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five feeble-minded women were the mothers of nineteen children, fifteen of which became inmates of public institutions. It is known that these fifteen have spent 156 years in public institutions and seven of them are still there at an average annual cost of upwards of a thousand dollars. Along with the question of feeble-minded women comes the announcement in our state of an improved marriage law. In our state the clerk, before issuing licenses, has to be satisfied that neither of the parties desiring to contract marriage is an imbecile, epileptic or of unsound mind, or affected with a transmissible disease, and that the man has not been within five years past an inmate of any county asylum or home for indigents. The clerk, if he has any suspicions, may decline to issue the license. The applicants for a license may, however, appeal their case to a judge of the circuit court and have him pass upon their application. The result of this law has been very valuable, from an educational standpoint, and we do know of many cases in which persons who proposed to contract marriage have been prevented from doing so. I do not say that this is the only method, but it is a step in the right direction, and further restriction of marriage will doubtless be made. Unfortunately, there is nothing to be done to the delinquent county clerk except to impeach him. If he fails to comply with the law, or fails to perform his duties, he may be removed from office and fined \$500.00. The point I am making is, there are many cases that we know of in which marriage has been prevented, and most of our clerks seem to be conscientiously endeavoring to follow the law. Some of the clerks, before there was such a law, refused to issue marriage licenses where either party was feeble-minded. The second means of restriction is one in operation in a neighboring state. The law provides for the sterilization of such persons. I have been asked to state the extent and operation of this law. Between four hundred and four hundred and fifty operations have been performed in the Indiana reformatory, 203 of which were by voluntary request. There have been a few cases in other institutions.

REPORT OF COMMITTEE ON CLASSIFICATION OF
FEEBLE-MINDED

At the meeting of the Association at Chippewa Falls in 1909, a committee on classification was appointed, consisting of Drs. Fernald, Goddard, Wylie, Bullard and Murdoch.

At the Lincoln meeting, Dr. Goddard, the only member of the committee in attendance, presented the correspondence which had passed between the Chairman, Dr. Fernald, and the other members of the committee living outside of Boston, an abstract of which is given below.

The ideas of the individual members of the committee, as shown in the correspondence, were discussed at this meeting and the following classification agreed to, its adoption being considered as tentative, with a view of giving the whole matter further consideration during the year intervening, until the next annual meeting.

(1) The term feeble-minded is used generically to include all degrees of mental defect due to arrested or imperfect development as a result of which the person so effected is incapable of competing on equal terms with his normal fellows or managing himself or his affairs with ordinary prudence.

(2) The feeble-minded are divided into three classes, viz.:
(a) Idiots: Those so deeply defective that their mental development does not exceed that of a normal child of about two years.
(b) Imbeciles: Those whose mental development is higher than that of an idiot but does not exceed that of a normal child of about seven years. (c) Morons: Those whose mental development is above that of an imbecile but does not exceed that of a child of about twelve years.

The descriptive terms heretofore accepted to express pathological and other definite characteristics, such as hydrocephalic, paralytic, mongolian, etc., may be used as prefixes or adjectives.

It was agreed that the Binet mental tests afforded the most reliable method at present in use for determining the mental status of feeble-minded children.

It was agreed that there would be considerable advantage in

sub-dividing the three classes into three groups each, and designating them by the prefixes, high grade, middle grade and low grade, respectively.

The following chart presents the scheme graphically:

FEEBLE-MINDED CHILDREN			Mental Age
MORONS	{ High Grade	9	as determined by Binet tests. 8 to 12
	{ Middle Grade	8	
	{ Low Grade	7	
IMBECILES	{ High Grade	6	3 to 7
	{ Middle Grade	5	
	{ Low Grade	4	
IDIOTS	{ High Grade	3	0 to 2
	{ Middle Grade	2	
	{ Low Grade	1	

The following is the essential part of the correspondence referred to.

CIRCULAR LETTER SENT OUT BY THE CHAIRMAN,

DR. FERNALD, April 23rd, 1910.

I beg to call attention to the fact that we are on a committee on classification. I have received no communication from anyone except Dr. Bullard, and if you have any suggestions to make on this subject I would be glad to hear from you so that we may make at least a preliminary report this year.

My own suggestion would be that we agree upon a tentative classification and submit it to the Association this year. After thorough discussion we should be given another year in which to prove and round up the scheme.

