U. S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU
JULIA C. LATHROP, Chief

MENTAL DEFECTIVES

IN THE

DISTRICT OF COLUMBIA

A BRIEF DESCRIPTION OF LOCAL CONDITIONS AND THE NEED FOR CUSTODIAL CARE AND TRAINING

DEPENDENT, DEFECTIVE, AND DELINQUENT CLASSES
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LETTER OF TRANSMITTAL.

U. S. DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,
Washington, March 18, 1915.

SIR: I transmit herewith a report on the needs of feeble-minded persons in the District of Columbia.

The fact that there is at present no special provision for this unfortunate class is a matter of concern to many public-spirited citizens of the District. At the request of the Citizens' Committee on the Care of the Feeble-minded, the Children's Bureau undertook to secure a list of known cases of mentally defective persons resident in the District who for their own protection and that of the community were in need of custodial care. The following report is based upon the information thus gathered. Also at the request of the committee, brief statements as to the problem of the feeble-minded in general and public provision therefor have been added.

The report has been prepared by Miss Emma O. Lundberg, social service expert of the bureau, with the assistance of Miss Katharine F. Lenroot and Miss Nettie B. Browne.

Very respectfully,

JULIA C. LATHROP, *Chief.*

Hon. WM. B. WILSON,
Secretary of Labor.

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MENTAL DEFECTIVES IN THE DISTRICT OF COLUMBIA.

INTRODUCTION.

The following study of the extent of the problem of mental defectiveness in the District of Columbia was undertaken at the request of a citizens' committee. This committee of about 40 persons, organized under the leadership of the Monday Evening Club, is composed of representatives of various philanthropic and social agencies and institutions of the District whose dealings with the problems of the community have made them realize the urgent need for securing an institution for the proper care and treatment of mental defectives.

Reports of organizations and institutions of the District of Columbia have repeatedly stated the necessity for proper custodial provision. The District Board of Charities in its annual report for 1914 presents the need as follows:

> We again urge the importance of providing proper facilities for the segregation and care of the feeble-minded. This is a question which is receiving active attention throughout the entire country. It is now generally realized that the only effective method of handling this problem is to provide permanent custodial care where this class may be safely segregated from the community and prevented from reproducing their kind. The District of Columbia has at present no provision within its confines for the care of this class. About 100 are cared for under contract in institutions located in Pennsylvania, New Jersey, and Virginia, and a few older persons are cared for in the hospital for the insane.

The Board of Children's Guardians reports as follows:

> Provision for the care of feeble-minded children remains in the same unsatisfactory condition as a year ago and for many years preceding. While bills have been pending in the Congress for several years intended to establish a training school in the District of Columbia for feeble-minded children, none has been enacted. The need of such an institution is especially urgent, as no training school for the care of feeble-minded colored children of this District is available elsewhere.

The superintendent of the Home for the Aged and Infirm, after describing cases of inmates who are in the institution, not because they are old but because of mental or physical infirmity, says:

> Under these conditions can this institution be made all that the public intends it shall be—all that the Board of Charities have constantly striven to make it—a home? But relief from these anomalous conditions is obviously only to be found in the execution of the board's plan to have a separate institution for each distinct class of its dependents.

The trustees of the National Training School for (Colored) Girls reported to the Board of Charities:

> The attention of Congress should be invited to the necessity of caring for feeble-minded colored girls. In the past many such have been sent to this school because of the lack of an appropriate institution to care for them. Manifestly this is not the place; no progress is made with them, and their presence is a decided drawback.

The superintendent of the same institution states in her report:

> I would advise legislation providing for the care of feeble-minded colored girls, whom we are reasonably sure, from direct knowledge of such cases, will become the helpless mothers of successive illegitimate children.

The data gathered in regard to conditions in the District of Columbia furnish evidence bearing on the many phases of this problem—the individual suffering and degeneration, the burden to families, the handicap to the school system, and the danger to the whole community resulting from the lack of proper provision for those suffering from mental defect.

In view of the close relationship between mental defect and problems of child welfare, the library of the Children's Bureau is collecting material pertaining to all phases of the subject of mental defect, including reports of institutions. This material is at the service of those interested in the care of mental defectives.

DEFINITION OF "MENTAL DEFECTIVES."

The term "mental defect" implies congenital defect or defect occurring in early life as contrasted with "insanity," implying a diseased condition developed in later life. The term "feeble-mindedness" is now largely used in the United States as a generic term applied to all persons who because of mental defect are incapable of normal development.

The generally accepted classification divides feeble-mindedness into three grades: Idiots, the lowest type; imbeciles, the middle type; morons, the highest grade. The American Association for the Study of the Feeble-minded in 1910 adopted the following classification[1] of mental defectives:

"Idiots—Those so deeply defective that their mental development does not exceed that of a normal child of about 2 years.

"Imbeciles—Those whose development is higher than that of an idiot, but does not exceed that of a normal child of about 7 years.

"Morons—Those whose mental development is above that of an imbecile, but does not exceed that of a normal child of about 12 years."

[1] Journal of Psycho-Asthenics, March and June, 1911, p. 134.

Table showing distribution of mental defectives reported in District of Columbia, by location, color, sex, and age.

Location.	Total.			White.																									
				Males.													Females.												
	Total.	White.	Colored.	Total.	Under 6 years.	6 to 8 years.	9 to 11 years.	12 to 14 years.	15 to 17 years.	18 to 20 years.	21 to 25 years.	26 to 30 years.	31 to 35 years.	36 to 40 years.	41 to 45 years.	46 years and over.	Total.	Under 6 years.	6 to 8 years.	9 to 11 years.	12 to 14 years.	15 to 17 years.	18 to 20 years.	21 to 25 years.	26 to 30 years.	31 to 35 years.	36 to 40 years.	41 to 45 years.	46 years and over.
Total	798	534	264	305	9	19	41	62	39	33	24	19	13	15	15	16	229	6	17	20	34	24	27	20	13	16	10	8	34
In appropriate institutions	97	95	2	66	....	5	7	8	14	11	8	8	4	1	....	....	29	....	2	1	5	1	9	7	2	1	1	....	....
Vineland (N. J.) Training School	6	6	....	4	....	....	....	....	2	1	1	....	....	....	....	....	2	....	....	....	....	....	2	....	....	....	....	....	....
Pennsylvania Training School for Feeble-minded Children (Elwyn)	52	50	2	37	....	....	6	5	7	5	3	7	4	....	....	....	13	....	1	1	2	1	3	1	2	1	1	....	....
Virginia Training School (Falls Church)	39	39	....	25	....	5	1	3	5	5	4	1	....	1	....	....	14	....	1	....	3	....	4	6	....	....	....	....	....
In other institutions	249	142	107	68	....	2	6	9	4	3	5	6	2	10	10	11	74	1	1	4	1	5	4	6	6	7	6	5	28
Government Hospital for the Insane	176	94	82	43	....	....	1	....	1	1	5	6	2	7	9	11	51	....	....	....	....	2	....	4	2	5	6	5	27
Home for the Aged and Infirm	11	5	6	3	....	....	....	....	....	....	....	....	....	2	1	....	2	....	....	....	....	....	....	1	....	1	....	....	....
Florence Crittenton Mission	7	7	....	....	....	....	....	....	....	....	....	....	....	....	....	....	7	....	....	....	....	1	2	....	3	1	....	....	....
Industrial Home School	7	7	....	6	....	....	2	2	2	....	....	....	....	....	....	....	1	....	....	1	....	....	....	....	....	....	....	....	....
National Training School for Girls	11	....	11	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
National Training School for Boys	2	2	....	2	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Orphan Asylums (Washington, St. Joseph's, St. Vincent's, National Colored Home)	8	6	2	3	....	....	....	3	....	....	....	....	....	....	....	....	3	1	....	1	....	1	....	....	....	....	....	....	....
Bruen Home	11	11	....	4	....	2	....	2	....	....	....	....	....	....	....	....	7	....	1	2	1	1	1	1	....	....	....	....	....
Other institutions for delinquents	3	1	2	1	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Washington Asylum Hospital, Children's Hospital, Freedmen's Hospital	6	3	3	1	....	....	1	....	....	....	....	....	....	....	....	....	2	....	....	....	....	....	....	....	1	....	....	....	1
Institution not ascertained	7	6	1	5	....	....	1	....	1	2	....	....	....	1	....	....	1	....	....	....	....	....	1	....	....	....	....	....	....
Not in institutions	452	297	155	171	9	12	28	45	21	19	11	5	7	4	5	5	126	5	14	15	28	18	14	7	5	8	3	3	6
Boarded out by Board of Children's Guardians	24	....	24	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
In atypical and regular schools	139	107	32	65	....	8	17	32	6	2	....	....	....	....	....	....	42	....	9	9	20	4	....	....	....	....	....	....	....
Not in school (6 to 15 years, inclusive, too defective to attend)	33	23	10	11	....	....	4	4	3	....	....	....	....	....	....	....	12	....	3	3	6	....	....	....	....	....	....	....	....
At home (under 6 and over 15 years)	198	130	68	67	9	....	....	....	11	16	9	4	4	4	5	5	63	5	....	....	....	14	14	6	5	7	3	3	6
Location not ascertained	58	37	21	28	....	4	7	9	1	1	2	1	3	....	....	....	9	....	2	3	2	....	....	1	....	1	....	....	....

