
From “Public Liabilities” to “Public Assets”: Special Education for Children with Mental Retardation in Indiana Public Schools, 1908–1931

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In 1931 the Indiana state legislature passed a law requiring all public school districts in the state to ascertain the “number of problem children and children three or more years retarded in mental development who are in attendance. . . .” The districts were then to “establish special classes or courses to give such children instruction adapted to their needs and mental attainments” if the number of such children in the district exceeded twenty-five. Together with a 1927 state law mandating similar measures for school-age children with physical disabilities, the 1931 legislation formalized Indiana’s compelling interest in supporting public school special education programs for children with a range of mental, physical, and behavioral disabilities. In particular, the acknowledgment of both the presence of considerable numbers of children with mental disabilities in the public schools and their entitlement to instruction tailored to their specific needs and conditions represented a major step toward including such children more fully in public education.¹

Special education programs for children with mental disabilities in Indiana’s public schools did not originate with the 1931 law; many of the state’s school districts had begun to address this issue years earlier. Formal education for children with mental retardation, which began in the public schools in Indianapolis just a few years into the new century, originally was the sole province of the Indiana School for Feeble-minded Youth in Fort Wayne (ISFMY). It became the responsibility of the public schools for a variety of reasons. As the schools developed mechanisms for identifying such students and established instructional settings that stigmatized and segregated them, mentally retarded students came to be *in* the schools but not *of* the schools. How and why did this transition from the ISFMY to the public schools occur, and what did it mean for the students, parents, teachers, administrators, and others involved?

In the decades between the late nineteenth century and the early part of the twentieth the concept of intellectual disability, or mental retardation, slowly emerged as a unique condition, distinct from

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¹Indiana, *Laws* (1931), 493-94; *ibid.* (1927), 599-602.



INDIANAPOLIS PUBLIC SCHOOL NUMBER 46, THE DANIEL WEBSTER SCHOOL, WAS ONE OF SIX SCHOOLS THAT HAD CLASSES FOR "MENTAL DEFECTIVES" BY THE EARLY 1920S

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other mental "afflictions" such as mental illness or emotional disturbance. In Indiana as well as nationally, a clinical terminology developed describing the various aspects of mental disability and was widely used by doctors, researchers, educators, school and institution administrators, and other professionals. General mental disability was known as mental defect. Mental defect in turn was divided into three categories: insanity, epilepsy, and feeble-mindedness. Feeble-mindedness was defined as a "permanently arrested state of mental development" and included three subcategories: moron, imbecile, and idiot (which generally corresponded to current classifications of mild, moderate, and severe mental retardation).²

²Steven A. Gelb, "Not Simply Bad and Incurable: Science, Morality, and Intellectual Deficiency," *History of Education Quarterly*, XXIX (Autumn 1989), 359-79; R. C. Scheerenberger, *A History of Mental Retardation* (Baltimore, Md., 1983), 110-11; Indiana, Committee on Mental Defectives, *Mental Defectives in Indiana: Report of the Committee on Mental Defectives Appointed by Governor Samuel M. Ralston* (Indianapolis, 1916), 3-4. This terminology will be used throughout the article because it was considered appropriate at the time, even though most people involved with the study and treatment of mental disability today would consider these terms offensive.

As views of mental retardation evolved during the nineteenth century, institutions and educational programs designed for the care, treatment, and instruction of "idiots" and "the feeble-minded" were created to address the private needs of individuals and respond to the generalized concerns of the public. The first publicly supported institution for mentally retarded persons was the Massachusetts Asylum for Idiotic and Feeble-minded Youth, which opened near Boston in 1851. Other states soon followed; by 1890 such institutions, public as well as private, existed in at least fourteen states. Concurrent with these developments, Edouard Seguin created and refined an educational program labeled the "physiological method," designed to provide formal education and training for "idiots." Seguin's approach served as the cornerstone for the educational programs in American institutions for the feeble-minded, which were typically housed in their school departments. By the 1880s institutionalization and formal instruction and training for this population had become accepted practices throughout the United States.³

As professionals and the public gained more extensive practical experience with mental retardation, their beliefs about and attitudes toward "mental defect" and "feeble-mindedness" changed. An intellectual environment of "cautious optimism" about the mentally retarded fostered the early growth of institutions and formal education programs to deal with them. While their affliction was indeed considered terrible, such individuals were pitied and believed to be capable of improvement, if not cure, through sympathetic treatment and appropriate education and training. But such optimism faded steadily as new "findings" about the nature and etiology of feeble-mindedness emerged and as evidence of helpful intervention through treatment and training proved to be limited at best. By the 1890s the feeble-minded were portrayed more pessimistically, and assertions about their adverse impact on a host of social and cultural conditions dominated professional and public discussions about them.

James W. Trent, Jr., describes characterizations of the feeble-minded as moving from cautious optimism to seeing them first as a "burden" then an outright "menace" by the early twentieth century. Leaders of institutions for the feeble-minded led the way: Isaac Kerlin of the Elwyn Institute in Pennsylvania, Walter Fernald of the Massachusetts institution, and Alexander Johnson of the ISFMY were among a host of researchers, doctors, social reformers, educators, and others who proclaimed that the mentally defective population presented dangerous challenges to American society. Their views were reinforced by a series of family studies purporting to demonstrate conclusively that feeble-mindedness was hereditary and its

³Margret Winzer, *The History of Special Education: From Isolation to Integration* (Washington, D.C., 1993), 112-15, 211-16; Scheerenberger, *History of Mental Retardation*, 119-29.

carriers were predisposed to poverty, crime, vice, and other social pathologies. Henry Herbert Goddard of New Jersey's Vineland Training School, one of the nation's most respected institutions for the mentally retarded, reinforced such notions in his widely read work on intelligence testing and immigrants, lending a powerful stamp of authenticity to such claims. As a result, suspicion and contempt for individuals labeled feeble-minded flourished in the first two decades of the twentieth century and affected both policy and practice toward them.⁴