My preference would be for something very much simpler than has been the vogue for a decade, something like the following, for instance:

1. Idiocy
2. Imbecility
3. Feeble-mindedness.

Under each of these heads we might have various grades of the three grand divisions of mental defect, as 1st grade of imbecility, 2nd grade of idiocy, etc.; or perhaps we might have more than two sub-divisions under each main head.

I would then make arbitrary definitions for each of these

grades, or perhaps each sub-division might be given a descriptive title, as excitable idiocy, apathetic idiocy, etc.

I consider it essential that the classification should be based entirely upon the degree of intelligence presented, and that the details given should be so descriptive that they are obvious and intelligible to the well-educated general practitioner who studies the scheme.

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The non-institution man has never been able to gather from textbooks or the literature of the subject the fact that all the above pathological types may present any degree of mental defect, that is, that a microcephalic may be feeble-minded, imbecile or idiotic, or that a spastic case may be a gross idiot, or merely a backward child.

REPLY FROM DR. WYLIE, May 6, 1910.

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My idea is that three, or possibly four, groups for our institution children would be sufficient and the terms idiocy, imbecility and feeble-mindedness are as good as any. Though the use of the term "feeble-minded" as a designation for a group would probably tend to cause some confusion, as it is often used for a name for the whole class; however, we might make use of the name "psycho-athenia.

(Dr. Wylie suggest, also, the terms "psycho-asthenia" and "amentia" for "idiocy" and "mental debility" for sub-normal.)

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In regard to clinical groups, microcephalous, hydrocephalus, mongolian, cretin, etc., these are well fixed in literature and are necessary to preserve. My idea for the use of them would be to append them to the terms designating mental defect, such as, microcephalic, idiocy, mongolian, imbecility, etc., as the case may be. I think, also, that the term, "moral imbecility" should be retained to designate the special class to which it has been given. The definition of these terms is one of special difficulty and I have thought that we should have to designate the upper limit in the case of each group. This, of course, is more difficult on account of the forcing we subject them to in our schools. Should we fix the boundary as the upper limit to which they are able to attain in our school? Then again, of course, the child is growing and some think may be able to advance from one grade to another. This, might indicate that a schedule for feeble-minded might be necessary to show their attainments at the different ages of life. However, this is probably going farther

than is necessary at this time and the idea of a preliminary report, which you suggest, I think would be desirable and leave the details of the definition of these various terms to some later time.

On the whole, I concur in the suggestions of your recent letter and think possibly three or four degrees of defect, based upon the degree of intelligence presented, is a most desirable form of classification.

REPLY FROM DR. MURDOCH, April 29, 1910.

I agree with you thoroughly in the ideas put forth in your letter. I believe the classification should be made as simple as possible, and in the classification of any given case three things should be made clear—the etiology; the clinical variety, or pathological condition; and the degree of mental defect.

To express the etiology the terms congenital and acquired; to express clinical variety or pathological forms possibly epilepsy could be added with advantage to the five varieties you give; and to express the degree of mental defect, idiocy, imbecility and feeble-mindedness.

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REPLY FROM DR. GODDARD, April 29th, 1910.

I have felt just exactly as you express it in regard to classification for sometime, but I feared that I was a heretic and that no one would agree with me. I said last year at Chippewa Falls, in my paper, that to say that a child was hydrocephalic or microcephalic told us nothing of any particular value or interest to us in the institution in our care or management of him. As it seemed to me, the only term in the old classification which was of much value was "mongolian". That does limit the child pretty much, both mentally and physically.

Now we have been carrying on here during the past year quite an elaborate study of our children for some scheme of classification. I hope to have this matter in suitable condition to present to the meeting at Lincoln, and if it comes out as it seems to me it will, I think it will be at least a small contribution to the problem, but for our committee work now, I think I may give you an outline sufficient for the present purpose.

First, we have been thinking all the year of some way in which we could obviate the difficulty of having the term feeble-minded used in both the generic and the specific sense. My first thought was to follow the English and call the generic word "amentia" but Prof. Jonstone reminds me that all our in-

stitutions are called institutions for the feeble-minded, which is the generic use of the term, and it would be impossible to change that would mean legal changes.

The next best thing is, of course, to give up the specific use of the term and get something in its place. Various things have been suggested. The two most feasible ones seem to me to be, first, proximate (with the idea that these children are nearly normal), for the group that are nearest. They might be called proximates. The other is to call them by the Greek word "moron". * * * It is defined as one who is lacking in intelligence, one who is deficient in judgment or sense. All this differentiates him too from the lower grade of whom we cannot say they are simply deficient in judgment, there is something more than that.