Table showing distribution of mental defectives reported in District of Columbia, by location, color, sex, and age—Continued.

Location.	Colored.																								
	Males.													Females.											
	Total.	Under 6 years.	6 to 8 years.	9 to 11 years.	12 to 14 years.	15 to 17 years.	18 to 20 years.	21 to 25 years.	26 to 30 years.	31 to 35 years.	36 to 40 years.	41 to 45 years.	46 years and over.	Total.	Under 6 years.	6 to 8 years.	9 to 11 years.	12 to 14 years.	15 to 17 years.	18 to 20 years.	21 to 25 years.	26 to 30 years.	31 to 35 years.	36 to 40 years.	41 to 45 years.	46 years and over.
Total	133	1	5	9	17	27	20	15	8	8	11	6	6	131	4	6	7	15	19	18	21	6	13	8	4	10
In appropriate institutions	....	....	....	....	....	....	....	....	....	....	....	....	....	2	....	....	....	....	....	....	....	....	1	1	....	....
Pennsylvania Training School for Feeble-minded Children (Elwyn)	....	....	....	....	....	....	....	....	....	....	....	....	....	2	....	....	....	....	....	....	....	....	1	1	....	....
In other institutions	54	....	1	1	3	5	5	7	5	7	10	5	5	53	2	....	2	4	6	7	6	2	8	4	4	8
Government Hospital for the Insane	48	....	1	1	1	5	5	6	5	5	9	5	5	34	1	....	1	3	....	3	3	2	6	3	4	8
Home for the Aged and Infirm	4	....	....	....	....	....	....	1	....	2	1	....	....	2	....	....	....	....	....	....	....	....	2	....	....	....
National Training School for Girls	....	....	....	....	....	....	....	....	....	....	....	....	....	11	....	....	....	....	6	4	1	....	....	....	....	....
Orphan Asylums (Washington, St. Joseph's, St. Vincent's, National Colored Home)	1	....	....	....	1	....	....	....	....	....	....	....	....	1	....	....	1	....	....	....	....	....	....	....	....	....
Other institutions for delinquents	1	....	....	....	1	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	1	....	....	....	....	....
Washington Asylum Hospital, Children's Hospital, Freedmen's Hospital	....	....	....	....	....	....	....	....	....	....	....	....	....	3	1	....	....	1	....	....	1	....	....	....	....	....
Institution not ascertained	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	1	....	....
Not in institutions	79	1	4	8	14	22	15	8	3	1	1	1	1	76	2	6	5	11	13	11	15	4	4	3	....	2
Boarded out by Board of Children's Guardians	21	....	1	2	3	7	5	3	....	....	....	....	....	3	....	....	....	....	1	....	2	....	....	....	....	....
In atypical and regular schools	17	....	1	4	9	3	....	....	....	....	....	....	....	15	....	4	1	7	3	....	....	....	....	....	....	....
Not in school (6 to 15 years, inclusive, too defective to attend)	3	....	....	2	....	1	....	....	....	....	....	....	....	7	....	2	3	1	1	....	....	....	....	....	....	....
At home (under 6 and over 15 years)	29	1	....	....	....	7	9	5	3	1	1	1	1	39	2	....	....	....	3	11	11	3	4	3	....	2
Location not ascertained	9	....	2	....	2	4	1	....	....	....	....	....	....	12	....	....	1	3	5	....	2	1	....	....	....	....

The sex and race distribution, by age, is summarized in the following table:

Sex and race distribution, by age.

Age.	Total.	Sex.		Race.		White.		Colored.	
		Male.	Female.	White.	Colored.	Male.	Female.	Male.	Female.
All ages....	798	438	360	534	264	305	229	133	131
Under 6.....	20	10	10	15	5	9	6	1	4
6 to 8	47	24	23	36	11	19	17	5	6
9 to 11	77	50	27	61	16	41	20	9	7
12 to 14	128	79	49	96	32	62	34	17	15
15 to 17	109	66	43	63	46	39	24	27	19
18 to 20	98	53	45	60	38	33	27	20	18
21 to 25	80	39	41	44	36	24	20	15	21
26 to 30	46	27	19	32	14	19	13	8	6
31 to 35	50	21	29	29	21	13	16	8	13
36 to 40	44	26	18	25	19	15	10	11	8
41 to 45	33	21	12	23	10	15	8	6	4
46 and over.....	66	22	44	50	16	16	34	6	10

SOURCES OF INFORMATION AND COMPLETENESS OF DATA.

An effort was made to secure as complete an enumeration as possible of the mental defectives of the District of Columbia who might be assumed to be proper cases for institutional treatment. Valuable assistance was given by the teachers of public, parochial, and atypical schools, the Board of Charities and the Board of Children's Guardians of the District, all the reformatory institutions for children, orphan asylums, church societies, hospitals, social settlements, relief-giving societies, physicians, pastors, and private individuals. About 200 cases were visited by an agent of the Children's Bureau for verification and further data.

A total of 889 names were reported, but of this number 91 were either duplicates or names regarding which the information was so meager that the persons were not traceable, leaving a total of 798 individuals reported as being in need of institutional care. (See table, pp. 9, 10.) It is of course necessary to assume that a large number of the cases so reported would be found on further investigation not to be proper cases for institutions; but on the other hand it is self-evident that the enumeration does not include the total number of those who would benefit by the right kind of institutional treatment.

Complete information obviously could not be secured in a survey of this kind. It was impossible to make any test of mentality in order to determine accurately the number of mental defectives in the various reformatories and institutions for dependents, or to attempt to determine the number of mentally defective children in the schools except as this has already been done in connection with the atypical schools. Accurate information in regard to individuals neither in schools nor in institutions was still more difficult to obtain.

In order to determine conclusively the mental condition of an individual it is necessary to consider his family history, general environment, illness that may have resulted in retardation or permanent handicap, present physical condition, personal habits, conduct and peculiarities, schooling, and employment record. The decision as to the need for custodial care in a given case must be influenced by social conditions, including the character of the home and the ability of the family to provide the necessary training and safeguards. The number of individuals requiring custodial care remains approximately the same, although the personnel of the group varies with constantly changing conditions.

Authorities on mental diseases have estimated that the number of mental defectives in a community usually approximates the number of insane. On this basis the number in the District of Columbia would be between 1,400 and 1,500. The percentage of mental defectives needing custodial treatment, however, would not be so large as among the insane. According to estimates based on findings of various inquiries in the United States and in other countries, the 798 individuals reported during the course of this investigation as mentally defective represent a very conservative proportion of the total population of the District of Columbia. This enumeration was made for the purpose of discovering the number of persons in need of institutional treatment; and the number reported, allowing for the margin of error in omission and inclusion, is probably a fair representation of the number in the District who should have custodial care. (See table, pp. 9, 10.)

The data concerning children of ordinary school age—6 to 15 years, inclusive—are naturally more complete than for very young children or adults. Those under 6 years would not come to public attention except in cases in which family conditions are such that the care of children who are mentally and physically defective becomes an unbearable burden. The children of the ages of 6 to 15 years too defective to attend school were difficult to locate for the same reason. Adults, especially adult men, unless they have become inmates of penal or other institutions or have become a burden to their families, would not naturally come to the attention of physicians and social workers who contributed the information contained in this report. The situation in regard to mentally defective women of child-bearing age is somewhat different, a larger proportion of adult females being discovered on account of the public recognition of the danger of this class.

There is a very striking increase in the number of feeble-minded in the 9 to 11 age group, while the 12 to 14 age group is very much larger than any preceding. This is explainable by the fact that it is only after extended attempts at training that positive assertions in regard to mental defect can be made. Experts on the subject claim that it is difficult to determine the mental condition of a child younger than 12 years. After the age of 14 years there is a steady decline in the number of each age group, due to the lack of information concerning those not in school.

Data were secured concerning 534 white and 264 colored mental defectives. The population of the District of Columbia, according to the census of 1910, is 331,069, of which 94,446 are colored. The colored residents of the District thus comprise 28.5 per cent of the total population and 33.1 per cent of the mental defectives concerning whom information was secured. Information concerning colored

mental defectives is incomplete because there are no institutions for them at present, therefore no waiting lists, and apparently there is less familiarity with their condition. Attendance officers report difficulty in enforcing the compulsory-education law because the colored families move frequently and are often impossible to locate. The table (pp. 9, 10) covering the enumeration of mental defectives in the District brings out strikingly the lack of provision for any degree of proper care for colored mental defectives.

Information was obtained concerning 305 white males and 229 white females. The smaller number of females reported is probably accounted for by the fact that mothers often keep their defective daughters in the home, both because of the danger they may encounter outside and because the girls can assist in the household tasks. The boys can not be kept in so easily, thus coming to the attention of neighbors and others.

