

“What Indiana Can Do”

The Influence of Female Field Workers on the Indiana Committee on Mental Defectives, 1915-1924

KENDRA CLAUSER-ROEMER

Abnormal behavior reactions which result in crime and delinquency are the result of a complex and interdependent grouping of personal characteristics and experiences which demand a very minute and varied study before the individual concerned can be properly understood and his conduct correctly interpreted.

Edna R. Jatho¹

In 1915, troubled by the rising costs of state institutions and poverty relief and the assumed hereditary connections between mental illness, crime, and poverty, the Indiana Board of State Charities (BSC) resolved that “the problem of the mental defective is one of our greatest social as well as financial burdens and is increasing with importance and weight every year.”² In response to these concerns, Indiana governor Samuel M.

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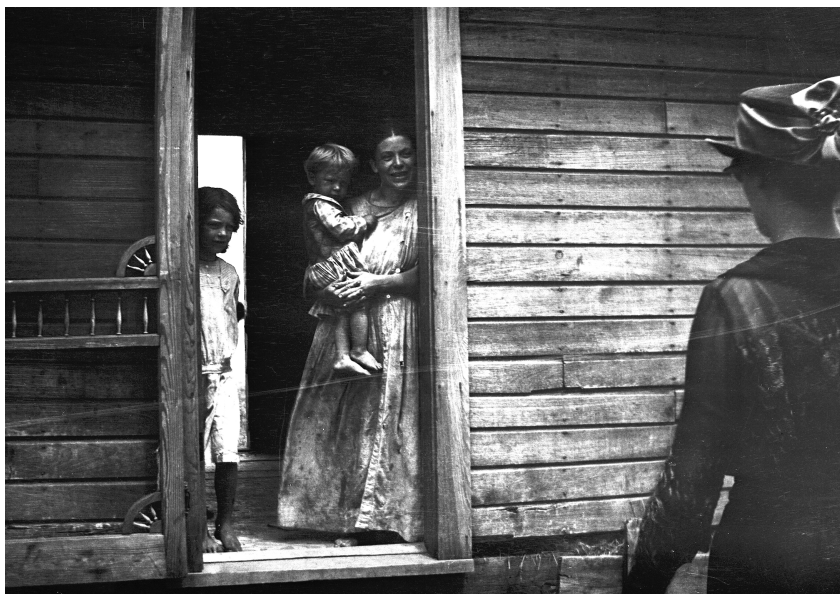
¹*Mental Defectives in Indiana, Third Report of the Indiana Committee on Mental Defectives, Survey of One County and Cumulative Data from Survey of Eleven Counties. Surveys of the Criminal and Juvenile Courts of Marion County, the City Court of Indianapolis, the School Systems of Two Indiana Cities, the Indiana Girls' School and Two Orphans' Home. Conclusions and Recommendations* (Indianapolis, July 31, 1922), 23.

²*Mental Defectives in Indiana, Report of the Committee on Mental Defectives* (Indianapolis, November 10, 1916), 1.

Ralston established the Indiana Committee on Mental Defectives (ICMD). The ICMD first met on December 17, 1915, to determine a method by which they could learn "what the problem of mental defectives—including the epileptic, feeble-minded and insane—is in Indiana, what is being done for them here and elsewhere, and in light of the best experience what program can be suggested for this state."³ During its ten-year existence, the committee organized and funded three psychological surveys in which field workers assessed communities, schools, and state institutions. The ICMD culminated their efforts by publishing three reports—each titled *Mental Defectives in Indiana*—in 1916, 1918-19, and 1922.⁴ While all of the reports included recommendations for much-needed institutional space and upgraded services, and by default the money to fund them, the shift in the tone of the third report is somewhat surprising. Instead of the fear-induced language found in the introductions to the first and second reports, the third booklet's tone shifted from apocalyptic warning to one of community responsibility, and the recommendations for change bear a more humanitarian initiative. While the tone may have changed, the message remained the same, no doubt due to the stewardship of the original committee members (six of whom remained on the committee during its entire existence from 1915 to 1925). Each report warned of the increasing numbers of mental defectives potentially requiring accommodations in state institutions and the need for additional ICMD county surveys. The third report, however, described the need for "ample facilities for scientific treatment, education and employment" in addition to community clinics and family care sup-

³Ibid. The first ICMD included Rev. Francis H. Gavisk, chairman of the BSC; Dr. George F. Edenharter, medical superintendent for the Central Indiana Hospital for the Insane; Dr. Samuel E. Smith, medical superintendent of the Eastern Indiana Hospital for the Insane; Dr. Charles P. Emerson, president of Indiana University Medical School; Dr. W. C. Van Nuys, superintendent for the Indiana Village for Epileptics; Dr. George C. Bliss, superintendent for the Indiana School for Feeble-minded Youth; Sen. D. Frank Culbertson; and Rep. Charles A. McGonagle. Dr. Amos W. Butler of the Indiana BSC served as secretary. For more information on the ICMD see Robert Osgood, "The Menace of the Feeble-minded: George Bliss, Amos Butler, and the Indiana Committee on Mental Defectives," *Indiana Magazine of History*, 47 (December 2001), 253-77.

⁴Although the ICMD published reports that included first, second, and third in their respective titles, the second report included two editions with slightly different titles and content—one published in 1918 and the other in 1919: *Mental Defectives in Indiana, Second Report of the Indiana Committee on Mental Defectives, A Survey of Eight Counties, First Edition* (Indianapolis, December 27, 1918); and *Mental Defectives in Indiana, Second Report of the Indiana Committee on Mental Defectives, A Survey of Ten Counties, Second Edition* (Indianapolis, March 6, 1919). To further complicate matters, the latter was reprinted in 1919, and in doing so, the printer eliminated blank pages and changed the pagination.



Field worker interviewing Marshall County family, ca. 1918. Photographers accompanied the ICMD field workers, providing visual evidence of the living conditions of their subjects.

Courtesy of the Indiana State Archives

port.⁵ Did the work on the previous surveys open the minds of the ICMD to a broader spectrum of care for the mentally challenged? Did new members, including the secretary of the Richmond Social Service Bureau and a member of the state board of education, exert influence on them?⁶ Perhaps, the answer to those questions is “yes,” but it is more likely that the real influences were the women field workers who conducted the ICMD surveys.

⁵*Mental Defectives*, July 31, 1922, 7.

⁶Before the second survey, Sen. Robert Bracken replaced Senator Culbertson and Rep. James L. Kingsbury replaced Representative McGonagle; as of the third survey, Sen. C. O. Holmes replaced Robert Bracken; and Dr. Byron E. Biggs, superintendent of the Indiana School for Feeble-minded Youth, replaced Dr. George S. Bliss. Dr. Kenosha Sessions, superintendent of the Indiana Girls' School; Mrs. Richard Edwards, member of the State Board of Education; S. Ethel Clark, secretary for the Richmond Social Service Bureau; and T. F. Fitzgibbon, superintendent for the Muncie schools, were added. *Mental Defectives in Indiana, Second Report of the Indiana Committee on Mental Defectives*, (1919; reprint, [Indianapolis], 1920), 4; *Mental Defectives*, July 31, 1922, 3.