Indiana's experience with such matters certainly paralleled national trends. The state opened its Asylum for Feeble-minded Children in 1879. Before finding a permanent home in 1890 as the ISFMY in Fort Wayne, the institution clearly exhibited "cautious optimism" regarding the educability of its inmates, proudly describing its efforts at formal academic instruction in its school department. Within a few years, however, the institution's mission altered. The school began admitting individuals with increasingly severe levels of mental disability; by the time Johnson became superintendent in 1893 the expectations of student achievement in the school department had dropped noticeably, and statements about the institution's ability to "improve" inmates to the point where they could be returned to the community had all but vanished. Johnson estimated that for no more than 5 percent of the institution's population could release be justified. Although the school department maintained a high profile until George Bliss became superintendent in 1912, institutional emphasis clearly had shifted years earlier away from basic academic instruction to manual and vocational training designed to prepare inmates to contribute to the institution's physical operation. In Indiana the desire to isolate feeble-minded persons from the rest of the society, primarily for the comfort and protection of the majority, had by the 1910s overwhelmed any older notions about the possibility of improving the social and intellectual skills of ISFMY's "students." In 1915 Amos Butler, secretary of the Indiana Board of Charities and Correction, called on "the whole public" to "realize its burden and awaken to its responsibility" of addressing the serious, far-reaching consequences of mental defect.⁵

⁴James W. Trent, Jr., *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley, Calif., 1994); Scheerenberger, *History of Mental Retardation*, 143-77; Winzer, *History of Special Education*, 279-305.

⁵For detailed descriptions of these developments at the Indiana School for Feeble-minded Youth see its annual reports, published in Indianapolis from 1879 to 1886 as the *Annual Report of the Asylum for Feeble-Minded Children* and after 1887 as the *Annual Report of the Indiana School for Feeble-Minded Youth* (hereafter referred to as ISFMY, *Annual Report*). See also Thomas Roeger, "History of the Educational Practices at the Indiana School for Feeble-Minded Youth," 1994, unpublished paper in author's possession. Johnson's comments about the percentage of residents capable of returning to the community are found in several sources; see, for example, Alexander Johnson, "The School for Feeble Minded," in Indiana, Superintendent of Public

Indiana's government responded to the perceived threat of the "mental defective" and seized upon mechanisms to eradicate it. The state opened a new "village" for epileptics at considerable cost in 1906, passed an involuntary sterilization law—the first of its kind in the nation—in 1907, and restricted marriage among certain groups of "defectives." In 1915 a report of the Board of State Charities argued that

The state faces no more serious problem than that involved in the care of mental defectives. No other class of public wards is increasing so rapidly, none other is so burdensome, socially and economically. . . . Faster than the state can receive them in its institutions, the number of defectives increases. . . . The task before the state is one not only of institutional care but of prevention.

Democratic Governor Samuel M. Ralston consequently appointed a committee on mental defectives, headed by Francis H. Gavisk, a Catholic priest from Indianapolis, and including Butler (as secretary) and Bliss among other prominent physicians, politicians, and educators. The committee, which enjoyed bipartisan membership and support, published several studies and reports between 1916 and 1924 that called attention to the presumed hereditary nature of mental defect and recommended substantive political and educational policies in response to it. While it also considered issues related to epilepsy and insanity, the committee focused most of its work on feeble-mindedness.⁶

Instruction, *Report, 1895/1896*, 561; and Alexander Johnson, "What Shall the State Do for the Feeble-Minded?" *Indiana Bulletin of Charities and Correction* (hereafter referred to as *Indiana Bulletin*), No. 38 (September 1899), 6. Butler's statement is from Amos W. Butler, "The Feeble-Minded: The Need for Research," Reprint No. 37 from the National Conference of Charities and Correction, *Proceedings, 1915*, 7, 6.

⁶Robert L. Osgood, "The Menace of the Feeble-minded: George Bliss, Amos Butler, and the Indiana Committee on Mental Defectives," *Indiana Magazine of History*, XCVII (December 2001), 253-77; Clifton J. Phillips, *Indiana in Transition: The Emergence of An Industrial Commonwealth 1880-1920* (Indianapolis, 1968), 469-94, 480; Indiana, Committee on Mental Defectives, *Mental Defectives in Indiana*, 1-2. For additional information on these developments see Otto F. Walls, "A History of Social Welfare in Indiana," *Indiana Magazine of History* XLV (December 1949), 383-400; Cecil Clare North, "Charities and Correction," in Frances Doan Streightoff and Frank Hatch Streightoff, *Indiana: A Social and Economic Survey* (Indianapolis, 1916); and L. Potter Harshman, "Medical and Legal Aspects of Sterilization in Indiana," *Journal of Psycho-Asthenics* XXXIX (1933/1934), 183-99. For a detailed discussion of the presumed impact of feeble-mindedness on Indiana's social conditions see Edna Jatho, "Feeble-mindedness—The Problem—Conditions in Indiana," paper presented to the Indiana Academy of Science, December 1918, in "Correspondence J" file, Box A4112, Board of State Charities Papers (Indiana State Archives, Indiana State Library, Indianapolis).

The debate on the relative importance of heredity and environment in determining the origins and extent of mental retardation still rages. It is safe to say, however, that few if any doctors, scholars, or educators see mental retardation as being almost entirely, if not completely, a function of heredity, as it was seen in the early 1900s. Current research and scholarship give much greater weight to environmental factors in causing as well as determining the extent of mental retardation in an individual.

The alarm over the menace of the mental defective, reflected in the shifts of purpose and practice of the ISFMY and the creation of the Indiana Committee on Mental Defectives, was rooted to a great extent in the perception that the feeble-minded population was unexpectedly large and growing at a disturbing rate. With estimates ranging upward to 3 percent and more of the total population in the early 1910s, the general alarm regarding feeble-mindedness prompted demands for the state to contain and combat the "threat." The state school seemed the logical place to start, but that institution had been struggling with overcrowded conditions perpetually since its establishment. Clearly there was no way that the school could address this problem successfully on its own, especially since its program was by then geared toward individuals who it was believed would never be able to live independently outside its walls. The problem instead seemed to require comprehensive solutions. Not surprisingly, much of the ultimate responsibility fell to that traditionally popular engine for social reform, the public schools. "Our institution," noted the ISFMY's annual report for 1924, "must become more and more a home for the untrainable cases and those most difficult to train, so the public schools must be depended upon in a growing measure to train the mentally defective most susceptible to training. . . ." Between 1910 and 1930 the involvement of public schools in the education of children identified as feeble-minded grew dramatically.⁷

In Indiana, education for children identified as feeble-minded was undertaken by the public schools for several reasons. To begin with, the state passed its first compulsory attendance law in 1897; that law was strengthened repeatedly during the early 1900s. While children whose physical or mental conditions precluded school attendance were excused under these laws, this exemption was applied primarily to children whose mental or physical disabilities were obviously severe; according to many Indiana educators, compulsory education led to greater diversity in intellectual ability among the public school population. Too, significant increases in the overall number of children attending school led to increases in those attendees considered "backward," "feeble-minded," or "retarded."⁸

School officials claimed that intelligence test data showed that compulsory education accentuated the intellectual differences among school attendees. The Binet-Simon scale helped to stratify student performance and thus to determine the number of "backward" or "fee-

⁷ISFMY, *Annual Report, 1924*, 7. Progressive era reformers also drew on social science to redefine the role of the institution or "asylum" and to extend reform efforts more thoroughly into local agencies, especially those dealing with criminal justice; see David Rothman, *Conscience and Convenience: The Asylum and its Alternatives in Progressive America* (Boston, 1980), 43-81.

