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U. S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

JULIA C. LATHROP, Chief

MENTAL DEFECT IN A RURAL COUNTY

A MEDICO-PSYCHOLOGICAL AND SOCIAL STUDY
OF MENTALLY DEFECTIVE CHILDREN IN SUSSEX
COUNTY, DELAWARE

A study made through the collaboration of the United States
Public Health Service and the Children's Bureau

By

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Passed Assistant Surgeon, United States Public Health Service
and

EMMA O. LUNDBERG

Director of Social Service Division, Children's Bureau



DEPENDENT, DEFECTIVE, AND DELINQUENT CLASSES SERIES No. 7
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PUBLICATIONS OF THE CHILDREN'S BUREAU.

Annual Reports:

Sixth Annual Report of the Chief, Children's Bureau, to the Secretary of Labor, for the fiscal year ended June 30, 1918. 27 pp. and 1 diagram. 1918.

Care of Children Series:

- No. 1. Prenatal Care, by Mrs. Max West. 41 pp. 4th ed. 1915. Bureau publication No. 4.
No. 2. Infant Care, by Mrs. Max West. 87 pp. 1914. Bureau publication No. 8.
No. 3. Child Care:
Part 1. The Preschool Age, by Mrs. Max West. 88 pp. and 3 diagrams. 1918. Bureau publication No. 30.
No. 4. Milk, The Indispensable Food for Children, by Dorothy Reed Mendenhall, M. D. 32 pp. 1918. Bureau publication No. 35.

Dependent, Defective, and Delinquent Classes Series:

- No. 1. Laws Relating to Mothers' Pensions in the United States, Denmark, and New Zealand. 102 pp. 1914. Bureau publication No. 7. (Out of print. Revised edition in preparation.)
No. 2. Mental Defectives in the District of Columbia: A brief description of local conditions and the need for custodial care and training. 39 pp. 1915. Bureau publication No. 13.
No. 3. A Social Study of Mental Defectives in New Castle County, Del., by Emma O. Lundberg. 38 pp. 1917. Bureau publication No. 24.
No. 4. Juvenile Delinquency in Rural New York, by Kate Holladay Claghorn. 199 pp. 1918. Bureau publication No. 32.
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No. 6. Children Before the Courts in Connecticut, by Wm. B. Bailey, Ph. D. 98 pp. 1918. Bureau publication No. 43.
No. 7. Mental Defect in a Rural County: A medico-psychological and social study of mentally defective children in Sussex County, Del., by Walter L. Treadway, M. D., Passed Assistant Surgeon, U. S. Public Health Service, and Emma O. Lundberg, Children's Bureau. 96 pp. 1918. Bureau publication No. 48.

Infant Mortality Series:

- No. 1. Baby-Saving Campaigns: A preliminary report on what American cities are doing to prevent infant mortality. 93 pp. 4th ed. 1914. Bureau publication No. 3. (Bureau supply exhausted. Copies may be purchased from Superintendent of Documents at 15 cents each.)
No. 2. New Zealand Society for the Health of Women and Children: An example of methods of baby-saving work in small towns and rural districts. 18 pp. 1914. Bureau publication No. 6.
No. 3. Infant Mortality: Results of a field study in Johnstown, Pa., based on births in one calendar year, by Emma Duke. 93 pp. and 9 pp. illus. 1915. Bureau publication No. 9.
No. 4. Infant Mortality, Montclair, N. J.: A study of infant mortality in a suburban community. 36 pp. 1915. Bureau publication No. 11.
No. 5. A Tabular Statement of Infant-Welfare Work by Public and Private Agencies in the United States, by Etta R. Goodwin. 114 pp. 1916. Bureau publication No. 16.
No. 6. Infant Mortality: Results of a field study in Manchester, N. H., based on births in one year, by Beatrice Sheets Duncan and Emma Duke. 135 pp., 4 pp. illus., and map of Manchester. 1917. Bureau publication No. 20.
No. 7. Infant Mortality: Results of a field study in Waterbury, Conn., based on births in one year, by Estelle B. Hunter. 157 pp. and 2 maps. 1918. Bureau publication No. 29.
No. 8. Infant Mortality: Results of a field study in Brockton, Mass., based on births in one year, by Mary V. Dempsey. 82 pp. 1918. Bureau publication No. 37.
No. 9. Infant Mortality: Results of a field study in Saginaw, Mich., based on births in one year, by Nila F. Allen. — pp., — pp. illus., and — maps. 1919. Bureau publication No. 52. (In press.)

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LETTER OF TRANSMITTAL.

U. S. DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,
Washington, March 25, 1919.

SIR: I transmit herewith a report on mental defect in a rural county, the result of a study made through the collaboration of the United States Public Health Service and the Children's Bureau. Reports on a county in the same State containing a large urban population have already been published by the Public Health Service and the Children's Bureau.

This report demonstrates the importance of medical and psychological examinations combined with social investigations in a study of the prevalence of mental defect. The seriousness of the problem in rural communities is indicated by the findings, which confirm the evidence as to the individual hardship and the injury to society caused by the lack of proper care for the mentally defective. The study emphasizes the necessity for an adequate program including not only institutional provision for those requiring custodial care but, equally important, the development of facilities for the special training and the proper protection of defective individuals who can safely remain in the community.

The examinations to determine mentality were made by Walter L. Treadway, Passed Assistant Surgeon of the United States Public Health Service, who prepared the section of the report entitled "Prevalence of Mental Defect." The social investigations of children found to be mentally defective were made by Miss Ethel M. Springer and Miss Alice M. Hill of the Children's Bureau. The introduction and the section entitled "Social Study of Mentally Defective Children" were prepared by Miss Emma O. Lundberg, assisted by Miss Katharine F. Lenroot and the agents who made the social investigations.

Respectfully submitted.

JULIA C. LATHROP, *Chief.*

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

ST. LOUIS, MISSOURI, FEBRUARY 1917

MEMORANDUM

The following information was obtained from the records of the Federal Reserve Bank of St. Louis, Missouri, on the subject of the circulation of the United States currency during the year 1916. The total amount of currency in circulation at the end of the year was \$1,000,000,000.00, which was an increase of \$100,000,000.00 over the amount in circulation at the end of the year 1915. The increase in the circulation of the currency during the year 1916 was due to the issue of new currency by the Federal Reserve Bank of St. Louis, Missouri, and to the withdrawal of old currency from circulation. The total amount of currency in circulation at the end of the year 1916 was \$1,000,000,000.00, which was an increase of \$100,000,000.00 over the amount in circulation at the end of the year 1915. The increase in the circulation of the currency during the year 1916 was due to the issue of new currency by the Federal Reserve Bank of St. Louis, Missouri, and to the withdrawal of old currency from circulation.

MENTAL DEFECT IN A RURAL COUNTY.

INTRODUCTION.

CHARACTER AND PURPOSE OF STUDY.

The past few years have witnessed a tremendous growth of interest in the significance of mental defect. This has been evidenced particularly by the great number of special investigations and surveys bearing on the need of adequate provision for the care of mental defectives. Most of these studies have been made since 1914, the number increasing yearly. Investigations vary from those State-wide in scope and under the auspices of State commissions to limited studies made by local groups. The methods of study are as varied as the contents, yet all are of general interest as touching upon one phase or another of the many-sided problem of mental defect. Although few comprehensive surveys of mental defect in rural communities have as yet been made, the data already obtained indicate the seriousness of the problem in isolated districts.

This report is the result of a study made in Sussex County, Delaware, by the Public Health Service in collaboration with the Children's Bureau. Its purpose was to secure additional data as to the prevalence of mental defect in a rural population, to analyze the social conditions surrounding mentally defective children, and to discover the extent of the need for public provision for their care. The work of the Public Health Service included mental examinations of the children in the rural and town schools of the county, and the determination of the mental conditions of all inmates of the county almshouse. The Children's Bureau made a general survey for the purpose of locating mentally defective children not in the schools, and those who were thus reported to be possibly feeble-minded were examined in their homes by the Public Health Service after the consent of parents or guardians had been secured. A social study was made by the Children's Bureau of the conditions surrounding the children who were diagnosed mentally defective. Investigations of this nature had been made previously by the Public Health Service and the Children's Bureau in New Castle County, Del.¹

¹Mullan, E. H., Passed Assistant Surgeon, U. S. Public Health Service: Mental Status of Rural School Children. Report of Preliminary Sanitary Survey Made in New Castle County, Del., with a Description of the Tests Employed. U. S. Public Health Service, Public Health Reports, Nov. 17, 1916.

Lundberg, Emma O.: A Social Study of Mental Defectives in New Castle County, Del. Children's Bureau Publication No. 24. Washington, 1917.

Delaware has as yet no institution for the mentally defective. At the legislative session of 1917 an appropriation was made for such an institution, and a commission was appointed to take the necessary steps toward its establishment and to make rules regulating the admission of feeble-minded persons. Although Delaware had for a number of years maintained at State expense 14 mental defectives in the Pennsylvania Training School for Feeble-Minded Children, no mental defective from Sussex County was being cared for in this way at the time the study was made. Provision was being made in the county almshouse and the State hospital for the insane for a very small number of the most urgent cases from the county. The schools of the county provided no special training for backward or mentally defective children.

GENERAL CONDITIONS IN THE COUNTY.

Location and local government.

Sussex County, the southernmost of the three counties of Delaware, is located on lower Delaware Bay and the Atlantic Ocean, occupying an almost central position in the peninsula which Delaware shares with the eastern sections of Maryland and Virginia. The land is part of the Atlantic coastal plain and as a whole is level, sandy, and easily tilled. The climate is mild. The area of Sussex County is 913 square miles, or 584,320 acres. About four-fifths of the area is devoted to farm land. The coast line is very extensive in comparison with the size of the county, owing to many deep inlets. Four of the rivers flowing through the county are navigable for from 6 to 20 miles. Numerous streams and creeks, with the addition of a considerable number of artificial drains or ditches, irrigate the land. Part of the area is unclaimed swamp land, an extensive swamp located in the southeastern part of the county comprising its most desolate and undeveloped section.

Sussex County is divided into 13 hundreds—ancient divisions corresponding to townships in other States, and said to have originated in an allotment of the land to every 100 families. Recently, for greater political convenience, the county has been redistricted into 10 representative districts, which correspond as nearly as possible to the old division by hundreds. There is also a political division of the county into 5 senatorial districts.

The government of the county is vested in a levy court, consisting of three commissioners, elected at large. It has the direction, management, and control of the business and finances of the county, and appoints the three members of the board of assessment, who make up the tax lists, subject to revision by the court.

Racial composition and distribution of population.

The population of Delaware has been extraordinarily static; the increase very slow; the amount of immigration slight. The United

States Census of 1910¹ gives the population of Sussex County as 46,413—white, 38,473; negro, 7,938; other, 2. Only 401, or 0.9 per cent, were foreign born, and 611 more, or 1.3 per cent, were native white of foreign or mixed parentage. The negro population of the county comprised 17.1 per cent of the total.

The white population of the county is comprised chiefly of Americans of English descent, whose ancestors came to this section before the Revolution. Their names and some of their idiomatic terms suggest their Anglo-Saxon origin. Interrelationship among families is prevalent.

The negroes are scattered fairly evenly through the county, with the exception of the central southern section, where there are very few colored families and no colored schools.

An interesting section of the population is a community of persons who term themselves "Nanticokes" and are popularly known as "Moors."² They are of mixed blood from white, negro, and Indian stock. These people are located in Indian River Hundred in Sussex County and number about 500.³ They maintain an exclusive tribal existence, with their own schools and church, and have by their own action secured from the State legislature the legal status of American Indians. Their physical appearance betrays their mixed origin; some are as fair as Caucasians; some have the copper-colored skin and high cheek bones of the American Indian; while others can scarcely be distinguished from the ordinary negro. As a people the "Moors" have proved themselves thrifty farmers. Their land includes some of the best cultivated farms of the county, and many of the families are prosperous.

The population of Sussex County is scattered and rural in character. The 1910 census reported the density of population as 50.8 persons to the square mile.⁴ The census classifies cities and incorporated towns of 2,500 or more inhabitants as urban territory. No town in Sussex County had a population of 2,500, though the town of Milford, located partly in Kent County and partly in Sussex County, had slightly more than this number of inhabitants in 1910. The Sussex County population of this town, 1,414, was therefore classified as urban, and constituted 3 per cent of the total population of the county. Twenty incorporated towns or villages were listed in the census; of these 1 had less than 100 inhabitants, 11 had

¹ Thirteenth Census of the United States, 1910, Vol. II, Population, p. 281.

Estimate made by Bureau of the Census for July 1, 1917: Population of Sussex County, 49,432.

² Speck, Frank G.: *The Nanticoke Community of Delaware*. Contributions from the Museum of the American Indian, Heye Foundation, Vol. II, No. 4. New York, 1915.

Scharf, John Thomas: *History of Delaware 1609-1888*, Vol. II, pp. 1270-1271. Philadelphia, 1888.

Conrad, Henry C.: *History of the State of Delaware*, Vol. II, pp. 724-725. Wilmington, Del., 1908.

³ The United States Census does not classify these people separately, but includes them as white or colored.

⁴ Thirteenth Census of the United States, 1910, Vol. II, Population, pp. 274, 281.

between 100 and 500; 2 had between 500 and 1,000; 3 had between 1,000 and 2,000; 3 between 2,000 and 2,500.¹ Fourteen other settlements, not incorporated, were reported as having 50 to 100 inhabitants, and 12, as having from 100 to 500.² Twenty-six per cent of the total population of the county lived in towns having 500 or more inhabitants; 14 per cent in communities of 50 to 500; and the remaining 60 per cent on scattered farms.

Economic conditions.

The only important industry in the county is agriculture, the chief product being cereals. Vegetables and fruits are raised to a large extent. Recently fruit growing has increased, and large farms are being bought and managed by corporations or syndicates interested in scientific apple growing. The county is especially noted for its strawberries, and has the largest strawberry shipping market in the United States.³ There is very little dairy farming.

Much of the farm land is owned by absentee landlords and worked by tenant farmers. The 1910 census⁴ reported 3,488 farms operated by owners and 2,007 by tenants. Share tenants constituted 92 per cent of all tenants. Under this form of tenancy the incomes from fixed portions of the crops are turned over to the owners. The portion paid the owner varies in different sections and with different kinds of produce—one-half, one-third, or two-fifths of the crop, as the case may be. Only occasionally is a farm rented on a cash basis. The value of farm property increased 86.1 per cent from 1900 to 1910.⁵

Hired help is difficult to secure. On many of the larger farms the owners provide small dwellings for their employees and necessary wood and produce for their families, in addition to small wages for actual labor. Some families who own their homes hire out by the day. During the rush seasons, especially at berry-picking time, many persons and often entire families come into the county from outside the State—on the east side from Chincoteague Island and the lower peninsula, on the west side from Baltimore and other parts of Maryland. These "foreigners," as they are called by the local people, often constitute undesirable elements. At the end of the season some usually remain as permanent residents of the county.

Supplementing the hired help, the system of taking placed-out children from agencies and institutions or from relatives is common. According to data secured in a survey of dependent children in

¹ Two communities in the above list are located on the boundary of Sussex County. In the above statement only their Sussex population is taken into consideration.

² Rand-McNally Indexed Pocket Map and Shippers' Guide of Delaware, pp. 8-12.

³ Thirteenth Census of the United States, 1910, Vol. VI, Agriculture, p. 268.

⁴ *Ibid.*, p. 267.

⁵ *Ibid.*, p. 266.

Delaware, made by the Children's Bureau,¹ there were over 400 placed-out children located on farms in Sussex County, the majority of them being boys between the ages of 10 and 18 years.²

Next in importance to farming among the industries of the county is canning, providing short-time seasonal employment for a large number of men, women, and children. Many of the cannery workers come in from surrounding States for the season. There are about 50 canneries in the county, most of them canning vegetables and fruits. Only one of them is operated throughout the year. Several are planned for general canning and are busy throughout the entire summer, but in the majority the season lasts only a few weeks.

There are a few manufacturing establishments in the towns, employing small numbers of workers. Among the other industries, lumber is perhaps the most important. Cutting, hauling, and shipping wood is carried on in all parts of the county. Lumbering does not affect the local population very much, for the work is carried on chiefly by gangs of men who locate temporarily in a timber section, set up their own camps and portable engines, and do all the work themselves.

Allied to both the lumber and the fruit-growing industries is basket and crate making, which is carried on in many of the towns and is a very common home industry of women and children. Making holly wreaths is a general preholiday occupation throughout the county. The wreaths are made at home and are sold to men who drive through the districts collecting them for town dealers.

Industries arising through proximity to the ocean and inlets are sailing, shipbuilding, fishing, making fish nets, and oyster shipping. On the eastern coast there is a community of pilots and tugboat captains, including about 75 families. The railroads also furnish employment for a few men whose families live in the county.

Child labor is prevalent in Sussex County, the greatest amount of employment of children being on the farms. The canneries employ a considerable number during the season. Children are engaged in crate and basket making, and in berry picking and various other kinds of work connected with the agricultural and fruit growing industries. The State laws governing conditions under which children are employed in manufacturing and mercantile establishments have been greatly improved in the past year. However, the children of Sussex County do not come under the protection of the State child-labor law to any extent, because of the character of the industries in which they are employed. The Delaware child-labor law of 1917³ forbade, for the first time, the employment of children under

¹ Study not completed at the date this publication went to press (October, 1918).

² Including children whose original residence was Sussex County and those brought in from outside and including those placed by agencies, institutions, and relatives.

³ Revised Code, 1915, sec. 3171, as reenacted by acts of 1917, ch. 232.

12 years of age in canneries preserving or canning perishable fruits and vegetables, but did not limit the hours of labor in these establishments.

Means of communication.

No single factor in the conditions of the county plays a more important part in fostering isolation than the difficulty of transportation. The natural sand roads have no resisting power against the varying weather; during the wet seasons they are mires of deep slush, and in the dry seasons, drifts of loose, finely pulverized sand through which it is almost as difficult to make headway as through mud. At times traffic must be entirely abandoned. Improvement of the roads has begun, and the construction of the new "stone road," crossing the county from north to south, is of the greatest importance; it will open up adjacent sections, making them accessible to one another and to the northern part of the State.

Railroad facilities are very inadequate in some sections of the county, notably on the eastern side. Many farms are 10, 12, and 15 miles from the railroad and depend upon mule teams to transport their produce to the shipping markets. There is no trolley line in the county, nor in any part of the peninsula south of New Castle County.

Many families are 2 or 3 miles or even farther from the nearest telephone. However, the use of the telephone is spreading very rapidly. The Bell Telephone Co. reports an increase in the number of telephones of 500 per cent from 1906 to 1916.

Health.

The State board of health consists of seven members—two physicians from each county, and a secretary also a physician, who acts as executive officer of the board and is the State registrar of vital statistics. The board is required to enforce the laws of the State governing the public health and to make such additional rules and regulations as it may deem necessary. Such rules and regulations have the authority of law.

The board maintains a laboratory at Newark in New Castle County which is open to physicians, dentists, and veterinarians for diagnostic purposes related to the public health of Delaware. Mailing containers for sending specimens to the laboratory are furnished free of charge at 12 different stations in Sussex County. The board also furnishes diphtheria antitoxin to the inhabitants of Delaware at a nominal sum; but in order to take advantage of this reduction in the cost the attending physician is required to make a report of the case to the State board. This antitoxin may be obtained at any one

of the distributing stations in the State. Eleven such distributing stations are located in towns of Sussex County.

Since 1913 the State laws have required all marriages, births, and deaths to be reported to the State registrar of vital statistics.¹ To facilitate this registration, local registrars have been appointed in each of the three counties. Sussex County is divided into three registration districts. For the purpose of issuing burial permits each of the three districts is provided with subregistrars.

During 1914 there were 287 white and 54 colored marriages in Sussex County, and during 1915, 293 white and 57 colored. During the same periods the number of births registered in the county was as follows: 1914, 472 males and 425 females; 1915, 533 males and 464 females. The total number of deaths in the county for 1914 was 702 and for 1915, 804.²

The mortality rate per 1,000 inhabitants in 1914 was 15 and for 1915 was 17.³ This rate is somewhat higher than that for the death-registration area of the United States for the same years—13.6 for 1914 and 13.5 for 1915.⁴ The infant mortality rate for Sussex County in 1914 was 125.9 and for 1915, 138. These infant mortality rates are considerably higher than the rate, 100, for the United States birth-registration area in 1915.⁵

Physicians practicing in Delaware are required to report the occurrence of certain communicable diseases to the State registrar of vital statistics. In all cases unattended by physicians, heads of families, persons in charge of cases, school-teachers, or officers of schools are required to give immediate notice of the occurrence of such diseases.

The county as a unit of local government has no health organization. The majority of incorporated towns of Sussex County have health boards and part-time health officers. Quarantine against communicable diseases in incorporated towns of Sussex County is administered by the local health officer when such an officer exists, or by the mayor of the town. When such diseases occur in the country districts the attending physician is required to enforce the quarantine.

The State board of health requires that children with communicable diseases shall not attend school. Certain regulations governing the sanitary conditions of school grounds and school buildings have been promulgated by this board, but are not enforced in rural districts because of the lack of local health agencies. The medical supervision of school children is not required by State law, a bill for this purpose having been defeated in the legislature in 1917.

¹ Acts of 1913, ch. 85; R. C. 1915, secs. 797, 798, 798a as added by Acts of 1917, ch. 49.

² Eighteenth Biennial Report of the Board of Health of the State of Delaware, 1912-1915, pp. 298, 316.

³ Based on estimated population for Apr. 15, 1914 and Apr. 15, 1915.

⁴ Bulletin of the U. S. Bureau of the Census, Mortality Statistics, 1916, p. 12. Washington, 1918.

⁵ Bulletin of the U. S. Bureau of the Census, Birth Statistics, 1915, p. 10, Washington, 1917.

The character of the soil and the method of sewage disposal in Sussex County lend themselves to soil pollution and the possible contamination of water supplies. The local production and sale of milk is not supervised, and no attempt is made to prevent the distribution of diseases conveyed by this commodity.