Although many of the individuals whose names appear on state and national mental hygiene reports, such as Lewis M. Terman and Julia C. Lathrop, should be recognizable to scholars in the fields of history, education, and psychology, most of the field workers remain anonymous. The ironic aspect of this anonymity is that the field workers did the majority of the work on these surveys. Not only did they conduct the interviews, proctor the tests, and complete the case research, but some workers also wrote the reports. Edna R. Jatho, one field worker involved in the ICMD studies, developed well-defined ideas about "what Indiana could do" to help its most vulnerable citizens. By the early 1920s, Jatho and her colleagues shifted the focus of report recommendations from an emphasis on institutionalization of the mentally challenged to the improvement of individuals' lives.

The eugenics movement, which proposed to improve society by controlling human heredity, influenced the nation's perspective on genetics and health during the first three decades of the twentieth century. Professionals in the fields of medicine, social services, mental hygiene, and correction concluded that the etiology of most mental illness was hereditary. Even before the rediscovery of Mendel's genetic work in 1900, scientists and social reformers began researching the perceived hereditary nature of human characteristics within impoverished, rural families. Many of these nineteenth-century researchers believed improved social conditions would trump such hereditary shortcomings. As the twentieth century began, however, a dramatic change occurred in the perception of treating hereditary dysfunction. Spurred by the burgeoning field of genetics, many eugenicists believed human heredity was fixed. Some eugenicists even suggested that people with poor heredity should be confined in state institutions or sterilized. In Indiana, a crest of public anxiety aided the passage of the 1907 compulsory sterilization act, the first in the nation.

The next year also brought a monumental step for eugenics, when Henry H. Goddard published the first English version of the Binet-Simon Measuring Scale of Intelligence. After studying the methods of classroom teachers and institutional physicians, French psychologist Alfred Binet and psychiatrist Theodore Simon developed the scale, which assessed children through a series of cognitive tests. The Binet-Simon Scale became the model for intelligence testing because it not only combined elements of teacher pedagogy and scientific technique, but it also compared a child's development with established norms for

his or her specific age level.⁷ Although Binet maintained that the purpose of the test was for individual assessment only, Progressive-era institutional managers discovered in Binet-Simon a scientific justification for societal control and efficiency.⁸ Exacerbating the eugenic panic, in 1914 Goddard published *Feeble-mindedness and its Consequences*, which defined feeble-mindedness as a recessive trait difficult to predict. In 1917, Harvard geneticist Edward East reiterated this concept of supposed mental deficiency by stating that “the ‘real menace’ of the feeble-minded...lay in the mass of invisible carriers, which constituted about 7 percent of the American population, or one in every 14 individuals.”⁹

Regardless of the influence of eugenics, Indiana was ripe for progressive reform. As citizens of a swing state with a traditional mindset, Hoosiers watched both their Republican and Democratic parties clash over contemporary social dilemmas. During the early years of the twentieth century, as electoral success shifted from the Republican Party (1896-1908) to the Democratic Party (1909-1917) and then back to the Republicans, Indiana witnessed a wave of progressive legislation that included new laws effecting transportation, child labor, and voting regulations. Most importantly, progressive lawmaking in Indiana prioritized public health, dependency, and prohibition.¹⁰ The state’s changing demographics during the early years of the century—from diminished rural population growth to rapid urban growth—provoked anxieties.¹¹ Indiana’s leaders were not alone in their fears of societal decay. Immigration, urbanization, and industrialization heightened the American consciousness of poverty and other social concerns. Thus the

⁷JoAnne Brown, *Definition of a Profession: The Authority of Metaphor in the History of Intelligence Testing, 1890-1930* (Ewing, N.J., 1992), 39; Leila Zenderland, *Measuring Minds: Henry Herbert Goddard and the Origins of American Intelligence Testing* (New York, 1998), 96; Corwin Boake, “From the Binet-Simon to the Wechsler-Bellevue: Tracing the History of Intelligence Testing,” *Journal of Clinical and Experimental Neuropsychology*, 24 (May 2002), 385-86.

⁸For more information on intelligence testing in the United States see Brown, *Definition of a Profession*; Paul Davis Chapman, *Schools as Sorters: Lewis M. Terman, Applied Psychology, and the Intelligence Testing Movement, 1890-1930* (New York, 1988); Steven Jay Gould, *The Mismeasure of Man* (New York, 1981); Michael M. Sokal, ed., *Psychological Testing and American Society, 1890-1930* (New Brunswick, N.J., 1987); and Zenderland, *Measuring Minds*.

⁹Brown, *Definition of a Profession*, 39; Diane B. Paul, *Controlling Human Heredity: 1865 to the Present* (Amherst, N.Y., 1998), 43, 49, 67-68 (quote).

¹⁰James H. Madison, *The Indiana Way: A State History* (Bloomington, Ind., 1986), 218-26.

¹¹Alexandra Minna Stern, “‘We Cannot Make a Silk Purse Out of a Sow’s Ear’: Eugenics in the Hoosier Heartland,” *Indiana Magazine of History*, 103 (March 2007), 13-14.

ICMD appealed to legislators because it offered potential methods to monitor public health efficiently, to decrease dependency scientifically, and to limit alcohol consumption.

The ICMD was not the state's first progressive initiative to address these three concerns. In 1881, the General Assembly created the Indiana State Board of Health; by 1915 it was ranked sixth nationally in program efficiency by the American Medical Association.¹² Indiana became the first state to enact a compulsory sterilization law in 1907 in response to the perceived success of Dr. Harry C. Sharp's use of the vasectomy on prison inmates.¹³ Sterilization was not explicitly mentioned in the ICMD minutes, nor was it included in the recommendations of the three published reports. The 1916 report, however, alludes to the committee's eugenic intentions, opining that, "the number of defectives increases, largely, as we are coming to know, through bad heredity, syphilis, and drug habits, including alcoholism. The task before the state is one not only of institutional care but of prevention."¹⁴ In considering the influence of eugenics on the ICMD, examining the attitudes of its members is crucial. Dr. George S. Bliss, superintendent for the Indiana School for Feeble-minded Youth, and Dr. Amos W. Butler, secretary of the Indiana BSC, supported to varying degrees compulsory sterilization. The potential of sterilization as a solution was expressed by Dr. Charles P. Emerson:

Would it be wise to take one institution, for instance, that had excellent records, pick out 100 families and see how many of those persons had relatives that had mental defect or had been inmates of penal institution in Indiana, in order to emphasize to the public the unity of the mental defects and convince the public that it would take some time to wipe this out; it is not a question of feeble-mindedness or of epilepsy or of the criminal, but it is all one problem.¹⁵

¹²Madison, *The Indiana Way*, 222.

