



***forgotten  
children***

# Introduction

This pamphlet tells the story of mentally deficient or retarded children. Formerly, they were often called the "feebleminded." Charles Dickens described the mentally retarded as persons who never become older no matter how long they live. They are often "forgotten children." We hope these pages will help you remember them.

This story will achieve its purpose if *you* are moved to do *your* part to give the mentally retarded a better chance through the home, the school, the community and the institution. Write to the National Mental Health Foundation, 1520 Race Street, Philadelphia 2, Pa., for further suggestions toward carrying out a forward-looking program for the mentally retarded.

"Forgotten Children" is the first of a series of publications about the mentally retarded. Original drafts were completed by Arnold Krause at the Vineland Training School at Vineland, N. J., and Grant M. Stoltzfus, formerly of the Woodbine State School, Woodbine, N. J. Further drafts and revisions were made by the Education Division of the National Mental Health Foundation.

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# ***Do You Remember Bill?***

Do you remember Bill? Bill was a 16-year-old boy who never got beyond the fifth grade. Actually he could not do even fourth grade work, but after several years his teacher passed him anyway. Maybe you remember the day in school when Bill, after being drilled for months, managed to recite the "five-times table" but then couldn't say which was more, ten or twenty. Or the day when he named Columbus as the first president. Probably you joined the whole class in laughing at Bill because he didn't know whether London is in England or England is in London. Maybe you were one of those who quipped: "What's the matter with you, Bill? Do you like Miss Snyder so well you want to stay in her grade the rest of your life?"

You've probably lost track of Bill since school so we'll bring you up to date.

Bill was a problem to his parents. They insisted that he go to school because they were sure that he'd still "come around." His older sister Mary was doing well in school. And their relatives all seemed average or above average in intelligence. After so many years, Bill's continued failure was very disturbing.



The family had a long talk about Bill one day. Mary had heard of other slow-learning persons like Bill who had been given examinations by mental health clinics. Something was done for them. Could something be done for Bill? Mary didn't feel free to have her friends come and visit her at her home because of Bill. Maybe he should be placed in an institution.

Bill's parents sought the help of a child welfare agency which referred them to a mental health clinic in a nearby city. Bill was given a careful examination which included

a thorough study of his background and achievements. Then the doctor and social workers had a long talk with Bill's parents.

They told them that Bill had the mind of a 9-year-old child, and that it would never grow up. The hope that Bill might finally "break through" was a false one. The study of Bill's history had convinced the physicians that his condition could be traced back to the time of his birth. At that time he received a rare injury. This caused a hemorrhage of the brain that retarded the growth of his mind and caused twitching of the muscles in his fingers. Bill, they declared, was a *mentally retarded* child.

A new chapter in Bill's life began when he was finally placed in a "training school," which is one name for state institutions that provide special care and training for people like Bill.

It would have been very helpful if Bill's condition had been discovered sooner. In fact, the school should have discovered his condition when he first enrolled. Ten years would not have gone by before proper attention was given to his training and care. He would have been saved much humiliation and unhappiness. His parents would have been spared much disappointment. His teachers would not have wasted years in trying to teach him the regular curriculum only to see him drop out at last without any satisfactory preparation for life. The taxpayer's money would not have been used to such little effect.

All these unfortunate things would have been avoided *if* there had been proper care for Bill and his kind through (1) the home, (2) the school and (3) public welfare agencies.

### **Who Are the Mentally Retarded?**

A mentally retarded (or mentally deficient) person is one who does not have the natural intelligence and ability to carry his own load in life. His brain may lack the proper number of cells, or the brain cells may not be of the kind which could develop properly, and this may hinder his mind from growing at a normal rate. Before or soon after birth his brain may not have developed as it should, or he may

have sustained an injury or disease which affected a normal brain.

The mentally retarded person is so handicapped by this lack that he cannot compete on equal terms with normal people. He cannot manage his social and financial affairs without guidance from others.

Mental retardation like Bill's should not be confused with insanity. They are two different conditions, and mental retardation does not lead to insanity or mental illness. The mentally ill suffer from delusions, and talk and act queerly; the mentally deficient are slow and dull. The mentally ill have lost the stability of their minds and may often be restored, while the mentally deficient never have had a normal or mature mind and can never be given one. A mentally retarded person with his mental *lack* may be compared to one who has never had any money, while a mentally ill person with his mental *lapse* is like one who has had money but has lost it.

### **Where Are They Found?**

The mentally retarded are in every race. They are young and old, male and female. They are in the country and in the city. They come from good and bad neighbor-

*all RACES*



*all AGES  
AND SEXES*



*all CLASSES  
AND ECONOMIC  
GROUPS*

hoods. Their family stock may be noted for being "poor," or it may be "average" or "good." They may be weak in body, or rugged and strong.

