The Menace of the Feebleminded: George Bliss, Amos Butler, and the Indiana Committee on Mental Defectives

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Feeble-mindedness produces more pauperism, degeneracy and crime than any other one force... Its cost is beyond our comprehension. It is the unappreciated burden of the unfortunate. It is a burden we are compelled to bear; therefore let us bear it intelligently, to the end that the chain of evil may be lessened, the weak cared for, and the future brighter with hope because of our efforts.

Amos W. Butler, Secretary, Indiana Board of State Charities, 1907¹

Up to the present time we have been merely dallying with the problem of the defective. When are we as a nation going to wake up and face this mighty task with the consideration and care it deserves? When are we going to lay out a concerted and comprehensive plan for dealing with the problem of the feeble-minded? I cannot answer the question, but for the sake of the coming generations, I hope it will be soon. George S. Bliss, Superintendent, Indiana School for Feebleminded Youth, 1916²

In 1924 Congress passed the Immigration and Naturalization Act, severely restricting immigration to the United States. A primary factor in its passage was the powerful, generalized belief that many immigrants were mentally inferior and thus posed a threat to the biological, social, intellectual, and moral integrity of the nation. H. H. Goddard's administration of intelligence tests to newly arrived immigrants at Ellis Island during the 1910s and his shocking conclusions regarding the large number of immigrants who were mentally "defective"--- "morons," or worse--startled the American political leadership. Moreover, his "scientific" conclusions reinforced the widespread belief that intellectual inferiority was a fixed, inherited trait that was largely responsible for the crime, vice, and poverty that plagued the United States during the early twentieth century. Passed at the end of the Progressive era, this legislation was a deliberate attempt to engineer a healthier, safer, more moral, and more intelligent society.³

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¹Amos W. Butler, The Burden of Feeblemindedness (Indianapolis, 1907), 12.

²George S. Bliss, "The Danger of Classifying as Merely Backward Children Who Are Feeble-Minded," *Journal of Psycho-Asthenics*, XXI (September/December 1916), 45.

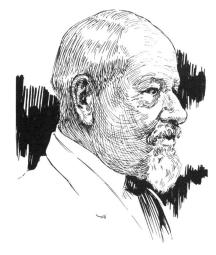
³Two sources that discuss Henry Goddard's work in detail are Leila Zenderland, *Measuring Minds: Henry Herbert Goddard and the Origins of American Intelligence Testing* (Cambridge, Eng., 1998), and Stephen J. Gould, *The Mismeasure of Man* (New York, 1981), 146-224.

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Beliefs about the nature of mental retardation had been evolving in the United States for some time. In the mid-1800s Samuel Gridley Howe and Eduoard Seguin led efforts to treat "idiots" with compassion and optimism, devising educational programs that they believed would improve the condition of the afflicted. However, by the late nineteenth and early twentieth centuries persons considered "feebleminded" or, more broadly, "mentally defective" began to be thought of as a potent and ubiquitous threat to American society and culture.⁴ In Indiana, for example, an Asylum for Feebleminded Children was established in 1879 on the assumption that many of these children could benefit from instruction and thus were worthy recipients of the state's attention. Following national patterns, however, Indiana's medical, educational, and political leaders soon concluded that such children were a significant burden. During the 1890s and early 1900s prominent individuals in the state, beginning with the asylum's nationally renowned superintendent, Alexander Johnson, began claiming that the state's mentally retarded citizens unduly drained resources and threatened the social and cultural fabric. In the 1910s and 1920s the professional writings and activities of George Bliss. Amos Butler, and the Indiana Committee on Mental Defectives (ICMD) epitomized the state's widespread fear of these citizens. This article examines the many ways in which feeblemindedness came to be a primary target for Indiana politicians, educators, and reformers dedicated to the comprehensive reform of society.

The national transition from moderately positive to starkly negative constructions of mental disability can be clearly seen in Indiana. During its first several years the Asylum for Feebleminded Children exhibited the cautious optimism of Howe and Seguin regarding the educability and benevolent treatment of its residents. By the time the school moved to its permanent facility in Fort Wayne in 1890, however, it was admitting more and more individuals who were considered "custodial" only and whose isolation from society was deemed necessary. In 1893 the school's board of trustees named Johnson superintendent of the institution, known by then as the Indiana School for Feebleminded Youth (ISFMY). At the time Johnson was already secretary of the Indiana Board of State Charities (IBSC), a nonpartisan commission appointed to oversee all social welfare efforts

⁴Terminology related to mental disability during the early 1900s, while offensive to many today, consisted of almost universally recognized clinical labels. "Mental defect" covered three primary areas: insanity, epilepsy, and feeblemindedness. Feeblemindedness was defined as "a state of permanently arrested mental development," one that exists "from birth or from early age," whereby "the person afflicted is incapable of performing his duties as a member of society in the position of life to which he is born." Indiana, Committee on Mental Defectives, *Report, 1916*, 3-4. Goddard's classification system for feeblemindedness, used by most physicians, educators, and scholars in the field, consisted of moron, imbecile, and idiot. These labels corresponded roughly to the categories of mild, moderate, and severe mental retardation (respectively) used today.



GEORGE BLISS, SUPERINTENDENT OF THE INDIANA SCHOOL FOR FEEBLEMINDED YOUTH, 1912-1920

Mamiya Medical Heritage Center

ALEXANDER JOHNSON, SECRE-TARY OF THE INDIANA BOARD OF STATE CHARITIES, 1889-1893; SUPERINTENDENT OF THE (INDI-ANA) ASYLUM FOR FEEBLEMINDED YOUTH, 1893-1903

Alexander Johnson, Adventures in Social Welfare (Fort Wayne, Ind., 1923)





AMOS BUTLER, SECRETARY OF THE INDIANA BOARD OF STATE CHARITIES, 1897-1923

> Butler mss. Photographs, Lilly Library, Indiana University

in the state. Over the next ten years while Johnson gained a national reputation as a leader in the field, his views on feeblemindedness grew increasingly pessimistic.⁵

Johnson represents the shifting attitudes toward the feebleminded during the last decade of the nineteenth century. By the mid-1890s he was claiming that only a small percentage of the "inmates" at his institution might be capable of returning to life outside its walls. He felt strongly that the feebleminded, especially women of childbearing age, should be segregated from society, and he doubted the value of academic instruction for more than a few of his patients. Johnson retained a certain sympathy for his patients, but he eventually came to support sterilization, a position he had previously denounced. Because many of his writings appeared in national professional journals and he held prominent positions in national organizations, his views became widely known. Other prominent Indiana citizens and agencies shared Johnson's fear of the supposed threat posed by the state's feebleminded and echoed the responses he proposed. Nearly all argued in favor of increased state involvement in identifying, segregating, and training the feebleminded, not only for economic efficiency but also for the "protection" of all parties and eventual eradication of the condition.⁶

Partly in response to such concerns, in 1907 Indiana passed the nation's first sterilization law during the administration of Governor J. Frank Hanly. The issue of involuntary "asexualization" of "defectives" was a central feature of eugenics (the science of "race

⁵See Robert L. Osgood, "Confronting This 'Parasitic, Predatory Class' of 'Unfortunates': Public Education, Social Reform, and the Feebleminded in Progressive-Era Indiana" (unpublished manuscript, 2000) for more on Alexander Johnson and the growth of the Indiana School for Feeble-Minded Youth. See also Thomas Roeger, "History of the Educational Practices at the Indiana School for Feeble-minded Youth" (paper in author's possession), 1-2. For a discussion of the Board of State Charities of Indiana see Milton Gaither, "The Rise and Fall of a Pedagogical Empire: The Board of State Charities and the Indiana Philosophy of Giving," *Indiana Magazine of History*, XCVI (December 2000), 336-46; Otto F. Walls, "A History of Social Welfare in Indiana," *ibid.*, XLV (December 1949), 391-96; Amos W. Butler, A Century of Progress: A Study of the Development of Public Charities and Correction 1790–1915 (Indianapolis, 1916), 13-20; and Butler, "A Century of Progress in Public Charities and Corrections in Indiana," unpublished typescript, Box 4, Amos W. Butler Papers (Lilly Library, Indiana University, Bloomington), hereafter cited as Butler Papers.