¹³Angela Gugliotta, "'Dr. Sharp with His Little Knife': Therapeutic and Punitive Origins of Eugenic Vasectomy—Indiana, 1892-1921," *Journal of the History of Medicine and Allied Sciences*, 53 (October 1998), 371-406.

¹⁴*Mental Defectives*, November 10, 1916, 1.

¹⁵Minutes, Committee on Mental Defectives, December 17, 1915, folder – Minutes. Committee on Mental Defectives 1915, box 1, Committee on Mental Defectives, Board of State Charities (hereafter ICMD, BSC), Indiana State Archives, Indianapolis, Indiana; Osgood, "The Menace of the Feeble-minded," 257, 259.

If Emerson's intent was to rehabilitate or segregate those diagnosed as mentally defective, the phrase "wipe this out" seems excessively strong.

The resolutions of the ICMD reiterated these three concerns, especially dependency. The committee prioritized the fiscal challenge of caring for social dependents, stating, "the problem of the mental defective is one of our greatest social as well as financial burdens and is increasing in importance and weight every year."¹⁶ Despite the political influence of the ICMD, the rapid increase in state spending on public health did not necessarily mean that money was provided to all institutions in need of funding. According to the 1915 *Annual Report for the Board of State Charities*, occupancy in existing institutions was above recommended levels, however, funding remained static. Due to these fiscal shortcomings, the ICMD decided the prevention of mental illness through public education would be the most effective goal of the survey.¹⁷

Their next step was to determine a means by which to survey the state. In order to do so, the ICMD consulted both national and state organizations to evaluate the effectiveness of their techniques.¹⁸ The committee created a hybrid model which relied on trained field workers from the Eugenics Record Office (ERO) in Cold Spring Harbor, New York, and the Training School at Vineland in New Jersey. The ICMD employed all women field workers except ERO graduate Arthur H. Estabrook, not surprising since the ERO and the Training School educated mostly women.¹⁹ ERO founder Charles Davenport preferred train-

¹⁶*Mental Defectives*, November 10, 1916, 1.

¹⁷Minutes, Committee on Mental Defectives, December 17, 1915, folder – Minutes. Committee on Mental Defectives 1915, box 1, ICMD, BSC.

¹⁸During preliminary meetings the ICMD heard presentations from Joseph P. Byers, the executive secretary of the National Council for the Provision of Feeble-minded; Taliaferro Clark, Assistant Surgeon General; Dr. Charles W. Stiles, U.S. Public Health Service; Dr. Thomas W. Salmon, medical director of the National Council for Mental Health; Arthur H. Estabrook, Eugenics Records Office; Emma O. Lundberg, Washington, D.C. Children's Bureau; and J. I. Hoffman, Indiana State Department of Instruction. Minutes, Committee on Mental Defectives, February 4, 1916 and February 29, 1916, folder – Minutes. Committee on Mental Defectives 1916 January-February, box 1, ICMD, BSC.

¹⁹Amy Sue Bix, "Experiences and Voices of Eugenics Field-Workers: 'Women's Work' in Biology," *Social Studies of Science*, 27 (August 1997), 634. No sources explicitly state that the Training School at Vineland educated only women, however, articles about its teacher training program always use feminine pronouns to refer to the teachers. See Elizabeth S. Kite, *Method and Aim of Field Work at the Vineland Training School* (Vineland, N.J., 1912); and Alice Morrison Nash, "The Vineland Summer School," *The Training School Bulletin*, 14 (1917-1918), 81-86.

ing women for the study of human traits because "feminine tactfulness prove[d] a most valuable asset."²⁰ Estabrook played a solely administrative role during the last two surveys, thus the women worked for an entirely male administrative staff.

During the 1916 survey, two field workers investigated counties "A" (Putnam) and "B" (Huntington). During the 1918-19 survey, six field workers compiled documentation and/or interviewed over 4,500 individuals in counties "C" through "J" (Switzerland, Steuben, Delaware, Marshall, Warrick, Monroe, Sullivan, and Boone, respectively) in addition to administering 1,000 Binet-Simon tests to school children in less than a year.²¹ Between December 1921 and May 1922, three field workers conducted the final survey, consisting of a survey of county "K" (Jefferson); trial psychiatric clinics in the Marion County Criminal Court, Marion County Juvenile Court, and City Court of Indianapolis; an assessment of the "mental abilities" of the residents at the Indiana Girls' School and two orphans' homes in Indianapolis; and school testing—administering intelligence tests to 5,352 students—in counties "X" (Richmond) and "Y" (Peru).²²

²⁰Bix, "Experiences and Voices," 636.

²¹The ERO offered the services (for expenses only) of Edith Atwood and Clara P. Pond, who were already in Indiana conducting research for the Indiana Girls' School and the Northern State Hospital for the Insane, and (for salary) Estabrook, who was also in Indiana researching the Tribe of Ishmael. Minutes, Committee on Mental Defectives, February 4, 1916, folder – Minutes. Committee on Mental Defectives 1916 January-February, box 1, ICMD, BSC; *Mental Defectives in Indiana, Second Report of the Indiana Committee on Mental Defectives, A Survey of Eight Counties, First Edition* (Indianapolis, December 27, 1918), 7; *Mental Defectives*, July 31, 1922, 5. In "Experiences and Voices," Bix mentions that some of the data collected from the ICMD study was returned to the ERO. County assignments are attributed in Osgood, "The Menace of the Feeble-minded," 266, 269. Helen T. Reeves, Edna R. Jatho, Jane Griffiths, Marion E. Nash, Hazel Hanford, and Edith Atwood Davis worked on the second survey; Jatho, Nash, and Hansford on the third; *Mental Defectives*, March 6, 1919.

²²*Mental Defectives*, July 31, 1922, 5, 32; Osgood, "The Menace of the Feeble-minded," 274. Survey counties were chosen for a number of reasons including the major industry present and whether organizations had previously assessed levels of education, mental health, or poverty. Minutes, Committee on Mental Defectives, December 17, 1915, folder – Minutes. Committee on Mental Defectives 1915, box 1, ICMD, BSC; Minutes, Committee on Mental Defectives, January 6, 1916, folder – Minutes. Committee on Mental Defectives January-February 1916, box 1, ICMD, BSC; Minutes, Committee on Mental Defectives, February 4, 1916, folder – Minutes. Committee on Mental Defectives January-February 1916, box 1, ICMD, BSC; Minutes, Committee on Mental Defectives, February 29, 1916, folder – Minutes. Committee on Mental Defectives January-February 1916, box 1, ICMD, BSC; Minutes, Committee on Mental Defectives, March 17, 1916, folder – Minutes. Committee on Mental Defectives March-

In much of the scholarship on American eugenics, field workers are associated with the ERO, established in 1910 by Charles Davenport. Field-worker training, however, began in 1904 when Superintendent Edward R. Johnstone began classes for teachers at the Training School at Vineland.²³ The women employed as field workers demonstrated expertise in both heredity and psychology. An excellent example of the training, experiences, and attitudes of many of the field workers was Edna R. Jatho, a Vineland-trained teacher and field worker. Jatho was well respected by her co-workers and superiors at the school; she elicited the same respect during her work on the second and third of the ICMD's state surveys. She was also a prolific letter writer; the majority of her correspondence with Butler, Estabrook, and other survey workers now resides at the Indiana State Archives.