It is comparatively easy to get information concerning the lower grades of the mental defectives—the idiots and imbeciles. They are in general placed in institutions so far as accommodation is provided. The situation is different with regard to the high-grade mental defectives, the so-called morons. Their defectiveness does not generally become known until they have committed some depredation or have given evidence of moral delinquency.

SITUATION IN THE DISTRICT OF COLUMBIA.

PROVISION FOR MENTAL DEFECTIVES.

The District of Columbia has no institution for mental defectives. Since 1902 Congress has made separate appropriations to the Board of Children's Guardians for the care of feeble-minded children under their guardianship or referred to them. White children are maintained in training schools at Vineland, N. J., Elwyn, Pa., and Falls Church, Va. Colored children are boarded out in private homes.

NUMBER OF MENTAL DEFECTIVES.

Of the 798 discovered cases of mental defect, 428 are at large in the community, 249 are inmates of institutions not especially designed for the care of mental defectives, 97 are in training schools for the feeble-minded outside of the District, 24 are boarded out in family homes under the supervision of the Board of Children's Guardians. Fifty-four per cent of the total number listed are neither in institutions nor under the supervision of public authorities. This percentage would undoubtedly be higher if the enumeration of mental defectives in the District were entirely accurate. Proper care is taken of only 12 per cent of the total number.

Among the mental defectives enumerated is a considerable number reported as being epileptic also. No attempt has been made to classify these, as the number is necessarily very incomplete and includes only the epileptics primarily considered mentally defective. Besides these there is a very important class of epileptics who are normal between seizures, but who are none the less in need of custodial treatment and an opportunity for training. The epileptic patients of the Government Hospital for the Insane are not included in this report, as the greater number of them are insane. The population of the District of Columbia probably does not warrant the creation of a separate institution for epileptics. Insane epileptics could be cared for in a colony connected with the Government Hospital for the Insane. It is necessary, however, to make proper custodial provision for epileptics who are normal between seizures and those who are mentally defective.

AGES OF MENTAL DEFECTIVES.

Of the 798 mental defectives enumerated in this report, 272 are under the age of 15 years; 207 are between 15 and 20 years, inclusive; 253 are between 21 and 45 years, inclusive; and 66 are over 45 years. A striking fact revealed is that the greater number of persons now

in institutions are older people rather than children of the ages when training would be profitable. This is due to the character of the institutions, the limited accommodations, and the necessarily long residence. Only one-fourth of the children under 15 years of age are in institutions, as compared with two-thirds of the mental defectives of 21 years of age and over.

A comparison of the relative number of males and females over and under the age of 20 years reported as mental defectives shows a larger percentage of boys between 12 and 20 years (45 per cent of the boys and 38 per cent of the girls), and a predominance of women over the age of 20 years (36 per cent of the men and 45 per cent of the women). This may be due to the different kinds of delinquency and the ages at which manifested. Of those enumerated, 207, or 26 per cent, are women between the ages of 15 and 45 years, the child-bearing period.

MENTAL DEFECTIVES IN NONAPPROPRIATE INSTITUTIONS.

Of the mental defectives in institutions not specially designed for their care, 73 are inmates of reformative institutions, hospitals, and homes for dependents, and 176 are in the Government Hospital for the Insane, having been sent there for protection because there is no other place for them. The Board of Children's Guardians boards out 24 colored children in private homes.

The presence of mental defectives in institutions not designed for them is detrimental to their own welfare, since they can not be given the training and mode of living their condition requires, and is a grave disadvantage to others for whom the institutions are adapted. As to the colored children boarded out in family homes, it can hardly be doubted that in the end a properly equipped institution would be a safer and more economical method of caring for them.

Beyond question, the Government Hospital for the Insane should not be compelled to care for the feeble-minded. Youthful mental defectives needing training and custodial care are out of place in a hospital. They are a burden upon it, and it is unfair to demand from a hospital the facilities for industrial training needed for the feeble-minded. The records of the Government Hospital for the Insane show 176 inmates classed as "idiots, imbeciles, and feeble-minded." The presence of feeble-minded persons, whether adults or children, in the wards of the hospital often involves unnecessary suffering for both the feeble-minded and the insane and in justice to either class should not be permitted. Some of these people have lived in the institution a lifetime, and the hospital has protected them and society; but no hospital for the insane should be asked to do this work.

One of the feeble-minded inmates is a woman now about 72 years of age. She was first admitted to the institution in 1855, at the age

of 12 years, and, with the exception of a few years when her stay was intermittent, has lived there constantly. This woman has been provided with shelter and care and protected from helpless motherhood that would have involved the community in unending expense. On the other hand, she has been unnecessarily subjected to the restraint and conditions surrounding the insane. Had she been from childhood in an institution in which she could have received the training and education her mental condition made possible, she would have spent the years of her institutional life (almost 60) in useful occupation that not only would have made her happier but would also have yielded some return to society.

The records of the institution show a surprisingly large number of young children. It is safe to assume that the circumstances in the case of those patients were such that institutional care was an extreme necessity. A mere statement of the ages at which many of the present inmates were admitted shows what the home pressure must have been. Nine of the inmates are now under 15 years of age, 2 of them being 5 and 8 years of age, respectively; 24 of the present inmates were admitted when they were under 15 years of age, 2 of them at the age of 5, 2 at 6, and 4 at 9 years of age.

The advanced ages of a large number of the inmates, the length of time they have been kept in the institution, and ages at commitment indicate that the authorities feel the necessity for custodial care of both males and females beyond the ages specified by some States. Of the inmates at the time of the investigation classified as imbeciles, idiots, and feeble-minded, 42 per cent were over the age of 40 years; 40 of these are 41 to 50 years of age, 25 are 51 to 60 years of age, 8 are 61 to 70 years, and 1 is 75 years of age.

Confinement in an institution apparently has proved to be necessary for the proper care of the mentally defective individual as well as for the protection of society. Following are some instances of extended confinement in the institution: A colored girl, classed as an idiot, was admitted at the age of 6 years and has been an inmate 19 years. A white boy, an imbecile, was admitted at the age of 9, 20 years ago, and another boy of the same description, admitted at the age of 12, has been in the institution 29 years. An imbecile colored girl, admitted at the age of 12, has been cared for 41 years, and 2 other imbecile colored girls, admitted when 14, have been inmates 18 and 21 years. An imbecile white boy, admitted when 16, has been an inmate 25 years; an imbecile white girl, admitted at 17, for 32 years; and another imbecile white boy, admitted at 17, for 20 years. An imbecile white boy, 18 years of age when admitted, has been in the institution 40 years. Three imbecile colored boys, admitted when they were 19, have been in the institution 29, 13, and 12 years, respectively, and a white boy of the same age for 20 years.

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A colored girl, 2 colored boys, and 2 white girls, all classed as imbeciles and admitted when they were 20, have been in the institution 14, 16, 20, 22, and 26 years, respectively.

MENTAL DEFECTIVES ATTENDING PUBLIC SCHOOLS AND AT HOME.

There are in the District several atypical schools. These schools are designed to give special attention to children who are subnormal or are backward for one reason or another. Many children are so defective that they can not be cared for at all in this way, and many now in the schools constitute a menace to the other pupils. One hundred and thirty-nine children in the regular and atypical schools were reported as being so defective mentally as to need institutional care. Thirty-three others were found to be too defective to attend school, and this number is undoubtedly too low, as these cases are difficult to trace; 20 feeble-minded children under 6 were discovered, many of them physically deformed; 181 persons over 15 were staying at home, neither attending school nor, except in a few cases, engaging in any form of remunerative labor or other occupation. The condition of those not cared for in institutions is illustrated by the cases cited at the end of this report.

NEED FOR UNIFORM STANDARD OF EXAMINATION.

In making this study no attempt has been made to discriminate between various methods of determining mental status, but statements of physicians, teachers, and others having considerable contact with the problem have been accepted. In determining who shall be admitted to an institution for the feeble-minded, it is necessary that there should be some standard method of ascertaining mental status. The method of such determination is a matter that requires careful consideration. It is necessary to decide whether there should be an official examining board, as for the insane, or a commission on which psychologists and physicians are represented, or some other method of examination. There is now no recognized standard of determination.

MENTAL DEFECTIVES NEEDING INSTITUTIONAL CARE.

This enumeration is not based upon a scientific study of the mental and social conditions of the individuals reported as possible subjects for an institution. In view of this fact, and because of ever-changing family circumstances, it is impossible to specify the exact number to be provided for. The following figures, however, for the purpose of rough approximation, may be taken as indicative of the situation. Of the 798 enumerated, it is plain that the 308 persons in the three training schools, the Government Hospital for the Insane, the Home for the Aged and Infirm, and boarded out by the Board of Children's Guardians are of a class which authorities recognize as needing the care of special institutions. The training schools are overcrowded.