There is a concerted effort to combat tuberculosis in this county. The Delaware State Tuberculosis Commission, created by legislative enactment, maintains three dispensaries for diagnostic and advisory purposes in Sussex County. This commission also employs a nurse who makes home visits to tuberculous cases and advises those ill with the disease as to how to care for themselves and to protect others in the same family.

There are no hospitals in Sussex County. The nearest hospitals are in that part of Milford which is in Kent County, on the northern boundary of Sussex County, across the border in Maryland, and in New Castle County.

Physicians practicing in the county are generally located in towns. During certain seasons of the year, because of bad roads, doctors are not readily accessible to the rural districts. There were 65 registered physicians located in Sussex County at the time of this survey, a rate of 1 physician for every 714 persons. Because of the inaccessibility of medical attention in the more remote districts, midwives are commonly employed. Usually these midwives are women who have had no training in the care of confinement cases. The State does not require midwives to be licensed, though physicians and midwives must be registered.¹

Since 1909 nurses in Delaware have been required to register before practicing their profession.² A number of so-called practical nurses are available in Sussex County. Trained graduate nurses are usually brought in from adjoining States.

Literacy.

The percentage of illiteracy in Delaware is relatively high. In 1910 only 14 States showed a higher percentage of illiterate persons among those 10 years of age and over.³ The State was thirty-second in order in the rate of illiteracy of its native white population of native parentage. The percentage of illiteracy is appreciably higher for the population of Sussex County than for the State as a whole, 10.6 as compared with 8.1. As in the State at large, by far the greatest amount of illiteracy occurs among the colored population, the rate for Sussex County for negroes being 30.1 and for the State as a whole 25.6. The percentage of illiteracy among the native white

¹ Acts of 1913, ch. 85, sec. 9; R. C. 1915, secs. 810, 817.

² R. C., 1915, secs. 876-883.

³ Thirteenth Census of the United States, 1910, Vol. II, Population, p. 281. *Ibid.*; Abstract, pp. 239 and 245.

population of Sussex County is 6.8, while the average among the same group for the United States is only 3.

Schools.

Two outstanding features characterize the school system of Delaware¹--the large extent of local control, and the dual school system whereby white and colored school districts are entirely independent of each other, though under the control of the same county and State authorities. Each school district determines for itself the amount of taxes that shall be raised for school purposes and the way in which the funds shall be distributed. Until 1917 assessment for school purposes covered real property assessed at rental value and personal property assessed at actual value, placing a heavy burden upon the tenant farmers. This naturally discouraged large appropriations for school expenditures, especially in rural districts. The school term and the period when the State compulsory education law shall be in effect are determined by each district. The State law provides for a compulsory period of attendance of children between the ages of 7 and 14 years of not less than three nor more than five months. Within these limits, each district may use its own discretion.²

The county is divided into 186 school districts, of which 154 are for white children and 32 for colored. This proportion of colored schools is about the same as the proportion of colored in the population, but the fact that the colored school districts cover practically the same amount of territory as the white school districts indicates the difficulties in the way of a high average attendance. Most of the schools of the county have only one room and one teacher, 79 per cent of the white rural schools and 78 per cent of all the colored schools belonging to this class.³

The compulsory education law provides that no child living more than 2 miles by the nearest traveled road from the schoolhouse of his district shall be compelled to attend unless a free conveyance is provided.² Many children could claim exemption for this reason. In the colored districts, especially, they often have to go long distances, sometimes 3 or 4 miles, because of the sparseness of the colored population. No transportation is furnished, and since the compulsory period is usually in the depth of winter, bad weather often prevents attendance.

The enumeration of children of school age is made by the clerk of the school committee of each district. The State commissioner of

¹ Weeks, Stephen B.: History of Public School Education in Delaware. Bureau of Education Bulletin No. 18. Washington, 1917.

² R. C. 1915, sec. 2313.

³ Educational Directory of the State of Delaware, 1915-16.

education has practically no control over the enumeration. The county superintendent is charged with the enforcement of the attendance law, but has no assistants. He must depend upon the reports of absences made by teachers at the end of each month, and owing to the size of the county it is impossible for him to follow up violations in an effective way. The law is poorly enforced because of the absence of central State authority and lack of local interest. The State commissioner of education of Delaware published a report setting forth the conditions for the year 1912-13, and there gave the percentages of attendance in Sussex County, based on total number of children enrolled, as follows: White schools, incorporated, 70 per cent; rural, 55 per cent; colored schools, 48.7 per cent.¹

The effect of the seasonal occupations in the various sections of Sussex County is evident in the length of the school terms and the time of beginning the compulsory attendance period. Gathering of holly before Christmas, husking corn, packing sweet potatoes in the late autumn, setting out strawberry plants in the early spring, plowing and fertilizing, all have an important influence on school attendance in the county. In 66 (60 white and 6 colored) of the 186 (154 white and 32 colored) school districts the compulsory attendance period in 1915-16² was three months. Thirty of those schools did not require attendance until December, and 12, not until January. Most of the rural schools were actually in session seven or eight months. In the town schools a nine-month term was the most common.

Several laws were enacted by the 1917 legislature which were epoch making for the schools of Delaware.³ The funds available for school purposes were greatly increased, and the system of local taxation improved by the change in method of assessment. County superintendents' salaries were increased, and salaries of white teachers were standardized and a minimum established. Another law, designed to raise the standard of teaching, provided for the payment by the State of the traveling expenses and board of teachers attending the summer school for teachers at Delaware College. A law was passed permitting the consolidation of rural schools. An appropriation of \$15,000 was made for agricultural and industrial education in high schools, thus securing an equal amount for Federal appropriations under the Smith-Hughes Act. A commission to study the entire school system was provided for. It is expected that this will result in greater centralization and in otherwise raising the standard of education in the State.

¹ Wagner, Chas. A.: *Public School Attendance of Delaware Children in the Year of 1912-13: A Study and an Appeal*, pp. 22, 23, and 29. Wilmington, Del., 1914.

² Data compiled from records in the office of the State commissioner of education of Delaware.

³ Revised Code 1915, ch. 71, sec. 2292 amended by Laws of 1917, ch. 178; sec. 2300 amended by Laws of 1917, ch. 180; Laws of 1917, ch. 186.

Social life and general educational activities.

Living conditions throughout the county, except among the more progressive townspeople, are very primitive. In rural districts the remoteness of the home from town and market makes it imperative that the family should be socially and economically as independent as possible, and in a few homes spinning and weaving is still done on old-fashioned wheels and looms handed down from pre-Revolutionary times.

There is little organized recreation in the county. School and church "socials" and the yearly camp meetings are the principal social gatherings in the rural districts. In the towns there are periodic entertainments and motion-picture shows.

The State library commission of Delaware makes provision for the establishment of free public libraries in the school districts of the State, appropriating the amount proportionate to the sums raised for library purposes by taxation in the districts. The establishment of a library is determined by vote of the qualified electors of the school district. As a matter of fact, the people of Sussex County have not availed themselves to any great extent of this privilege. Only five school districts reported libraries of this type. Several of the schools have taken advantage of small circulating libraries sent out by the State federation of women's clubs with a small amount of State aid.

Parent-teacher associations are not very strong in this county, though the educational authorities have been assiduous in their efforts to establish them. In 1916, out of a total of 186 schools, only 41 reported such organizations. The county branch of the State grange, with its local groups, is an active force both in the economic development of the county and in the improvement of social conditions. In the towns the women's clubs, though small in membership, are very active. They are an important influence in the social and civic life of the county. The State federation of women's clubs, with which the Sussex clubs are affiliated, can be accredited with the initiation and accomplishment of some of the most progressive legislation in the State.

Care of the dependent, delinquent, and defective.

The Sussex County almshouse is the only public institution in the county. The trustees of the poor, who have the management of the almshouse, give no outdoor relief. There are no private relief organizations, with the exception of small neighborhood groups. The 1917 session of the legislature passed a mothers' pension act¹ providing for aid to be given to "any widowed or abandoned mother of a child or children under fourteen years of age, who is unable

¹ R. C. 1915, sec. 3071a as amended by Acts of 1917, ch. 227.

without aid to support, maintain, and educate her child or children, or any mother whose husband is permanently, either physically or mentally, unable without aid, to support, maintain, and educate such child or children." The administration of this act is placed in the hands of a commission consisting of nine women, three from each county. The payments are not to exceed \$8 a month for a single child, and \$4 for each additional child in the family, except that the allowance may be increased in case of sickness or unusual circumstances. The State contributes a sum equal to one-half the amount paid out by the county, the total amount to be paid to any county in one year not to exceed \$2,500. The commission was not appointed until January, 1918, consequently the law did not affect the situation in the county during the time included in this investigation.

Children who are received by the almshouse are placed in families, unless so physically defective that this method of care is impossible. A small number of children, perhaps not more than one or two a year, are indentured. These children are bound out "in consideration of \$1" until they are 18 or 21 years of age. Agreement as to schooling to be given the child differs for each individual case. It is stipulated that two outfits of clothing shall be given to each child on the date of his legal release from indenture. Most of the children from the almshouse are placed informally in families, the almshouse keeping no record of their disposition and assuming no responsibility for their welfare.

Because of the scarcity of farm labor, families in Sussex County have welcomed the opportunity to secure the assistance which placed-out children can give. Certain of the large home-finding agencies in other States have been sending children to this county for the past 40 years. Others have begun to use this territory more recently. Until 1917 there was no State supervision or control over dependent children in Delaware. In that year the legislature passed a law regulating the bringing into the State of children from other States. A bond of \$3,000 must be filed with the commissioner of education for each child so placed to insure against the child's becoming dependent upon the public for support.¹

Two children's agencies with headquarters in Wilmington work throughout the State, one of them prosecuting parents for neglect of their children and removing children from detrimental surroundings, and the other placing and supervising children in free homes. Both these societies are private, one of them being subsidized by the State. Some of the children removed from their homes are placed in institutions within or outside the State; others are placed in farm homes.

¹ Acts of 1917, ch. 185, sec. 2.

Both adult and juvenile offenders come before the county court. Offenders receiving sentences of six months or less serve their terms in the county jail; longer term offenders are sent to the New Castle County Workhouse. Whipping is still a punishment for larceny, but since 1909 Sussex County lawbreakers have been sent to New Castle County to receive their lashes. Minors guilty of petty misdemeanors are dealt with by local authorities. Those under 18 years of age guilty of serious offenses are committed to the two industrial schools in New Castle County. These institutions are under private control but are granted State appropriations and receive per capita payments from the levy court of the county from which the children have been committed. During the two years from November 1, 1915, to November 1, 1917, 11 children from Sussex County were received by the industrial schools. These children constituted 7 per cent of the total number admitted during this period.

The Delaware Commission for the Blind has supervision and control of the education, training, and welfare of the blind, and also visits institutions outside the State wherein the indigent deaf, dumb, and feeble-minded children of the State are being maintained and instructed. The State pays for the training of 10 blind and 15 deaf children in institutions outside Delaware. The field worker of the commission for the blind visits all blind persons in the State, keeps a record of all cases of blindness, and teaches adults in their homes to read embossed type. The workshop conducted by the commission in Wilmington provides training in handicrafts and supplies employment for blind men and boys; women are given work in their homes. The commission reported in August, 1917, that there were 44 blind on their Sussex County list, 2 of whom were in schools for the blind, and 4 deaf and dumb pupils from this county in schools for the deaf and dumb.

Delaware was the second State in the Union to adopt State care of the insane. The State hospital for the insane is under the control of a commission consisting of three members from each county. On August 1, 1917, 66 of the 500 inmates of the institution were from Sussex County. Because of the lack of provision for the mentally defective there were a number of feeble-minded patients in this institution, six of the inmates from Sussex County being mentally defective.

Only 3 of the 35 inmates of the Sussex County almshouse at the time of this study were found to be normal mentally, 19 of the inmates being diagnosed feeble-minded. Examinations of inmates of the reformatory for boys by a psychologist of the University of Pennsylvania Psychological Clinic did not reveal any mentally defective boys from Sussex County in that institution. Two girls

from this county who were inmates of the industrial school for girls were reported by the superintendent as being feeble-minded, but were not included in this study because not diagnosed by the Public Health Service.

MEASURES FOR SOCIAL IMPROVEMENT.

The situation in Sussex County indicates that the old-time standards are rapidly proving inadequate, and the progressive element in the county is awakening to the need of improving general social conditions, especially educational facilities. Fundamental to the development of the county along economic and social lines is the improvement of means of communication, especially of roads. With improved methods of farming will come reduction in the proportion of share tenants and a general betterment of economic conditions. The extension activities of the Delaware State Agricultural College and the farmers' institutes, arranged under the auspices of the State board of agriculture, have aroused a growing interest in scientific farming that has already brought results.

The need for improvement in school conditions has already been emphasized. The reform in taxation methods secured in the last legislative session, and the beginning made toward increasing the salaries of teachers and school officials and making the assistance of the State college easily available to teachers, can not fail to bring better school facilities and higher standards of instruction. The need for such consolidation of the schools as the optional consolidation law permits is evidenced by the fact that, in 1915-16, 79 per cent of the white rural schools and 78 per cent of all the colored schools in Sussex County were one-room schools, with one teacher.¹ No provision can be made for the proper instruction of retarded or mentally defective children in rural districts until this condition is changed. A very considerable proportion of the children, especially the colored, live at distances that are almost prohibitive, even under the present system of small, scattered schoolhouses. Essential to making education available are means for transporting children to schools that are at a distance from their homes. Consolidation of school districts necessarily implies some special arrangement of this kind.

Even with the improvement of school facilities, not every child will receive the education which is his due unless provision is made for a school census, secured by a thorough canvass and an effective compulsory education law. It is the State's responsibility to provide some training adapted to the child's needs for every child of school age. The State is not released from this duty because a child is subnormal or defective, but must make a place for him in the general

¹ Educational Directory of the State of Delaware, 1915-16.

educational scheme, unless he is physically unable to take advantage of any training that might be devised. Physical and mental examinations are requisite in many cases to the proper understanding of children in the schools, and will lead to the correction of physical defects that handicap mental development.

The increase of general educational and recreational facilities, such as libraries, clubs, or similar bodies, and organized community activities of various kinds, will result in raising the general level of intelligence and social life. The appreciation of the importance of mental hygiene and of the seriousness of mental subnormality from the social and eugenic points of view will create a body of public opinion demanding and supporting constructive effort on the part of the State toward the solution of these problems.

SECTION 1.¹

PREVALENCE OF MENTAL DEFECT.

CHAPTER I. THE DIAGNOSIS OF MENTAL DEFECT.

MENTAL DEFECT A MEDICAL PROBLEM.

Until recently mental diseases were regarded apart from medicine and but little attention was paid to their scientific study. Happily, this opinion has gradually lost ground, and psychiatry is now regarded as a special and important branch of medicine, while mental hygiene has taken prominence in preventive medicine.

As a matter of fact, though the problem of the insane and mental defective is of great medico-legal, educational, and sociologic interest, it is primarily a medical problem of increasing importance. Under present-day conditions the physician in general practice is in contact almost daily with some type of mental disorder and is often called upon to diagnose mental deficiency. At times he must give an opinion as to the necessity for institutional care for certain individuals and must prescribe specialized training suitable to the needs of others. He is quite frequently called upon to give a scientific opinion as to the criminal responsibility of an individual. As medical inspector of schools he must consider the relationship of certain cases of physical disorders to mental development, point out the children not able to profit by the usual courses of study, and give advice in respect to their care and training.

Furthermore, the special knowledge of the physician is necessary for the diagnosis of mental deficiency. Familiarity with types of delirium, mental disorders involving deterioration, mental diseases in which emotional adjustments determine the mental attitude, and the relationship of associated physical disorders to mental development, especially in children, make a physician with psychiatric training more competent to interpret the results of formal tests for grading intelligence than are those whose training is purely psychological. On the other hand, it is not intended to minimize the necessity of psychological training and experience in diagnosing such cases.

RELATION TO RETARDATION.

Mental deficiency or feeble-mindedness is a condition in which mental growth is so much slower than normal that, in adult life, mental development can not progress beyond that of a child. In diagnosing the condition, therefore, it is important to differentiate between retardation due to a physical disorder which will disappear

¹ Section prepared by the U. S. Public Health Service.

if the disorder is corrected, and retardation due to a primary mental defect which is incurable, though not necessarily inherited.

FORMAL TESTS.

If the results of formal mental tests could be relied upon absolutely, the diagnosis of mental deficiency would be a simple matter for any intelligent person. Studies conducted by the Public Health Service and others, however, have shown wide variations in the results obtained by the Binet-Simon scale in apparently normal children. These studies have led to the conclusion that psychological tests can not be relied upon as the sole method of diagnosing mental deficiency. Emotional reactions and attitudes of the individual while under examination, together with his entire mental make-up, must be taken into account in the interpretation of the tests.

RELATION TO OTHER MENTAL DISORDERS.

There is a tendency to include higher and higher grade cases in the feeble-minded group. It must be recalled, however, that other mental disorders may resemble feeble-mindedness. The examiner must, therefore, be certain of the primary mental defect before diagnosing these high-grade cases as mental defectives.

One familiar with psychoneurotic individuals must have been impressed with their childlike manner of emotional adjustments. Moreover, an individual with retiring and "shut-in" tendencies, who may eventually develop dementia præcox, might be mistaken by the inexperienced for a high-grade mental defective. This confusion is still more likely in well-developed and markedly deteriorated cases of dementia præcox.

Certain cases of mental disorders of the excitable or manic type and the epilepsies are occasionally noted in mental defectives. When such cases are under observation the examiner should determine whether they are primarily mental defectives, and to do this he must have a knowledge of the organic mental diseases. This is particularly necessary if he is dealing with persons past middle life.

Furthermore, it is well known that the feeble-minded are often public dependents, immoral, prone to acts of violence and to criminal and sexual offenses, disseminators of communicable diseases, and not infrequently addicted to the use of alcohol and drugs. It must be borne in mind, however, that the majority of the individuals whose social reactions are of this type are not feeble-minded. The social and moral reactions alone, therefore, can not be relied upon for the diagnosis of mental deficiency. This statement will be in a measure confirmed by the results obtained in this investigation, one phase of which was a psychiatric examination of persons who appeared, from a study of their social reactions, to be feeble-minded.¹

¹ See p. 34.

CHAPTER II. PREVALENCE OF MENTAL DEFECT IN SUSSEX COUNTY SCHOOLS.

SCOPE OF SURVEY.

During the course of a survey by the Public Health Service of the prevalence of mental deficiency in Sussex County, studies were made at 181 of the 186 schools listed in the official report of the commissioner of education of Delaware (1915-16). One school was inaccessible, and four were not in session. Of the 181 schools, 151 were for white children and 30 for colored. At each of these schools, in connection with the mental hygiene studies, observations were made of the sanitary conditions of the buildings and their environment. These observations will be embodied in a later report. Physical examinations of the school children were not made in this county.

METHOD OF EXAMINATION.

At each school the examiner interviewed all the children for suspected mental deficiency and selected a varying number of them for a special examination. This selection was determined by the history, general appearance, general mental attitude, emotional reactions, and mental adjustments of the individual child. A second group held for an intensive examination consisted of those that the teacher pointed out as peculiar or unusual, as problems in the school or in the community life, or as chronologically much too old for their grade.

This method of selecting children for intensive examination was chosen because it was not time consuming and was apparently consistent with accuracy. It utilized the professional knowledge of one experienced in estimating the mentalities of normal and sub-normal children, supplemented by the opinion of teachers who had observed the children closely for one or more years. This method is similar to the one employed by officers of the Public Health Service in examining immigrants.

ENROLLMENT AND ATTENDANCE.

The percentage of enrollment in attendance during the earlier part of this investigation (in November and December, 1916) was somewhat lower than that found during the later month (January, 1917). In some sections of the county the number of children attending school is subject to seasonal variations, due to the temporary employment of children in certain local industries.¹ For example,

¹ See p. 13.

from late in November until near Christmas the inhabitants living in the country districts are engaged largely in gathering holly, which grows in great abundance in this section, and in weaving wreaths for the Christmas trade. Many children are kept from school during this period to assist in the work.

The attendance in the two periods is compared in Table I:

TABLE I.—Enrollment and attendance of white school children during holly-gathering season and in January compared.

Season and locality.	Enrollment.	Attendance.			
		Total present.	Per cent of enrollment.	Boys present.	Girls present.
Holly-gathering season, November and December (east side of county):					
Country.....	2,423	1,858	76.7	1,000	858
Towns.....	1,866	1,371	73.5	679	632
January (west side):					
Country.....	1,977	1,719	86.9	815	904
Towns.....	1,237	1,056	85.4	520	536

NUMBER GIVEN INTENSIVE EXAMINATION.

Of 6,004 white and 855 colored school children observed during the course of this survey, 299 of the former (4.98 per cent) and 93 of the latter (10.88 per cent) were given intensive mental examinations.

PREVALENCE OF MENTAL DEFECT AMONG WHITE SCHOOL CHILDREN.

Sixty-seven, or 1.1 per cent, of 6,004¹ white school children inspected were mental defectives. Of these 10 were from 6 to 10 years old, 39 from 11 to 14, 15 from 15 to 17, and 3 from 18 to 20. Table II gives the prevalence of feeble-mindedness in the schools in more detail.

TABLE II.—Prevalence of mental defect in white school children.

Locality.	Number inspected.			Number and per cent mentally deficient.					
	Total.	Boys.	Girls.	Total.		Boys.		Girls.	
				Number.	Per cent.	Number.	Per cent.	Number.	Per cent.
Whole county.....	6,004	3,014	2,990	67	1.11	46	1.52	21	0.70
East Side:									
Country.....	1,858	1,000	858	27	1.45	18	1.80	9	1.05
Towns.....	1,371	679	692	11	.80	6	.88	5	.72
West Side:									
Country.....	1,719	815	904	19	1.11	15	1.84	4	.44
Towns.....	1,056	520	536	10	.95	7	1.35	3	.56

¹ Eighty per cent of the total enrollment of 7,503.