Jatho was born in Philadelphia in September 1887 to Theodore and Laura Jatho. Her father worked in various jobs, such as a streetcar conductor and driver, while her mother cared for Edna and her sister Bertha, in addition to taking in boarders. Edna attended the Philadelphia Normal School, which prepared her to become an elementary school teacher; she began teaching in 1906. According to two short resumes written for job applications, Jatho taught "regular classes," incorrigible boys, and feeble-minded and retarded children in the Philadelphia public schools.²⁴

Early in her teaching career, Jatho's interests transitioned from teaching children in traditional classrooms to teaching special needs stu-

December 1916, box 1, ICMD, BSC; Minutes, Committee on Mental Defectives, April 25, 1916, folder – Minutes. Committee on Mental Defectives March-December 1916, box 1, ICMD, BSC; Minutes, Committee on Mental Defectives, July 13, 1917, folder – Minutes. Committee on Mental Defectives 1917, box 1, ICMD, BSC; Minutes, Committee on Mental Defectives, December 13, 1917, folder – Minutes. Committee on Mental Defectives 1917, box 1, ICMD, BSC; Minutes, Committee on Mental Defectives, April 19, 1921, folder – Minutes. Committee on Mental Defectives 1921, box 1, ICMD, BSC; Minutes, Committee on Mental Defectives, August 19, 1921, folder – Minutes. Committee on Mental Defectives 1921, box 1, ICMD, BSC.

²³Zenderland, *Measuring Minds*, 62.

²⁴U.S., Twelfth Census, 1900, Population Schedules for Philadelphia County, Pennsylvania, p. 10B [page references are to the original census taker's number]; U.S., Thirteenth Census, 1910, Population Schedules for Philadelphia County, Pennsylvania, p. 1A; U.S., Fourteenth Census, 1920, Population Schedules for Philadelphia County, Pennsylvania, p. 1A; *City Directory of Philadelphia* 1890; resumes, n.d., folder 8 – Edna Jatho 1918, box 2, Correspondence G-Z, ICMD, BSC. All future references will be cited as ERJ Correspondence.



The Training School at Vineland, Class of 1913. Edna R. Jatho (54) is seated in the front. Jatho and her peers were trained to teach special needs students.

Courtesy of the Archives of the History of American Psychology – The University of Akron

dents. In order to enhance her abilities to work with non-traditional students, Jatho enrolled in the Training School summer course in 1913.²⁵ Although Jatho does not directly reference her experiences in her ICMD letters, the school profoundly affected her career. Founded by Rev. S. Olin Garrison in 1887, the Training School became one of the most respected schools for children diagnosed with feeble-mindedness throughout the early twentieth century. By 1904, Henry H. Goddard ran the school's psychological lab and led classes for special education teachers.²⁶ Teacher training extended beyond pedagogy. For six weeks, teachers lived at the school attending lectures on psychology and the history of diagnostic fieldwork, and learning to diagnose intellectually limited

²⁵Edna R. Jatho, "A Day in a Special Class," *The Training School Bulletin*, 12 (1915-1916), 242.

²⁶Zenderland, *Measuring Minds*, 60-62.

students, using tests such as the Binet-Simon. Alice Morrison Nash, the lead teacher, stressed that “impress[ing] upon every teacher the value and necessity of *knowing* her children and then plac[ing] in her hands one of the important means of getting this knowledge is well worth while.”²⁷ Teachers in the Vineland program worked directly with the young residents. The summer school staff, including Johnstone, Goddard, and Nash, believed “training [teachers] right in the classrooms, where the children are busily engaged,” plus providing accommodations so the teachers would be “living close to the children and knowing them out of the school room,” maintained the success of the program.²⁸

Jatho, in addition to other graduates, returned to work in Vineland’s Psychological Research Laboratory with Goddard for two summers, where she likely gained additional field-worker skills. In an article for *The Training School Bulletin*, Elizabeth S. Kite, a resident field worker most notably associated with the Kallikak study, describes the school’s ideal graduate.

[The] field worker was the natural outcome of two compelling forces: the application by scientists of the Mendelian law of heredity to human beings and the methods of applied psychology which in the past few years have revolutionized our ideas in regard to social problems.²⁹

Vineland field workers used multiple methods for gaining information, beginning with Binet’s three-method approach to diagnosis: medical, pedagogical, and psychological. In addition, field workers used family interviews. Mastering these techniques required precision and tact, but above all, Kite believed that “[the] field worker must never forget that she is neither a missionary nor a reformer—her sole business is to do a work of science, which, in this particular case is the appreciation of mental states.”³⁰

²⁷Nash, “The Vineland Summer School,” 64.

²⁸Ibid, 65.

²⁹Kite, *Method and Aim of Fieldwork*, [1]. For more on the Kallikak study, see J. David Smith, *Minds Made Feeble: The Myth and Legacy of the Kallikaks* (Rockville, Md., 1985).

³⁰Kite, *Method and Aim of Fieldwork*, [5].

Any fieldwork Jatho conducted while working in the Vineland laboratory has yet to be uncovered, but her supplemental work is a witness to her success as a diagnostician. Joseph P. Byers, executive secretary for the National Committee for the Provision of Feeble-Minded (NCPFM), recommended Jatho for the ICMD position after she spoke to the council.³¹ Jatho immediately demonstrated her prowess as a field worker when she began working with Helen T. Reeves and Marion Nash on Marshall County, Indiana. In July 1918, Reeves wrote Butler that she would need to leave the survey due to a family illness. She was not concerned over the continuation of the work in her absence because Jatho and Nash demonstrated ample skills: "Miss Jatho seems to be proving an able investigator. I wish she might have been with us earlier in the work." With Reeves's extended absence, Butler asked Jatho to fulfill her speaking engagement at the Indiana Conference against Crime on July 30, 1918.³²

Life as a field worker was challenging. Interviewing individuals outside the county seat meant that the women lived in local hotels or boarding houses and needed to find their own transportation. The roads were often treacherous and the weather abysmal. ICMD field workers used local resources to their advantage whenever possible. While surveying in Warrick County, Reeves described to Butler:

the roads being almost impassible on account of continued rains and it is extremely difficult to get any sort of conveyance either motor or horse - there being a dearth of both sorts....Today Miss Jatho and I make a trip with the local undertaker - business with him not being urgent. If a funeral should transpire however we may be obliged to borrow his old horse hearse out of the loft and survey in that.³³

Their sense of humor likely eased the dismal environment. In a previous letter, Jatho quipped that if the highway commissioner stood behind his roads, they would not be in such bad shape.

