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The subject assigned me, "The Institutional Point of View in the Care of the Feeble Minded", is, to a certain extent, more or less of a summary of the papers which have been previously presented to this organization. For in institutional work, it is necessary that we delve into each and every branch of the work in order to properly classify the patients and develop a rounded out organization.

In these times of economic stress, it is the duty for those of us in public service to try to weigh the ideal on the scales of reality. What is done for children in our public schools or in the courts and for the wards of the state in institutions such as these, must of necessity present obvious and immediate practical significance. However, it is always essential to bear in mind the humanitarian aspects of the institution and the moral responsibility resting upon us for the well-being and happiness of the inmates confined therein, because of their restricted mental development. As a general rule a state institution may be considered a court of last resort, from the fact that most of the patients who are committed to the institutions have gone through the usual gauntlet of specialists, near-specialists, clinics, dispensaries and the usual number of quack or near-quack cures for this or that condition.

The modern institutions for mental defectives have three definite goals in view and are endeavoring to reach them by varied and diversified routes. First the institution is faced with the necessity of providing adequate and proper custodial and hospital care for the helpless and ill. Second, and perhaps the most important, it must meet the problem of developing a community life on the institution grounds under the supervision of the institution for those who are able to work or may be taught to work, that they may become useful in the institution, although they lack the capabilities to live adequate lives in any community on their own responsibility. The needs of this group must be met by a positive and constructive program to be begun as early as possible.

The third purpose of the institution is to face the challenge of training high grade defectives or morons for practical placement in the outside world. This, of course, constitutes rather a small percentage of the usual run of admissions.

As an institutional executive, I am inclined to think that many of us feel that perhaps the most trying period in the life of the mentally deficient patient is the period during which they arrive at, and are admitted to the institution and the subsequent period of adjustment which necessarily must follow. As logical reasoning and good judgment is not a part of their armamentarium, the majority of these patients come to us with many distorted views regarding institutional life. A few think that the discipline is very severe and is administered in a more or less brutal fashion. However, the majority arrive at the institution in more or less of a highly elated frame of mind, as a great many of these patients have been misinformed as to the true nature of the institution. Some come with the idea that it is a regular hospital where they are to receive only medical attention. Many of the neurotic patients belong to this type. Others come with the idea that they are to receive intensive training in school work for a short period of time and then will be returned to normal society as normal individuals. Others

arrive with the preconceived idea that the institution is operated somewhat on the plan of a hotel with all its various appointments. The majority of these ideas are only the reflection of various statements that have been made to the patient in order to have him go to the institution with the least amount of annoyance to those who previously had charge of him.

Upon their arrival at the institution, the majority of them are somewhat awe-stricken by the large number of patients, the spaciousness of the buildings and grounds, etc. and their natural impulse is to wish themselves back in the more or less secluded life they were living prior to this time. It is at this point in the life of these patients that we feel that a great deal of diplomacy and tact must be used. Things must be definitely and minutely explained to the patient and an effort must be made to correct any false impressions, misstatements or promises that he may have conceived before entering. And above all, he must be impressed with the fact that he will be dealt with fairly and squarely, and things will not be misrepresented to him, but that he is expected to abide by all rules and regulations, and that everyone in the institution is his friend and is making an earnest endeavor to help him. In other words, I cannot help but feel that the first duty of the institution is to obtain the confidence of the newly admitted patient.

After their admission, the various institutions have various ways of handling patients but in general they are quite similar. The patient is usually placed in the hospital or on the receiving ward and left there for a variable length of time. In our institution, we leave them approximately a week, as this period is usually sufficiently long to cover the incubation time of most infectious diseases. During this time the patient is given a complete physical and complete neurological examination. Throat cultures are taken, Mantoux tests are made, blood is taken for Widal and Wasserman tests, urinalysis and smears are made and any x-ray work done that happens to be indicated, so that usually before the end of the first week, we have rather a complete record of the patient's physical condition. With the data contained in the case history, the I.Q., the delinquency and behavior records and the physical examination, we feel that we are ready to make the first assignment of the case. Occasionally we make a lucky guess but more often after a period of a few months, we find that the patient is better adapted to some other ward and therefore a transfer is necessary.

