

"FROM FAR MORE DIFFERENT ANGLES":  
INSTITUTIONS FOR THE MENTALLY RETARDED  
IN THE SOUTH, 1900-1940

By

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A DISSERTATION PRESENTED TO THE GRADUATE SCHOOL  
OF THE UNIVERSITY OF FLORIDA IN  
PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

UNIVERSITY OF FLORIDA

1991

To Dorothy and Fred Noll, and Tillie Braun.

## ACKNOWLEDGEMENTS

In the five years this work has consumed my life, I have accumulated more debts than I care to imagine. I can never repay them; all I can do is acknowledge them with heartfelt thanks and hope I haven't left anyone out. The financial help provided by the University of Florida Department of History was essential, for without it, this project could not have even been started, much less completed. I would also like to thank the Rockefeller Archive Center, Pocantico Hills, New York and the North Caroliniana Society of Chapel Hill, North Carolina for their travel to collection grants which enabled me to conduct much of my research.

My supervising committee has provided me with guidance, support, and help at every step of the process. Special thanks to Kermit Hall, my chairman, for his faith in my abilities and his knack for discovering the truly meaningful in my work. He always found time for my harried questions, even in the middle of an incredibly busy schedule. The other committee members, Robert Hatch, Michael Radelet, Bertram Wyatt-Brown, and Robert Zieger, all provided valuable intellectual advice and guidance. Michael Radelet also proved that good teaching, good research, and social

activism are not mutually exclusive variables. My colleagues at the University of Florida, Jeff Adler, David Chalmers, Tom Gallant, Susan Kent, Chris Morris, and Samuel Proctor, gave me valuable help, some of it unsolicited, much of it unheeded, all of it appreciated.

Through the writing of this dissertation I have discovered the meaning of the community of scholars. Many individuals with little stake in my work have taken the time to read it and offer encouragement and suggestions. Thanks to Cheryll Cody, Ellen Dwyer, Gerald Grob, John Hughes, Michael Sokal, Nicole Rafter, and Todd Savitt for their efforts.

Researching can be a difficult and lonely process. The help of archivists, librarians, and staff people made my life significantly easier. The librarians at the University of Florida, particularly Gary Cornwell in Government Documents, Lenny Rhine at the Health Center Library, and the staff of the P. K. Yonge Library of Florida History, saved me literally thousands of steps in running around campus. The staffs at the National Library of Medicine, University of Florida Health Center Library Annex in Jacksonville, the Rockefeller Archive Center, the Florida State Archives, the Georgia State Archives, the North Carolina State Archives, the South Carolina State Archives and Library, the Virginia State Archives and Library, the Jones Memorial Library in Lynchburg, Virginia, the South Caroliniana Collection and the medical library of the University of South Carolina, the

Southern Historical Collection and the North Carolina Collection at the Wilson Library, University of North Carolina, Chapel Hill, and the Alderman Library of the University of Virginia all provided advice and comfort to a weary, and often grouchy, researcher. Special thanks to Mary Barnes and Gene Williams of the Old Records Center of the North Carolina State Archives and Conley Edwards of the Virginia State Archives for their personal attention. I would also like to thank Reed and Angie Bohne, Reggie Clark, Tom and Alison Duncan, Sue Lang, Don and Lane Neisen, Miriam Reiser, and Al and Betsy Sharrett for opening their homes and their refrigerators and providing a touch of home while I was on the road.

For this work, much research had to be conducted in non-research facilities, on the grounds of functioning institutions for mentally handicapped individuals. This could not have been possible without the help of staff who opened their archives and files to me. Special thanks to superintendent Max Jackson and his secretary, Agnes Stanford, of the Tacachale Community (formerly Sunland Center) in Gainesville, Florida for their encouragement of my work and their help in allowing me access to the vault files there. Similarly, the director of Caswell Center, Jim Woodall, and his assistants, Joanne Richiutti and Becky Brown, showed me the meaning of Southern hospitality on my two trips to Kinston, North Carolina. Thanks also to Helen Hester, staff librarian at the Central Virginia Training

Center, Lynchburg, Virginia, and the staff at Whitten Center, Clinton, South Carolina.

Other debts incurred in the writing of this dissertation have little to do with the actual production of it. Perhaps they are more important, however. Words can not express the sincere appreciation of the help supplied by Jane Landers and Rosemarijn Hofte. Their support, both intellectual and emotional, has been incalculable. Their friendship helped me handle the rough times. Their historical work also stands as an example of the kind of work I aspire to. The students, staff, faculty, and administration of Sidney Lanier School have helped pull me through the doldrums of a dissertation that never seemed to end. They continue to show me that my work has relevance and importance today. Lenny, Helene, Moe, and Jamie Rhine have once again made me see what was truly important in my life. Thanks also to Abner Doubleday and James Naismith, without whose games this dissertation would never have been finished, or would have been finished long ago.

Finally to my family, my thanks are incalculable. To my parents, Dorothy and Fred Noll, your support of my intellectual endeavors, your pride in my meager accomplishments, and your amazing courage in the face of adversity have given me strength and hope. That neither of you lived to see the completion of this project does not diminish your involvement, only saddens me that you could not share my sense of fulfillment in finishing. To my wife

Beverly, my son Jody, and my daughter Amanda, you have given me financial and emotional support, laughter, love, friendship, broken arms, and dirty diapers. Without your help, this work would never have been finished. Maybe now I can become a better husband and father. Finally, to Joel Jaskolski, you may not be able to read this but you know why.

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Abstract of Dissertation Presented to  
the Graduate School of the University of Florida  
in Partial Fulfillment of the Requirement for  
the Degree of Doctor of Philosophy

"FROM FAR MORE DIFFERENT ANGLES":  
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By

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August 1991

Chairman: Kermit L. Hall  
Major Department: History

This dissertation deals with public institutions for the mentally retarded in the South from 1900 to 1940. It examines these facilities in light of broad national trends. These trends included social movements in both society-at-large and within the field of mental retardation itself. The relation between Progressivism and the desire to institutionalize retarded individuals is viewed as crucial to understanding why and when these institutions were organized. The professionalization of retardation services, sterilization, and the colony system of institutionalization are examined to determine if Southern institutions fit into the treatment of retarded persons nationwide.

A composite picture of the persons served by these institutions was obtained from census records, internal reports, state records, and superintendents' correspondence. The portrait showed many high-level patients being committed from lower-class urban areas where they usually were involved in status offenses or petty crime. In the case of females, sexual activity was often an exclusive rationale for institutionalization. Low-level patients represented more of a cross section of society. They were institutionalized because of the burdens they presented to their families, not because of any social problems they caused. Black retarded persons received the lowest level of services, many being denied admission to institutions on the basis of their color.

Southern institutions could not serve either high or low level patients successfully because the nature of care for each group was based upon differing treatment modalities. This failure is analyzed in terms of Bernard Farber's sociological model of retardation--deviancy versus incompetency. The inability of Southern institutions to handle the social problems of retardation is viewed as systemic and not the product of administrative failure and incompetence.

CHAPTER I  
INTRODUCTION

"Among the social tasks that confront state governments today, none is more pressing than the care of the feeble-minded." So reported a 1914 editorial in the influential social welfare journal, The Survey. It went on to state that "it is because they, at least as much as any other class, complicate and involve every social problem, and because, they, more than any other class, tend to increase on our hands."<sup>1</sup> The following work provides a case study of the care of the feeble-minded, by examining institutions for the mentally retarded in the South from 1900 to 1940.

Historians have largely ignored the societal concern about feeble-mindedness that so worried educators, physicians, and social work professionals in the first forty years of the twentieth century. Analysts have also ignored the institutional solutions forged by successive generations of reformers during this era. In spite of the advances made by the new social history, the study of mental retardation and the institutions designed to house mentally retarded individuals, particularly in the South, remains unexplored.

