

## President's Address \*

## ONE HUNDRED YEARS OF SPECIAL CARE AND TRAINING

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I DEEPLY appreciate the high privilege of addressing you this evening as the sixty-fourth president of the Association. It is a great honor to be designated as its leader for one brief year, and it is greater honor still to become identified with so long and notable a list of predecessors. If you have found that your confidence in me was well placed, that the affairs of the Association have been guided in accordance with its wishes and traditions, I shall be happy, even though I cannot hope to rise to the heights of some of the immortals of our past.

For a topic on which to address you, I have chosen that of "One Hundred Years of Special Care and Training." Much has come to pass in a hundred years in the interests of mental defectives in this country. Most of it by far may be traced to the thoughts and actions of members of this Association. On several occasions others have spoken of certain aspects of our past. I shall not attempt to improve on their efforts, nor burden you with anything that can be called a history, were that possible in the allotted time. Instead of that a brief sketch of the views and practices at the end of every twenty-five years will be given. Our history shows some important conflicts between the advice

of the leaders in the field of mental deficiency and what the public permitted being put into practice. Instead of attempting to predict the future from the past, I shall try to show what our history probably would have been had the advice of the experts always prevailed. The results of my effort will necessarily be influenced by 1940 ideas on what was expert advice, and by my own personal bias. For this you must make allowances.

Let us take our first cross section at 1850. Our first State school for mental defectives had just been established. In a number of private schools in Europe it had been shown that mental defectives could be trained. They were capable of learning. Many claimed that they could be cured in this way and restored to normal. These ideas and practices had been brought to America. Here the principle of educating all children at public expense was not new. The public school was generally accepted. The purpose of the State school for mental defectives was to make a similar provision for these as was already in force for all normal children. "It is a link in the chain of common schools, the last indeed, but still a necessary link, in order to make the chain embrace all the children of the State," wrote Dr. Howe, in 1852, as Director of our first State School for mental defectives.<sup>1</sup>

The professed object of the State School was to bring the mental defectives back to normal by a special form of training, and after a few years return him to his home or community. Admission and retention was usually limited to the school age period. In 1850 the prevailing idea was that this training improved intelligence. Exercising the mental functions developed them. This was Seguin's "Physiological" method, who even twenty-five years later spoke of the enlargement of the skull as a result of exercising the brain as being a matter of common observation.<sup>2</sup> Of course, they were confusing the acquisition of skill and information with development of intelligence. But let us not judge the experts of 1850 too harshly for this confusion. Many of us think that we are still doing it. And after all, they were only anticipating the Iowa psychologists of 1940!

The idea that mental defectives could be restored to normal was also not extended to all grades. Even Itard's classical experiment had shown that some could not. A distinction was made now between the trainable and untrainable. Just what grade was regarded as untrainable is not clear, for accurate classification was of a much later date. But in comparing the thoughts and practices of this and later periods with those that followed it should be kept in mind that increasingly higher grades of mental deficiency were included in speaking of them as idiots, imbeciles, and feeble-minded. Strenuous objection was made from the beginning to the admission of "untrainables", to making the Schools in Dr. Howe's words "Asylums for incurable

bles." There was then no thought of custodial care by the State, and these lower grades were still left outside any plan of the state to provide for all its children.

When we turn to 1875 we find that several important changes have taken place, and there is plenty of evidence that radical departures from the ideas of 1850 about mental deficiency are not far distant. The number of State Schools has increased to eight, averaging one new school about every three years. Enrollments that began with about a score of pupils or less have increased to several hundred in the case of a few schools. The public has apparently more or less accepted the idea of having a State School for mental defectives. But it began early to concede a need and then fail to furnish support. Waiting lists of children whom parents wished to send but could not enter for lack of space had appeared and grown each year almost from the very beginning. There was impatience at the slowness of public response. Some complained that it had tarried too long in the experimental mood; that the value of the State school had been demonstrated. Yet if one remembers the original objective on the basis of which the plea for the State School had been made, it would seem that this claim was not particularly well founded. It could not be said in 1875 as much as in 1850 that mental defectives could be cured by special training. Considerable evidence had now accumulated against that theory.

