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U. S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

JULIA C. LATHROP, Chief

A SOCIAL STUDY OF MENTAL
DEFECTIVES IN NEW CASTLE
COUNTY, DELAWARE

BY

EMMA O. LUNDBERG

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INTEGRITY AND ETHICS

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LETTER OF TRANSMITTAL.

U. S. DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,
Washington, January 22, 1917.

SIR: Herewith I transmit the report of a study made by the Children's Bureau into the social conditions and needs of mentally defective persons in New Castle County, Del. This study was undertaken at the request of the Delaware Cooperative Educational Association. It is part of a general survey of educational and social needs in Delaware, in which the Bureau of Education and the Public Health Service also have engaged.

The report affords general evidence as to the social injury and personal suffering caused by the presence in any community of mentally defective persons who lack suitable care. The conditions found in Delaware are of nation-wide interest because they are typical of large areas of this country in which there is no adequate provision for the protection of the feeble-minded.

The Public Health Service cooperated in this inquiry by placing at the disposal of the Children's Bureau the results of the mental examinations of school children in New Castle County made by Dr. E. H. Mullan.

This study was made under the direction of Miss Emma O. Lundberg, who prepared the report with the assistance of Miss Katharine F. Lenroot. The field work was done by Miss Cyrena V. Martin, Miss Marion Schaffner, Miss Ethel M. Springer, and Miss Nellie M. Quander.

Respectfully submitted.

JULIA C. LATHROP, *Chief.*

HON. WILLIAM B. WILSON,
Secretary of Labor.

MEMORANDUM FOR THE BOARD OF DIRECTORS

Subject: [Illegible]

[The following text is extremely faint and largely illegible. It appears to be a memorandum or report, possibly discussing financial matters or bank operations. Key words that are faintly visible include "Board of Directors", "Federal Reserve Bank", and "St. Louis".]

A SOCIAL STUDY OF MENTAL DEFECTIVES IN NEW CASTLE COUNTY, DEL.

PURPOSE AND METHOD OF STUDY.

No State has as yet made adequate provision for mental defectives. In considering how best to meet the need for increased care and protection it is coming to be recognized that the problem is a complex one which can not be solved by any one measure. The adequacy of the care and protection which can be given a mentally defective individual in his own home depends upon the economic circumstances and character of the family. Furthermore, mental defectives vary as to the kind of care and training and the amount of supervision needed. Public provision for the care and protection of mental defectives is urgently needed for two classes:

1. Those who are delinquent, degenerate, or uncontrollable and thus constitute a menace to the home, school, and community.

2. Those who are deprived of normal home life or whose families can not give them the necessary care and protection.

The Children's Bureau undertook an investigation in New Castle County, Del., for the purpose of securing social data in regard to the conditions under which mental defectives live, the problems involved in the lack of proper facilities for their care, and the extent of the need for public supervision and institutional provision. The Children's Bureau made no examinations of mentality, but used as a basis for social investigations the results of mental examinations made available by the Public Health Service and diagnoses by other physicians competent to determine mentality. The investigation was begun in the fall of 1915, and the field work was completed in July, 1916.

The only provision in Delaware for the care and training of mental defectives is the State fund for the maintenance of 14 Delaware children in the Pennsylvania Training School for Feeble-minded Children at Elwyn, Pa. An effort is being made to secure more adequate provision in the State.

The population of Delaware according to the estimates of the Bureau of the Census for July 1, 1916,¹ was 213,380. New Castle County, the northern of the three counties of the State, had an estimated population of 131,670. The population of this county has increased very materially since 1910, owing to the unusual industrial conditions of the past two years. The county includes Wilmington, the only large city in the State, which, according to the census esti-

¹ Bureau of the Census Bulletin No. 133, p. 15.

mates for 1916, had a population of 94,265. There are a number of small towns in the county, the largest of them having a population of about 4,000. Seventy-four per cent of the population in 1910 was urban (living in cities of 2,500 or more). Part of the county is practically suburban to Wilmington or to Pennsylvania cities.

The population of New Castle County, as well as of the State as a whole, is chiefly native white. In this county, according to the 1910 census, 74.2 per cent of the population were native white, 13.1 per cent were foreign-born white, and 12.7 per cent were colored. Within the last two or three years the population of the county has become more heterogeneous through an influx of foreign laborers.

New Castle County has large industrial establishments. Manufacturing is carried on in the smaller towns as well as in Wilmington. Agriculture, especially dairying, is an important occupation. Conditions in this county are very different from those prevailing in the southern part of the State, where the population is almost entirely rural and the raising of fruits and vegetables is the principal industry.

In preparation for an intensive study of individual defectives a rapid survey was made of social agencies and institutions and general social conditions of the State. Information was secured in regard to existing resources for dealing with the problems of defect, dependency, and delinquency, including utilization of facilities of other States.

A list of supposed mental defectives in New Castle County was secured through the cooperation of all institutions in the State having inmates who came from this county, social agencies of all kinds, public and parochial schools, county and State officials, workers dealing with problematic children, and private individuals in all parts of the county having special knowledge of conditions. Only persons in the county at the time of the investigation and those who were temporarily away from home but whose families lived in the county were included in the study. Inmates of institutions in New Castle County admitted from outside the county were not included.

In order to determine which of the individuals reported were definitely defective, diagnoses were secured for as many of the cases as possible. The mental examinations of school children in New Castle County made by the United States Public Health Service materially aided in this.¹ These examinations covered all children in the schools of New Castle County outside of Wilmington and a selected list of Wilmington school children. A considerable number of mental defectives studied were or had been formerly inmates of the Delaware Hospital for the Insane, or had been under observation of hospitals and clinics in neighboring States and therefore had received adequate

¹ U. S. Public Health Service, Public Health Reports, vol. 31, No. 46, Nov. 17, 1916. Mental Status of Rural School Children, pp. 3174 ff.

diagnosis. An additional number of cases had had physical and mental examinations by local physicians. Some cases were of such low-grade mentality that they could be classified as feeble-minded without mental examinations.

Inmates of institutions for juvenile delinquents examined and found feeble-minded were included. It was impossible to present adequate data concerning inmates of institutions for dependents, since no mental examinations had been made. From the latter institutions, therefore, only a few cases which had been examined previously or which were unquestionably feeble-minded were included as positive cases. The recent provision for examination of delinquent children and of such dependent children as come before the Wilmington juvenile court will undoubtedly in time be extended to include all children of doubtful mentality in the care of agencies and institutions.

The list of possible mental defectives secured from all sources was analyzed into three groups of cases:

1. Positive cases of mental defect.
2. Questionable cases.

3. Cases dropped because probably not feeble-minded. Among these cases were 15 epileptics excluded from the positive or questionable cases because there was no evidence of mental deterioration.

"Positive cases" included those diagnosed as mentally defective by competent authority and those of so low a grade of mentality as not to require examination.

"Questionable cases," or cases of probable mental defect, included those of doubtful mentality who were not given mental examinations and those for whom positive diagnoses could have been made only after more prolonged observation than it was possible for the examining physician to give.

Individuals adjudged mentally defective through diagnoses or because they appeared to be obvious cases were followed further. Information was secured by means of investigation of home conditions supplemented by school records and by data secured from agencies and institutions and from individuals having particular knowledge of the cases studied. The points covered included economic status and character of the family; physical conditions and developmental history; personal characteristics; school history and attainments; occupational history and economic efficiency; social reactions, including delinquencies and other antisocial tendencies; and ability of the family to care for and safeguard the defective individual. Social data less extensive than those secured for the positive cases were obtained for cases of questionable mentality.

POSITIVE CASES OF MENTAL DEFECT.

NUMBER, LOCATION, AND GENERAL DATA.

Two hundred and twelve positive cases of mental defect were studied in New Castle County. Of these, 138 had been diagnosed as defective by a surgeon of the Public Health Service or other alienist or physician competent to determine mentality, and 74 were such low-grade defectives that mental examinations were not required. It must be borne in mind that this number did not include all of the individuals in New Castle County who were mentally defective. The difficulty of making mental diagnosis in the higher grades of defect and of securing mental tests of individuals not in schools or institutions or under the care of agencies rendered it impossible to obtain a complete count of mental defectives in a general investigation. These 212 mental defectives included as positive cases constituted a minimum of the number who were dependent, delinquent, or problematic individuals in the community.

One hundred and thirty-two mental defectives, 62 per cent of the positive cases studied, were at large in the community, living in their parental homes, with relatives, in foster homes, in homes of their own, or having no permanent place of abode.

Eighty mental defectives were receiving permanent or temporary care in some kind of an institution; but only 12, or 5.7 per cent of the total number, were in an institution designed for the care of the feeble-minded.