The revolution in American historical writing has allowed historians to examine many hitherto ignored groups

in an effort to illuminate social interrelationships. Armed with techniques borrowed from other disciplines, especially sociology and anthropology, historians have probed kinship networks, communities, and other social groupings. Often they used quantitative analysis to better understand the non-traditional sources they discovered. Other, more radical, historians developed a different framework for examining the past. Usually set in Marxian terms, this radical history viewed the American landscape as one of conflict, oppression, and control by dominant groups. These radical historians called into question the liberal humanitarian values of assumedly benign American social welfare institutions.<sup>2</sup> Authors used the methodologies of this new social history to investigate many social welfare agencies and organizations. Juvenile justice systems, public education, welfare, and the mentally ill have received sustained attention.<sup>3</sup> Shaped by the turbulence of the 1960s, with its concerns for poor, handicapped, and minority groups, a majority of these works viewed social welfare organizations from a radical, though not exclusively Marxist, perspective. In 1983, historian Walter Trattner explained their analytical framework, known rather loosely as the social control model. Trattner wrote:

Historians of social welfare challenged the idealistic and moralistic interpretations of welfare programs and the reasons for their implementation. Humanitarian and reformist rhetoric aside, progressive ideas did not shape social policy, the critics argued. Rather, the changes and "reforms" that occurred were designed

by the upper classes to manipulate and co-opt those below them; control of the poor by shaping their opinions and world view, by buying them off with short- or long-term but inadequate benefits, and when necessary, by using repressive force, has enabled the elite to prevent the serious disruption of society, preserve the capitalist economy, and maintain its social and economic advantage.<sup>4</sup>

While the social control theorists viewed social services generally as instruments of oppression, other historians have examined these institutions and found them well-intentioned, yet still seriously flawed. The work of Gerald Grob stands out in this regard. In 1983, Grob noted "that many [mental] hospitals had serious defects and shortcomings . . . the quality of care left much to be desired . . . yet these shortcomings were not limited to mental hospitals; they simply mirrored the imperfections and limitations of most human institutions."<sup>5</sup>

Little of the increasingly strident debate between these two camps touched the historical investigation of the mentally retarded. Historians investigated mental hospitals, juvenile justice facilities, prisons, and reform schools--in fact, almost everything except institutions for the mentally retarded. Perhaps this group of backward, bizarre, and illiterate individuals remained just too unimportant to consider. After all, these people made little or no contribution to American society. What few historical works were written stressed the humanitarian nature of care for the retarded and the progressive pattern of improving that care.<sup>6</sup>

In 1984, Peter Tyor and Leland Bell published their Caring for the Retarded in America: A History. Based on Tyor's previous articles and dissertation, this work promised to bring the historical study of retarded persons into the debate over social welfare policy.<sup>7</sup> It did not fulfill that promise, however; the book failed to tie retardation to broader themes in American history. Furthermore, it treated the care of retarded individuals as if it were geographically consistent. Ignoring the differing social, economic, demographic, and political conditions of the South, Tyor and Bell assume Southern institutions treated patients much like their more well-documented Northern counterparts.<sup>8</sup> Yet Southerners concerned with the treatment of the mentally retarded certainly recognized the regional differences even if later historians did not. Superintendent Dr. C. Banks McNairy of North Carolina's Caswell Training School spoke to this matter when he addressed the American Association for the Study of Feeble-Mindedness in Detroit in 1923. "Our problem is far more difficult," he warned, "[because the] organization [of institutions] in the South is another problem that must be approached from far more different angles than in other parts of the country."<sup>9</sup>

Southern states came upon the institutional solution for their mentally retarded populations rather late. McNairy commented in his 1923 Detroit speech that "we [in the South] have not been studying or handling this problem

nearly as long as other parts of the country have."<sup>10</sup> But by the early 1920s, all Southern states had developed a separate institutional facility for the care and treatment of mentally retarded individuals. During the early years of these Southern institutions, something more than concern about the plight of retarded persons provided their guiding ethos. The legislators, and the social workers, physicians, and philanthropists who supported them, considered protection for society from retarded persons, and not the reverse, as their major priority. A 1921 Georgia Department of Public Welfare Report put the matter into perspective. "What shall it profit Georgia if we stop the loss from the boll weevil and fail to stamp out the germs of dependency and delinquency that eat the heart out of the human family itself?"<sup>11</sup> This concern made the relationship between outside pressures and inside responsibilities especially difficult for the superintendents of the institutions. Nowhere was the tension greater than in decisions about which persons to admit.

#### Problems of Definition

The problem of nomenclature clouded the issue of what actually constituted mental retardation. Prior to World War II, the term "retardation" itself, now commonly defined as "significantly sub-average general intelligence," was used infrequently.<sup>12</sup> During that time period, researchers and professionals invoked a myriad of terms to identify persons as intellectually below average. They sometimes used these

labels with assumed scientific accuracy and at other times bandied them about with little precision. "Feeble-Minded" referred to the entire class of persons who today would be categorized as mentally handicapped (the names of many institutions contained the feeble-minded label in their title- for example, Kentucky's institution was officially known as the Feeble-Minded Institute). This term began to fall into disfavor in the late 1920s when professionals replaced it with "mental defective," though "feeble-minded" continued as a synonym into the 1940s.<sup>13</sup> Leaders in the field also utilized "mentally deficient" to identify those persons classified as intellectually sub-normal (in 1934 the "American Association for the Study of Feeble-Mindedness," the organization founded in 1876 to conduct research in the field of mental retardation changed its name to the "American Association on Mental Deficiency").<sup>14</sup> Professional persons and laymen used all three of these labels, feeble-minded, mentally defective, and mentally deficient, interchangeably with little concern for accurate description.

The definitional sub-categories of mental retardation also obfuscated as much as they illuminated. Today, intelligence testing scores provide three specific groupings within the broad heading of mental retardation. Those persons classified as "educably mentally handicapped" or "educably mentally retarded" receive I.Q. scores ranging

from 55 to 70. The "trainable mentally handicapped" category falls below the educable one, with I.Q. scores ranging from 25 to 55. The lowest grouping, the "profoundly mentally handicapped," score below 25 on their I.Q. tests. A similar three-tiered arrangement existed from the mid-1910s onward, but its use was not as standardized and formalized as the system today. (See Figure 1.1) In this earlier system, three categories- moron, imbecile, and idiot- comprised the general grouping of feeble-minded individuals. These scientifically acceptable descriptive labels persisted long after they had been adopted as part of the derisive slang vocabulary.<sup>15</sup> While these categories differentiated between levels of retardation, the distinctions between them remained blurred, especially between the moron class and the so-called "borderline normal." Borderline individuals scored between 70 and 85 on standardized intelligence tests and experts disagreed over their level of true retardation. Poorly standardized I.Q. tests exacerbated the inexactness of identification. Reflecting middle-class value systems, early intelligence tests notoriously underscored those groups that did not share those patterns of thought and behavior. The lower-classes, minority groups, and immigrants comprised significant percentages of those persons classified as mentally defective on the basis of those tests.

These disputes over the definition of mental retardation mirrored broader sociological concerns about the

Figure 1.1  
Comparison of Descriptive Terminology

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	1991	1930
<u>General Label:</u>	Mentally Handicapped Mentally Retarded	Feeble-Minded Mentally Defective Mentally Deficient
<u>Sub-Categories:</u>		
Mild (I.Q. 55-70)	Educable (E.M.H., E.M.R.)	Moron
Moderate and Severe (I.Q. 25-55)	Trainable (T.M.H., T.M.R.)	Imbecile
Profound (I.Q. less than 25)	Profound (P.M.H., P.M.R.)	Idiot

---

nature and origin of deviant behavior generally. Labelling theory provides one explanation for the display of deviant behavior by individuals. According to sociologist Walter Gove, "deviance is not a quality of an act, but instead is produced in the interaction between a person who commits an act and those who respond to it."<sup>16</sup> Using this definition, individuals are "determined [as retarded, or otherwise deviant] by the judgement of others," not by their innate characteristics.<sup>17</sup> This societally based model of retardation can be used to help explain the ever increasing numbers of feeble-minded persons identified in the first . forty years of the twentieth century. Sociologist Louis Rowitz wrote that labelling theory also allows the investigator "to place mental retardation into the larger perspective of social organization and social process."<sup>18</sup>

Mental retardation poses a specific problem to the adherents of labelling theory, however. Labelling theorists assert that 'secondary deviance,' deviance ascribed by societal reaction, is paramount in the assigning of a deviant role. Sociologist Bernard Farber has written that "the history of mental retardation as deviance represents an attempt to integrate a variety of social problems . . . [and] to explain a connection between retardation and poverty, alcoholism, crime, and other forms of deviance." Yet, for many retarded persons, particularly in the severe and profound ranges, deviance is primary- the significant physical and mental defects are innate, not caused by

societal reaction. To Farber, these persons are not deviant, but incompetent. He suggests that "incompetence refers to the inability of a few to attain the level of conduct necessary for the continuation of an existing social organization."<sup>19</sup> This differentiation is extremely important since it provides a framework for understanding the conflicting rationales for the care and treatment of varying persons labelled as mentally handicapped. Society can ignore, pity, or help those persons viewed as incompetent. Conversely, it seeks to punish or isolate those seen as deviant.