One of the important happenings was the influx of untrainable cases. Against a rising tide of objections from Superintendents and state laws to keep them

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out, the State School had after all become more an "Asylum for incurables" than a school for special training. Various reports showed that from one half to two thirds of the admissions were regarded as untrainable. Moreover, many of those who had been under training for the number of years that were allowed by the laws remained indefinitely and in opposition to retention laws, because it was recognized that the purpose for which they had been admitted had not been realized. They had not improved to a point where it was felt that they could be returned to the community, capable of meeting the requirements of normal citizens. Undoubtedly there had been considerable difficulty in classifying children as definitely trainable or untrainable, because of the lack of an adequate method. But even if there had been such a method, any effort to apply it would probably have been ineffective. A public that had been told that mental defectives could be restored to normal by this training would not likely have tolerated a distinction between individual cases that held out this hope for some and denied it to others. How important this matter was held to be is indicated somewhat when some years later Massachusetts enacted a law making it a duty of the Governor to decide, not whether a case might be admitted into the State School, but whether it should be admitted as a school pupil or as a custodial inmate.<sup>8</sup>

The beginning of other changes in views and policies were in evidence by 1875. Faith in the possibility of curing mental defectives by special training was considerably shaken, and had shifted to a more limited group of

higher grade cases. Improvement in various degrees according to the severity of the case rather than restoration to normal was becoming the real objective. To indicate that change one might quote almost anyone of the superintendents of the State Schools, and others with first-hand experience in this field, including Dr. I. N. Kerlin, Dr. H. B. Wilbur, Dr. I. A. Stewart, and even Dr. Seguin. The following quotation from Seguin summarizes quite well the then current opinion. "Not one in a thousand has been entirely refractory to treatment; not one in a hundred who has not been made more happy and healthy; more than thirty percent have been taught to conform to social and moral law, and rendered capable of order, or good feeling, and of working like the third of a man; more than forty percent have become capable of the ordinary transactions of life under friendly control, of understanding moral and social abstractions, of working like two-thirds of a man, and twenty-five to thirty percent come nearer and nearer to the standards of manhood, till some of them will defy the scrutiny of good judges when compared with ordinary young men and women."<sup>4</sup> We note still an optimistic tone about the possibilities and results of special training. But that optimism remains only because attainment of much less than the original objective is expected. That expectation is due for still much further downward revision in the years to come.

In recognition of these facts, the State Schools had begun to make important re-adjustments. One of these was the training of pupils for permanent retention in the School. This

applied to a middle group between the untrainable and those who might be returned to the community. It was a natural step. There were many tasks in which the school needed help, in the kitchen, dining room, dormitory, and on the farm. If pupils could be taught to give satisfactory service in these tasks it would give valuable practical training to the pupils and save money for the School at the same time. In addition to this, it provided a life-time home and useful employment for the pupil. The wisdom and soundness of this procedure is proven by the fact that at present, sixty-five years later, we find it still in force.

Along with this adjustment came another. The "physiological" training of Seguin to develop intelligence was being superseded largely by industrial training to supply useful skills in various occupations. This applied to the brightest pupils in qualifying them for return to the community. Skill became a substitute for intelligence, although this fact was not discussed and apparently not recognized at the time. Shops for industrial training were added to the School. In some instances they supplemented to quite an extent the school occupations themselves, such as found in the bakery, laundry, dormitory and farm. While the State School was thus apparently forgetting its original purpose and promise, some of the lay parents were not. To them industrial training meant children put to work for the benefit of the School, rather than training from which the children would benefit. "We attempt no trades in our institution," said Dr. H. V. Knight of Connecticut in 1878. "All are subject to the ordinary attempts

at tuition. Many of our patrons would object to their children being placed at work."<sup>5</sup>

Summing up this period, we may say that it marks the turning point for changes in several directions. We are leaving behind the school of yesterday that knew only school pupils, and are coming to the institution of tomorrow that will know also custodial inmates. The big school house of the past is enlarging into groups of buildings that include custodial wards, and shops, an enlarged acreage with farms and dairy herds. We are still thinking only of helping the mentally defective, and not yet of protecting society. We are not yet aware of their number, of the economic losses for which they are responsible, of the delinquencies and crimes they commit, and of the general havoc they create in our social order. By degrees we shall hear of all these things. Talk of permanent retention in the State Institutions for most is already in the air, and compulsory commitment will be heard about soon. An important change in the public attitude is to take place during the next twenty-five years. With this much anticipation of the future, let us leave 1875 and skip to 1900.

