PROVISIONS FOR MENTAL DEFECTIVES IN SOME OF THE OTHER STATES

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To give an adequate description of the legislative and other provisions for mental defectives of even one of the leading states would take more time than is allowed for this brief paper, as well as more investigation than one could make in several months. It would also be of no great value to merely catalogue these provisions without a determination of their relative effectiveness in bringing about desired results.

I shall attempt first to give some statement of how much has been accomplished in the different states, second to describe the provisions and methods by which a few states have gotten their results and third to discuss the probable factors that are most effective.

There are three sets of statistics that may be considered as measures of achievement. The first gives the number of mental defectives in special institutions, state and private, the second gives the number in special classes in the public schools, and the third gives the number committed as mentally defective, but not in special classes or in institutions. There are undoubtedly several ways in which such statistics fail to tell the whole story, or are even definitely misleading. A few may be noted. The first is that the relative number of the general population that is mentally defective might vary widely with the different states. Predominance of different occupations attracting different levels of intelligence might be a second. Climatic and geographical influences on health might be a third, and so on. The best evidence that we have are norms for different intelligence tests obtained in different states. According to these there are no major differences in the general level of intelligence from one state to another in the white race. I shall assume that the figures to be presented are not seriously disturbed by this factor.

The statistics on the special classes are obviously not so reliable. There are widely different standards for admission to the special class in different states and towns. Undoubtedly the great majority of those admitted could also be committed to the state institutions for mental defectives. But in some states and towns children of borderline intelligence are regularly accepted in special class, and in many retardation in school work and behavior as much as low intelligence are determining factors for admission. We can therefore accept the number of children found in the special classes only as a rough measure of how much a state is accomplishing for its mental defectives in this line.

The poorest of the three measures suggested is the number committed as mentally defective but not in special classes or in institutions. These are usually listed as paroled cases. If they have been committed as mentally defectives, but have never been sent to the state institution, as is the case with many in Minnesota, they may not be listed at all in available published reports. Fortunately only a few states seem to make any extensive practice of this method of outside supervision so that with the exception of these, the number found in institutions remains a good measure of the number committed as defective. The number reported as under outside supervision is made meaningless further by the fact that this supervision may be very close, as seems to have been true of the few carefully selected cases at the Wrentham, Massachusetts Institution when under Supt. Wallace, or it may amount to practically nothing, as seems to be true of the large number of sterilized cases sent out from the California institutions, and of probably many others in other states who have been on parole for a number of years. For these reasons and the further fact that no accurate figures are available on the number of committed cases outside institutions in some states, I shall omit this group entirely.

The following table lists the states in order, according to the number of mental defectives per 100,000 of general population that is found in institutions for mental defectives and epileptics in January, 1930.*

*U. S. Bureau of the Census. Mental Defectives and Epileptics in State Institutions, 1929-1932.

Institutions

	Order	No. per 100,000
Massachusetts	1	133
New Hampshire	2	109
Iowa	3	98
Ohio	4	96
North Dakota	5	93
Vermont	6	89
Wyoming	7	87
Oregon	8	85
Maine	9	84
New Jersey	10	84
Minnesota	11	83
Kansas	12	82
Idaho	13	82
Indiana	14	82
New York	15	80
Washington	16	74
Rhode Island	17	74
Michigan	18	73
South Dakota	19	71
Delaware	20	64
Illinois	21	62
Nebraska	22	62
Wisconsin	23	61
Montana	24	59
Connecticut	25	53
Pennsylvania	26	45
California	27	44
District of Columbia	28	42
West Virginia	29	41
Colorado	30	36
Virginia	31	35
Oklahoma	32	29
South Carolina	33	28
Texas	34	27
Florida	35	27
Missouri	36	25
Louisiana	37	22
Kentucky	38	21
North Carolina	39	19
Tennessee	40	19
Alabama	41	18
Mississippi	42	13
Georgia	43	7
New Mexico	44	4

In order to shorten the presentation, the number of children in special classes for the mentally defective in the schools is combined with the number in the institutions in the next table

Comparing the ranking of the states in this table with the ranking in the first gives a fairly good idea of how active each state has been in maintaining these classes, as well as showing the total effort for each state for its mental defectives. The figures in this table give the number of cases in institutions and special classes together per 100,000 of the general population in the second column. The figures for the special classes are for the school year of 1931-1932.*

*Education of Exceptional Children. Bull. 1933, No. 2, U. S. Dept. of the Interior. Office of Education.