While the work of Farber and other sociologists of mental retardation such as Jane Mercer have placed retardation research squarely in a social context, their work has no empirical historical component. The following work examines the process of identifying and institutionalizing feeble-minded individuals in the South in the first forty years of the twentieth century in the light of Farber's dichotomy of "deviancy" versus "incompetency." Southern states institutionalized morons, often drawn from lower class or groups, because of their seeming inability to meet the norms of society. As Farber observed, twentieth-century society requires "a surplus of persons to maximize the fit between persons and positions in the rational selection of personnel in economic, educational, political, and marital institutions."<sup>20</sup> Those persons who lacked desirable social characteristics and engaged in behavior

deemed deviant ran the risk of becoming part of this surplus population. Bizarre behavior coupled with other suspect characteristics (such as poor school performance) could permit society to label the deviant individual as a mentally defective moron. Because Southern institutions dealt directly with morons, they served the controversial function of protecting society from these deviant individuals.

While judges and social workers sometimes tended to label and initiate institutionalization of morons on the basis of their deviant behavior, these officials more often identified idiots through their appearance and inability to function. Usually physically handicapped, idiots appeared obviously different, and even laymen could appreciate their need for assistance. Their personal incompetence, not their societal role, dictated admission to Southern institutions. The perception of idiots as individually unable to fit into society, according to Farber, "represented an attempt to isolate retardation from other social problems."<sup>21</sup> The idiot population of these institutions seemingly presented more of a medical than a social problem.

The tension inherent in identifying and institutionalizing retarded persons based both on social deviancy and personal incompetency fostered conflict over the functions of Southern institutions. While protection of the feeble-minded provided the major rationale for committing low-level idiots, protection of society **from** the feeble-minded remained the reason for admitting higher level

morons.<sup>22</sup> For the moron population, judges and other committing officials viewed their retardation as deviance from the norm rather than individualized incompetence. This deviance, wrote Farber, "implies a social problem, a threat to established social relationships; it suggests that a proportion of the population is using inappropriate means or goals."<sup>23</sup> Once an individual is labelled as deviant and retarded, labelling theory predicts that he or she would fulfill the expectations of that role. Many high level morons fit this sociological model of deviant behavior. Unable to conform to societal expectations, their deviant behavior allowed community officials to label them as mentally defective and commit them to institutions for the feeble-minded. Conversely, lower level idiots appeared as no threat to the established social order. Judges committed them to institutions for their own protection and to provide relief for their overburdened families. Caught between these two mutually exclusive missions of protection for and from society, Southern institutions could not fulfill either. In the first decades of their existence, these institutions muddled along, neither training retarded individuals for a more productive life, nor protecting society from the supposed menace of the feeble-minded.

While Farber's sociological dichotomy of deviancy versus incompetency provides a clear theoretical focus for this work, the notion of social control appears more problematic. The concept of social control has provided

historians and sociologists with the agenda for numerous books, articles, papers, and conference sessions; yet there is no precise resolution of how and when to use the term. The idea of social control has become so elastic that it lacks explanatory power. It can be used to explain almost any historical phenomenon.

Sociologist Joseph Roucek's 1978 definition of social control reveals why this concept can have such broad explanatory powers. Social control, he asserts, can be defined as "all those processes by which society and its component groups influence the behavior of individual members towards conformity with group norms. . . . The leaders ('the elites') use not only a body of custom and traditions but also impersonal forces to attain authority as well as to make people willing to be ruled by that authority."<sup>24</sup> While the concept of social control fell out of favor among sociologists in the 1940s because, according to David Rothman, it "became flabby, almost synonymous with the totality of society," historians expropriated the term in the 1960s and gave it a decidedly radical cast. Writing about his social control work on prisons, sociologist Michael Ignatieff explained that "Prison [and, by implication, any other total institution] was thus studied not for itself but for what its rituals of humiliation could reveal about a society's ruling conceptions of power, social obligation, and human malleability."<sup>25</sup>

Much good historical work came out of this loosely organized social control framework. Monographs provided a healthy corrective to the previous Whiggish institutional histories that viewed the growth of services for the deviant and dependent as inherently positive and uplifting. But they did little to advance the argument past the catchwords of control and subordination. "The widespread attempt to label reform movements as social control efforts," wrote John Mayer in 1983, ". . . while occasionally serving the purpose of polemics, often does little to help understand historical developments over time."<sup>26</sup>

The disputes over the historical interpretations of social welfare institutions have been many and heated, but not very illuminating. All sides agree, however, that the debate must move past a continued discussion of the merits of social control. This work does that by examining the important question of why at a particular period of time nine Southern states suddenly discovered the problem of the feeble-minded and attempted to alleviate it with an institutional solution. Accepting that those persons interested in institutionalizing feeble-minded individuals acted from a variety of motivations (from genuine concern to an attempt to control a loosely defined deviant population), I place humanitarianism and social control as two poles of a continuum rather than as divergent Manichaean world views. This work also presupposes an inherently dialectical relationship between the state and its citizens. Social

control analysis, on the other hand, assumes the invisibility of individual actors- the state and its pervasive influence holds center stage. The state certainly victimized many individuals institutionalized as feeble-minded, but these persons and their families also helped to shape the dimensions of their commitment. Families and communities played major roles in the process of institutionalization, often for mundane and personal reasons.<sup>27</sup>

The social control model may turn erstwhile reformers into villains but it places the institution squarely in a social context. Sociologists Stanley Cohen and Andrew Scull commented in 1983 that "what became recognized is that matters of crime, deviancy, delinquency, illness, and madness don't just every now and then touch on wider issues of politics, economics, and power. They are intimately related and, indeed, these very categories are politically defined."<sup>28</sup> The move to institutionalize feeble-minded persons in the South in the first decades of the twentieth century took place in the political arena. It formed part of an attempt to grapple with the vast economic and demographic changes which swept across the South during this period. This work owes a debt to the social control theorists, whose work encouraged me to look at retardation and the public response to it in a broadly defined political context.

Other scholars, particularly Ellen Dwyer and Nancy Tomes, have examined institutions from an internal, rather than an external, perspective.<sup>29</sup> This case study approach highlights the interaction between staff and patients and deemphasizes the larger issues raised by the social control theorists. These authors provide the reader with a sense of the daily life of an institution, the mundane programming which affects the lives of patients and staff alike. Done well, this type of analysis provides insight into the implementation of public policy at its most basic point and returns human agency into a social control argument that, at its most extreme, regards individual action as either malevolent or inconsequential in the face of impersonal economic and social trends.