There are now twenty-five State Schools, almost universally spoken of as institutions. On the average one has been added every year and a half. The inmates number something over 15,000. The institution now usually includes an administration building or wing, a school plant with class rooms and training equipment, separate dormitories arranged for inmates classified according to age, sex, and grade of mental deficiency, or physical condition. It has

shops for industrial training and land for farming and dairying. It has its own power, light, and heating plant, kitchen, bakery, and laundry, as well as hospital, where at times attendants and nurses receive special training for their duties in the institution. In its major physical aspects the institution has already become of age. Abandonment of the idea of cure was the important factor in the development of the physical plant. Many thousands of cases had for years been under daily observation in the institutions. Thousands had been returned to the community after a period of training and had not made good. Although they had acquired some good habits, and skills, and had undoubtedly increased in mental age, the conviction was gaining that no restoration to normality was taking place. Warnings to that effect became more and more numerous, and by 1900 few if any authority would say that any mental defective ever became normal. In 1886 Dr. Geo. Brown of Massachusetts noted that "We ought not to hold out to the great public the hope . . . that these people as a class are by our training and teaching likely to overcome their defects and become normally developed."<sup>6</sup> In 1897 Dr. A. C. Rogers of Minnesota wrote that "To those who have been led to believe that the feeble-minded can become normal and go out into the world as full citizens, the results of their training do not justify their expectation. . . . It should be distinctly understood that a feeble-minded child never becomes normal."<sup>7</sup> A few writers of this period go into a little more detail by pointing out in what particular respects they cannot be made normal. The mental

traits that cannot be supplied by training are judgment, will power, foresight, and initiative, the absence of which is responsible for their inability unassisted to meet the social requirements of the average citizen. This attitude remained practically unchallenged for several decades. "Once feeble-minded, always feeble-minded" became almost a slogan in the discussion of mental defectives and policies on their care and training. In the course of half a century there had come about a complete reversal of opinion on curability by training.

From this conviction it followed naturally that the original objective of the State School had to be abandoned completely. If they could not be restored to normal they also could not be returned to the community. Thus we were coming to the conclusion that all admissions to the institution should be for life. In 1899 Dr. Barr of Pennsylvania expressed this extreme view in saying that "Experience, and indeed every consideration for the individual and society, points to the absolute necessity of permanent segregation."<sup>8</sup> In 1900 Dr. Alexander Johnson of Indiana in addressing this Association said: "Everyone here is convinced that the proportion of the feeble-minded who are fit to go out from our schools at twenty-one to take a common man's or common woman's place in the great world, with all that that implies, is so small that it may be safely disregarded in adopting a policy."<sup>9</sup> In 1903 Dr. Walter E. Fernald of Massachusetts observed that "The one great deduction from the sixty-years' experience in the education of the feeble-minded is that under the best conditions only a very small portion even of the higher

grade cases become desirable members of the community."<sup>10</sup>

This plea for permanent commitment to the State institution continued for a number of years. But it was discovered relatively soon that public support would not be forthcoming. The public had never supported the institution enough to supply the space needed even under a policy of voluntary and temporary admissions. Progress in getting public support had always been by way of getting its sanction for the use of new methods rather than for increased expenditures. The implications of permanent commitment were not realized at this time.

The period ending at 1900 saw a marked change in public attitude in another direction. Until this time we had thought only of helping the mental defective. Now we are beginning to hear of the need of protecting society. People had become aware that their number was probably many times greater than had ever been suspected. The number in institutions had constantly increased, yet the waiting lists were bigger than ever. Beyond both were unknown numbers that the imagination might place at almost any figure. Some estimates were made to the effect that less than ten percent of the existing number were in institutions. Some of us today would say that less than two percent were then in institutions. But there was another matter that was soon to overshadow all concern about alarming numbers merely. The thousands of cases that had been committed and returned to the community, both before their commitment and after their return, furnished constant object lessons on the many social problems that men-

tal defectives created, or to which they were large contributors. They become the public's real instructors. To be sure, hosts of other mental defectives who had never gone to an institution were not much less social problems. But since they had remained unrecognized they taught us nothing about mental defectives. We learned from those recognized as mental defectives that they were incorrigible at home, and burdens to the schools; that they were sexually promiscuous, that they stole and robbed; that they depended on others for a living, received most of charity's contributions; that they married young, raised large families that they could not support, many of whom were in turn mentally defective, and growing up in poverty and neglect, were preparing to repeat the cycle.

People in charge of institutions had collected these observations and had discussed them for some years. It reinforced their conviction that all mental defectives needed permanent care and supervision, which turned their attention to preventive measures. One of these was compulsory commitment and retention in place of voluntary admission and retention. It was hoped that this would extend care to larger numbers than had been reached and also more protection to society. When laws for this purpose were enacted, however, we do not find any material increase in commitments. It could only increase waiting lists. Another protective measure suggested was sterilization. We were soon to have laws in several states permitting it.