Of the total number of mental defectives studied, 159 were white and 53 colored. The proportion of colored persons among the defectives was considerably higher than that in the general population of this county. One hundred and twenty-six of the mental defectives were males and 86 were females.

TABLE 1.—*Mental defectives at large in the community and in institutions, according to color, age, and sex.*

Color and age.	Mental defectives.								
	Total.	Male.	Female.	At large in community.			In institutions.		
				Total.	Male.	Female.	Total.	Male.	Female.
Total.....	212	126	86	132	73	59	80	53	27
White.....	159	86	73	99	48	51	60	38	22
Under 7.....	3	2	1	2	1	1	1	1	.....
7 to 13.....	40	24	16	37	22	15	3	2	1
14 to 17.....	49	25	24	31	12	19	18	13	5
18 to 20.....	13	5	8	10	3	7	3	2	1
21 to 44.....	44	25	19	17	9	8	27	16	11
45 and over.....	10	5	5	2	1	1	8	4	4
Colored.....	53	40	13	33	25	8	20	15	5
7 to 13.....	15	14	1	10	9	1	5	5	.....
14 to 17.....	16	11	5	8	5	3	8	6	2
18 to 20.....	6	6	.....	4	4	.....	2	2	.....
21 to 44.....	12	7	5	9	6	3	3	1	2
45 and over.....	4	2	2	2	1	1	2	1	1

The small number of children under 7 years of age reported, only 3 in all, indicates the difficulty of determining mentality at an early age. Between the ages of 7 and 13 inclusive were 38 boys and 17 girls. The marked preponderance of boys in the 7 to 13 year age group of mental defectives can probably be accounted for by the fact that in many cases children are not recognized as mental defectives until they become socially troublesome. This occurs as a rule at a later age among girls than among boys, since the type of delinquency of girls is usually moral waywardness. In the 14 to 17 year group were 36 boys and 29 girls. Eleven boys and 8 girls were 18 to 20 years of age. Of the defectives 21 years of age and over, 39 were men and 31 were women.

One hundred and forty-two mental defectives were under 21 years of age, as compared with 70 who were 21 years and over. The number of children is relatively large, partly because this study was concerned primarily with defective children and also because of the difficulty of securing mental examinations of adults. Almost half of the adult cases for whom sufficient information was obtained to warrant classification as mental defectives were in the hospital for the insane.

Recurrence of mental defect was found in 6 families having 2 or more children who were mentally defective. In these 6 families there were 17 feeble-minded children. In 2 of these families the mothers also were feeble-minded. Mental examinations showed that 6 children of 1 family were mentally defective, the only other child being too young for diagnosis. In addition to these families there were 8 children in families other members of which are classified in this report as of questionable mentality. A considerable number of other families having defective children were of a low grade and degenerate type, the father or mother or other children being reported as mentally below normal.

HOME CONDITIONS OF MENTAL DEFECTIVES AT LARGE IN THE COMMUNITY.

The needs of the defective individual and the welfare of the community both must be considered in any attempt to determine the extent and meaning of the problem of mental deficiency. What are the home conditions surrounding mental defectives? Are they receiving adequate care, protection, and training? How serious is the burden imposed upon the family by the presence in the home of defective children, especially those of very low grade?

TABLE 2.—*Mental defectives at large in the community, according to location, color, age, and sex.*

Color and age.	Mental defectives at large in community.																	
				In parental homes.			With relatives.			In foster homes.			In own homes.			Having no homes.		
	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.
Total.....	132	73	59	99	58	41	10	8	2	9	6	3	3	.....	3	11	1	10
White.....	99	48	51	75	39	36	6	4	2	6	4	2	1	.....	1	11	1	10
Under 7.....	2	1	1	2	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7 to 13.....	37	22	15	32	19	13	2	1	1	3	2	1	.....	.....	.....	.....	.....	.....
14 to 17.....	31	12	19	23	9	14	2	1	1	3	2	1	.....	.....	.....	3	.....	3
18 to 20.....	10	3	7	7	3	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	.....	3
21 to 44.....	17	9	8	10	6	4	2	2	.....	.....	.....	.....	.....	.....	5	1	.....	4
45 and over.....	2	1	1	1	1	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....
Colored.....	33	25	8	24	19	5	4	4	.....	3	2	1	2	.....	2	.....	.....	.....
7 to 13.....	10	9	1	8	8	.....	1	1	.....	1	.....	1	.....	.....	.....	.....	.....	.....
14 to 17.....	8	5	3	5	2	3	2	2	.....	1	1	.....	.....	.....	.....	.....	.....	.....
18 to 20.....	4	4	.....	3	3	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	.....
21 to 44.....	9	6	3	8	6	2	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....
45 and over.....	2	1	1	.....	.....	.....	1	1	.....	.....	.....	.....	1	.....	1	.....	.....	.....

Ninety-nine of the 132 mental defectives at large in the community in New Castle County were living in their parental homes; 19 were being cared for by relatives or in foster homes; 3 were living in their own homes; and 11 had no permanent place of abode.

Living in parental homes.

The coincidence of mental defect and low grade of environment was striking. Of the 99 mental defectives in their parental homes 43 belonged to families having very small and irregular incomes barely sufficient to maintain the family, while 13 were in families more or less dependent upon public or private charity, making a total of 56 either dependent or on the verge of dependency. Of the remaining 43 only 4 or 5 were in what might be called well-to-do families. The majority of them were in homes of wage earners who at the time of the study were financially able to provide for their defective children. In 5 of these cases, however, there were abnormal home conditions, due to death of the mother, to alcoholism, insanity, or low mentality of the parents.

TABLE 3.—*Mental defectives at large in the community, according to location and living conditions.*

Location.	Mental defectives at large in the community.		
	Total.	Living conditions.	
		Favorable.	Unfavorable.
Total.....	132	49	83
White.....	99	39	60
In parental homes, income adequate.....	36	32	4
In parental homes, very low income.....	39	4	39
With relatives.....	6	4	2
In foster homes.....	6	3	3
In own homes.....	1		1
Having no homes.....	11		11
Colored.....	33	10	23
In parental homes, income adequate.....	7	6	1
In parental homes, very low income.....	17		17
With relatives.....	4	2	2
In foster homes.....	3	2	1
In own homes.....	2		2

Of the 56 defective individuals belonging in families found to have very low and irregular incomes 39 were white and 17 were colored. It will be noted that this represented more than one-half of the white and nearly three-fourths of the colored defectives living in their parental homes.

Only 14 of the 39 white defectives belonging in families having very low incomes were living in home surroundings otherwise favorable. The abnormal home conditions surrounding the other 25 are indicated by the following: In the families of 6 the fathers were dead; in one of these families the mother was reported as of low-grade mentality. In 3 families the fathers had deserted. The fathers of 6 were physically disabled; in one of these families the mother was alcoholic and in another of low-grade mentality. In 7 cases the fathers were alcoholic; in 2 of these families the mothers were mentally subnormal. In 2 cases both father and mother were of low-grade mentality. In 1 family in which the father was reported normal the mother was mentally below normal. In many of these families immoral conditions or very low standards of home life prevailed. The members of one of the families in which the father was alcoholic and the mother was of low mentality were professional beggars.

Four of the mothers whose husbands were dead, physically disabled, or alcoholic were gainfully employed. The number of mothers gainfully employed would undoubtedly have been larger had not the burden of caring for mentally defective children made it impossible for them to work. The feeble-minded children were provided for with the greatest difficulty and were a constant handicap to normal members of the family.

Three of the 17 colored mental defectives belonging in families having very low incomes were living in home surroundings otherwise favorable, although in 1 case the mother was working away from home. Eight of the 14 living in homes where there were other bad conditions in addition to extreme poverty were illegitimate children, 6 of them having mothers reported as mentally defective. In 1 of the 14 cases the father was dead; in 2 cases, deserted; in 2, alcoholic; and in 1 case of low mentality. In 10 of these 14 cases the mothers were gainfully employed, practically all of them working away from home, with consequent neglect of the children.

Cared for by relatives.

Six white and 4 colored mental defectives were under the care of relatives because of death or separation of parents or bad conditions in parental homes. Four of the white and 2 of the colored defectives were receiving adequate care at the time of the investigation; 4 were living under conditions which made it impossible for them to receive proper care. One of these was a 14-year-old boy who had a police record for delinquency. He was living with his aged grandmother, who kept a cheap boarding house. The boy's father was in the workhouse, and the mother was reported to be keeping a house of ill fame. The grandmother was anxious to have the child placed in an institution. Both of the colored boys living under bad home conditions were troublesome and unruly. One of them, 14 years of age, was living with his maternal great-aunt, whose home was poor and filthy. He was an illegitimate child whose mother belonged to a degenerate family in which there were illegitimacy, syphilis, and feeble-mindedness. The other had been abandoned by his mother when an infant. The relative who cared for him was of low-grade mentality and the home was very dirty.