⁶Some of Johnson's definitive writings published in Indiana include Alexander Johnson, Adventures in Social Welfare: Being Reminiscences of Things, Thoughts, and Folks During Forty Years of Social Work (Fort Wayne, Ind., 1923); Johnson, "The School for Feeble Minded," in Indiana Superintendent of Public Instruction, Report, 1895/1896, 561-64; Johnson, "The State and Her Weakest Children," Indiana Bulletin of Charities and Corrections (June 1898), 103-108; Johnson, "What Shall the State Do for the Feeble-Minded?," *ibid.* (September 1899), 6-14; Johnson, "Progress in the Care of Mental Defectives," *ibid.* (June 1913), 262-68; and Johnson, "The Defective Child," *ibid.* (June 1915), 291-94. For examples of the views of others see Ernest Bicknell, "Custodial Care of the Adult Feeble-Minded," Indiana State Conference of Charities and Correction, Proceedings . . . 1896, 60-68; J. W. Sale, "The Feeble-Minded," Indiana Bulletin of Charities and Corrections (June 1912), 192-96; Indiana Board of State Charities, Report, 1916, 116-17; *ibid.*, 1917, 124.

improvement" through carefully planned and controlled procreation); unauthorized sterilization of "defectives" had taken place in institutions in several states during the 1890s. Among those performing such operations was Harry C. Sharp, resident physician and surgeon at the Indiana State Reformatory, who became one of the strongest proponents and most frequent practitioners of "eugenic sterilization." Sharp especially advocated vasectomies as the preferred sterilization technique for males; his 1902 paper describing and defending the operation became "a manifesto for the sterilization movement." According to his own calculations, Sharp performed 465 sterilizations on "guests of the state"—i.e., inmates at the Indiana State Reformatory—without any complications and with, he alleged, significant benefits.⁷

Amidst a nationwide groundswell of support for involuntary sterilization among physicians at institutions for prisoners and "defectives," state legislatures began discussing the topic. Although Michigan and Pennsylvania considered such bills in 1897 and 1905, respectively, Sharp's lobbying efforts helped Indiana become the first state to pass such a law. Butler, secretary of the IBSC from 1898 through 1922 and perhaps the most important figure in Indiana in making public policy toward feeblemindedness, added his support to the effort. Claiming that "heredity plays a most important part in the transmission of crime, idiocy, and imbecility," the legislation permitted the operation "for the prevention of procreation as shall be decided safest and most effective" on "confirmed idiots, imbeciles, and rapists" who had been deemed "unimprovable." The law passed by a comfortable majority in both legislative houses. Between 1907 and 1909, 120 authorized, state-funded sterilizations took place at the State Reformatory in Jeffersonville, Indiana.⁸

Yet implementing the law proved highly problematic. Although sympathetic to the purpose of the operation, Albert Carroll, who succeeded Johnson as superintendent of the ISFMY, noted that "sterilization . . . is not going to be very popular. . . . Unless the people are ready to receive a law of that kind, nothing will come of it." Bliss, who followed Carroll as superintendent, expressed great skepticism regarding the practice's effectiveness. Hanly's successor as governor, Thomas R. Marshall, questioned the constitutionality of the law and in 1909 ordered a cessation of funding for all sterilizations (although Sharp reportedly continued to perform the operations on his own). The next governor, Samuel Ralston, held the law in abeyance during his

⁷James W. Trent, Jr., Inventing the Feeble Mind: A History of Mental Retardation in the United States (Berkeley, Calif., 1994), 193-97; Philip R. Reilly, The Surgical Solution: A History of Involuntary Sterilization in the United States (Baltimore, Md., 1991), 31-35; J. H. Landman, Human Sterilization: The History of the Sexual Sterilization Movement (New York, 1932), 52, 231.

⁸Reilly, Surgical Solution, 32-33, 45-49; Landman, Human Sterilization, 52; Trent, Inventing the Feeble Mind, 192-95.

term (1913–1917). In May 1921 in *Williams* v. *Smith* the Indiana Supreme Court declared the law unconstitutional. Nevertheless, Indiana's consideration of such dramatic responses to the alleged genetic deficiency of the mentally retarded was groundbreaking, and in 1917 the state legislature passed a new sterilization law designed to show greater respect for patients' rights.⁹

Public schools also responded to the "menace" in many of the state's larger cities. In 1907 Indianapolis public schools initiated segregated instruction for children identified as feebleminded. The following year a committee of the State Association of Town and City Superintendents called for the creation of special schools and classes for children who were performing several years behind grade level. Such classes emerged slowly through the 1910s, but their numbers accelerated during the early 1920s. By 1925 nearly five thousand Indiana public school students were in "ungraded," "opportunity," or "special" classes geared primarily toward feebleminded children—a little under 1 percent of the total population of elementary school students. Many in the state, citing data that suggested 2 to 4 percent of all children were clearly mentally defective and that up to 20 percent were "slow" or "backward," still considered these classes inadequate. Fort Wayne, Evansville, Terre Haute, Richmond, Gary, Bloomington, and other sizable towns and cities in the state provided such settings in their school systems, paralleling the significant growth of such classes nationally.¹⁰

Indiana's institutional, legislative, and educational initiatives related to low-functioning children drew energy and guidance from many people. Among the most prominent were Bliss and Butler, who, like Johnson, received national attention for their efforts to

⁹Sale, "The Feeble-Minded," 196; George Bliss, "Feeble-Mindedness," *Indiana Bulletin of Charities and Corrections* (March 1915), 64-65; Reilly, *Surgical Solution*, 48-49; Landman, *Human Sterilization*, 54-55. See also L. Potter Harshman, "Medical and Legal Aspects of Sterilization in Indiana," *Journal of Psycho-Asthenics*, XXXIX (1933/1934), 185, 187; and "Message of Governor James P. Goodrich, Delivered at the Opening of the 72nd Biennial Session of the Indiana General Assembly at the Capitol in Indianapolis, Thursday, January 6, 1921," p. 17, Box 11, Butler Papers.

¹⁰"Elementary Schools of Indianapolis," in Indiana, Superintendent of Public Instruction, *Report, 1914*, 55-63; Indiana, Committee on Delinquent and Dependent Children, *Report, 1908*, 23-25; Indiana, State Department of Public Instruction, *Report, 1925*, 8. A number of articles reporting on the development of special classes for feebleminded or mentally defective children in public schools in Indiana appeared from the 1910s into the early 1930s. See Katrina Myers, "Feeble-Mindedness in the Public Schools," *Indiana Bulletin of Charities and Corrections* (March 1915), 80-84; Herman H. Young, "Experiments in Public Schools," *ibid*. (March 1924), 26-29; William F. Vogel, "Mental Hygiene in the Public Schools," *ibid*. (February 1928), 34-36; Ralph N. Tirey, "Mental Hygiene and the Public Schools," *ibid*. (February 1928), 66-72; George C. Carroll, "Defective and Retarded Children as a School Problem: Special Classes in Terre Haute," *ibid*. (March 1930), 62-66; John O. Chewning, "Special Work in Evansville," *ibid.*, 66-67; Donald DuShane, "Exceptional Children in the Public Schools," *ibid.*, 67-70; and Charles C. Wilson, "Special Provisions in Public Schools for Mentally Retarded Children," *ibid*. (March/April 1931), 213-17; "Special Activities in the Bedford Schools," *Indiana Teacher*, LXIX (April 1925), 14.

manage mental retardation. Both wrote extensively about feeblemindedness, Bliss as superintendent of the ISFMY and Butler as secretary of the IBSC. They proved instrumental in helping to fashion statewide policy toward persons with mental disabilities by working both independently and together as influential members of the ICMD, which, during its years of operation from 1916 to 1924, generated high-profile research that clearly shaped state policy toward mental disabilities.