Institutions and Special Classes

	Order	No. per 100,000
Massachusetts	1	226
Washington	2	210
Michigan	3	203
New York	4	203
New Jersey	5	191
Ohio	6	187
Minnesota	7	185
Rhode Island	8	174
Pennsylvania	9	166
District of Columbia	10	158
New Hampshire	11	152
Oregon	12	146
Maryland	13	146
Iowa	14	145
Illinois	15	124
Delaware	16	121
Indiana	17	118
Wisconsin	18	114
North Dakota	19	100
Kansas	20	98
Maine	21	95
California	22	91
South Dakota	23	88
Nebraska	24	84
Montana	25	79
Missouri	26	67
Virginia	27	57
Connecticut	28	56
Florida	29	53
West Virginia	30	44
Oklahoma	31	40
Colorado	32	40
South Carolina	33	39
Kentucky	34	37
Texas	35	30
North Carolina	36	26
Alabama	37	26
Georgia	38	24

When viewed from a geographical standpoint, these figures at once reveal certain marked local differences. The whole southern half of the United States, including the southwestern as well as the southeastern states, is doing much less for its mental defectives than are the northern states. On the whole the northeastern states are doing more than the northwestern, with a marked leadership indicated for

the North Atlantic States. Some of the differences indicated are misleading, because the cases committed as mentally defective but not in institutions are not included in the figures. If these were added for Minnesota, it would bring this state ahead of Massachusetts in rank. Likewise, if the sterilized and paroled cases in California were added, this state would come up to near the top. The addition of these cases would probably also change the rank order more or less for several of the other states, especially New York. (Shown on map with talk.)

Before searching for the factors that have put some states seemingly so far ahead of the others in what they are doing for their mentally defective it will be well to note that the best have not done very much. These statistics are very misleading if left in this form, in that they magnify what are really very small differences to a point where the best and the worst seem hopelessly far apart. If A and B started with a debt of a hundred dollars apiece of which A had paid five dollars while B had paid only one dollar, A would have done five times as much as B. But we would not in this case say that A's superior achievement merited special mentioning. Massachusetts stands at the head of the list with 226 cases in special class and institutions per 100,000 of the general population of the state. This is a little over two tenths of one per-cent of the population. If four per-cent of the population were mentally defective, Massachusetts would be having five per-cent of its mentally defective in the special classes and institutions. Assume half as many defectives, or two per-cent of the general population, and she would be caring for only ten per-cent in this way, and so on. This not only shows that the different states are not so far apart as the usual statistics seem to indicate, but it also shows that relatively minor factors can produce extreme differences in the ranking of any state affected by them. That makes it difficult to determine what the factors are that have caused the differences.

Let us consider next the legislative provisions in a few of the more progressive states to see if any factors will be revealed that may account for their achievements concerning mental defectives. I shall begin with Massachusetts and move westward. In Massachusetts the State Department of Mental Diseases controls all state institutions for Insane, Mentally Defective, Epileptic and Inebriate, with a separate Board of Trustees for each Institution. Admission to institutions for mentally defective is both voluntary and by Court Order. Voluntary cases are admitted at the discretion of the Board of Trustees on a certificate from a physician. Such cases may be received for an indefinite period of residence in the institution, or for observation only. Other cases are committed to the institution by Probate Court on written application to the Court and a certificate from a physician. Through its sub-departments on Mental Deficiency, the Department of Mental Diseases cooperates with the State Department of Education in the examination of school children and the organization of special classes for the mentally subnormal. Each year every school district must report the children within its district who are two or more years retarded in school work. The two state departments jointly prescribe methods of procedure in examinations. The Division on Mental Deficiency conducts the examinations through some fifteen traveling clinics whose members are from the staffs of the different state institutions. Wherever ten or more children are found elligible for special class, such a class must be established. The public schools receive no state aid for special classes.