Living in foster homes.

Nine mentally defective children, 6 white and 3 colored, were living with foster parents who had not legally adopted them and therefore had little responsibility or control over the children. Five of these children, 1 of whom had been in court for delinquency, were in good homes. One of these, a boy of 15 whose mother was immoral and alcoholic, had been removed from his home eight years before because of neglect. At the time of the study he was working for his board and seemed to be receiving proper care.

Four were living under detrimental home conditions. Three of these, a boy of 12 and 2 girls 13 and 14 years of age, were living in the same foster home. Two of the children were illegitimate and had been placed in this family by the town authorities after having been abandoned by their mothers. There were, altogether, 7 placed-out children, not related to each other, in this foster home, the family

of 9 living in a four-room house. Five of the children, 3 girls and 2 boys, were of adolescent age. The situation had elements of serious danger, especially since 3 of the children were feeble-minded. The fourth child found living under detrimental conditions was a 14-year-old colored boy who had been brought by his mother when he was a year old to the family with whom he was living. His mother had failed to contribute anything to his support and had visited him only once during the 13 years. The foster-family group consisted of the man and wife; a step-grandson, his wife, and two children; a 28-year-old woman who had been taken by this family as an infant when her mother was committed to an insane asylum; a 13-year-old girl, a distant relative of the family, diagnosed by the Public Health Service as "suspected feeble-minded;" and this feeble-minded boy. The house was poor and dirty, and the boy had little chance of receiving proper supervision.

Living in own homes.

The problems involved in the three cases described as "living in own homes" may be best indicated by citing the cases:

A mentally defective white woman, 45 years of age, herself an illegitimate child from a degenerate family, was the mother of 4 children. Her husband was alcoholic, had a court record, and worked irregularly. The home was neglected and overcrowded, and drunkenness and immorality prevailed. The family was partially dependent on charitable aid. The daughter, who was of questionable mentality, had been an inmate of a reformatory and was living away from home at the time of the study. All of the children were slow and incapable.

A mentally defective colored woman, 31 years of age, was living with her "common-law" husband, who was a heavy drinker. He was the father of one of her two children. The paternity of the other child was unknown. The older child, a girl of 8, was feeble-minded.

A mentally defective colored woman, 51 years of age, was maintaining a home with her brother, her 2 illegitimate feeble-minded sons, and a lodger. Her sons, both over 20 years of age, had never attended school. The mother was too defective to maintain the home properly or to give her sons adequate care.

Having no homes.

Eleven mental defectives, 1 man and 10 women, had no homes. All but 1 were dependent for support upon their own resources. The man was a "neighborhood idiot," who consorted with a rough gang and lived wherever he could find shelter. All of the women were under 30 years of age, 6 of them being from 16 to 19 years old.

Both parents of 3 of the women were dead; the mothers of 2 others were dead, and the father of 1 of these had deserted. In another case the mother had deserted the family. Six of the women had been inmates of institutions for delinquents, and 2 others had court records.

The following cases illustrate the need for institutional provision for mental defectives without home protection:

A girl 17 years of age, who had been on the State's waiting list for admission to the Pennsylvania Training School for three years, had been separated from her own unsuitable family group (consisting of her father and two brothers, all of whom had had reputations) and sent to a sister, who had found her too demoralizing to remain a member of her household. She had recently been sent to live with a family which kept a boarding house. Arrangements were being made to send the girl to Philadelphia to live with an aunt who was the proprietor of a low-grade lodging house for men. Three years before this girl had been in court on a charge of incorrigibility, and she had since been known to the police unfavorably. The year before she had been for a short period in the hospital for the insane, but the family insisted on her release. Public schools, police, park guards, probation officers, charitable organizations, and benevolent individuals had one after another been confronted with her problem, and, lacking facilities for proper institutional care, had failed to solve it.

A 16-year-old girl who had been in an institution for delinquent girls had a reputation for being dishonest and having a low standard of morals. She was working in a boarding house of questionable character. Her mother, an immoral woman, had deserted the family.

A 23-year-old woman whose father was dead and whose mother was in a hospital for the insane had been known to the authorities since she was 13 because of various delinquencies. She had been for a short time an inmate of the hospital for the insane, having been sent there because of her low mentality and degeneracy. She had no fixed residence, and since the age of 20 had been living in immoral surroundings.

PERSONAL CHARACTERISTICS AND SOCIAL REACTIONS OF MENTAL DEFECTIVES AT LARGE IN THE COMMUNITY.

Mental defectives physically handicapped.

Forty-six per cent of the 132 mental defectives not cared for in institutions were to some degree physically handicapped. In most cases the physical disability was such as to aggravate seriously the mental defect and increase the burden of care. The physical defects varied from speech defect to absolute helplessness. In a large number of cases there was a complication of physical disabilities.

The 44 white and 17 colored cases for whom physical defects were reported may be classified as follows:

Absolutely helpless, 9.

Crippled or paralyzed, 10 (including 5 having defective vision or speech also).

Epileptics, 8 (including 3 who were also crippled and 3 having speech defect).

Defective vision, 4 (including 2 who also had defective hearing and speech).

Defective hearing, 5 (including 3 who also had speech defects, 1 of whom could not talk, and 1 having defective vision as well).

Speech defects, 14 (including 4 who had never talked, 3 of whom were also slightly crippled; 1 other also had defective hearing, and 2 were slightly crippled).

Other physical disabilities (including hydrocephalus, cretinism, St. Vitus's dance, cerebral palsy, syphilis, rachitis, etc.), 11 (including 1 who also had speech defect).

The urgent need for custodial care, particularly for those individuals who are absolutely helpless as a result of physical and mental defect, is illustrated by the following cases:

A boy of 17 had been helpless from birth. He was very much undersized; his legs were bent and atrophied; he could not talk. He had to be dressed and fed. The father of the family had deserted six years before. The care of this boy prevented his mother from working, and the family was aided by relatives.

A boy of 21 whose legs were deformed was unable to stand; he could not talk. His family consisted of father, mother, and 2 other children. The father worked irregularly and the mother had difficulty in maintaining the home.

Only two families in which there were mental defectives who were absolutely helpless had incomes at all adequate for proper maintenance of the family. Five families had very low incomes on account of the death, desertion, or intemperance of the father.

The mentally defective child as an educational problem.

Many children so defective mentally that they could not profit by ordinary instruction were attending school during the year 1915-16. Forty white and 11 colored mental defectives 7 to 17 years of age, inclusive, almost three-fifths of the total number of this age group at large in the community, attended school during that school year. The grades for 2 were not reported. Twenty-five children were still in the first grade, although only 4 of them were under the age of 10 years. Eight children in the first grade were 10 or 11 years of age; 9 were 12 and 13 years old; 2 were 14; and 2 were 17 years of age. Of the 21 children 10 years of age and over still in the first grade, 15 were white and 6 colored.

One of the children in the first grade was a colored boy 17 years of age. He had entered school at the age of 6 and attended through the first term of the school year 1915-16. He had defective sight and speech and could not walk properly. The school authorities finally requested that he be kept at home, as he was receiving no benefit from his attendance. During the 11 years he attended school it was found impossible to teach him even the alphabet.

TABLE 4.—*Mental defectives 7 to 17 years of age at large in the community and attending school, 1915-16, according to age, color, and grade attained.*

Age.	Mental defectives 7 to 17 years of age attending school, 1915-16.													
	Total.	White.							Colored.					
		Total.	Grade attained.						Total.	Grade attained.				
			1st.	2d.	3d.	4th.	5th.	6th.		Not reported.	1st.	2d.	3d.	4th.
Total.....	51	40	18	5	5	6	3	1	2	11	7	3	.....	1
8 years.....	1	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9 years.....	3	2	2	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....
10 years.....	5	5	3	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11 years.....	5	4	4	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....
12 years.....	11	9	5	2	1	.....	.....	1	.....	.....	1	.....	.....	.....
13 years.....	6	4	1	1	1	.....	.....	.....	.....	2	2	.....	.....	.....
14 years.....	11	10	2	1	2	3	1	.....	1	.....	.....	1	.....	.....
15 years.....	5	3	.....	.....	1	.....	.....	.....	.....	2	.....	1	.....	1
16 years.....	1	1	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....
17 years.....	3	1	.....	.....	.....	.....	1	.....	.....	2	2	.....	.....	.....