"We need to know far more about the internal **and** external factors that governed the evolution of psychiatry and mental hospitals," wrote Gerald Grob in 1977.<sup>30</sup> The following work heeds Grob's precept by examining institutions for the mentally retarded from both the inside and the outside and reveals a program in search of a true purpose. Southern institutions grew like Topsy in the 1910s and 1920s in response to a problem neither rigidly defined nor scientifically delineated. Beset by political pressures and monetary constraints, superintendents also struggled to control diverse populations of individuals labelled as feeble-minded. The implications of racial, class, and gender decisions in labelling and institutionalization

necessarily provide insight into the nature of Southern society in the first four decades of the twentieth century. Emphasizing these categories of analysis allows much more than a portrait of feeble-minded institutions in ten Southern states. The treatment of persons labelled as feeble-minded illuminates the broader questions of both national social welfare policy and Southern society and closes a gap in the historical literature.<sup>31</sup>

While Southern institutions retained a somewhat separate identity from those in other regions, national social welfare organizations played an important role in their growth and development. Funding and support from Northern philanthropies proved especially crucial to the timing and development of these institutions. Money and personnel from the National Committee for Mental Hygiene (funded by the Rockefeller Foundation) and the Russell Sage Foundation provided the groundwork and rationale for the opening of many of the South's institutions for the feeble-minded. World War I was crucial for this relationship at a time when Northern influence and Southern social welfare policy coincided. The widespread use of the newly developed individualized intelligence tests on World War I military recruits revealed an astounding number of feeble-minded persons among the thousands tested. The results proved especially disheartening in the South, where the average white male scored in the imbecile range.<sup>32</sup>

The establishment of Southern institutions reflected both national trends and regional developments socially and politically. The goal of this work, then, is to examine the meaning of feeble-mindedness in a particular region during the first forty years of the twentieth century. It is a study of the intersection of ideas about feeble-mindedness and their implementation as public policy. The inter-relationships between deviancy defined as feeble-mindedness and class, race, and gender provide a window on both Southern society and the historical treatment of retarded persons in the United States.

#### Abbreviations

The notes of all chapters and the bibliography of this work rely on the following abbreviations.

A.A.M.D.-- American Association on Mental Deficiency

A.A.S.F.M.-- American Association for the Study of  
Feeble-Mindedness

A.M.O.-- Association of Medical Officers of American  
Institutions for the Idiotic and Feeble-Minded

A.R.-- Annual Report

B.R.-- Biennial Report

C.C.-- Caswell Center Archives, Kinston, North Carolina

E.R.O.-- Eugenics Record Office

G.P.O.-- Government Printing Office

G.S.A.-- Georgia State Archives, Atlanta

G.S.C.-- Gainesville Sunland Center, Gainesville,  
Florida

J.P.A.-- Journal of Psycho-Asthenics. The Journal was  
the official publication of the A.M.O. and its

successors, the A.A.S.F.M. and the A.A.M.D., and published the proceedings of their yearly meetings.

N.C.C.-U.N.C.-- North Carolina Collection, Wilson Library, University of North Carolina, Chapel Hill

N.C.C.C.-- National Conference on Charities and Corrections

N.C.M.H.-- National Committee for Mental Hygiene

N.C.S.W.-- National Conference on Social Work

O.R.C.-- Old Records Center, North Carolina State Archives, Raleigh, North Carolina

R.A.C.-- Rockefeller Archive Center, Pocantico Hills, New York

R.G.--Record Group

S.S.C.-- Southern Sociological Conference

S.H.C.-U.N.C.-- Southern Historical Collection, Wilson Library, University of North Carolina, Chapel Hill

Notes

1. Unsigned Editorial, The Survey 33, 3 (October 17, 1914), p. 73.
2. See Robert F. Berkhofer, Jr, "The Two New Histories: Competing Paradigms for Interpreting the American Past," O.A.H. Newsletter (May 1983), 9-12 for an examination of the two divergent schools of the "new history", quantitative analysis versus radical vision. "As a result of contrasting approaches to culture, classes, and power," Berkhofer wrote, "the two histories embrace varying views of social reform ideas and institutions," p. 11.
3. See, for example Anthony Platt, The Child Savers: The Invention of Delinquency, 2nd Edition (Chicago: University of Chicago Press, 1977); Paul Boyer, Urban Masses and Moral Order in America, 1820-1920 (Cambridge, Massachusetts: Harvard University Press, 1978); David Rothman, The Discovery of the Asylum: Social Order and Disorder in the New Republic (Boston: Little, Brown, and Company, 1971) and Conscience and Convenience: The Asylum and its Alternatives in Progressive America (Boston: Little, Brown, and Company, 1980); Andrew Scull, Museums of Madness: The Social Organization of Madness in Nineteenth Century England (London: St. Martins Press, 1979), Decarceration: Community Treatment and the Deviant- A Radical View, 2nd Edition (New Brunswick, New Jersey: Rutgers University Press, 1984) and Social Order/ Mental Disorder (Berkeley, California: University of California Press, 1990); Michael Katz, Class, Bureaucracy, and the Schools: The Illusion of Educational Change in America (New York: Praeger, 1975) and In the Shadow of the Poorhouse: A Social History of Welfare in America (New York: Basic Books, 1986); Richard W. Fox, So Far Disordered of Mind: Insanity in California 1870-1930 (Berkeley, California: University of California Press, 1978); and Frances Piven and Richard Cloward, Regulating the Poor: The Functions of Public Welfare (New York: Pantheon, 1971).
4. Walter Trattner, "Introduction," in Trattner, editor, Social Welfare or Social Control: Some Historical Reflections on "Regulating the Poor" (Knoxville, Tennessee: University of Tennessee Press, 1983), p. 6.
5. Gerald Grob, Mental Illness and American Society 1875-1940 (Princeton, New Jersey: Princeton University Press, 1983), p. 4. See also Grob, Mental Institutions in America: Social Policy to 1875 (New York: The Free Press, 1973); Constance McGovern, Masters of Madness (Hanover, New

Hampshire; University Press of New England, 1985), "The Insane, the Asylum, and the State in Nineteenth-Century Vermont," Vermont History (1984), 205-224, and especially "The Myths of Social Control and Custodial Oppression: Patterns of Psychiatric Medicine in Late Nineteenth-Century Institutions," Journal of Social History 20, 1 (Fall 1986), 3-23; Ellen Dwyer, Homes for the Mad: Life Inside Two Nineteenth-Century Asylums (New Brunswick, New Jersey: Rutgers University Press, 1987) and "The History of the Asylum in Great Britain and the United States," Law and Mental Health: International Perspectives- Volume 4, edited by David Weisstub (New York: Pergamon Press, 1988) pp. 110-160; Barbara Brenzel, Daughters of the State: A Social Portrait of the First Reform School for Girls in North America, 1856-1905 (Cambridge, Massachusetts: MIT Press, 1983); and James Patterson, America's Struggle Against Poverty 1900-1985 (Cambridge, Massachusetts: Harvard University Press, 1986) for other examples of this type of examination of social welfare institutions.

6. See the works of R. C. Scheerenberger, A History of Mental Retardation (Baltimore: Paul H. Brookes Publishing Company, 1983) and A History of Mental Retardation: A Quarter Century of Promise (Baltimore: Paul H. Brookes Publishing Company, 1987); William Sloan and Harvey Stevens, A Century of Concern: A History of the A.A.M.D. (Washington, D.C.: A.A.M.D. Press, 1976; and Albert Deutsch, The Mentally Ill in America (New York: Columbia University Press, 1949), chapter 7. Deutsch's work is a classic of the humanitarian school. The other works are not written by professional historians but rather by special educators interested in the historical roots of their profession. Scheerenberger is a superintendent of a residential facility for the mentally handicapped in Wisconsin.

7. Peter Tyor and Leland Bell, Caring for the Retarded in America: A History (Westport, Connecticut: Greenwood Press, 1984). Tyor's 1972 dissertation Segregation or Surgery: The Mentally Retarded in America 1850-1920 (Ph. D. dissertation, Northwestern University, 1972) offers a treasure trove of material. His articles provide much in the way of analysis and tie retardation more closely to the social fabric of American life. Tyor, "Denied the Power to Choose the Good: Sexuality and Mental Defect in American Medical Practice," Journal of Social History 10 (June 1977), 472-489 and Tyor and Jamil Zainaldin. "Asylum and Society: An Approach to Institutional Change," Journal of Social History 13 (Fall 1979), 23-48.

8. Tyor and Bell do acknowledge the lack of historical analysis concerning Southern institutions. "Aside from Kentucky and Maryland," they note, "no southern states created institutions for the retarded until the twentieth century. This situation deserves further study, but

occasional references indicate that the wealthy sent their relatives North, while the poor were housed in the county almshouses" (p. 170, n. 24).

9. C. Banks McNairy, "Some Phases of Construction, Organization, and Administration of an Institution for the Feeble-Minded in the South," J.P.A. 29 (1923-1924), pp. 271-272.

10. McNairy, "Some Phases of Construction," p. 271.

11. Georgia State Department of Public Welfare, Georgia's Fight Against Dependency and Delinquency (Atlanta: Dickerson-Roberts Printing Company, 1921), p. 1.