Some are enrolled in special public school classes for mentally handicapped children. Here they learn a trade or

skill which will perhaps make them able to hold a job and earn a fair living, as a machinist's or plumber's helper, for example. Many do unskilled jobs in factories or on farms.

Approximately 8 per cent of the mentally retarded are in institutions where they are given manual and trade instruction together with good habit training. Maybe after a while they can go home again to take up normal living. Though they will always need some supervision in both earning and spending, it is often possible for their future to be one of usefulness and well-being. It was hope for this that led Bill's parents to seek his entrance into an institution.

If the mentally retarded in a typical state number 50,000, it is likely that no more than 4,000 are in training schools, and perhaps the same number in special public school classes. Ten thousand at most may be under supervision of a social welfare agency or at home on trial visits from the training schools. The great majority are cared for in their own homes and communities — sometimes adequately, though often not.

As living becomes more complex and competitive, the presence of mentally retarded persons becomes more noticeable. The testing in schools, the high requirements for securing jobs and the increasingly high demands of modern living — all tend to make the mentally handicapped stand out. The relatively larger number of mentally retarded in rural areas, authorities agree, is explained by the tendency of mentally retarded to move to the country where the environment demands less of their limited abilities than does the city.

### ***How Many Are There?***

While it is not possible to tell accurately how many people are mentally retarded, it is believed that between 1 and 2 per cent of the population fall into this class. There are probably over a million and a half mentally deficient persons in the United States. Some place the figure at 2,000,000, or twice the population of Colorado. These estimates include all the mentally deficient, who range from



the low grade level to the high grade individual who borders on the dull normal.

### **Low Grade, Middle Grade and High Grade**

It is a mistake to consider all the mentally retarded as equally defective. Three types or "levels" are commonly marked. They are the *low grade*, *middle grade* and *high grade*; formerly called the idiot, the imbecile, and the moron.

The *low grade* mental deficient's intelligence is less than that of the average 3-year-old child. He does not know enough to move away from an oncoming object nor would he sense danger in walking near the edge of a porch or precipice. Often he cannot distinguish between what is food and what is not. Clean toilet habits are lacking unless he has had some training. Maybe he can utter a few words. He may show feelings of affection, but may also have an excitable and overactive disposition.

The *middle grade* individual knows enough to avoid dangers. Having the mentality of a child from 3 to 8 years old, he can speak simple phrases, write his own name and perhaps read short sentences. He manages his own bodily needs and wants better than the low grade, but only under supervision can he do anything useful like sweeping floors. Like the low grade, he is likely to be stunted in growth.



LOW GRADE

MIDDLE GRADE

HIGH GRADE

The *high grade* mental deficient's age is from the middle grade "ceiling" of 8 years to that of near normal. This means that he never exceeds the average 12-year-old in ability. In general he corresponds to the 10-year-old child and may go as far as the sixth grade. Often he can

be trained to do unskilled or even semi-skilled work. He can lay bricks and drive nails, but cannot plan a house. Because he usually looks normal, he would go unnoticed were it not for his inability to manage his own affairs and to solve many ordinary problems. He may easily be led into anti-social conduct unless he is well supervised.

High grade mental deficient form the largest of the three groups. It is thought they outnumber the middle groups 2 to 1. The middle grade outnumber the low grade in about the same ratio. Because of their number and greater range of abilities for good or bad, the high grade usually are the No. 1 community problem among the mentally deficient.

### **A Few Have Different Features**

Most of the mentally retarded look like the rest of us. There is a group, however, with definite physical traits. They are known as the clinical types and make up about 12 to 15 per cent of the entire number of the mentally deficient. These defects are generally believed not to have been handed down from previous generations but to have happened "just to that person."

The *Mongolians* are so named because of a slight physical resemblance to some Asiatics. Usually their heads are small and their eyes are almond-shaped with a downward slant. The Mongolian's tongue is flabby with deep grooves or fissures. He has thick lips, short fat hands, and a sallow complexion. He loves to imitate and is a favorite because he is jovial and friendly. Mongolism is thought to be due to a lack of some hormone in the mother during pregnancy. Nearly all children of this type are of middle or low grade level of intelligence. With a make-up that is susceptible to respiratory diseases such as tuberculosis and pneumonia, their life-span is around 25 to 30 years.

The *Hydrocephalic* is a type of mentally retarded child with a large head. This comes from an inflammation that causes fluids to accumulate in the skull. The fluids force the skull to enlarge and the pressure injures the brain. Medical science has not yet found a way to treat this



abnormality. Treatment in the very early stages may help, but if brain tissue has already been destroyed, no hope can be given. The majority of hydrocephalics are from middle to high grade deficient.