Twenty-four children were in grades above the first. Of the 8 children in the second grade, 1 was 10 years of age, 4 were 12 and 13 years of age, 2 were 14, and 1 was 15 years old. Five children ranging in age from 12 to 15 years were in the third grade. The highest grade reported was the sixth, reached by one 16-year-old child. Of the 24 children in grades above the first, 20 were white and 4 were colored. Three of the colored children, 12, 14, and 15 years of age, were in the second grade and 1 was in the fourth, although her teacher said she really belonged in the first grade.

A number of children in grades higher than the first were reported as having been promoted simply as a matter of routine, teachers passing them on, after they had spent two or three years in one grade, because they were too large for the grade and their presence was detrimental to the younger children.

Sixteen mentally defective children 7 to 13 years of age, inclusive, one-third of all in this group at large in the community, and 19 of the 39 children 14 to 17 years of age were not attending school during the year the study was made. Of these 35 children not in school, 14 (10 white and 4 colored) had never attended because they were too defective. They were of an age when they might derive benefit from the proper kind of training. Of the children 7 to 13 years of age not in school, 12 were white and 4 were colored; of those 14 to 17 years, 16 were white and 3 colored.

TABLE 5.—*Mental defectives 7 to 17 years of age at large in the community, according to age, color, and school history.*

Age and color.	Mental defectives 7 to 17 years of age at large in the community.					
	Total.	In school, 1915-16.	Not in school, 1915-16.			
			Total.	At- tended pre- viously.	Never attended school.	Previous attend- ance not reported.
Total.....	86	51	35	19	14	2
7 to 13 years.....	47	31	16	5	11	.....
White.....	37	25	12	4	8	.....
Colored.....	10	6	4	1	3	.....
14 to 17 years.....	39	20	19	14	3	2
White.....	31	15	16	12	2	2
Colored.....	8	5	3	2	1	.....

Ten mental defectives 18 years of age and over, almost one-fourth of the total number in this age group, had never attended school. Of the 2 children under the age of 7 not in institutions, 1 was a helpless idiot and the other was so defective that he would probably never be able to attend the regular schools.

Three of the white children under the age of 14 years who were not in school at the time of the investigation, but who had attended formerly, were brothers 7, 9, and 11 years of age. All three went for a short time about a year before the study was made, having had no previous school experience. None of them attended more than part of one term and none made any progress.

A colored child 9 years of age, living in a foster family, attended a public school, and, failing to make progress, entered a parochial school. There he was so stupid and troublesome that he was excluded on account of his bad influence on the other children.

The only schooling a boy of 14 received was at a kindergarten which he entered at the age of 12 but from which he had to be excluded because of his bad influence. A girl of 15 had left school at the age of 14, having reached the third grade. She was reported, however, as being unable to read or write or do the simplest arithmetic. A boy of 16 attended school two or three years, but the other children teased and irritated him and he learned nothing and had to be expelled. Records of older children and of adults indicate similar difficulties involved in attempting to teach defective children in the same classes with those of normal mentality.

The need for special provision for the education of defective children is imperative, for the sake not only of the defective himself but

also of school children of normal mentality. Mental defectives who are also physically handicapped are in particular need of special training. The combination of physical and mental defect makes it practically impossible to do anything for them in the regular schools.

The fact that some mentally defective children who have been absolute failures in school are able to do simple manual work indicates that they might have benefited greatly by some kind of industrial training.

Mental defectives as industrial inefficient.

Recent agitation for such measures as workmen's compensation and a minimum wage have forced upon public attention the problem of those who because of defective intelligence can not exercise the discretion necessary to avoid industrial accidents and who can not compete on equal terms with their fellow workers. Furthermore, investigations into the causes of unemployment have emphasized the large number who are unemployable because of physical or mental handicaps.

Eighteen of the 60 white and 9 of the 23 colored mental defectives 14 years of age and over living at large in the community had been employed in some sort of gainful occupation. In almost every case the employment had been very irregular, the task simple in character, and the work poorly performed. Some of these individuals were reported, however, as working satisfactorily under supervision.

The following cases illustrate the helplessness and inefficiency of mentally defective individuals whose training and employment are left to chance:

A boy of 16 did simple errands and odd jobs. He was incapable of doing other than the lowest grade of work.

A girl of 16 left school at 13 to go to work, falsifying her age to secure employment. She had not made any progress in school. She was employed in a mill for a time, but was a very poor worker. She was not employed at the time of the investigation.

A girl of 17 did scrubbing for her neighbors. She could not work except under supervision.

A man of 24 worked in a factory for a month at \$8 a week; he was discharged because of inefficiency. He worked in several other places for short periods, but was never able to hold a position long.

A man of 22, who had been in school six years but never advanced beyond the first grade, had worked occasionally as an errand boy. He failed at another simple employment because people took advantage of him. He had shown a slight aptitude for mechanical work, which had been undeveloped because of lack of training.

A boy of 17 was unable to do regular work because of epileptic seizures. He had worked occasionally at odd jobs. He would be able to do farm work under favorable conditions.

The increased efficiency resulting from training and supervision is illustrated by the case of a girl of 22 who was for three years an inmate of an institution for delinquents, receiving domestic training there. She was under supervision for four years after leaving the institution. She was willing and a good worker and was able to be self-supporting but not self-directing. Other cases illustrate ability to perform household tasks or other simple work if the defective is given the proper training and direction. The possibility of teaching the feeble-minded special trades is illustrated by the case of a man of 24 whose father had taught him to cane chairs. He worked at home and did satisfactory chair caning, but both he and his mother, with whom he lived, were unable to make change correctly and protect themselves against exploitation. Under proper supervision this man would undoubtedly be self-supporting.

Institutions for the feeble-minded have demonstrated that training and opportunity to work under supervision is of distinct benefit to many mental defectives and lessens the burden of their support.

Mental defect as a social menace.

The social burden of feeble-mindedness is heaviest when defective individuals are delinquent or immoral. Mental defectives through lack of judgment and self-control are easily led into wrongdoing. Many of the defectives studied were living under conditions making wholesome family life impossible, and the coincidence of bad environment and mental defect aggravated antisocial tendencies. The various social relations in which a mentally defective person constitutes a problem are indicated by the large number of officials, teachers, physicians, persons concerned with delinquents and dependents, welfare workers, and private individuals who furnished information in regard to cases known to them. Especially significant is the number of different sources from which the same defective individuals were reported.

Forty-six, or 35 per cent, of the 132 mental defectives at large in the community were reported as delinquent, degenerate, or uncontrollable. Twelve of them were living under favorable home conditions, 11 being cared for in their parental homes. Thirty-four were living under unfavorable home conditions—18 in parental homes, 4 with relatives or in foster homes, and 12 in homes of their own or without permanent homes.

TABLE 6.—*Mental defectives at large in the community, according to home conditions and character.*

Home conditions.	Mental defectives at large in the community.		
	Total.	Of good character so far as known.	Delinquent, degenerate, or uncontrollable.
Total.....	132	86	46
Favorable home conditions.....	49	37	12
Parental homes.....	38	27	11
Relatives' or foster homes.....	11	10	1
Unfavorable home conditions.....	83	49	34
Parental homes.....	61	43	18
Relatives' or foster homes.....	8	4	4
Own homes or having no homes.....	14	2	12

Eighteen of the 46 had delinquency records, 8 of them being former inmates of an institution for delinquent girls and 8 males and 2 females having court or police records. Twenty-one males and 7 females were classed as degenerate or immoral, unmanageable, or concerned in various kinds of minor misdemeanors. In some instances it was reported that the misdemeanants would have been arrested if their defect had not been generally recognized.

The menace of delinquent and unmanageable defectives to the home, school, and community is illustrated by many of the cases studied, of which the following are examples:

A girl of 23 had been known to a charitable agency since 1903. At that time her family was destitute, irresponsible, and depraved. Soon afterwards her father died. Her mother was in a hospital for the insane at the time this study was made. After her father's death this girl spent a few months in an orphanage. At the age of 13 she was begging on the streets. At 20 she was discovered in vile surroundings, living with a degenerate family. Soon afterwards she was reported as frequenting disorderly houses in Philadelphia. She was brought back to Delaware and committed temporarily to the hospital for the insane. After a brief residence there she returned for a time to the degenerate family with whom she had previously lived. The hospital for the insane was too crowded to readmit her. She married a worthless man, whom she shortly deserted to live with another man. Later she went back to her husband, but he turned her out.