³¹Joseph P. Byers to Amos W. Butler, May 22, 1918, ERJ Correspondence, ICMD, BSC.

³²Helen T. Reeves to Butler, July 8, 1918, folder – Helen Reeves, box 2, Correspondence G-Z, ICMD, BSC.

³³Reeves to Butler, September 17, 1918, folder – Helen Reeves, box 2, Correspondence G-Z, ICMD, BSC.

Beyond transportation issues, Jatho, Nash, and Reeves also dealt with wider, unforeseeable events. From September to November 1918, the Spanish influenza raced across the United States killing at least 675,000 people.³⁴ “Today I was planning to write to you, knowing you would be wondering about our work and the ‘Flu,’” Jatho wrote to Butler, “some of the schools have been closed for the entire time we have been here.” In this same letter Jatho illustrated her commitment to the “work of science”: “We have been able to work after a fashion, but not in the direct systematic way we had planned...we have to work in “spots” instead of working in entire townships as we had hoped to do.”³⁵

Despite their hardships, Jatho reminded her correspondents that she perceived her work to be purely scientific, not to mention eugenic. For their final 1919 ICMD survey, Jatho and Nash assessed Boone County. Thorntown, the county seat, was a rural community about 11 miles from Lebanon, with a 1920 population of about 1,400.³⁶ “We have done Thorntown,” wrote Jatho in her February 1, 1919, letter to Butler:

and no one could possibly imagine that in such a fine town in such a beautiful county, such a hole as “Bucktown” could exist. That is what they call the slums of Thorntown. We found the defectives there and today we shall get the Sheriff to tell me about the immorality that I feel must be there also.³⁷

Based on other correspondence, Jatho undoubtedly formulated her assumptions from physician reports and the attitudes of local residents—that her assessments could also be based on biased personal opinion or memory illustrates the skewed definition of science which field workers followed. The Training School instilled in its investigators the belief that “[r]ural communities are comparatively fixed, traditions

³⁴Niall P. A. S. Johnson and Juergen Mueller, “Updating the Accounts: Global Mortality of the 1918-1920 ‘Spanish’ Influenza Pandemic,” *Bulletin of the History of Medicine*, 76 (Spring 2002), 111.

³⁵Jatho to Butler, n.d., ERJ Correspondence, ICMD, BSC.

³⁶“Indiana Places (Cities and Towns), 1920,” compiled by Stats Indiana, Indiana University from U.S. Census, http://www.stats.indiana.edu/population/PopTotals/historic_counts_cities.html (accessed September 1, 2008).

³⁷Jatho to Butler, February 1, 1919, ERJ Correspondence, ICMD, BSC.

A FEEBLE-MINDED BOY, HIS MOTHER AND SISTER.

March- 1918.

Delaware County



[], born July 29, 1910 fails to respond to teaching of any kind in the Yorktown School. He has strabismus like his mother. [], his sister, born August, 1900, an able bodied healthy girl, has no occupation nor has she had any since leaving school two years ago in the 6th grade. The home has the appearance of an abandoned junk emporium.



The windows and door are draped with rags and old carpet. The step up to the dilapidated porch has disappeared while strewn around the descriptions- an old pieces of rusty iron,

house is junk of all buggy, a bed spring, the top of an old baby carriage, a cradle, pieces of carpet, broken dishes, rusty wire, old rubber hose and quantities of empty jars and bottles.

The mother, simple and smiling, willingly answers questions and as willingly poses for her photograph.

The daughter, an apparently healthy, normal girl, eats and sleeps amid these surroundings without the shadow of an attempt to better them or herself in any way.



Jane Griffiths.

Family report by field worker Jane Griffiths, March 1918. Like many of her colleagues, Griffiths reported on the poor conditions of her subjects with both detail and condescension. The subjects' names are redacted for the purposes of this illustration.

Courtesy of the Indiana State Archives

are retained, while the native confidence of man for man has not suffered alteration, as is the case in our congested city districts.”³⁸

These women were working from the mindset of the 1920s, however, not that of the twenty-first century. Present-day psychologists or social workers would attribute most of the challenges faced by isolated rural communities to a broken economy and/or an inferior educational system. For field workers in the early twentieth century, on the other hand, nature was still winning the nature vs. nurture debate. The irony of field workers who began their careers as teachers was that their specialized training often led them to blame a person’s poverty on heredity instead of on the influences of societal forces often observed by teachers. Helen Reeves provides another example of the innate challenges to understanding the juxtaposition of early twentieth-century eugenic mental health rhetoric with the compassion shown by psychologists, social workers, and case investigators. Reeves’s work for the Kentucky Institution for Feeble-Minded Children in Frankfort, kept her away from the third ICMD survey. Butler had requested that she return to Indiana, and Reeves’s answer told of the fine line field workers walked between compassion and pity: “Indiana is attractive but there is not a state in the Union that can separate me from Kentucky and the 2200 Pauper Idiots who are my special charges.”³⁹ Regardless of their seemingly harsh assessment of their subjects, the goal of these women was the betterment of society.

After completing the reports for the second survey, Jatho returned to Philadelphia to further develop her career in psychology. The increasing number of diagnoses of feeble-mindedness demonstrated to many in the field that additional psychological services were needed, especially since psychology departments in hospitals were rare. Desiring to professionalize their field, psychiatrists and psychologists began to establish clinics in order to provide services to the community.⁴⁰ These clinics

³⁸Kite, *Method and Aim of Field Work*, [5].

³⁹Reeves to Estabrook, April 16, 1921, folder – Helen Reeves, box 2, Correspondence G-Z, ICMD, BSC.