Another kind of child, the *Microcephalic*, is known for its small head that recedes in the frontal region. The body is usually dwarfed and the hair is coarse. Nothing certain is known about the causes of this type of deficiency, and it is thought that only 1 per cent or less of mentally retarded children are microcephalics. Both low and middle grade mental deficient are found among them.

The *Cretin* has a dwarfed body, is usually fat, and has a dry wrinkled skin, a large head and thick lips. His physical condition is attributed to a lack of secretion by the thyroid gland. The giving of thyroid extract can improve some cretins both physically and mentally. Cretins range as mental deficient from the low to the high grade.

### **Discovering the Mentally Retarded**

Often doctors can discover mental retardation at an early age, though conclusions must not be reached too soon. A very young baby may not notice that someone is present in the room and may not follow lights or sounds. He may not smile nor reach for objects with his fingers as do normal children. His teeth may appear much later than usual. He may be slow and awkward in learning to walk. Untidy habits may continue beyond the usual age and he may be quite slow in learning to talk. One might simply say that he is a baby for a much longer time than the average child. On the other hand, one or more of these signs may also be present in children whose intelligence is normal. Only the expert can decide.

How can mental retardation be detected in older children? For example, is Lucy J., aged 12, really mentally retarded, or is her condition due to educational neglect? We ought to know. One device that helps us know whether or not Lucy is mentally retarded, and in need of special training, is the intelligence test. Tests of intelligence are familiar to nearly every school. If Lucy is normal she will score as the *average* 12-year-old does, her mental age and

her actual age being the same. But if she scores what is average, let us say, for 6-year-old children, she is only half as bright as she should be, and the chances are that she is mentally retarded. Instead of Lucy's I.Q. (Intelligence Quotient) being 100, which is average or normal, it is only 50. High grade mental deficients have I.Q.'s between 50 and 70; middle grade between 20 and 49, and low grade have Intelligence Quotients of less than 20. Roughly, we might think of the I.Q. as a percentage average.

It must not be forgotten that the I.Q. alone is not a sufficient basis for deciding whether a person is mentally deficient or should be taken to an institution. *The nervous or emotionally disturbed and also those severely underprivileged in the social or educational spheres may do poorly on intelligence tests. Their I.Q. may appear to be lower than is consistent with their native intelligence.*

A most important outcome of intelligence testing has been the discovery that there are many more high grade deficients and borderline persons than thought heretofore.

### **Do the Mentally Retarded Tend To Be Delinquent?**

Because the mentally retarded lack intelligence they are more suggestible than normal people. It is therefore to be expected that some drift into ways of crime and delinquency. They are easier to apprehend and they often lack legal defense counsel. As one scans reports from juvenile courts, prisons, and reformatories, it is not uncommon to see that 15 to 30 per cent of the offenders are classified as mentally deficient. Mental retardation of itself does not, of course, make a boy or girl delinquent. Other factors, such as poverty, alcoholism, home neglect and bad community influence, combine with mental deficiency to cause anti-social behavior. When the mentally retarded go wrong, society is largely to blame.



Even with due recognition given to the social shortcomings of the mentally retarded, it is still true that the "good" outnumber the "bad."

### ***Is Mental Retardation Inherited?***

Briefly, the answer is sometimes yes, and sometimes no. More than a generation ago considerable alarm was spread by studies and theories which led people to fear that civilization was being "swamped" due to the excessive rate of reproduction among the mentally retarded. "Royal lines of degeneracy" were traced in the families of the Kallikaks, the Pineys, the Jukes and others with the conclusion that the traits of mental deficiency were as definitely inherited as color of hair and eyes. People became further alarmed when they were told how poverty, illegitimacy, crime and other social evils were in the train of this group. The word "menace" was used to describe the threat of mental retardation to human welfare and progress.

