

MINNESOTA
SOCIAL SECURITY BOARD SUMMARY OF THE FOLLOWING PAPERS

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| ✓ The Problem of the Feeble-minded I. | G. Lamb-Family Welfare Association. |
| ✓ The Problem of the Feeble-minded II. | M. Manifold-Dept. of Public Welfare. |
| ✓ The Problem of the Feeble-minded III. | Chas. E. Dow-C. P. S., Minneapolis. |
| ✓ The Problem of the Feeble-minded IV. | Howard R. Hush-H.C. Chief Prob.Off. |
| ✓ The Problem of the Feeble-minded V. | H. E. Hegstrom, S.T.S., Red Wing. |
| ✓ The Problem of the Feeble-minded VI. | S. Alan Challman, Mpls. Public Schools. |
| ✓ Heredity and Feeble-mindedness | D. E. Minnich. |
| ✓ Feeble-mindedness as a Public
School Problem | A. I. Heggerston,
Board of Education. |
| ✓ The Neglect of Children as related
to Feeble-mindedness | Mrs. Florence S. Davis,
Hennepin County Child Welfare Board. |
| ✓ Report of Testing a Group of Famil-
ies given Relief in 1929. | Edna Dumaresq-United Charities of
Saint Paul. |
| ✓ Some Neurological Aspects of Feeble-
mindedness | J. Charnley McKinley, M. D. |
| ✓ The Care, Management and Treatment
of Mental Defectives | J. M. Murdoch, M. D., Supt.
Minnesota School for Feeble-minded. |
| ✓ Crime, Delinquency and Feeble-minded-
ness | George B. Vold-University of
Minnesota. |
| The Responsibility of the School for
the Feeble-minded. | Dr. J. C. Rockwell (paper not mimeo-
graphed.) |
| ✓ A Continuative Census and Registration
of the Feeble-Minded | Dr. F. Kuhlmann |

INTRODUCTION

This review will include all the papers up to Dr. Kuhlmann's, but will not include his last one, as the object of the summary is to state the general problem of mental defectiveness as it appears to be at present. However, occasionally, suggestions for a future program have been made and I will touch upon them also in order to bring them to our minds and then at a later date, they may be organized. Naturally this brief summary will contain generalities which do not always hold true and which are open to argument, and then I may display unwittingly the bias of an institution worker.

In an effort to arrange the subject matter in an orderly sequence, I have resorted to the time-honored, text-book method of beginning with causes, then following the career of the mental defective through from childhood to adulthood and ending with results - or conclusions. Credit where it is due will not always be given to the author of a paper - so if you will please pardon any omissions.

I. CAUSES

As Dr. Minnich has pointed out, approximately 75% of the feeble-minded are estimated to owe their defect to their ancestors. Other cases may arise from some organic disease, as described by Dr. McKinley, i. e., Little's Disease, Schilder's Disease, amaurotic family idiocy, hydrocephalous, tubercle sclerosis and post-infectious cerebral involvement. These cases are rather rare, and comprise a very small per-cent. Other causative factors are conditions of toxic poisoning of the parents, as acute and chronic infections, pre-natal, birth or early infantile injuries, severe convulsions, meningitis, severe attacks of childhood diseases, as scarlet fever and encephalitis lethargica. Endocrine disturbances are responsible for a number of cases, as cretinism.

Some of these conditions tend to run in families, so that it is impossible to state where hereditary influences cease and environmental commence. The informa-

tion about causes is still meagre and wanting, largely because the cost and time involved to conduct research appear to be prohibitive under present conditions.

II. INCIDENCE

The most authentic estimate of the percentage of feeble-minded actually found in the population of the state has been compiled by Dr. Kuhlmann by means of mental tests given to all the school children eight to nine years old in twenty-six towns of Minnesota. Those with I. Q. below .75 comprised 5.79 percent of the total. When this percent is applied to the general population in the state which would include all ages, the number arrived at is 160,730. Since the death rate among the feeble-minded is relatively high, a round number computation of 100,000 feeble-minded in Minnesota may be accepted as a more fair figure.