In this study it has been possible to determine the prevalence of mental defect among white children enrolled in school, as well as among those in attendance when the mental examinations were made. In the survey of the homes 19 feeble-minded cases were found who were enrolled in school but were absent when the school examination was made. In other words, out of a total enrollment of 7,503, eighty-six feeble-minded cases were found, or 1.1 per cent. The result is found to be identical with that obtained in the case of the children inspected in school.

PREVALENCE OF MENTAL DEFECT AMONG COLORED SCHOOL CHILDREN.

Twenty-nine, or 3.4 per cent, of the 855¹ colored school children inspected were mental defectives; 5 of them were from 6 to 10 years of age, 18 from 11 to 14, and 6 from 15 to 17, the greatest number falling in the 11 to 14 age group. Of 431 boys inspected, 13 were mental defectives (3 per cent), and of 424 girls inspected, 16 (3.8 per cent) were mental defectives. This was one of the few groups where the rate was higher in the case of girls than in that of boys.

In addition, there were found in the homes 15 cases who were enrolled in school but were absent when the school was visited. Therefore, out of 1,478 enrolled, 44 mental defectives were found, or 3 per cent.

It is not to be assumed that the results of this study in the colored schools represent accurately the prevalence of mental defectives in this class of the population in the county, because of the small number of children inspected.

RESULTS WITH BINET SCALE.

Although formal tests were not the main reliance in determining mental defect in Sussex County, they were used in each intensive examination of school children and the mental age of the child was determined. The mental age was then considered in forming an opinion as to whether the child suffered from a mental defect.

As a matter of information, Tables III, IV, and V are given to show the number of feeble-minded children in each chronological and mental age group.

¹ Fifty-eight per cent of the total enrollment of 1,478.

TABLE III.—Results of grading 66 white feeble-minded school children by Binet scale.

Chronological age.	Boys.										Girls.									
	Total.	Mental age.									Total.	Mental age.								
		3	4	5	6	7	8	9	10	4		5	6	7	8	9	10			
Total.....	a 45	1	3	5	4	5	12	12	3		21	1	2	3	2	7	5	1		
7.....	3		2	1							1									
8.....	2	1		1							1	1								
9.....	1				1						1									
10.....	1			1							1		1							
11.....	5					1	3				2		1			1				
12.....	6				1	2	3				4		1			2	1			
13.....	6					1	3	2			3					2	1			
14.....	7		1				2	3	1		6			2	2	2	2			
15.....	9			1	2			1	4	1	2						1	1		
16.....											1							1		
17.....	3							2	1											
18-20.....	1					1														
21.....	1							1												

a One feeble-minded boy, 20 years of age, was not accurately graded and was not included in this table.

TABLE IV.—Results of grading 29 colored feeble-minded school children by Binet scale.

Chronological age.	Boys.										Girls.									
	Total.	Mental age.									Total.	Mental age.								
		3	4	5	6	7	8	9	10	4		5	6	7	8	9				
Total.....	13				4	4	3	1	1		16	1	3	2	3	4	3			
8.....	1				1															
9.....																				
10.....	3				1	2					1				1					
11.....	1				1						1									
12.....	2					1	1				3	1		1						
13.....											3			1		1	1	1		
14.....	3				1		1	1			5		2			2	2	1		
15.....	2						1	1			2		1				1			
16.....	1								1		1							1		

TABLE V.—Mental age of white and colored feeble-minded school children.

Mental age.	Total.	White.	Colored
Total.....	95	66	29
3.....	1	1	
4.....	5	4	1
5.....	10	7	3
6.....	13	7	6
7.....	14	7	7
8.....	26	19	7
9.....	21	17	4
10.....	5	4	1

The average retardation was 3.4 years for the 7 to 10 year age group, 5.3 for the 11 to 14 age group, and 7.3 for the 15 to 17 age group.¹

¹ The number of cases involved was 15 for the first age group, 57 for the second, and 21 for the third.

PLACED-OUT CHILDREN.

Previous studies conducted by the Public Health Service have shown a somewhat lower percentage of mentally defective children in the general school population than in Sussex County, where the average for white school children was 1.1 per cent.

The higher percentage in Sussex County is due to the number of feeble-minded dependent children placed out in the county. For several years certain agencies in adjoining States have had a policy of placing children in farm homes in this State. The system has been fostered by the demand for child labor created by the character of the farming in southern Delaware. The fact that until 1917 no bond was required by the State for the purpose of preventing these dependent children from becoming public charges has resulted in the placing out of many mentally defective children in the county.

An analysis of the data obtained in this survey of the schools shows that of the 67 (46 boys and 21 girls) feeble-minded white children noted, 10 (9 boys and 1 girl), or 14.9 per cent, had been brought into the county and placed in family homes.

The presence of these children raises the percentage of feeble-mindedness. Exclusive of them, 0.95 per cent (1.23 per cent of the boys and 0.67 per cent of the girls) were mentally defective. As noted above, including the placed-out feeble-minded group, the feeble-minded composed 1.1 per cent of the white children inspected.

The percentage of defective children found in Sussex County, exclusive of the feeble-minded placed-out children, was the same as that found in the rural schools of Porter County, Ind., by the Public Health Service during intensive individual examinations.¹ In Porter County 14.3 per cent of the population was foreign-born white.²

MENTAL DEFECT IN PUBLIC SCHOOLS A MENACE.

The feeble-minded boy or girl is a misfit in the public schools, particularly when kept in the regular classes. The feeble-minded are unable to profit by the usual course of study in the schools and should be segregated either in special classes in the regular schools or in separate schools. The extra time and energy the regular teacher devotes to such children is wasted, because they require a more special and intensive form of instruction than can be given in the regular classes. Furthermore, the necessity of constant supervision and discipline of children of this type interferes materially with the teacher's discharge of regular classroom duties.

¹ Clark, T., Collins, G. L., and Treadway, W. L.: "Rural school sanitation, including physical and mental status of school children in Porter County, Ind.," Public Health Bulletin, No. 77, p. 110. Washington, 1916.

² Thirteenth Census of the United States, 1910, Vol. II, Population, p. 560.

Not only are the feeble-minded children misfits in their classes, but they are equally so in their association with other children. Older children often treat them unkindly and subject them to all sorts of abuse and ridicule. Responsive to degrading influences and prone to vicious practices, the feeble-minded child is not a suitable associate for younger children his equal and often his superior in mental attainments. For example, the free association of a 16-year-old boy, whose mental development is that of a 6-year-old child, with children of the latter age, especially girls, or the free association with young boys of a 16-year-old feeble-minded girl without self-restraint who has considerable knowledge of debasing practices, will lower the moral standards of the school.

The segregation of the mentally defective child in special classes, besides being of decided advantage to other children, is of material benefit to the child himself, because of the opportunity afforded for individual and specialized training. The consolidation of schools in the rural communities of Sussex County will make it practicable to adopt measures for the segregation, classification, and training of the mentally inferior.

CHAPTER III. MENTAL CONDITION OF INMATES OF THE ALMSHOUSE.

Although the mentally defective child is a misfit in the environment of childhood, the condition is more easily controlled during this period. The feeble-minded adult is unable to comprehend laws made for adults whose minds continue to develop until the retrogressive changes of old age begin. He is unable to recognize the rights of others, control his acts, or adjust himself to the standards of the community and society. He is responsive to vicious influences which tend further to weaken his already inefficient self-control. He is unable to provide against adversity, and not infrequently becomes dependent upon private or public charity. Unfortunately, many such eventually are committed to the county almshouse.

In December, 1916, there were 35 inmates (21 white and 14 colored) in the Sussex County almshouse, located near Georgetown, Del. The distribution as to sex was as follows: Females, white 6, colored 5; males, white 15, colored 9. Three of the inmates were young children, two being illegitimate colored boys (one 10 months old and the other 8 years old) and one being a 14-year-old white boy.

The mentality of the inmates of the almshouse is given in Table VI, according to specified age groups.

TABLE VI.—Mentality of inmates of almshouse, by specified age groups.

Age group.	Inmates of almshouse.											
	Mental condition.											
	Total.	Feeble minded.				Other mental disorders.						
		Normal.	Idiots.	Imbeciles.	Other mental defectives.	Doubtful mental defective.	Epileptic.	Dementia præcox.	Senile dementia.	Dementia due to arterio-sclerotic conditions.	Paresis.	Organic focal lesion (aphasia).
Total.....	35	23	1	13	5	1	1	1	4	4	1	1
Over 60 years.....	17	2	.....	4	2	.....	.....	1	4	4	.....	.....
50 to 59 years.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
40 to 49 years.....	3	1	.....	.....	2	.....	.....	.....	.....	.....	.....	.....
30 to 39 years.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Children (to 20 inclusive) ^b .	5	.....	1	2	1	1	.....	.....	.....	.....	.....	.....

^a One, in the age group 40 to 49, had locomotor ataxia.

^b The doubtful case was 10 months old; the other four were in the 6- to 20-year age group, one being 8 years old, one 14, one 18, and one 19.

Of the 35 inmates of this almshouse, therefore, 19 were mental defectives. Of these, 3 were white females, 8 white males, 3 colored females, and 5 colored males. It will be noted that but 3 of the 35 inmates were of normal mentality.

No records are available as to the number of mentally afflicted persons who have been admitted to, have died in, or have been discharged from this almshouse during its existence.

MINGLING OF SEXES.

The various sexes and races mingle freely during the day, though housed in separate departments. That there is little supervision over them is shown by the fact that a white woman with the mental capacity of a small child was without protection from the sexual advances of men. As a result she has given birth to two illegitimate colored children during the past nine years. The father of one of these children is reported to have been an inmate and the father of the other an employee of the institution.

SANITATION AND MEDICAL CARE.

The Sussex County almshouse not only fails to keep the sexes segregated, but it fails to give the inmates sanitary conditions or proper medical care. The institution grounds are flat and the drainage is only fair. No attempt is made to abate the fly nuisance. The institution is not sewered and the privies are insanitary. The patients use buckets for urinals and commodes. The probabilities of soil pollution at the institution are great.

A hospital department is said to have been maintained at this institution, but such a department does not now exist. There is no modern equipment for the care of the sick. Not only do the inmates have irregular medical advice and practically no medical supervision, but they are subjected constantly to the danger of contracting communicable diseases.

ABSENCE OF SPECIAL TRAINING.

As at all other almshouses, the mentally defective inmates are given no special training designed to make them self-supporting.

COST OF MAINTENANCE.

The annual per capita cost of caring for the inmates of the almshouse (April, 1915, to March, 1916) was \$156. For this amount, in an institution under State supervision, clean sanitary surroundings, proper medical supervision, continuous daily medical attention, kind treatment, and training in self-control and self-support may be had.

CHAPTER IV. MENTAL DEFECTIVES EXAMINED IN THEIR HOMES.

SOURCES OF STUDY.

In addition to the examination of the school children and the inmates of the almshouse, a certain group of persons were examined whose reported social reactions were suggestive of some mental disorder. These suspected cases were obtained through the investigators of the Children's Bureau. The social histories of the cases were obtained by these investigators from the following sources:

1. Families of school children previously diagnosed by the Public Health Service investigator as mentally defective. Through visits to these families other cases whose social history suggested feeble-mindedness were observed, either in the immediate family group or among near relatives. Some of these cases were so low grade mentally as to be unable to attend school, and others had passed the age of compulsory school attendance (14 years).

2. Families and friends of almshouse inmates who had been found to be feeble-minded. While the records at the almshouse were meager, they provided a certain entering wedge for further study by the Public Health Service investigator.

3. Public school records. Among the relatives of these cases, furthermore, were found a few cases suspected of being mentally defective.

4. Reports by school-teachers of cases living in their vicinity. Among the relatives of these cases several more suspected of mental defect were found.

5. List of suspects furnished by the Delaware Commission for the Blind. As before, a few of the suspects in this list had relatives who were suspected through their social histories of being feeble-minded.

6. County officials, club women, certain individuals interested in social betterment, and friends of persons having feeble-minded children.

Individuals 21 or more years of age whose social history pointed to the possibility of mental defect were not investigated, as a rule, if unrelated to cases less than 21 years of age. Forty such cases were not investigated for this reason.

RESULTS BASED ON SOCIAL HISTORY.

From these sources 181 suspected cases were found, out of a large number investigated. On psychiatric examination 142 of these proved to be mentally defective; 2 of the suspected cases had essen-

tial or idiopathic epilepsy; and 4 possessed certain constitutional traits which warranted their being classified as psychopathic individuals. In addition, 14 cases were classed as retarded mentally. These, although below the normal in mental attainments, could not be regarded at the time of the investigation as certainly feeble-minded. The future alone will determine whether they were retarded from lack of opportunity or actually had a mental defect. Of the 181 suspected cases, 162 were, therefore, mentally abnormal, thus leaving 19 who were mentally normal.

It has been previously stated that social history alone is not sufficient for a diagnosis of mental deficiency. In this instance it is to be noted that of the 181 suspected cases examined, 142 proved to be actually feeble-minded, leaving 39 which would have been wrongly diagnosed on the basis of social history alone. In other words, the diagnosis would have been inaccurate in 21.5 per cent of the cases. Some of the cases which would have been wrongly diagnosed by the social-history method were normal mentally; others had mental ailments which could be distinguished from mental defectiveness only by an exacting psychiatric examination, and still others were classed as "retarded" mentally.

The sex and color distribution of the cases suspected of feeble-mindedness are given in Table VII:

TABLE VII.—Sex and color distribution of 181 cases suspected of mental deficiency on the basis of social history.^a

Mentality.	Cases suspected of mental deficiency.						
	Total.	White.			Colored.		
		Total.	Male.	Female.	Total.	Male.	Female.
Total.....	181	108	69	39	73	41	32
Feeble-minded.....	142	85	55	30	57	31	26
Retarded.....	14	9	7	2	5	4	1
Epileptics.....	2	2	1	1			
Psychopathic constitution.....	4	4	2	2			
Normal.....	19	8	4	4	11	6	5

^a Two white and one colored case, related to school cases, were found in the almshouse. Since they are included in the statistics for that institution (see p. 32), they are omitted from the above record.

DISTRIBUTION OF MENTAL DEFECTIVES FOUND IN HOMES.

Turning now to the cases which were actually feeble-minded, it seems well to point out that 41 (27 boys and 14 girls) out of the 142 were 6 to 14 years of age, the period during which schooling is required.¹ Some of these cases were idiots and imbeciles unable to attend school.

¹ Delaware compulsory school attendance law requires attendance from 7 to 14 years. (R. C. 1915, sec. 2313.)

The details in regard to the age and sex distribution of the feeble-minded cases are given in Table VIII:

TABLE VIII.—Age and sex distribution of feeble-minded cases seen in home, by source of case.

Source of case.	Feeble-minded cases seen in homes.										
	Total.	Male.					Female.				
		Total.	Age.				Total.	Age.			
			Under 6 years.	6 to 14 years.	15 to 20 years.	21 years and more.		Under 6 years.	6 to 14 years.	15 to 20 years.	21 years and more.
Total.....	142	86	3	27	31	25	56	2	14	20	20
White cases.....	85	55	1	16	19	19	30	2	10	9	9
Related to school cases.....	13	8	1	2	2	3	5	.....	2	2	1
Related to almshouse cases.....	5	5	.....	2	2	1	.....	.....	.....	.....	.....
Public-school records.....	13	8	.....	4	3	1	5	.....	3	2	.....
Related to above cases.....	10	5	.....	1	1	3	5	1	1	.....	3
Teachers and relatives.....	11	6	.....	2	1	3	5	.....	3	2	.....
Related to above cases.....	5	2	.....	1	.....	1	3	.....	.....	2	1
Delaware Commission for the Blind.....	14	12	.....	1	5	6	2	.....	.....	.....	2
Related to above cases.....	1	1	.....	.....	.....	1	.....	.....	.....	.....	.....
Other.....	13	8	.....	3	5	.....	5	1	1	1	.....
Colored cases.....	57	31	2	11	12	6	26	.....	4	11	11
Related to school cases.....	26	15	2	6	5	2	11	.....	2	3	6
Related to almshouse cases.....	3	2	.....	.....	2	.....	1	.....	.....	.....	1
Public-school records.....	14	8	.....	3	3	2	6	.....	2	4	.....
Related to above cases.....	6	2	.....	.....	.....	2	4	.....	.....	.....	4
Teachers and relatives.....	6	3	.....	1	2	.....	3	.....	.....	3	.....
Other.....	2	1	.....	1	.....	.....	1	.....	.....	1	.....

CHAPTER V. PREVALENCE OF MENTAL DEFECTIVES IN GENERAL POPULATION.

When the three groups of cases discussed in the three preceding chapters are combined, it is seen that at the time of this survey there were at least 257 cases of mental defect in Sussex County. In other words, at least 0.52 per cent of the population ^a were feeble-minded.

There were, no doubt, many additional cases, since little effort was made to secure histories of cases not related to those under 21 years of age. Although no estimate of the actual number of cases appears possible, an analysis of those cases found has some value and is therefore given herewith.

SEX AND COLOR DISTRIBUTION, BY GROUPS STUDIED.

The distribution of these cases of feeble-mindedness, by color and sex, in the three groups of the population studied is indicated in Table IX:

TABLE IX.—*Sex and color distribution of feeble-minded cases in county, by groups.*

Color and sex.	Feeble-minded cases in county.			
	Total.	School population.	Alms-house.	Cases examined in homes.
Total.....	257	96	19	142
White.....	163	67	11	85
Male.....	109	46	8	55
Female.....	54	21	3	30
Colored.....	94	29	8	57
Male.....	49	13	5	31
Female.....	45	16	3	26

DISTRIBUTION, BY SEX AND COLOR, ACCORDING TO POPULATION OF COUNTY.

Table X gives the distribution by sex and color in comparison with the population:

TABLE X.—*Distribution by sex and color, with percentage of population.*

Color and sex.	Number feeble-minded.	Population, Jan. 1, 1917. ^b	Percentage of population.
Total.....	257	49,222	0.52
White.....	163	40,801	0.40
Male.....	109	20,789	0.52
Female.....	54	20,012	0.27
Colored.....	94	8,421	1.12
Male.....	49	4,320	1.13
Female.....	45	4,101	1.10

^a Based on an estimate by the Bureau of the Census, Jan. 1, 1917 (see Table X).

^b Estimates by the Bureau of the Census.

One of the striking facts brought out by Table X is the higher rate of feeble-mindedness among the white males as compared with that among the white females. This ratio has been found to be true in previous investigations by the Public Health Service. Of 11,622 boys and 11,217 girls examined in the schools of four States 127 boys and 78 girls were mentally defective, or 1.08 per cent of the former and 0.69 per cent of the latter.¹

PREVALENCE AMONG CHILDREN.

In the age group from 6 to 20 years, inclusive, 192 cases of feeble-mindedness were found in the schools, the almshouse, and the homes. The population for this group was estimated to be 15,840 on July 1, 1917.² The percentage of feeble-mindedness in this group was therefore 1.21. As every effort was made to locate cases in persons under 21, the above percentage may be considered fairly accurate.

AGE DISTRIBUTION OF WHITE MENTAL DEFECTIVES.

The age and sex distribution of the white feeble-minded cases found in the county and the relation the cases bear to the population in specified age groups are as shown in Table XI:

TABLE XI.—Age and sex distribution of white feeble-minded cases and of general population, with percentage of population that feeble-minded constitute.

Sex and age.	General population. ^a		White feeble-minded cases.	Per cent of population that feeble-minded constitute.
	Number.	Per cent distribution.		
Male.....	20,494	100.00	109	0.53
Under 1 year.....	415	2.02	.....	.....
1 to 4 years.....	1,444	7.05	1	0.07
5 to 17 years.....	5,599	27.32	67	1.19
18 to 20 years.....	1,197	5.84	15	1.25
21 years and more.....	11,839	57.77	26	0.22
Female.....	19,984	100.00	54	0.27
Under 1 year.....	374	1.87	.....	.....
1 to 4 years.....	1,520	7.61	2	0.13
5 to 17 years.....	5,073	25.38	35	0.69
18 to 20 years.....	1,026	5.49	5	0.46
21 years and more.....	11,921	59.65	12	0.10

^a Estimated as of Apr. 15, 1917 (based on 1910 census).

It will be observed in Table XI that in the general population the percentage of feeble-mindedness among the males is greater than that among the females. Between the ages of 5 and 20 years the percentage of feeble-minded males is twice that of the females and corresponds with the percentages obtained in the school survey.

¹ Porter County, Ind., Frederick County, Md., Arkansas generally, and Nassau County, N. Y.

² Estimate by the Bureau of the Census.

It will be observed that 102 of the 163 cases fall within the ages 5 to 17. The comparatively low rates noted in the lowest age periods are due in part to the difficulty in diagnosing mental deficiency in the very young. Such diagnosis is often less difficult where an organic defect is present, and, therefore, attention must be paid to such defects during the examination. On the other hand, malnutrition and disease in the very young child may arrest mental development temporarily. In many of these cases there is no method by which the eventual mental outcome can be determined.

Because of the higher mortality among the feeble-minded¹ and because no effort was made to locate all such cases among adults, the rates in the 18 to 20 and adult age groups, both sexes being considered together, are also lower than those in the intermediate groups. Of the 163 white feeble-minded cases found in the county, 38 were 21 or more years of age. These 38 cases, or 23 per cent of the total white feeble-minded cases, were found in a population of persons 21 years old or more estimated to number 23,760 persons, or 59 per cent of the total white population.

PREVALENCE OF MENTAL DEFECT IN CHILDREN OF GENERAL POPULATION, ESTIMATED FROM PREVALENCE IN SCHOOLS.

Since in this investigation a systematic attempt was made to locate all feeble-minded children, it has been possible to secure an idea of the accuracy of estimating the prevalence of feeble-mindedness among all children from the prevalence among inspected school children.

In a general white population 122 feeble-minded children from 5 to 20 years, inclusive, were found. As the total white population at these ages was 12,965, 0.94 per cent of this number were feeble-minded. It will be found that this corresponds very nearly to the result obtained in regard to children actually in school—0.95 per cent, excluding placed-out children. In other words, an inspection in schools of 14.8 per cent of the total white population gave the same results as an inspection of all children in the general population suspected of being mentally defective.