A boy of 24, exceedingly untruthful, was alcoholic and a cigarette fiend. He had a violent temper and was always threatening to kill some one. He obtained money from neighbors under false pretenses, and stole everything that he could lay his hands on. He used his younger brother as a tool in his wrongdoing. His associates were delinquent boys. Although he came of a good family his parents considered him completely beyond their control. He had been in the hospital for the insane for three years, but had been released several years before.

The relation between low mentality and illegitimacy is brought out by the fact that 7 mental defectives; 3 white and 4 colored, were mothers of illegitimate children, and that 20 defectives, 6 white and 14 colored, were themselves illegitimate. The 7 mothers had had 14 illegitimate children. Two of these mothers were only 17 years of age. One feeble-minded colored woman, herself illegitimate, had 2 illegitimate children, both of whom were imbeciles. Another feeble-minded colored woman had had 2 illegitimate children. One mentally defective colored woman was known to have had 6 illegitimate children. Two of her children were low-grade feeble-minded and two others, who had died, were reported as having been feeble-minded. The mother of 3 illegitimate mental defectives was reported of low-grade mentality. The mother of a feeble-minded illegitimate boy was described as "simple" and "foolish."

Illegitimate children are usually without normal family protection. Feeble-minded children who are illegitimate are in particular need of public supervision. Only 8 of the 20 illegitimate mental defectives were being cared for in their parental homes. All of the 8 were colored. Three of the 6 white children who were illegitimate were in institutions, 2 were in foster families, and 1 was living in her own home, where very immoral conditions prevailed. Two of the colored illegimates were in institutions and 4 were in the homes of relatives or in foster homes.

MENTAL DEFECTIVES IN INSTITUTIONS.

While the mental defectives from New Castle County in institutions are not a present menace to the community, they are a potential danger because they are not permanently provided for. Those in institutions not adapted for the care of the feeble-minded hamper the efficiency of these institutions. They themselves are not receiving the proper kind of care and training, and their presence is a serious disadvantage to others for whom the institutions are designed.

Eighty of the mental defectives from New Castle County included in this study were in institutions. Nine of them were under 14 years of age; 31 were between the ages of 14 and 20, inclusive. The 40 adults who were in institutions had been provided for in this way either because they had no means of support or because they were a menace to the community.

TABLE 7.—*Mental defectives in institutions, according to kind of institution, color, age, and sex.*

Color and age.	Mental defectives in institutions.														
	Total.	Male.	Female.	For feeble-minded.			For insane.			For delinquents.			For dependents.		
				Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.
Total.....	80	53	27	12	10	2	32	17	15	26	22	4	10	4	6
White.....	60	38	22	12	10	2	27	15	12	13	10	3	8	3	5
Under 7.....	1	1											1	1	
7 to 13.....	3	2	1	1	1					2	1	1			
14 to 17.....	18	13	5	3	3		2	1	1	11	9	2	2		2
18 to 20.....	3	2	1	2	2								1		1
21 to 44.....	27	16	11	6	4	2	17	10	7				4	2	2
45 and over.....	8	4	4				8	4	4						
Colored.....	20	15	5				5	2	3	13	12	1	2	1	1
7 to 13.....	5	5								5	5				
14 to 17.....	8	6	2				1		1	7	6	1			
18 to 20.....	2	2								1	1		1	1	
21 to 44.....	3	1	2				2	1	1				1		1
45 and over.....	2	1	1				2	1	1						

In an institution for the feeble-minded.

Only 12 of the 212 mental defectives studied in New Castle County were in an institution for the feeble-minded. Eleven of the 12 were cared for at State expense in the Pennsylvania Training School for Feeble-Minded Children, at Elwyn, Pa. One boy was maintained at the Elwyn institution by his father, under court order. The 11 New-Castle County cases supported by the State constituted all but 3 of the total number of mental defectives in the entire State provided for by public funds.

An analysis of the reasons for commitment to Elwyn indicates that urgent necessity led the State to assume the burden of caring for these individuals. Seven of those at Elwyn had been delinquent, vicious, or ungovernable previous to admission, 3 of them having been before the juvenile court. In 4 of these cases unfavorable home conditions, as well as the delinquency of the child, made commitment to an institution urgent. One of the 5 children who were not reported as having been troublesome in the community had been badly neglected at home; another had been in need of care because of the death of his father. In 3 cases the reasons for commitment were not given.

The limitation of the number provided for by State funds at the Pennsylvania Training School for Feeble-Minded Children and the necessity for prolonged care for individuals of the types committed have made it impossible to secure admission of patients to Elwyn

except at very long intervals. Five of the 11 State patients had been in the institution 15 years or more and 4 others 5 years or more.

The almost negligible contribution that this small amount of institutional provision makes in furnishing training for the defective children of the State is evident from the fact that only 6 out of the 142 feeble-minded children under 21 years of age studied in this investigation were provided for at Elwyn. The State's waiting list of applications for admission to this institution contained only 3 names, itself a striking proof that there is known to be very little chance for admission. The 3 cases for whom formal application for admission had been made were among the most serious of those studied in this investigation. One of them was a 17-year-old girl who had been on the waiting list for 3 years. The others were a 19-year-old boy who had been awaiting admission almost 3 years and a 13-year-old girl, temporarily cared for in a foster family, for whom an application had been on file a year. All three have been reported in this study as special community problems in urgent need of permanent care. Many other cases of the same type were found for whom application had not been made, but whose families were anxious to place them in an institution where they could receive the care and training needed.

In a hospital for the insane.

The Delaware Hospital for the Insane was caring for 32 mentally defective patients from New Castle County at the time this study was made. Of these 6 were formerly Delaware pupils in the Pennsylvania Training School for Feeble-minded Children. The hospital for the insane is not fitted to provide the kind of care and training needed for this class of patients, and their presence aggravates the seriously crowded condition of that institution, which for some time has been unable to furnish proper accommodation for the insane requiring care.

Of the 142 mental defectives under 21 years of age 3 were inmates of the hospital for the insane. One of these was 16 and 2 were 17 years old. Of the 70 defectives 21 years of age and over 29 were thus cared for.

Five of the 17 male patients and 4 of the 15 female patients had been in the State hospital from five to nine years; 7 males and 7 females ten years or longer. That 3 men and 4 women had been cared for in this way for twenty-five years or more indicates the burden on the hospital which this class of patients imposes.

These feeble-minded inmates of the hospital for the insane had been placed there because they could not be cared for properly outside of an institution. Their presence in this institution, which

is not adapted to their needs, further emphasizes the necessity for provision for defective individuals who are dependent or who constitute a menace to the community.

Fourteen of the 32 feeble-minded inmates of this institution had been delinquent or uncontrollable, 1 had been an incendiary, 2 had attempted serious crimes of violence, 1 had been admitted from the workhouse to which he had been sentenced for stealing, 1 had had an illegitimate child, and the remainder had been violent, vicious, or otherwise troublesome.

The following are some cases of long-continued residence in the hospital for the insane and of bad family conditions or individual delinquency which made institutional care necessary:

A woman of 42 had been admitted to Elwyn at the age of 6 years. She was discharged from the training school at the age of 21 and admitted to the hospital for the insane, where she had since been an inmate. She was a low-grade imbecile.

Two sisters, aged 34 and 31 years, had been inmates of the hospital for 10 and 18 years, respectively. The older sister had been in this institution when she was 14, and had been sent from there to the Elwyn institution, from which she was returned after a residence of 10 years. Both sisters were very violent at times. Their father had been a hard drinker, and their mother was said to be unbalanced. An aunt had been an inmate of the hospital for the insane.

A woman of 58 had been in the hospital for the insane for 25 years and had previously spent 14 years in Elwyn.

A colored man 54 years of age, a deaf-mute and low-grade imbecile, had been transferred to this institution from the almshouse 39 years before.

Two brothers, 60 and 48 years of age, had been residents of the hospital for 28 and 24 years, respectively. The older was a middle-grade imbecile and the younger a low-grade imbecile. Their mother, also an imbecile, died while an inmate of this institution.

A man of 22, admitted to the hospital shortly before the study was made, had been arrested for setting fire to a house. He was the illegitimate son of a feeble-minded woman reported to be a prostitute.

A man of 37, a low-grade imbecile, had been an inmate of the institution for 8 years. He was reported as irritable and inclined to violence. He was placed in custody after an attempt to assault his mother with a knife.

A girl of 17, recently admitted, had been cared for at home until the death of her father made this impossible. She was a low-grade imbecile, and it was necessary to keep constant watch over her to prevent intimacies with men.

A colored girl of 17, recently transferred from the almshouse, was the mother of an illegitimate child. Her mother, reported as weak mentally, was an inmate of the almshouse and was caring for the baby there.

In institutions for delinquents.