In 1912, after Superintendent Carroll died, the board of trustees of ISFMY conducted an extensive national search for his successor and appointed Bliss, the director of Maine's institution for the mentally retarded. Bliss served as superintendent from 1912 to 1920, a pivotal period in state and national developments in public policy and practice regarding the mentally disabled. His leadership at the Indiana institution placed the school and the state squarely in the middle of these developments, contributing significantly to the more restrictive assumptions and approaches to the care, treatment, and education of the feebleminded.¹¹

During his tenure at the ISFMY, Bliss concerned himself little with what he termed "literary" (academic) instruction for the mentally disabled. Of far greater concern to him were the stark and ubiquitous dangers he saw in the feebleminded population—especially the "high grade type"—and the need to implement effective responses swiftly. He proposed giving them basic industrial and vocational training; segregating them; working to eliminate alcoholism, vice, and sexually transmitted diseases among them; and sterilizing them (although he viewed the last as hopelessly impractical). These proposals reflected his strong belief that "there is no cure for mental defects. It is a condition, not a disease." "These people," he argued, "are at large, reproducing defectives in ever-increasing numbers, like the waves from a pebble thrown into a lake. If we are to protect the coming generations . . . from this growing burden, we must wake up to the condition and *do* something about it."¹²

Bliss's fears were rooted in his assumptions about the feebleminded and their nature. Convinced that feeblemindedness was hereditary and incurable, he focused on the importance of recognizing the moron, or "high grade defective," who had piqued the concern of Goddard, Johnson, and so many others. In an article entitled "The Danger of Classifying as Merely Backward Children who are Feebleminded," Bliss observed that morons often appeared "normal" and yet posed a chilling threat to social stability:

His moral sense apparently does not exist.... His absolute untruthfulness rivals that of the opium eater; his respect for property exists only as long as he is under obser-

¹¹Indiana, School for Feebleminded Youth, *Report, 1912*, 7.

¹²Bliss, "Feeble-Mindedness," 64. Emphasis in the original.

vation.... They are always ready with an excuse for their wrong doing, often with a most plausible one.... The almost unbelievable debauchery and vice that some of these people are capable of, renders them most dangerous members of any community in which they are permitted to grow up, live, and reproduce their kind.

Bliss extended these warnings to cover not only the "high grade" mental defective but also all levels of severity:

I should be faithless to my duty did I not point out to you the great menace to this state, of leaving the 4,500 feeble-minded, now at large in our communities, to their own devices, to marry and reproduce their kind, to fill the police courts of our larger towns and cities, to augment the supply of prostitutes and paupers, as well as the other forms of vice to which a degenerate will surely turn.¹³

Bliss offered a number of ideas on how to confront this menace. Although a supporter in theory of sterilization, he recognized that "sterilization, because of the conscientious opposition by some people, and because our civilization is not yet advanced enough to have the mass of the people educated to so radical a measure, is for the present, at least, not a practical plan of dealing with this problem." Instead, Bliss pursued policies and practices of complete segregation and isolation of persons within schools and society. For Bliss, segregation was the only "practicable working measure" for curtailing the spread of feeblemindedness throughout Indiana and the nation. His preferred method of segregation was the "farm colony plan," under which inmates lived in small cottages and worked farmland for training and profit under state protection.¹⁴

Bliss also looked to public schools to help solve the social problem. Acknowledging that "a decision that brands a child as feebleminded is an exceedingly serious and grave thing to make with respect to that child's future," Bliss challenged physicians and public school teachers throughout the state to look carefully for other possible causes, especially "physical defects," that might cause a child's poor academic performance in school. Doing so, he argued, would allow schools and doctors to concentrate their resources more efficiently and would insure that the regular classrooms would be free of the malevolent influence of mentally defective children, who "are not only a burden to a conscientious teacher, but as they develop into puberty may be a positive menace to the discipline and morals of any schoolroom." He called for public schools to help identify feebleminded children and either segregate them in special classes in the schools or remove them to a "suitable institution."¹⁵

¹³Bliss, "The Danger of Classifying," 43-44; Bliss, "The Future Care of the Feeble-Minded," *Indiana Bulletin of Charities and Corrections* (June 1916), 62.

¹⁴Bliss, "Future Care," 63; Bliss, "The Cottage Plan in the Care of the Feeble-Minded," *Journal of Psycho-Asthenics*, XVIII (March 1914), 139-41; Bliss, "Feeble-Mindedness," 65.

¹⁵Bliss, "The Importance of Distinguishing Between Feeble-Mindedness and Mere Backwardness in Children," *Indiana Bulletin of Charities and Corrections* (June 1918), 251-52; Bliss, "President's Address: The Need of a Better Social Conscience," *ibid.* (March 1920), 26; Bliss, "The Danger of Classifying," 44-45.



"INMATES" OF INDIANA SCHOOL FOR FEEBLEMINDED YOUTH, DATE UNKNOWN

Fort Wayne State Developmental Center Archives

Above all, Bliss advocated statewide and national development of a "better social conscience" to directly confront the "menace of the feebleminded" and support the necessary efforts to control and eventually eradicate this problem. In his presidential address before the Indiana Conference on Charities and Correction in 1920, Bliss advocated a strong social conscience "that will not allow us to pass by as none of our concern, the glaring evils and wrongs that still exist." For Bliss, these evils included the jailing of "demented" men and women, the "crime" of sanctioned marriage for feebleminded persons, the spread of venereal diseases, and the presence of unidentified and unsegregated feebleminded children in public schools. He challenged all interested parties to pursue vigorously the elimination of the "poverty, crime, vice and prostitution" that were a direct consequence of lax controls over the mentally defective population. "The record that we leave upon the pages of history for the next few years," he declared, "will depend upon what we do about these things Will you ... develop a social conscience that will not let you rest, till you have done your utmost, to abolish the evils still blotting the fair pages of our daily community life?" Soon after this address, however, Bliss grew increasingly frustrated by overcrowding at the ISFMY and by what he saw as the lack of cooperation and support from the state and the school's board of trustees and resigned.¹⁶

¹⁶Bliss, "President's Address," 26-27; Trent, *Inventing the Feeble Mind*, 191. For more on Bliss's resignation see Walter Fernald to Amos Butler, November 17, 1919, George Bliss to Butler, November 25, 1919, Fernald to Butler, December 6, 1919, and Fernald to James P. Goodrich, December 6, 1919, Box 5, Butler Papers.

While Bliss brought a medical and administrative background to the study and treatment of mental defects, Butler brought the views of a trained scientist, an advocate of progressive social reform, and a citizen concerned with a variety of issues in social welfare. A zoologist with a specialty in ornithology, Butler became secretary of the IBSC in 1898. Over the next thirty years he remained active in state and national social welfare circles. He was intimately involved in developing public policy toward mental defectives in Indiana as secretary not only of the IBSC but also of the ICMD. Significantly, Bliss and Butler shared a number of assumptions about and solutions for the problem of the feebleminded.¹⁷

Butler began publicly discussing the problem soon after becoming secretary of the IBSC. He wrote in 1901 that the "defective" and "degenerate" deserved better manual training. When addressing the American Association for the Advancement of Science that year, he identified feeblemindedness as a "degenerating social force," citing a wide range of family studies demonstrating how the condition appeared in certain families and was directly associated with illegal and immoral behavior. His address provided a highly detailed account of several family histories and traced the history of the care and treatment of the mentally disabled in Europe and the United States. Butler noted that beliefs about the educability of feebleminded persons had grown substantially more pessimistic by 1900, moving from optimism to his own bleak assessment:

Never did we appreciate so strongly as we do to-day the untold misery and accumulating expense caused by the lack of control of our feeble-minded population. Their fecundity and animal instincts make them fit subjects for consideration, both on financial and moral grounds, to say nothing of the dangers that beset those of strong minds who have weaker bodies.