While preventive measures and protection of society came to the front in discussions, objections were developing

to one of the most important activities of the institutions. Parents had once objected to occupational training because they regarded it as work rather than as training. But that objection had ceased and they were permitting it to continue indefinitely as service to the institution long after its value as training had ceased. Institutions had gone on to develop occupational and industrial training. The school room had been largely replaced by the shop for older children and adults. In many instances these shops were producing in excess of the needs of the institution, and were selling some of their products. Then outside industry objected on the ground of unfair competition. We hear little about this objection, but we see instead no further development of the work shop in the institution, and a gradual disappearance of the practice of selling any products from these shops. Thus ended one of the dreams of the institution, one that contemplated such various industries as to supply the great majority of mental defectives as yet uncommitted as well as those already committed with useful training, and perhaps at the same time make the institution almost or wholly self-supporting from the sale of its products.

As we leave 1900 and pass on to 1925 we meet more new developments. There are now few states left without one or more institutions for mental defectives. The total number of inmates has increased from about 15,000 to about 50,000. The increase in commitments is, however, largely accounted for by the increase in general population. The number of inmates has increased a little over three-fold, but the number of inmates per thousand

of general population has only just doubled. One is tempted to speculate as to when we might reach the goal of the commitment of all mental defectives on the basis of this rate of progress. If the rate should continue to double the percent of the general population that is committed as mentally defective every twenty-five years, we would have about two and a half percent committed by the year 2000, and it would take another twenty-five years before all were committed that many of us now think are mentally defective, that is, four to five percent of the general population. But who would dare say what percent we shall be calling mentally defective in the year 2000? Our definition of mental deficiency has changed more to meet the needs of changing social requirements than with our knowledge of the mental condition as such.

The view that all mental defectives should be committed to state institutions for life grew rapidly after the momentum it had gained by 1900. In another ten years it had become as unanimous as opinion ever had been on anything concerning mental defectives. The question was apparently settled. Some believed that the public might before long think the same way and that the permanent commitment of all to the institutions would become an actual fact. "We trust and believe" said Dr. J. M. Murdoch of Pennsylvania, in 1903, "that the time is not far distant when public sentiment will demand that the State segregate all the feeble-minded whose presence in the home and community is a constant source of danger."<sup>11</sup> It was generally conceded now, of course, that there

were none or practically none who were not a source of danger. In 1904 E. R. Johnstone of New Jersey said: "Our great hope lies in preaching permanent custody again and again, and we shall probably go through the three stages which fall to virtue as well as vice, and the world will 'first pity, then endure, and finally embrace' our ideas."<sup>12</sup> But we have never reached even the first stage of this process, and would probably not have done so even under constant urging. And that urging ceased abruptly and completely in a very few years. By 1925 we were thoroughly agreed that a large number if not the majority of mental defectives did not need commitment to the state institution. We were turning to guardianship in the community.

Simultaneously with this sudden change came a new development in the institution itself. Since this was more logically the next step rather than outside guardianship, let us consider it before discussing the latter. The new development was called the "colony plan". The term was not new; the essentially new thing about the colony was the fact that the inmates were employed in the neighborhood for wages, some of which might be credited to the inmate's account. The employment might be in private homes, factories, on farms, or anywhere else and the group might be housed permanently in a given building, or move about to different places according to convenience and labor demands. But in all instances the inmate worked outside and returned to the colony daily only as a place to live. It served several purposes. It made room in the main institution much needed for cases not suitable for

the colony. It reduced costs to the state. But most of all, it gave the mental defective more freedom, and a new interest as a wage earner. It reduced the detailed regimentation of life in the institution, and returned to him some responsibility. In a word, it put him on the road back to a more normal life in the community. Dr. Chas. Bernstein of New York was chiefly responsible for originating the colony plan and for developing it to the highest point it has reached. He called it "re-habilitation", which gave us another somewhat new idea. It looked on the mental defective as mis-trained perhaps more than as untrained. Re-habilitation means the removal of the results of that mis-training, the repairing of a warped personality.

As in the case of the shops and industries of the institutions of earlier days, the success and development of the colony plan depended pretty much on its toleration by labor and outside industry. The general economic condition of the years immediately following the World War favored its origin, but the depression to come later brought criticism and opposition. Again, we see little of this in print, but we have all observed the decline of the colony plan. However great its merit may be as a method of treatment for mental defectives the indications by now are, that the colony plan may be on its way out.