The conclusion may be drawn that the percentage of white feeble-minded determined by actual inspection of a large number of school children may be taken as an index of the prevalence of mental defectives in the white general population between the ages of 5 and 20 years, inclusive.

In the case of colored school children, the small number inspected and the few feeble-minded cases found make it impossible to estimate the number in the general population from 5 to 20 years.

¹ See p. 40.

**RELATION BETWEEN PREVALENCE OF FEEBLE-MINDED IN SCHOOLS
AND IN GENERAL POPULATION.**

There is also a fairly constant relation between the prevalence of feeble-mindedness in the whole population and that in the schools. If the mortality among feeble-minded and normal-minded were the same, the rate in the general population would be about the same as that in the school population, since feeble-mindedness is either inherited or acquired in early childhood, and since a person who is feeble-minded never recovers from the condition. However, the mortality rate among feeble-minded is higher than among normal-minded. This is probably due to failure to understand the principles of personal hygiene, to irregular employment, improvidence, and bad housing, and to the constitutional inferiority and physical disorders which are associated with mental defects. How much higher the death rates among feeble-minded at the different ages are than those among normal-minded is not ascertainable.

The data secured in this study were not of a nature permitting an estimate of the relationship just pointed out between school and general population feeble-minded rates, since no effort was made to locate all feeble-minded cases in the adult population. All that can be shown is the lowest probable rate in the general population when there is a certain rate in the schools. This estimate must again be limited to the white population, since so few colored children were inspected.

As above indicated, no estimate of the number of adult cases of feeble-mindedness can be made. It is evident, however, that there were more than enough to bring the rate up to one-half that found in the schools, 0.48 per cent, since it is 0.40 per cent when only the known cases are considered.¹ It has already been shown that 0.95 per cent of the white school children, excluding those placed out from outside the county, were feeble-minded. It may, therefore, be concluded that where a large number of school children are examined the rate in the general white population will be at least half that in the white school population.

¹ There were found 163 white mental defectives, and the census estimate of the white population on Jan. 1, 1917, was 40,801, giving a feeble-minded rate of 0.40 per cent.

SECTION II.
SOCIAL STUDY OF MENTALLY DEFECTIVE
CHILDREN.

CHAPTER I. GENERAL CONSIDERATIONS.

SCOPE OF STUDY.

In the course of the mental examination of children in the schools of the county, the Public Health Service diagnosed 96 children as mentally defective. They found 4 more mentally defective children as a result of examinations of almshouse inmates. The general survey made by the Children's Bureau resulted in the location of 92 additional children 6 to 20 years of age, inclusive, who, on examination by the Public Health Service, were found to be feeble-minded. Information concerning home conditions and personal histories of these 192 children was secured by the Children's Bureau, visits to the homes of the children being supplemented by school records and by interviews with persons having special knowledge of the children or the families. The Public Health Service furnished diagnoses of the mentality of persons under 6 or over 20 years of age who were related to the children included in the study, and whose histories, therefore, aided in the interpretation of the hereditary and social factors affecting the children studied. The points covered in the social study included economic status and character of the family; family history; physical condition and developmental history of the mentally defective child; personal characteristics; school history and attainments; occupational history and economic efficiency; social reactions, including delinquencies and other antisocial tendencies; ability of the family to care for and safeguard the defective individual; and the need for public care and protection.

Data regarding mental defectives under 21 years of age do not give an adequate picture of the problem of mental defect as related to dependency, delinquency, immorality, and other social manifestations. It must be borne in mind that statements as to dependency and delinquency are representative only for the group studied, and would be a considerable underestimate if applied to the whole number of feeble-minded in the community. Mental defectives become more serious problems as they reach the years of adult life. As family ties are broken, they are likely to become public dependents, and as parental control is weakened, those who have delinquent tendencies or who are incapable of protecting themselves against aggression become more of a menace to society. Mentally defective children are more amenable to training and discipline, and it is with this group that the best results from constructive work can be obtained.

THE PROBLEM A RURAL ONE.

All but 3 per cent of the population of Sussex County is classed by the United States Census as rural. Environmental conditions vary, however, according to the degree of isolation, and may be differentiated into three groups: Farm districts, small settlements, and towns. As towns are included places having a population over 500; those with a population of from 50 to 500 are classed as small settlements.

The distribution of the mentally defective children included in this study showed 73 per cent living in farm districts, as compared with 60 per cent of the general population in similar localities. Five per cent of the mentally defective children lived in small settlements and 20 per cent in towns, while of the general population 14 per cent lived in small settlements and 26 per cent in towns. The remaining 2 per cent were in the almshouse at the time of the investigation.

TABLE XII.—Place of residence of mentally defective children and of general population 10 years of age and over.

Place of residence.	Mentally defective children 6 to 20 years of age. ^a		Population 10 years of age and over in 1910. ^b	
	Number.	Per cent.	Number.	Per cent.
Total.....	192	100.0	46,413	100.0
Farms.....	140	72.9	28,007	60.3
Small settlements.....	10	5.2	6,444	13.9
Towns.....	38	19.8	11,962	25.8
Almshouse.....	4	2.1	(c)	(c)

^a Includes 1 child aged 20 years and 11 months and considered 21 by the Public Health Service.

^b The Rand-McNally Indexed County and Township Pocket Map of Delaware. White and colored were not shown separately.

^c There were 35 almshouse inmates, forming one-tenth of 1 per cent of population of county.

COLOR, AGE, AND SEX DISTRIBUTION OF CHILDREN STUDIED.

The 192 mentally defective children were distributed by color, sex, and age as shown in Table XIII:

TABLE XIII.—Color, age, and sex of mentally defective children.

Color and age.	Mentally defective children 6 to 20 years of age.		
	Total.	Boys.	Girls.
Total.....	192	120	72
White.....	123	83	40
6 to 9.....	16	11	5
10 to 13.....	44	29	15
14 to 17.....	42	27	15
18 to 20.....	21	16	5
Colored.....	69	37	32
6 to 9.....	4	3	1
10 to 13.....	24	15	9
14 to 17.....	31	12	19
18 to 20.....	10	7	3

The census reports do not include figures for white and colored separately for the age group studied. Figures for the total population of the county show 83 per cent white and 17 per cent colored, while of the mental defectives 64 per cent were white and 36 per cent were colored. Boys comprised 63 per cent of the total and girls 37 per cent. The color and sex distribution has been discussed in Chapter V of Section I.¹

Of the mentally defective children studied, 46 per cent were under 14 years of age. The range of years included in the study, 6 to 20, inclusive, may be divided into two groups—the 8 years from 10 to 17, inclusive, comprising 73 per cent of all the children, and the 7 years under 10 and over 17, comprising 27 per cent. The reasons for the large proportion in the intermediate group were considered on page 39.

NATIVITY AND LENGTH OF RESIDENCE ON PENINSULA AND IN COUNTY.

Analysis of the place of birth and length of residence in the region shows that in Sussex County the problem of mental defect is almost entirely indigenous to the county and the Delmarvia Peninsula. All the children were born in the United States, 181 of the 192 studied having been born on the peninsula, 158 of them in Sussex County, 6 in other counties of Delaware, and 17 on the peninsula outside Delaware. Only 11 were born in other parts of the United States, and they were all children who had been placed in Sussex County by home-finding societies. These children had been brought from New York, Pennsylvania, and New Jersey. They constituted almost 6 per cent of all the mentally defective children included in the study.

TABLE XIV.—*Place of birth.*

Place of birth.	Mentally defective children 6 to 20 years of age.		
	Total.	White.	Colored.
Total.....	192	123	69
Sussex County.....	158	100	58
Other counties in Delaware.....	6	4	2
Peninsula outside Delaware.....	17	9	8
United States outside peninsula.....	11	10	1

The data as to length of residence on the peninsula and in the county indicate a very static condition, with practically no shifting from one environment to another of a different nature. The few families who had been out of the county at any time previous to the investigation had moved back and forth across its boundaries, remaining on the peninsula. All but 10 of the white and 1 of the colored children had always lived on the peninsula.

¹ See p. 37.

TABLE XV.—Length of residence on the peninsula.

Length of residence on the peninsula.	Mentally defective children 6 to 20 years of age.		
	Total.	White.	Colored.
Total.....	192	123	69
Always.....	181	113	68
10 years and over.....	3	2	1
5 to 9 years.....	4	4	.....
Less than 5 years.....	4	4	.....

Ninety-eight of the 123 white children and 56 of the 69 colored had always lived in Sussex County.

TABLE XVI.—Length of residence in Sussex County.

Length of residence in Sussex County.	Mentally defective children 6 to 20 years of age.		
	Total.	White.	Colored.
Total.....	192	123	69
Always.....	154	98	56
10 years and over.....	9	3	6
5 to 9 years.....	19	13	6
Less than 5 years.....	9	8	1
Not reported.....	1	1	.....

The locality studied represented a strictly rural, native-American population, with little admixture of new elements even from other sections of the peninsula of which the county forms a part. The problem of mental defect was not complicated by such factors as prevail in a section affected by the tides of immigration.

MENTALITY AND PHYSICAL CONDITION OF CHILDREN STUDIED.

The problems involved in the care of mentally defective children differ with the degree of their mental defect and their physical condition. In considering the circumstances under which the mentally defective live, and the adequacy or inadequacy of the care they receive, the types of cases must be borne in mind.

Fourteen per cent of the children studied were unable by reason of their very low mentality or because of physical handicaps to attend to their own personal wants. This type of defective presents problems of physical and medical care which are very difficult to meet, unless the family is in comfortable circumstances and can afford to hire an attendant or to devote practically the entire time of one member of the family to the care of the defective child. In contrast to this type is the higher grade defective who can attend to his personal wants and can sometimes be taught to be partially

self-supporting, but who requires industrial training and supervision, and whose energies need direction into social and away from antisocial channels.

Table XVII gives the degree of mental defect, the capacity for self-help, and the physical condition of the children studied. The children diagnosed as idiots or imbeciles were classified as low grade. Children were classed as incapable of self-help if they were unable to dress themselves or to attend to other personal wants. No defects were included as serious unless they constituted pronounced handicaps.

TABLE XVII.—Capacity for self-help, grade of defect, and physical condition of children studied.

Physical condition.	Mentally defective children 6 to 20 years of age.								
	Total.	Capacity for self-help.		Idiots and imbeciles.		Other feeble-minded.			
		Good.	Poor.	Total.	Capable of self-help.	Not capable of self-help.	Total.	Capable of self-help.	Not capable of self-help.
Total.....	192	165	27	40	20	20	152	145	7
No serious physical disability.....	127	126	1	11	10	1	116	116	.....
Serious physical disability.....	65	39	26	29	10	19	36	29	7
Absolutely helpless.....	5	.....	5	5	.....	5	.....	.....	.....
Crippled or paralyzed ^a	18	9	9	9	4	5	9	5	4
Epileptic ^b	10	6	4	3	1	2	7	5	2
Defective vision, hearing, or speech.....	25	17	8	12	5	7	13	12	1
Other.....	7	7	.....	.....	.....	7	7	7	.....

^a Including 5 also epileptic, and 11 also having defective vision, hearing, or speech.
^b Including 4 also having defective vision, hearing, or speech.

The 40 mentally low-grade children constituted 21 per cent of the total. Twenty of the low-grade cases were absolutely helpless or so handicapped that they required constant care. Serious physical disabilities existed in 29 cases. Seven of the 152 high-grade cases were incapable of self-help because of physical handicaps, making a total of 27, or 14 per cent of the children studied, who presented serious problems of physical care. The other 86 per cent represented various degrees of ability to care for themselves and to help in the household or on the farm. However, 39 of these children were badly handicapped by physical defects.

Physical disabilities classed as serious existed in 34 per cent of the cases. Often there was a combination of two or more physical defects. Nearly two-fifths of the 127 children who had no serious physical disabilities had minor defects, usually of vision, hearing, or speech.

The high-grade cases who were able to help themselves and had no physical handicaps constituted 60 per cent of the total number. These 116 children represented the greatest possibilities of training as well as the most serious problems of conduct.

TYPES OF HOMES IN WHICH THE CHILDREN LIVED.

A considerable number of mentally defective children were living in other than their parental homes. Only 150, or 78 per cent, were with their own families, 22 per cent being cared for in other ways. Relatives other than parents cared for 10 children, and foster parents cared for 27. Four children were in the county almshouse, and a girl 19 years of age had no home, but lived illicitly with different men. Only one of the mental defectives under 21 years of age had married, and she had left her husband and returned to her parents.

TABLE XVIII.—Types of homes in which mentally defective children lived, according to color, age, and sex of children.

Color and age.	Mentally defective children 6 to 20 years of age.														
	Total.			Living in—											
	Total.	Boys.	Girls.	Parental homes.			Relatives' homes.			Foster homes.			Other.		
				Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.
Total.....	192	120	72	150	91	59	10	5	5	27	21	6	15	3	2
White.....	123	83	40	99	64	35	4	3	1	18	14	4	2	2	.....
6 to 9.....	16	11	5	15	10	5	.....	.....	.....	1	1	.....	.....	.....	.....
10 to 13.....	44	29	15	37	25	12	2	1	1	5	3	2	.....	.....	.....
14 to 17.....	42	27	15	31	17	14	2	2	.....	8	7	1	1	1	.....
18 to 20.....	21	16	5	16	12	4	.....	.....	.....	4	3	1	1	1	.....
Colored.....	69	37	32	51	27	24	6	2	4	9	7	2	3	1	2
6 to 9.....	4	3	1	3	2	1	.....	.....	.....	.....	.....	.....	1	1	.....
10 to 13.....	24	15	9	20	13	7	3	1	2	1	1	.....	.....	.....	.....
14 to 17.....	31	12	19	22	7	15	3	1	2	6	4	2	.....	.....	.....
18 to 20.....	10	7	3	6	5	1	.....	.....	.....	2	2	.....	2	.....	2

^a Includes 4 in almshouse and 1 having no home.

A larger proportion of white children than of colored were living in their parental homes—80 per cent of the white to 74 per cent of the colored. Of the boys 76 per cent and of the girls 82 per cent were in the homes of their parents. Only 2 of the 20 children under 10 years of age were living in other than their parental homes. One of them was in a foster home, and one in the almshouse. Sixteen per cent of the children 10 to 13 years of age were cared for by others than their parents. Twenty-eight per cent of those 14 years of age and over were in foster homes, in the homes of relatives, in the almshouse, or, in one case, had no home.

All but 8 of the 150 children living in their parental homes were legitimate. Almost one-third of those cared for by others than their parents, 13 out of 42, were of illegitimate birth. One child in a foster home was a foundling. Illegitimate children constituted 11 per cent of the total number studied. Most of these children, 17 out of 21, were colored.

TABLE XIX.—Types of homes according to legitimacy or illegitimacy of birth.

Legitimacy or illegitimacy.	Mentally defective children 6 to 20 years of age.				
	Total.	Type of home.			
		Parental.	Relatives.	Foster.	Other.
Total.....	192	150	10	27	5
White.....	123	99	4	18	2
Legitimate.....	118	97	3	16	2
Illegitimate.....	4	2	1	1	.....
Foundling.....	1	.....	.....	1	.....
Colored.....	69	51	6	9	3
Legitimate.....	52	45	2	5	.....
Illegitimate.....	17	6	4	4	3

The 42 mentally defective children studied who were cared for by relatives other than parents, or who lived in foster homes, in the almshouse, or were without a home, were less likely than children in their parental homes to receive for an indefinite period of time the care made necessary by their condition. The burden imposed by mental defectives on those having the responsibility for them is usually so heavy that the strongest ties are needed to insure the patient care, guidance, and supervision required. Only 4 of the children not in their parental homes were classed as incapable of self-help, and 2 of these were being cared for in the almshouse. The children credited with ability for self-help included a considerable number who were giving a great deal of difficulty, and who needed much attention. It is probable that many of these children who were cared for outside their own families will sooner or later become dependent upon the public for support, as are those now in the almshouse.

CHAPTER II. ADEQUACY OF CARE GIVEN MENTALLY DEFECTIVE CHILDREN LIVING IN THEIR PARENTAL HOMES.

PARENTAL CONDITION.

The adequacy of the care given mentally defective children in their parental homes depends primarily upon whether or not both parents are present in the home. One hundred and fifty children included in this study were living in their parental homes. Both parents were living and at home in 84 per cent of these cases. In 16 per cent there were abnormal conditions in the home on account of the death, desertion, or permanent absence for other reasons of one parent. The parental condition was considered normal even though one parent was dead, if there was a step-parent.

TABLE XX.—*Parental condition.*

Parental condition.	Mentally defective children 6 to 20 years of age living in their parental homes.		
	Total.	White.	Colored.
Total.....	150	99	51
Both parents present in the home.....	126	85	41
Father dead.....	9	6	3
Mother dead.....	6	5	1
Father deserted.....	4	2	2
Mother deserted.....	4	1	3
Mother never married.....	1	.....	1

Abnormal conditions due to absence from the home of one parent were found in 14 per cent of the white cases and 20 per cent of the colored. The father was absent (dead or deserted) from the home in 13 cases—8 white and 5 colored. Ten other children, 6 white and 4 colored, lacked the care of the mother.

The total number of households represented by the 150 children living in their parental homes was 116, 81 white and 35 colored. In 73 of these white families the fathers provided for the family; in 3, the mothers; in 4, brothers of the defective child; and 1 was supported by charitable aid. In the colored families the maintenance was provided in 30 cases by the fathers, in 4 by the mothers, and in 1 by a brother.

TABLE XXI.—*Heads of families of mentally defective children living in their parental homes.*

Head of family.	Families of mentally defective children, 6 to 20 years of age, living in their parental homes.			Mentally defective children, 6 to 20 years of age, living in their parental homes.		
	Total.	White.	Colored.	Total.	White.	Colored.
Total.....	116	81	35	150	99	51
Father head of family.....	103	<i>a</i> 73	<i>b</i> 30	136	91	45
Mother head of family.....	7	3	4	8	3	5
Brother head of family.....	5	4	1	5	4	1
Other head of family.....	1	<i>c</i> 1	.....	1	1	.....

a Includes 1 family with 2 defective children, stepfather head.

b Includes 3 families with 4 defective children, stepfathers heads.

c Stepfather deserted; grandmother head of family; no one working; neighbors supporting.

ECONOMIC STATUS OF FAMILY.

Occupation of father.

The best index of economic status is afforded by the occupation of the head of the family. In Sussex County agriculture is the main industry, and income can not usually be stated in terms of money. The status of a family living on a farm is mainly determined by the form of tenure of the farm—whether it is owned, rented on a cash basis, or worked on shares.

TABLE XXII.—Occupations of fathers of mentally defective children living in their parental homes.

Occupation of father.	Families of mentally defective children, 6 to 20 years of age, whose fathers were the heads of the families.			Mentally defective children 6 to 20 years of age, whose fathers were the heads of the families.		
	Total.	White.	Colored.	Total.	White.	Colored.
Total.....	a 103	73	30	136	91	45
Father had no occupation.....	1	1		1	1	
Father engaged in agricultural pursuits....	80	54	26	111	72	39
Father farm owner—retired.....	3	3		4	4	
Father farm owner.....	20	16	4	22	18	4
Father farm renter.....	2	2		2	2	
Father share tenant.....	40	27	13	53	35	18
Father farm laborer.....	14	5	9	29	12	17
Father engaged in farming of type not reported.....	1	1		1	1	
Father engaged in other occupation.....	22	18	4	24	18	6

a Includes 4 stepfathers: 1 white (2 children), 3 colored (4 children).

Of the 73 white fathers reported as being the heads of their families, 54 made their living by agricultural pursuits, 3 of them as retired farm owners, 16 working their own farms, 2 as cash renters, 27 as share tenants, 5 as farm laborers, and 1, type of farming not reported. The low economic status of the white families in which the breadwinners were engaged in agriculture was indicated by the small number of farm owners. In almost two-thirds of these families the fathers were tenants or farm laborers. A still greater proportion of the colored fathers, 26 out of 30, made their living by farm work; all but 4 of them were share tenants or farm laborers. Several of those engaged in farming did other kinds of work part of the time.

Eighteen white and 4 colored fathers made their living by occupations other than farming, such as seafaring, fishing, carpentry, unskilled labor of various types, and other miscellaneous employments. One-half were in low-grade occupations.

Three-fourths of the 136 mentally defective children whose fathers were the breadwinners were in families of low economic status, the fathers being engaged in tenant farming or in low-grade occupations.

Employment of mother.

Seven mothers, 3 white and 4 colored, having 8 mentally defective children included in the study, were reported as being the heads of their families. One of these white mothers had sufficient income to support her family without engaging in gainful work. Another owned a farm which she cultivated with the aid of two young sons. The third white mother added to a small income from a pension by washing and ironing away from home; her two daughters helped her. Three of the colored mothers did daywork, washing, and cleaning. One of them had the help of three young daughters, and another had two sons who assisted in the support of the family. The third mother had been deserted by her husband six years before, and was dependent entirely upon her own earnings at housework. She was compelled to be away from home all day, leaving her four children, the oldest a mentally defective girl of 14, to take care of themselves. The fourth colored mother who was the head of her family worked a farm on the share-tenant basis with the aid of her 16-year-old son.

Twenty-four mothers who were not the heads of their families had found it necessary to engage in gainful work. These, with the 6 mothers who were heads of their households and gainfully employed, constituted a total of 30 of the 116 mothers of mentally defective children living in their parental homes who were gainfully employed. Fourteen of these mothers were white and 16 colored. The majority of the mothers were engaged in daywork away from home or in gainful employment at home, usually as laundresses.