The problem presented to us is the manner in which these conditions shall be met. Its solution lies in an intelligent and general knowledge of the subject by the public, preventive measures by legal marriage restrictions and other means, the education of feeble-minded children and the custodial care of feeble-minded women.¹⁸

Butler never wavered in his belief that feeblemindedness was a serious blight on American society, creating a burden that the public could not and should not ignore. Seeing feeblemindedness as one

¹⁷National Cyclopaedia of American Biography, see under "Amos William Butler." Information on Butler's life and activities related to feeblemindedness and mental defects can be found in Indiana, Board of State Charities, *Testimonial to Amos W. Butler: At a Dinner in the Riley Room of the Claypool Hotel* (Indianapolis, 1922). For other testimonials to Butler's twenty-five years of service see Butler Papers, especially Fernald to Butler, June 27, 1923, Box 6.

¹⁸Amos W. Butler, "Reforms," in Indiana Department of Public Instruction, What Shall Be Indiana's Next Steps in Educational Progress? A Symposium (Indianapolis, 1901), 13-20; Butler, "A Notable Factor of Social Degeneracy: Address Delivered by Amos W. Butler, Vice-President and Chairman of Section H, Anthropology, of the American Association for the Advancement of Science, Denver Meeting, August, 1901," 1-10, Box 11, Butler Papers.

component of social degeneracy, he thought that it invaded families, communities, and social agencies and institutions such as the courts, prisons, almshouses, hospitals, orphan homes, and schools. He recognized the distinctions then accepted among epilepsy, insanity, and feeblemindedness, commenting that "feeble-mindedness, imbecility and idiocy are simply varying degrees of arrested mental development. . . . Few realize the misery and suffering, the vice and crime, or the great burden of taxation caused by our feeble-minded population Everywhere, in town and city and country, the blight of feeblemindedness is found." In a 1907 paper that anticipated some of Bliss's proposals. Butler urged the expansion of "custodial" care for as many low-functioning individuals as possible, the prevention of marriage and procreation of such persons, and the use of special classes in the public schools as well as training programs for specialclass teachers. "While there are many anti-social forces," he stated, "I believe none demands more earnest thought, more immediate action, than this." The Board of State Charities consistently reiterated Butler's views in its annual reports.¹⁹

As a scientist, Butler demanded that thorough research be conducted to understand the nature of feeblemindedness and, especially, the role heredity played in spreading mental deficiency throughout the population. In 1915, Butler addressed the National Conference of Charities and Correction. Citing data about the number of lowfunctioning persons and the extent to which their condition was passed from generation to generation, he argued that

Every accurate piece of work in this field is worth while. Valuable material is accumulating, the result of studies by trained and experienced investigators....[Research] should extend to all parts of our land, and the net result should be a mass of facts that will form the basis for future study and proper action. The whole public must realize its burden and awaken to its responsibility.... We need more strength, more wisdom, more help, more light.²⁰

Butler complemented his emphasis on research-driven policy by advocating, as did Bliss, segregation of the feebleminded. His detailed analyses of family histories aimed to demonstrate the need to isolate the mentally deficient from one another as well as from the general public. He constantly stressed his conviction that mental disability was at the heart of the "anti-social conditions" found in the state, making isolation paramount. Calling particular attention to the dangers of having feebleminded women of childbearing age at large, Butler regularly asserted that they "should be kept sep-

¹⁹Butler, Burden of Feeble-Mindedness, 2, 12; Indiana, Board of State Charities, Report, 1918, 104; *ibid.*, 1920, 116; *ibid.*, 1923, 9. For a discussion of controlling feeblemindedness as good business see also Amos W. Butler, "The Feeble-Minded From a Business Standpoint," typescript, Box 4, Butler Papers.

²⁰Butler, "The Feeble-Minded: The Need of Research," National Conference of Charities and Correction, *Proceedings*, 1915, 6-7.

arate and apart from the world." By being placed in appropriate custodial institutions, such individuals would be "forever . . . prevented from reproducing their kind.²¹

By the mid-1910s Indiana and the rest of the United States had taken notice of mental disability in general and feeblemindedness in particular. In the state, Bliss and Butler had done much to generate awareness by emphasizing the dangers of feeblemindedness and the consequent need for universal concern and prompt, effective action. Consequently, the IBSC adopted a resolution in 1915 that labeled the mental defective "one of our greatest social and financial burdens . . . [and] one of the most important if not the most important cause of pauperism, degeneracy, and crime." It further stated that more information was needed to understand the problem in the state and it urged the governor to form an eight-member committee, consisting of state legislators and other interested persons, to investigate and report on the problem. Governor Ralston, known as a "moderate progressive," acted on the resolution, officially creating the ICMD, which consisted of Butler, Bliss, five other physicians (one from Indiana University, the others superintendents of state hospitals), two state legislators (one Democrat and one Republican), and a clergyman, Francis H. Gavisk, who was also chairman of the IBSC's Committee on Hospitals for the Insane. The new committee was officially appointed August 6, 1915, and met for the first time on December 17 of that year.²²

The committee was charged with investigating the problem of the mental defective and recommending solutions to the problem. "It is essential," stated the original resolution, "that we know what the problem of mental defectives . . . is in Indiana, what is being done for them here and elsewhere, and in the light of the best experience what program can be suggested for this state." Reflecting national practice, the ICMD defined "mental defective" to include anyone diagnosed as epileptic, insane, or feebleminded. It noted that epileptics and the insane, while certainly of great concern, presented less of a numerical or actual threat to the state's well-being than did the other. "The part played by feeblemindedness in discounting social progress," wrote the committee, "is by far the most potent influence for evil under which society is struggling today." Thus the ICMD largely

²¹Butler, Burden of Feeblemindedness, 8, 10. Butler also strongly supported the "colony plan" favored by Bliss; see, for example, Butler to James P. Goodrich, December 10, 1919, Box 5, Butler Papers, and Butler, "Colonies for Public Wards," paper read at Kansas State Conference of Charities, Emporia, Kans., October 30, 1917, Box 11, *ibid*.

²²Suellen M. Hoy, "Samuel M. Ralston, Progressive Governor, 1913–1917" (Ph.D. dissertation, Indiana University, 1975); Indiana, Committee on Mental Defectives, *Report, 1916*, 1-2; Indiana Board of State Charities, *Report, 1915*. For background on the political context of these developments see Clifton J. Phillips, *Indiana in Transition: The Emergence of an Industrial Commonwealth 1880–1920* (Indianapolis, 1968), 113-31.

focused its efforts on this one area although its reports also discussed the other two categories and, occasionally, the entire problem of mental disability.²³

To support its work the committee secured the services of several organizations and national agencies, including the United States Public Health Service, the federal Children's Bureau, the National Committee on Provision for the Feeble-minded, the National Committee for Mental Hygiene, and the Eugenics Record Office. Other state agencies and individuals that lent support included the board of state charities, the state board of health, various state and county medical societies, the department of public instruction, the state bar association, and the superintendents of state institutions for mental disability. In concert with these groups the ICMD supported an array of research activities. In addition, it published extensive summary reports in 1916, 1919, and 1922 that described the committee's activities, summarized research findings, and offered specific conclusions and recommendations.²⁴

The committee's first formal report sought to determine the phases of the problem of mental disability in Indiana, describe efforts toward solving the problem, and document the results of a formal survey of mentally disabled persons in two counties. One of the components of the report was a series of estimates of the number of affected persons in Indiana. According to these estimates, 9,484 "mental defectives," including at least 2,600 who were feebleminded, resided in various state institutions. However, the report emphasized that only a small portion of the state's total population of mental defectives had been removed to institutional care. It estimated that the total number of epileptic, insane, and feebleminded persons in Indiana was about 32,000. Although the report stated bluntly that it was "impossible to attempt to estimate the number of feeble-minded in the state," it did so anyway: "a fair estimate will place it at about 20,000, including all grades. It is estimated that 6,000 of these should be under state custodial care, and only 1,350 are now receiving it." The report went on to say that, based on extrapolated figures, "at least 833 feebleminded children [are] now in the public schools of Indiana. These children are defective enough to be a problem to the schools, otherwise they would not have been reported."25

The 1916 report included a number of assumptions about the nature of mental disability and the character of those who suffered from it. The committee adopted the then current three-part classification system for feeblemindedness: "high grade, or morons" (mental age of eight to twelve years); "medium grade, or imbeciles" (mental age three to seven years); and "the low grade, or idiot . . . practical-

²³Indiana, Committee on Mental Defectives, Report, 1916, 1; ibid., 1923, 8.