Let us return now to that other new method, variously designated as parole, extra-institutional care, and outside or community supervision. There was very little really new in the idea. It had been in practice in Europe for a great many years. It had been our prac-

tice for years to return cases to the community to be taken care of by parents or other relatives. But now we turned suddenly to supervision in the community by the State. Several factors were converging to bring this about. One was the discovery that the existing number of mental defectives was very much larger than even the recently revised estimates indicated. That discovery was made largely through the widespread use of the Binet tests of intelligence which had appeared in 1908. With them we found the moron, and Dr. H. H. Goddard had given him a name. The mental test revealed the moron in undreamed of numbers. The percentage of the general population estimated to be feeble-minded jumped at once from a fraction of one percent to several percent. Remembering the ever increasing waiting lists, it seemed folly now to even dream of building institutions large enough to admit this vastly increased number. "It is impractical," said some, "It is impossible," said others. And then, after a few observations on how cases were getting along in the community with little or no supervision, we concluded that it was "unnecessary" and even "undesirable."

What were these new observations? Had we not concluded unanimously only a few years before from just such observations that all must be committed to the institution for life? It would be most interesting, if time permitted, to go into details. But only a few general statements must suffice. Previous observations had been limited largely to cases that had been returned to the community and had failed. Those who succeeded were mostly forgotten. Now

such studies as those of Dr. Fernald on the after-careers of parolees for a period of twenty-five years,<sup>13</sup> and similar studies of the careers of children after leaving the special classes in the public schools revealed large numbers who had not failed. Then a few institutions had tried out supervision in the community when that supervision was conducted by a state agency. Unfortunately these attempts and others later were made under such a variety of different circumstances, and the results interpreted in such various ways that they have not yet given a very definite answer to the question of just how successful the method is or may be made. These variations concerned such important matters as kind of cases observed with reference to age, sex, intelligence, previous history, length of time spent in the institution, amount of supervision given, the period covered by the observations, and the definition of what was considered success or failure. Under these circumstances, the percentages reported as succeeding under outside supervision range from less than twenty-five to over seventy-five. Most observers seem to have been favorably impressed by this showing. But one naturally would be, when he had been so recently convinced that none succeed in the community. In passing, one may well ask whether a method should be adopted because fifty percent succeed, or should be rejected because fifty percent fail.

The years immediately preceding 1925 saw more progress in different lines than any other similar period before or since. The most important development was the special class for mental defectives in the public schools.

In some respects they have had a history similar to that of the institution. Their original objective was restoration to normal school achievement by special training in the regular school subjects. Failing in this, they changed largely to handwork, in which they copied from the institution. In many places the special class is still in this stage. Others have advanced to vocational training to give information and skills that may be useful after leaving school. They have had the same opposition from the public to admission of pupils and to the establishment of a curriculum fully adapted to needs. As compared with the institution various advantages and disadvantages have been pointed out. The special class does not require removing the child from his home. This is a good or bad feature, depending, of course, on the character of the home. His presence in a good home may react unfavorably on the home as well as a poor home may have a bad influence on the child. The institution cannot reproduce home conditions especially needed by the older child. There all temptations calling for the exercise of restraint, and situations calling for independent judgment and action are removed, unfitting him rather than fitting him for living in a normal community. On the other hand, the institution places him among equals, where he is not constantly reminded of inferiority. Adjustment of tasks to ability, and competition with equals permits the enjoyment of success. Inferiority complexes and frustrations undoubtedly lay the foundation for much of the delinquency that we find with mental defectives that grow up in a community of normals. Finally, in many if not most

places the special class refuses to recognize the children as mental defectives, and on their leaving school withdraws all assistance just at a time when it is most needed. But at all age levels there has been an urgent call for the special class and the State institution to work together on the problems they have in common. For the most part they have worked independently of each other, and but little progress has been made in coordinating their efforts.

This twenty-five year period saw a revival of surveys made to determine the number of existing mental defectives. For a number of years the report of the survey made by the English Royal Commission of 1904 was a standard reference on this question. The American surveys made since have been done in varying degrees of thoroughness. For the most part the methods used, like those of even the English survey, were quite inadequate for finding anywhere near all of them. Then with the appearance of the intelligence tests surveys were taken up anew. These were conducted in the schools, and ranged in extent from the small village to whole counties. Results doubled and trebled all previous estimates of the number of mental defectives. Several writers, especially Dr. Fernald, pointed out the need and uses of a complete census, including name and address, continuously kept up to date through the examination of school children. This led to legislation establishing the travelling clinics in Massachusetts in 1919. From then on the demand for a continuous census has grown steadily.

Other developments included the abolition of many old admission and

retention laws long out of force, removing age and grade limitations, and substituting compulsory commitment on court order in many instances. A number of states enacted laws for sterilization that had been discussed for many years without coming to any generally accepted conclusion as to their merits. These have been applied in varying degrees from complete neglect to the sterilization of thousands in California, without apparently helping materially to reduce the diversity of opinions on the subject.