New York has a Department of Mental Hygiene with a number of sub-departments, including a Division of Mental Defect and Epilepsy. Commitment to an institution for mental defectives is made on petition to the Court and examination by two qualified examiners who must be physicians, or by one qualified examiner and one qualified psychologist. (Apparently a qualified psychologist is not a qualified examiner, although he examines.) If the examiners find the case mentally defective the Judge must issue an order of commitment, except that he may demand further proof than is contained in the prescribed form of report from the examiners. The Judge may also determine the mental status of the case without these two examiners, if he

demand for this examination is made in behalf of the alleged defective. Cases may be received by the institution voluntarily. Institutions may organize colonies outside the institution with approval of the Department of Mental Hygiene.

Special classes for the mentally retarded in the public schools are mandatory wherever there are ten or more elligible children. State aid is given the local schools of one half of the teacher's salary, but not exceeding $1,000.

In Michigan the Hospital Commission has jurisdiction over the insane, epileptic, and mentally defective. Certain officials only may petition the court for a hearing for commitment. The Judge appoints two physicians for an examination, but the hearing must be by a special jury of six if any one demands it. Superintendents of institutions must report all cases they think should be sterilized to the governing board of the institution, which Board will get consent of patient, or file petition in court for hearing for sterilization. Procedure in hearing is the same as in commitment. Others may petition the court for hearing for sterilization.

Michigan makes no legislative provision for special classes for mental defectives in the public schools. Such classes are not mandatory, and no state aid is given.

In Ohio the Board of Administration under the Board of Public Welfare has charge of state institutions. For commitment of an alleged mentally defective any citizen residing in the same county with the case may petition the Probate Court. The Judge calls any witnesses he desires, including two physicians. The physicians report on a form prescribed by the Board of Public Welfare. The Board of Administration maintains the Bureau of Juvenile Research to which it may send its cases for observation and treatment. No legislative provisions are made for special classes for mental defectives in the public schools.

In Iowa commitment of mental defectives is both voluntary and by Court. The Judge appoints two physicians, or one physician and one psychologist as examiners. Both examiners must be residents in the same county in which the case is resident. The court may reject the report of the examiners, order a new examination by the same or other examiners, or "may make such findings of fact in lieu of such report as may be justified by the evidence before the Court." Commitments may be made to (1) a guardian, (2) State Institution, (3) or private institutions with consent of this institution and the Board of Control.

There is a State Board of Eugenics, consisting of the Medical Director of the Psychopathic Hospital of the State University, and the seven superintendents of institutions for the insane, mental defectives, epileptic reformatories and prison. Members of this Board report quarterly to themselves all mentally defective in the state they know and who are a menace to society. The Board makes examinations, holds hearings and orders sterilization.

There is no state legislation in Iowa relative to special classes for mental defectives in the public schools.

In Minnesota commitments of mental defectives are made on petition to the Probate Court by any reputable citizen residing in the same county in which the case is resident. The Judge appoints two physicians, as examiners, and the Board of Control may send some one skilled in mental diagnosis to advise the court. Commitments are made to the Board of Control, who then determines whether supervision shall be by admission into the institution, or by some other method. Mental defectives may be sterilized on approval of a relative, the Board of Control and a physician and psychologist appointed by the Board.

The Laws permit special classes for mental defectives in the public schools, under rules prescribed by the State Department of Education. A state aid of $100 per pupil per year is allowed.

In Washington the state institution for mental defectives is under jurisdiction of the State Board of Control, which prescribes rules for admission under the laws. All admissions are by application to the County Superintendent of Schools, except those committed by the Juvenile Court. Certain persons only may apply for admission of a case. It is the duty of every clerk of the school districts to report annually to the County Superintendent of schools the names and addresses of all mental defectives under twenty-one in the county. The Superintendent of the institution for mental defectives notifies the parents of an acceptance of an application, whereupon the parents must send the case.