Before discharge from the receiving ward and assignment to the grade, the patient is usually quite happy to think that they will be with the other children, as they have been more or less isolated during the period spent on the receiving ward. Upon their arrival to the regular ward they are not assigned to any duties of any kind but are allowed to do just about as they please until they become acquainted. The first reaction they seem to get when on the ward is that of wonderment and curiosity. Everything is new and strange and they are very curious to ascertain what it is all about. During this period the employees have the patient under rather close observation and it is not long before they discover that this patient seems to be well adapted to some particular kind of work and perhaps very much interested in same. It is at about this stage that we try to assign them to routine duties connected with the running of the institution. These they accept with great enthusiasm. However, this enthusiasm is rather short lived and the routine of institutional life becomes more or less irksome. It is at about this point when most of the patients begin to show a little homesickness, irritability and sometimes rebelliousness. Our next move is to try to overcome these objectionable things by perhaps changing their assignment or kind of work or something of that nature and as time goes on and they get better acquainted it is not a great while before we find that we have been

more or less successful in instilling into the patient a small amount of self-confidence, a thing which most of these patients are deprived of outside of an institution. I feel that the spirit of self-confidence in the defective person is the first real symptom of successful adjustment to institutional life. Following this they soon become very much interested in the work and their surroundings and when this appears, we feel that the proper adjustment to institutional life has been accomplished. It is my opinion that this takes in the neighborhood of about one year, perhaps less in young individuals and perhaps longer in the older. It is at the close of the adjustment period that we are in the most suitable position to give the patient the proper assignment. By this time we have discovered their weak points in addition to their strong points if they have any.

When a patient has successfully made the necessary adjustments to institutional life, the treatment of them becomes more and more varied, depending upon their mentality, disposition and social adaptability. The helpless custodial group presents the medical and nursing problems of the institution. The bulk of these patients are usually bed-ridden or nearly so and are unable to take care of their bodily needs, consequently must be placed under the care of those who are especially adapted to do the thinking and planning for this group. Many of these must be fed and practically all have to be dressed and undressed. Frequent bathing is necessary because of their untidy habits. If bedridden, they must be watched constantly so that they do not develop pressure sores. Their diet must be watched and they must be watched to see that they are properly fed with a sufficient amount of nourishment for the bodily needs. Much of the actual work in the care of the custodial cases is done by patients belonging to the imbecile group, many of whom become very proficient in this line of work. These custodial children do not have the mental capacity to get anything from school work and are never entered in the school department. Entertainments of any kind do not appeal to them, although many are fond of having playthings in bed or about them. The second and largest group are those who we endeavor to train to be helpful to themselves and others in and about the institution and it is this group that presents the genuine educational problem. They should have as much academic training as they can absorb, in addition to practical or occupational work. The great majority of patients belonging to this group become quite proficient in some of the institutional activities and appear to enjoy same. Where they fail entirely it is usually due to some physical ailment or some anti-social disposition. The attempt is made to salvage as many of these cases as possible and train them to be able to eventually take care of themselves and their own needs and also assist in the various departments of the institution, as it is this group that eventually will carry on the activities of the institution, and a very few of them will ever be released to normal society. Regular hospitals, prisons, corrective schools, training schools, etc. have the idea in mind that the individual will sometime be released and live their lives outside an institution, but with this group of patients we feel that their education and training should be directed along the line of making them as comfortable and happy as possible within the confines of the institution, as most of these patients will remain as children mentally throughout their lives and will need considerable more attention and constant training and guidance than they can receive outside. Also the vast majority of these patients are capable of being trained to be helpful in the institution and some return in services many times what it costs the state to maintain them. They become useful workers and if they were not available it would be necessary to employ a great many more people to carry on the work that they do in the institutions. We feel that these potential workers need training while young and plastic and this training to them means a much fuller and happier life for the individual, thus rescuing him from a life which would otherwise be devoid

of any constructive activities. Although the tasks done are simple, the individual's self responsibility is developed. The majority of these patients are placed in the school department for such academic training as they are mentally able to acquire.

At our institution we have eight teachers, all of them well prepared and qualified for the work they are carrying on. We operate a primary department and carry the academic school work through to what would ordinarily correspond with about the 7th grade in the public schools. However, our school work is entirely ungraded, the idea being to study each case and to endeavor to give the child all he is able to assimilate. This eliminates unfriendly competition and also the inferiority which develops in cases of failure. If the child's mentality warrants we try to keep all improvable cases in the academic school work until the age of 18. However, the vast majority have to be dropped long before this age. As I have stated, we have but eight regular instructors in our school department. I do not want it understood that the training is limited to this, as the great bulk of our employees may be considered instructors, and when assigned duties in and about the different barns, farms, gardens, dairy, shops, sewing room, kitchen, etc. those in charge of the various branches must carry on a rather intensive course in training in order to develop the patients assigned to them for this particular kind of work if they expect to get any returns from the patients. So that in reality, practically all employees coming in contact with the patients might be considered instructors to a certain extent. In addition to the academic work, we have departments for training in gardening, farming, dairying and outside activities. These patients do not handle machinery well and as modern farming is nearly all done with machinery, we find they do much better at gardening where the work is more or less hand work. The girls are assigned to the mending rooms, tailor shop, clothing rooms, dining rooms and kitchen, laundry and housework. They are trained in the arts of weaving, not only loom work, but hooked rugs, all kinds of fancy work, embroidery, cut work and making of baskets, etc. The Department of Music is not only very instructive but also a source of great enjoyment to the patients. The mental defective is very fond of music, as it does not require any concentration and the result of this is that nearly all the parents and relatives assume the idea that the child is quite musical. However, real musicians are rare. But time spent in musical training is very beneficial, as it compels the patient to concentrate. One of the biggest stumbling blocks we have in training the mental defective in institutions is to see that they receive training in more than one line. As a rule these patients may become more or less proficient in some one thing and fail in nearly everything else. Because of this, there is a tendency to keep them occupied at the work they can do the best and fail to give them training in other branches.