Finally, we may note that during this period psychology was for the first time definitely called on to make its contribution in the field of mental deficiency. The Binet tests, of course, furnished the occasion. Of these Fernald said that "The theory and practice of mental testing and the discovery of the concept of mental age did more to explain feeble-mindedness, to simplify its diagnosis, and to furnish accurate data for training and education than all the previous study and research from the time of Seguin."<sup>14</sup> While this may be giving more credit than is due in some respects, psychology had by 1925 made important contributions on a number of problems. Besides those named by Dr. Fernald, there is, for example, the determination of the general course of mental development in mental deficiency, and that there is frequently considerable improvement as well as deterioration in individual cases. We had called it an arrest of development, but found only an arrest of speed of development, that makes the possibility of improvement a little more hopeful. The use of tests also taught us much about the relationship between

mental deficiency and various social problems of inadequacies and delinquencies. And it gave us much more definite information than we had had before on the intellectual requirements in various skills and occupations. This opens up untold possibilities in the training of mental defectives.

We come now to the last twenty-five year period, following 1925, the end of which is still ten years in the future. I shall not attempt to predict what 1950 will have in store for mental defectives. There are no indications of any radically new departures in the near future. Outside supervision has increased some, and there are some more reports on results. But the method has not spread as rapidly as one might have expected when it was first hailed as the only answer to the inadequate institution. 1940 still finds the majority of states not making any systematic or extensive use of outside supervision. There are indications of some reaction to the initial enthusiasm. J. T. Jones of New Jersey in 1928 although subscribing to the method, noted that the whole question was in a state of flux.<sup>15</sup> P. W. Foley of Colgate University in 1929 pointed out that progress in the method will depend on better information on just what happens under the different ways of administering it.<sup>16</sup> Florentine Hackbusch in 1934 questioned the character of the adjustment mental defectives are said to make in the community.<sup>17</sup> Many make the institution an essential part in its administration and limit its use to parolees. Dr. Mary Wolfe recommended in 1925 that the parolee should pass from the institution to the colony, and from the colony to the community.<sup>18</sup> Dr. Chas. Bernstein

had already followed this practice somewhat in earlier years.

Perhaps the most important turn is the so called "family care" method recently introduced. While new in this country, it is as old as the State institution. The only really new factor consists of remunerating the family for taking care of the patient, who may or may not be able to give some useful service to the family or to some other employer. This one new feature, however, offers several advantages. It applies equally well to low and high grade cases. It gives the direct guardian in the community, by far the most important factor in all outside supervision, a better motive for good guardianship and less cause for exploitation, since a source of income depends on it. It tends to automatically adjust itself to fluctuating economic conditions, in that during a depression there would be more demand for such patients, while in good times such patients could be more easily employed through such methods as the colony plan.

Finally, the last few years have seen a return to the question of improvement, if not cure, of mental deficiency. This time medicine is approaching it through biochemistry, previously found useful in cretinism and tried out considerably with the Mongolian type. Its significance lies not in the preliminary results, which are quite negative, but in the fact that medicine is recovering from its defeatism of the past fifty years and is again challenging the theory that hereditary conditions are incurable.

More spectacular than this is the recent claim by a few psychologists that mental deficiency can after all be much improved and even cured by what is

essentially special training. In the distant past this claim could not be supported by before and after results of intelligence tests. Now, however, we are presented with I.Q.'s that have changed forty points or more, claimed to be the result of no more than an improved home environment and special training. It would be of interest to have these investigators explain why they succeeded where Seguin and so many others doing a much more thorough job of special training and often in the best of home environments failed so dismally. It will undoubtedly take psychology several years to discover and fully explain that most of these results can be accounted for in four or five other ways than by assuming that any material real change in intelligence has taken place.

So much for our history of a hundred years. In most other lines of human endeavor progress has been less dependent on the judgment and will of the public. It could hardly have been otherwise. We are dealing directly with human beings, and not with matters that may only indirectly affect their welfare. We are dealing with that part of human nature which ever since man became self-conscious has been looked upon as his most enviable possession—intelligence. What our history would have been had the opinions of the best authorities prevailed at all times is a most intriguing question. To assume that one could answer it correctly in all respects would be most presumptuous. But any effort to do so should be instructive.