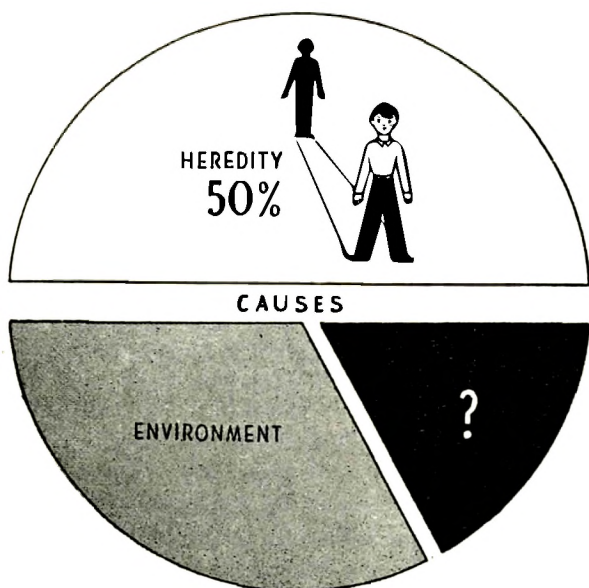
The fear that the mentally retarded are increasing so rapidly that they will inherit the earth does not seem to be well founded because: (1) Many of the mentally retarded, especially the low and middle grades, are physically unable to have children. (2) The mentally retarded as a group do not have large families. (3) The children of the mentally retarded do not survive as easily as children of normal parents. Hereditary mental retardation is not quite so simple, nor so predictable, nor even so frequent as once believed. Authorities also agree and stress that intelligent planning for the care and prevention of mental deficiency is necessary if the problem is not to get out of hand.

### ***About the Causes***

We have said that sometime in the life of the mentally retarded child, before or after birth, something happens to him. This something is caused either by an inherited trait in the germ plasm or by some injury or disease not transmitted by heredity. Here, as elsewhere, it is difficult to draw the line between heredity and environment. In many cases, more information must be gathered and carefully studied before we can be sure to what extent heredity or environment is the cause. It is perhaps safe to say that

about half of all mentally retarded persons have inherited their condition. That is, they have come from parents of whom one or both were mentally deficient or, if both were normal, one or the other still carried and transmitted the defect. One-third of the mentally retarded are classified as being definitely not hereditary, and the remainder come from causes not known for sure to be either hereditary or non-hereditary.

Falls, blows, shocks and other injuries can affect the nervous system and retard mental development. Whether syphilis and alcoholism in the parents are causes of mental retardation remains to be established, according to many who have studied in this field.



Since mental retardation is not a simple hereditary trait, and since it is scattered widely throughout the general population, its sudden reduction is not easy. The practice of selective sterilization is sometimes advocated as a measure to prevent the mentally retarded from reproducing their kind. Due to lack of public enthusiasm, and due to practical

difficulties in administering such a program, a wide-scale use of this measure has not been made even where favorable laws exist. Several generations would need to practice it before a true evaluation would be possible. Many authorities doubt that selective sterilization will ever be an effective preventive measure.

### ***From Cruelty to Care***

If the mentally retarded are slow to learn of the world about them, it is true, too, that the world has been slow to learn of the mentally retarded. It took a long while to establish the fact, for example, that though their natural intelligence cannot be increased they are still "teachable." In ancient times they were called "fools" and "idiots," and records show that many were deliberately allowed to perish. The Spartans are said to have thrown them into the river or abandoned them on the mountainside. One of the first records of merciful care is that of the Bishop of Myra (the St. Nicholas of Christmas) in the fourth century.



But the dramatic account of how science and the humanitarian spirit came to the help of the mentally retarded was not told until the nineteenth century. This moving story centers around the Savage of Aveyron.

### ***The Savage of Aveyron — What He Was Taught . . . and What He Taught***

In 1798 in the forests of Aveyron, France, a party of hunters came upon a "wild, naked boy" who was roaming

the woods and feeding on acorns and nuts like an animal. The boy was captured and taken to Paris where doctors and scientists observed him. "The Savage of Aveyron" refused to wear clothes, often walked on all fours, selected his food by smell, fought with his teeth and showed few signs of intelligence. His eyes constantly wandered about, he was always seeking escape, and of course he could not speak. It was noted that though he was insensible to loud noises and music, yet he readily heard the fall of a nut. Now the question was: Could this person, his mind apparently so much a blank, be trained and educated? Could he be "cured of idiocy?"

One man had hopes. Dr. Itard, who had worked with the deaf, ventured to teach the "savage" because he considered him merely without normal opportunities and social environment. Nine months of patient teaching saw some progress: Regularity in habits of sleeping and eating was brought about, his senses of touch and taste and smell became more acute, he showed some affection for his nurse, he learned to say two or three words, and even to arrange a few objects in their logical order. Gradually, after five years, Dr. Itard came to see that "the idiot in the savage" could go only so far. His progress had been chiefly in a development of the senses and muscles. Dr. Itard felt that he was largely a failure when after a while the boy had to be removed from his care and later died. But his patient labor was not lost. At least two results can be seen today as we look back: (1) Humanity learned that the mental deficient and his kind can be taught to do some things. (2) Dr. Itard passed on to another man a concern and understanding for these unfortunate persons. This man was Edouard Seguin, "the apostle to the idiots."