The institutions for delinquents in Delaware are the Ferris Industrial School for Boys (white and colored), the Delaware Industrial

School for Girls (white), and the three county workhouses. Each of the industrial schools averages about 70 inmates, committed from all parts of the State. The New Castle County workhouse has an average of 500 prisoners, including, in addition to those belonging in New Castle County, long-term prisoners from other sections of the State and "drifters" from other States. None of the workhouse inmates were included in this study.

Twenty-six children included in this study as positive cases of mental defect were inmates of the two industrial schools or had been committed to other institutions because of delinquency. Of these, 24 were in the industrial schools; 1 was in a protectory; and 1, a colored girl, had been committed to an institution in a neighboring State, there being no provision in Delaware for delinquent colored girls.

Institutions for the care of delinquent children are greatly handicapped by the presence of defectives, since they require special attention and exert a bad influence over the normal children. After a short period of residence these defectives are returned to the community without sufficient supervision. The abnormal home conditions from which many of the children come aggravate the seriousness of the problem.

The following cases illustrate the urgent need for permanent provision for defectives who are delinquent:

A girl, 14 years old, was committed by the juvenile court to an industrial school because she had run away from home and was living under immoral conditions. The father of this family died of tuberculosis. The mother was reported as being of low-grade mentality. She did some work outside the home and could not give much attention to the family. There were several other children, four of them reported as having tuberculosis. One other girl was diagnosed as probably feeble-minded, and two younger boys were truants from school and were rapidly becoming incorrigible. The family was pauperized and was steadily deteriorating. They had subsisted largely on the insurance money received when the father died. The institution in which the 14-year-old girl was an inmate felt that she was not a proper subject for their care, as she was so abnormal mentally as not to profit from instruction there and later would not be able to maintain herself in the community.

A girl of 13 years was placed in an industrial school, not because of any definite delinquency but because her mentality was such that she had to be protected. The girl was an illegitimate child, and the man her mother later married was not willing to have her in the home. The family was so poor that it was almost impossible to keep the normal children at home. The girl was placed in an excellent home for several weeks, but was so unruly and undisciplined that she had to be removed. The industrial school was not the place for her because of her low mentality.

A 15-year-old colored girl was sent to an institution for delinquent girls because of moral waywardness. She was an illegitimate child of a very immoral woman who was living with a man to whom she was not married. This feeble-minded girl had had immoral relations with men since she was 13 or 14 years old. Her home conditions were always decidedly degrading. After her commitment to the insti-

tution she was placed out in a private family, but ran away. She was then placed in another family with the same result, and afterwards was returned to the institution.

An illegitimate colored boy 16 years of age, who had been diagnosed as imbecile and epileptic, was committed to an industrial school because he was unmanageable at home and very troublesome outside, and the family feared that he would do them physical violence. He had attended school for 8 or 10 years without making any progress. The family group from which this boy came consisted of an aged grandmother, the feeble-minded mother of this boy (herself illegitimate), a brother who was also an imbecile, an aunt who was immoral, and another aunt and three young children. The feeble-minded mother was entirely unable to support her two sons or give them proper care, and she herself stood in need of protection.

The problem of delinquents who are mentally defective has been recognized in Delaware as of great importance. A considerable advance has recently been made in the study of the mental condition of juvenile and adult delinquents in the State.

A special fund was raised for the purpose of securing scientific mental examinations of all inmates of the Ferris Industrial School. These examinations have been made by members of the staff of the psychological clinic of the University of Pennsylvania. The intention is to make adequate mental and physical examinations of every boy admitted to the industrial school hereafter.

The resident physician of the workhouse makes physical and mental examinations of all prisoners on admission. The examination is concerned chiefly with environmental influences, amount of education, and the question of insanity or physical or mental defect. Owing to the difficulty of determining accurately the place of residence and of securing social data for these cases, they have not been included among those cases investigated by the Children's Bureau. They represent, however, a class of adults most dangerous to the community. The records of the workhouse, although necessarily incomplete because of falsification of names and difficulty of identification, indicate that there are many persistent repeaters. Men were reported who had been committed from 45 to 55 times. The importance of knowing the mentality of these men is clearly evident in order that those who are feeble-minded may be given permanent care.

A satisfactory estimate of the number of delinquents in the community who are mentally defective and in need of permanent care can not be secured by examination of institution inmates alone, since they represent only a section of a constantly shifting group. Mental clinics are now being held in Wilmington on one day every two weeks for all cases appearing before the juvenile court, and the special fund which makes this possible provides also for taking to the Philadelphia clinic children who are in particular need of examination between the dates of the clinic in Wilmington. Thus in time it will be possi-

ble to secure adequate information in regard to juvenile delinquents who are feeble-minded or otherwise mentally abnormal.

In institutions for dependents.

Ten of the positive cases of mental defect studied in this investigation were in institutions for dependents; five of these persons had previously been delinquent or uncontrollable. This was far below the actual number of mental defectives in such institutions. No such report was available in regard to the mentality of inmates of institutions for dependents as was secured concerning inmates of the Delaware Hospital for the Insane and the Ferris Industrial School for delinquent boys, since facilities for mental examination of persons admitted to institutions for dependents were not available at the time this investigation was made. The clinic that has since been established provides for the examination of dependent as well as delinquent children committed by the juvenile court. Even if it had been possible to secure diagnoses of all inmates of institutions for dependents in Delaware, these would not have shown what proportion of dependents in New Castle County were mentally defective, because dependent children are provided for outside of the State as well as in local institutions.

Institutions for dependent children provide care only until the child reaches a certain age. The highest age of discharge of any institution for the care of dependent children in Delaware is 18. One institution discharges its boys at the age of 11 or earlier, placing them in family homes. On reaching the age limit, and often several years before that time, institution children are returned to the community, at best with the protection of foster homes where they are supposed to earn their board. The inadequacy of such protection for feeble-minded children is evident. Institutions sometimes retain defective children beyond the age limit because of the seriousness of their condition, but they can not permanently provide for them.

The need for permanent provision for mentally defective children now temporarily kept in institutions for dependents is illustrated by the three children included in this study provided for in such institutions.

A child of 4 years was such a burden to his mother because of physical and mental defect that she was forced to neglect her other children to care for him. As a result one of the other children was sent to an institution for delinquents. An aid society then sent the defective child to a babies' hospital in order to relieve the home situation. This solution of the problem was only temporary.

An illegitimate child was cared for after her mother's death by a relative until her mental condition made institutional care imperative. She was past the age when she should be cared for in an institution for dependent children, but she was not able to earn her own livelihood, and there was no other place for her to go.

A feeble-minded boy, both of whose parents were dead, was being cared for in an institution for dependent children, although over the age limit, because there was no other way of providing for him.

Mentally defective adults who become dependent must rely in most cases on the almshouse for shelter. The almshouse can exercise no discretion as to the length of stay of inmates, who may come and go at will; nor is it equipped to give mental defectives the proper kind of care and training.

Mental examinations of the 200 inmates of the New Castle County almshouse had never been made, and in the absence of records histories of present or past inmates could not be secured. A considerable percentage would probably have been found feeble-minded if they had been examined. Reports were secured for 6 feeble-minded inmates, 2 of whom were under 21 years of age. The following cases illustrate the problem of mental defectives in almshouses:

A woman 41 years of age and her 19-year-old daughter, both feeble-minded, had been sent to the almshouse eight years before and had remained there ever since. The father of the family had deserted, and the mother had been arrested for neglect. The other 7 children also were sent to the almshouse, but were later placed in families by a child-placing agency. One of the children, 15 years of age at the time of the investigation, had been committed to an institution for delinquents at the age of 13, where she remained nearly two years. She, too, was in the almshouse. The older girl tried to do housework, but was too defective mentally.

A feeble-minded woman had been placed in the almshouse six or seven years before because there had been no one to care for her after the death of her mother. Her relatives contributed to her support.

A man of 35, classed as an idiot, had been in the almshouse 7 years. He had been sent there after the death of his father because his mother was alcoholic and his sisters were unable to care for him.

The burden of caring for mental defectives often falls on other institutions for dependent adults. For example, a feeble-minded colored woman 28 years of age, who had no one to care for her after the death of her mother, had lived for 10 years in a home for the aged.

The 32 defectives reported from the Delaware Hospital for the Insane, the 26 defective children reported from institutions for delinquents, the 10 obviously feeble-minded persons reported from institutions for dependents, are in no sense a measure of the problem of defectiveness among institution inmates in Delaware. They serve merely to illustrate the need for an institution affording special training and opportunity for permanent care.

EXTENT OF NEED FOR SUPERVISION AND INSTITUTIONAL CARE.