III. THE DEFECTIVE CHILD IN SCHOOL

Obviously now our problem has devolved into a study of the moron and the border-line individual, since the idiot and the imbecile are usually recognized at an early age and excluded from school. Mr. Hoggerston and Dr. Challman interpreted for us the present situation of such a child in the public schools. There are about 213 special classes in the state which have an enrollment of approximately 3,400 pupils. These classes are concentrated in the cities,--Minneapolis having 56 with some 850 pupils. There are few such classes in the rural districts and small towns. An I. Q. range of 50-80, poor achievement and unsatisfactory conduct,--although it is undesirable that behavior should be allowed to be so influential,--determine the basis for selecting a special group. Apparently the pupils seem to do better in the special classes, yet the system is expensive and only a small proportion are reached. Moreover the children with lesser defect above 80 may be in need of additional help also.

Dr. Rockwell questions both the type of education offered the subnormal child who is fortunate to enter the special class and also the training of the teacher who gives him his lessons. Constructive fitting for actual life does not seem to have been incorporated into the curriculum.

IV. DELINQUENCY

The evidence offered by Dr. Vold in his comparison of the results of army tests given to the draft army during the war with the mental tests given in the penal institutions of Minnesota seem to prove that the institution population, to quote: "is a fair cross section of the general population." This conclusion is open to criticism as was brought out in the discussion, and must not be taken too sweepingly to mean that the subnormal person is no more prone to delinquency than the normal. Other studies and the practical experience of workers who handle many cases dealing with moron and border-line intelligence tend to contradict this hypothesis.

For example, in Mr. Hogstrom's paper on Red Wing, the average I. Q. was 90% for 233 boys and 7.7 percent were below 75%. This percentage is less than is generally given and the number of cases is too small to make an absolute conclusion, yet the very fact that the average is below 100 indicates that the institution is receiving more individuals with varying degrees of mental defect than would be found normally. I believe that Dr. Kuhlmann has stated in discussion that past figures have revealed four times as much subnormality as in as in the public schools.

Of course, anti-social traits are not directly inherited as such, yet a lack of normal intelligence leads one to drift into an unfavorable environment, or home conditions may be so adverse that there is no other alternative offered a child. (I understand that there is more material to be offered us on the subject of delinquency and mental defect, so that this summary is incomplete.)

V. INSTITUTIONAL CARE AND TRAINING

As Dr. Murdoch had told us, the question of institutionalization is dependent upon other factors in the case history, as well as the level of intelligence, such as the emotional nature of the child, the trend of his behavior and the various environmental influences of home, neighborhood and school. Also, in reality, the lack of room at the State School, which has a population of 2,300, often precludes a recommendation for admission to the institution, when all other factors might point to it. The familiar situation was re-emphasized, that the institution is always full and has a large waiting list and even if the capacity were increased, it would soon be filled again and a new waiting list formed.

The idiots, unless the home is particularly suited to them, and if they are taking attention away from the other children, should be institutionalized. The imbeciles may remain out under good supervision but at the School, they are taught simple tasks, good habits and are protected from conduct difficulties, which they might get into if left in the community. The most extensive training at Faribault is possible for the moron, who usually progresses academically as far as his mental age permits and who can profit by being taught the arts and crafts, music, recreational diversions and physical culture, and above all, how to work.

The physically helpless, even though their intelligence surpasses that of the idiot, need nursing care and they are provided for in infirmaries especially constructed and administered for them.

The number paroled now, yearly, from the institution approaches 200 and the larger part of them are morons who are discharged after sterilization. Altho they may carry the defect in their germ plasma, so that the genetic argument for sterilization is plausible, yet the stronger reason is that they are unfit for parenthood.

VI. HOME CONDITIONS

Agencies, such as the Family Welfare Association, the Department of Public Welfare and the Children's Protective Society encounter many persons who are struggling to maintain homes and who present many problems.

Miss Dumasq conducted a study among the clients of the United Charities of Saint Paul of a rooming house district. Of 177 individuals tested, the men had an average intelligence quotient of 77.4 and the women 75.3.

Mr. Dow selected 50 cases at random from the Children's Protective Society and found that 36% of these contained persons who were feeble-minded. These families presented the following problems: dependency, delinquency, neglect and inability to understand and manage.

In general, it was the opinion of these executives and also of Miss Manifold of the Department of Public Welfare, and of Miss Lamb of the Family Welfare Association: that subnormal mothers and fathers did not know how to control budgets, could not guide and care for children properly and were not interested or competent enough to attain a reasonable standard of living. There were exceptions to this wherein a family responded well to the supervision of the social worker and the sub-normal mother was caring adequately for her children and, of course, these faults may be found with normal parents. But the inference remains that chronic, dependent families tend to have a larger amount of mental defect among their members than a group of independent families.