12. This definition is from the 1983 A.A.M.D. Classification Manual, H.J. Grossman, Classifications in Mental Retardation (Washington, D.C.: A.A.M.D. Press, 1983), p. 1. The changing nomenclature in this field continues unabated even today. In 1985, the A.A.M.D. changed its name to the American Association on Mental Retardation, continuing a trend that started with its organization in 1876. See below, note 14. Even the term "mental retardation" has been replaced in many uses, particularly in the educational field. "Mentally handicapped" appears as the new identifying label, although disability rights groups are challenging the viability of this terminology as well. For them, the preferred label is "mentally challenged." The sociological and educational literature on classification and terminology in mental retardation is voluminous. For two of the better and more recent examples see Duane Stroman, Mental Retardation in Social Context (Lanham, Maryland: University Press of America, 1989), especially pp. 7-50; and Stanley Vitello and Ronald Soskin, Mental Retardation: Its Social and Legal Context (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1985), especially pp. 1-22.

13. The The United States Census Bureau adopted the term "mental defective" for use in the 1929-1932 U.S government census report on institutional populations "in place of the term 'feeble-minded' used in earlier reports. The two terms are equivalent." U.S. Department of the Interior, Bureau of the Census, Mental Defectives and Epileptics in Institutions 1929-1932 (Washington, D. C.: G.P.O., 1934), p. 1.

14. The national organization, the Association of Superintendents of American Institutions for Idiotic and Feeble-Minded Persons, was founded in 1876. Three years later, the title was changed to the Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons. In 1897, the title was again changed to the American Association for the Study of Feeble-Mindedness. This title remained until 1934, when the American

Association on Mental Deficiency was adopted. This name remained until 1985. See above, note 12.

15. The United States Public Health Service only changed its labelling categories of moron, imbecile, and idiot in 1960. See Bernard Farber, Mental Retardation: Its Social Context and Social Consequences (Boston: Houghton, Mifflin Company, 1968), p. 189. See Steven Gelb, "'Not Simply Bad and Incurable': Science, Morality, and Intellectual Deficiency," History of Education Quarterly 29, 3 (Fall 1989), 359-379 and Leila Zenderland, "The Debate over Diagnosis: Henry Herbert Goddard and the Medical Acceptance of Intelligence Testing," in Michael Sokal, editor, Psychological Testing and American Society, 1890-1930 (New Brunswick, New Jersey: Rutgers University Press, 1987), 46-74 for more on the discussion over nomenclature.

16. Walter Gove, "The Labelling Perspective- An Overview" in Gove, editor, The Labelling of Deviance: Evaluating a Perspective (New York: Sage Publications, Halsted Press Division, John Wiley & Sons, 1975), p. 4. This book, especially in its second edition (1980) provides a good overview of labelling theory and its critics. See also Nanette Davis, "Labeling Theory in Deviance: A Critique and Reconsideration," The Sociological Quarterly 13, 4 (Fall 1972) 447-474; and Daniel Glaser, Social Deviance (Chicago: Markham Publishing Company, 1971).

17. Louis Rowitz. "Sociological Perspectives on Labeling," American Journal of Mental Deficiency 79, 3 (November, 1974) p. 265.

18. Ibid. The works on labelling theory are voluminous. Important examples include Howard Becker, Outsiders: Studies in the Sociology of Deviance (New York: The Free Press, 1963); Edwin Lemert, Human Deviance, Social Problems, and Social Control (Englewood Cliffs, New Jersey: Prentice-Hall, 1972); Thomas Scheff, Being Mentally Ill: A Sociological Theory, 2nd Edition (New York: Aldine Publishing Co., 1984) and "The Labelling Theory of Mental Illness," American Sociological Review 39, 3 (June 1974), 444-452; and Kai Erikson, Wayward Puritans: A Study in the Sociology of Deviance (New York: John Wiley & Sons, Inc., 1966) and especially "Notes on the Sociology of Deviance," Social Problems 9,4 (Spring 1962) 307-314. For a recent application of sophisticated labelling theory to persons with physical disabilities (peripherally touching on mental retardation), see Claire Liachowitz, Disability as a Social Construct: Legislative Roots (Philadelphia: University of Pennsylvania Press, 1988). Jane Mercer is the most influential proponent of labelling theory in its applications to mental retardation. See her Labeling the Retarded (Berkeley, California: University of California Press, 1973) and especially "Social System Perspective and

Clinical Perspective: Frames of Reference for Understanding Career Patterns of Persons Labelled as Mentally Retarded," Social Problems 13, 1 (Summer 1965) 18-34. Much of the work in labelling and mental retardation revolves around the applicability of labelling for school children and the consequences of being labelled as mentally retarded. In the words of special educator Samuel Guskin, "The labelling controversy is in actuality a political argument between those who support the current system of special education and psychological diagnosis as a constructive and altruistic arrangement and those who wish to break up that system because they see it as oppressive and destructive," Samuel Guskin, "Research on Labeling Retarded Persons: Where Do We Go From Here?," American Journal on Mental Deficiency 79, 3 (November 1974) p. 263. Other important examinations of labelling and mental retardation include Louis Rowitz, "A Sociological Perspective on Labeling in Mental Retardation," Mental Retardation 19, 2 (April 1981), 47-51; Rowitz and Joan Gurn, "The Labelling of EMR Children" in Len Barton and Sally Tomlinson, editors, Special Education and Social Interests (London: Croom Helm, 1984), 149-171; Deborah Burt, "The Differential Diagnosis of Special Education: Managing Social Pathology as Individual Disability" in Barton and Tomlinson, Special Education and Social Interests, 81-121; Tonya Schuster and Edgar Butler, "Labeling, Mild Mental Retardation and Long Range Social Adjustment," Sociological Perspectives 29, 4 (October 1986), 461-483; Donald MacMillan, Reginald Jones, and Gregory Aloia, "The Mentally Retarded Label: A Theoretical Analysis and Review of Research," American Journal of Mental Deficiency 79, 3 (November 1974), 241-261; and Robert Gordon, "Examining Labelling Theory: The Case of Mental Retardation" and "Postscript- Labelling Theory, Mental Retardation, and Public Policy: Larry P. and Other Developments Since 1974," in Gove, The Labelling of Deviance (2nd Edition), 111-227.

19. Bernard Farber, Mental Retardation, pp. 23, 33. See also Farber and E. Royce, "The Mentally Retarded: Valuable Individual or Superfluous Population?," in Peter Mittler, Research to Practice in Mental Retardation (Baltimore: University Park Press, 1977), 2 volumes, 1:45-52. Some observers, particularly Claire Liachowitz, argue that all deviance is secondary, and therefore caused by societal reaction. Liachowitz summarized her argument this way. "The major purpose of the concepts and empirical materials of this book has been to show that social policies help to create disability," Disability as a Social Construct, p. 107.

20. Farber, Mental Retardation, p. 19.

21. Ibid., p. 38.

22. The Florida Commission for the Study of Epilepsy and Feeble-Mindedness explicitly expressed this duality in its 1917 Report, which led to the establishment of the Florida Farm Colony for the Epileptic and Feeble-Minded in 1921. "These cases," the report states, "are a drag upon the resources . . . if not an actual menace to the other individuals of the community in which they live." The report also went on to state however that "they [feeble-minded individuals] also suffer drawbacks and are often handicapped by reason of the conditions under which they live," 1917 Florida House Journal, 2 volumes, 1: 1345.

23. Farber, Mental Retardation, p. 23.

24. Joseph Roucek, "The Concept of Social Control in American Sociology" in Roucek, editor. Social Control for the 1980s: A Handbook for Order in a Democratic Society (Westport, Connecticut: Greenwood Press, 1978), pp. 11, 5. See also Michael Radelet, "Introduction: The Ethnographic Study of Social Control," Urban Life 8, 3 (October 1979), 267-273.