⁴⁰For the history of the professionalization of psychology and psychiatry in the United States see Ludy T. Benjamin, Jr., *A Brief History of Modern Psychology* (Malden, Mass., 2007); Thomas M. Camfield, “The Professionalization of American Psychology, 1870-1917,” *Journal of the History of the Behavioral Sciences*, 9 (January 1973), 66-75; John A. Popplestone and Marion

offered services independently or in conjunction with another institution, such as a mental hospital or court system. In Philadelphia, the Farmington Clinic, headed by psychiatrist Dr. Seymour DeWitt Ludlum, a specialist in developmental anomalies in children, employed Jatho as the clinic's psychiatric social worker for a little over two years. The clinic served as a diagnostic and treatment resource for the community, the Philadelphia school system, and local hospitals, which would offer medical services for Farmington patients in exchange for psychological assessments of hospital patients. Jatho managed many of the clinic's services including initial psychiatric evaluations, intelligence and medical assessments, and home visits. She would then refer a patient to the appropriate physician at the clinic. In accounts of her time at Farmington, Jatho lists herself as psychologist, psychiatric social worker, and office manager. If Jatho did fulfill the responsibilities of all of those positions, she would have gained extraordinary experience, since during its final year the clinic encountered six hundred walk-in patients, in addition to patient consultations through social workers, hospitals, schools, and orphanages.⁴¹

In 1922, Jatho and Ludlum co-authored an article for the *Archives of Neurology and Psychiatry*.⁴² By including Jatho as a co-author in a professional journal, Ludlum recognized her as a professional peer. In the article, the authors described methods used by Dr. Ludlum to diagnose and treat intestinal anomalies associated with mental difficulties in children. Each case study included a description of Ludlum's first examination of each child's mental and physical condition, the techniques used to treat the child's intestinal malformation, and the changes in the child after the treatment. "[C]hildren in physical degeneration are the proto-

White McPherson, "Pioneer Psychology Laboratories in Clinical Settings," in *Explorations in the History of Psychology in the United States*, ed. Josef Brožek (Lewisburg, Pa., 1984), 169-272; John M. Reisman, *A History of Clinical Psychology*, 2nd ed. (New York, 1991); Donald K. Routh, "Clinical Psychology Training: A History of Ideas and Practices Prior to 1946," *American Psychologist*, 55 (February 2000), 236-41; Michael M. Sokal, ed., *Psychological Testing and American Society, 1890-1930* (New Brunswick, N.J., 1987).

⁴¹Jatho Report to ICMD, Minutes, Committee on Mental Defectives, December 14, 1921, folder – Minutes. Committee on Mental Defectives 1921, box 1, ICMD, BSC; resume enclosed in Jatho to Butler, June 12, 1922, ERJ Correspondence, ICMD, BSC.

⁴²The *Archives of Neurology and Psychiatry* became the *A.M.A. Archives of Neurology and Psychiatry* in January 1951. In 1959, the *A.M.A. Archives of Neurology and Psychiatry* split into the *Archives of Neurology* and *Archives of General Psychiatry*.

types of the chronic adult cases," Jatho and Ludlum wrote, "we can, in many instances, correct the physical disorders accompanying the mental manifestations, and the latter will then disappear."⁴³ Once certain intestinal birth defects were corrected, often the children's mental health improved.

If Jatho's inclusion on this article demonstrates her influence on Farmington, then the incorporation of the connection between physiology and psychology included in the last ICMD survey report demonstrates Farmington's influence on her. The first two ICMD surveys suggested routine physical and mental assessment of school-age children; however, the third survey report concluded that "mental health in children is closely connected with physical health," and recommended that "all children whose mental development is not normal should have intensive study of their physical condition and follow-up care."⁴⁴ These conclusions demonstrate the growing understanding of connections between environment and mental health.

Jatho owed her involvement in the final Indiana survey to Farmington; several months after receiving an invitation to participate in the trial court clinic planned by the ICMD, the Philadelphia General Hospital absorbed the Farmington Clinic, thus freeing Jatho to work through the entire third survey.⁴⁵ Her first assignment during the fall of 1921 included several court clinics in the Marion County Criminal and Juvenile Courts and the Indianapolis City Court. During a three-month span, Jatho evaluated seventy-four youths referred by court employees, policewomen, and other individuals. Jatho administered the Terman version of the Binet-Simon test, discussed youths with current or previous case workers or social workers, and in some cases conducted the complete fieldwork assessment herself. Her final report, given to the ICMD in December 1921, and published almost in its entirety in the 1922 ICMD report, indicates Jatho's perspective on evaluative psychiatric research:

⁴³Edna R. Jatho and Seymour DeWitt Ludlum, "A Study of the Internal Stigmas of Degeneration in Relation to Metabolism and Disturbance of the Cerebral Cortex in Children," *Archives of Neurology and Psychiatry*, 7 (February 1922), 167.

⁴⁴*Mental Defectives*, November 10, 1916, 33; *Mental Defectives*, March 6, 1919, 60; *Mental Defectives*, July 31, 1922, 46, 9.

⁴⁵Jatho to Butler, August 5, 1921, ERJ Correspondence, ICMD, BSC.

Physical defects, moral twists, environmental influences and many other factors are involved in reaction of an individual to a given situation. A study which aims to interpret behavior must take into account all available information concerning the individual: type of family, heredity, prenatal history, conditions of birth, disease history, developmental history, physical condition, school history, work history, social reactions, type of recreation, incidental factors peculiar to each case, and philosophy of life.⁴⁶

Jatho's evaluation method demonstrates her growth as a diagnostician and the profound influence of her diversified work experience.

After leaving the court clinic, Jatho joined Nash in Richmond, Indiana, to work on the third survey. Field workers for previous surveys had administered intelligence tests to some local children; however, the results provided in the 1916 and 1918-19 reports appeared as statistical data only. For the third survey, the ICMD decided that a comprehensive school study would be more informative. In the "Purpose of the Survey" section of the 1922 ICMD report, Jatho and Nash state that "no surveys have been made in public schools prior to this for the purpose of locating the mentally inferior and very inferior children and detecting when possible the causes for that inferiority."⁴⁷ The ICMD chose the Richmond and Peru school systems for the survey because the Richmond system administered intelligence tests during the previous two school years and Peru represented a working-class city school system.⁴⁸

The 1921-22 school surveys demonstrate the zealous commitment of Jatho and Nash to their investigations. Estabrook's original plan incorporated at least five different test formats for the Richmond school survey; Jatho's correspondence and the third report indicate the use of only three test formats. The first was the Indiana University Primer or Cross-Out Test. Designed for children who lacked proper reading skills, the Primer Test presented simple pictures in groups. Test proctors asked students to choose the image that did not belong or showed some anomaly

⁴⁶*Mental Defectives*, July 31, 1922, 23.

⁴⁷*Mental Defectives*, July 31, 1922, 28.

