the meeting that the superintendent should have the control of the situation and the power of retention, in some form, of the inmates of the institution. I think we would all agree to that; but the question whether the commitment is the only means by which that could be accomplished, might be another matter.

REPORTS FROM STATES

The president asked for informal reports on the progress of the work in the several states. The request was responded to as follows:

OHIO (Dr. Emerick): Everything is moving along nicely in Ohio. In the school work we are pushing the manual training harder than ever before. Year before last it was added to our schools, and this past year domestic science was added. We have been quite well pleased with the results. Some splendid work has been done along the lines of carpenter and sloyd work as well as in cane-seating; in fact, I think we have about all the old chairs in the institution rebottomed. The number of different pupils in the institution last year, was 1,620, the largest number present at any one time being 1,538.

KANSAS (Dr. Clark): With regard to the Winfield institution in Kansas, an extra effort is being made in the school work. For a number of years there were only three teachers employed but now we have the fourth teacher in the manual training work, which is improving things in a very satisfactory way. Another custodial building has been completed and is now ready to be occupied. The new building will provide for about 200 inmates, which will make the population about 600. I regret to say that at one time the Winfield institution was not as enterprising as it should have been. During the last four years many improvements have been made in the way of construction and we are making every effort to bring it up to a higher standard of efficiency in every department.

PENNSYLVANIA (Dr. Murdoch): In speaking of Pennsylvania, I wish to mention the illness of Dr. Barr which makes it impossible for him to be here. During the past year there has been opened an institution for feeble-minded and epileptics at Spring City, the third of its kind in Pennsylvania. It was established by the legislature about three years ago and was opened by the reception of between three and four hundred boys. The girls' department has not been built as yet. This has relieved the condition in the eastern part of the state to some extent so far as the care of boys is concerned, but there is still great need for additional accommodation in Pennsylvania. The institution at Elwyn is continuing along the same lines that it has for years past. I do not know of anything new there except that they are planning a department for tuberculosis and a new