Personally I prefer the latter word. It has the advantage also of not being already in use in English in any sense. Consequently we would have no quarrel or no necessity for saying that we use it in a special way. We would simply define its meaning once for all and by using it, make it stand for what we want.

If this is acceptable, then we would have, counting from above down, backward children, if you like; then morons, imbeciles, and idiots. And as you say, I think these three would cover the ground very nicely and in most all cases they are all that we need. However, we could provide for a closer classification whenever it was necessary, and I would suggest that we divide each of these into three. This, as it happens, would give us a decimal classification.

This itself might be of some use incidently, in that it would be fairly intelligent if we were to say to a stranger, this child classifies five on the scale of ten. Of course such an explanation would be incomplete because they would not know where the beginning was or hardly the end of the series. Still it would mean much more than it now means to say to such a person, we call this child an idio-imbecile.

I should suggest, then, that counting from the bottom up, we should have, low grade, middle grade, high grade idiot; low, middle and high imbecile; low, middle and high moron. With the normal child, whether he be backward or fully up as the "10" or perfect specimen,

Now for the defining of these different grades, I believe we have in the Binet test, which I have translated and which we have been using this year, a very good measure. The tests seemed to me very interesting and good as I read them over, but we have now just finished a complete testing of all of our children by this method, and we have been constantly amazed at the way

the matter has turned out and the agreement between the mental age of these children as shown by these tests and what we know of them from experience. It is this correlation that I hope to work out and present in my paper. Here I can only suggest to you the bare skeleton.

I will send you the reprint of this so that you can have it at hand for comparison in connection with this report, but briefly the plan would work somewhat like this: The low grade idiot would be the helpless child, or one under one year of age in mental development; the middle grade would be the year old, or we might say, a child who is not quite helpless, who can feed himself but he will eat anything and everything; the high grade idiot would be, for example, one who eats somewhat discriminately, will not eat everything; the low grade embecile would include those that test as **three** and those who test four years of age according to the Binet plan; the middle grade would be the five year olds; the high grade those that test **six and seven** years; then the low grade morons would be the eight and nine year olds; while the middle grade of ten years; and the high grade eleven and twelve.

In our complete testings we have found no children that test above the mentality of a twelve year old child.

I think this brings out some very significant things in the development of the mind. In the first place, the fact that we have none over twelve suggests the further fact that at twelve or thirteen we began the period of reasoning with children and inasmuch as that is precisely the thing that is lacking in our moron children, we have here a striking agreement, they do grow up to that point. Or we may say, apparently any child that develops beyond the twelve year period has sufficient reasoning power to get along in the world, and does not pass as feeble-minded. In the same way, it is rather significant that the division between the imbecile and moron comes between six and seven, which suggests very strongly our old dictum, that the brain becomes fully developed at seven; thus marking another, so to speak, natural or physiological division between the two.

I don't know just what we will find of a similar nature between the idiot and imbecile, unless it be speech, but perhaps it is not necessary to attempt to carry the scheme as far as that. You will see from the test, however, that the line there is about the one we have usually made. The imbeciles are those that can learn something, *the idiots can learn almost nothing.*

I believe that we would have here, so to say, a three-fold classification. That is, as I have already said, we could speak of

a child as either three, or five, or nine on the scale of ten. We could speak of him as high, middle or low; idiot, imbecile or moron; or if we did not wish to use the qualifying adjectives, simply call him idiot, imbecile, or moron. And thirdly, we could designate him as a child of the mentality of seven or of ten year old normal, just as we saw fit.

As to the old terms of the other classifications, we would simply have to understand that a child might be microcephalic imbecile or a microcephalic idiot; a hydrocephalic moron; a mongolian imbecile; a cretinous moron perhaps, or whatnot.

As you will see, I have only a rough outline to propose at present, but I think your suggestion an excellent one, that we make a preliminary report at the present meeting, and ask to be continued for another year when something final may be done.

And in the meantime doubtless many suggestions will come in, and we can refine the thing down to a satisfactory working basis.

I think even if we were ready to make a complete final report, one of the things most needed is to have the subject agitated until all institutions are ready to adopt some uniform system. The difficulty now is that we are hardly any two of us agreed. The old classifications, as you have said, are so illogical, based as they almost all are on more than one basis of classification, and consequently leading to confusion throughout.

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This correspondence will place the whole matter clearly before the members.

A. C. ROGERS, Secretary.