²⁴Ibid., 1916, 2; ibid., 1919, 6; ibid., 1923, 6-7.

²⁵Ibid., 1916, 15-16.

ly incapable of any training whatever." The committee assumed as "established facts" that "the feeble-minded female is twice as prolific as the normal female [and] that prostitutes are largely recruited from the ranks of feeble-minded girls and women, who soon become victims of syphilis and alcoholism, which are the most potent factors in mental defectiveness." Given the close connections the research made between the genetic causes of feeblemindedness and the effects of the condition on social pathology, the committee argued that "the education of a wholesome public opinion concerning the treatment, care and prevention of the mental defective is a necessity."²⁶

A cornerstone of the 1916 report was a "Survey of Two Counties by Field Workers of the Eugenics Record Office." The researchers of the Eugenics Record Office included Arthur Estabrook, a nationally respected figure in research on feeblemindedness, as well as other field workers experienced in such research. They conducted an extensive and detailed study of two counties, "A" county and "B" county, to ascertain the nature and extent of mental disability in the state. The completed study responded to Butler's calls for research by examining, through "field studies of the mental defective," how geography, economics, and genealogy affected the status of mental disability.²⁷

Estabrook and his colleagues closely investigated "A" county (Putnam) and "B" county (Huntington) during a three-and-one-halfmonth period, gathering data on all three categories of mental disability but concentrating most of their discussion on the feebleminded. The study included descriptions of each county's geography, topography, economic development, and demographics, including the ethnic origins of residents. According to the researchers, "Practically every person who has been studied in this enumeration of mental defectives, has been visited either in his own home, at school or at business. In many cases the investigators have talked with parents and have advised as to the future care and training of some of the defective children."²⁸

The survey consisted of numerical data in table form and an analysis of the data. The tables provide totals from each county of the three categories of disability, sorted by gender and by "grade" of feeblemindedness; the tables also contain information on defectives, whether institutionalized or not. From this information the researchers developed specific percentages of defectives in the general population. According to the data, "A" county had 1.8 epileptics per 1,000

²⁶Ibid., 4-6.

²⁷"Data Collected: Survey of Two Counties by Field Workers of Eugenics Record Office," in *ibid.*, 7-17.

²⁸*Ibid.*, 7; Arthur Estabrook to Amos Butler, September 8, 1916, Folder 2, Box A4113, Papers of the Board of State Charities of Indiana (Indiana State Archives, Indiana State Library, Indianapolis) hereafter cited as IBSC Papers; "Comm. on Mental Defectives: Misc. Correspondence," Box A4112, *ibid.*

persons; 1 in 263 was insane; 13.9 per 1,000 were feebleminded (with a total of 285 feebleminded persons). "B" county had 1.9 epileptics per 1,000; 1 in 408 was insane; and 7.6 per 1,000, for a total of 252, were feebleminded. Based on these numbers, the survey estimated the number of epileptics in the state as just under 5,000, with about 1,000 requiring institutional care. However, given the disparities in the number of insane persons in the two counties, the report stated that "it is difficult to estimate the number of insane in the state." Similar inconsistencies occurred in identifying the number of feebleminded persons: "the difference between the ratios . . . is so great that no accurate estimate of the total amount of feeblemindedness in the state can be made."²⁹

Because of the importance they placed upon heredity and social interaction skills in determining feeblemindedness, the research team centered much of their efforts on looking at families and living environments. For example, the report stated that

The southern part of 'A' county, hilly, rugged and unproductive, has sheltered for many years a class of people listless and lazy and indifferent. The people have intermarried because of the geographical features of the county about them and have intermingled little with the more intelligent and mentally active people of the rich lands at the north of the county. There is little enforcement of the law respecting marriage.

The report reiterated similar observations in discussing "B" county, emphasizing the importance of geography in determining the extent of feeblemindedness in a given area:

B' county, as mentioned, is, in general, flat and has very fertile land throughout. This uniformly good land, rather level except for the valleys made by the three rivers which cross the county, has determined to a great extent the character of the people who live in the region. The commonly inefficient, lazy, degenerate families cannot gather in any large groups, as in the southern part of 'A' county, because of the competition of the more energetic, normal citizens for the control of the land. The more inefficient are soon pushed off the fertile land by competition of the industrious ones and as there are no comparatively non-arable acres, the more shiftless and inefficient ones cannot exist so easily in the community.³⁰

A companion study published in the ICMD's 1916 report on "Relation of Mental Defectives to Schools, Pauperism, Dependency and Delinquency" again stressed the familiar assumption that mental disability played a significant role in social pathology. The report attempted to demonstrate this by describing in detail the genealogical backgrounds of individuals residing in the county poor asylum, particularly the ancestors and contemporary family members who purportedly practiced social vices and exhibited the presumed characteristics of the feebleminded. The report made frequent references to the extreme social and economic burden such individuals and families placed on public resources. It argued that "the part which men-

 ²⁹Indiana, Committee on Mental Defectives, *Report, 1916*, 12-15.
³⁰Ibid., 13.

tal defectiveness plays in the problem of the pauper, the dependent and the defective both in and out of the institution, in juvenile and adult delinquency, and in the social relationships in society, can readily be seen" from these minutely detailed descriptions.³¹

The 1916 ICMD report was adamant in emphasizing two other concerns: the problem of the "unrecognized moron" and the housing of the defective, especially the feebleminded, at public expense in institutions unsuited to their care. Noting that research in both counties revealed "a number who are not now recognized as feebleminded by those in contact with them," the investigators described the serious "problem of the unrecognized moron. . . . these are the ones who fill our jails and almshouses and whose children are likely to show more marked feeble-mindedness than their parents." Such concerns echoed those expressed by state leaders such as Butler and Bliss and national leaders such as Goddard. Of more immediate concern to the state was the related problem of unidentified or misidentified defectives being cared for in institutions that were not designed to house them. The report documented that numbers of such individuals were "in institutions of a correctional or eleemosynary nature where they should not be." Coupled with the significant numbers of defectives who needed institutionalization but were not receiving it, the report clearly proved that the state's responses to the problem of the epileptic, the insane, and the feebleminded were inefficient and inadequate.32

Given the results of the studies, the ICMD's conclusions and recommendations about mental retardation are hardly surprising. Finding "the problem of mental defectives in Indiana of serious magnitude" and explaining that its work thus far was only preliminary, the committee urged the expansion of the School for Feebleminded Youth and the passage of a law providing for state-initiated commitment of "patients" to the ISFMY, including extension of the adult commitment law to include males (previously the law had applied only to women of child-bearing age). It also recommended mental and physical examinations of all school children and, most importantly, the enactment of a law providing for "a commission, with sufficient funds, to study the entire question of the mental defectives in this state."³³

In 1917 Governor James P. Goodrich reappointed the committee "in the hope that this State may profit by the investigations" and provided it with \$10,000 "to continue the work begun in 1915." A second report, issued in 1919, continued in the same vein as the first, calling the mental defective "an ever-present menace" and express-

 ³¹"Relation of Mental Defectives to Schools, Pauperism, Dependency and Delinquency: Relation of Defectives to the School Problem: Summary of a Survey of Porter County, Indiana," in Indiana, Committee on Mental Defectives, *Report, 1916*, 18-29.
³²Ibid., 14, 16.