TABLE XXIII.—*Employment of mothers of mentally defective children living in their parental homes.*

Employment of mother.	Families of mentally defective children 6 to 20 years of age living in their parental homes.			Mentally defective children 6 to 20 years of age living in their parental homes.		
	Total.	White.	Colored.	Total.	White.	Colored.
Total.....	116	81	35	150	99	51
Mother not gainfully employed.....	78	62	16	98	76	22
Mother gainfully employed.....	30	14	16	42	17	25
Mother employed at daywork, whole time.....	2		2	2		2
Mother employed at daywork, part time.....	15	5	10	27	8	19
Mother employed at home work.....	7	4	3	7	4	3
Mother employed at other work.....	6	5	1	6	5	1
Mother dead or deserting.....	8	5	3	10	6	4

There were 42 children in the families of mothers who were gainfully employed. The mothers of over one-sixth of the white and almost one-half the colored mentally defective children living in their parental homes were engaged in gainful work. It is significant

of the economic conditions of this county that, considering white and colored children together, more than one-fourth of those living in their parental homes had mothers who were unable to give much attention to the care and supervision of their children, because forced to engage in gainful work.

Families dependent upon others than parents.

In 4 of the white and 1 of the colored families the fathers of which had died or deserted, a brother of the defective child was the principal breadwinner. One, a 19-year-old boy, earned the entire family income as a farmer's helper. Another boy of the same age worked a farm with the assistance of his 15-year-old brother. In 2 other families, 1 white and 1 colored, older sons worked the farms alone or with the assistance of younger boys. One family was maintained by 2 sons, who were tenant farmers and also helped on other farms.

A 70-year-old grandmother took the responsibility for a household which included an imbecile girl and her imbecile mother. The mother did daywork occasionally, but was very inefficient. The family was practically dependent on the assistance of neighbors and relatives.

Income of family.

Information in regard to income could be secured in most cases only according to a general standard of adequacy. No effort was made to state this in terms of money, but the family incomes were classified as "high," "adequate," "inadequate," and "very low." This classification was based largely on the obvious standard of comfort maintained by the family.

TABLE XXIV.—*Incomes of families of mentally defective children living in their parental homes.*

Family income.	Families of mentally defective children 6 to 20 years of age living in their parental homes.			Mentally defective children 6 to 20 years of age living in their parental homes.		
	Total.	White.	Colored.	Total.	White.	Colored.
Total.....	116	81	35	150	99	51
Family income high.....	4	4	.....	5	5	.....
Family income adequate.....	47	36	11	56	41	15
Family income inadequate.....	46	32	14	59	42	17
Family income very low.....	19	9	10	30	11	19

The majority of the families of these mentally defective children had incomes classified as inadequate or very low. The parents of 54 per cent of the white children and 71 per cent of the colored had insufficient means to provide adequately for their families. The burden of the defective children, some of whom were incapable of self-help, and few of whom could ever hope to become self-supporting,

was especially heavy under such circumstances. Although a few of these families were providing fairly well for their defective children, they were doing so with difficulty, and their poor economic condition made the future uncertain.

SOCIAL AND INTELLECTUAL STATUS OF FAMILY.

Housing conditions.

In Sussex County the usual type of dwelling among families of moderate or low incomes is a one-family frame house without a cellar or inside conveniences. Foundations in many instances consist of low brick piers located at the corners of the structure, supporting the flooring at a distance of about 18 inches from the ground. The surrounding yard, especially among the humbler homes, is oftenest a stretch of bare soil neatly swept. The toilets are chiefly surface privies, located not far from the houses. Many homes in the more remote sections have no toilets of any sort. The water supply is usually derived from a shallow driven well, easily constructed in the sandy soil. Because of the character of the soil, sanitary drainage is difficult.

Measured by housing standards usually adopted, overcrowding did not exist to any serious extent in the homes of the white families studied. In the homes of only four of the white children were there more than two persons to each room. In these cases there were 11 persons living in five rooms. The housing of the colored families, on the other hand, presented serious problems of congestion—18 of the 51 colored children were in homes in which there were more than 2 persons to a room; 2 families, having 2 defective children each, lived in three-room houses, though there were in each case 8 persons in the family group; 5 families, 1 having 2 defective children, lived in four-room houses, there being 9 persons in each family; 1 family of 10 lived in two rooms, and another family of the same size, having 2 defective children, occupied three rooms; 4 defective children, belonging to the same family, lived in a four-room house, the family group comprising 10 members. Another defective child was one of a family of 12 living in a four-room house.

A comparison of the number of rooms and the number of persons in the family does not give a correct picture of conditions in many cases. In the winter especially, because of the scarcity of fuel, the family herds together in two or three rooms that can be heated. Many of the homes are of flimsy construction and do not give adequate protection from the elements. In many cases the defective child shares his bed with some other member of the family. Especially in the case of low-grade children, or children having bad personal habits, the presence of the feeble-minded child in the overcrowded home is a detrimental influence to the other children, and the defective himself can not receive the care most conducive to his well-being.

Ten of the white and 14 of the colored children lived in houses which were in notably bad repair. An index of bad sanitary conditions was the absence of toilets of any kind in connection with the homes of 19 children. About one-fourth of the children were living in homes which were clean and well kept. The other three-fourths were living under conditions of cleanliness and sanitation ranging from fair to bad. Some of the bad living conditions are illustrated by the following descriptions:

A family of 11 lived in a two-story frame house of five rooms. There was no toilet on the premises. Water was obtained from a driven well in the yard. The barnyard was near the house. The house was in very bad repair; the plastering had peeled off, and cracks let in the cold; the house was very dirty, and the living conditions were wretched. The farm was rented on shares and yielded a very small income. The nearest store was 8 miles away, and the school 2 miles distant. The parents were very poor and ignorant. Two children were feeble-minded.

A one-story frame shanty of rough boards, comprising three rooms, housed a family of eight. The cracks were so large that it was possible to see through them from one room to another. The house was dirty and disorderly. The mother and two children were feeble-minded.

A four-room house was occupied by a family of 10. The house was in bad repair and very dirty. No toilet was provided. There were holes in the floor and parts of the walls were covered with newspapers. The only beds were piles of rags, and there were no chairs. The whole family, with the exception of 2 children too young to be diagnosed, were feeble-minded.

A family of four lived in an old two-story house that was in very bad repair. There were three rooms downstairs and one upstairs. The plastering had fallen off the walls in places. The house was dirty and disorderly. Water was obtained from a well in the yard. There was no toilet. All the members of the family were feeble-minded.

A shabby two-story frame house with six rooms housed a family of 11. The mother was a poor manager, and the house was very dirty. Two girls were feeble-minded. The mother was stupid, easy-going, and almost childish, and depended mainly upon one of her feeble-minded daughters for help about the house. The family was poor and lived on an isolated farm.

Mentality and character of parents.

In a small proportion of the families studied diagnoses of the mentality of parents were made by the Public Health Service, in cases where the children were examined in their own homes instead of in the schools. In seven families, having 13 mentally defective children included in the study, one or both parents were feeble-minded. In these families the conditions in the homes were most unfavorable,

because of the inability of the parents to give the children proper care. In one of the seven families the father was feeble-minded, in four, the mother; and in two, both parents.

Parents reported as weak-minded and those who were obviously illiterate or very ignorant were classified as "illiterate or ignorant." In 28 families, 18 white and 10 colored, one or both parents were so described. These 28 families had 47 children included in the study—29 white and 18 colored. In 19 families both parents were illiterate or ignorant.

TABLE XXV.—*Mentality of parents of mentally defective children living in their parental homes.*

Mentality of parents. ^a	Families of mentally defective children 6 to 20 years of age living in their parental homes.			Mentally defective children 6 to 20 years of age living in their parental homes.		
	Total.	White.	Colored.	Total.	White.	Colored.
Total.....	116	81	35	150	99	51
Parents normal mentally.....	^b 81	60	21	^b 90	66	24
Parents not normal mentally.....	35	21	14	60	33	27
One parent illiterate or ignorant.....	^c 9	5	4	^c 14	7	7
Both parents illiterate or ignorant.....	19	13	6	33	22	11
One parent feeble-minded.....	^c 5	2	3	^c 7	2	5
Both parents feeble-minded.....	2	1	1	6	2	4

^a Or parent and step-parent.

^b Including 17 families, 18 children—1 parent dead or deserting.

^c Including 2 families, 3 children—1 parent dead or deserting.

The feeble-mindedness or ignorance of the parents was accompanied in 14 families by drunkenness, immorality, or neglect or abuse of children. Five of these families, including 8 feeble-minded children, were white; 9 families, including 19 children, were colored. The mentally defective children having parents who were feeble-minded, illiterate, or ignorant constituted 40 per cent of those living in their parental homes. In 4 families, having one defective child each, the parents were normal mentally, but were alcoholic, immoral, or otherwise of poor reputation.

CHARACTERISTICS OF MENTALLY DEFECTIVE CHILDREN.

Mental or physical handicaps so serious as to make the children incapable of self-help existed in the cases of 23 children living in their parental homes. The situation was further aggravated by the inadequacy of the income in the families of 13 of these children. In 3 of these cases the poverty was extreme. The care required by these helpless children was such as to tax the family resources to the utmost.

A factor of the greatest importance in considering the adequacy of the care that can be given mentally defective children in their own homes is the amenability of the child to parental discipline. Children who are handicapped by defective mentality frequently demand, because of their lack of judgment and self-control, more careful

guidance and supervision than the average child of normal mentality. Some defective children, because of their violent tempers, uncontrolled impulses, or their tendencies toward brutality or destructiveness, present particularly serious problems of conduct. These children require closer supervision than can be given in most family homes.

Of the 150 children living in their parental homes, 18 had exhibited marked tendencies toward delinquency or waywardness, or had proved to be vicious or ungovernable. Only 4 of these children were in good homes. The other 14 were living under conditions which tended to increase rather than to correct their antisocial tendencies.

CHILDREN IN SPECIAL NEED OF CARE.

The factors resulting in home conditions which are favorable or unfavorable to the proper care in their own homes of mentally defective children may be classified as follows: Economic status of the family; housing and sanitation; intelligence and character of parents; and the supervision the parents exercise over their children. This does not take into consideration the complications arising from bad physical conditions or delinquent tendencies of the defective children themselves. Neither are general environmental factors, such as isolation, taken into account. In classifying the homes special effort was made to be conservative, and where there was any question, to give the home the benefit of the doubt.

A home was classified as unfavorable if one or more of the factors affecting home life were detrimental. Homes were not classed as unfavorable because of poverty alone unless the income was so low as to make decent living impossible. If both extreme poverty and some other bad condition existed, the other condition was preferred in making the classification as being the more detrimental. If insanitary conditions existed in combination with ignorance or bad character of parents, the home was classified as unfavorable because of ignorance or bad character rather than by reason of insanitary conditions.

TABLE XXVI.—Home conditions of mentally defective children living in their parental homes.

Home conditions.	Mentally defective children 6 to 20 years of age living in their parental homes.		
	Total.	White.	Colored.
Total.....	150	99	51
Favorable.....	71	53	18
Unfavorable.....	79	46	33
Inadequate supervision.....	6	4	2
Extreme poverty.....	2	2	
Insanitary conditions.....	7	5	2
Low mentality of parents.....	33	25	8
Low mentality and bad character of parents.....	27	8	19
Bad character of parents.....	4	2	2

Fifty-three per cent of the children in their parental homes were living under unfavorable conditions. The percentage was higher for the colored than for the white, 65 per cent for the former and 46 per cent for the latter. In four-fifths of the cases in which the homes were classified as unfavorable the reasons for this classification were the feeble-mindedness, illiteracy, or ignorance of the parents, combined in a large number of cases with drunkenness and immorality. Extreme poverty with no other detrimental conditions was found in the homes of only 2 children.

Fifteen of the 71 children living in favorable homes were found to be so handicapped mentally and physically that they were incapable of self-help. Three of them constituted such a drain upon their families, whose incomes were inadequate, as to make some other provision for their care necessary. Four of the children living under favorable home conditions were delinquent or uncontrollable and in need of a stronger discipline than was being given by their parents.

Eight children who were physically helpless lived in homes classed as unfavorable. These children were not receiving the care required by their condition, and were in urgent need of custodial care. The 14 ungovernable children in unfavorable homes were doubly in need of protection.

A total of 86 children living in their parental homes, 57 per cent of all children so cared for, were in special need of care by reason of bad home conditions, or because of their own delinquent tendencies or physical disabilities. Of these 86 children, 79 lived in homes classified as unfavorable, 14 of them being also delinquent or uncontrollable. Four children lived in favorable homes, but were delinquent or uncontrollable, and 3 others living in favorable homes imposed too heavy burdens on their families because of their helpless condition. Over half the 86 children in special need of care lived under such detrimental conditions that immediate provision for them outside of their own homes was imperative. The following brief summaries indicate the urgency of their needs:

WHITE:

Imbecile girl 13 years of age. Serious defects of vision and speech. Unable to care for self. Family income inadequate. Parents illiterate.

Feeble-minded¹ girl 15 years of age. Income of family inadequate. Parents illiterate. Child did not receive proper care.

Feeble-minded boy 6 years of age. Serious speech defect. Feeble-minded mother deserted family. Income inadequate. Father could not give child proper care.

Feeble-minded boy 11 years of age. Income of family very low. Parents ignorant and illiterate.

Imbecile girl 14 years of age. Illegitimate child of feeble-minded mother. Family dependent on aid of neighbors.

¹ In these summaries "feeble-minded" refers to mental defectives above the grade of imbecile.

WHITE—Continued.

- Two feeble-minded sisters, 14 and 18 years of age. Family income very low. Parents ignorant. Bad home conditions. Girl of 18 had had an illegitimate child.
- Feeble-minded boy 12 years of age. Income of family inadequate. Mother feeble-minded. Bad home conditions.
- Feeble-minded boy 11 years of age. Income of family inadequate. Father alcoholic. Mother illiterate. Poor home surroundings.
- Idiot boy 8 years of age. Never talked. Incapable of self-help. Father dead. Income of family inadequate.
- Imbecile boy 13 years of age. Epileptic. Serious speech defect. Mother dead. Income of family very low.
- Imbecile girl 16 years of age and her feeble-minded sister 9 years of age. Income of family very low. Both parents feeble-minded. Father alcoholic. Family received charitable aid.
- Four brothers and sisters: Feeble-minded and epileptic girl 18 years of age; feeble-minded girl 16 years of age; feeble-minded boy 12 years of age; feeble-minded boy 11 years of age, almost blind and having defective speech. Both parents ignorant. Mother an invalid. Home life on low plane. Income inadequate.
- Idiot boy 18 years of age. Never talked. Incapable of self-help. Income of family inadequate.
- Idiot girl 17 years of age. Helpless. Mother dead. Income of family very low.
- Imbecile boy 15 years of age. Epileptic and crippled. Incapable of self-help. Income very low. Home conditions poor.
- Feeble-minded girl 14 years of age. Income of family inadequate. Family degenerate. One sister epileptic. One sister delinquent. Father alcoholic. Parents neglected the children.
- Imbecile boy 20 years of age. Crippled. Defective vision and speech. Income of family inadequate. Parents illiterate. Older brother feeble-minded.
- Feeble-minded girl 13 years of age. Mother dead. Lack of supervision of feeble-minded child. Income inadequate.
- Feeble-minded girl 8 years of age. Home conditions poor. Income very low.

COLORED:

- Family with four feeble-minded children: Girl 16 years of age; boy 13 years of age; boy 12 years of age; boy 10 years of age. Income of family very low. Parents illiterate. Home conditions poor. Low-grade family.
- Feeble-minded girl 17 years of age and her feeble-minded brother 11 years of age. Income of family very low. Father dead. Mother feeble-minded and immoral. Children neglected. Mother did daywork away from home. Older brother feeble-minded. Family partly dependent on charity.
- Feeble-minded girl 10 years of age and her feeble-minded and crippled sister 9 years of age. Income of family very low. Mother did daywork away from home. Parents ignorant. Children poorly kept and inadequately supervised.
- Feeble-minded boy 10 years of age. Crippled. Serious speech defect. Incapable of self-help. Income of family inadequate. Father alcoholic.

COLORED—Continued.

Feeble-minded girl 14 years of age. Badly deformed. Income of family very low. Father had deserted. Mother did daywork away from home.

Feeble-minded boy 12 years of age. Illegitimate child. Feeble-minded mother was living with a man illegally. Income very low. Child neglected.

Feeble-minded girl 14 years of age. Income of family very low. Mother worked away from home all day, leaving child in charge of a blind uncle. Mother immoral. Home filthy and disorderly.

Two feeble-minded sisters, 14 and 16 years of age. Income of family inadequate. Father feeble-minded.

Feeble-minded boy 10 years of age. Income of family very low. Parents ignorant.

Feeble-minded girl 14 years of age. Income of family very low. Parents not legally married. Mother illiterate. Lack of supervision over feeble-minded girl.

Four feeble-minded brothers and sisters: Girl 20 years of age; boy 14 years of age; girl 13 years of age; boy 12 years of age. Income of family very low. Both parents feeble-minded. Children neglected. Girl of 20 immoral.

CHAPTER III. ADEQUACY OF CARE GIVEN MENTALLY DEFECTIVE CHILDREN NOT LIVING IN THEIR PARENTAL HOMES.

CHILDREN CARED FOR BY RELATIVES OR IN FOSTER HOMES.

A total of 37 of the 192 children included in this investigation had been removed from their own homes and placed with other families, 27 with families not related to them, and the other 10 with relatives. All the children cared for by relatives were born in Sussex County. Twelve of the 27 placed with others than relatives had been brought into the county from other States, 3 of them having been informally placed by relatives or friends, and 9 having been placed by home-finding societies. Three children had been brought into Sussex County from other counties of the State, 2 of them having been placed by agencies, and 1 having been taken informally. Twelve of the children in foster homes belonged originally in Sussex County. Delaware agencies had placed 5 of these children, a home having been found for 1 by a child-caring society, and 4 having been bound out from the almshouse. The other 7 Sussex County children had been taken informally from relatives or friends.

Two of the 22 white children who were being cared for by relatives or in foster homes were illegitimate, and 1 was a foundling. Eight of the 15 colored children provided for in this way were illegitimate. The mothers of 4 of the illegitimate children were dead; the mother of 2 was in the almshouse; in 2 cases the mothers had married and left their illegitimate children with relatives; the mother of 1 illegitimate child was maintaining a home for her 2 other illegitimate children, but was unable to assume the care of all 3; the whereabouts of 1 mother was not reported. Both parents of 2 legitimate children were dead; in 4 cases the death of the mother, and in 6 the death of the father, had made it necessary for the child to be provided with another home. The mother of 1 child and the father of another had deserted. The parents of 3 children were separated, and the mother of 1 child was in an institution for the insane. In 5 of the remaining 8 cases no information was obtained about the parents; in 3, the parents were living together, other conditions being responsible for the child's dependency.

Legitimate children:	
Both parents dead.....	2
Mother dead.....	4
Father dead.....	6
Mother deserted.....	1
Father deserted.....	1
Mother in institution for insane.....	1
Parents separated.....	3
Parents living together.....	3
No information regarding whereabouts of parents.....	5
Total.....	26
Illegitimate children:	
Mother dead.....	4
Mother in almshouse.....	2
Mother married and child left with relatives.....	2
Mother maintaining home for 2 other children.....	1
Whereabouts of mother not reported.....	1
Total.....	10
Child a foundling.....	1
	37

Fifteen of the 22 white children living in foster or relatives' homes were on farms owned by the head of the household; 2 lived with farmers who were cash renters; 2 lived on share tenant farms; 2 in other than farm homes; in 1 case the occupation of the head of the household was not reported. Six of the 15 colored children living with relatives or in foster homes lived with farm owners; 3 lived with farmers who had retired from active work; 3 were on share tenant farms; in 2 cases the heads of the households were farm laborers; 1 lived in a town home.

Classified according to the economic conditions of the homes in which they were living, 3 white and 5 colored children were in families having high incomes. The 5 colored children were all living in white families. Sixteen white children and 6 colored, 1 of them having a white guardian, were with families having adequate incomes. Three white children and 3 colored lived in families whose incomes were inadequate, and 1 colored child lived with relatives under conditions of extreme poverty.

Thirty-two children were living in homes classified as favorable, and 5 (1 white and 4 colored) in homes classified as unfavorable. The white child living in an unfavorable home was under the care of foster parents who were uneducated, ignorant, and slovenly, though kind-hearted and trying to do well by the child. The child was a low-grade imbecile incapable of self-help. The foster parents were finding the burden of her care too great and were most anxious that some other provision be made. The four colored children were living with relatives. In two cases the homes were classified as unfavorable because of inadequate supervision; in one, because of extreme poverty; and

in one, because of the low mentality of the guardian. One of the white children living in a favorable home was incapable of self-help. It is significant that six of the colored children in foster homes were living with white families. The conditions in all these six homes were classified as favorable, but obviously the children were not taken with the intention of making them members of the family, but rather with a view to the help the children could give.

More than one-third of the mentally defective children cared for by relatives or in foster homes, 13 out of 37, were delinquent or uncontrollable. All but one of these ungovernable children were living in homes classified as favorable.

The cases studied indicated clearly that many of the families who had taken children into their homes had done so in ignorance of the existence of mental defect. The children proved to be incapable of doing the work that was expected of them in payment for their maintenance, and they were kept by the family merely out of kindness of heart or because no other solution presented itself. In nine cases the guardians were especially anxious to be relieved of the responsibility of caring for their mentally defective charges. In one of these instances the home conditions were bad, and in six cases the children were delinquent.

A total of 19 of the 37 children living with relatives or in foster homes were in special need of care. Five of these children, including one who was delinquent, and one incapable of self-help, whose guardian was unwilling to keep him longer, were living under unfavorable home conditions. Twelve other children were delinquent or uncontrollable, and in six of these cases the guardians were endeavoring to have the children removed. In two additional instances the children were in need of care because of the unwillingness of foster parents longer to provide for them.

The following case is illustrative of the difficulties often involved in caring for mentally defective children in foster homes:

A boy 11 years old was brought by an agency from another State when he was about 6 years of age and placed in a well-to-do, intelligent farmer's home where he had all the privileges of a regular member of the family. Not long after his placement, however, he began to show delinquent tendencies, proving himself to be untruthful, disobedient, untrustworthy, sulky, and malicious. His guardians had been conscientious in attempting to educate him, but in spite of fairly regular attendance at school he learned nothing. He showed such dangerous tendencies that the family was afraid of the results of his association with their own children. The guardians were nearly distracted with the boy, and they had appealed to the placing-out agent to have him removed. The boy was obviously in need of special care and training.