The good trend toward caring for the mentally retarded in institutions in America began in Boston in 1848. In 1854 Seguin was present at Syracuse, N. Y., when the cornerstone was laid for the first building erected expressly for the care of the mentally retarded. In his remarks at that ceremony he said: "God has scattered among us — rare as the possessors of genius — the idiot, the blind, the deaf mute, in order to bind the rich to the needy, the talented to the incapable,

all men to each other, by a tie of indissoluble solidarity. The old bonds are dissolving; man is already unwilling to continue to contribute money or palaces for the support of the indolent nobility; but he is every day more ready to build palaces and give annuities for the indigent or infirm, the chosen friends of our Lord Jesus."

### ***We Must Give Them a Chance***

What does it mean to make a place for the mentally retarded? Truly, it means no less than it does to help other children to play their part in life. It means that we stop talking about what the mentally retarded are *not*, and help them become what they *can be*. Their cup is not as large as the normal person's, but it can be filled. It should be remembered that kindness, though not overindulgence, is the rule, and that it yields the same good results with everyone.

### ***What the Home Can Do***

Most mentally retarded children live at home and remain there throughout their lives. Parents and other members of the family need to know some of the important facts about mentally retarded children. Problems are usually easier to meet if we expect them and know something about them.

Here are a few things the family should know about the mentally retarded child:

1. This condition is not curable nor will the child "outgrow" it. At first this is not easy to accept, but it is wise to face it.
2. Though the child cannot become normal, parents can do much for his welfare.
3. Social service agencies stand ready to help, and many states and towns have mental health clinics. They give examinations and so diagnose the child. In progressive states there are social workers whose duty is to tell parents the facts about their handicapped child and give whatever help is possible.



4. Habit and character training is possible for the mentally retarded child, even the low grade. He repeats whatever brings pleasure and ceases to do whatever turns out unpleasantly. Agreeable manners in the mentally deficient child can help offset his other limitations.

5. Parents should not prevent their mentally retarded child from doing the simple work he *can* do. Setting the table, cleaning rooms and running errands can be required regularly of many such children. Disciplined and systematic training should be a daily affair.

6. There can be over-protection of the mentally retarded child. He should not be imprisoned in the home but should have enjoyable times outside. If not accepted by children of his own age in years, he may find comradeship with younger children of his own mental age.

7. Possibilities of delinquent and anti-social behavior are very real, especially with higher-grade children. Wise parents will take steps to prevent their mentally retarded child from becoming the victim of delinquent examples and influences.

8. The welfare of other children in the family should not be jeopardized by the mentally retarded child. One such child can "wear out" the family, the mother in particular, and drain its financial resources. In these exceptional cases, a mental health clinic or a social worker should be consulted. Other measures, perhaps institutional care, can relieve such a strain.

A few states have home training programs. An experienced social worker makes occasional visits to the home of the mentally retarded child and instructs the parents how to provide for the child's welfare and training. Through these programs a number of parents have changed their attitude toward their children; while they once desired to place them in an institution, now they want to keep them home.

There is an economy in home care that should not be overlooked. For one year in New York, the cost of caring for a mentally retarded child in an institution was \$407. The cost of family care for a mentally retarded child was \$260.

One of the most progressive developments in recent years has been the formation of a number of voluntary organizations to promote the welfare of the mentally retarded. Some of these groups are listed at the end of this booklet. Membership in these groups is largely composed



of parents and relatives of the mentally retarded. Their programs include public education about mental deficiency, improvement of state institutions, contributions in kind to these institutions, legislative reform and better facilities for special education of retarded children in the schools.

### ***The School's Opportunity***

About 2 per cent of all school children are in need of special training because they are mentally retarded. This is about 550,000 for the United States as a whole.

Teachers with special training are needed, and courses of study must be more practical than academic. Where schools are alert, the mentally retarded child is soon detected and placed in a special "opportunity class," as such classes are sometimes called. Here, with others of like abilities, he is taught simplified lessons in reading, writing, arithmetic and other basic courses. Many learn to tell time, to read street signs, billboards, newspaper headlines and labels, to use telephone directories and so on. Only occasionally do they learn to read well enough for pleasure. Special classes also teach the child local geography and as much beyond that as possible. Field trips and demonstrations are good teaching devices for the mentally retarded. Classes are limited in size, 15 to 18 being a common number.

Handwork and manual training give many a mentally retarded child a chance to come into his own. Besides the confidence gained from creative work, the boy or girl is trained for a useful job. In addition to shop and kitchen

experiences there is an emphasis on personal hygiene, speech correction, and how to be polite, orderly and punctual.