³³*Ibid.*, 32-33.

ing grave concern over the ubiquity of the "high grade feebleminded, or morons...." These, the report asserted, "constitute the large group from which come prostitutes, petty offenders of both sexes, the idle and shiftless, the ne'er-do-wells, and the educational failures that retard our school progress." The ICMD lauded its own efforts and those of the state while setting its goals high:

Indiana has this big problem to face. The appointing of the committee and the work of the survey is the biggest step taken to date by any State in the Union. If Indiana heeds the message and takes the next steps—laws for the commitment of defectives, and more institutions to which to send them—she will have added to her high ideals for the care of her poor and the reformation of her offenders, the training and prevention of mental defect.

The committee underscored the state's leading role in dealing with mental disability. Indiana's situation was not worse than that of other states, it argued, claiming that its research results "might easily find a counterpart in practically any other State in the Union" and that "the light thrown upon the living habits and economic failures of Indiana's feebleminded should help to illumine the problem wherever it exists."³⁴

The 1919 report consisted almost entirely of another survey of Indiana counties, similar to the two-county survey of 1916 but much larger in scope. This report called attention to the limited context and relatively unrepresentative nature of the initial two-county study, noting the counties "were very prosperous and in exceptionally good country. The figures from this original study, one percent of the population, showed social conditions at their best." Consequently, the ICMD commissioned another study, this one of eight other Indiana counties, "C" through "J" (Switzerland, Steuben, Delaware, Marshall, Warrick, Monroe, Sullivan, and Boone, respectively), which were presumably more "representative parts of Indiana; representative for natural formation and resources, for industries, and particular characteristics of its population—disadvantages as well as advantages being purposely chosen."³⁵

Estabrook of the Eugenic Record Office (ERO) again led the study, joined by Helen Reeves, Edna Jatho, and Marion Nash of the Vineland Training School; Jan Griffiths, a surveyor for the National Commission for Provision for the Feeble-minded; Edith Dawes of the ERO; and Hazel Hansford, a psychology graduate student at Indiana University who supervised the work in Monroe County. In addition to its continued association with many of the organizations included in the first report, the ICMD had the advantage of the \$10,000 grant from the state legislature.

³⁴Governor James P. Goodrich to nominees for the Indiana Committee on Mental Defectives, May 15, 1917, in file labeled "Minutes 1917," Box A4115, IBSC Papers; Indiana, Committee on Mental Defectives, *Report, 1919*, 7-8.

³⁵Ibid., 7.

The research team employed basically the same methodology inquiry and home visits-that had been used for the first study; the array of individuals consulted, however, was much more extensive. The team sought preliminary information and opinions from physicians and teachers, who were "practically the only persons notified of the coming survey." Public school teachers and other school administrators were consulted extensively and became an important part of the team's efforts to gather information. Bliss gave preparatory presentations to the teachers' institutes in each of the eight counties in August and September of 1917. Once the survey formally began, "political and social leaders were interviewed to acquaint them with the problem Indiana faces ... to insure comprehending support of the State's attempts toward its solution." Physicians, supervisors of programs for the poor, various government officials, and other "Persons or Organizations Interested in Community Welfare" also served as consultants and sources. Based on the information gathered, investigators conducted "friendly home visits" and

after observing the living conditions, and conversing with the family, were able to draw conclusions in regard to type and degree of mental defect. Along the roadside there were often many other houses to be found which by their forlorn and unkempt exteriors tried to tell of the unfortunates they sheltered. A casual visit into such poor homes usually added names to the growing list of defectives.³⁶

An examination of "County H," the one in-depth county study available from this second report, offers a glimpse into the methods of data collection typically employed by ICMD field researchers. According to Hansford, author of a report on the extended study and one of the field researchers, this particular survey was a "special investigation" directed by professors U. G. Weatherly and W. H. Book of Indiana University. Using a combination of local history, interviews and questionnaires, family studies, traditional numerical data compilation, and site visits, data collectors attempted to capture a comprehensive and vivid picture of the life of the feebleminded in Monroe County.³⁷

According to Hansford, the most valuable sources of information came from the IBSC, which kept "the names of all those people from County H who were receiving or had received institutional care in

³⁶Ibid., 6, 9-10. The IBSC papers reveal that the committee experienced great turnover in the field workers hired to conduct the research for the survey; see especially the various correspondence files in Box A4112, correspondence between Joseph Byers of the Committee on Provision for the Feeble-minded and Amos Butler. Byers to Butler, August 20, 1918, "1915-1922 Comm. on Mental Defectives," Box A4113, IBSC Papers. Edna Jatho, one of the most prominent field workers, prepared dozens of detailed letters regarding her work for the second report; see "Correspondence J," Box A4112, *ibid*.

³⁷Hazel Irene Hansford, "A Social Study of Mental Defectives in County H., Indiana, in 1918," in *Indiana University Studies: Contributions to Knowledge Made by Instructors and Advanced Students of the University*, IX (January/December 1922), 5-148; Indiana, Committee on Mental Defectives, *Report, 1919*, 6.

the past 2 years" in jails or poor asylums and those who were on poor relief rolls. The researchers also obtained a list "from each physician in the county containing the names of all epileptic, insane, and feeble-minded persons known to them." The research team administered the Stanford revised intelligence test to all "questionable" school children "and then classified [the child] according to his Intelligence Quotient, teacher's estimate, ancestral and personal history." The team gathered basic census figures and prepared tables showing the number of "morons, imbeciles, idiots, insane, and epileptic" in the county and their respective percentage of the total population.³⁸

Also presented in the report was a detailed description of the county's geography and population distribution and an explanation of how these affected the county's economic and social development:

For those of vicious characteristics and criminal history the hills afforded a ready refuge. The hills also claimed those colonists who had not the intelligence, the initiative, or the perseverance to obtain a foothold in the rich, open valleys or in the rapidly developing business affairs at the county seat. They and their descendants have proven a serious problem for 'H' county.

The report also compared the "best" families with "inferior" groups, noting that certain families were "reckless and wild," "liked their whiskey," and "scandalized" their communities with their behavior. Hansford went on to describe how intermarriage and the "haphazard" employment of those in the inferior families led to further deterioration.³⁹

Visits to the homes and neighborhoods of low-functioning families generated some of the most interesting data. Hansford wrote that persons rated as "subnormal" were visited at home, as were nearby relatives. "The people were quite ready to talk over their illnesses and troubles," she claimed, "and in the course of the friendly conversations many new cases were discovered." In visits to the Baker family, "a feeble-minded quarry group," their questionable lineage, limited capabilities, immoral behavior, and wretched living conditions were spelled out in great detail. From the aimlessness and bizarre conduct of the seven Baker brothers to the vulnerability and dangerous attractiveness of sisters Violet and Lucy, and the drunkenness, prostitution, and general "inferiority" of the wife and offspring of Hiram Baker (the "black sheep" of the family), the Bakers' lives and character are described in order to reveal the supposed genetic origins of feeblemindedness and the nature of a life of isolation and squalor in the hills of Monroe County. This family's portrait came not only from the field researchers' visits but also from neighborhood gossip and the opinions of the local physician. The description concluded by claiming, "Here is a family which seems to be on the downward

³⁸Hansford, "Social Study of Mental Defectives," 16-19.