⁸Indiana, *Laws* (1897), "Compulsory Education," 248-50; *ibid.* (1901), "Education of Children," 470-73; *ibid.* (1921), "School Attendance," 337-55, especially 340-43.

bleminded" children in a given district or school. The scale was "merely a sorting test," stated Katrina Myers, an early special education teacher in the Indianapolis public schools, in 1915. "But, in the hands of experts, it has been amply demonstrated that it is very valuable, and gives a surprisingly close estimate of a child's mentality." Indiana joined in the increased national reliance on mental testing: between 1915 and 1930 most large school systems in the state began to test individuals and groups to determine "scientifically" their levels of intellectual ability. As the structure and interpretation of the tests became more sophisticated school districts were able to justify stratification in their schools while emphasizing the scientific and objective nature of those tests.⁹

The public school constituted an appropriate setting for dealing with the problem of mental defect because of its traditional role as an agent of social reform, a function that had been emphasized since the common school movement began in the 1830s and was strengthened during the Progressive era of the early 1900s. As one Indiana district superintendent observed, "it is becoming evident that the public schools must bear a large share of the burden of social work, a much larger share than they have borne in the past, a much larger proportion than the public and most educators are willing to undertake at present. The schools are in a strategic position to deal with the vital problems of our population." William Vogel, another Indiana school superintendent, maintained that

[t]he public schools receive children of all the people, children of widely differing personalities and widely varying degrees of intelligence. Each of these children has an inherent right to make the most of his life. It is the obligation of the state through its schools to prepare each of them to meet life's situations to the best of his ability.

Speaking to the Indiana State Teachers Association, Mabel Cooper, a special education teacher visiting from Memphis, challenged the public schools to confront in particular the problem of the borderline student, or "moron," so starkly identified through mental testing:

What agency is best to identify the moron? It seems to me it is a part of the public school's work. It seems to me that it is a duty the public school owes to the rest of the community to identify these morons. No other agency can do it so well, because the public school has him longer than any other agency, and then the public school's work is to deal primarily with the mental side of the child, so the public school has the best chance to identify him.

Now that schools enrolled significant numbers of children identified as feeble-minded, they had both the responsibility and the opportu-

⁹Katrina Myers, "Feeble-Mindedness in the Public Schools," *Indiana Bulletin*, No. 100 (March 1915), 81. For contemporary studies of the mental testing movement see Henry Herbert Goddard, *Psychology of the Normal and Subnormal* (New York, 1919); Lewis Terman, *The Measurement of Intelligence* (Cambridge, Mass., 1916); Terman, *The Intelligence of School Children* (New York, 1919). See also Stephen Jay Gould, *The Mismeasure of Man* (New York, 1981), 174-92.

nity to participate in solving a multitude of social problems associated with the condition.¹⁰

As Cooper's argument suggests, the results of mental testing and the consequent negative publicity prompted concern over the "morons" presumed to be so ubiquitous in public education. "These morons are the waste products that confront us now," she argued. "One of the greatest problems is to turn this waste product of humanity to some good account. . . ." Myers shared that concern, claiming that "often the most troublesome public school cases are pupils of the borderline types; those just between normal and subnormal. . . . Their right to a training is the same as that of their better endowed brother, and their need is greater." Many educators believed that such students, though quite dangerous, were difficult to detect because they lacked obvious signs of their condition. Critics claimed that schools often turned a blind eye to a student's possible mental defect and that his or her "weak mentality" only showed itself after the student left school through the absence of "judgment" or by the youth's participation in immoral or criminal activity. Hence it was imperative that the schools improve the process of identifying feeble-mindedness and doing something about it.¹¹

The "moron," moreover, was only the tip of the iceberg of "defective" students who caused widespread social ills. Myers claimed that of "one hundred ordinary first or second grade pupils . . . [o]nly twenty-five . . . are physically and mentally without blemish." Other authorities cited similar numbers that emphasized the significant percentage of children who exhibited mental disability. Traditionally the public schools had used a standard curriculum, designed for the "mediocre or average pupils" and little adapted to students' individual needs. According to Columbus Superintendent Donald DuShane, at worst this lack of concern for differences in students' intellectual abilities contributed directly to "an almost complete sifting-out of the children from poor families, of the shiftless, the anti-social, the misfits, the subnormals of all types. Those most needing social control, those having the least helpful home life, the poorest environments, are the first to be eliminated." Summarizing this neglect, Ralph N. Tirey, superintendent of the Bloomington public schools, wrote in 1929,

A generation ago the mentally handicapped child was not considered a legitimate public school problem. Educators were content to go along teaching the traditional school subjects with little thought of endeavoring to fit the curriculum materials to the

¹⁰Donald DuShane, "Social Problems and the Public Schools," *Indiana Bulletin*, No. 147 (December 1926), 354; William F. Vogel, "Mental Hygiene in the Public Schools," *ibid.*, No. 155 (February 1928), 34; Mabel Lee Cooper, "The Children in Our Midst," *Indiana State Teachers Association, Proceedings, 1919*, 158.

¹¹Cooper, "Children in our Midst," 164; Myers, "Feeble-Mindedness in the Public Schools," 82; Jane Griffith, "Mental Defectives in the Schools," in *Indiana State Teachers Association, Proceedings, 1917*, 174-75.

needs and capacities of the children. But the principle of compulsory education in a democracy has carried with it implications which have brought about an entirely different point of view.

