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ADDRESS BY MISS MILDRED THOMSON GIVEN TO THE 1962
ANNUAL CONVENTION OF THE MINNESOTA ASSOCIATION FOR
RETARDED CHILDREN...JUNE 8, 1962

" A REVIEW OF THE PAST "

In reviewing the past in Minnesota, I shall only try to give you the feel of it, as it is impossible in a short time to trace the history of changing concepts or program development.

The deaf, blind, mentally ill and delinquent of the state were provided for before the mentally retarded. However, in 1879 a school for feeble-minded children who were in St. Peter State Hospital was opened in Faribault in connection with the School for the Deaf, Dumb and Blind. By 1881, when the legislature again met, this group of 25 had made so much improvement that a permanent institution was established accepting children from their home communities. A committee of the legislature had visited and a newspaper report was made on the "wonderful result obtained at the Asylum for the Feeble-minded": where last year "the poor creatures were wont to grab up their meat and other eatables in their hands and cram it in their mouths like mad creatures." Their present status had been given in the report of Dr. G. H. Knight, the superintendent. They had had instruction in reading, writing, geography, numbers, drawing, singing and dancing. Ten had learned dancing; three to write letters home, and varying numbers in between these two had learned the other subjects taught. But said Dr. Knight: "all have learned valuable lessons in decency, order and cleanliness."

When the building made possible by the 1881 legislature was completed in 1882, there were 41 children placed, but there was also a "waiting list" of 59. Policies were established. Children able to travel went home for summer vacations. The railroads gave rates and teachers took groups to main transfer points where parents met them. There were no Christmas vacations, but interested people helped to make Christmas happy. As an example, there is a letter from Dr. Knight to Dr. Boardman of St. Paul, written in 1880: "I received your kind letter and I thank you very much for remembering us. What the children need most are small articles of clothing, collars and handkerchiefs for boys, ruffles, aprons and bright stockings for the girls. As these little additions do not come under necessaries, I do not feel justified in getting them with our small appropriation, but they add a great deal to the happiness of our children by giving them a chance to brighten themselves up a bit, especially on our dancing evenings. We found last Christmas that they cared more for these little helps to the toilet than for the toys we gave them, but whatever you can send we will be grateful for and the children that can, shall write lines of thanks to your Sunday School."

In 1885, Dr. A. C. Rogers replaced Dr. Knight. He was to take over on Sept. 1, but arrived in August. One action before September 1 indicated how he would perform for the 31 years he remained at Faribault. He wished to employ as head teacher Miss Laura Baker -- later the founder of the school at Northfield but then at Glenwood, Iowa. He wrote Dr. F. M. Powell, the superintendent, who said Miss Baker was one of his best but she must make her own decision. Then Miss Baker wrote on August 28 that she wanted to come but Dr. Powell had raised her salary to \$400 a year and her father said it would be too unbusinesslike for her to leave. She wished he hadn't raised it! On September 1, there is a telegram saying she is arriving and the records show her salary was \$400 for a ten month year.

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Here are some examples of the many, many things done before 1900 for the happiness of the children: For many of those not able to go on summer vacations, there were camping trips to the nearby lakes; the superintendent of St. Peter State Hospital wrote Dr. Rogers that he would "catch" a deer and send it -- presumably for a zoo that had been started; at Christmas, there were not only small gifts - but money from groups or individuals making possible the purchase of a steoptican machine; concerts by artists were held at the institution. These were to make money and were attended by people from the town. A merry-go-round was bought, but unfortunately a child fell and was killed when it had only been used for a short time.

Dr. Rogers was also making other changes. He improved the hours and conditions of work for the attendants -- not only as a right from their standpoint, but as a necessity if they were to give proper care to the children. He insisted -- with some opposition -- that the helpless or severely retarded must be cared for by well paid and not cheaper staff. A teacher was employed full time to give sense training to helpless children, with the attendants required to the extent possible to carry on with the methods used. Salaries were paid during the summer for good teachers who needed more training so that they could afford to go to school during this period. And Dr. Rogers paid higher salaries -- when possible -- than other institutions.

He had the first psychologist of any institution in the country, a Ph.D. from Clark University, A. R. T. Wylie, who came as a pharmacist but tested the children -- for comparison with normal children -- to determine the acuteness of the senses; memory and attention span; rapidity of action; fatigue, etc.

A staff conference composed of the physician, psychologist and principal teacher was held to determine the placement of each child. Dr. Rogers opened the institution for research purposes to doctors in the Twin Cities and established relationships with the University.