It is always a question whether accommodation can be secured for the children from the District of Columbia, and there is no economy in thus sending the children abroad for care. Sixty-two individuals were reported as being mentally defective inmates of various reformatories and philanthropic institutions. These institutions do not provide the kind of environment and training adapted to mental defectives, and the work for which they were intended is handicapped by the presence of this class. It is possible that a scientific test of all the inmates of these and other institutions would reveal a large number which should be added to the list of mental defectives. The 139 children in atypical and other schools reported as needing institutional care have been under the observation of their teachers long enough and have been tested sufficiently to make it probable that they should be classed as proper institutional cases. To these should be added 36 reported by teachers as former pupils. Over 100, mainly children, were reported by physicians as living at home but being in need of institutional care.

In making an estimate of the probable number to be provided for in an institution designed for the care and treatment of mental defectives, it must be borne in mind that besides the cases discovered in this investigation there are a considerable number of individuals in need of custodial treatment concerning whom no report has been secured. It is also necessary to consider that some inmates of non-appropriate institutions, particularly persons of advanced age, properly might be left where they now are, and that all of those designated as needing custodial care would not be placed in an institution no matter what the conditions of commitment might be. Although many of those enumerated would no doubt be found to be properly cared for in their own homes without detriment, a surprisingly large number of parents who were visited expressed themselves as eager to have custodial care provided for their children, either because the burden was too great or for the sake of having the children properly safeguarded. Many who had been successful in their efforts to provide for mentally defective children were fearful of what would happen when they were no longer able to do so.

It is necessary in making plans for the proposed institution to allow for the fact that the number of inmates will increase as the institution becomes better established and as the public becomes familiar with its purposes and the value of its work to those cared for and to society. It has been said that the presence in a community of any specified type of defectives becomes apparent only when accommodations are provided for the care of this particular class. Without question this will be found to be the situation in the case of mental defectives and particularly of epileptics. The presence of the institution will reveal needs that do not now come to light.

REASONS FOR SEGREGATION AND ASSUMPTION BY THE STATE OF CARE OF MENTAL DEFECTIVES.

The past few decades have witnessed a remarkable change in public attitude toward mental defectives and progress in methods of treatment. Instead of being regarded as an individual misfortune, mental defect has come to be recognized as a destructive social force. The idea is now generally accepted that custodial care should be provided for mental defectives for their own safeguarding and for the protection of society, and that they should be given whatever training their mental condition makes possible.

The reasons for segregation of mental defectives and assumption of their care by the public may be summarized as follows:

BURDEN ON THE FAMILY.

A very large number of mentally defective children and adults who are so deficient that they are unable to earn their own living belong in families on the border line of poverty, barely able to be self-supporting under normal conditions. Many of the mentally defective are also seriously handicapped physically. A member of the family unable to care for himself may consume the time of one who might otherwise be a wage earner, and pauperization results from this unnatural burden. A mentally defective child in a family demands a large share of the energy of the mother and not only interferes with the training of the other children but exercises a demoralizing influence on the family life.

HANDICAP TO SCHOOL SYSTEM.

The presence of mentally defective children in regular and special grades is a serious handicap to the training of the other children, taking an undue proportion of the attention of the teacher and resulting often in moral contamination. In the course of this investigation numerous instances were encountered illustrating the seriousness of this situation. Children who should be in atypical schools and would profit by their training there are kept out by their parents because of the presence in the schools of very defective children.

DANGER TO SOCIETY.

The danger to society of the mentally defective woman of child-bearing age is easily demonstrated and generally recognized. A more intensive study than has yet been made would be necessary in order

to prove the comparative danger to society of the adult male who is mentally defective, but it is apparent from recent writings on this subject that the generally accepted idea of the proportionally slight menace of the adult male is being challenged. Certainly the records of penal institutions, juvenile courts, and jails provide testimony on the danger of the antisocial instincts of mentally defective adolescents.

The connection between mental defect and delinquency has been demonstrated through studies made by reformatories and penal institutions and courts handling juvenile offenders. It is generally agreed that a considerable proportion of the inmates of penal institutions would be pronounced defective if examined by alienists. This proportion increases very decidedly among old offenders, indicating the danger to society of attempting reformation in the ordinary way where the mental condition makes it impossible. The number of mental defectives among recidivists emphasizes the need of discovering mental defect early in the careers of delinquents and segregating them permanently for their own welfare and for the protection of society.

Studies of the subject and experiments in custodial care have proved the necessity of adopting measures looking toward the prevention of the propagation of mental defectives. Authorities agree in their estimates that probably two-thirds of our mental defectives are so through inheritance. The British Royal Commission on the Care and Control of the Feeble-minded determined, as the result of the evidence gathered, that feeble-mindedness is in a great number of instances an inheritance, and that the prevention of parentage by feeble-minded persons would tend largely to diminish the number of such persons in the population. Dr. Walter E. Fernald, superintendent of the Massachusetts School for the Feeble-minded, makes a statement that from 60 to 80 per cent of the cases of feeble-mindedness are of direct inheritance. Dr. Henry H. Goddard, of the Vineland (N. J.) Training School, found that one or both parents of 65 per cent of the children in the training school were actually feeble-minded.

Studies of family records have shown the results of transmission of mental defect from one generation to another. Current news items abound in details of atrocious crimes whose character indicates that they were committed by persons mentally unsound and of offenses against the law for which the perpetrators, because of their mental condition, can not be held legally responsible. By means of segregating mental defectives it is possible to cut off at the source a large proportion of degeneracy, pauperism, and crime. It is through prevention that the largest benefits will accrue.

POSSIBILITY OF TRAINING.

While it is impossible to supply missing mentality through any course of training, many individuals who are deficient mentally may be made useful to themselves and society if they can be trained under proper conditions difficult to secure in the home or ordinary school. They may be taught to care for themselves properly and to feel an interest in sharing the work of the community. The training must be largely manual, fitting them for work around the household, farm, and shop. Farm colonies and industrial institutions have proved that mental defectives in some cases may be made self-supporting, a condition which not only relieves society of the burden of their care but turns their energies from injurious and morbid channels into useful and happy ones.

EXTENT OF STATE PROVISION FOR MENTAL DEFECTIVES.

Thirty-four States have provided institutions for the care of mental defectives, accommodating altogether approximately 25,000 persons. The number of patients cared for by each State runs from less than 100 in five States, to more than 3,000 in New York and Pennsylvania institutions. Ten States have between 1,000 and 2,000 inmates in institutions for the mentally defective, and the remainder from 100 to 500. In going over reports of State institutions, we almost invariably find the statement that the institutions are overcrowded and that there is entirely inadequate provision made for the feeble-minded.

Ten States have provided for institutions designed entirely for women, or have recognized the necessity for segregation of women of child-bearing age by the specific inclusion under the admission rules of women through the age of 45 years. In many States where there is no stated age limit, special attention is paid to women who because of their mental defect are unsafe if left at large.

In over half of the States no age limitations for admission are specified in the law relating to the institutions for mental defectives. Following are the ages at which patients may be admitted in various States: New Hampshire, males, 3 to 21; females, over 3 years; Nebraska, over 5 years; Iowa, 5 to 46 years; Oklahoma, males, 5 to 16; females, over 5 years; Vermont, 5 to 21 years; Colorado, 5 to 20 years; Maine, Michigan, North Carolina, and Wyoming, over 6 years; Missouri, 6 to 45 years; Indiana, males, 6 to 16; females, 6 to 45 years; Montana, 6 to 21 years; Kentucky, 6 to 18 years; New Jersey and Virginia, 12 to 45 years.

The Wyoming statutes relating to the care of the feeble-minded and epileptic of the State give a comprehensive statement of the generally accepted modern idea of the problem:

> The object of said institution [home for the feeble-minded and epileptics] shall be to provide by all proper and feasible means, and intellectual, moral and physical training of that unfortunate portion of the community who have been born, or by disease, have become imbecile or feeble-minded or epileptic, and by a judicious and well adapted course of training, management and treatment, to ameliorate their condition, and to develop as much as possible their intellectual faculties and physical health, and reclaim them from their unhappy condition, and fit them as far as possible for future usefulness in society. (Comp. Stat. of Wyoming, 1910, sec. 493.)

KIND OF INSTITUTION ADAPTED TO THE CARE AND TREATMENT OF MENTAL DEFECTIVES.

The newer State institutions for mental defectives have followed the colony plan of organization, combining a custodial department, training school, industrial department, and farm. The institutions built during the past 20 years have adopted the cottage or detached type of construction, allowing for classification according to age, sex, mental and physical condition, and grade of inmates. It is to be noted that the larger States are now providing separate institutions for epileptics, for children, and for adult women.

Owing to the relatively small population of the District of Columbia, it is out of the question to provide separate institutions for the different types of mental defectives. Provision is needed for children and adults, for those whom it is possible to train for some form of useful work, and for those physically handicapped or so defective mentally that they must have purely custodial care. Not only the various grades of mental defectives, but certain epileptics need care and protection. The institution should be large enough to provide the necessary room for all these classes, allowing for proper separation of white and colored, male and female. A large tract of land must be provided in order to allow for necessary classification. Again, the acreage should be large enough so that when future development is necessary the District will have the land needed for expansion.