To many leading educators in Indiana, the public school thus represented the state's best hope to confront the growing menace of not only feeble-mindedness and its consequent deleterious effects on the social, cultural, and moral fiber of the state and nation, but other disabilities and social disadvantages as well.¹²

Special education programs for "mentally defective" children in public school systems were growing nationwide. The first class formed specifically for such students opened in Providence, Rhode Island, in 1896, although other school systems had experimented as early as the 1870s and 1880s with loosely defined specialized settings, such as "ungraded" classes or classes for "incurables," designed to cope with students exhibiting a wide range of challenges to teachers and schools. Such large cities as Baltimore, Boston, Chicago, Detroit, Los Angeles, New York, and Philadelphia soon followed, with "special classes" in the late 1890s or early 1900s. As of 1922 at least 133 American cities offered separate class instruction for over 23,000 students classed as "mentally deficient." The apparent success of these practices reinforced Indiana's interest in investing public schools with much of the responsibility for addressing mental defect.¹³

Indiana schools began to provide specialized instructional settings designed for the various levels or "grades" of feeble-minded children relatively soon after the turn of the century; by 1930 they involved most large urban school districts in the state. In 1908, the state's school superintendents formed a committee to explore the problem of children who were not making acceptable progress in regular classrooms, and that group, after studying national data, recommended creating "ungraded auxiliary schools where [such children] could be studied or helped." Claiming that "there is a need for special ungraded schools in every community of 1,000 school population" and that these schools or classes "should have less than 20 pupils," the committee argued that such settings would bring greater efficiency to instruction for both the "retarded" children and their "normal" peers, and it called for improved medical inspection of all public school students. The Indiana Superintendent of Public Instruction and many

¹²Myers, "Feeble-Mindedness in the Public School," 80; DuShane, "Social Problems and the Public Schools," 356; Ralph N. Tirey, "Mental Hygiene and the Public Schools," *Indiana Bulletin*, No. 168 (February 1929), 67.

¹³Scheerenberger, *History of Mental Retardation*, 166. See also J. E. Wallace Wallin, *Education of Mentally Handicapped Children* (New York, 1955), 17-21; Marvin Lazerson, "The Origins of Special Education," in Jay G. Chambers and William T. Hartman, eds., *Special Education Policies: Their History, Implementation, and Finance* (Philadelphia, 1983), 15-47; and Joseph Tropea, "Bureaucratic Order and Special Children: Urban Schools, 1890s-1940s," *History of Education Quarterly*, XXVII (Spring 1987), 29-53.

town and district administrators soon latched onto the idea, citing immediate social needs in justification.¹⁴

The Indiana Committee on Mental Defectives (ICMD) also investigated public schools and reinforced the school superintendent's call for special education. The ICMD's first report, issued in 1916, estimated that there were "at least 833 feeble-minded children now in the public schools of Indiana" while possibly more than 3,000 such children needed "special attention in special classes" due to feeble-mindedness. The group's investigation of Porter County found a multitude of mental and physical disabilities among the county's school population and claimed that "improper teaching methods" and inappropriate promotion policies were causing severe problems in the students' academic performance. The committee's second report, released in 1919, stated that 2 to 3 percent of all school children in the state were feeble-minded and supported a new role for special classes in public schools in addressing the problem: "One of the most accessible places to weed out the defective child," it stated, "is in the school. Take him out of the public school, place him in a special class, where he can profit by work which he can grasp, and from the special class, if necessary, the child can be more easily transferred to an institution."¹⁵

The 1919 report also included a detailed narrative on the purported presence of large numbers of feeble-minded children in Monroe County, particularly in its "country" schools. Hazel Hansford, the doctoral student at Indiana University who conducted the survey, noted that while limited numbers of feeble-minded children were found in "Stonetown's" (presumably Bloomington's) schools, the "isolated rural schools tucked in among the hills and valleys [contained] the largest per cent of feeble-minded and retarded children. . . ." Hansford claimed that rural isolation and poverty produced such children because in these areas "the stock has always been inferior." This "stock" then would intermarry, "thus intensifying and concentrating the bad traits." Hansford argued that since genetically superior people ("of the most ambitious blood") left the country to move to the city, the outcome was districts full of feeble-minded children, who in some schools constituted the majority of the students. Furthermore, since only the poorest and least-qualified teachers were willing to teach in schools under such challenging conditions, made worse yet by uninterested parents and low salaries, the schools were dismal. Hansford noted that while there was "no special training for

¹⁴Indiana, State Association of Town and City Superintendents, *Report of Committee on Delinquent and Dependent Children Including Truancy, Juvenile Courts and Poor Relief* (n.p., 1908), 23-25; generic letter from the Office of the Superintendent of Public Instruction, July 30, 1917, Box A4112, Board of State Charities Papers.

¹⁵Indiana, Committee on Mental Defectives, *Report, 1916*, 15, 18-19; Indiana, Committee on Mental Defectives, *Mental Defectives in Indiana*, 32. The emphasis is in the original text.



HAZEL HANSFORD, PH.D., SURVEYED
"FEEBLEMINDED" INDIVIDUALS AND FAMILIES IN
COUNTY "H," MONROE COUNTY IN 1918

Indiana University, *Arbutus* (Bloomington, Ind., 1913),
courtesy of Indiana University Archives

the feeble-minded children" in Stonetown, the city had managed to keep the brighter pupils from being delayed by the slower ones while providing "special help" for the "retards." Unfortunately, she observed, "in the rural schools there can obviously be no such grouping. . . . When the district is not a good one, there is need for a teacher specially trained for the teaching of mental defectives and backward children."¹⁶

The committee's final report, published in 1922, went further, offering a detailed report on surveys conducted on the school sys-

¹⁶Hazel Irene Hansford, "A Social Study of Mental Defectives in County H, Indiana, in 1918," *Indiana University Studies*, X (September 1923), 138-47.



HANSFORD PHOTOGRAPHED THESE FAMILY MEMBERS AS PART OF
HER REPORT ON THE "INFERIOR STOCK" IN RURAL SECTIONS OF
"COUNTY H."