Ninety-five of the 132 mental defectives at large in the community were without adequate home protection, or were delinquent, degenerate, or uncontrollable. Sixty-eight were in institutions not adapted to their needs, and the 12 in an institution for the feeble-minded were not permanently provided for. These 175 mental defectives, 82.5 per cent of the total number, were grouped as follows according to location, home conditions, and social reactions:

1. Eleven living in their parental homes under favorable home conditions were delinquent, degenerate, or uncontrollable.

2. Sixty-one were living in their parental homes under conditions which, because of extreme poverty, alcoholism, immorality, low mentality of parents, or entire lack of home protection, made adequate care impossible. Of these, 18 were doubly in need of protection because they themselves were delinquent or uncontrollable.

3. Nine of those in need of public protection were living with relatives or in foster homes. One of them was living under favorable home conditions but was delinquent, the other 8 were living under unfavorable home conditions, and 4 of them were delinquent or uncontrollable.

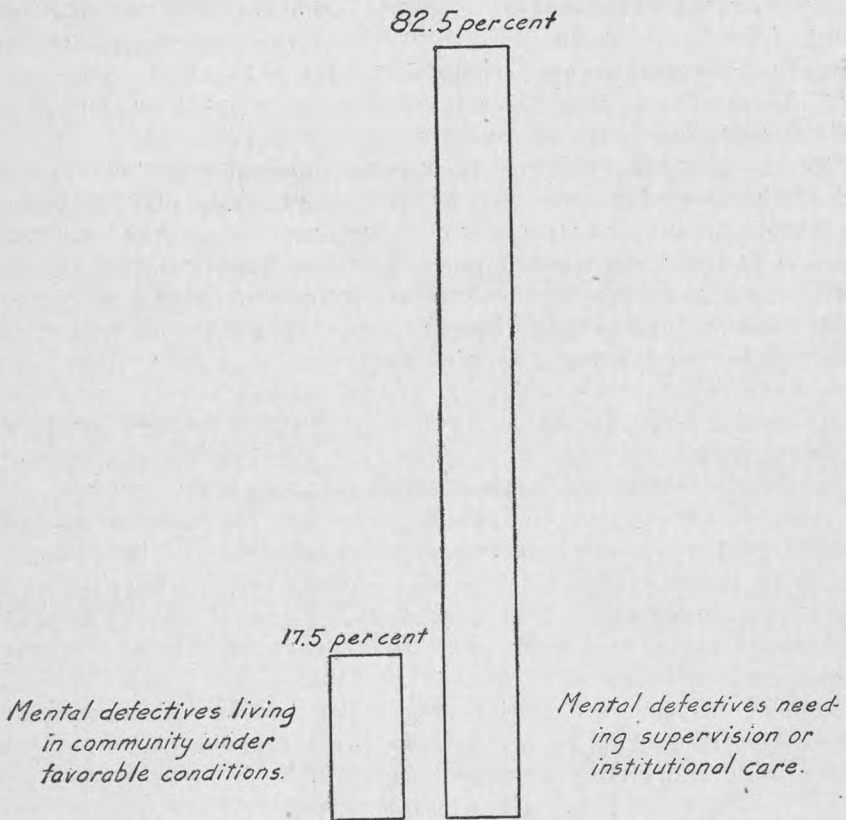
4. Fourteen mental defectives, 13 women and 1 man, were living in homes of their own or had no permanent place of abode, and were urgently in need of supervision or custodial care. The 3 women living in their own homes were degenerate and immoral and were living under extremely bad conditions. Eight of the 11 mental defectives having no homes had delinquency records and 1 was degenerate.

5. The 36 mental defectives in institutions for delinquents or dependents should be cared for in an institution better adapted to their needs and giving permanent care.

6. The 32 mental defectives in the hospital for the insane were undoubtedly in need of permanent custodial care, a fact indicated by their admission to the institution. It is not possible in this institution to give such patients care adapted to their condition, and they handicap the work for which the hospital is intended.

7. In estimating the need for institutional provision in Delaware the 12 mental defectives cared for in an institution for the feeble-minded outside of the State must be considered. Although being adequately provided for at the time of the investigation, they were not assured of permanent care and were likely to be removed after a period of training to make room for new cases.

It should be remembered that these 163 mental defectives who appeared to be in immediate need of supervision or appropriate institutional care, and the 12 who were temporarily receiving care in an institution for the feeble-minded, represented a minimum estimate of those in need of public protection.



Mental Defectives in New Castle County.

QUESTIONABLE CASES.

In addition to the number included in this study as positive cases of mental defect, 361 of the individuals reported as possibly feeble-minded were considered questionable cases.

Eighty-one of these were school children who had been examined by the Public Health Service and classified as probably feeble-minded but needing more extended examination and observation before positive diagnosis could be made. Many of the other cases appeared from the evidence in hand to be mental defectives, but owing to the

absence of adequate mental diagnoses they were not classified as such because of the possibility that their subnormality might be due to physical handicaps or other detrimental conditions rather than to innate mental defect. Physical handicaps varying from speech defect to absolute helplessness were reported for 80 of the 361 individuals of questionable mentality studied. This number included 5 who were epileptic also. It was obviously impossible to estimate the number of actually defective individuals among the questionable cases, but adequate mental and social examinations would undoubtedly reveal a large number of positive cases.

Of the 361 individuals of questionable mentality 302 were white and 59 were colored; 198 were males and 163 females. Two hundred and eighteen were under the age of 14 years; 117 were between the ages of 14 and 20; 26 were 21 years of age and over. The proportion of children was large because the study was concerned particularly with children and because much of the information in regard to these cases was secured from schools.

TABLE 8.—*Individuals of questionable mentality at large in the community and in institutions, according to color, age, and sex.*

Color and age.	Individuals of questionable mentality.								
	Total.	Male.	Female.	At large in community.			In institutions.		
				Total.	Male.	Female.	Total.	Male.	Female.
Total.....	361	198	163	346	194	152	15	4	11
White.....	302	169	133	287	165	122	15	4	11
Under 7.....	7	4	3	7	4	3	.....	.....	.....
7 to 13.....	180	107	73	173	105	68	7	2	5
14 to 17.....	63	37	26	57	35	22	6	2	4
18 to 20.....	31	13	18	29	13	16	2	.....	2
21 to 44.....	18	6	12	18	6	12	.....	.....	.....
45 and over.....	3	2	1	3	2	1	.....	.....	.....
Colored.....	59	29	30	59	29	30	.....	.....	.....
Under 7.....	2	1	1	2	1	1	.....	.....	.....
7 to 13.....	29	18	11	29	18	11	.....	.....	.....
14 to 17.....	19	7	12	19	7	12	.....	.....	.....
18 to 20.....	4	2	2	4	2	2	.....	.....	.....
21 to 44.....	5	1	4	5	1	4	.....	.....	.....

Fifteen of the cases of questionable mentality were in institutions, 10 of them in institutions for delinquents and 5 in institutions for dependents. Three hundred and forty-six were at large in the community; of these, 301 were living in their parental homes; 40 were cared for by relatives, lived in foster homes, in homes of their own, or had no permanent place of abode; in 5 cases no report was secured as to location.

Detailed information was obtained in regard to home conditions and individual characteristics for 226 persons of questionable men-

tality not in institutions. Data were secured in 2 cases on home conditions only and in 18 cases on personal character only. Information as to personal characteristics was secured for the 15 inmates of institutions.

The following analysis indicates the ways in which the individuals of questionable mentality studied constituted community problems, even though they may not have been definitely feeble-minded. The data also indicate the need for mental examinations and special provision for the retarded and the physically handicapped as well as for the feeble-minded.

Information as to home conditions was secured for 175 of the 301 individuals of questionable mentality living in their parental homes. Ninety of these were living under favorable home conditions and 85 in homes detrimental to their moral and physical welfare. Eleven of the 22 living with relatives or in foster families were in good homes, 6 were in bad home surroundings, and the conditions under which 5 lived were unknown. The 18 persons of questionable mentality living in homes of their own or having no permanent homes were living under adverse conditions. The 15 in institutions for delinquents and dependents were provided for only temporarily.

TABLE 9.—*Individuals of questionable mentality, according to location, home conditions, and character.*

Location and home conditions.	Individuals of questionable mentality.			
	Total.	Of good character so far as known.	Delinquent, degenerate, or uncontrollable.	Character not reported.
Total.....	361	153	88	120
Parental homes.....	301	133	52	116
Favorable conditions.....	90	64	26	.....
Unfavorable conditions.....	85	65	19	1
Home conditions not reported.....	126	4	7	115
Relatives' or foster homes.....	22	14	5	3
Favorable conditions.....	11	9	2	.....
Unfavorable conditions.....	6	4	2	.....
Home conditions not reported.....	5	1	1	3
Own homes or having no homes (conditions unfavorable).....	18	1	16	1
In community but no report as to location.....	5	.....	5	.....
In institutions.....	15	5	10	.....
For delinquents.....	10	.....	10	.....
For dependents.....	5	5	.....	.....