We may single out perhaps four matters of major importance in which heads of state institutions and others in

authority recommended and pled for policies and procedures that were not put into practice. The first is limiting admission to the State schools to trainable cases only, then interpreted as more or less curable. They predicted correctly what would happen if no attempt were made to keep the lowest grades out. Even with that attempt the State school at once became custodial asylum more than school. Had they been kept out, separate custodial asylums undoubtedly would have appeared sooner or later, the one at Rome, New York, being an example. But when it was learned later that there was a grade of trainable cases who could be best employed in the care of custodial grades the combination of school and asylum in one institution was accepted after all as best policy. It seems, therefore, that this first failure to get what was wanted only changed the course of our history and not the final result.

The second failure in getting what was wanted concerned institution industries and the sale of its products on the open market. While it seems to have been least protested, it probably influenced future developments more than anything else in our history. The number and variety of tasks in the world, in business, shops, factories, and everywhere that mental defectives above idiot grade can probably learn to do as well or approximately as well as they are done by normals is practically unlimited. If there is difficulty in giving them the necessary training on the job in the community, the institution offers the way out. If we do not know what jobs may be taught satisfactorily to different grades, the institution gives us the opportunity to

find out. Because we have not had that opportunity we are still at the threshold of a storehouse of information in this field. There is every indication that any mental defective from the imbecile grade up could be taught a dozen or score of useful skills that would in this respect equip him much better to earn a living than the average normal person is equipped who earns his living with unskilled and semi-skilled labor. Being denied the right to give this training by forbidding the sale of products that would be incidental to the training and to a permanent adjustment of the inmate in the institution, the latter has resorted to handwork in making such things as baskets, rugs, and lace that has very little practice value. We are sometimes told that machinery has vastly reduced the need of unskilled labor. While this is true in some instances, it is equally true that in other instances it has eliminated the need of skill and intelligence and replaced it with simple mechanical operations of the machine that any moron can do. Where formerly the skilled artisan made a piece of furniture, or built a vehicle, for example, the whole manufacturing process is now divided into innumerable, simple tasks each of which requires neither skill nor intelligence. It may take less labor now than heretofore to produce the world's goods, but that it takes relatively more intelligence to do so because of the machine is debatable. There is still room for the moron.

But let us assume that the institution trained moron would still have remained unacceptable to industry, because he would still have needed supervision. That this would have been true

in a large measure is highly probable. In this case is it then not also probable that the institution would have supplied that industry and employment in the institution? Those that did on a small scale for a while found it economical. It takes no vivid imagination to see what a vastly different institution we might have had today had this development of institution industries been permitted by the public. One can vision the realization of the "village community" of which Dr. A. C. Rogers and others dreamed. A community in which mental defectives did most of the tasks found in any rural village of today; where they earned and spent wages, had normal recreation facilities all under supervision; and, may we add, where they married, after sterilization, and lived in private homes of their own! Such a development surely would have gone far towards removing the stigma of being an inmate, the consciousness of inferiority with its associated personality distortion and maladjustments, and the resistance to commitment from parents. In such a community the mental defective might have found even better adjustment than the average normal person now finds in his own.

The third instance of failure to get what was wanted concerned the permanent commitment of all mental defectives to the state institution. We may dismiss the argument that this was impossible. It was only the public state of mind about costs that made it impossible. That institutionalization was not the best method was a later thought. But recently the public sanctioned financial relief for the unemployed, who outnumber the highest estimated number

of mental defectives by two to one and cost more per capita than institutionalization of the latter. Incidentally, we may note that the majority of morons whom we said could not all be institutionalized are probably among those on relief, and constitute the group most likely to stay there permanently. Finding all and committing all would have had important effects on the institution besides greatly increasing its size. It would have immediately changed the character of the inmates from predominantly low grade to very predominantly high grade cases. This would necessarily have led to some adjustments. It would have increased attention to job training and development of institution industries. It might have led to a separate institution for morons only, taking on most of the characteristics of the Bernstein colony. It certainly would have led to an earlier and more thorough study of methods of adjusting care and treatment especially to the needs of the moron, and if so we would by this time know much more about the possibilities of outside supervision than we do.

Little need be said about the failure of getting public support for the colony plan. We have not yet entirely failed. There are still possibilities of progress in this direction. There is little or no disagreement as to the merits of the general plan and principle. The colony offers the best adjustment yet devised for an intermediate group for whom the institution regime is more stringent than is necessary and for whom outside supervision is not adequate.

As to outside supervision itself, here we have also as yet neither failed nor succeeded. On the grounds of less cost

to the State it will undoubtedly win public support. But as increasingly larger numbers are put under this type of control it may arouse opposition on the grounds that many of them do not need any control at all. This will indeed be all the truer the more successful we are in our supervision. There are many ways of conducting outside supervision. What the public will in the future permit us to do will depend on how rapidly and how well we develop the method. Many good suggestions have been made on the merits of which we are probably pretty well agreed. A brief summary of these may indicate the direction in which outside supervision will move.