How do these children make out after they leave the special classes to go "into the world"? Studies show that the majority are usefully employed. Large numbers of boys are in mills and shops, and a few are in transportation work. Girls find occupation in factories, laundries, homes and restaurants. A few have had unfavorable behavior records, but these have usually lacked good employment. There seems to be ground

for the statement that special-class children, with proper training and sympathetic after-school supervision, can become "ordinary, decent, working citizens who mind their own business and make their own way in such a manner as to be in no sense social burdens or menaces."

By so fitting the school to the child, our educational system does not lose; it merely finds another way to fulfill its mission. And in fulfilling that mission it becomes an



important agency — some would say the most important — in helping the child find his place in society.

## **The Community Can Do Something**

Though the mentally retarded are sometimes well cared for by their families, they are at the mercy of the neighborhood when away from their own homes. It is at this point that the conduct of some mentally retarded tends to go astray through bad influences, and they become "behavior problems." Actually, the community is as much the problem as are the mentally retarded themselves. It is to the advantage of the neighborhood to have an intelligent understanding of its mentally retarded.

Most important for the mentally retarded is the matter of employment. Several guides are:

1. They should have work which their limited ability allows them to do. Jobs requiring quick or fine judgments are beyond them.

2. They need and deserve a "boss" who will not exploit them by over-work, nor do anything against their welfare. The mentally retarded need to be taught to save their earnings.

3. They should be given work where they are not likely to endanger themselves or others. Operating machinery may be unsafe because the mentally retarded are not alert or quick to act.

4. Employment should be the year around. The mentally retarded are usually able to do only one kind of work and find it hard to change from one job to another.



The community can help also with those mentally retarded who, because they are of the low-grade type, cannot

work but need care and training in the home. Day nurseries often accept mentally retarded children if they are well-behaved. This can give the mothers some relief, and opportunity to do other things. There are instances, too, where several mothers of mentally retarded children have agreed among themselves to open their homes as temporary nursery centers. By rotating the responsibility to care for one another's children, some free time is possible to all.

Foster homes, sometimes receiving compensation and sometimes not, help to relieve situations where mentally retarded children become too great a burden. It is not unusual for a relative to take a child for a long or short period. In some cases relatives have succeeded in training children whom the parents were unable to teach.

If the community is to help *solve* and not *create* the "problem" of mental retardation, it will want to discover its weaker members as soon as possible. Then it will want to do what it can for them. To do these things, a good system of supervision with trained personnel will be needed. Permanent or traveling clinics or their equivalent should cover every section of the state. Schools and social agencies should work together to discover mental defectives, train them for usefulness, prevent their misstepping, place them in institutions when necessary, give guidance to parents, inform the public and search for new and better ways to help them make good adjustments to life.

### ***The Institution — Its Program of Care and Training***

When should a mentally retarded child be placed in an institution? Several guides are usually given:

1. When he is without a home or is not well taken care of in his home.
2. When he overburdens his mother and the rest of his family.
3. If the community or school lacks a training program for the mentally retarded.

4. In case the child cannot be managed at home or in the community and tends to be a danger to himself or others.

Institutions were once like a still lake which receives water but loses it only through slow evaporation; that is, they received children until they became filled and kept them until they died. The newer idea is that institutions (usually called "training schools" or "colonies") should have both inflow and outflow. Most present-day training schools and colonies exist not alone for the custodial care of the mentally retarded, but to train and return them to society whenever possible. Clearly there are many cases that cannot be sufficiently trained to be returned to their homes. For these, of course, permanent care is needed.

Since most training schools for the mentally retarded have as their goal the return of the children to the community and family, the time spent in the institution is one of training in skills and aptitudes and of personal growth in manners and habits. Generally there is a school department with a program similar to public school classes. The



institution's kitchen and dining room teach boys and girls to do work which can prepare them for a job in normal life. The laundry, farm, shop and sewing rooms, besides serving the institution itself, equip the mentally retarded boys and girls with skills that make possible a job in ordinary living.

There is a story told about a mentally retarded boy which illustrates how the routinized life of an institution can mold such a person. Jim was admitted to an institution at the age of ten. After following the scheduled life of

the institution (including a 7:30 bedtime hour) for several years, he was given a release and hired as a teamster. Some months later the superintendent asked Jim's employer for a report and received information like this: "Jim is a good teamster, with only one fault; he must go to bed at 7:30 every night."

If the child is placed in a state institution, the cost of care is very reasonable and sometimes it is borne entirely by the state. Private institutions cost more and usually are to be recommended only if the family is in comfortable circumstances. Usually institutions with both paying and non-paying children give equally good care to all.