The buildings should be planned in such a way as to admit of economical adaptation to future development and changing needs. Costly construction is both unnecessary and undesirable. The great diversity of needs of the various inmates—custodial care, mental and moral training, farm work, and industrial occupations—calls for an institution composed of many units, forming one central organization.

In an institution of this kind it is particularly essential to provide work suitable for the able-bodied boys and men. This class is provided for by the establishment of farm colonies as adjuncts to the training schools and custodial departments. In establishing a farm colony ample acreage, rather than land already prepared for cultivation, is now held to be the most important consideration for its success. Certain of the most progressive American institutions for feeble-minded are now successfully developing farm colonies on rough, uncleared land. The work of clearing land, hewing timber, construction of necessary farm buildings, and all the labor involved in preparing land for agricultural purposes, provides useful and remunerative occupation.

Among instances of farm colony development may be mentioned the Templeton colony of the Massachusetts School for the Feeble-minded, Letchworth Village, in New York, and the farm colony connected with the Vineland (N. J.) Training School.

The Massachusetts School for the Feeble-minded is one of the oldest institutions in the country, embodying in itself a history of American methods of dealing with the feeble-minded. The school at Waverley, with its adjunct, the farm colony at Templeton, is a type of public institution that has accumulated valuable experience in methods of providing training and employment for the various types of inmates.

The Sixty-Sixth Annual Report of the Trustees of the Massachusetts School for the Feeble-minded (1913) describes the institution at Waverley as follows:

> The plan of detached and separate departments greatly facilitates the proper classification of our inmates according to age and mental and physical condition and helps us to secure to each inmate the consideration of individual wants and needs so hard to get in a large institution where the inmates are massed in one huge building. As we are now arranged, our inmates are classified as follows: At the girls' dormitory are the girls of school grade; at the boys' dormitory and the boys' home are boys of the school department; at the north building are the adult males of the lower grade, the cases requiring much personal care and attention; at the west building are the young and feeble boys and the females of the lower grade; at the girls' home * * * are the adult females who are in good bodily health, many of them graduates of our school department, and all of whom are employed in the various domestic departments of the institution; at the farmhouse and the east building are the adult males who are regularly employed in the farm work. In the hospital are the feeble girls and those acutely ill. Thus we have divided our institution into 11 comparatively small families, each with distinctive and peculiar needs, and all under the same general management. This plan retains all the benefits of a small institution and secures the manifest advantages of a large one.

The following is an extract from the Report of the British Royal Commission on the Care and Control of the Feeble-minded (1904),[1] giving the impression of the commissioners as to the situation in the United States:

> Our members [the commissioners who visited the United States] were struck by the originality and directness of the methods adopted in several of these institutions with a view to stimulating the activity of the perceptive powers of the inmates, and also by the freedom from cramping and unnecessary regulations which enabled the managers to apply their minds to new experiments in education and organization. They were also impressed with the large size of the American institutions, some of which contained from 500 to 2,000 inmates. This seems to them to secure proper classification, the general plan being that each institution contains three departments, and it is perfectly easy to transfer an inmate from one to another. These departments are the Custodial care for the lowest grade (i. e., idiots), the school for the higher grade children, and the Industrial for the higher grade adults. These departments are entirely separate and often at some little distance one from the other, though under the same central management. Our members are of opinion that the large size of the institution tends not only to better classification but to greater economy. They also point out that the provision for the feeble-minded in America is on very economical lines.

[1] Vol. VIII, p. 297.

ECONOMIC ASPECT OF THE PROBLEM.

INVESTMENT IN LAND, BUILDINGS, AND EQUIPMENT.

The investment in lands and buildings for State institutions for the mentally defective varies greatly. Much of this variation, of course, is due to the difference in the number of inmates provided for and also to the difference in the price of land in the various localities. A considerable part of this capital outlay represents investment in farm lands and equipment, the returns from which help maintain the institution, representing, therefore, an appropriation for part of the maintenance covering a large number of years.

The State institutions of Kansas, Missouri, Nebraska, one of the Massachusetts institutions (Wrentham State School), and one of the New York institutions (Syracuse State Institution for Feeble-minded Children), have from 400 to 600 inmates.[1] The investment for buildings, grounds, and equipment in these institutions varies from $351,000 in Kansas to $550,000 in Missouri. The investment at Syracuse, however, ($462,784) does not include equipment.

In the State Custodial Asylum for Feeble-minded Women, at Newark, N. Y., there are 852 inmates, and the investment for buildings, grounds, and equipment amounts to about $438,117.

The State institutions of California, Michigan, and Wisconsin and the semiprivate institution at Elwyn, Pa., have each about 1,000 inmates. The value of buildings and grounds, including equipment in all except the training school at Elwyn, ranges from $708,197 in Michigan to $838,737 in Wisconsin.

Dr. Fernald, in his History of the Treatment of Feeble-minded, says:

> The experience of these institutions * * * has been that plain, substantial, detached buildings can be provided for the custodial cases at an expense of not over $400 per capita. These detached departments are generally supplied with sewerage, water supply, laundry, storeroom, and often heating facilities from a central plant, at relatively small expense compared with the cost of installation and operation of a separate plant for each division.

COST OF MAINTENANCE.

The average annual per capita cost in 30 State institutions for which figures were obtainable was $192. The cost in the various institutions ranged from $97 to $300 a year for each inmate. However, it must be recognized that, owing to the different methods of bookkeeping, great allowance must be made in comparing costs.

[1] Report of Bureau of Education on Statistics of Schools for the Feeble-minded, 1912-13.

The apparently low cost in many of the institutions is due to the saving in cost of food by the use of the produce of farms operated by the institutions—the work being done by adult inmates—and the earnings from the sale of surplus farm products. Many institutions also have industrial departments in which they manufacture much of the necessary wearing apparel and house furnishings.

According to figures published by the Board of Charities of the District of Columbia the per capita cost of maintenance of mental defectives in the various institutions, including current expenditures and salaries, is as follows:

Institution.	Per capita cost.
Government Hospital for the Insane	$240
Home for the Aged and Infirm	153
National Training School for Girls	286
National Training School for Boys	233
Industrial Home School	188
Bruen Home (rate to Board of Children's Guardians)	120
Pennsylvania Training School (rate to Board of Children's Guardians)	250
Virginia Training School (rate to Board of Children's Guardians)	250
Training School at Vineland (rate to Board of Children's Guardians)	250 to 300

There are 31 individuals reported in institutions providing temporary shelter mainly. It is fair to assume that the community spends at least $200 a year for each of these persons, as many of them are in hospitals where the cost greatly exceeds this. Figuring the cost for the number of inmates in the various nonappropriate institutions at the time of the investigation according to the above per capita figures, the total cost for maintenance for a year would be approximately $56,371. The Board of Children's Guardians reports expenditures for the year 1914 of $21,572.64 for the care of feeble-minded in the three training schools and those boarded out. The total annual expense for the 370 mental defectives cared for in institutions or under public supervision is therefore approximately $77,943. This does not include the amount spent by private charity nor the cost of training in the public schools. The annual per capita cost of training in the atypical schools is given as $74.10 and in the public schools as $32.62.

The present annual per capita expenditure for mental defectives of the District of Columbia boarded in institutions or under the supervision of public authorities is approximately $211. More than half of the number of defectives in institutions are inmates of the Government Hospital for the Insane. These patients do not in general need the care of expert physicians and the expensive type of custodial buildings. The per capita cost of maintenance in this and other nonappropriate institutions is undoubtedly higher than it would be in an institution of the kind proposed. In considering per capita cost of maintenance it is important to note that the $192 annual per capita quoted above as being the average for 30 insti-

tutions represents expenditures in institutions most of which are located in northern States, where the rigors of the climate make the expense for fuel and clothing greater than would be required in a milder climate.

ECONOMY OF ADEQUATE PROVISION.

Investigations of mental defectives have proved conclusively that the burden is increased indefinitely by the failure to prevent the transmission of defects that are known to be heritable. It has been found that mentally defective women are in a very large number of cases the mothers of illegitimate children, and that these children have to be cared for by the public because of mental defects or antisocial instincts. The record of one family charted by the research branch of the New Jersey Department of Charities and Corrections illustrates the cost of lack of prevention. An imbecile woman married a moron. They had 3 feeble-minded children, the records of 2 of whom were not obtained. The third, frequently an inmate of an almshouse, had 6 illegitimate children, of whom 4 died in infancy. One of her feeble-minded daughters had 2 feeble-minded children and another child who died in infancy. Her other daughter had 10 feeble-minded children, 7 of whom were cared for in almshouses or by State authorities, 2 of the others dying when very young. In three generations this one imbecile woman had 17 feeble-minded progeny whose records were obtainable, 10 of whom were cared for in almshouses at times but not permanently segregated. Besides this immediate line the family connections of this woman include 259 feeble-minded persons in five generations, the majority of whom were dependent on the public for maintenance. Many similar instances are recorded by State investigating bodies and research departments of institutions. The social economy that must result from the prevention of transmission of defect can not be estimated in figures, but it is hardly to be questioned that the investment would result in savings compounded with each generation.