Hazel Irene Hansford, "A Social Study of Mental Defectives in County H.,
Indiana, in 1918," *Indiana University Studies*, Vol. X (September 1923), p. 78.

tems of Richmond ("City X") and Peru ("City Y"). These two districts, with 5,352 children between them, yielded even more data on the alleged effect of mental defect on the state's public school students. The surveys estimated the number of feeble-minded in the two districts at around 3 percent, with another 3 percent being classified as "sub-normal" or "borderline." The report argued that the standard public school curriculum was geared toward the "average" learner, hence alternative specialized programs, such as "opportunity classes" or



HOME BELONGING TO A "MENTAL DEFECTIVE,"
PHOTOGRAPHED BY HANSFORD

Hansford, "Social Study of Mental Defectives in
County H., Indiana, in 1918, p. 77.

specialized industrial and vocational training, were needed for feeble-minded students. It recommended, as did all the committee's reports, the careful mental, physical, and psychological examination of all school-age children in the state, the continued development of specialized programs, and expanded training in teaching children deemed subnormal in the state's teacher training institutions.¹⁷

To many, the special or ungraded class represented the most practical public school response to the presence of feeble-minded children. Speaking before the Indiana State Teachers Association, James T. Byers, secretary of the National Committee for Provision for Feeble-Minded, announced,

We believe that in every community, in every school district and in every graded school, there are these children. You teachers know them better than I. There are these children that do not get along, that are taking your time and your attention to an unlimited extent, taking it from the other children very largely. They are a drag upon you, a drag upon the class, and a drag upon the school, day after day and year

¹⁷"Mental Defectives and the Schools," *Indiana Teacher*, LXXI (January 1927), 15; S. E. Smith, "The Indiana Committee on Mental Defectives," *Indiana Bulletin*, No. 135 (December 1923), 335-37; "School Surveys," in Indiana, Committee on Mental Defectives, *Report*, 1923, 28-46.

after year; and the State is paying the expense of keeping them in the same class, duplicating the work, and still they don't make progress.

Now, we believe that these children must be given that specialized care in the class, in the special class, the small special class, that shall enable them to attain to that degree of training or education . . . those things that even the feeble-minded can do if they have proper training and have been under proper supervision, and under continued direction.

Myers, the special class teacher from Indianapolis, added that "for hundreds of our public school pupils, the hope of escape from a life of utter inefficiency lies in the ungraded classes of our public schools. For here only can they now be given training and treatment adapted to their sub-normal, individual capacities." Terre Haute Superintendent George Carroll agreed that special class instruction was a means to better society through more effective socialization and training of the feeble-minded.¹⁸

In response to these recommendations, between 1900 and 1930 most of Indiana's major city school districts embarked on some form of special class instruction. Taking the lead was Indianapolis, the state's largest school district. The city actually started an ungraded class for truant "grade-retarded" children in 1897 and inaugurated its first so-called "special class" specifically for feeble-minded children in 1907 under the direction of Myers. By 1912 the Indianapolis schools were using the Simon-Binet test to identify suitable children for special class instruction, and by 1915 "special schools for defective children [were] established at two buildings. Children from all parts of the city are sent to these schools, each of which can accommodate from 12 to 16 children." In 1918 Myers assumed the system's first administrative position in special education, as director of the Department of Backward and Defective Children. As of 1930 the city had a fairly elaborate program for children with disabilities including mental retardation, behavioral disorders, physical impairments, and chronic illness.¹⁹

Other Indiana cities followed. Evansville started the first of its "ungraded" rooms around 1919; Fort Wayne began a similar program in 1922. Bloomington opened a "special school for retarded children" in September 1923, and Bedford began its program in 1922. Terre Haute initiated "opportunity classes" around 1922 for children

¹⁸James T. Byers, "Provision for the Feeble-Minded," *Indiana State Teachers Association, Proceedings, 1917*, 169-70; Myers, "Feeble-Mindedness in the Public Schools," 82; George C. Carroll, "Defective and Retarded Children as a School Problem: Special Classes in Terre Haute," *Indiana Bulletin*, No. 180 (March 1930), 63. Special classes were also seen as appropriate venues for addressing persistent crime in a community; see for example "Crimes Show Need of Training Defectives," *Indianapolis News*, May 18, 1920.

¹⁹Indianapolis Superintendent of Public Instruction, *Biennial Report, 1913/1914*, 60-61; James L. Flannery, "Special Education," in David J. Bodenhamer and Robert G. Barrows, eds., *Encyclopedia of Indianapolis* (Bloomington, Ind., 1994), 528-30; Marianne Glancy, "A History of Special Education in the Indianapolis Public Schools to 1951" (Master's thesis, Butler University, 1952), 18-34.

"who have failed in school subjects or school attitudes" or whose IQs tested between fifty and seventy-five (most students with measured IQs below fifty were excluded from the city's public school system altogether). In Shelbyville a "modest" program for children with mental retardation existed by 1928; the district grouped students according to the results of mental testing "supplemented by the judgments of the teachers" and also operated a special room, begun in 1925, for "seriously retarded" junior high school students. By 1929 there were 4,325 students in "ungraded" settings statewide, a rough indication of students classified as educable though mentally retarded. This was fewer than the 4,963 students listed as "ungraded" in 1925 (out of more than 500,000 elementary school children), perhaps reflecting the institution of more specialized and explicit categories of disabilities by 1930.²⁰

At the same time that the curriculum and teaching methods found in most of these "ungraded," "opportunity," or "special" classes emphasized manual and industrial training, they also reintroduced significant attention to academic study, which the ISFMY had dismissed as unnecessary, drawing attention to the more "mild" or "capable" nature of feeble-mindedness found among public school children compared to that among the institution's residents. The Shelbyville junior high special class, for example, devoted about half of its school day to manual activities and the other half to "individual instruction in the fundamental three R's and to hygiene." The Bloomington special school spent two-thirds of its time "in adapting academic work to the child's level of ability and rate of progress" and the balance on handicrafts such as "sewing, cooking, art, basketry and brush-making, chair caning, woodwork, cobbling, and the correlation of them with academic work whenever possible." In Terre Haute the opportunity classes followed syllabi taken from special class work in Detroit and Boston, which included manual training as well as academic study in arithmetic, language, reading, spelling, and civics.²¹

The instructional goals in these settings continued to emphasize training for independence, citizenship, and the development of skills useful for employment. "The aim of the Special School is to fit the training to the child before vicious habits of failure, non-attendance, non-interest, inactivity, etc., are too deeply rooted," noted a mag-

²⁰John O. Chewning, "Special Work in Evansville," *Indiana Bulletin*, No. 180 (March 1930), 67; Roeger, "History of Educational Practices at ISFMY," 13; Kathryn Flanigan, "A Few Interesting Features of the Bloomington Public Schools," *Indiana Teacher*, LXX (September 1925), 9-10; Flanigan, "Special Activities in the Bedford Schools," *ibid.*, LXIX (April 1925), 14; Carroll, "Defective and Retarded Children as a School Problem," 64; Vogel, "Mental Hygiene in the Public Schools," 35-36; Indiana Department of Public Instruction, *Annual Report, 1929*, 44; *ibid.*, 1925, 8.