³⁹Indiana, Committee on Mental Defectives, *Report, 1919*, 26; Hansford, "Social Study of Mental Defectives," 8-9.

path.... If the coming generation can be judged by what they are as young children, the chances are that the third generation will be even of a lower type than that of the second." Hansford defended the extensive detail of both the Baker study and the other field reports generated by the research teams: "Since Indiana ... is endeavoring to place the problem of the mental defective before the people and because very few of the individuals outside active social work are acquainted with the mental defective as he really exists, it was thought best to make the treatment as concrete as possible."⁴⁰

Other sections of the 1919 report offer even greater detail of such home visits. In one, "Emma . . . a colored woman about thirtyfive" was found in a home with "one bed for the family of five. It is rag-littered and dirty. On this lay Emma, completely wrapped in potato sacking. She would not move her head during our interview." Another visit took place in the "tumbledown shack" of the Holly family. "Inside the rooms are dark . . . and indescribably filthy. There was absolutely no attempt at cleanliness, and the place reeked with all kinds of odors." The visitor described Stella Holly's arrival, "driving a crippled old mule [that] looked as decrepit and feebleminded as everything else about the place." Such descriptions were accompanied by a family tree showing how the line developed and identifying the prostitutes, the insane, the psychopathic, and the "monstrosities" who were among its members. This early anthropological fieldwork was the characteristic feature of the 1919 report.⁴¹

The results of the second survey increased the number and percentage of mental defectives assumed to be in the state. Combining the results from the two counties studied in 1916 with the eight additional counties of the second survey, the research team reported a total of 4,157 feebleminded persons, with 417 of those under care in various state- or county-operated institutions. The data also showed 776 insane individuals and 389 epileptics in the surveyed area, thus making 2.1 percent of the studied population defective, with 1.65 percent feebleminded. In another finding, more than 63 percent of county poor-asylum residents were determined to be defective. The survey also found that "without doubt 10 percent of the school children need special instruction, and probably two to three percent are feeble-minded. In this study 2.5 percent [of children] were found to be three years or more retarded" in terms of their progress through the school grades.⁴²

The study's conclusion that there were significantly larger numbers of low-functioning persons in the general population than was generally believed was accompanied by further claims concerning

⁴⁰Hansford, "Social Study of Mental Defectives," 6, 20-23.

⁴¹Indiana, Committee on Mental Defectives, Report, 1919, 41-46.

⁴²*Ibid.*, 31-33. The counties were identified in ⁴Comm. on Mental Defectives: Misc. Correspondence," Box A4112, IBSC Papers.

the close relationship among geography, employment, family, character, and feeblemindedness. If anything, this report's narrative expressed greater alarm than did the first. It referred to tenant farmers as a "prolific source of feeble-minded population." The report stated that "many morons live as 'tenant' farmers. . . . What the owner gets out of it we can only guess. It certainly is less than it would be if he gave a mental test to his tenants." The report further described the dangers of the moron as "the great social menace":

The salient fact is this: [morons] are not recognized until their social, economic, and educational failures draw the condemnation of public welfare authorities upon their defenseless heads. With the mental equipment of children they are expected to conduct themselves as adults. They fail pitifully.⁴³

A central theme of the second report reinforced the presumed hereditary nature of feeblemindedness as a condition passed on inescapably from generation to generation, exacerbated by geographic isolation and economic deprivation and complicated by incest. The report drew clear distinctions between well-maintained communities of "good" and "normal" citizens and the wretchedness of the feebleminded. In "F County," the feebleminded population was concentrated at the county seat:

It is a beautiful town, a very garden spot, containing about the edges the saddest patches of weeds that are choking out the healthy normal growth of its fine population... Saturday on Main street brought out an appalling number of very defective citizens; lame, feebleminded, insane and immoral.... The loose, immoral relations within the families of these defectives are not a secret about town. The defect in these people is so noticeable that it does not escape recognition. Yet the good people of the town do not realize what a menace they have in their midst.

Poor families on infertile land were frequently portrayed as almost universally defective and condemned to a life on the economic and social margins because of their mental and moral incapacity. Even those defectives who had made progress were criticized: "[M]any mental defectives are making more money than they ever dreamed of before and using it with the same lack of foresight and judgment that has always characterized their spendings."⁴⁴

In response to the committee's concern that the public was insufficiently aware of the problem, the 1919 report reiterated and elaborated on the conclusions and recommendations stated in 1916. The authors argued for expansion of institutional facilities and for stronger commitment laws that would allow the state to compel the institutionalization of more defectives. In particular they advocated committing

⁴³Indiana, Committee on Mental Defectives, *Report, 1919*, 7-8, 13. Jatho's correspondence also reflected this alarm: see for example Jatho to Butler, February 1, 1919, "Correspondence J," Box A4112, IBSC Papers. Many other letters in the same file show the same concern. See also Jatho, "Feeblemindedness—The Problem—Conditions in Indiana," paper presented at the Indiana Academy of Science, December 1918, *ibid*.

⁴⁴Indiana, Committee on Mental Defectives, Report, 1919, 22-23, 20, 28.

a far larger number of the feebleminded to the ISFMY and other "colonies." The study repeated the calls for incarcerating more lowfunctioning males and for screening all school children for mental and physical defects. It also suggested creating separate schools and classes for defective students and establishing free clinics throughout the state for community-based diagnosis and treatment. Finally, the report urged the state to require all physicians to become more expert in identifying and treating all kinds of mental disability.⁴⁶

Following the release of its second report, the ICMD was recommissioned by Governor Warren McCray. It received an additional \$1,000 in 1920 and \$10,000 in 1921 to continue its work. Although the membership changed, the assumptions and tenor of the committee's work and findings remained the same under Butler's leadership. The title page of the second edition of this committee's report, published in 1923, included the following subtitles:

YOU SHOULD READ THIS!

EVERY CITIZEN SHOULD KNOW THE FACTS CONTAINED HEREIN The Uncared-for Insane, Epileptic and Feeble-Minded Constitute a Menace to Society[.] The Feeble-Minded are the Most Potent Influence for Evil in the Social Life[.] Social Progress is Hindered by These Uncared-for Elements in the Community.⁴⁶

This third report presented cumulative data from the previous studies and added the study of "K" (Jefferson) County, conducted in 1921. The cumulative data showed 4,735 feebleminded out of a total defective population of 6,026 in the eleven counties. It estimated the low-functioning population at 1.74 percent and concluded that the state had 64,468 defectives, most of whom were classified feebleminded. According to the report, "this corresponds with the figures which the Federal Government has lately published, giving the number of defectives in the United States as 2,000,000." The report reiterated that only a small percentage of feebleminded persons who could or should be institutionalized in fact were.⁴⁷

The 1922 report also contained a variety of other studies and subreports on various aspects of social welfare in the state. Surveys were conducted of the Marion County Criminal Court, Marion County Juvenile Court, and the Indiana Girls School; predictably these revealed that a significant percentage of cases exhibited strong signs of mental retardation. The ICMD's report also featured a detailed survey of the school systems of "City X" (Richmond) and "City Y" (Peru). The goal of these two surveys was to "add to the information

⁴⁵Ibid., 59-61.

⁴⁶Indiana, Committee on Mental Defectives, *Report*, 1923, 6-7.