Eighty-eight of the 241 persons of questionable mentality concerning whom information as to personal character was secured were recognized in their communities as delinquent or difficult to control.

Twenty-two of them had been in institutions for delinquents, and 10 were in such institutions at the time of the study; 25 had court or police records; 31 were reported as degenerate or uncontrollable.

Among the cases reported as delinquent, degenerate, or uncontrollable were 9 mothers of illegitimate children. One of them was a girl 17 years of age. The other 8 were over 18 years of age and represented about one-fifth of the total number of women 18 years of age and over classified as questionable cases. Three of these women were known to have had 2 illegitimate children each, and one had had 3. Twelve of the persons of questionable mentality were themselves illegitimate.

The 88 persons of questionable mentality who had delinquency records or who were known to be delinquent, immoral, or uncontrollable constituted nearly one-fourth of the total number of individuals of questionable mentality enumerated, and more than one-third of the 241 for whom information as to individual characteristics was secured. Ten of the 88 were cared for temporarily in institutions for delinquents, and the remaining 78 were at large in the community.

These 88 who were delinquent or uncontrollable, the 72 persons of questionable mentality who were not reported as delinquent or uncontrollable but who were living in homes where proper care and safeguarding were impossible, and the 5 who were temporarily cared for in institutions for delinquents made a total of 165, or 46 per cent of all the persons of questionable mentality enumerated. They constituted more than two-thirds of the questionable cases for whom detailed information was secured. These facts indicate unmistakably the need for adequate mental examination and social investigation of such cases in order that care and training adapted to their condition may be provided for them.

SUMMARY OF FINDINGS AND CONSTRUCTIVE MEASURES NEEDED.

A total of 175, or 82.5 per cent, of the cases studied were in need of public supervision or institutional care. Ninety-five of these were at large in the community in immediate need of special care and protection, 68 were in institutions not designed for their care, and 12 were provided for only temporarily in an institution for the feeble-minded.

A study of individual cases of mental defectives reveals in a striking way the coincidence of mental defect and poverty, abnormal home conditions, neglect, and dependency. A majority of the mental defectives were found in an environment making normal standards of living impossible.

Eighty-three, or 39 per cent of the total number, were living under adverse home conditions—extreme poverty, alcoholism, immorality,

or entire lack of home protection. An additional 68, or 32 per cent, were in institutions not adapted to their needs, making a total of 71 per cent living under conditions where adequate care and protection were impossible or provided for only temporarily in institutions designed to care for other classes.

That society must provide special protection for mental defectives is strongly indicated by the fact that 98 of the total number studied had delinquency records or were immoral or difficult to control. Seventy-nine of these were living under adverse conditions or in institutions not adapted to their needs, while 7 were in an institution for the feeble-minded, and 12 were living in good homes.

The problem of those requiring special care and training because of subnormal mentality is not limited to the 212 positive cases of mental defect included in this study. The 361 individuals classified as of questionable mentality undoubtedly included a number who were actually mentally defective. All of them presented problems of retardation or abnormality. More than one-third of the questionable cases for whom information as to individual characteristics was secured were known to be delinquent or uncontrollable. A total of two-thirds of those for whom detailed data were obtained were in homes where proper care and safeguarding were impossible, or had already developed antisocial tendencies.

Delaware has an unusual opportunity to work out a well-rounded program of adequate provision for all classes of mental defectives. It is a small State, and, having no established system of care, is free to utilize to the fullest extent the experience of other States.

Any program for adequate provision for mental defectives must have as its central feature institutional provision. The data gathered in this investigation furnish evidence as to the imperative need for institutional care and training for defective individuals who can not be given proper care, training, and protection in the community and for those who are a menace to the community by reason of delinquent tendencies. A large number of cases need permanent custodial care. But institutional care alone can not meet the whole problem of provision for mental defectives. The institution should serve as the focus for the various activities necessary for the proper care of the feeble-minded.

Facilities for mental examination and diagnosis available to all sections of the State are essential and might be provided by a system of clinics held in various parts of the State at regular intervals by the institution psychiatrist, in cooperation with the schools and other existing agencies. The need for mental examinations is indicated by the fact that more than 1,100 persons in New Castle County were reported to the investigators as possibly feeble-minded. Facilities for

mental examinations are particularly needed for proper treatment of delinquent and dependent children. They are requisite also for classification of children in the schools.

An essential part of the improvement of the school system of Delaware is special provision for retarded children, taking into account the reason for their backwardness—bad physical condition, lack of opportunity, or actual mental defect. The State educational authorities have repeatedly called attention to the seriousness of the problem of retardation in the schools and the necessity for more adequate compulsory education laws and better school equipment. In towns where the school system is large enough to make it practicable special classes should be developed which would provide industrial training and other instruction adapted to the needs of those mentally defective children who can safely remain in the community and would make it unnecessary to remove them to an institution for training.

The place of the special class in the program of public care for defective children has been demonstrated by the experience of a number of cities where such classes have for several years been part of the public-school system. Dr. George L. Wallace, superintendent of the Wrentham State School for the Feeble-minded, in a recent address,¹ said:

With the extension of this movement for special classes, until every school system of any size has a sufficient number to accommodate all children with mental defect, it would seem that the larger number of children with ordinary mental defect could be safely protected and educated in the community.

It is coming to be recognized that the expense to the State of institutional provision can be much reduced and greater justice done to individuals by a system of parole of certain classes of mental defectives who have been trained in an institution and by supervision through an out-patient department of those defectives who can be given proper care and training in the community. Such out-patient work could be carried on in cooperation with the schools and other agencies coming in contact with the problem. This method of parole and supervision in the community of certain types of mental defectives is being advocated by some of those most experienced in the care of the feeble-minded. Mr. Alexander Johnson speaks of the importance of the practical movement for the after-care of certain classes of the feeble-minded who have been trained in the schools.² Dr. Wallace, in the eighth annual report³ of the Wrentham State School, says:

Boys and girls whose mental and moral defectiveness is not extreme, who have profited by a period of institutional education and care, who have perhaps been tided

¹ Annual Conference of Massachusetts Society for Mental Hygiene, Boston, Mass., Dec. 13-15, 1916. "The type of feeble-minded who can be cared for in the community." Published in *Ungraded*, vol. 2, No. 5 (February, 1917), p. 105, and, in part, in *Mental Hygiene*, vol. 1, No. 2 (April, 1917), p. 291.

² "The feeble-minded," *The Survey*, vol. 37, p. 361 (Dec. 30, 1916).

³ Wrentham (Mass.) State School, Eighth Annual Report, for the year ending Nov. 30, 1914, p. 15.

over a few critical years of their life—these we are reasonably hopeful may do fairly well in the community provided we carry institutional provision to them in the form of a good visitor, while also having them report to the institution at certain periods. I believe this is one method whereby a school for the feeble-minded can extend its work and bring a larger number of feeble-minded under supervision than can be maintained within the institution grounds.

The possibility of caring for mental defectives in the community is brought out in the recent report of the Indiana committee on mental defectives, which speaks of the "value and far-reaching importance of community care."¹ The need for supervision in the community was emphasized at the last annual conference of the Massachusetts Society for Mental Hygiene. Dr. Walter E. Fernald, in an address on "What is now practicable in the way of protection, education, supervision, and segregation of the feeble-minded,"² said:

There is now needed something between permanent segregation and no care. We may be able to distinguish between those who can go out into the community and those who must stay in an institution. * * * The ideal should be segregation for those who need it and supervision in the community for those suitable for community life.

Defective individuals are found in all ranks of society and under all varieties of conditions; they become community problems when they develop antisocial tendencies or when they are without proper care or control because of poverty or detrimental home conditions. Without a system of mental examinations and supervision in the community the higher grade mental defectives are not usually recognized as such until they have become socially troublesome. A comprehensive program, including mental examinations, special classes, and supervision in the community, as well as institutional provision, would result in the greatest benefit to the defective individual and to the community and would reduce the social burden of delinquency and degeneracy.

¹ Mental Defectives in Indiana. Report of Committee on Mental Defectives, Indianapolis, Ind., Nov. 10, 1916, p. 6.

² Annual Conference of Massachusetts Society for Mental Hygiene, Boston, Mass., Dec. 13-15, 1916. Paper as yet unpublished.