Quoting from an editorial in the Survey of March 2, 1912, "The greatest need of all is for more institutional care. When this has been brought about in every State we shall witness a great gaol delivery even more significant than that which has followed the discontinuance of imprisonment for debt, or the abolition of the saloon, or the introduction of the probation and parole system. Care for the feeble-minded adequately for a generation and expenditures for prisons, reformatories, police, fires, hospitals, and almshouses will be enormously reduced, or, what is even better, expenditures for such purposes will be accomplishing desirable tasks which we have not yet had the courage to undertake. Biology and economics unite in demanding that the strains of feeble-mindedness shall be eliminated by the humane segregation of the mentally defective."

APPENDIX.

CLASSIFIED INSTANCES OF MENTAL DEFECTIVES IN THE DISTRICT OF COLUMBIA FOR WHOM INSTITUTIONAL CARE IS DESIRABLE.

The following pages contain concrete illustrations of various phases of the problem of mental defect. These hundred cases represent only a few of the large number of children and adults for whom at present no provision is made. No attempt has been made to present all the information that might have been obtained in regard to these cases. Records of all of the 798 cases enumerated, as well as a large number of others reported to the bureau since this report was prepared, are on file in the Children's Bureau.

The attempt was made to classify these instances according to the nature of the problem involved, but it is obvious that there is much overlapping. It will be found that each individual mentioned suffers from many of these factors, not from one only. For example, the child who is here classed as a delinquent is also found to be of defective stock, the child of a morally delinquent mother, and too defective to attend school, etc. This intertwining of bad conditions, evil inheritances, weaknesses, and antisocial tendencies characterizes the problem of mental defectives. All that society can do is to provide the training and care that will save them from suffering from the effects of their misfortune and from contributing to the cycle of defectiveness, dependency, and delinquency.

I. MENTAL DEFECT AS A CAUSE OF DEPENDENCY.

No. 60. Male, 31, white
No. 59. Female, 29, white } Husband and wife.

Married in 1907. The records of the Board of Children's Guardians show that the man was reported to them by a judge as feeble-minded in 1898, at the age of 15. He was sent to the school for feeble-minded at Elwyn, Pa., but ran away after a month and a half. Has been working irregularly since then.

The woman's mother, who came from a wealthy family, was epileptic and died in an insane asylum. She left considerable money to the family, but the father, a gambler and swindler, soon squandered it. When the daughter was quite young a physician, believing her epileptic, recommended that she be placed in an institution. His advice was not followed. The family moved to Washington in 1904. The girl was sent to work in a laundry, but was too incompetent to be kept. She applied for admission at the Young Women's Christian Home, as her father and stepmother abused her. Becoming intimate with a wild, immoral girl, she left the home and went to live near the arsenal. She again applied for admission to the home, but could not be kept there on account of her unclean condition. In January, 1906, she applied to the Board of Charities, and was sent to the Florence Crittenton Mission, where she gave birth to a stillborn child.

After leaving the mission she worked as a chambermaid in a hotel and soon married a mentally defective man, also employed there. For the next few years the records of the Associated Charities concerning this couple and their offspring are voluminous. The man lost his place a few days before he was married and was unable to support his wife. Sometimes his mother would let the couple stay at her house, and some-

times they rented a room; but the woman screamed and cursed and used vulgar language to such a degree that no one could keep them very long. Their rent was paid by a church for a considerable time. In May, 1908, the woman left her husband, and soon after she and her stepmother had him arrested for improper conduct.

In July she went back to her husband. Shortly afterwards she was sent to the Washington Asylum Hospital, where a child was born. She was sent to this hospital for the purpose of observation to determine whether she could be committed to the Government Hospital for the Insane. The doctor pronounced her an imbecile or high-grade idiot. Various persons have made affidavits to the effect that she is insane, but she has not been committed to the hospital, and her husband does not wish her to go there.

The husband has occasionally obtained a job, but never keeps it long. He has obtained a good deal of money through a story of a sick wife and baby. Almost all the charitable organizations of the city seem to have had dealings with the family at one time or another. The family are constantly moving on account of nonpayment of rent, have almost no furniture, and live in a very shiftless manner.

Of the five living children, a boy 6½ years old is with the man's mother and sister, but not yet in school; a girl 5½ years old, mentally defective, is in Washington City Orphan Asylum; a boy, 3½ years old, and two girls, 2½ and 1½ years old, are with the parents. None of the children appear bright, and the girl 2½ years of age is far from normal.

The man is now working in the railroad yards, but it is said he loses about one-third of his time on account of hernia. Neighbors state that the woman beats the children. She is away from home most of the day, and for several weeks past the man has hired a colored woman to stay with the children.

During the eight years this couple have been married six children have been born to them and the woman is again pregnant.

No. 591. Male, 18, colored.

Father deserted family, and the five children were taken in charge by the Board of Children's Guardians 11 years ago. This boy was placed in a boarding home and later placed on trial for indenture, but his mind was so defective that he could not do much. He was sent to school, but at 10 years of age had not learned his letters. He was finally placed in the children's temporary home as feeble-minded, but escaped in July, 1914, and is now at large. He has secondary syphilis.

The mother is said to be mentally defective. The oldest sister was sent to the reform school, where she stayed until she reached her majority and was discharged. The second sister had an illegitimate child, and was dishonest and untruthful. An older brother was sent to the Industrial Home School, and ran away eight times. A younger brother was also placed in the Industrial Home School.

No. 367. Male, 39, white.
No. 368. Female, 33, white. } Husband and wife.

No. 369. Male, 8, white, their son.

Both mentally defective, as is also their son, 8 years of age. A girl 6 years old is thought to be defective, although she attends the regular school. The boy is in an atypical school. Their second child was stillborn, and they lost a baby in the summer of 1914.

The Associated Charities has a long record of the family; the man is continually losing his job and always trying to borrow; the family is dirty and shiftless. They live in the basement of an old house and have scarcely any furniture. The man has been in the hospital a number of times. The wife has been in the Florence Crittenton Mission for temporary shelter. The husband was sent to the Washington Asylum Hospital about a year ago; his trouble proved to be syphilis; he is now being treated at an eye, ear, and throat hospital. The man's parents are respectable people, and live fairly comfortably. They have helped the man somewhat, but are unable to continue doing so.

No. 655. Female, 25, colored.

Orphaned at an early age. Was found living with a woman who had a workhouse record and was unfit to have the care of a child, and was placed in the Washington Asylum Hospital for mental observation in 1902. It was decided she was not a suitable case for the epileptic ward of the Government Hospital for the Insane. Was placed in temporary home for children; when she became of age in 1907 she was transferred to the feeble-minded list of the Board of Children's Guardians.

No. 578. Female, 32, colored.

Has had three illegitimate children. Was living in one small room with her mother, brother, and her three children, in an indescribably filthy condition. The children were committed to the Board of Children's Guardians in 1910 and the father ordered to pay $4 a month for their care. The oldest boy, almost 15 years of age, has been put on probation by the juvenile court. He and his brother, aged 13, were kept in a boarding home until December, 1912, when they were placed for indenture.

No. 20. Female, 21, white.

Epileptic and mentally defective. Her father was placed in an insane asylum not long after he was married, but improved and was allowed to leave. Several children were born in the family during the time he was at large. He is now in the asylum again. An Associated Charities agent acquainted with the family states that the mother and three children are also defective, and it is said the family has received help from almost every almsgiving church and society in the city. The girl had epileptic seizures up to the age of 14, when they ceased. Her left arm is paralyzed. She "runs around" with an imbecile man who lives in the neighborhood.

No. 25. Male, 36, white.

Is able to work, but is a "dope fiend" as well as mentally defective, and has been at the Home for the Aged and Infirm for a year; is likely to remain there for life.

II. MENTALLY DEFECTIVE WOMEN WHO ARE MORALLY DELINQUENT.

No. 461. Female, 33, white.

This woman has been known to charity organizations since 1903, when she was admitted to the hospital, where her baby was born. She was the widow of a man said to have been feeble-minded and who had died of tuberculosis a year or two previously. By him she had had three children, all of them now dead. She admits she has led the life of a prostitute.

This woman has been in the Florence Crittenton Mission and in the Washington Asylum Hospital several times. While at the hospital in 1910, being treated for syphilis, she met a man who was being treated for tuberculosis, and when she told him of her condition he agreed to marry her and take care of her. He was a man with a jail and workhouse record, an habitual drunkard with vile habits, and had had tuberculosis for several years.

They were married in March, 1910. Three months later she applied at the office of the Associated Charities for assistance; she was terribly bruised from beatings by the drunken husband. They have had two children; one died at birth, the other is a ward of the Board of Children's Guardians. Numerous attempts have been made to place the woman in the Government Hospital for the Insane, where she was once sent to await trial for insanity. Physicians testified that she was an imbecile, with the mentality of a child of about 6 or 7 years, although she is now 33; that she was unable to care for herself, and that she should be permanently segregated for her own sake and the protection of society.