Parents should know that though their child is away from them, he is safe or safer than he would be at home. Presents can be sent him, and he may go home on occasional visits. To hesitate in placing a child because of what others think is understandable, but parents will want to act for the good of the child and the family. They can afford to disregard the opinions of others. Some parents dislike to see their child admitted to an institution because they fear it may be difficult to secure his release. Generally, it is easy to get a child out of a training school or colony if he is not delinquent and if his home is able to give him good care again. Since most institutions for the mentally retarded are crowded, there may be every encouragement to take the child home as soon as possible.

How do mentally retarded children make out when they are returned to their homes? Here, also, some follow-up studies have been made and those who have made them agree that most of the returning boys and girls "make a successful adjustment." One study showed 3 out of 4 were "doing well." But authorities caution against expecting too much from these individuals. They have been trained only within limits. They still need supervision and protection. Social workers or someone else in the community must frequently stand ready to help in case the family or foster home is not able to give the child the care he needs.

The U. S. Public Health Service reports that in 1947 there were around 94 state and city schools for the mentally



deficient and 146 smaller private schools. The number of mentally retarded in these institutions was approximately 120,000.

### ***Toward a Better Chance For the Mentally Retarded***

The care and training of the blind, the deaf, and the crippled are taken for granted. We have been more slow to realize the need for better ways of caring for the mentally retarded.

To be sure there are public welfare departments, mental health clinics, special public school classes, training schools, colonies and foster homes. There are devoted social workers, institution superintendents, psychiatrists, nurses, attendants and teachers in public schools and institutions. Just how well do their efforts "cover" the problem?

State institutions for the mentally retarded are usually situated on beautiful grounds. The bright brick buildings and the green lawns are outward symbols of the fine ideals which have built these institutions. The passing motorist has reason to feel that something worthy is being done here for handicapped children. While this doubtless is true, it is important, too, for us to know that, for various reasons, institutions such as these often operate under handicaps that prevent their doing all that might be done.

Because of a shortage of specially trained teachers, less than half of the children may be given practical training with the view of sometime returning them to their homes. It is quite likely that the cottages where the children live are overcrowded. A long waiting list of children needing to be admitted is in the superintendent's office. Large numbers of the low-grade children are crowded into day rooms and, because there are few toys and little equipment for recreation, they must sit around for hours at a time on wooden benches, or in summertime stroll about aimlessly in the fenced-in playground. Instead of being trained to the limits of their abilities, the children are left to a monotonous existence which is more like vegetating than living.

The children are taken care of by attendants who often are too few and too unskilled to give the individual child the care that he needs. A survey of public and private institutions in ten states (1945-46) shows that almost without exception hours of work exceed 60 per week. Wages are on the unskilled level, and there is a large turnover of employees in this work — work that calls for steadiness and stability. Doctors must be licensed persons and nurses must be of graduate standing, but attendants are given little or no preparation for their work. Considering these facts, it is remarkable that institutions have been able to secure what devoted personnel they have, and that their programs have been as successful as they have been.

The same survey shows a need for better food and clothing, more humane treatment of the children, more personal attention to their health and training.

The public school, also, is not meeting the challenge as it should. Lack of funds, lack of qualified teachers, and mistaken ideas as to how these children can best be trained often prevent special school classes from doing their greatest good.

Some states make it mandatory to establish special classes for the mentally deficient. One state requires that special classes be set up in each town of 6,000 or more population where 10 or more school children are mentally deficient. Some school authorities in other states have established special classes even though they are not legally required. This good work needs to be done more generally.

In rural areas, where the number of mentally retarded in a given school is often too small for special classes, some arrangement is needed to allow the regular teacher to give instructions. Special activities within the regular classroom are possible. One authority in the field says: "There is no excuse for neglecting a mentally deficient child, whether he is in a crowded classroom of a large city, or in some village or country school."

### **Public Concern Is Needed**

Improvements will be made when states pass forward-looking legislation and appropriate funds to establish central

agencies that will better supervise and care for their mentally retarded. Such an agency would keep a state-wide census and registration of the mentally retarded, and cooperate with schools, social welfare agencies, institutions and families. Together they will try to locate each mentally retarded child as soon as his deficiency can be discovered. Special school classes will be provided and *all* who need it will be given care and training in institutions so as to protect both them and society. Visiting social workers will give kindly guidance to the home and community so that mentally retarded boys and girls will be given a fair chance to make their way in the world. Social agencies, schools, institutions, and communities will carry out progressive programs with staffs of qualified and devoted persons who are properly paid by society for their important work.