VII. PROBLEMS OF THE COURT

Dealing more specifically with the problem of neglect of children, Mrs. Davis reviewed forty-one cases selected from the files of the Hennepin County Child Welfare Board, in which one or both parents, and one or more children, had been committed as feeble-minded. These forty-one families had one hundred and sixty eight children, one hundred and six of whom were alleged by the social workers dealing with the cases to be neglected. Forty-five of the children were actually brought into court on a neglect action before the commitment of the parents as feeble-minded. Only seventeen children showed no evidence of neglect, but in each case, either the child was not with the parent or the situation was adequately supervised. There appears, to quote "to be a strong relationship between feeble-mindedness and neglect."

Besides the Juvenile Court cases, the adult probation department and the Mother's Allowance Branch, as described by Mr. Hush, must take into consideration the question of what degree of subnormality, if any, is present in the person involved. Often a border-line individual who can not be committed, presents a serious problem.

CONCLUSIONS AND SUGGESTIONS

These tentative summaries indicate that the serious social problems are more commonly encountered in the moron, the border-line and the sub-normal group testing below 100. Not feeble-mindedness alone, but varying degrees of mental defect, personality deviations, social and economic conditions, determine the status of an individual. Therefore, the feeble-minded are acting as participants in a larger assemblage who are not subject to quite the degree of social control which may be organized and exerted upon their brethren of lesser intelligence. Just where to draw the line marking the recognition of mental defect enough to be designated as actual feeble-mindedness is an arbitrary matter.

The use of an intelligence quotient in the vicinity of 75, with other factors considered, seems to be a fairly safe practice for the social worker, but a definition for the courts is indeed a difficult proposition. Rather than review the context of the definitions discussed by this group, it might be more interesting to read a definition which Dr. Murdoch presented to the Minnesota Society of Neurology and Psychiatry as a suggestion for amending the present statute:

"A 'feeble-minded' person shall mean a person who is not mentally ill but whose mental development is so retarded that he has not acquired enough self-control, judgment and discretion to manage himself or his affairs and for whose own welfare or that of others, supervision, guidance, care or control are necessary or advisable. If a minor, this shall be interpreted to mean greater direction, supervision, guidance, care or control than other children of his chronological age. The term 'feeble-minded' shall be interpreted to include 'mental defective', 'moron', 'imbecile' and 'idiot'."

Judge Hall and Miss Thomson also have a definition somewhat similar which they have kindly allowed me to read:

"This term 'mental defective' or a 'feeble-minded' person in this act means a person whose mental condition is due to slow mental development in such a degree that he requires direction, supervision, control or care for his own or the public welfare. If a minor, this shall be interpreted to mean greater direction, supervision, control or care than other children of his chronological age."

As for the institution, the tendency is to make it more and more a depository for the higher types of feeble-minded whose family life is of low standard, and

who is, or is becoming, a delinquent defective. As there is not room enough for all of them, and as they would never be satisfied or happy with continued incarceration, they are paroled, as previously stated, after sterilization. The question of an institution for defective delinquents might be discussed by this group. However, even with a period of institutionalization, their problem is not solved. Supervision must continue afterwards over the same individual as went into the institution, with possibly better habits and training for work, but we are dealing with the end result, and little can be done.

Another suggestion for a subject to be brought before this committee might be mental deficiency and labor. I imagine that the federal relief workers would express themselves regarding the supplying of work relief for applicants who exhibit mental defect, or some information might be obtained regarding the efficacy of C. C. camps.

Another matter which we often hear about, but rarely in a comprehensive form, is that of the costs of supervision and care of the feeble-minded.

The papers for the rest of the year are designed to deal more specifically with the problem of social control and to continue to outline an ideal program for Minnesota. Several proposals have already been made in previous papers. Dr. Rockwell suggested that with the consolidation of the school systems, if such changes can be brought about, the children in the rural communities in need of special education be brought into larger centers along with the brighter pupils and there a curriculum would be offered them in keeping with their capacities.

As a start towards a future program of recognition by society of the presence and extent of mental defect, Dr. Kuhlmann advises the conducting of yearly intelligence tests for all school children of a certain age. In time we would have a complete census for the whole population of the state. Let us hope that it will soon be possible to put this plan into operation.

Caroline Perkins.