The woman claims she has had nine children; all except one have died from neglect. Her husband is now in the tuberculosis hospital. The woman has been in the tuberculosis hospital for treatment, but refused to remain.

No. 102. Female, 21, white.

Has two illegitimate children, 3 and 2 years old, respectively. Was sentenced to 360 days for nonsupport of child; youngest child a ward of the Board of Children's Guardians; older child adopted out from the foundling asylum. Woman was recently arrested for being dressed in man's clothing; she is now in jail awaiting sentence.

No. 76. Female, 19, white.

At Florence Crittenton Mission with baby 1 month old. Has another child 2 years old, now cared for by her mother. Both are illegitimate.

No. 75. Female, 26, white.

No home. Has illegitimate child 14 months old, born at Florence Crittenton Mission; another illegitimate child, a boy of 5 years, is at St. Joseph's Orphan Asylum. He is not normal.

No. 106. Female, 30, white.

Epileptic. Was in Florence Crittenton Mission three years. Has one child 2½ years old; boarded out.

No. 643. Female, 18, colored.

Has "falling spells," probably epilepsy. Had an illegitimate child which died about a year ago. Was married the past summer.

No. 249. Female, 19, white.

Has no parents. Has illegitimate child 8 months old; is in service and is keeping child.

No. 64. Female, 35, white.

Now at Florence Crittenton Mission with 4-months-old baby, but they can not keep her long. Habits unclean. Has a child 2 years old living with her sister in Virginia. Comes from a good family. Her sister has a mentally defective boy.

No. 582. Female, 33, colored.

Has had two illegitimate children, last one born June 2, 1913. An older child is in an institution in New York City. Younger child is in charge of the Board of Children's Guardians.

No. 586. Female, 28, colored.

Is badly crippled. Has had three illegitimate children; the first one is dead; the second one's whereabouts unknown. Her brother-in-law is reported to be the father of the third child, born in 1911; she is now at the Home for the Aged and Infirm.

No. 189. Female, 22, white.

Badly in need of institutional care. A child, colored, was born in 1909 in Florence Crittenton Mission and is now boarded out by Board of Children's Guardians with colored family. Woman now working in Bruen Home.

No. 140. Female, 27, white.

Mother died when girl was a baby. Has kept house for men since she was a small girl. Lived with her brother in Langdon and there had a child by him in 1911. They were threatened with arrest and came to Washington, where her brother committed suicide soon after.

No. 676. Female, 35, white.

Crippled. Two illegitimate children are being cared for by her brother and sister.

No. 787. Female, 30, white.

Paralytic and crippled. Was pronounced feeble-minded by a physician, taken charge of by Board of Children's Guardians in 1896, and boarded out. In 1905 had an illegitimate child whose father she claimed was the man in the family keeping her. This man agreed to support both, but has since died. Woman now again being boarded out by Board of Children's Guardians.

No. 649. Female, 21, colored.

Epileptic. Girl's mother had 15 or 18 children. This girl and a younger sister have had illegitimate children.

No. 137. Female, 26, white.

Has had three illegitimate children, two of them now dead. Woman is in service and has the third child with her.

No. 237. Female, 24, white.

Has had two illegitimate children. Her mother is thought to be mentally defective.

No. 639. Female, 28, colored.

Very defective mentally. Has had three illegitimate children and is soon to have a fourth. Lives with a man said to have a wife and children in the city. The three children are boarded out by the Board of Children's Guardians.

No. 799. Female, 35, white.

Taken into a family from the foundling asylum when quite young; afterwards sent to Industrial Home School. When about 16 years of age was sent to the Bruen Home and later gave birth to child which died soon afterwards. Lived at the Bruen Home for several years as a helper. Appears idiotic. Was married during the past winter.

III. CHILDREN TOO DEFECTIVE TO ATTEND SCHOOL.

No. 93. Male, 11, white } Brothers.
No. 94. Male, 13, white }

Have been in public school and are now in parochial school, but the principal says it is impossible for them to learn. There are nine children in the family; all but these two appear normal. The family have almost no furniture and the house is very dirty. The children seen by the visitor were dirty and ragged.

No. 479. Female, 10, white.

Attended a parochial school, but was so defective she could not be allowed to be with the other children; would eat food from the garbage pails in preference to her own lunch. Has recently been sent to the Government Hospital for the Insane.

No. 16. Female, 7, white.

Mongolian type of feeble-minded. Very defective; badly in need of institutional care.

No. 371. Female, 16, white.

Not now in school. Her behavior has caused neighbors to report case frequently to attendance officer. The mother is also defective, and the father a "dope fiend."

No. 534. Male, 15, colored.

Has been in Government Hospital for the Insane; can not read; can count and make change. Did good work in chair caning and basketry when in an atypical school; now working as an errand boy in a grocery store.

No. 181. Male, 12, white.

Was removed from Virginia Training School in July, 1914. Is an epileptic and needs care; is a nuisance in the neighborhood.

No. 285. Male, 16, white.

Paralyzed on left side. Never attended school; does not know the alphabet; sells papers; lives with an aunt.

No. 541. Female, 9, colored.

Too defective mentally to go to school; the mother, a widow, is a day worker and has to employ some one to care for the child while she is away.

IV. CHILDREN IN SPECIAL SCHOOLS TOO DEFECTIVE TO BENEFIT BY SUCH TRAINING.

No. 539. Female, 14, colored.

In an atypical school; has no idea of what has been taught when the lesson is over. A sister also defective.

No. 375. Female, 16, white.

Has attended an atypical school, but can not learn.

No. 572. Female, 7, colored.

Mental condition so bad she could not profit by attendance at an atypical school.

No. 565. Female, 12, colored.

Goes to atypical school when older sister can take her, but mentally incapable of benefiting by school attendance; physically defective also.

No. 222. Male, 8, white.

An atypical-school teacher says she is unable to teach the boy anything.

No. 219. Female, 14, white.

Imbecile. Can not talk; grins when asked questions. Was kept in first grade of regular school six years and then sent to an atypical school at the age of 13. Did not know how to go up or down stairs when she came to the atypical school, but has now been taught to put up one foot after the other.

No. 9. Female, 14, white.

Epileptic and feeble-minded. Has been in an atypical school only a couple of weeks. Uses bad language and is likely to demoralize the other children.

No. 228. Male, 14, white.

Teacher in atypical school reported that she felt she had been unable to instruct him during the three years he had been in the school.

No. 338. Female, 13, white.

Plainly an institutional case. At the age of 7, when she entered the atypical school, she could not get up or down without assistance. It took three months to get her fingers exercised so she could hold a pencil. Can now understand and answer questions fairly well. Has a brother who is very defective.

No. 153. Male, 18, white.

Is about five years old mentally, although as large as a man; attends atypical school.

V. MENTAL DEFECTIVES WHOSE FAMILIES ARE UNABLE TO PROVIDE PROPER CARE.

No. 23. Male, 18, white.

This boy and his brother, 16 years of age, also very defective, belong to a family of seven children, four of whom are living. Two older brothers are working. This boy attended an atypical school for three years but could not learn and had a bad influence over the other boys. Can do errands, but can do no work for which he could be paid. His mother thinks she can see some improvement in his condition. The 16-year old boy has never been to school. The two boys are a great care to their mother, who would be glad of a place to put them where they could be cared for and taught. The family is unable to pay full tuition, but could pay something. They are in moderate circumstances and have a neat home. The boys hang around the public school. They are often annoyed by the other children and are a menace to the neighborhood, but the mother says she can not keep them in the house all the time.

No. 488. Male, 17, white.

Was unable to progress further than the fourth grade in school; has not been to school for three years; can not keep a position; has one brother at the Virginia Training School; two other brothers are normal. The family are in comfortable circumstances, but the mother worries constantly for fear of what he may do as a result of his uncontrollable temper. His parents would like to put him in an institution.

No. 427. Male, 9, white.

Appears perfectly normal for about two weeks each month, then gradually goes to pieces and frequently goes away from home for two or three days; when found claims he has eaten bread and milk taken from doorsteps and has slept in vestibules. Mother would like to put him in an institution. He has an aunt who is mentally defective—No. 64.

No. 754. Male, 10, colored.

Can not stand or walk and his speech is limited to the words "bread" and "water," and a sound that is understood to be his sister's name; can not feed himself; sits in a chair and works his arms and legs spasmodically and laughs; has just been returned from Washington Asylum Hospital, as nothing could be done for him there; mother is a widow and works out; she has two other children.

No. 317. Male, 25, white.

Has never been able to attend school; mother spent one winter trying to teach him his alphabet, but he does not know it now; does not do anything; parents are unable to pay for institutional care, although they could pay part; he is too old for existing institutions. The mother is breaking down under the long strain, and the doctor has said the son must be put somewhere. He has one sister who is normal.

No. 741. Male, 38, colored.