²¹Vogel, "Mental Hygiene in the Public Schools," 36; Flanigan, "Bloomington Public Schools," 10; Carroll, "Defective and Retarded Children as a School Problem," 64-65.

azine article on the Bloomington program. "The school helps in the training of citizenship . . . Successful employment most of the time develops a wholesome attitude toward life which failure cannot hope to develop." According to the superintendent of the Terre Haute schools,

The aims of education of defective children are to develop self-appraisal, self-direction, self-control and cooperation with others; to make of the children intrusted to our care the most that their mental equipment will allow; to develop the ability to direct one's own affairs in a reasonable manner; to try to develop socially competent individuals, useful to society in any humble capacity in which they can function with contentment to themselves.

In summarizing the justification for special class instruction, Evansville public schools' Director of Health, Dr. Charles Wilson, noted that such classes turned potential "public liabilities" into "public assets." By developing "self-supporting" skills, he said, special classes helped "retarded and defective children" to become "healthy" citizens "of [the] community, able to be self-supporting through some vocation which is suited to [their] ability." "Almost every child's best is good in something," wrote Myers, "and it is only by our honest trying that we shall be able to draw a finer and better efficiency from the unused and often ill-directed capacities of children who possess limited possibilities."²²

Some cities prepared relatively detailed accounts of their efforts to provide special classes for children identified as feeble-minded. One of these was Bloomington, which as the seat of Monroe County was most likely the "Stonetown" to which Hansford referred in her 1919 report for the ICMD. The city's schools featured programs for students with a range of disabilities, not just feeble-mindedness, since "the feeble-minded constitute only a small percentage of all the school children who need special instruction." Even so, the city schools offered individual special classes for younger children throughout the district; these typically included "feeble-minded" students of all ages and levels of ability attending a given school. In addition, the city created a centralized "Special School" for instruction of pupils "who were conspicuously over age for their grades and who had [also] rated low on the two group intelligence tests given all the school children." This school opened in September 1923 with 104 eligible students, who spent two-thirds of their days studying academic subjects and one-third on manual work. School administrators, students, and parents apparently found the school satisfactory on most counts,

²²Flanigan, "Bloomington Public Schools," 10; Carroll, "Defective and Retarded Children as a School Problem," 65; Charles C. Wilson, "Special Provisions in Public Schools for Mentally Retarded Children," *Indiana Bulletin*, Nos. 191/192 (March/April 1931), 215; Myers, "Feeble-Mindedness in the Public Schools," 83. See also Indiana Department of Public Instruction, *History of the Indiana Department of Public Instruction* (Indianapolis, 1968), 52.

since it eased the strain both on regular classrooms and on the special classes while providing an allegedly interesting and worthwhile school experience. Herman Young, a psychology professor at Indiana University who studied the system, claimed that the individual special class and centralized special school structure led to smoother school operation as well as improved attendance and conduct among the enrollees.²³

Terre Haute offered another example of a city that worked seriously to develop special education for children identified as mentally disabled. Carroll, the district's superintendent in the late 1920s, described how their "opportunity classes" were but one element of the district's comprehensive approach to "defective and retarded children as a school problem." This approach included classes for children who were seriously underweight and for those who required remedial instruction in junior high school, as well as "opportunity classes" for students identified through mental testing as feeble-minded. Program development for the latter two groups was linked both in theory and practice to district efforts to refine their classification of students by using "educational measurements" that were typical of urban school districts nationwide at the time. Intelligence tests administered to groups of children, content-based survey tests, and "individual mental testing of all problem cases" were used regularly to determine who belonged in remedial or opportunity work.²⁴

Terre Haute students who were classified as eligible for the opportunity classes received placement in one of three settings: "unit classes," for children ages six to twelve with "mental ages" from five to nine; two "room centers," one for a group aged six to twelve but with mental ages of four to eight, the other for an advanced group of twelve- to fourteen-year-olds with mental ages of eight to ten; or the "junior vocational group," enrolling students with mental ages of nine to eleven who were fourteen to sixteen years old. Students apparently moved easily between and among these settings depending on their performance; on occasion students would also be transferred into or out of regular classes. In addition to the Detroit and Boston curricula mentioned earlier ("The Boston Way," a curriculum developed by special class teachers, enjoyed national prominence), the Terre Haute schools used "Whippel's 'Making Citizens of the Mentally Limited'" and a course of study in civics, English, and spelling that Terre Haute teachers themselves designed for the junior vocational group. Some students were assigned temporarily to the opportunity classes and were ticketed for a return to the regular classroom; they used the standard curriculum, presumably at a slower pace. The district developed this structure because it believed that "one of our

²³Herman H. Young, "Experiments in Public Schools," *Indiana Bulletin*, No. 136 (March 1924), 26-29; Flanigan, "Bloomington Public Schools," 9-10.

²⁴Carroll, "Defective and Retarded Children as a School Problem," 63, 64.

most important responsibilities as school people is to find these misfits as soon as possible and give them the attention they require.”²⁵

Vogel, the superintendent of the Shelbyville schools, wrote an article in 1928 describing his district’s “modest beginning” in developing a special education program that was more flexible and perhaps even a little less isolated than that of most other districts engaged in the work. Vogel asserted that his district took the approach of “working at the complex problem of adjusting the school to the child, which is most important from the standpoint of mental hygiene.” Like Terre Haute and Bloomington, Shelbyville employed mental testing, where it was used especially to guide the process of assigning students in first grade to various “homogenous” groups for purposes of efficient instruction. (Hansford, who by then was a staff member at a state hospital, helped them in this task.) Vogel claimed in 1928 that “instruction in the 1B and 1A grades in all buildings has been almost wholly individualized through the use of an individual system for the teaching of reading.” In one school the first three grades had been individualized, although its success, according to Vogel, could not yet be determined. Similar classification took place at the junior high school level, with admission to a “special room . . . confined to pupils seriously retarded either because of defective mentality or for some other reason” and with instruction balanced among manual training, basic academic instruction, and personal hygiene. Vogel did note that parental consent was required for students to attend the special classes, creating “some difficulty in securing recruits.” Shelbyville opted for this approach rather than creating “opportunity” or “special” classes for younger children—although Vogel expressed a desire to “enlarge [the] scope” of Shelbyville’s efforts. As at Bloomington and Terre Haute, the primary focus of special education for children identified as mentally disabled was on junior high school students, who worked in segregated “centers” or “schools” to learn some sort of trade or skill, exemplifying concerns about preventing such children from becoming drains on public resources.²⁶