25. David Rothman, "Social Control: The Uses and Abuses of the Concept of Social Control in the History of Incarceration" in Stanley Cohen and Andrew Scull, editors. Social Control and the State (New York: St. Martin's Press, 1983), p. 109; Michael Ignatieff, "State, Civil Society, and Total Institutions: A Critique of Recent Social Histories of Punishment" in Michael Tonry and Norval Morris, editors, Crime and Justice: An Annual Review of Research- Volume 3, 1981 (Chicago: University of Chicago Press, 1981), p. 156. See Ignatieff, A Just Measure of Pain: The Penitentiary in the Industrial Revolution (New York: Pantheon, 1978) for a good example of the social control model at its baldest. The 1981 article is Ignatieff's attempt to come to grips with the problems with the model without recanting its importance.

26. John Mayer, "Notes Towards a Working Definition of Social Control in Historical Analysis" in Cohen and Scull, editors, Social Control and the State, p. 21.

27. On the problems of the social control model as a framework for historical analysis, see Richard Fox, "Beyond 'Social Control': Institutions and Disorder in Bourgeois Society," History of Education Quarterly 16, 2 (Summer 1976) 203-207 and So Far Disordered in Mind: Insanity in California (Berkeley, California: University of California Press, 1978) especially pp. 1-16; William Muraskin, "The Social-Control Theory in American History: A Critique," Journal of Social History 9, 2 (Summer 1976), 556-559; David Rothman, "The Uses and Abuses of the Concept in the History of Incarceration" in Cohen and Scull, editors, Social Control and the State, 106-117; Constance McGovern, "The

Myth of Social Control and Custodial Oppression," pp. 16-17; and Barry Smart and Carol Smart, "Women and Social Control" in Carol Smart and Barry Smart, editors, Women, Sexuality, and Social Control (London: Routledge and Kegan Paul, 1978), 1-7. On the need for more widespread concern for the individuals affected by the systems of social welfare (including institutions) see Ellen Dwyer, "The History of the Asylum in Great Britain and the United States"; and Gerald Grob, "Rediscovering Asylums: The Unhistorical History of the Mental Hospital," Hastings Center Report 7, 4 (August 1977), 33-41. On the role of families in the institutionalization process, see Mark Freidberger, "The Decision to Institutionalize: Families with Exceptional Children in 1900," Journal of Family History 6, 3 (Winter 1981), 396-409.

28. Cohen and Scull, "Social Control in History and Sociology," p. 7.

29. Ellen Dwyer, Homes for the Mad; Nancy Tomes, A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883 (New York: Cambridge University Press, 1984). See also Richard Fox, So Far Disordered in Mind, especially pp. 75-135, which examines commitment procedures and records for individuals in California insane asylums, but not their lives within the institutions themselves.

30. Grob, "Rediscovering Asylums," p. 39 [emphasis in original].

31. The Southern states examined in this work are Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia. These states are defined as a separate region in Howard Odum, Southern Regions of the United States (Chapel Hill, North Carolina: University of North Carolina Press, 1936). Arkansas, the eleventh of Odum's Southeast states, is excluded from this study because it did not open a separate institution for the mentally retarded until the late 1940s, after the time frame for this study. Little or no historical work has been done on Southern institutions for the mentally retarded. Tyor and Bell, in their Caring for the Retarded in America, make no specific references to care in the South. Only a bit more information is available for the related field of mental illness in the South. Norman Dain's Disordered Minds: The First Century of Eastern State Hospital in Williamsburg, Virginia (Williamsburg, Virginia: The Colonial Williamsburg Foundation, 1971); Shomer Zwelling's extended essay (61 pages) Quest for a Cure: The Public Hospital in Williamsburg, Virginia 1773-1885 (Williamsburg, Virginia: The Colonial Williamsburg Foundation, 1985) and the 1980 reprint of Clark Cahow's 1967 dissertation People, Patients, and Politics: The History of North Carolina Mental Hospitals, 1848-1960 (New York: Arno

Press, 1980) remain the only monographic works specifically on the South. Ellen Dwyer's exhaustive 1988 article "The History of the Asylum in Great Britain and the United States" lists only one published article on Southern care of the mentally ill; D.H. Ewalt, "Patients, Politics, and Physicians: The Struggle for Control of State Lunatic Asylum No. 1, Fulton, Mississippi," Mississippi Historical Review 78, 3 (1983), 170-188. The recently released work of Samuel Thielman, "Southern Madness: The Shape of Mental Health Care in the Old South" in Ronald Numbers and Todd Savitt, editors, Science and Medicine in the Old South (Baton Rouge, Louisiana: Louisiana State University Press, 1989), pp. 253-274 and the forthcoming work by John Hughes, "The Kindness of Strangers: A Case Study of Insanity, Commitment, and Care in the Victorian South" promise to fill a gap in the literature but care in the twentieth century remains virtually unexamined.

32. See Daniel Kevles, "Testing the Army's Intelligence: Psychologists and the Military in World War I," Journal of American History 55, 3 (December 1968), 565-581; Stephen Jay Gould, The Mismeasure of Man (New York: W. W. Norton & Company, 1981), pp. 192-204; Raymond Fancher, The Intelligence Men: Makers of the IQ Controversy (New York: W. W. Norton & Company, 1985), pp. 117-132; Russell Marks, The Idea of IQ (Washington, D.C.: University Press of America, 1981), pp. 46-56 and "Providing for Individual Differences: A History of the Intelligence Testing Movement in North America," Interchange 7, 3 (1976-1977), 3-16. For the relationship between World War I and the institutionalization of philanthropic organizations, see John McClymer, War and Welfare: Social Engineering in America, 1890-1925 (Westport, Connecticut: Greenwood Press, 1980), especially pp. 153-191.

CHAPTER II  
CARE AND CONTROL:  
THE AMBIVALENT PROGRESSIVE LEGACY

To one who anticipates the general trend of human life, it is evident that the occasional removal by society of an individual or even many may be necessary to the welfare of the social group. (Reverend Karl Schwartz- 1908)<sup>1</sup>

The first forty years of the twentieth century witnessed a broad national trend toward the segregation in separate institutional facilities of those persons categorized as "feeble-minded." Between 1914 and 1923, nine Southern states joined this movement as they established institutions for the feeble-minded. Florida appeared typical as its legislature authorized a new facility in 1919, charged with the "care and protection" of patients committed to it.<sup>2</sup> Throughout these years, the nationwide pace of institutionalization increased dramatically. In 1904, 17.3 feeble-minded persons per one hundred thousand of the general population had been institutionalized. By 1923, this figure had climbed to 46.7; by 1930, to 55.5; and by 1940, at the conclusion of this study, it had soared to 77.8.<sup>3</sup> These numbers were not simply a manifestation of the better medical and scientific detection and reporting methods which leaders in the field developed during this

time period. Nor did they solely signify an increasing societal awareness of the problems of the feeble-minded, as many Progressive era reformers believed. Finally, the numerical increase did not represent merely a blatant attempt to segregate and control a portion of the population labelled as deviant and threatening. On the contrary, between 1900 and 1940 the generation of Progressive reformers and their successors forged solutions to the problems associated with feeble-mindedness that incorporated elements of all three.<sup>4</sup> This complex interplay between scientific ideas and public policy implementation, between humanitarian impulses and the need for social control, forced Southern institutional leaders to develop facilities without a clear understanding of their function or their relationship to society at large.