Can not talk, but can feed himself; he can chop wood, but is not competent to go on errands. He is boarded and cared for by his brother.

No. 194. Male, 34, white.

Very defective; can not read or write nor do any work; he is cared for by his widowed mother and sister.

No. 408. Female, 13, white.

Very much in need of institutional care; can not talk or be made to learn anything; not in school.

No. 647. Male, 6, colored } Twins.
No. 648. Male, 6, colored }

Both boys are unable to walk or talk; family very poor.

No. 412. Female, 11, white.

Was in second grade of regular school; sent to atypical school, but has recently been excluded from school by the board of health. No teacher will keep her because of her bad habits. The mother is a "dope fiend."

No. 82. Male, 15, white.

Not in school; should be in an institution; father is said to be mentally defective.

No. 425. Male, 20, white.

Harmless, but very defective mentally; helps at home and takes care of the baby; needs institutional care.

No. 774. Female, 8, colored.

Mentally incapable of ever attending school; could probably be taught to do handwork; father is sickly and partially incapacitated for work; mother takes in washing. There are nine other children.

VI. DEFECTIVE DELINQUENTS DETRIMENTAL TO THE WELFARE OF THE COMMUNITY.

No. 348. Male, 10, white.

Has been examined and declared to be in need of institutional care. Has been before the juvenile court for stealing.

No. 30. Female, 18, white.

Mother is dead; there are nine children; older sister is in charge of home. This girl is a good housekeeper and has a sweet disposition, but has bad influence over the other children of the family. A great problem to the father.

No. 303. Male, 14, white.

Orphan. Unable to study, but works well under direction; was boarded out with a family for two or three months, but was returned to an asylum in bad condition; a great detriment to other children, who also worry him into a very nervous condition.

No. 88. Female, 8, white.

Attends an atypical school. Was assaulted when 7 years of age and is in constant danger owing to her mental condition.

No. 505. Male, 14, white.

Has attended an atypical school. This boy and a brother three years younger have been in the Industrial Home School; have also been before the juvenile court for stealing. Boy has been in Children's Hospital three times. The family has been helped for years by public relief agencies. There apparently is insanity in the family. The father has been in hospital for observation, but a physician declared he was not insane; he is an habitual drunkard; has been in the workhouse; his father is said to have been insane at the time of his death, and a brother is insane at times. There are five children in the family; the baby is said to be abnormal.

No. 300. Male, 25, white.

Never learned to read or write. Has served sentence for larceny and has viciously assaulted his mother.

No. 97. Male, 20, white.

Feeble-minded and very immoral and has evil tendencies. Was doing fourth-grade work at the age of 16. Now working.

No. 358. Male, 19, white.

This boy was recently sent to the Home for the Aged and Infirm because he would not work and was considered an undesirable person to have at large. He left after having been there 11 days and now is wandering the streets. The family does not know where he is. The father deserted the family three years ago; the mother is employed in a factory. There are four children; the oldest girl is in the Industrial Home School; the second girl is in the Pennsylvania Training School; and a boy is in the National Training School.

VII. MENTAL DEFECTIVES WHO ARE ALSO PHYSICALLY DEFECTIVE.

No. 547. Male, 23, colored.

Epileptic. Unable to learn; some of the best physicians in Washington and Baltimore have failed to improve his physical condition; has to be attended like a baby at times.

No. 312. Male, 16, white.

Epileptic. Declared to be in a state of mental deterioration and in need of special institutional care.

No. 627. Female, 10, colored.

Is blind and can not talk, but understands what is said to her; can not feed herself or care for herself in anyway; has been boarded out by the Board of Children's Guardians since she was a year and a half old.

No. 622. Male, 15, colored.

No father; mother works out by the day, and brother, 13 years old, is often kept out of school to care for him; sometimes neighbors help; partially paralyzed, but can walk and understands what is said to him. Does not dress himself and does not talk; has idiotic expression; the home seems comfortable; no other children.

No. 665. Female, 11, colored.

Badly crippled; uses crutches; never attended school.

No. 149. Male, 13, white.
No. 150. Male, 13, white. } Twins.

In an atypical school; these boys seem to have no control of their limbs; they reel down the steps as if they were drunk; they are brought to school in a wagon; another brother slightly defective.

No. 781. Female, 18, white.

Unable to walk or control her limbs; has been two years in hospital; was sent to the Home for the Aged and Infirm three years ago.

No. 791. Female, 12, white.

Very defective physically; can not make any intelligible signs nor indicate her wants; is kept out of doors in an invalid chair during the day; parents able to provide for her while they live.

VIII. MENTALLY DEFECTIVE WOMEN LIKELY TO BECOME VICTIMS OF IMPROPER TREATMENT.

No. 143. Female, 20, white.

Has attended an atypical school and learned to write her name, but was withdrawn by her parents because girls in the school who were older and less defective taught her undesirable things and men spoke to her on the street; now staying at home.

No. 3. Female, 17, white.

Has been in an atypical school, but can not go and come alone; she has given the worker in charge of a playground a great deal of trouble; grown men would hang around the playground and cause annoyance until the worker would be compelled to take the girl home; her mother is dead.

No. 470. Female, 16, white.

Has been brought before the juvenile court for bad behavior on the street; she had an Italian arrested, claiming he was the father of her child.

No. 790. Female, 16, white.

This girl lives with her sister, but the latter can not restrain her and is unwilling to keep her; she was found in the company of a man in Baltimore by a deaconess and sent to Sibley Memorial Hospital, where she remained three months, but was dismissed from there, as she was not a hospital patient; the sister has since applied for readmission for her, but was refused.

No. 460. Female, 23, white.

The mother is dead; father a drunkard; she lived with married sister until turned out because of her behavior and influence; would call men in from the street to introduce them to her nieces; she was sent by the Board of Charities to Florence Crittenton Mission—for lack of a better place—after she had been arrested, having applied for admission to a rooming house after midnight.

No. 238. Female, 17, white.

Has attended an atypical school, but was removed by parents because there was but one other girl in the school and because she learned bad language from the boys; she has a violent temper; her mother would be glad to put her in an institution, as she is fearful of what may happen to her; the family could pay something for her care.

No. 65. Female, 21, white.

Has been too defective to attend school; unable to go about alone; parents are able to care for her at present, but are constantly worried for fear of what may happen to her.

No. 70. Female, 16, white.

The mother thinks it unwise for her to attend the atypical school, as she believes it unsafe for her to go to and from school alone. Girl has been in Pennsylvania Training School, but parents insisted on having her brought home. They would be willing to put her in an institution if there were one near enough for them to visit her.

IX. ADULTS WHO MIGHT HAVE PROFITED BY INSTITUTIONAL TRAINING.

No. 685. Male, 20, colored.

Has never been in school; should be in an institution; works about the house; can sweep and dust; can not go about alone; can do errands, if not sent for more than one thing at a time; family in moderate circumstances.

No. 587. Male, 16, colored.

Epileptic and mentally defective; never advanced beyond the first grade in public school; was a normal child until 7 years of age, when he had scarlet fever; is now in Government Hospital for the Insane in ward with 25 or 30 others; helps clean the ward sometimes, but would be able to do other work if it could be provided; is very much dissatisfied with his surroundings and begs to be brought home.

No. 269. Male, 21, white.

Epileptic. His condition was caused by an attack of spinal meningitis at the age of 9 months. He is melancholy, as he realizes that he is not normal. An institution where he could be taught an occupation and be employed would be a great benefit. Family would be glad to put the boy in an institution if there were one nearby. He is a constant worry to his mother.

X. CASES INDICATING DEFECTIVE STOCK.

No. 715. Female, 5, colored.

In Government Hospital for the Insane. Father has been under observation at Washington Asylum Hospital. Grandfather in Government Hospital for the Insane since 1891. Great-aunt (on father's side) died in the Government Hospital for the Insane in 1898.

No. 373. Male, 40, white.

Painter. Has epilepsy. Reported to be of low moral character. Wife tubercular. A son of 10 has shown signs of feeble-mindedness. A daughter of 8 has very bad habits.

No. 789. Male, 11, white.

Father died in insane asylum. The boy has been recommended for the Vineland Training School by his physician.

No. 389. Female, 16, white.

In an atypical school. Her mother said to be defective, as is also the mother's sister.

No. 361. Female, 18, white.

In Virginia Training School. Mother is in Government Hospital for the Insane (feeble-minded); brother and sister in Industrial Home Training School.

No. 310. Male, 10, white.

In Pennsylvania Training School, sent by Board of Children's Guardians. Mother (case 311) now in Government Hospital for the Insane (feeble-minded).

No. 90. Male, 28, white.

Unable to work on account of mental condition; has a sister in the Government Hospital for the Insane.

No. 426. Male, 14, white.

Attends atypical school; knows almost nothing. Has a defective brother. Mother is also considered defective.

No. 123. Male, 8, white
No. 124. Female, 10, white } Brother and sister.

Parents both defective; 5 children, all considered defective. Parents will not allow them to attend atypical school, and teachers in the regular schools will not keep them.

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