⁴⁸*Ibid.*, 28-30. For correspondence regarding the Richmond school system, see folder – Richmond School Survey – Correspondence, concerning, box 2, Correspondence G-Z, ICMD, BSC.

in comparison to the others. The Mental Survey Scale No. 1, or Schedule D, asked students to consider a set of words and cross out the word that did not belong. The third test was the Terman version of the Binet-Simon test.⁴⁹

The tone of Jatho's letters indicates the grueling pace of the Richmond survey. Nash and Jatho arrived on December 2, 1921, with the goal of administering group tests to all of the students and individual tests to students chosen by their teachers as performing substantially below grade level. In Richmond, out of 3,800 students, 3,505 took group tests. According to the survey report, children in grades K-3 took the Primer Test and students in grades 4-9 took Schedule D. The report, however, does not always include the details of the survey process. In a letter responding to Estabrook's concern over the amount of time being spent in Richmond, Jatho reminded him that they were giving both the Primer and Schedule D tests to grades 4, 5, and 6 creating "almost 50% more tests than there are grades" to score.⁵⁰

Estabrook demonstrated high expectations regarding the speed with which the project should be finished. In response to Jatho's suggestion that she and Nash utilize high school students to help score the 42 class sets of Schedule D test blanks, Estabrook responded: "[G]et five or six high school girls on Saturday and stay with them all day and [if] one or both of you supervise the crowd it will be perfectly satisfactory. Working Saturday would mean that none of them would be interfered with in their school work."⁵¹ Estabrook rarely mentioned concern for the amount of time Jatho and Nash were expected to commit to the project. A ten- to twelve-hour Saturday most likely erased any time the investigators had planned for other aspects of the project, thus demanding additional time to complete those tasks. Anxiety about Estabrook's expectations appears in several of Jatho's letters. On December 18 she wrote, "Do you mind if I ask what's the rush about the Juvenile court-work? If I understood the reason for the hurry I could co-operate more intelligently," and again on December 30, "I wish I could understand the

⁴⁹Estabrook to W. G. Bete [sic], October 31, 1921, folder – Richmond School Survey – Correspondence, concerning, box 2, Correspondence G-Z, ICMD, BSC; *Mental Defectives*, July 31, 1922, 31.

⁵⁰Jatho to Estabrook, December 18, 1921, ERJ Correspondence, ICMD, BSC.

⁵¹Estabrook to Jatho, January 6, 1922, ERJ Correspondence, ICMD, BSC.

hurry that you indicate is necessary at this time. It has turned out that the testing is taking longer in practice than we thought it would as we planned it."⁵²

In the face of Estabrook's expectations, Jatho often held her ground by defending her perspective of the survey process. Estabrook suggested sending test forms to the ICMD office so that the staff could help score them. "The office force would not find the scoring of the papers as simple a matter as it seems," Jatho suggested. "[T]he marks are low enough as it is even with our understanding of the children and the circumstances surrounding the tests and if they were marked arbitrarily as they would have to be by outsiders the scores would not compare fairly with those on the papers scored by us."⁵³ Jatho convinced Estabrook to allow more time for the Richmond survey, and she and Nash remained until the end of March. In other matters Estabrook won: The tests were scored in the home office.

In addition to scoring, writing reports, and corresponding with Estabrook, Jatho spoke frequently at public functions. Several influential organizations featured her as a speaker, including the Indiana Academy of Science, the Indiana State Teachers' Association, and the Indiana Conference on Mental Hygiene. Jatho mentioned at least four speaking engagements between December 1921 and February 1922, including an address to the Welfare Conference in Evansville, Indiana. At one of these engagements she presented her fifteen-page report on the clinics conducted in Marion County. Within her report she mentioned six speaking engagements during her court research, including an address to the Medical School of Indiana University. Her correspondence indicates that she traveled to Muncie and Chicago for several days in December, attended a lecture in Indianapolis in February, and composed inquiries about conducting a clinic in the Marion Juvenile Court.⁵⁴ Despite all of the business travel, Jatho and Nash remained in Richmond for

⁵²Jatho to Estabrook, December 18, 1921 and December 30, 1921, ERJ Correspondence, ICMD, BSC. Estabrook also expected Jatho to take two weeks in December to process cases from the clinic survey for the Marion County Juvenile Court.

⁵³Jatho to Estabrook, December 30, 1921 and January 5, 1922, ERJ Correspondence, ICMD, BSC.

⁵⁴"Report," in Minutes, Committee on Mental Defectives, December 14, 1921, folder – Minutes, Committee on Mental Defectives 1921, box 1, ICMD, BSC; Jatho to Estabrook, December 18, 1921 and February 10, 1922, ERJ Correspondence, ICMD, BSC.

Christmas 1921; Jatho described her holiday as “a quiet and not unhappy time.” Her schedule illustrates the expectations of survey directors, many of whom had not conducted similar research themselves. Although Estabrook was a trained ERO field worker, he had never conducted school surveys, nor did he ever experience the time constraints placed on these women. The field of psychology was becoming professionalized for both genders; however, women were relegated to the lower echelons.⁵⁵

Jatho and Nash were pushed even further on the Peru survey, finishing in about two months. To Estabrook, Jatho wrote:

for several days I have been worrying over the fact that it is impossible for me to see the way clear to finish the work here with any degree of satisfaction . . . we have selected for individual examination only the cases most likely to give results that will be convincing and have not attempted to examine many that should have our attention.

In Peru, end-of-year events were driving the pace of the survey, leaving the women only “four school days in which to give the other 169 individual tests.” During the last week of school Jatho also addressed a women’s meeting in Peru and the school board in Richmond.⁵⁶ After Peru, she returned to Indianapolis to conduct the clinic for the Marion County Juvenile Courts.⁵⁷

As her work with the third survey concluded, she accepted a position at the Indiana School for Feeble-minded Youth (ISFY). She remained at the ISFY until 1924, during which time she also served on the board of directors for the Indiana State Department of Health. Jatho eventually returned to the East Coast, becoming the superintendent of the New Jersey School for Girls in Trenton by 1926. The ICMD, however, did not continue its illustrious career. After being denied state funding for the

⁵⁵According to Bix, graduates of the ERO field-worker training often found jobs at comparable pay, despite gender. See Bix, “Voices and Experiences,” 634.

⁵⁶Jatho to Estabrook, May 18, 1922, ERJ Correspondence, ICMD, BSC.

⁵⁷Jatho to Butler, May 29, 1922, ERJ Correspondence, ICMD, BSC.

fiscal year of 1924-25, the committee met for the last time on November 7, 1924.⁵⁸

Other than a brief mention in the introduction to the surveys, the ICMD did not credit any interpretive work to its field workers. A closer examination of the three volumes of *Mental Defectives in Indiana*, however, provides proof of the field workers' input. The 1916 report attributes the data gathering to the field workers, without their names. The 1918-19 report provides the field workers' names, and according to a letter from Jatho to Butler's secretary, the section titled "What Indiana Can Do" can be attributed to Jatho. The third report is the most telling because it includes the names of the field workers and attributes all of the information beyond the introduction and recommendations to the field workers. The committee minutes verify that the report on the court studies which Jatho gave to the ICMD on December 14, 1921, is verbatim to the report in the 1922 *Mental Defectives*.⁵⁹ This final report also clearly demonstrates a shift in priorities from institutionalization to community care, which corresponds to the attitudes of the field workers. For example, in the court studies, Jatho found that 32 percent of individuals tested as feeble-minded, although she warned that feeble-minded children were often misdiagnosed, their "retardation...due to causes which could have been remedied, or which, if not remedied, must be taken into consideration as factors in bringing about a condition which resembles congenital mental defect."⁶⁰ Even if the committee members themselves wrote the reports, the justifications and recommendations illustrate the influence of the ICMD field workers.