Though the American people have been called the greatest philanthropists in the world and the best informed of all peoples, this generosity and understanding somehow hasn't extended to their mentally retarded children. Too often they have been "forgotten children." When they have been remembered at all it has too often been for the wrongs they do with no consideration of the wrongs done to them. Their greatest handicap is not their low mentality, but the public's lack of sympathy and understanding. Painstaking research over the past hundred years has found the key that can unlock the door to their welfare and happiness. Will we lose the opportunity? Or will we remember these "forgotten children?"

## **FOR FURTHER READING**

### **General**

SOCIAL CONTROL OF THE MENTALLY DEFICIENT. S. P. Davies. New York, Cromwell. 1930.

A splendid account of how society has come to a program of "socializing" the mentally deficient. Intelligence tests, hereditary mental deficiency, defective delinquents, and sterilization are discussed. The new role of the institution, colony, school, and community in behalf of the mentally deficient is given special emphasis.

THE ALMOSTS. A STUDY OF THE FEEBLE-MINDED. Helen MacMurchy. Boston and New York, Houghton Mifflin Co., 1920.

This book compiles accounts of the mentally retarded from the works of great writers which show that novelists and dramatists have something to give to those who work with the mentally handicapped.

A TEXTBOOK ON MENTAL DEFICIENCY. A. F. Tredgold. (6th Edition) Baltimore, William, Wood and Co. 1937.

An outstanding scientific work on mental deficiency. It tells of the nature, incidence, causes, classification, and testing of mental deficiency. A valuable source of information for the thorough student.

### ***For Parents, Teachers, and Social Workers***

THE BACKWARD CHILD. Department of National Health and Welfare, Ottawa, Canada.

An attractive booklet which deals with the problem of home care for the retarded child and gives specific suggestions for the training of these children.

THE RETARDED CHILD AT HOME. Katharine G. Ecob. New York Committee on Mental Hygiene. New York.

A pamphlet intended to assist social workers who are inexperienced in the care of mentally retarded children living at home. An effort has been made to offer suggestions that may be given to parents who need help in meeting the problems that often arise.

PARENTS' GROUPS FOR THE MENTALLY RETARDED. State of New Jersey, Department of Institutions and Agencies, Division of Classification and Education, Trenton, New Jersey.

A manual which discusses parents groups and tells what they are, what they can accomplish, and how to form them.

## **WRITE TO THESE FOR INFORMATION**

### **AMERICAN ASSOCIATION ON MENTAL DEFICIENCY**

Dr. Lloyd N. Yepsen, Executive Vice-President  
Washington Crossing, New Jersey

Publishes the "American Journal of Mental Deficiency," a quarterly periodical devoted to the training, care and welfare of mentally retarded persons with emphasis on the scientific and professional aspects.

### **NATIONAL MENTAL HEALTH FOUNDATION**

1520 Race Street, Philadelphia 2, Pennsylvania

Publishes "The Psychiatric Aide," a monthly magazine for those who work in mental institutions including those institutions for the mentally retarded; also publishes several pamphlets for general reading.

### **DIV. OF CLASSIFICATION AND EDUCATION**

New Jersey Department of Institutions and Agencies  
Trenton, New Jersey

Has available a number of monographs on various phases of the problem of mental deficiency.

### **NEW YORK COMMITTEE ON MENTAL HYGIENE**

105 East 22nd Street, New York 10, New York

Has available several low cost publications which are useful to parents, teachers and others.

## **Parents' Groups**

### **ASSOCIATION FOR THE HELP OF RETARDED CHILDREN, INC.**

1133 Broadway, New York 10, New York

### **CHILDREN'S BENEVOLENT LEAGUE**

915 Terminal Sales Building, Seattle 1, Washington

### **COUNCIL FOR THE RETARDED CHILD OF HAMILTON COUNTY**

Mrs. L. H. Riggs, Secretary  
835 E. Mitchell Ave., Cincinnati 29, Ohio

# GIVE THEM A CHANCE

The Golden Rule applies to them. We are to do for them what we would others should do for us. Give them justice and a fair chance. Do not throw them into a world where the scales are weighted against them. Do not ask them to gather grapes of thorns or figs of thistles. But give them one chance to bring out the best that is in them. This is but a fair request on behalf of human beings who nevertheless are permanent children and who will never grow up — whose joys, and sorrows, and sins, and virtues are all on a childish scale. Responsibility, except so far as a child understands it, is not their portion. The achievements of life, for them, are bounded by their mental make-up and character — just as our own achievements are, though on a little larger scale.

—HELEN MACMURCHY in *The Almosts*

published by

**The National Mental Health Foundation**

1520 Race Street, Philadelphia 2, Penna.