Two or three instances were found of children being received in unusually desirable homes with the expressed intention of giving them good educational opportunities, which mental incapacity prevented them from utilizing. The forbearance and charity of the foster families in which these defective children had been placed was an outstanding feature of the situation.

A Delaware agency placed a foundling boy in a Sussex County family when he was a little more than 3 years of age. The family intended to adopt the child, but from the very beginning he proved to be a disappointment, manifesting abnormalities that caused the family to hesitate about legal adoption. They had given him a free home under agency control, and he was 15 years of age at the time of the investigation. The boy was nervous and restless. He was untruthful, stubborn and headstrong, destructive, and cruel to animals. Quick and active about his tasks providing some one was with him to direct him, he would not work at all if not supervised. He disliked work so much that he once ran away, remaining over night, rather than do something asked of him. During a period of eight years of school attendance he had managed to reach the third grade, but was very dull and had great difficulty in doing the work. The older boys tormented him and imposed on him and took away his possessions. The boy was too cowardly to defend himself or take the offensive. The guardians realized his condition and were very anxious that some other provision be made for his care.

A boy of 15 was placed five years ago by an agency of another State with a family, the head of which was a man who himself had been brought up outside his own home. Because of his sympathy with orphan children, he especially requested the home-finding society to give him a bright boy, in order that he might treat him so far as possible as his own son. He was greatly disappointed when the child sent to him proved to be not only mentally but physically defective. The boy was inclined to be stubborn and was not always truthful. He was slovenly about his work, and required constant supervision. He had to be forced to go to school, and in spite of having attended for 10 years could not do third-grade work. The guardian, however, was trying to make the best of the situation. He recognized the boy's defects, and was dealing with him intelligently. Should this home fail, the boy would undoubtedly become a public charge.

Children whose heredity showed marked strains of degeneracy and defect, and who were themselves mentally defective, had been placed out from the almshouse. They proved burdensome to the families into which they were taken and dangerous to the community. Two imbecile boys, 18 and 20 years of age, who had been placed out from the almshouse, were the illegitimate children of an imbecile colored woman admitted to the almshouse when she was 10 years old, about

47 years ago. Since that time she had been in and out of the almshouse. The father of her first illegitimate child was a placed-out boy living in the family with which she had been placed by the almshouse. Several other illegitimate children were born during her periods of residence in the almshouse. Information concerning three of these children was secured, the two boys in question and a feeble-minded daughter 33 years of age. The older son had been taken from the almshouse by a white family when he was 3 years of age. He had never shown any bad traits but was unable to work except under close supervision. The younger son was taken from the almshouse at the age of 2, also by a white family with whom he remained until a year before the investigation was made. At that time he was transferred to another family because he was so troublesome. He was morose, impatient, and cruel, and could do only the simplest farm work. He was in urgent need of custodial care.

These 19 mentally defective children who were without natural guardians and dependent on the generosity and good will of the families by whom they had been given homes were in very special need of protection. Even though most of them were living in homes classified as favorable, and were in many cases receiving adequate care at the time of the investigation, these temporary homes could not be depended upon for permanent care. Many of the children were taken into the homes for the work they could do. When they were found to be a burden instead of a help, or when they proved to need unusual supervision or protection, their guardians wished to relinquish them to other care. The five children living under unfavorable home conditions and the eight others whose guardians were unwilling longer to bear the burden of caring for them, were in very great need of care and protection by the State.

CHILDREN IN THE ALMSHOUSE OR HAVING NO HOME.

The only institution in Sussex County to which children are admitted is the almshouse, which cares for them both in the institution and by placing out in families. Four mentally defective children between the ages of 6 and 20 years, inclusive, were in the almshouse at the time of the investigation—a white boy of 19, a white boy of 14, an 18-year-old colored girl, and an 8-year-old colored boy whose mother was also an inmate. The white children were both incapable of self-help. The histories of the four children present a picture of the types of families that populate the almshouse and constitute the lowest grade in the county. The almshouse is not adapted to the proper care of these cases and fails to give the constant supervision needed. The appeal for their protection is the more insistent because their condition is not only one of present misery but involves danger to the community.

The white boy of 19, a low-grade imbecile, was taken to the almshouse at the death of his father, when he was 10 years of age. He had a younger brother, also feeble-minded, in a foster home. The boy was handicapped physically, being badly crippled and unable to talk. He had remained in the almshouse ever since his admission and will probably be a public dependent until his death. The family history showed numerous cases of mental defect, degeneracy, and physical handicaps.

The boy aged 14 years, a helpless idiot, began his career in a public institution when he was 6 years old. A type of custodial case which meant an absolute drain on the public exchequer during his entire life, he was so low grade that he could hardly make his wants known by grunts and signs. He was blind, being afflicted with a double congenital cataract. Only such elementary commands as "stand up," "sit down," "come here," addressed to him in a loud voice, brought response. He was unable to talk—grimaced, held his mouth open, twisted his head restlessly, and kept his hands in almost constant motion. The family history showed bad strains on both sides. The mother had been a placed-out girl. She died eight years before the investigation. The father had married again but took no interest in his children.

A third inmate of the almshouse, an 8-year-old colored boy, was the son of an imbecile white woman, also an inmate of the almshouse. Born in the almshouse, the boy had been placed out from there several times, but was always returned shortly because of his thievish and destructive tendencies. His mother had been cared for in the almshouse for 17 years, having come there pregnant at the age of 19. Although never married, she was reported to have had seven children.

An 18-year-old imbecile girl was the illegitimate child of a colored woman who had had seven other illegitimate children, one of whom was obviously weak-minded, and five of whom died in infancy. This girl was born in the almshouse, and at the age of 2 years was bound out to a white family. She was returned to the almshouse a few years later because of a gangrenous sore on her leg, which finally necessitated amputation. On recovery from this operation she went home with her mother. The child had a vicious temper and had so much trouble with the children in the neighborhood that the mother, who was away from home during the day, was obliged to return her to the almshouse, where she had remained ever since. She had never had any schooling. Although her hearing and speech were defective and she was very low grade, she was able to do some work around the almshouse. She had been victimized at the almshouse and had given birth to a child.

The history of the 19-year-old colored girl, who had no home but lived illicitly with different men, is as follows: One of two illegitimate

children, at the age of 11 she was left, because of her mother's death, in charge of her grandparents, who were below average intelligence. The whereabouts of her father, a white man, had been unknown since before her birth. The girl was stubborn, had a bad temper, and required supervision, though she could do housework well. At the age of 17 she left her grandparents' home to do housework. She remained at service for only a short time, and since then had lived around at various places, her whereabouts being unknown to her grandparents. She had been very immoral, living with a number of different men. This girl was in urgent need of custodial care.

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CHAPTER IV. THE MENTALLY DEFECTIVE CHILD AND THE COMMUNITY.

Mental defect is essentially a community problem. It is the inability of the defective to hold his own in school, in industry, and in his contacts with his fellow men that makes his condition of social as well as of individual concern. Society must make special provision for those incapable of meeting their responsibilities, or it must suffer the consequences. The presence of the feeble-minded child in the regular school grade not only results in comparatively little benefit to him but retards the whole class by requiring an undue proportion of the teacher's time and attention. The untrained defective is an industrial inefficient, capable at the best of doing only work very simple and routine in character. The delinquent or uncontrollable defective is a menace to his associates and a source of corruption to the neighborhood.

THE MENTALLY DEFECTIVE CHILD AND THE SCHOOL.

The short terms, poor school facilities, lack of effective compulsory attendance, and the distances between the farm homes and the district schools made it difficult for even normal children to receive adequate education. Mentally defective children, often also physically handicapped, could derive little benefit from the one-room school where the teacher's ingenuity was sorely taxed in dealing with children of many ages and grades. In spite of the difficulties and the little advantage to be gained, the school attendance of mentally defective children was surprisingly high. Sixty-eight per cent of the children studied attended school during the year 1916-17. Twenty-one per cent who were not attending that year had previously had some schooling. Eleven per cent of the children had never attended school. The white and colored showed about the same proportion who had never attended. Of the 62 not in school during 1916-17, 48 were 14 years of age or over, leaving only 14 who were within the compulsory attendance age.

TABLE XXVII.—School attendance of mentally defective children, according to color and age.

Color and age.	Mentally defective children 6 to 20 years of age.				
	Total.	In school, 1916-17. ^a	Not in school, 1916-17.		
			Total.	Attended previously.	Never attended.
Total.....	192	130	62	41	21
White.....	123	86	37	23	14
6 to 9.....	16	12	4	.....	4
10 to 13.....	44	39	5	2	3
14 to 17.....	42	31	11	9	2
18 to 20.....	21	4	17	12	5
Colored.....	69	44	25	18	7
6 to 9.....	4	2	2	.....	2
10 to 13.....	24	21	3	1	2
14 to 17.....	31	21	10	10	.....
18 to 20.....	10	.....	10	7	3

^a Children enrolled. Thirty-four of these children were not present in school when the Public Health Service examinations were made, but were later diagnosed in their homes. One of these had never attended public school, but had attended private school.

Sixty-six per cent of the boys and 71 per cent of the girls were attending school in 1916-17. Thirteen per cent of the boys and 8 per cent of the girls included in the study had had no school training whatever.

TABLE XXVIII.—School attendance of mentally defective boys and girls.

School attendance.	Mentally defective children 6 to 20 years of age.		
	Total.	Boys.	Girls.
Total.....	192	120	72
In school, 1916-17.....	130	79	51
Not in school, 1916-17.....	62	41	21
Attended previously.....	41	26	15
Never attended.....	21	15	6

Although many of the children had attended a number of years, few of them had attained grades above the third. Forty-three of the 109 white and 41 of the 62 colored children who had ever attended school had not progressed beyond the first grade. Eighteen of these white children and 15 of the colored had attended school five years or more without advancing beyond this grade, 6 of them being so defective that they were unable to do even primary work. Three white children had attained the seventh grade, the highest grade in which any defective child was found, but according to the teachers'

statements, these children had been so graded merely to encourage them, or to put them with children nearer their own age. One of them had attended for 11 years. Two children had reached the sixth grade, but one of them had been promoted only because of his long attendance—10 years—and not because he was able to do the work. A total of 10 white children had attained grades above the fourth. The lowest number of years attended by any of these was 7, and most of them had been in school 10 years or more. None of the colored children had reached grades above the fourth.

Fifty-eight per cent of the white children and 77 per cent of the colored were reported as having been in the first or the second grades during the last year they attended school; almost half the white children in these grades, and two-fifths of the colored, were reported as having attended school at least 5 years; two white children in the second grade were reported as having attended, one for 11 years, and the other for 14 years. The colored children did not show as long terms of school attendance as the white, although three of them in the first or second grades had been enrolled for 9 years.

TABLE XXIX.—*Mentally defective children who had ever attended school, according to number of years in school and last grade in which enrolled.*

Number of years in school.	Mentally defective children 6 to 20 years of age, who had ever attended school.								
	Total.	Last grade in which enrolled.							Not reported.
		Primary and first.	Second.	Third.	Fourth.	Fifth.	Sixth.	Seventh.	
Total.....	171	84	27	26	15	5	2	3	9
White.....	109	43	20	19	12	5	2	3	5
1 year.....	6	6							
2 years.....	6	6							
3 years.....	12	8	2	1					1
4 years.....	6	2	3		1				
5 years.....	7	4	1	1	1				
6 years.....	15	5	4	4	2				
7 years.....	10	3	1	3	2	1			
8 years.....	10		3	3	2	1			1
9 years.....	8	3	1	2	1				1
10 or more years.....	15	3	2	2	3	3	1	1	
Not reported.....	14	3	3	3			1	2	2
Colored.....	62	41	7	7	3				4
1 year.....	2	2							
2 years.....	3	3							
3 years.....	7	6	1						
4 years.....	8	8							
5 years.....	5	4							1
6 years.....	5	3	1		1				
7 years.....	5		3	1	1				
8 years.....	6	6							
9 years.....	4	2	1	1					
10 years.....	2								2
Not reported.....	15	7	1	5	1				1

Nearly three-fifths of the white children and four-fifths of the colored children attending school during the year 1916-17 were in the first or second grades. Only 3 white children and 1 colored child in the first grade were under 8 years of age. Seventeen of the 31 white children in the first grade were 11 years of age or over, 1 of them being 13; 2, 14; and 3, 15 years old. Twenty-four of the 32 colored children in the first grade were 11 years of age or older; 3 of them were 13 years old; 7, 14; 5, 15; and 1, 16. With the exception of 1, all the children in the second grade were 11 years of age or older. Attending school during 1916-17 were 20 white and 12 colored children 14 years of age; only 7 of the white and 2 of the colored children of this age had reached the fourth grade or above. Five of the white and 9 of the colored children 14 years of age were in the first and second grades.

TABLE XXX.—Mentally defective children attending school during year 1916-17, according to age and grade in which enrolled.

		Mentally defective children 6 to 20 years of age, attending school 1916-17.															
		White.										Colored.					
Age.	Total.	Grade in which enrolled.										Grade in which enrolled.					
		Total.	First.	Second.	Third.	Fourth.	Fifth.	Sixth.	Seventh.	Not reported.	Total.	First.	Second.	Third.	Fourth.	Not reported.	
		Total.....	130	86	31	18	17	10	3	2	3	2	44	32	4	5	2	1
6 years.....	1	1	1														
7 years.....	3	2	2								1	1					
8 years.....	7	6	6								1	1					
9 years.....	3	3	3														
10 years.....	9	3	2	1							6						
11 years.....	15	13	7	6							8	6					
12 years.....	24	16	4	4	4	3				1	8	3	1				1
13 years.....	12	7	1	3	2						5	3					
14 years.....	32	20	2	3	8	6	1				12	7	2	1	2		
15 years.....	15	7	3		2						8	5	1	2			
16 years.....	4	3			1			2			1	1					
17 years.....	1	1				1											
18 to 20 years.....	4	4		1						2	1						

All but 2 of the 14 white children who had never attended school were classified as incapable of self-help; these exceptions had serious speech defects. Twelve white children who were so low grade mentally or physically that they could not attend to their personal wants had attended school for longer or shorter periods. The difficulties encountered in attempting to teach them in the same classes with normal children are obvious. Two of the 7 colored children who had never attended school were incapable of self-help. None of the

colored children who had attended was incapable of self-help, though many of them had serious physical handicaps.

Both the white children who were almshouse inmates were incapable of self-help and had never attended school. One of the white children who had never attended was living in a foster home. Of the 8 colored children who had never attended school, 4 were living in other than their parental homes, 2 of them in foster homes and 2 in the almshouse.

One of the most important factors in school attendance in the county was the distance children lived from the schools of their districts. Almost one-fourth of the mentally defective children under 14 years of age lived more than 2 miles from the schoolhouse, and were therefore exempted by law¹ from school attendance. Half the children under 14 years of age lived more than 1 mile from school.

Distance from school is a rural problem, and therefore the figures on the attendance of the 140 children living on farms are most significant. Twelve white and 10 colored children living on farms had more than 2 miles to go to school. Living over 1 mile from school were 31 of the 48 white children under 14 years of age, and 18 of the 24 colored children of the same ages. Considering the difficulties, it is surprising to note the number of mentally defective children who trudged long distances to school year after year, though making little, if any, progress.

It is generally recognized that the regular school curriculum is not adapted to training the mentally defective child. Sensory and manual training must be relied upon to a far greater extent than in the case of normal children. The small number of children who had attained grades beyond the first or second, even after long years of school attendance, indicates the futility of attempting to fit these children into the ordinary school routine. The menace of the presence of mentally defective children in the regular classes, and the need for special classes for the training of these children, have been previously discussed.²

THE MENTALLY DEFECTIVE CHILD IN INDUSTRY.

Kind of work done.

In the farm districts of Sussex County practically every child able to perform any work helps on the home farm. A considerable number of children work during short periods for other farmers, especially during corn-husking and berry-picking time. Often the father hires out by the day, and takes his children—boys and girls—with him. Very young children are engaged in berry picking. Children are em-

¹ R. C. 1915, sec. 2313. Section 2311m of the Revised Code as added by chapter 164 of the Acts of 1915 empowers local boards of education to make contracts for the free transportation of children.

² See p. 30.

ployed in canneries during the season. They also make peach-basket tops and berry baskets, much of this work being done in the homes. Owing to the primitive conditions and the simple character of most of the industries, it is possible for mental defectives to perform gainful work, and even to become self-supporting, in a greater proportion of cases than would hold for more highly organized communities. Most of the work is done for employers who work with their helpers, hence little initiative is required. Only very young children or those of very low-grade mentality are not engaged in some form of work, either for their own parents or for hire.

Most of the work done by the feeble-minded children studied was on the farm or around the house. In a considerable number of cases this was combined with seasonal work, such as berry picking and wreath and basket making. Several of the children were reported as having worked in canneries during the season. Work at home included any kind of help around the house or farm. Many of those who were badly handicapped physically and some of those who were classified as incapable of self-help were performing a few simple duties. Of the mental defectives 12 to 20 years of age, 87 per cent of the boys and 81 per cent of the girls were reported as doing some kind of work other than simple tasks. Many of the children worked only after school hours, or when they were not attending school.

TABLE XXXI.—*Type of work done by mentally defective children.*

Type of work done.	Mentally defective children 12 to 20 years of age.								
	Total.			White.			Colored.		
	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.
Total.....	144	87	57	89	61	28	55	26	29
Work at home.....	71	43	28	47	32	15	24	11	13
Home and hired.....	35	24	11	19	15	4	16	9	7
Hired.....	16	9	7	4	3	1	12	6	6
Simple tasks.....	8	2	6	5	2	3	3	.....	3
Incapable of work.....	10	7	3	10	7	3	.....	.....	.....
Not reported.....	4	2	2	4	2	2	.....	.....	.....

A larger proportion of colored than of white children were found employed away from their own homes. Nineteen white and 16 colored children worked intermittently for others and in their own homes, and 4 white and 12 colored worked for others only. Thus, a total of 26 per cent of all the white children, and 51 per cent of the colored, were reported as working away from their own homes to some extent. The greater proportion among the colored may indicate that economic stress had forced these families to utilize the labor of all members of the family capable of doing even low grade and inefficient work.

Capacity for self-support.

In attempting to classify these children according to their capacity for earning their own living, the type of work offered by the environment under which they were living was taken as the criterion. The work the mentally defective children from 12 to 20 years of age were capable of doing was grouped as follows: (1) Independent or almost independent work, including factory work, farm labor, or housework away from home, for the average wage paid in the locality, and high-grade work on the home farm or own household. (2) Good work under supervision, including work for others at less than the average rate of pay, and corresponding work at home. (3) Work of low grade under close supervision. This included the simpler kinds of farm and housework, berry picking with the parents, cutting wood, and similar occupations. (4) The simplest kinds of tasks, such as carrying wood or water and going on errands. Class (5) included those incapable of doing any work.

TABLE XXXII.—*Capacity for work of mentally defective children.*

Capacity for work.	Mentally defective children 12 to 20 years of age.								
	Total.			White.			Colored.		
	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.
Total.....	144	87	57	89	61	28	55	26	29
Independent or almost independent work.....	27	19	8	15	11	4	12	8	4
Good work with supervision.....	38	24	14	20	17	3	18	7	11
Poor work needing much supervision.....	57	33	24	35	22	13	22	11	11
Only simplest tasks.....	8	2	6	5	2	3	3	.....	3
Incapable of any work.....	10	7	3	10	7	3	.....	.....	.....
Not reported.....	4	2	2	4	2	2	.....	.....	.....

The percentage of children reported as capable of doing independent work or good work under more or less supervision was high—39 per cent of the white and 55 per cent of the colored. However, it must be borne in mind that many of those classed as capable of doing independent work probably would not have been so graded if judged according to other standards than the simple requirements of the industries in this locality. All the work performed was unskilled and simple in character. Of the 144 mental defectives 12 to 20 years of age, 65 were classed as doing independent or almost independent work, or good work under supervision. These children were able, under the conditions in which they were living, to make a considerable contribution to their own maintenance. Probably few, if any, of them would have been able to conduct their own affairs independently. A number of the boys were working at farm labor earning \$1 a day or more during busy seasons. Many of them, however, were

unable to do any tasks that required initiative or responsibility, and in most cases the work depended upon physical strength, and was routine in character. A somewhat larger proportion of boys than of girls were capable of good work. This difference may be partly accounted for by the fact that household duties are more varied and exacting than the work engaged in by boys. Many of the tasks in the household require close muscular coordination, which is usually poorly developed among the feeble-minded. A larger proportion of colored than of white children were reported as capable of good work, probably on account of differences in standards and kinds of work done.

The largest number in any one class fell into the group described as capable of doing only low-grade work under close supervision, 40 per cent of all the children in the specified age group being so described. The economic waste involved in the poor work of these children and the time spent in supervising them indicates the need for special industrial training to develop whatever trainable abilities these children possess. Many of them could undoubtedly be helped by such training to perform higher grades of work. The proportionate number of girls in this class is slightly higher than that of boys, again indicating the necessity for giving these girls training in household duties and handwork.

The lowest grades included 8 children who were able to perform only the most rudimentary tasks and 10 who were incapable of any work. These 18 children, 13 per cent of all between 12 and 20 years of age, were too low grade to make any appreciable contribution toward their own support.

A comparison of the industrial efficiency of these mentally defective children and the economic status of their families is of the greatest interest, indicating the extent to which these children are burdens that can not be borne without serious damage to the family life. The children living in their parental homes—108 of the 144 children 12 to 20 years of age—included 55 who were reported as doing low-grade work or as being incapable of assisting in their own maintenance. Thirty of these children, 9 of whom were incapable of doing any work or could perform only the simplest tasks, were in families in which the incomes were inadequate to meet the needs of a proper standard of life, even without the unusual demands imposed by the care of the defective child.