Statements of the field workers' concern for the people diagnosed as feeble-minded appear as early as the first report, which is not surprising considering the amount of time and energy Jatho and her colleagues committed to the surveys. As the introduction illuminates "The Problem," community care is emphasized including "education and

⁵⁸The *Indiana Bulletin of Charities and Correction*, 136 (March 1924), 3; Jatho to Butler, November 15, 1922, ERJ Correspondence, ICMD, BSC; Jatho, "School Organization in Institutions for Feeble-Minded," *Proceedings and Addresses of the Fiftieth Annual Session, Held at Toronto, Canada, June 3-5, 1926. Comprising the Journal of Psycho-Asthenics, Volume XXXI, June 1925 to June 1926* (1926), 281; Osgood, "The Menace of the Feeble-minded," 276.

⁵⁹Jatho to Laura Greely, December 5, 1918, ERJ Correspondence, ICMD, BSC; Minutes, Committee on Mental Defectives, December 14, 1921, folder - Minutes, Committee on Mental Defectives 1921, box 1, ICMD, BSC; *Mental Defectives*, July 31, 1922, 18-24.

⁶⁰*Mental Defectives*, July 31, 1922, 19.



Steuben County, ca. 1918. Dressed in their Sunday best, members of one family smile for the camera as the field worker evaluates their well-being.

Courtesy of the Indiana State Archives

training of the feeble-minded youth in the special schools, or classes, and in the family to some degree of usefulness."⁶¹ Education continues to be a priority as teacher and facility shortcomings are highlighted, followed by recommendations which request "mental as well as physical examination of school children."⁶² The connection between institutional care and education of the mentally challenged obviously resides in the minds of the committee; however, the immediate needs of their institutions take precedence. In the final twelve recommendations of the 1916 report, ten request additional services, improved facilities, or commitment legislation.⁶³

Education and care emerge as more important topics in the 1918-19 report. The tone of the data and inclusion of more case studies demonstrate the influence of the investigators. Field workers give descriptions and data from ten counties, detailing the ways in which industry, fertile soil, and transportation, or lack thereof, affected the local population. The women evaluated several counties based on the schools and on environmental factors including alcohol consumption. The tone of their descriptions indicates their acknowledgement of the role of environmental factors in mental and physical health.

The final report, published in July 1922, strongly demonstrates the influence of the field workers. From the foreword through the recommendations, the tone and the included data reveal a new perspective on mental health care: "Many of these mental defectives, if recognized in the early stages, rightly trained and supervised, may become orderly, self-respecting members of society."⁶⁴ In the third report only five of the final sixteen recommendations request services, facilities, or legislation. These requests, however, also iterate the need for curative and educational tools, defined as "scientific treatment, education, and employment."⁶⁵ Also, the recommendations reiterate "the fact that care and provision for the feeble-minded must be divided between the home or community, the public school and state institutions."⁶⁶

⁶¹Ibid.

⁶²*Mental Defectives*, November 10, 1916, 33.

⁶³Ibid, 4-5, 32-33.

⁶⁴*Mental Defectives*, July 31, 1922, 6.

⁶⁵Ibid, 7.

⁶⁶Ibid, 7-8.

The sections of the report which best illustrate change are Jatho's "Court Studies" and "School Studies." For the school study, the report includes intelligence test scores, percentile rankings by age, school comparisons by age percentile scores, percentile rankings by grade, and general diagnoses of individually evaluated students. Jatho emphasized her belief that environmental factors played a role in intelligence by including "[c]harts and graphs to show comparisons between different sections of the city" in order to demonstrate "the relation between the social and economic status of these community groups, and the intelligence levels of the children from such communities."⁶⁷ Jatho praised the Richmond Social Service Bureau for providing "shower baths for the boys and girls, cooking and sewing classes for the mothers and reading and other clubs for parents."⁶⁸

The recommendations to the schools are mainly positive except for Jatho's suggestion that feeble-minded students "detract from the value of a regular class to the normal members." Her suggestions for special classes, however, are forward-thinking for the time, recommending four different types of classes. First, a "coaching and observation" class for students effected by "disease or environment" could assuage the environmental and physical difficulties so that these children "could be reclaimed and returned to the regular grades." Second, a training class "for the mental development of those known to be defective" could enhance mental development in children diagnosed as feeble-minded. Third, Jatho suggests classes that provide "permanent provisions for certain selected children along trade or occupational lines."⁶⁹ Children in this class would learn, in addition to life skills such as sewing, trade skills from a teacher "well trained...in Manual Arts and Woodworking." In addition, this teacher should be "very ingenious in keeping the interest of the child," providing a variety of tasks and projects to increase their "mental development."⁷⁰ Jatho's fourth suggestion was a program for students who test at superior levels of intelligence. In order to avoid leaving advanced children with "undirected mental energy," Jatho suggests that teachers of these students provide "special educational oppor-

⁶⁷Ibid, 28.

⁶⁸Ibid, 29.

⁶⁹Ibid, 44. Editors' note: The two quotes that precede this footnote were originally printed as subheadings with initial caps. For ease of reading, we have lowercased the words.

⁷⁰Ibid, 46.

tunities."⁷¹ Jatho's suggestions for special education demonstrate two growing trends of thought during the 1920s. Although society still identified people diagnosed with mental illness as a burden, educators increasingly believed that when adequately trained, these individuals could play a productive role in society. They also thought that when students were engaged through pedagogy appropriate for their knowledge level and life experience, they could thrive.

The Indiana Committee on Mental Defectives represents the extreme influence of eugenic thought during the Progressive Era. Interpreting the group's overall support for human betterment based on the committee's records and reports is complicated, because the priorities of the ICMD members often differed from those of the women conducting research. Field workers successfully fueled the flame of eugenics and at the same time doused it. Their pedigree charts and harsh language suggest eugenic intentions in their work; however, when placed in the context of the growing fields of psychology and education in the early decades of the twentieth century, the field workers' views on eugenics, heredity, and mental health demonstrate a shift in the concept of human betterment, from one of removing mentally challenged individuals from society to one of improving the lives of these individuals within society. These women's influence on the ICMD rises above any ideological changes connected to new committee members. The data these field workers provided encouraged deeper investigation of the effect of the environment and education on mental health. They also insisted on adequate time to complete surveys in order to assess survey participants thoroughly. Beyond the surveys themselves, the women field workers understood that the causes of mental illness extended beyond heredity to include social forces such as poverty. Although the shift from heredity to more complicated causation of mental illness did not end the eugenic movement to race betterment, it did signal a reassessment of care for people with mental illness.⁷²



⁷¹Ibid, 45.

⁷²Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley, Calif., 2001).