The impetus for institutionalization occurred in the Progressive era, a time of massive social and economic change, rooted in rapid industrialization and urbanization.<sup>5</sup> The transforming experience of the Panic of 1893 and the resultant depressed economy forced many government officials to search for new ways to manage public affairs. However, these new methods remained paradoxically tied to a perceived past of conflict-free innocence. Ironically, many reformers sought to foster this ideal state through social manipulation and scientific reasoning. In 1903, Martin Barr, superintendent and chief medical doctor of the Pennsylvania Training School for the Feeble-Minded,

addressed this duality when he observed that better institutional treatment of deviants would "secure at once safety to society, less tension to community, and a greater liberty, therefore, greater happiness, to the individual."<sup>6</sup>

One Progressive remedy for social problems incorporated the increasing use of state power and the financial resources of large corporations.<sup>7</sup> National, regional, and state policy concerning the threat of the feeble-minded to the social order reflected this corporate outlook. The Eugenics Record Office provided the best example of corporate funding for feeble-minded research. Founded in 1904 in Cold Spring Harbor, New York, by Charles Davenport, as the Station for Experimental Evolution, it became the Eugenics Record Office in 1910, when its work, according to Davenport, had "been liberally supported by Mrs. E. H. Harriman and by Mr. John D. Rockefeller."<sup>8</sup> By 1918, the Office had moved under the purview of the Carnegie Institution, where it remained until 1940. All told, over a thirty year period, the Rockefeller, Harriman, and Carnegie philanthropies poured over one million dollars into the Eugenics Record Office. The Office engaged in research on the heritability of mental deficiency and disseminated information on the social effects of feeble-mindedness. It also popularized a scientific view of feeble-mindedness as inherited and incurable. This belief shaped the opinions of many professionals in the field, particularly in the 1910s and 1920s. The Office published such tracts as Davenport's

The Feebly-Inhibited, Arthur Estabrook's The Jukes in 1915, and Harry Laughlin's "Report of the Committee to Study and to Report on the Best Practical Means of Cutting off the Defective Germ Plasm in the American Population," which placed the blame for criminality and poverty on a rapidly growing class of feeble-minded persons.<sup>9</sup> The researchers at the Record Office belied the myth of the disinterested scientist. The information provided by the Eugenics Record Office helped shape a worldview that saw retarded persons as a menace and a drain on resources. "It cannot be admitted," Davenport wrote in a 1912 article, "that feeble-mindedness is a personal and private matter. . . . In a large sense, his [the feeble-minded individual's] is a matter of national concern."<sup>10</sup>

The ideological and intellectual presuppositions of corporate donors accompanied the funds they made available. They bolstered a belief in the class-based threat of the feeble-minded that so permeated early twentieth century thinking.<sup>11</sup> Other corporately funded philanthropies joined the crusade to address the problems of the feeble-minded. Money from the Rockefeller Foundation funded programs of the National Committee for Mental Hygiene (N.C.M.H.), founded in 1909, which conducted individual state surveys to determine planning requirements for feeble-minded individuals. The N.C.M.H. placed particular emphasis on organizing these surveys in Southern states, where the lack of appropriate institutional facilities for feeble-minded persons appeared

critical. Between 1915 and 1926, the Rockefeller Foundation allocated \$304,250 to the N.C.M.H. for these surveys. Foundation leaders recognized their utility in helping Southern states initiate institutions for the feeble-minded. Foundation minutes reported in December 1920 that "the results of studies in southern states presents a most striking illustration of their value. In 1915, when the first surveys were undertaken, the only public institution for the mentally deficient was that of Virginia. Today, in each case as the result of recommendations made by those who conducted these surveys, six southern states have provided institutions of this kind."<sup>12</sup>

Similarly, the Russell Sage Foundation, organized in 1907 with a grant of ten million dollars from the estate of financier Russell Sage, provided funds for surveys of social conditions, including mental retardation, particularly in the South. W. H. Slingerland, Special Agent of the Foundation's Child Helping Department, reported in 1920 that "Louisiana so far has not found it possible to provide any special institution for the feeble-minded and epileptic. The need is now recognized by all intelligent citizens."<sup>13</sup>

Progressive attempts at social engineering gave special emphasis to the effect of deviant populations on society. Social reformers often blamed societal ills on those classes least able to conform to societal expectations. A 1915 Special Report to the General Assembly of Virginia spoke of the link between social problems and retardation in graphic

terms. "The high-grade imbecile and the moron constitute one of most serious social problems. . . . What accentuates the problem, however, is that many of the high-grade are sexual perverts and criminals." It went on to conclude, echoing Charles Davenport, "the worst phase of the menace of the feeble-minded . . . [is] that feeble-mindedness itself is hereditary."<sup>14</sup> The Maryland Mental Hygiene Survey of 1921, subsidized and conducted by the Russell Sage Foundation, put the problem more succinctly when it warned that "it is important for us to protect ourselves from the Feeble-Minded."<sup>15</sup>

During the first two decades of the twentieth century, persons labelled as feeble-minded emerged as a distinct group. Until the middle of the nineteenth century, those persons deemed feeble-minded remained categorized as insane, and often were incarcerated in large custodial mental hospitals. The varied rationales for this institutionalization led to the establishment of asylums whose very function remained unclear. These asylums, ostensibly organized for humanitarian purposes, often became custodial warehouses for long-term control.<sup>16</sup> "The mental hospital, precisely because of the diffuse nature of medical theory and its inability to provide firm guidelines," wrote historian Gerald Grob in 1973, "was particularly susceptible to nonmedical influences, including dominant social values as well as changing attitudes towards and practices with dependent groups generally."<sup>17</sup> The early nineteenth century

reform impulse, filled with high hopes and aspirations for the amelioration of social ills, dissolved in the second half of the century as insane asylums became dumping grounds for society's uncategorized unfortunates. As pressure for change increased, reformers laid great stress on differentiating between those truly insane and other deviant groups, especially the feeble-minded. Even as early as 1848, the Association of Medical Superintendents of American Institutions for the Insane reported the need for separation of insane and retarded persons. In its Annual Report of that year, The Association "called attention . . . to the deplorable and neglected condition of the Idiotic and Imbecile, and the urgent necessity of establishing asylums and schools for their comfort and improvement."<sup>18</sup> Many of these institutions for the insane prided themselves on high cure rates for their patients, especially since legislative appropriations hinged upon the percentage of patients cured by institutional action. The continued placement of feeble-minded persons in insane asylums threatened these high cure rates, as feeble-minded individuals often failed to respond to treatment modalities and instead remained without improvement in the institution for long periods. Those feeble-minded removed from insane asylums seldom ended up in an appropriate placement, however. For many, the county almshouse was the location of last resort.<sup>19</sup>

National census reports confirmed the increasing numbers of the feeble-minded, both in the community and in

institutions. By 1890, over 10,000 persons categorized by the Census Office as "idiotic" resided in either almshouses or institutions designed for the insane. (See Table 2.1) The census data also revealed that while the majority of retarded persons placed under dependent care lived in either insane asylums or almshouses, separate specialized institutions cared for increasing numbers of them. These facilities had existed in the United States since 1848, when the first one opened in Massachusetts. Many of the

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TABLE 2.1  
Idiotic Persons Enumerated by the U.S. Census  
1850-1890

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Census Yr.	1850	1860	1870	1880	1890
Number	15787	18930	24527	76249	95571
#/100,000 Population	68.1	60.2	63.6	153.3	152.7
# in Instit. for Mentally Retarded	---	---	---	2429	5254
# in Instit. for Mentally Ill	---	---	---	1141	2469
# in Almshouses	---	---	---	5867	7811

Source: Census Data Reported in K. Charlie Lakin. Demographic Studies of Residential Facilities for the Mentally Retarded (Minneapolis, Minnesota: University of Minnesota Department of Psychoeducational Studies, 1979), Table 4, p. 22.

reformers involved in humane treatment for the insane, among them Dorothea Dix and Samuel Gridley Howe, also advocated these institutions, designed specifically for the mentally retarded. By the 1850s, institutions existed in Massachusetts, Pennsylvania, and New York. Twenty years later, institutions housing only mentally retarded individuals served 2,429 persons in fourteen states, twelve of them located in the Northeast and Midwest. Among Southern states, only Kentucky initiated a separate institution, founding the Feeble-Minded Institute in Frankfort in 1860. In spite of these facilities, in the nineteenth century a majority of the institutionalized feeble-minded remained part of the undifferentiated deviant population housed in insane asylums or in county almshouses.<sup>20</sup>

The need to identify specific deviant categories occurred simultaneously with the organization of specialized "helping professions," designed to manage and control particular types of deviance. Emulating their insane asylum superintendent brothers, six medical doctors organized the Association of Superintendents of Institutions for Idiots and Feeble-Minded Persons on June 6, 1876. Begun at the campus of the Pennsylvania Training School in Media, Pennsylvania, the organization reflected the views of Isaac Kerlin, the superintendent of that school. Kerlin believed that institutional superintendents needed to share expertise, lobby uniformly for improvements in care, and organize as a pressure group to raise public awareness of

the problems associated with the feeble-minded. The event, indicative of the growing specialization of the mental health field, marked the beginning of a separate organization dedicated solely to the care and training of the feeble-minded. Only two years later, the group changed its title from "Association of Superintendents" to "Association of Medical Officers," recognizing the importance of physicians in the care and treatment of the feeble-minded. The primary relationship of medical doctors to the study of idiocy and the increasing demarcation of specialized categories appeared symptomatic of larger social trends. Medical historian Charles Rosenberg explained these trends in 1981 by observing that ". . . professionalism, efficiency, and the all-sufficient efficiency of science all conspired to help legitimate this particular social order."<sup>21</sup>