Of the 32 children 12 to 20 years of age living with relatives or in foster homes, only 15 were reported as able to do good work. Fifteen were classed as doing low-grade work and two as able to do only the simplest tasks. Four of these economically incompetent children lived in families having incomes inadequate for their needs. One

of the children able to do only poor work, and two incapable of any work were in the almshouse.

TABLE XXXIII.—Capacity for work of mentally defective children, according to type of home and income of family.

Capacity for work.	Mentally defective children 12 to 20 years of age.							
	Total.	In parental homes.			In relatives' or foster homes.			In almshouse or no home.
		Total.	Family income adequate.	Family income inadequate.	Total.	Family income adequate.	Family income inadequate.	
Total.....	144	108	50	58	32	26	6	4
White.....	89	69	37	32	18	16	2	2
Independent or almost independent work.....	15	11	8	3	4	3	1	.....
Good work with supervision.....	20	14	7	7	6	6	.....	.....
Poor work.....	35	27	15	12	8	7	1	.....
Simplest tasks.....	5	5	3	2	.....	.....	.....	.....
Incapable.....	10	8	1	7	.....	.....	.....	2
Not reported.....	4	4	3	1	.....	.....	.....	.....
Colored.....	55	39	13	26	14	10	4	2
Independent or almost independent work.....	12	10	3	7	2	2	.....	.....
Good work with supervision.....	18	14	4	10	3	2	1	1
Poor work.....	22	14	5	9	7	5	2	1
Simplest tasks.....	3	1	1	.....	2	1	1	.....
Incapable.....	.....	.....	.....	.....	.....	.....	.....	.....
Not reported.....	.....	.....	.....	.....	.....	.....	.....	.....

The work done by these mentally defective children is of especial interest in connection with the provision of training or custodial care. The fact that only 7 per cent of all of the children 12 to 20 years of age were reported as being incapable of doing any work indicates large opportunities for development by proper training. A surprising number of the children had done work outside their homes, and with suitable training many of them could undoubtedly have become fairly capable workers, under proper direction.

MENTALLY DEFECTIVE CHILDREN AS OFFENDERS AGAINST SOCIAL STANDARDS.

The nature of juvenile offenses against established order depends very largely upon the environment and the temptations offered. In rural communities and small towns boys and girls are rarely known as delinquents. If misdemeanors are committed they are likely to be spasmodic in character rather than habitual, and discipline is left to the parent or guardian of the child instead of becoming a matter for the courts. The cases studied illustrate strikingly the types of anti-social outbreaks of mentally defective children in rural communities. There were comparatively few offenses committed, but personal characteristics and tendencies were found demanding correction and

control through proper education and discipline. Many of these characteristics were such that in a more complex social organization they would inevitably have brought the children into conflict with the law.

The misdemeanors reported were mainly exhibitions of violent temper or viciousness, running away from home, cruelty to animals, petty thieving, or minor depredations. Thirty-five of the mentally defective children studied had exhibited tendencies toward wrongdoing more or less serious in nature. Sixteen of them were markedly disobedient or unruly, and were classified as uncontrollable. Fourteen had committed offenses against person or property. Five girls were reported as sex offenders, three of them being mothers of illegitimate children.

TABLE XXXIV.—*Mentally defective children who were reported as being delinquent or uncontrollable, according to color, sex, and nature of offenses reported.*

Nature of offenses reported.	Mentally defective children 6 to 20 years of age who were reported as being delinquent or uncontrollable.						
	Total.	Boys.			Girls.		
		Total.	White.	Colored.	Total.	White.	Colored.
Total.....	35	24	18	6	11	5	6
Child uncontrollable.....	16	11	9	2	5	4	1
Offenses against person or property.....	14	13	9	4	1	1	1
Sex offenses.....	5				5	1	4

The largest number of the 30 children classed as offenders against person or property or as uncontrollable had violent tempers and vicious tendencies. These wild impulses were often of such a character that the safety of others demanded custodial care of the unfortunate children. Brutal cruelty to animals and attacks upon other children were frequently reported. Three boys had attempted to set fire to buildings. Others were reported as destructive, unruly, obscene, given to fighting, and as runaways. The reported cases of stealing varied from appropriating things wanted for play to taking small amounts of money from home or theft of merchandise. In some cases classed as uncontrollable the difficulty appeared to be due to nervous irritability or other detrimental physical conditions. In some of the lower-grade cases the instinct for noise and destruction seemed quite uncontrollable; in the higher grade cases the bad behavior often appeared to be the result of lack of proper discipline. Two of the girls classified as sex offenders had led very immoral lives for an extended period of time. The three who were mothers of illegitimate children were rather offended against than offending.

The special need for protection of these defective children with uncontrolled instincts is illustrated by the case of an 8-year-old idiot boy, the son of a widowed mother. This boy was thoroughly demoralizing the household. His senseless, brutal activity and his propensity for running away made him a menace to his family and the community. Moreover, he lowered the economic level of his home by requiring constant attention. Unless he was watched continually he would smash windows or throw the dishes off the table, apparently for the pleasure he obtained from the noise and commotion. He was brutal in his treatment of animals, and unless prevented would wring the necks of fowls. The family was in very poor circumstances and the boy was a great burden to them. He was in urgent need of custodial care.

A boy 6 years of age, not yet able to talk, was very stubborn and high tempered. He would fly into a rage and attack a child or adult with a stick or other weapon. His mother had deserted the family when the boy was only 2 months old. The maternal grandmother, ignorant and inefficient, was attempting to manage the household. The father was crippled with rheumatism, and had other physical disabilities that made him almost helpless. The family made a scant living from the farm they owned.

Lack of proper training and discipline made custodial care imperative for an 11-year-old boy who was being cared for by relatives because his mother was in the hospital for the insane. He had a violent temper and at times worked himself into a passion in which he would bite his own arm until the blood ran. He fought with other children, was cruel to animals, and had a propensity for building fires in dangerous places. He was distinctly unsocial in nature and was a great source of worry to his family.

The guardians of a 19-year-old feeble-minded boy had implored the agency that placed him to remove him. He was depraved, unbearably filthy, and obscene, and his character had curious contradictions, ranging from religious fervor to destructiveness and brutality. Although he had attended school for 10 years he had made no progress whatever. He had to be watched continually and could not be trusted to work alone a minute. He went to town every night and became furious if an attempt was made to keep him at home. The moving-picture theater had debarred him from attendance because of his obscene behavior.

In considering delinquent tendencies, it is significant to note the types of homes in which these children lived. Almost one-half of the children who were classified as offenders were living in other than their parental homes, whereas less than one-fourth of all the mentally defective children studied were not living with their parents. Many

of the foster home children presented particularly serious problems of conduct.

TABLE XXXV.—Character of mentally defective children, according to type of home.

Type of home.	Mentally defective children 6 to 20 years of age.						
	Total.	Of good character as far as known.			Reported as being delinquent or uncontrollable.		
		Total.	White.	Colored.	Total.	White.	Colored.
Total.....	192	157	100	57	35	23	12
Parental.....	150	132	85	47	18	14	4
Foster or relatives.....	37	24	14	10	13	8	5
Almshouse or no home.....	5	1	1	.....	4	1	3

The proper care and training of mentally defective children who have propensities toward delinquent conduct has been generally recognized as of the utmost importance. The problem of control becomes increasingly difficult as the child becomes older. If the defective child be taken in hand at an early age, antisocial tendencies may be lessened by training so directed as to form fixed habits of right conduct. Society pays a heavy penalty for the neglect of those who are unable by reason of defective mentality to exercise ordinary judgment and self-control.

CHAPTER V. THE RECURRENCE OF MENTAL DEFECT AND THE COINCIDENCE OF DEFECT, DEGENERACY, AND DEPENDENCY.

The investigation revealed a considerable number of families in which more than one member was feeble-minded, and a startling amount of intertwining of defect and degeneracy among certain family groups. Defective individuals intermarried or lived illicitly with others of like characteristics, each generation producing an increasing number of defective or degenerate members. The related factors of degeneracy, illegitimacy, and dependency aggravated the problems involved in the care of mentally defective children and greatly increased the danger and burden to the community.

CONSANGUINITY OF MENTAL DEFECTIVES.

In the immediate families of 82 mentally defective children—45 white and 37 colored, 43 per cent of the total studied—other members had been diagnosed feeble-minded. In 1 white and 2 colored families both parents had been diagnosed feeble-minded, and in 3 white and 5 colored families 1 parent was feeble-minded. These families included 19 feeble-minded children—5 white and 14 colored—between 6 and 20 years of age.

TABLE XXXVI.—Families having mentally defective children 6 to 20 years of age, according to mentality of parents and older children, and number of mentally defective children of age group studied.

Mentality of parents and older children.	Families having mentally defective children 6 to 20 years of age.										
	Total.	White.				Colored.					
		Total.	Number of mentally defective children 6 to 20 years of age in family.				Total.	Number of mentally defective children 6 to 20 years of age in family.			
			One.	Two.	Threè.	Four.		One.	Two.	Three.	Four.
Total.....	151	101	86	10	3	2	50	37	10	.....	3
Both parents feeble-minded....	2	1	.....	1	.....	.....	1	.....	.....	.....	1
Both parents and older child feeble-minded.....	1	.....	.....	.....	.....	.....	1	.....	1	.....	.....
One parent feeble-minded.....	7	3	^a 3	.....	.....	.....	4	2	2	.....	.....
One parent and older child feeble-minded.....	1	.....	.....	.....	.....	.....	1	.....	1	.....	.....
Older child feeble-minded.....	9	5	5	.....	.....	.....	4	3	1	.....	.....
Parents and older children of normal mentality so far as known.....	131	92	78	9	3	2	39	32	5	.....	2

^a One of these families had another feeble-minded child under 6 years of age.

The 192 children studied represented 151 family groups. There were 15 white and 13 colored families in which there was more than one feeble-minded child between the ages of 6 and 20 years, inclusive. In each of 10 of the white families there were two of these children; in 3 families there were three each; and in 2, four each. Ten of the colored families each contained two feeble-minded children 6 to 20 years of age, and in 3 families there were four each. In addition to children included in the study, 5 of the white and 6 of the colored families had older children who also had been diagnosed mentally defective. Four mentally defective children, 3 white and 1 colored, had an insane mother or father. Two of these white children belonged to the same family.

This investigation showed a recurrence of feeble-mindedness in 23 of the 101 white families and in 18 of the 50 colored families included in the study. More than one-fourth of all the families studied had more than one feeble-minded member. In other families there were insane parents or members of the family group reported weak-minded.

In 7 white families having 15 mentally defective children included in the study, and in 9 colored families having 18 mentally defective children, 2 or more members of the immediate family groups and also more distant relatives had been diagnosed feeble-minded. Of the 78 white and the 32 colored children who were the only defective members of their immediate families 9 white and 10 colored had feeble-minded relatives. Thus, only 69 of the 123 white children and 22 of the 69 colored children had no feeble-minded relatives so far as known. The proportion of white children having no feeble-minded relatives is considerably higher than that of the colored. The intertwining of the family groups of the mentally defective children was very significant. Families united and reunited, forming a complex interrelationship, in which feeble-mindedness and low mentality were common.

The following cases of defective children included in the study illustrate recurrence of mental defect in the same family or in related family groups:

Two white girls, 9 and 16 years of age, were the only children in a family in which both the mother and father were feeble-minded.

Two white boys, ages 9 and 19, had two sisters reported weak-minded, an uncle who had been diagnosed feeble-minded, an aunt reported weak-minded, two cousins and a nephew diagnosed feeble-minded, a grandaunt and a great-grandaunt who had been insane.

Two white boys, 15 and 20 years of age, had a grandparent and a great-grandparent who had been insane.

A white boy 19 years of age had a sister and two brothers who had been diagnosed feeble-minded, an epileptic grandparent, an epileptic cousin, a niece and a nephew diagnosed feeble-minded, a second cousin diagnosed feeble-minded, and a great-grandparent who had been insane.

A white boy 20 years of age had a feeble-minded brother, a feeble-minded uncle, an aunt reported weak-minded, two first cousins who were feeble-minded, and two who were reported weak-minded, a feeble-minded nephew, and a great-grandaunt who had been insane.

Two colored boys, 11 and 16 years of age, belonged in a family in which both parents were feeble-minded, an older half brother feeble-minded, a half sister reported weak-minded, another half sister epileptic and reported weak-minded, and an aunt reported weak-minded.

A colored boy 9 years of age had an insane father, an uncle reported insane, a first cousin who had been diagnosed feeble-minded, two granduncles reported insane.

A colored girl 15 years of age and her 18-year-old brother had an older feeble-minded brother, a grandparent reported weak-minded, two feeble-minded nieces, two feeble-minded nephews, and an epileptic niece.

A colored boy 14 years of age had six third cousins diagnosed feeble-minded and one reported weak-minded; four of his mother's second cousins had been diagnosed feeble-minded, one of them also being epileptic.

A colored boy 18 years of age and his sister 15 years of age were the children of a woman reported weak-minded. One of their grandparents was insane; a first cousin was feeble-minded and another was reported weak-minded; a cousin of the mother was epileptic.

Four colored children ranging in age from 12 to 20 years had feeble-minded parents, the mother being also epileptic. Two children of the family were too young to have their mentality determined. The oldest of the four feeble-minded children had an illegitimate child who was feeble-minded. A grandparent was reported weak-minded; two aunts, a first cousin, a third cousin, and a second cousin of the mother had been diagnosed feeble-minded.

A colored boy 8 years of age was the child of a feeble-minded woman. His uncle was diagnosed feeble-minded; another uncle, an aunt, and a cousin were reported weak-minded; a granduncle was insane, and a third cousin had been diagnosed feeble-minded.

A colored boy 12 years old had a feeble-minded mother, a half sister reported weak-minded, two feeble-minded aunts, one of whom was also epileptic, four feeble-minded first cousins, one aunt and one first cousin reported weak-minded, two second cousins and a third cousin of the mother diagnosed feeble-minded.

MENTAL DEFECT AND DEGENERACY.

Alcoholism and immorality.

The coincidence of mental defect and alcoholism or immorality creates most serious conditions of degeneracy. However, it was difficult to discover the facts concerning the prevalence of alcoholism and immorality in the families studied because the information was mainly secured from interviews with the mothers. Alcoholism might be presumed to be of small proportions in this county because it has been for some years no-license territory. That 20 of the 123 white

children and 7 of the 69 colored had parents who were reported as alcoholic at the time the investigation was made, or as having been alcoholic formerly, indicates, however, that this problem is by no means nonexistent. Information concerning immorality of parents was secured usually only in cases where the children were illegitimate. In 4 white families having 6 mentally defective children, and in 18 colored families having 25 mentally defective children, one or both parents were reported as having been immoral. Occasionally the immorality of another member of the family was a detrimental influence in the home.

The following cases illustrate the coincidence of mental defect and alcoholism or immorality:

Alcoholism was prevalent in a white family in which there were two feeble-minded boys, 12 and 17 years of age. The paternal grandfather, paternal granduncles, and nearly all the mother's people were excessively alcoholic. The father had been a heavy drinker formerly. The 17-year-old boy and two brothers living away from home at the time of the investigation were reported as drinking a great deal. The fact that all the mother's relatives on both sides and a number of the father's relatives were reported to have died of tuberculosis, suggests the poor physical stamina of the family stock.

A white boy, 15 years old, had several paternal relatives who were reported alcoholic. The father had always been a heavy drinker, and had deserted the family two years before the investigation. The paternal grandfather was a drunkard, and a cousin of the father was reported as having used alcohol excessively.

Three feeble-minded children came from a white family in which alcoholism and immorality were common. The father of the two oldest children was an inmate of the hospital for the insane. The mother was living illegally with the father of the youngest child. The paternal grandfather of two of the children had been insane and several relatives were feeble-minded, some of them being inmates of the county almshouse. All the known male paternal relatives of the older children were reported as having been drunkards. A sister of the three feeble-minded children was the mother of an illegitimate child.

A girl 15 and a boy 18 years of age belonged in a colored family, several members of which were feeble-minded. The father treated the mother so badly that she was obliged to leave home, after which he maintained illicit relations with a very immoral woman of the neighborhood. Four children remained with the father, and were living under very detrimental conditions.

Illegitimacy.

The problem of illegitimacy complicated that of mental defect in the cases of only 4 white children 6 to 20 years of age, but 17 colored children, 25 per cent of the total number of colored, were illegitimate. One white child was a foundling. The greater number of colored illegitimate children is due to the different standards of morality

which prevail in general among the two races, and the greater laxness of the marriage relation among the colored. The mothers of seven of the illegitimate mental defectives were also feeble-minded. In one of these cases the father was also mentally defective. The lack of normal home surroundings, in addition to their bad heredity, makes this group of children peculiarly likely to become subjects for public protection, as illustrated by the following cases:

A feeble-minded colored girl 14 years of age was an illegitimate child whose mother had disappeared. The girl was thrust upon an older half sister who mistreated her. A kind-hearted colored woman asked for the child, took her in, and was giving her a comfortable home. She was disappointed to find that the child was defective, and in spite of the fact that she was treating the girl well she may find it impossible to care for her permanently.

A 14-year-old imbecile white girl was the illegitimate child of an imbecile mother, for a short time an inmate of the almshouse. The mother was a woman of good physical condition, clean, and attractive looking. She worked irregularly at farm or house work, at which she earned \$1 a day, but she secured very little employment because of her inefficiency. She and her child made their home with her aged mother in a small house that was given them rent free by a well-to-do neighbor. The three lived a shiftless life, incapable of self-management, dependent on the assistance of neighbors and relatives for food, clothing, and fuel. The mother had had two legitimate children, one of them dead and the other cared for by relatives. The family was notorious in the section in which they lived. The entire neighborhood felt the burden of their presence, and recognized the need for a suitable institution for these defective individuals.

A feeble-minded boy, 17 years of age, was the third of four illegitimate children of a mother who deserted the children when this boy was about 6 years old. He and his older half sister had always lived with their grandmother, the mother taking no responsibility for them. The mother married and had been living in a home of her own for the past 11 years. The boy was diagnosed as an epileptic imbecile. He was physically able to work, and could cut wood and help around the farm at simple tasks, but could not be trusted to work alone for fear of his seizures. The grandmother had an adequate income and expected to provide for the boy always. The half sister of this boy, also living with the grandmother, repeated her mother's history. She was 20 years old when her illegitimate child was born.

In connection with this study a special effort was made to secure information regarding cases of feeble-minded women who had had illegitimate children. Seventeen in all were found, 3 of these mothers being girls under 21 years of age. These 17 mothers were known to

have had 51 illegitimate children. Of these children, 10 died in infancy, 6 died later, 1 had disappeared, and 34 were living at the time of the investigation. The mentality of these children was as follows: Ten examined and found feeble-minded, 1 epileptic and retarded, 5 reported weak-minded, 2 examined and found normal, 16 mentality not known. Thus, nearly a third of the living children were known to be feeble-minded. How high the percentage of mental defectiveness actually was can only be conjectured, since only those who were reported as being of doubtful mentality were looked up. The large number of mental defectives among the illegitimate children of this group of mothers may be presumed to indicate a high heritage of degeneracy. It is interesting to note that 5 of the 17 feeble-minded mothers of illegitimate children were themselves illegitimate.

MENTAL DEFECT AND DEPENDENCY.

Dependent families.

With the exception of a very small amount of charitable relief given to families in their homes, usually through church or neighborhood aid, dependents in Sussex County are provided for in two ways—by admission to the county almshouse or in the case of children often by removal from their homes and placement with other families. It is significant rather of the absence of available sources of relief than of the lack of need for aid that only three of the white and five of the colored families studied were known to have received charitable assistance. Considering only the children 6 to 20 years of age, inclusive, who were living in their parental homes—a total of 150—it was found that 89 of them, 53 white and 36 colored, belonged in families whose incomes were below that required for maintaining a decent standard of living under the comparatively simple conditions of life in their home communities. It must be remembered, however, that the "share tenants" make up largely the "inadequate income" group. These families usually managed to scrape along and provide themselves with sufficient food for existence. Many of them lacked proper clothing, their dwellings were poorly constructed, and they suffered for the ordinary comforts, but they did not seek or receive aid.

Among the families which demanded constant assistance was a colored family consisting of a feeble-minded mother and seven children, two of whom, a girl of 17 and a boy of 11 years, were also feeble-minded. The family was living in dire poverty and filth. The father of the two oldest children, both of whom were illegitimate, was a worthless drunkard, who had never contributed to their support. The other five children were the legitimate offspring of an unskilled laborer who had died from lung trouble contracted through cement poisoning. After his death the wife and the oldest girls worked irregularly at housework, but were so inefficient that the family had been largely

dependent on charity. They lived in a small village, occupying a very tiny unplastered shanty of three rooms, so small and so loosely built that it had the appearance of a woodshed. The place was filthy. The condition of the family in winter, when they were practically unprotected from the cold, was pitiable, and at all seasons the children were running the streets thinly and raggedly clothed. The mother was about 40 years old and was diagnosed feeble-minded. She was incapable of keeping her house in order and unable to control her children. The oldest girl, 18 years of age, was reported by the local school-teacher as "not quite right." The second child, a girl 17 years old, was diagnosed feeble-minded. A girl of 12, the oldest of the legitimate children, was normal mentally. A boy of 11 was diagnosed feeble-minded. The three youngest children, 6, 4, and 2 years old, showed no marked defect. With a feeble-minded mother as head of the household and three of the older children known to be below the average, the situation was such that the family would remain a steady burden on the community.

Mental defectives in the almshouse.

The almshouse of the county, the only institution which can be used as a refuge, is the home of the unfortunates who because of mental or physical infirmities are unable to provide themselves with subsistence even under the most simple conditions. It serves as an emergency shelter for the incompetents who drift back and forth from the almshouse to the community. It is significant of conditions in the county that only 3 of the 35 inmates of the almshouse at the time of this study were found to be normal mentally. Nineteen of the inmates, 13 males and 6 females, were diagnosed as feeble-minded. Five of the males and 3 of the females so diagnosed were colored. Most of the feeble-minded inmates represented very low grades, mentally, physically, and morally.¹

The almshouse refugees afford an interesting study into the continuity of degeneracy, representing as they evidently do in this county a marked degree of social deficiency. It is interesting to note that six of the present almshouse inmates had mothers who had also been inmates. Various relatives of others were present or former inmates. The four feeble-minded children who were inmates of the county almshouse have been previously described. The following histories of older almshouse cases illustrate the burden involved in the care of these unfortunates.

