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## EDITORIAL

### THE NEW CLASSIFICATION (TENTATIVE) OF THE FEEBLE-MINDED

The action of the association on the report of the committee illustrates the natural and logical blending of medical and psychological influences in the treatment of the subject of mental defect. In considering this classification, it is well to bear in mind the three phases which the subject presents, viz.: 1st, the nomenclature itself; 2nd, the adoption of a psychological basis for grouping the cases, and 3rd, the special psychological tests used for determining the classification.

If it had been easy to advise a classification of general application

ication it would have been done long ago, for there have been many students interested who were familiar with medical and pathological studies and who had plenty of material on which to work.

As to the nomenclature, the committee tried to retain the old terms so far as possible and still avoid confusion from the lack of uniformity and precision in former usage. In some respects, the English use of the term, mental deficiency, as applied generically, is preferable to our term, feeble-mindedness. The adoption of the English form in this country is not practicable, however, from the fact of the incorporation by statute of the term, feeble-minded, into the names of practically all of the institutions for this class in America, as stated in the correspondence. If it were not so the term could be retained for the highest grades and the other two terms, imbecile and idiotic, could still apply to the lower grades, as recommended by the committee, and thus avoid the necessity of any new term. However, applying the word feeble-minded generically, as the circumstances seemed to require, the committee were compelled to secure a new term for the high grade. The writer does not presume to pass upon the philological question involved in selecting, for instance, one Greek word in preference to another of similar meaning, nor to judge of the advantage of selecting from Greek, rather than Latin, but it is essential, however, that the word selected be simple in form. We are permitted to refer to Professor John C. Hutchinson, at the head of the Greek department of the Minnesota State University, in sanction of the idea of using the term, moron, recommended by the committee, and treating it entirely as though it were an Anglo-Saxon word, that is, ignoring any attempt to follow Greek inflections. Either one of two or three other Greek words, as good as the one selected, might have been used, perhaps. However, this is immaterial so long as we can agree upon one definite term that is simple and presents no intrinsic objection to its use.

As to the matter of emphasizing a psychological basis for classification rather than a pathological one, we can see no serious

objection to it, if thereby we can secure a means of determining quickly even an approximate estimate of the child's mental ability by some system that is of general application and that presents to all, the physician, the teacher, the parent and the student alike, the same mental picture to be referred to a common mental standard. Who is there that does not have a mental picture always in view, of the activities and capacities of normal children at different ages? What more natural or rational than to compare the mind, backward in development, with a normal one? The only requirements for this are, 1st, a concise summary of the intellectual expressions of the mind of a child in groups corresponding to its different ages; and 2nd, some means of determining the group of expression that characterize the mentally deficient child under examination. It seems to us that the whole question of classifying upon a psychological basis, hinges upon whether these last two requirements are met,—and this again hinges upon whether the Binet, or some other similar or equivalent system meets, or can meet, the requirements.

Dr. Goddard's examination of 400 children at Vineland so far seems to place them so accurately in the scale of intelligence already in use under Dr. Barr's classification and the other forms interpreted by Mr. Johnstone and his corps of teachers, that the results seem to them very satisfactory. We have experienced the same satisfaction in the results so far obtained by Dr. Kammann in the examination of 150 children at Faribault during the month of September.

We have reason to congratulate the committee upon its success in laying so excellent a foundation and there remains only the careful testing out of a large number of cases and the securing of well-worked-out normal data from American school children with the possible modifications and corrections that such experience may suggest, to give us a reliable and practicable standard for a psychological classification.

We must not be understood as belittling the pathological basis of the mental defect itself, for the recognition of the nature of a pathological basis is necessary for a more complete understanding

standing of the case—both for scientific accuracy and for assisting prognosis. The classification proposed provides a happy blending of the pathological and psychological descriptions.

We would, however, throw out a word of caution about the application of the mental tests. To do any scientific work properly, the operator must have had some training in scientific methods, and to secure reliable data concerning feeble-minded children, one must know from experience something of the nature of the class he is working with and must possess that peculiar, and not altogether common faculty of securing the absolute confidence of the child, and hence, the ability to obtain a full response in each case. The question of diagnosis of mental defect is often involved in court practice and it can readily be seen how easily unprincipled charlatans might exploit alleged laboratory tests in the interest of criminal offenses against feeble-minded women of the higher grades. It will be wrong to inculcate the idea that anybody without special training can diagnose and classify mental defect.

A. C. R.