By the late 1920s the public schools had supplanted the ISFMY as the primary agent for the education of children identified as mentally retarded in the state. The ISFMY’s limited size, its emerging focus on children with severe levels of disability, and the widespread effort to control and render useful the allegedly large numbers of mentally retarded public school children in the state promoted this shift of responsibility while underscoring how social and medical views of mental retardation had changed since the early 1890s. Even so, the ISFMY maintained a key role in this process through two initiatives:

²⁵*Ibid.*, 65-66.

²⁶Vogel, “Mental Hygiene in the Public Schools,” 34-36.

the support of traveling and outpatient "clinics" for the public, especially school personnel, and its groundbreaking training program for the growing number of special class teachers in the state.

In 1922 Bliss's successor as superintendent of the Fort Wayne institution, Dr. Byron E. Biggs, expressed his desire to enhance the cooperation between the institution and the public schools in seeking "the solutions of our problems arising from our mental defectives." Responding to this goal, the institution supported the efforts of the Fort Wayne public schools to develop the special classes established that year in the district. As the leading residential institution in Indiana, the ISFMY was also encouraged by the state to reach beyond Fort Wayne. In 1924 the institution's "mental clinic," originally created to assess students at the institution and in the Fort Wayne area, began to journey to other school districts to help to identify mentally disabled children and develop programs for them. This "traveling clinic" joined the institution's outpatient clinic, established in November 1922, to support special education efforts throughout Indiana.²⁷

According to a psychologist at the ISFMY, these clinics helped "to educate the community regarding the problem of mental defect" and aided "considerably in bringing before the public the need for early training and constant supervision of the feeble-minded child either in an institution or in the community. Perhaps the greatest value of the clinic is to the school." From March 1923 through the fall of 1924 traveling clinics were held in several cities and counties, and outpatient clinics at the institution were held once a week. Another psychologist at the institution praised the traveling clinic's work, noting that it "is glad to go wherever invited" and "does not cost anything." She encouraged school superintendents throughout the state to invite the clinic to visit their schools. Following the guidelines of Dr. Fernald's "Ten Fields of Investigation," the clinic administered physical and psychological examinations to referred individuals, prepared family histories, and provided general counseling to school officials, social workers, and families.²⁸

It is not clear how long the ISFMY continued to sponsor the traveling clinic; there is no record of traveling clinics after 1925. No official announcement of its termination appeared in the annual reports; however, in 1925 an editorial in the *Indiana Teacher* called on the state to establish a system of "mental clinics" and lamented that the State Department of Education did not provide for them. The following year the editor of the *Indiana Teacher*, Donald DuShane, repeated his call, suggesting that clinics be organized "with the state hospitals as centers and administrators." Noting that such a system

²⁷Roeger, "History of Educational Practices at ISFMY," 13; ISFMY, *Annual Report*, 1924, 7, 31-33.

²⁸"Report of Superintendent," 1923, 11-12; Edna R. Jatho, "The Mental Clinic," *Indiana Bulletin*, No. 136 (March 1924), 29-30.

had been established in other states, DuShane suggested that clinics be charged with "examining all problem and retarded children in Indiana, and recommending special educational procedure where needed." In the meantime, the ISFMY urged the state to adopt a system of traveling clinics, which suggests that the school no longer offered a clinic of its own. However, the institution did continue its weekly outpatient clinic into the 1930s. In any event, public officials in the state clearly saw a growing need to become more fully informed about the education of children with mental retardation, especially those in the public schools.²⁹

The ISFMY's involvement in training teachers for special classes began concurrently with its work through clinics; these efforts eventually culminated in the state's first major program for training special educators for the public schools. In its annual report for 1921 the institution stated its intention that it "become a school for observation and practice for teachers of the state who wish to fit themselves for special work with backward children." ISFMY's cooperative efforts in helping to create special classes in the Fort Wayne public schools demonstrated the school's determination in this regard. Two years later the ISFMY reiterated this aim, extending an invitation to "the teacher training schools of the state" to use the institution's facilities "for those in training for special work among the mental defective in our public schools"; it also made the same suggestion to teachers "in regular service in the state." In 1924 the ISFMY noted that many individuals and classes had visited the school, and the report called on superintendents to consult with institution officials on matters related to special classes for both public and private schools. Others throughout the state seconded such training; for example, in 1926 DuShane, at the time superintendent of schools in Columbus, Indiana, called on teacher training institutions to improve their instruction on "the study of social problems and ways in which the schools may aid in their solution," and he identified training for special class instruction as a key means for doing so.³⁰

The ISFMY considered educating public school teachers about mental defect to be a necessary complement to its service through the clinics. Noting the presence of "several thousand subnormal, retarded, and defective children of school age, unable to adapt themselves to the regular school curriculum," the ISFMY's annual report for 1930 called attention to the "dearth of trained teachers for this type of pupils" and to the institution's responsibility to engage in "scientific research and the molding of public thought concerning

²⁹Donald DuShane, "Indiana Needs Mental Clinics," *Indiana Teacher*, LXX (December 1925), 16-17; DuShane, "Social Problems and the Public Schools," 357.