An imbecile white woman 37 years old had been an inmate of the almshouse since the age of 19. The birth records of four of her illegitimate children appeared on the almshouse register. The oldest of the four, 17 years old, had been "bound out" from the almshouse,

¹ See p. 32.

and had proved himself an industrious and capable boy. The second died when 4 days old. The third was a feeble-minded colored boy, whose history has been given in a previous chapter. A colored inmate was the father of the fourth child, a 10-months-old baby being cared for by the mother in the almshouse. The mother was born of poor parents, and was one of a numerous family who lived in a tiny house in a remote district and were employed by farmers in the vicinity. Both parents of this woman had had children by other matings, and her father was an old man when she was born. The father was regarded by his employers as a good, industrious man, but he was always in rags and very poor. By his neighbors he was considered unusually self-complacent and egotistical. The mother was shiftless, inefficient, and had had illegitimate children by a man with whom she lived illegally. She was an inmate of the almshouse at the time of her death.

An imbecile woman 70 years of age had spent the greater portion of her life in almshouses, having been an inmate of five different ones in Maryland and Delaware. At the time of this investigation she was an inmate of the Sussex County almshouse, to which she had been taken for the first time 20 years before the time of the investigation. She had been taken from there at different times by families who wanted her to work for them. Capable of doing sufficient work to support herself, her violent temper made it impossible to endure her long. She had been in and out of the almshouse a great many times for longer or shorter periods. She was known to have had eight illegitimate children, two of whom died in infancy. Her mentality was so low that she could not care for her children, and all of them were placed out when young. One of the children was reported weak-minded and one was said to have been in an institution for delinquents.

One of the worst features of this type of almshouse is the lack of protection of the inmates. The absence of supervision and the lack of legal control over the inmates makes the almshouse a breeding place of degeneracy and defect. An imbecile woman who had given birth to six children in the almshouse illustrates the danger of this lack of supervision. When she was 8 years old her mother died of tuberculosis, and the girl was placed out at service. At the age of 18 years she first appeared at the almshouse, where she gave birth to an illegitimate child. Four years later twins were born in the almshouse, the father being an inmate. Within two years another illegitimate child was born, the father of this one also being an almshouse inmate. She left the almshouse and went to live with relatives, but within a year returned to give birth to twins. Only one of her five children was living at the time of the investigation. He was epileptic and mentally retarded. After the birth of the last child the mother remained in the almshouse for three years. She then married a man who was

about her mental equal, unable to do any but the lowest grade of work, at which he could barely eke out an existence. She had fits of violent temper, had attempted murder, had stolen, and was grossly immoral.

The family history of a 73-year-old feeble-minded man in the almshouse at the time of the investigation illustrates the degenerate type of family that contributes heavily to alcoholism, pauperism, and low living. The man's mother died in an almshouse at the age of 45. Her mind was slightly affected. His father had been a very heavy drinker, but was considered an intelligent man. The man had three brothers. The oldest died when a young man. The second brother lived to be 74 years old. He was a decided alcoholic, and was in and out of the Kent County almshouse for about 20 years, and finally died there. The third brother was a moderate drinker, and though he had succeeded in keeping out of the almshouse he was extremely poor and was dependent on the charity of neighbors. A cousin was in the Sussex County almshouse, and had the distinction of being one of the few inmates who were not feeble-minded or insane. He was a heavy drinker, and through shiftlessness had been compelled to seek refuge in the almshouse in his old age.

SOME RESULTS OF FAILURE TO PROVIDE PROPER CARE FOR THE MENTALLY DEFECTIVE.

Two groups of related families, embracing a large number of mentally defective children included in the study, were striking illustrations of the intertwining, through marriage or illegal relationships, of a number of different families with strains of degeneracy. The families united and reunited, forming complex interrelationships in which feeble-mindedness, pauperism, and other phases of degeneracy were common.

Group A.—This group comprises white families descended from a common ancestor five generations back, and resident in the county as far back as the history goes. Members of four generations were living at the time the investigation was made. The known data begin with a marriage between a drunkard, who had a serious speech defect, and the sister of an insane woman who died in the county almshouse. Her parents, nevertheless, had considerable position in the community, and strongly objected to the daughter's marriage. As a result of this union, nine children were born, two of whom died in infancy. Two daughters died of tuberculosis and one of cancer. One daughter had so serious a speech defect that she never attempted to attend school. One son was diagnosed feeble-minded. Two of the children, a daughter and a son, married and had children who were diagnosed mentally defective. Their families were described as follows:

There were nine children in the daughter's family. One of them died in infancy. One son was alcoholic, two had serious speech defects, one was an idio-imbecile, and another was an imbecile and afflicted with tuberculosis of the spine.

The son married his first cousin, in whose heritage on both sides were alcoholism and insanity. As a result of this marriage, eight children were born. One of them died at 14 months of tuberculosis. The father died at the age of 40, and after his death one of the sons was placed out and three of the children went to the almshouse. The placed-out boy, 9 years old at the time of the investigation, was diagnosed feeble-minded. Two sisters, reported very low grade mentally, died in the almshouse, and a brother, a low-grade imbecile, was an inmate at the time of the investigation. Three of the children were apparently normal mentally. One of them married her first cousin, described above as having a serious speech defect. Two children had been born to them. The oldest was 3 years of age at the time of the investigation, and had been diagnosed as an organic case of feeble-mindedness.

The group of families described shows the degeneracy resulting from the marriage of persons whose heredity had strains of alcoholism and insanity, and from the intermarriage of their descendants. Particularly did the two marriages of first cousins result in mentally defective progeny. Some of the normal members of the second generation held prominent places in the community and an occasional member of the later generations was of good standing, but the majority were economically inefficient, shiftless, or dependents on public or private charity.

Group B.—This group of families represents a number of colored families who became interrelated through marriage or illicit relationships. During the course of the investigation 14 families belonging to this group were found to have mentally defective members, 9 of whom were children between the ages of 6 and 20 years, and represented nearly one-seventh of all the colored mentally defective children enumerated in the county. A total of 16 members of the interrelated groups were diagnosed as feeble-minded. Six were known to have been insane. A number of the members of the group had histories of alcoholism, and a larger proportion were reported as tubercular victims of unwholesome living conditions. Illegitimacy was very common among them.

Ten of the 16 known mental defectives of this group of families were descended from a weak-minded woman reported to have "no more sense than a 2-year-old baby." She had six illegitimate children by six different men. Four of her daughters were located, and three of them were diagnosed as feeble-minded.

One of the feeble-minded daughters, at the age of 15, had an illegitimate daughter by a feeble-minded man, whom she later married. She had nine legitimate children, four of whom died in infancy or early childhood. Two of the legitimate children were too young for determination of mentality, and the other three were diagnosed feeble-minded. Her illegitimate daughter, also feeble-minded, at the age of 15 had an illegitimate child by a man having a criminal record, who was distantly related to her, and who had a feeble-minded sister. This child was 5 years old at the time of the investigation and was diagnosed as feeble-minded. She had a second illegitimate child, who died in infancy.

The second feeble-minded daughter of the weak-minded woman was once married, but had no children by this marriage. She had had seven illegitimate children by two different men, one of whom had a sister reported weak-minded. One of the seven children, a boy 12 years of age, was diagnosed feeble-minded. His half sister, who was found to be of doubtful mentality, had had an illegitimate stillborn child.

A first cousin of the weak-minded woman first described had a grandson, 15 years old at the time of the investigation, who was diagnosed feeble-minded, and three other grandchildren, who were retarded.

A family related by marriage to the weak-minded woman first mentioned had a heritage of insanity, alcoholism, and tuberculosis. One of the members of the family had five illegitimate children by five different men. Two of her children died in infancy. One of the children, whose father was alcoholic, was diagnosed as feeble-minded. This child, 13 years old at the time of the investigation, was being brought up by her maternal grandparents. Her first cousin on her father's side was a 19-year-old feeble-minded boy who had been unable to learn anything at school, but was getting along fairly well in the community. Two of his maternal uncles were insane; one of them was the father of a feeble-minded son, an 8-year-old boy, who had physical as well as mental defects. In another related family there was a man who was a low-grade imbecile. He had been an inmate of the county almshouse for over 35 years.

CHAPTER VI. SUMMARY OF FINDINGS AND PROVISION NEEDED.

SUMMARY OF SOCIAL STUDY.

This social study of mentally defective children in a rural, native-American population included 192 cases, or about 12 in every 1,000 children in the county between the ages of 6 and 20 years.

Fifty-eight per cent of the mentally defective children studied were not receiving physical care and support under favorable home conditions, were delinquent or uncontrollable, or were under the care of guardians unwilling or unable to continue to provide for them. The need for other provision in the immediate future was imperative in 35 per cent of all the cases studied.

Fourteen per cent of the children studied were unable by reason of their very low mentality or because of physical handicaps to attend to their own personal wants, and presented serious problems of physical care. Physical disabilities classed as serious existed in 34 per cent of the cases.

Only 78 per cent of the mentally defective children were living with their own families. Most of the remaining 22 per cent were living with relatives or in foster homes. Only four children were receiving institutional care, being inmates of the county almshouse.

Three-fourths of the children living in parental homes in which the fathers were the breadwinners belonged in families of low economic status, the fathers being farm tenants or unskilled laborers. The mothers of over one-fourth of the children living in their parental homes were gainfully employed all or part of the time.

The parents of 54 per cent of the white children and 71 per cent of the colored children living in their parental homes had insufficient means to provide adequately for their families. Although some of these families were giving fairly adequate care to their defective children, they were doing so with difficulty, and their poor economic condition made the future uncertain.

Fifty-three per cent of the children in their parental homes were living under unfavorable conditions. The percentage was higher for the colored than for the white. The large majority of these homes were classified as unfavorable because of the feeble-mindedness, illiteracy, or ignorance of the parents, combined in a number of cases with drunkenness and immorality. Extreme poverty with no other detrimental condition was rarely found.

Nineteen per cent of the mentally defective children studied had been removed from their own homes and placed in other families, in

the majority of cases in families not related to them. More than one-third of these children were living under unfavorable home conditions or with guardians unwilling to continue caring for them.

No special training whatever was provided in Sussex County for retarded or defective children. Lack of adaptation of school training to their capacities made it impossible for mentally defective children to derive benefits commensurate with the time spent in school.

More than two-fifths of the children 12 to 20 years of age were capable of doing independent work or good work under supervision, but this was made possible by the simple character of the industries of the county. All the work performed was unskilled, and was usually routine in character, requiring little initiative. Two-fifths of the children in this age group were capable of doing only very poor work under close supervision. Many of them undoubtedly would have been helped by industrial training to perform higher grades of work. That less than one-fifth of the children were incapable of doing any work or were able to perform only the simplest of tasks indicates great possibilities in industrial training.

Eighteen per cent of the mentally defective children had exhibited tendencies toward wrongdoing more or less serious in nature. Almost half these children were living in other than their parental homes. Many of the children in foster homes presented particularly serious problems of conduct. More than two-thirds of the children classed as uncontrollable or delinquent were living under unfavorable conditions or with guardians unwilling longer to provide for them.

In the families of 43 per cent of the children studied, other members of the immediate families had been diagnosed feeble-minded. The investigation revealed a large amount of intertwining of defect and degeneracy among certain family groups.

Eleven per cent of the mentally defective children in Sussex County were illegitimate. Most of the illegitimate children were colored. The mothers of one-third of the illegitimate mental defectives were also feeble-minded.

Although a majority of the mentally defective children living in their parental homes belonged in families whose incomes were inadequate, and a considerable number were living under conditions of extreme poverty, only a few of the families were known to have received charitable assistance. This is significant rather of the absence of available sources of relief than of the lack of need for aid.

The county almshouse is the only institution which can be used as a refuge by those who can not provide themselves with subsistence even under the most simple conditions. The almshouse is not adapted to the proper care of these cases and has not the legal control necessary to insure proper protection.

CASES NEEDING CARE.

This and other similar studies have shown that the mentally defective individual is often a social misfit "incapable of competing on equal terms with his normal fellows, or managing himself or his affairs with ordinary prudence."¹

It is readily conceivable that an adult whose mind has not developed beyond that of a child is likely to come into conflict with social customs adapted to persons whose mental development is normal. It is also conceivable that children whose physical development far exceeds their mental growth may need different care and guidance from that required by normal children. The problem of the care of the mentally defective child becomes more complex the nearer he approaches adolescence. Even children who are mentally normal are in special need of watchful guardianship at this time of life. The burden on the family imposed by the care of a mentally defective child is necessarily greater and more prolonged than in the case of a child of normal mentality.

Home conditions are a fundamental consideration in determining need of care. The type of home, the economic status of the family, and the ability of the parents to give proper care and supervision are factors which must be taken into consideration. In this study a number of cases were found in which conditions were such as to require institutional care at the earliest possible moment. In other instances the situation required constructive work whereby unfavorable conditions would be removed or the family burden so lightened that the child could be given proper care in his own home. In many cases the parents were unwilling that their defective child be put in an institution, but they would have welcomed assistance in meeting the child's needs in the home.

The grade of mentality, physical condition, need of training, and industrial efficiency of the mentally defective individual must be considered in deciding what provision should be made for his care. Special schooling and special industrial training are needed for all except the lowest grade of mentally defective children.

Mentally defective children lack judgment and self-control and are easily led into wrongdoing. Many of them exhibit at an early age traits of character with a potential trend in the direction of conflict with the customs of society. A psychiatric examination often reveals such traits of personality, and the decision as to whether a given person requires institutional care is often dependent upon

¹ Included in the definition of the term "feeble-minded" adopted by the American Association for the Study of the Feeble-minded. *Journal of Psycho-Asthenics*, March and June, 1911, p. 134. (See also *Report of the Royal Commission on the Care and Control of the Feeble-minded*, vol. 8, p. 324. London, 1908.)

the results of such examinations.¹ It is apparent that the problem of dealing with such cases is a medico-legal one, analogous to that involved in the care of the insane. For no other class of the mentally defective is the need for care and protection so urgent from the point of view of the public welfare as in the case of those who are offenders against the accepted standards of social conduct.

It is difficult to determine in advance of the establishment of a system of public care and supervision how many cases will require the various types of provision. The characteristics of each mentally defective child and the ability of the family to give proper care and training under favorable conditions must be taken into account.

KIND OF PROVISION NEEDED.

Although the second State to adopt State care of the insane, Delaware has not yet provided for the care of mental defectives, with the exception of appropriating a small sum yearly for the maintenance of 14 Delaware children in a Pennsylvania institution. In 1917 the legislature made an appropriation of \$10,000 for the establishment of an institution for the feeble-minded.² Under this act a commission of nine members was appointed by the governor, consisting of two members from each county and three at large. The commission was empowered to take the necessary steps toward establishing an institution, employing a superintendent, and making rules regulating the admission of feeble-minded persons.

With a field practically untouched, Delaware has an excellent opportunity to adopt a comprehensive plan for the care of mental defectives, taking into consideration conditions existing in the State, and utilizing to the fullest extent the experience of other States in dealing with various phases of the problem. The State covers an area of only 1,965 square miles, and therefore lends itself readily to a centralized system of care. However, the problem is complicated by the largely rural conditions which prevail outside of Wilmington. Except for the extreme northern section the population is scattered, means of communication are poor, and strongly individualistic tendencies prevail. Organizations for constructive relief work with families, and for dealing with problems of child welfare, do not exist in the central and southern sections, except as two or three child-caring societies, with headquarters in New Castle County, work into this region to some extent. The schools outside the one large city have no specialized work for subnormal children.

The primary feature of State care is the development of an institution adapted to the treatment of mental defectives of various grades.

¹ Treadway, Dr. Walter L.: "Some observations on the personality of feeble-minded children in the general population," in *Public Health Reports*, vol. 33, No. 20 (May 17, 1918), p. 760.

² Acts of 1917, ch. 172.

For those mental defectives who can not be given proper care and protection in the community, and for those who are a menace to society because of delinquent tendencies, institutional care is essential. An institution does not wholly meet the problem unless it is the focus for various activities concerned with the mentally defective. The modern type of institution includes a custodial department for the low-grade cases demanding constant care and attention, a school department for the development of the capacities of the mentally defective to the fullest possible extent, an industrial department for training the patients in productive activities and for directing them in work necessary to the maintenance of the institution, and a farm or farm colony. Agriculture is particularly adapted to the capacity of the higher grade mental defectives, providing an opportunity for the fullest measure of self-support of which they are capable. The cost of maintenance of an institution can be greatly reduced if the inmates raise their own stock and farm and garden produce under competent direction.

Many mental defectives for whom it is necessary to provide institutional care and training may be helped to become capable of work outside the institution under supervision similar to that used in parole systems. Since agriculture is the principal industry in central and southern Delaware, the possibilities of training for farm work under supervision are particularly promising. The investigation in Sussex County brings out the great need that exists for increasing the efficiency of the mentally defective boys and girls who are in so great a proportion of cases living under conditions of economic stress.

A system of extension work may be planned to include a series of clinics for mental examination throughout the State held by the institution psychiatrist in cooperation with local agencies, and an out-patient department through which certain types of mental defectives may be given proper care and training in their own communities. Determination of mentality is essential to classification of children in school, and to proper treatment of dependent and delinquent children. Through supervision in the community the expense of institutional care to the State can be reduced and greater justice done to defective individuals and their families.

In considering the practicability of giving certain mental defectives adequate supervision in the community, the need for special legal protection for these socially incompetent persons is not to be lost sight of. All the States have recognized the fact that children can not be held responsible for wrongdoing to the same degree as adults, and that the law must give children special safeguards. Feeble-minded persons of any age have the mentality of children, and are in as great need of protection. With few exceptions the States have

fixed the age below which the consent of a girl to an immoral act is not recognized, and the man is therefore subject to a very heavy penalty. In the majority of the States, this age is 16 or 18; in one State, it is 21. Some of the States have set down the analogous legal principle that an insane or feeble-minded woman of any age is to be classed with children in this regard.¹ A provision somewhat similar in intent is that prohibiting marriage with an insane, idiotic, or feeble-minded person.² The greater number of the States have such a clause in their statutes, though many, among them Delaware,³ by the terminology used, probably include only the lowest grade feeble-minded. These laws are of the greatest importance, not only from the point of view of safeguarding the feeble-minded themselves, but also from eugenic considerations. Supervision of mental defectives in the community can be effective only if legal means can be devised of preventing the increase of defective stock.

The training of mentally defective children who remain in the community can best be given through special classes in the public schools, or in special schools where the instruction is adapted to their needs. In the rural sections the problem of providing such training is a difficult one. In the consolidated schools, which are beginning to be established in the State, and in towns of any size, special classes would be entirely feasible. In connection with the possibilities of training and supervision for the mentally defective, it is of interest to note the work that has been done in Delaware in connection with the education and supervision of the blind.

With a comprehensive program combining mental examinations, special classes, and supervision in the community, with institutional care and training, the early recognition of mental defect and the proper treatment of individual cases will be possible. By this means the needs of all types of mental defectives may be met with justice to themselves and their families, and the interests of society safeguarded.

¹ See for example Laws of Indiana—Burns, Annotated Statutes, 1914, sec. 2250; Massachusetts Revised Laws, 1902, ch. 212, sec. 5, as amended by 1913, ch. 469, sec. 3; Connecticut, General Statutes, Revision of 1902, secs. 1354-1356.

² A Summary of the Laws of the Several States Governing I.—Marriage and Divorce of the Feeble-minded, the Epileptic and the Insane. Bulletin of the University of Washington No. 82, May, 1914.

³ R. C. 1915, sec. 2992.

GENERAL CONCLUSIONS.

The following conclusions are based upon the results of this study. Sections 1 to 9, inclusive, have been furnished by the Public Health Service; sections 10 to 17, inclusive, are based on the findings of the social study.

1. A study of social and moral reactions is not sufficient to determine mental defect, but should always be supplemented by a medico-psychological examination.

2. The percentage of mental defectives in the white school population of the rural county studied, which is practically untouched by foreign immigration, parallels that observed in a similar group in a rural county receiving a heavy foreign immigration.

3. In this county the percentage of feeble-mindedness among white males in both the school and general populations from 5 to 20 years, inclusive, is greater than that among white females. This corroborates previous observations made by the United States Public Health Service in regard to school populations.

4. The percentage of mental defect among colored school children in this county is greater than that observed among white school children.

5. The practice of placing out dependent children in communities tends to increase the percentage of mental defectives in the school population, unless regulations are in force preventing the bringing into the State of defective children from other States.

6. Almshouses are not suitable places for the care of mentally defective persons.

7. In Sussex County the percentage of feeble-minded among white school children was practically the same as in the white general population between the ages of 5 and 20 years, inclusive.

8. In Sussex County the percentage of feeble-minded in the white general population of all ages was at least half that in the white school population.

9. The problem of the care of mentally defective persons is neglected and generally little understood in rural counties in States making no provision for the care of such persons.

10. The State must make provision for mentally defective children whose families can not give them the care and protection necessary, and for those who, by reason of lack of self-control or tendencies toward delinquent conduct, constitute a menace to the community.

11. For many mentally defective persons, institutional care is essential.

12. For certain classes of mental defectives institutional care is not necessary, if a system of supervision and training in the community can be provided.

13. The characteristics of each mentally defective child and the ability of the family to give proper care and training under favorable conditions determine the kind of care needed.

14. The placing of dependent feeble-minded children in family homes is most undesirable, unless the child and the family are protected by constant and careful supervision.

15. The training of mentally defective children must be adapted to their needs and possibilities of acquirement.

16. The higher grade mentally defective children are capable of doing simple routine work, and may be trained to become more efficient and at least partially self-supporting.

17. Public protection demands recognition of the relation between defective mentality and pauperism, degeneracy, crime, alcoholism, and other forms of social ills.

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