Patients with I.Qs in the 40s, 50s and 60s become the best institutional patients and are most contented and happy in an institution.

The third object we have in view is that of training the high grade defective or moron for placement in the outside world. As stated before this constitutes a rather small percentage of the usual run of admissions. It is with this group that I do not believe the institutions are given a fair chance to determine what they might accomplish. For about the only type of patients belonging to this group that become institutionalized are those who have become delinquent or have some conduct or behavior disturbances in addition to their defective mentality. If this were not the case, the chances are the relatives' or authorities' attention would not have been called to the particular patient, and they would have gotten along fairly well outside. It is also those that are more or less unmanageable outside that are institutionalized and sent to us.

It is also natural that this particular type is much more difficult to straighten out than the ordinary case of mental underdevelopment. These patients usually have more difficulty in weaning themselves away from former habits and making institutional adjustments. In the institutions they seem to develop superiority complexes and when this presents itself they are not as susceptible to training. Many of these become the agitators and disturbers of the slightly lower grade patients residing in the institution. A great many of these patients become marked neurotics because they have found that by developing many imaginary ills and complaints they are able to escape some of the routine activities and satisfy their laziness by the line of least resistance. The matter of training this group is very similar to that of the group of patients just below them in mentality, only carrying it all out to a more advanced degree. These patients also are able to work upon the sympathies of a certain percentage of employees, which develops a spirit of favoritism with some and antagonism with others. It takes considerably longer for these people to acquire the same amount of training than it does with the lower grade group. Because of their conduct and behavior disturbances, the first thing is to attempt to eliminate many of the ideas of life that they had when admitted, because they feel that they are so superior to the average patient, that they become very restless and resentful to the confinement. Some of this type never seem to properly adjust. With the balance it takes several years to overcome all of these objections. They really do not seem to straighten out until they have given up the idea of release and become more or less absorbed in the institutional routine. After this we can push them further than those of lower mentality and when they have become proficient workers in one or more lines, we then feel the question of sterilization should be considered with subsequent parole to one of the various clubs which have been so successfully organized and operated under the direction of Miss Thomson. I am very much in favor of this club house idea, which is in reality a semi-parole and gives these patients the opportunity to work back into normal society, as rapidly as the individual patient can assume the responsibility.

In addition to the routine life and occupational activities of the institution these patients must have a certain amount of recreation. In most of the institutions as in ours, the bulk of the recreational activities are under the direction of the school department. In our institution, we have dances or parties for the patients every Tuesday and Thursday evenings, a non-denominational service on Sunday mornings, moving pictures every other Saturday and twice each month we have birthday parties for all patients whose birthdays occur during that month. All holidays are appropriately observed, such as Christmas, Fourth of July, Easter, Lincoln's Birthday, Washington's Birthday, etc. During the summer we have a base ball game almost every evening and in the winter we establish a skating rink and slides for their sleds, etc. We keep one teacher with us throughout the summer vacation, who devotes the entire time to taking different groups on picnics and we endeavor to keep patients informed as to future activities so as to stimulate enthusiasm. Every ward in the institution is supplied with a radio and nearly every ward has a piano, as practically every ward in our institution has some patient who is able to play. We now have two very good orchestras with 104 of our patients interested in music. At the present time we are developing a brass band. Among our brighter patients we attempt to place candidates on the efficiency basis. Among the lower grade patients no competition is allowed. Every patient in this institution is compelled to dress up at least twice each week and in many wards much oftener, we feel that this is a good stimulant to their self-respect. Sunday is given over to a day of rest and no activities beyond those absolutely essential to the operation of the plant are carried out. Each and every playroom is well supplied with games, etc. although cards are beyond a question of a doubt the chief source of entertainment. We have a small Library and this is exceptionally well patronized. We also operate a patients' store where our patients may go and are allowed to buy little things that they may wish. We have regular store days and the

attendants take a group and go to the patients' store where the patient selects what he most desires. This is a great source of satisfaction to the patient. It eliminates the desire to go down town and also eliminates their continually asking relatives to bring this, that, or the other thing.

This in brief is a summary of the activities of the feeble minded institutions as a whole, more especially ours, and I hope it gives you a fair conception of what we are trying to do in the institution, which as stated before, I believe is but a permanent home for the eternal child.