³⁰ISFMY, *Annual Report, 1921*, 6; *ibid.*, 1923, 6; *ibid.*, 1924, 6; DuShane, "Social Problems and the Public Schools," 356.

problems of the particular class with which it has to deal." Consequently, it reported, the institution decided to offer "a Summer Training School for teachers of subnormal children." In doing so, the institution was also responding to a recommendation from the ICMD that "teacher training schools co-operate with the Indiana School for Feeble-Minded Youth in the training of special teachers for supervision of the training of the mentally deficient."³¹

ISFMY's Summer Training School was offered in 1930 and 1931. The announcement for the 1931 session called attention to the new law encouraging schools throughout Indiana to establish classes for children with mental retardation and authorizing the institution, by then known as the Fort Wayne State School, to "make its resources available for the assistance and training of teachers for such classes in the public schools." The announcement stated that the summer course was approved by the Indiana State Board of Education and could boast of an "especially trained" teaching staff, a wide variety of children to study, a balance of theoretical and practical information, and ample facilities to carry out the necessary work.³²

In both years the sessions consisted of five courses: Special Class Methods, Psychology of Subnormal Children, Technique of Mental Testing, Observation and Practice, and Social Case Work, as well as a variety of "special lectures." The term lasted seven weeks in 1930 and eight weeks in 1931 and followed a daily schedule from 7 a.m. to 2:30 p.m. Attendees from Indiana needed a state teacher's license or "teacher training credits necessary therefore"; out-of-state students needed just a year of training at a college or normal school.³³

Assistant Superintendent L. P. Harshman of the Fort Wayne State School offered an interesting glimpse into the session held in 1930. According to Harshman, the psychology course stressed the balanced development of physical and mental health and "the extreme importance of the relation of the physical body to the mental body." He commented that most of the students had the erroneous impression that they would become experts in mental testing as a result of the testing course and that many were critical when told it would take much longer than seven weeks to develop the ability to administer a Binet test properly. Harshman also noted their displeasure at being given students with a wide range of mental ability in their demonstration classrooms instead of a class of "like mental ages, so they could show progress in their teaching"; however, he defended the school's approach by saying "we tried to give them what they meet

³¹ISFMY, *Annual Report, 1930*, 10; "Mental Defectives and the Schools," 15.

³²*Announcement of Annual Summer Training School for Teachers of Retarded and Mentally Subnormal Children, June 15 to August 7, 1931* (Fort Wayne, Ind., 1931), 7-8.

³³*Ibid.*, 9-12. See also Charles A McGonagle, "Teacher Training Course at the School for Feeble-Minded Youth," *Indiana Bulletin*, No. 181 (April 1930), 160-62.

out in the community." Attendees also had the opportunity to visit students' families and work in the industrial training classrooms, and they generally had "free use of the institution."³⁴

Harshman offered some criticisms of the trainees, observing that "we did notice in our practice teaching that there were some personalities there, who, at best, can never make good teachers of the retarded child." He attributed their presence in the program to school superintendents who had selected teachers who were "not getting along very well in the public school" and simply were not qualified for, or interested in, working with mentally disabled children. Harshman concluded by downplaying expectations for the summer program: he did not hope to make experts out of the attendees, only "to give them the teaching technique which will aid them with their problems" and "open up in their minds the fact that they need much help in studying their individual children." He also argued for more professional selection of special class teachers. Although he was obviously ambivalent about the quality of the teachers attending the program, Harshman nevertheless stated that "the interest was much more than any of us had anticipated"; consequently, "the incentive for future work in this respect in Indiana is certainly unlimited." Unfortunately that future work would have to wait: the school announced in 1932 that the program had been discontinued because of the Depression and "resultant policy of retrenchment in the public school system which lessened the demand for teachers of special or opportunity classes." Progress in the special education of children with mental retardation both inside and outside of an overcrowded Fort Wayne State School and its similarly overcrowded sister institution, the Muscatatuck State School in Butlerville, would slow dramatically through most of the 1930s.³⁵

Public responses to mental disability in Indiana occurred on two levels during this era: one was an attempt to generate more knowledge about mental defect through research, and the other tried to control and even eliminate the condition through public agencies and institutions, including the public schools. At the heart of such activities lay the conviction that conquering "feeble-mindedness" was a crucial piece of a program of genuine social reform. From 1850 on, state-sponsored efforts to isolate, educate, treat, and eventually eradicate the "feeble-minded population" steadily increased, being seen more and more as a legitimate and necessary public enterprise. In overtaking the early private, philanthropic nature of this work, government agencies clearly considered "mental defect" to be a fundamental con-

³⁴L. P. Harshman, "Training Teachers for Special Classes," *Indiana Bulletin*, No. 191/192 (March/April 1931), 206-208.

³⁵Harshman, "Training Teachers for Special Classes," 209, 206; Fort Wayne State School, *Annual Report 1931-1932*, 11.

tributor to social pathology and hence a worthy recipient of public resources.³⁶

As the apparent extent of "feeble-mindedness" in society grew, traditional institutions were perceived to be insufficient in number and inadequate in scope to respond to the problem. Consequently school administrators sought to develop other venues for doing so, and the public schools assumed leadership in identifying and attending to the condition and the harm it allegedly caused to multiple aspects of society and culture. Public schools became widely acknowledged as legitimate sites for engaging in social reform through their curriculum, training programs, and processes of socialization. The growing population of public school children being identified as "feeble-minded" by the 1920s soon became the principal target of such efforts, which were tailored somewhat to meet both their needs and the dangers they were thought to pose. Using segregated classes, specialized curricula and training, and reflecting the conviction that educators could shape and control the behavior of students with mental retardation, public schools in Indiana emerged as a major agent in the state's extensive attempts to reform society by confronting and controlling the allegedly widespread presence of mental disability.

Social reform provided only part of the impetus for the rise of specialized education for Indiana's public school children identified as mentally disabled. While using some different language and focusing on different issues, the response within schools was much the same as that of society as a whole: schools stigmatized and isolated the defective—especially the "moron" believed to be so commonly found in schools and communities—through a process of testing, labeling, and segregation. There were certainly thousands of teachers, parents, and other advocates for the disabled in Indiana and elsewhere who firmly believed they held the best interests of these children at heart. Yet they too advocated—through attention to the "unique educational needs" of the mentally disabled child, through their desire to protect that child from the scorn and contempt of his or her "normal" peers—policies and practices that separated the mentally defective student from most other classmates. For often different reasons, those who addressed the "problem" of the feeble-minded population in schools and communities never doubted the propriety of a segregationist approach. Not until the mid-twentieth century did Indiana, again joining the rest of the nation, call for more integrative approaches to the care and education of individuals with mental disabilities. This transition would signify a remarkable change in social and educational policy in the state, yet it would come only after generations of students with mental disabilities were sorted out and assigned to the margins of school and community.

³⁶The extent of Indiana's broad-based attack on feeble-mindedness through a wide range of social agencies and initiatives is described in Indiana Superintendent of Public Instruction, *Annual Report, 1920*, 117.