When an inmate of the institution becomes twenty-one years old, the superintendent of the institution may report the case to the court for permanent commitment. Adults under fifty may be committed as mentally defective in the same manner as the insane are committed.

Special classes for mental defectives in the public schools are permissive but not compulsory. State aid is given each year on the basis of number of days attendance of a child during the previous year.

In 1931 some unusually progressive legislation was passed in South Dakota. The results up to date have been so remarkable that a special consideration of this state is in order. The figures I gave for this state are for 1930, the same as for the other states. In these figures of four years ago, South Dakota ranked twenty-third among the states, with 88 cases per 100,000 of general population in the institution for mental defectives and special classes. In December, 1934 she has 265 cases committed as mentally defective per 100,000 of general population. (These figures furnished by Marie Burmeister, Psychologist, South Dakota.) Since 1930 the rate of commitments has averaged over 400 per year. If this rate is continued she will entirely outdistance the next highest, Minnesota, even when the latter's cases committed as mentally defective but not in institutions are added. Adding these cases, gives Minnesota 268. (The number of committed cases on outside guardianship in 1930 was 1,538. Figures furnished by Mildred Thomson.) Adding them for Massachusetts gives her 234. This large number of committed cases in South Dakota since the new law is almost entirely under local guardianship, and not in the institution. That raises the question as to how much is being accomplished by this commitment as mentally defective. A statement of the main points in the laws will throw light on this question. The laws establish a "State Commission for the Control of the Feebleminded." It has three members, with the superintendent of the state institution for mental defectives as chairman. A sub-commission is established in each county. The duties of the State Commission are: (1) To maintain a continuative census of mental defectives in the State, (2) To determine what mental defectives shall be taken care of outside of the institution, and who shall be sent to the institution, (3) To report cases to the County sub-commission, (4) To file cases committed as mentally defective with the Clerk of Court.

The duties of the County sub-commissions are: (1) To examine cases reported by the State Commission and commit those found mentally defective to the control of the State Commission. (2) To furnish guardianship for cases within its county under regulations prescribed by the State Commission.

Sterilization for mental defectives is provided for and marriage after sterilization is permitted.

The duties of the Clerk of Court are to keep the list of committed mental

defectives up to date, and to refuse a marriage license to any one on the list, unless evidence is furnished that is satisfactory to the State Commission that one of the contracting parties has been sterilized or is otherwise incapable of procreation.

The State Commission is authorized to search for mental defectives in the schools and elsewhere, making such examinations of children and adults and examination of records as it desires. Up to date it has employed two psychologists for this purpose. This is considered adequate to survey the whole state once every two years. The population of the State in 1930 was 692,849.

The methods and results of South Dakota give the answer to the question on what the main factors are that make for success in providing for the mentally defective. It is the only state that tries to get and maintain a continuative census of all mental defectives in the State, sets up an organization with this responsibility and gives it necessary means and power to get this census, with special provisions for surveying the schools. Massachusetts and Washington are the only other states that contact the schools for the purpose of finding mental defectives. Massachusetts makes the schools, the Department of Education and the Department of Mental Disease jointly responsible for this task, and provides special traveling clinics to make the examinations. However, its search is limited to the children in the schools who are two or more years retarded in school work, which is a very poor criterion for the preliminary selection for mental examinations. This reaches few children below ten years of age, misses some defectives who never get two years retarded and all migrating into the state after school age. But even with this crude method of getting a census, Massachusetts ranks third among the states in the number of cases per 100,000 population committed as mentally defective, plus the number in special classes.

Washington is the only other state with special provision for finding its mental defectives through the schools, but it has no adequate means of diagnosis in the simple requirement that the clerk of each school district report existing cases annually. Yet Washington ranks fourth, this rank being due to its special classes rather than to commitments as mentally defective.