First, selection of the case fitted for outside supervision. Dr. Geo. L. Wallace made a good beginning on determining what traits are favorable and unfavorable for success. But the study of that problem is still in its infancy. The question whether every case should be sent to the institution first to determine the advisability of trying outside supervision has been raised. Many favor this method on the grounds that the case can then be carefully observed for as long as is necessary by experts who are usually most advantageously stationed at the institution.

Second, selection of the community in which the case is to be supervised. Dr. I. N. Kerlin as early as 1876 noted that a child's training in the institution should be in occupations in which he could find employment easiest in the community to which he was to be returned.<sup>19</sup> Dr. Wallace in 1917 said: "In considering what class of feeble-minded individuals may safely remain in the community, it is of more impor-

ance to study what communities are safe for the feeble-minded."<sup>20</sup>

Third, selection of the home in which the case is to live in the community. Any real supervision worthy of its name must come from this home. Any moron who has already failed to make good because of lack of intelligence, bad habit, or other unfavorable personality trait can not be re-habilitated merely by an occasional visit from some outside social agent. Until we shall have learned that fact we will not get far with outside supervision. The moron needs daily, and sometimes hourly guidance. It is therefore of the utmost importance that this home knows how, is willing, and is in position to give it. This implies that his own home which has already failed in this is not likely to succeed even with the help of a state or county advisor.

Fourth, there should be at least monthly reports from this home to the state or county supervising agency on pertinent matters regarding the case. This is as important as is the supervising home. Without it there is no check on either case or home, and no knowledge of whether the supervision is succeeding or failing. Failure to require this leads to the supposition that all is well, when as a matter of fact the case may be failing to make good quite as much as he ever did before commitment to state guardianship.

Fifth, the case who is giving any useful service to any employer should receive wages for it, beyond the cost of his maintenance if his service is worth it. Without it we have slavery, as indefensible with mental defectives as it was with negroes. Remuneration for service applies equally to the home giving

the supervision. This is recognized in the so-called family care method. Dr. Bernstein's suggestion that the case give part of his earnings to his supervisor is sound principle.

Sixth, and lastly, the state or county supervisor should make frequent visits to the supervising home, and, armed with his previous knowledge of the case, and the monthly reports, should constantly instruct the home in accordance with developments. His contacts should be with this real supervisor in this home rather than with the case, and he should know both equally well.

In my own judgment these six matters must all be included in what we must call the minimum essentials for success, permitting no omissions or makeshift substitutes. Success will then still depend on the care and thoroughness with which each step is carried out. In the name of economy there will always be the temptation to make shortcuts that will lead to failure, though failure is never economical. Supplying an inadequate staff is usually the greatest temptation. If we set out to assign hundreds of cases to a single field agent to supervise, as is done in some places, we may as well prepare to give up outside supervision as another false lead to the solution of the general problem. We would be as certain to fail as we were when attempting to cure mental deficiency by special training.

In this review of our past history and evaluation of some of its aspects I have pointed an accusing finger at the so-called General Public, as responsible for a much poorer record than we would have had if that Public had at all times heeded the advice and pleadings of the experts. The latter have made some

mistakes, as even experts will, but those mistakes apparently did not result in any great or lasting harm to the cause of mental deficiency, for they were acknowledged and corrected. The poor vision and the will of the public did, in more than one instance and its mistakes have persisted. We may say this without any derogatory implications. The American people have always been the greatest philanthropists in the world. They are also on the whole the best informed in the world. But that understanding and philanthropy has not extended to the mental defective. Could every citizen see a single case grow up from birth to maturity, observe his miserable home and heritage, witness his school career where he learns only defeat and disappointment, and then his still further defeat and frustration as he attempts to make his own way in the world—could this ever occur—the public attitude would not be what it is today. But this cannot happen until we label the mental defective at birth and his parents before him, so that all may observe. Such procedure the public would again not permit, because, unlike the physically crippled, it looks on mental deficiency as stigma and disgrace rather than as a misfortune. So long as this is so there would be no wisdom in bringing the life of every mental defective into public observation.

Thus it has come to pass that we deny him the right to the kind of rearing and training that he needs, and which we could give; the right to fit into a useful place in the world, which we could supply; and the right to happiness, although we demand all these for the normal child and adult.



And when we have done all this, we still speak more of the wrongs he does to society than of the wrongs society does to him. Truly, his greatest handicap is not the fact that he has failed to grow up mentally, but rather the neglect of an uninformed public that holds the key to his welfare but refuses to unlock the door.

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