⁴⁷*Ibid.*, 14-15. Jefferson County is identified in correspondence related to the financial feasibility of continuing that particular study. See for example Estabrook to Dr. James W. Milligan, Superintendent of the Southeastern Hospital for the Insane, August 10, 1921, "Committee on Mental Defectives," Box A4113, IBSC Papers; Butler to Marion Nash, field worker, August 9, 1921, and Estabrook to Milligan, August 17, 1921, "Comm. on Mental Defectives, Misc. Correspondence," *ibid*.

already gathered by the Committee on Mental Defectives, some concrete data concerning the extent of the mentally deficient population of public schools." Each study provided detailed descriptions of its city, descriptions of the tests-the Indiana University Primer Test and the Terman revision of the Binet test-used to gauge the intellectual capacity of the students, and thorough analysis of the results of these mental tests. The surveys found that 11.8 percent of the school children in "City X" were "below normal mental development," with 3.3 percent of these "feebleminded," 3.3 percent "borderline," and 5.2 percent "dull normal." "City Y" showed 10.6 percent below normal mental development, 3.9 percent feebleminded, 3.2 percent borderline, and 3.5 percent dull-normal. The ICMD report asserted that "about ten percent of the children in the first six grades of the public schools of these two cities are unfit mentally to profit by the work of a regular class. . . ." As a result, the research team strongly recommended a series of "special instruction" responses to address the problem: organized coaching and observation of such students in special classes, individualized scholastic training for those capable of it, and assignment of "certain selected children" to specific "Trade or Occupational Lines." The report expressed the need for trained and highly qualified teachers for these programs. It also recommended classes of twenty or fewer students, "traveling psychological clinics," and more extensive school surveys in cities across the state.⁴⁸

Of the three, this report offered the most specific recommendations for addressing the general problem of mental disability. The "committee recognizes," it said, "the fact that care and provision for the feebleminded must be divided between the home or community, the public school and state institutions." Those cases that "cannot, without menace to the community, be provided for in the home or the public school" should be accommodated in state institutionsthose in Fort Wayne and Butlerville, and others to be established "from time to time in convenient parts of the state." It also recommended the continued segregation of both "feebleminded women of child-bearing age" and "defective delinquents." To help public schools effectively increase their role in addressing the problem, the ICMD suggested expansion of segregated special classes, "intensive study" of all school children, employment of psychologists in schools and clinics, and stronger training of teachers in the methods of special education for the "mentally deficient." And as before, the ICMD concluded its recommendations by calling on the legislature to preserve

⁴⁸"School Surveys," in Indiana, Commitee on Mental Defectives, *Report, 1923*, 28-46. The surveys of the Richmond and Peru school systems were the subject of much of the correspondence preserved in the IBSC Papers. See the series of letters between Jatho and Estabrook dated from late 1921 to early 1922 in "Correspondence J," Box A4112, IBSC Papers. Documents related to the Peru survey can also be found in "Committee on Mental Defectives," Box A4113, *ibid*.

and utilize the information gathered and to appropriate sufficient funds for the committee to continue its work.⁴⁹

That, however, was not to be; the report was the committee's last. Dr. S. E. Smith, superintendent of the Eastern Hospital for the Insane in Richmond and a member of the committee, said in 1924 that he hoped the ICMD would "continue to function the best it knows how" and "that they are earnest and willing to do whatever the law will permit. . . ." However, the committee fell victim to fiscal conservatism. It had struggled to convince Governor McCray that the study of "K" county should be completed but, although he eventually agreed, in his opening address to the 1923 legislature he asserted that "what the people of Indiana want is a season of governmental economy and a period of legislative inaction and rest." The legislature concurred. Recognizing the importance of reducing the state's expenditures, the committee requested just \$8,000 from the legislature for fiscal 1924 and 1925; it got nothing, even though the committee sent a letter to every member of the legislature proclaiming the value and relative economy of their work. Despite further pleas to the 1925 legislature and to governor-elect Ed Jackson, the ICMD failed to secure reappointment or funding. Its final formal meeting took place on November 7, 1924.50

While the ICMD's three formal reports, distributed in the thousands nationwide, represented the primary visible products of its work, the committee also initiated and strengthened contacts and activities with a range of other individuals, organizations, and institutions. Committee members, although never paid more than expenses, met in Indianapolis regularly and participated often in workshops, conferences, and other events around Indiana. The committee put a great deal of time and energy into organizing a conference on mental disability held in October 1916, making widespread solicitations for participants and attendees months in advance. The field workers themselves, especially Jatho, maintained frequent and detailed contact and correspondence with Estabrook and Butler during their work, revealing the significant extent to which ICMD representatives worked with schools, social service agencies, local courts, and

⁴⁹Indiana, Committee on Mental Defectives, Conclusions and Recommendations, 1924, 1-2.

⁵⁰Dr. S. E. Smith, "The Work of the Committee on Mental Defectives," *Indiana Bulletin of Charities and Corrections* (March 1924), 8-9. For the financial situation surrounding the Jefferson County study see Estabrook to Milligan, August 10, 1921 and August 17, 1921, and Butler to Marion Nash, August 9, 1921, IBSC Papers. The McCray quote is from the Indiana, *Senate Journal* (1923), 6. For the efforts to keep the ICMD alive see Indiana Committee on Mental Defectives, "Minutes," August 8, 1923, Box A4115, IBSC Papers; and "Minutes," November 7, 1924, *ibid*. See also S. E. Smith, "The Indiana Committee on Mental Defectives," *Indiana Bulletin of Charities and Corrections* (December 1923), 335-37; and Arthur H. Estabrook, "The Work of the Indiana Committee on Mental Defectives," *Journal of Psycho-Asthenics*, XXVII (1921/1922), 12-17.

other institutions. In their constant struggle to find, hire, and keep a sufficient supply of qualified field workers, committee members, especially Estabrook and Butler, sought advice and recommendations from some of the nation's most respected figures, including E. R. Johnstone of the Vineland Training School and Joseph Byers, director of the Philadelphia-based Committee for Provision for the Feeble-Minded. These connections generated a large body of correspondence and exchange of information and materials. In return, Butler, Estabrook, and others made fact-finding visits to other states and described Indiana's work in a variety of journals, conferences, and other forums. Such efforts helped maintain the committee's high profile across the state and nation throughout most of its nine-year existence.⁵¹

The actual impact of the committee's work on state policy and practice, however, was mixed. The state did pass legislation during the late 1910s that expanded facilities for defectives, including a new Indiana Farm Colony for the Feebleminded at Butlerville, and established "mental clinics" for better determination of mental disability among the population. The state also passed comprehensive legislation in 1931 ordering annual enumeration of "problem" and "retarded" children in the public schools and authorizing the Fort Wayne institution to train teachers for special classes in those schools. The number of special classes for feebleminded children in the public schools increased dramatically by the mid-1920s and more thorough mental and physical examination of school children became standard. The ICMD's efforts also helped stimulate the study of mental disability through other agencies such as the Indiana Society for Mental Hygiene, the State Conference on Charities and Correction, and the State Teachers' Association. But the statewide clinics were short-lived, lasting only two or three years in the mid-1920s, and the two state institutions for the feebleminded, the ISFMY at Fort Wayne and the colony at Butlerville, struggled to serve the needs of the state. Finally, the committee proved unable to convince the legislature of the value or necessity of a permanent statewide commission to deal with the problem of the feebleminded. "With all that has been done for mental defectives," wrote the IBSC, "it is only the surface of the problem that has been touched."52

⁵¹As noted earlier, much of the standard correspondence of the ICMD concerned inviting various individuals to attend the October 1916 conference either as attendees or participants; see "Correspondence L," Box A4112, IBSC Papers; "Minutes," September 27, 1917, Box A4115, *ibid.*; "Comm. on Mental Defectives Misc. Corr.," Box A4113, *ibid*.

⁵²Indiana, Laws (1919), 480; Indiana, Laws (1931), 493; Indiana Bulletin of Charities and Corrections (May/June 1932), 260-61; Indiana, Board of State Charities, Report, 1920, 117; Estabrook, "Work of the Indiana Committee on Mental Defectives," 17; Indiana, Board of State Charities, Report, 1923, 9. For a highly critical review of the Butlerville facility see Walter Fernald to Warren T. McCray, February 21, 1922, Box 5, Butler Papers.