New York, Pennsylvania, Ohio, Michigan and Minnesota are other states with high ranking due chiefly to the development of the special class, but in which the laws set up no special agency with the responsibility of finding all the mentally defective in the form of a complete census. Their high rank in success achieved must therefore be due to other factors. Some of them may, I think, be pointed out with a fair degree of certainty. These states reveal the influence of leadership and example. States lacking leaders may copy leadership in other states in legal provisions they make. But naturally such provisions are more effective when their author is still present and active in their enforcement. Massachusetts is the best illustration of what one man can accomplish. Every paragraph in its legislation for mental defectives reflects the thought and policies of Walter E. Fernald, for over a generation superintendent of its leading institution for mental defectives. The legislation he left behind has enabled Massachusetts to keep in the front rank. The relatively recent legislation establishing the Department of Mental Hygiene in New York reflects the influence of the National Committee of Mental Hygiene, a local New York organization that borrowed heavily from Fernald. Possibly its influence in other states, largely through organizing mental clinics, should be considered. It is noteworthy that New York ranks fifth with one mental clinic per 65,000 of general population, Michigan second, with one clinic per 52,000; Pennsylvania ninth, with one per 116,000 and Ohio fourteenth with one per 289,000, according to the clinics listed in the 1933 Directory of the National Committee. The relationship of these clinics to achievement in the field of mental deficiency is, however, not close, as may be seen from the ranking of the first fifteen states, bases on the number in the general population per mental clinic.

1. Delaware	- 34,000		8. New Jersey	-	104,000
2. Michigan	- 52,000		9. Pennsylvania	-	113,000
3. District of Columbia	- 61,000		10. Connecticut	-	134,000
4. Massachusetts	- 62,000		11. California	-	177,000
5. New York	- 65,000		12. South Carolina	-	193,000
6. Rhode Island	- 68,000		13. Illinois	-	282,000
7. New Hampshire	- 77,000		14. Ohio	-	289,000
	15. Minnesota	- 366,000			

It should be added that most of these clinics are not organized primarily for the diagnosis of mental deficiency. Many do not accept cases if presented for this purpose. If they could and did do this in unlimited numbers, so that the various social agencies, schools and others that contact mental defectives could bring in their cases free of charge, these clinics would unquestionably add very materially to the number of mental defectives that would be detected and thereby receive some special attention.

Pennsylvania owes its high ranking in the development of its special classes undoubtedly very largely to Witmer and his students of Pennsylvania University. Witmer organized a psychological clinic at the University some forty years ago, giving his major attention to mental deficiency. Hundreds of his students trained in his methods of diagnosis and treatment have gone to the schools and social agencies of the State to spread and apply his teachings. The State ranks low in the number of cases committed as mentally defective, but is near the top in the number in special classes. Philadelphia in which the University of Pennsylvania is located, had one child in special class for mentally defective for every 225 of the city's population in 1930. Its nearest competitor among cities with a population of 100,000 or more was Duluth, Minnesota, with one special class case for each 252 of the city's population.

Ohio and Michigan both have towns in which the schools got an early start in making special provisions for mental defectives. I believe Ohio was the first in the country to establish such classes. In 1930 Youngstown, Cincinnati and Toledo ranked fifth, sixth and seventh respectively, in number of children in special classes relative to population, among towns of 100,000 and over.

In Michigan, Detroit has been known for many years for its advanced educational activities, especially in the field of educational and mental measurements. From Detroit comes Curtiss, nationally known pioneer in educational measurement, the Detroit intelligence tests, and many other things where development has gone hand in hand with that of special education, including that of mental defectives.

Let me now summarize what seem to me the important factors that make for success in getting provisions for mental defectives, factors that have emerged from this sketchy review.

First, leadership to get legislative enactments and their enforcement, illustrated by Fernald in Massachusetts, Witmer in Pennsylvania and Willhite in South Dakota.

Second, example, illustrated by the schools of the larger towns in Ohio and of Detroit, in Michigan.

Third, maintenance of a continuative census of existing mental defectives, illustrated in part in Massachusetts and Washington, more fully in South Dakota.

Fourth, linking procedures in finding mental defectives with the public school, illustrated by Massachusetts, Washington and South Dakota. These are given more in logical order than in the order of importance.

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