In 1889, the report of the Board of Corrections and Charities had this sentence: "It is a gratifying fact that Minnesota is making fuller provision for this class of unfortunates in proportion to the population than any other state in the Union."

By July 1, 1899, the population of the Faribault State School and Colony was 611 -- quite an increase from only 41 in 1882. The waiting list, however, was 178, to be increased to 193 by November. The per capita cost was \$150.00.

When the first institution opened in the United States in 1848, it was hoped that training was going to transform the children into "normal" ones. This hope faded, but even so Dr. Rogers and others felt that all children must have all the training they could absorb. He was also one of many in the country who felt that there were family strains that produced generation after generation of the feeble-minded and that from such families came the persons who were criminals, alcoholics and paupers. Therefore, this group should be taught and then retained in the institution in colonies -- family-like living arrangements were removed from the central buildings-- where they would be self-supporting by doing the work of the institution. For this group, there should be the possibility of guardianship in order that they would be held even if their families objected. A small percentage of them capable of self-support could return to their communities where they should have supervision. The helpless would be given care indefinitely as a humane act.

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From the earliest days, Dr. Rogers and other superintendents were asking the "why" of feeble-mindedness. They studied the children and their backgrounds, analyzing records to try and find the answer. During the 1890's, Dr. Rogers outlined a genetic theory that is not too different from the knowledge of recessive genes existing today. His interest in heredity resulted some years later in the study of certain families, some of whose members were in the Faribault population. He died before the results were written up. The material gathered is that which Dr. and Mrs. Reed have been working with for several years.

In 1910, Dr. Rogers employed a psychologist, Dr. Fred Kuhlmann, skilled in the new field of testing developed in France -- Binet tests. His employment was made possible by a small research appropriation the legislature had provided for searching out causes of epilepsy, feeble-mindedness, insanity and delinquency.

The respect the Board of Control held for Dr. Rogers' opinions was shown in 1906 when his budget called for \$200 for an excursion for the epileptic patients, and \$350 for an excursion for 200 feeble-minded. The Board of Control questioned these items and the Chairman wrote saying the request was not being disapproved, but Dr. Rogers was asked to come and talk it over. The excursion for the 200 feeble-minded children took place -- a trip to Stillwater with a boat ride on the St. Croix.

Again, in 1908, Dr. Rogers asked for two new attendants whose sole duty it would be to look after boys on the outside and teach them practical occupations. The Board thought the attendants should work also, and if they were not to do so, it might be cheaper to pay to have the work done. But again they said they were asking for information, not saying "no". They received a full explanation of the supervision required and an example: two boys detailed to work on a cement construction crew -- the employees also working -- had left their jobs and entertained themselves piling ties on the railroad tracks. Fortunately, people on the train were only shaken up! He got his employees.

In 1913, a summer training school for teachers and others having responsibility for the feeble-minded was established at Faribault. This continued until the University took over summer courses about 1921 when Dr. Kuhlman moved to St. Paul. In 1913, Minneapolis and St. Paul had special classes but there was no state aid for them. In 1915, a law was passed authorizing state aid. Its proponent, Dr. Edward Meyerding, supervisor of hygiene in the St. Paul Public Schools, agreed with Dr. Rogers that the institution was the best place for these children and thought the classes would educate the parents to make more plan for them after they were out of school. Only the higher grade children were to be accepted in these classes, and some of them might be able to remain in the community.

In 1922, after state aid regulations had been established. Miss May Byrne, a special class teacher in Minneapolis, called the attention of social workers to the fact that children with I.Q.'s below 50 now had nothing to do but to stay on the streets -- in families where parents could not give care. She raised the question whether the schools had an obligation to establish classes for them in the nature of day nurseries. She did not answer the question but stated that these children were neglected. And it was over 30 years before the question was answered.

During the teens, there was beginning to be some acceptance of the idea that more of the feebleminded must be placed in the community. Dr. Charles Bernstein, Superintendent of the State School at Rome, New York, was the initiator of a plan for establishing community "colonies" somewhat as a halfway house prior to permanent placement. This was contrary to Dr. Rogers' ideas, but he was ill and in the hospital most of 1916 when the plan was just developing. After his death in January, 1917, in a tribute to him by the American Association on Mental Deficiency, Dr. Walter E. Fernald said that the last time he had seen Dr. Rogers he was "bubbling up with interest and enthusiasm and desire to know all Dr. Bernstein had in mind." Perhaps if Dr. Rogers had lived he would have conceived of plans for Minnesota that would have meant an adaptation of this recognition of the fact that the higher grade mentally retarded should not and could not be held indefinitely in an institution.

I have spent most of my time on Dr. Rogers and his era as he brought Minnesota's institution to a place of pre-eminence in the nation and with his many and broad contacts created much interest in Minnesota. After his death, in the tribute just referred to, among many sentences of praise there is this: "the fact that the problem of the feebleminded has been studied more carefully and more thoroughly in this country than any other is largely due to the services of Dr. Rogers in correlating and in balancing up and bringing together the different interests."

He was succeeded by Mr. Guy C. Hanna, a man whom the Board of Control lauded as an administrator. It would seem they wanted to save money and to have fewer ideas for new projects. They got their wishes fulfilled. From his first appropriation -- the budget for which Dr. Rogers even though ill had probably helped prepare -- about \$27,000 was transferred to other institutions in the summer of 1918. Mr. Hanna also made cuts in his requests at later dates in spite of increasing population. But he did this at the expense of the program. The best teachers and others were replaced, staff reduced, groups and individuals were no longer invited to the institution, recreation costs were cut, etc. Mr. Hanna did not change the basic pattern, but it was static, which in reality means deterioration even though ten years later, when Dr. J. M. Murdoch came as superintendent, he could still say it was one of the best in the country.

Shortly after Dr. Rogers' death, his hopes for a guardianship law and community supervision were realized. A guardianship bill was presented to the 1917 legislature together with many relating to children. One of them provided general responsibility for the welfare of mentally defective children as well as others who were handicapped. Passage of most of these bills meant that a Children's Bureau was set up within the Board of Control. County child welfare boards were then appointed to act under the direction of the Children's Bureau.

The guardianship law meant a two-way stretch for a program for the feebleminded. Guardianship proceedings were in the probate court as for the insane; but even though adults were included for supervision, administration was by a Department for the Feebleminded and Epileptic within the Children's Bureau. It acted for the Board of Control as guardian and thus provided supervision. This now included responsibility for plans for entrance to the institution and community placement from it. Mr. Hanna apparently willingly accepted this removal of full respon-

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sibility from the superintendent. However, he opposed community placement as he was more convinced than Dr. Rogers that the "feble-minded" produced most of our social problems without having Dr. Rogers' love and concern for them.

The Board of Control was committed to the idea of community placement for the higher grade mentally retarded and to some type of home or colony in the community. I came to Minnesota in 1924 to carry out their responsibilities in this field. Miss Caroline Perkins was employed at Faribault to aid in this project. The Board of Control placed emphasis on community supervision of the higher grade retarded, but the question of helping parents of the more severely retarded was also dominant. Institutionalization still seemed the only really satisfactory plan for this latter group when care in the home was difficult, but I found a waiting list of 276 and year by year it became greater! Efforts were made to provide boarding care; Teach Me was produced; and community understanding was sought. Much of this was done by committees, some containing faculty members of the University, social workers from private agencies, probate judges, teachers, nurses, psychologists, psychiatrists, and other interested groups, together with Board of Control and county child welfare board personnel.

In "Decade of Decision", printed in Children Limited for February, 1960, Dr. Elizabeth Boggs scores the past attitude of social work toward the mentally retarded and then this: "With the outstanding exception of Minnesota, whose community program for the retarded was born within its child welfare services forty years ago and managed to survive the dark ages of the 2nd quarter-century, the attitude of 'let the institution do it, it's their job' seems to have been prevalent in child and public welfare agencies wherever substantial services beyond financial grants were seen as necessary. "

We not only survived, but I hope made some progress. However, as all of you here know, a "shot in the arm", or more than that -- a totally new outlook -- came with the organization of parents first on a local and then on a national level. This association stimulated community planning for all of the retarded -- not just for the higher grade -- classes in the public schools for both groups, research in all areas, demonstration projects to provide better methods of training and care, etc., etc. I don't need to mention what happened in the "Decade of Decision" recounted by Mrs. Boggs. Representatives of the ARC became a part of most committees and undertakings in Minnesota.

I should like to close with a quotation pertinent today but from a paper given in 1898 by Dr. J. G. Carson, Superintendent of the institution at Syracuse, N.Y. He spoke of the time more than 50 years earlier when the feble-minded had been looked upon as a helpless group, and then of the extremely high hopes of what could be accomplished, followed by another period of far less hopefulness but still accomplishments. He then ended: "Each succeeding year unfolds to us new methods of instruction, new means of training and new discoveries in their medical care and treatment until we feel sanguine that their state will yet be much further advanced."