Many leaders of the movement to institutionalize the feeble-minded also recognized that commitments alone could not solve the increasing problems associated with mental deficiency. State budgetary constraints simply would not allow the massive building program necessary if all feeble-minded were to be institutionalized. This situation, according to a 1916 Survey article, left "probably not more than fifteen percent of the demonstrably feeble-minded in the United States . . . segregated in special colonies or institutions suitable for their care."<sup>22</sup> Professionals remained split over the efficacy of this policy. While the

superintendent of Iowa's Soldiers' Orphan Home noted in 1913 that "no feeble-minded person, no matter how high the grade, or how expert the training, is capable of self-support. . .," a social worker reported to the 1916 New York City Conference on Charities that "any comprehensive system of segregating the unfit is remote at least" and . . . "brings to the front the whole idea of personal freedom."<sup>23</sup>

The desire to further categorize deviant persons resulted, more fundamentally, from over-all changes in the American economic structure.<sup>24</sup> The growth of an integrated market economy further stimulated the increasing need to differentiate between able-bodied and disabled poor persons. Sociologist Andrew Scull pointed out that the capitalist economy transformed the population into a "modifiable and manipulable human material whose yield would be steadily enlarged through careful management and improvements in use and organization designed to qualitatively transform its value as an economic resource."<sup>25</sup> Many persons unable to work because of their bizarre behavior patterns were placed either in institutions for the insane or the county almshouse. The need to return "cured" institutionalized persons to society, coupled with superintendents' needs to report their successes in curing their patients, led to increasing pressure to establish separate institutions for the "incurable" feeble-minded. Along this line, the 1917-1919 biennial report of the Florida State Hospital for the

Insane concluded that "they [feeble-minded] persons do not need to be treated on the same basis as the insane."<sup>26</sup>

Generated by concerns about economic efficiency, identification of feeble-mindedness became increasingly class-specific. This class-based notion gave further impetus to the founding of separate institutional facilities for the feeble-minded. Addressing the A.A.M.D. as its president in 1937, South Carolina State Training School Superintendent Benjamin Whitten revealed the longevity of these class beliefs. "This class," he reported, "would have sat at the head table . . . if there had been a 'Jukes' family reunion. . . . Their presence causes both economic and social waste."<sup>27</sup> The 1915 Virginia Special Report on Mental Defectives reached a similar conclusion. "Fully eighty percent of our almshouse inmates are feeble-minded," it reported, while "a large number of persons receiving volunteer and public outdoor relief are feeble-minded."<sup>28</sup> Concern about the class-based nature of feeble-mindedness did not remain a regional problem. United States Public Health Surgeon Dr. Taliaferro Clark told the 1916 N.C.C.C. meeting that "the home environment and the mental attitude of parents who are themselves retarded are . . . potent factors in the mental retardation of their children."<sup>29</sup> More than simply a measure of inadequate intelligence, feeble-mindedness became increasingly associated with the poverty and degradation of the lower classes.

An even stronger relationship seemed to exist between feeble-mindedness and criminal behavior. Dr. Walter Fernald, a nationally recognized institutional superintendent from Massachusetts, cogently expressed his belief in the link between criminality and feeble-mindedness when he wrote in 1909 that "every imbecile is a potential criminal."<sup>30</sup> Researchers conducted elaborate surveys to establish the relationship between feeble-mindedness and criminal behavior.<sup>31</sup> Removal of the feeble-minded from the general population seemed the simplest solution for lowering the burgeoning crime rate. The final report of the 1919 Georgia Commission on Feeble-Mindedness stated that, "the depredations growing out of their criminal behavior furnish one of the most satisfactory arguments for a state-wide policy of protection against the menace of feeble-mindedness."<sup>32</sup> In 1916, Joseph Byers, Executive Secretary of the National Committee on Provision for the Feeble-Minded, and later Kentucky's Commissioner of Public Institutions, announced the means of implementing this policy when he addressed the N.C.C.C. "We now know," he said, "that Feeble-Mindedness enters into and complicates every one of our great social problems, and we are beginning to know that the first step in their solution must be the identification and elimination of this feeble-minded element." Byers proposed to accomplish this by placing feeble-minded persons in "permanent segregation in suitable institutions under state control."<sup>33</sup>

The search for solutions to the social problems caused by the menace of the feeble-minded increasingly employed scientific methods of analysis. Science provided a key to imposing a semblance of order upon a world of seemingly relentless change. Far from undermining existing social conditions, science in the early twentieth century provided a needed continuity in social thought. "Only through such shifts in formal context and sources of authority," explained historian Charles Rosenberg, "could traditionally prescribed norms find adequate ideological support in this period of rapid social change."<sup>34</sup> Reflecting this new emphasis, the National Conference on Charities and Corrections changed its name to the National Council on Social Work, embodying a shift to a more scientific and professional stance toward social problems. The changing content of the Journal of Psycho-Asthenics also demonstrated the newly emphasized belief in scientific solutions. By 1913, the Journal contained many articles on psychological intelligence testing, biological breeding, and prevention of mental defects by scientific procedures.<sup>35</sup>

While a scientific world view gradually achieved ascendancy, the charitable, benevolent basis for care of the feeble-minded persisted. Indeed, it often merged with scientific thought, providing a strange mix of old and new. As early as 1899, Dr. Martin Barr, Kerlin's successor as Superintendent of the Pennsylvania Training School, wrote of the need of institutions for the feeble-minded to "guide us

to the Statlier Eden of simple, manners, purer laws which the twentieth century shall usher in."<sup>36</sup> In 1915, Dr. C. Banks McNairy, Superintendent of North Carolina's Caswell Training School, also voiced this altruistic view when he appealed to the North Carolina Legislature for increased funding. "I am proud to know that the time has come when good Christian people of our grand old state," he announced, "have, by their actions, said that these unfortunates [the feeble-minded] no longer shall be tied, chained, and staked out as animals."<sup>37</sup>

The gradual absorption of scientific approaches to management of social ills coincided with the continuing attempts of medical doctors to control the treatment, care, and training of feeble-minded persons.<sup>38</sup> In his 1896 presidential address to the A.A.S.F.M., Dr. Martin Barr stated his belief in the continuing importance of the medical profession in the field of mental retardation. "No such Institution should ever have a head officer not a medical man," he stated, "for the very simple reason that men, no matter how capable otherwise, cannot approach the subject of care, training, and true **scientific** study of such defectives without the preliminary training afforded by the medical school."<sup>39</sup> Even though in 1906 the Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons changed its name to the American Association for the Study of Feeble-Mindedness, this change did not mean an end to medical domination of the

organization or the profession. In the forty year period from 1900 to 1940, only five non-physicians assumed the one-year term as president of the A.A.S.F.M. The South followed this medical model. Throughout these years, medical doctors held the position of superintendent in every Southern institution.<sup>40</sup>

The growth of a scientific world view provided a framework for a hereditarian approach to the problem of mental defect. Charles Darwin's theories of evolution, the adaptation of them to the field of eugenics by his cousin Francis Galton, and the rediscovery of Mendelian genetics in 1900 led many in the field of research into feeble-mindedness to embrace the view that mental defect was carried genetically from generation to generation. In 1916, Edward Johnstone, superintendent of New Jersey's influential Vineland Training School, concluded that "feeble-mindedness is strongly inheritable."<sup>41</sup> Between 1874 and 1926, authors with hereditarian predilections published fifteen major studies of family geneologies, attempting to prove scientifically the direct heretability of feeble-mindedness. The high point of these publishing ventures came in the second decade of the twentieth century, with the release of nine new books.<sup>42</sup> Henry Goddard's The Kallikaks, published in 1912, proved the most important of these works. Goddard, a disciple of pioneering psychologist G. Stanley Hall and a prolific pamphleteer and ardent proselytizer for the hereditarian cause, wrote the book while the director of

Vineland's Feeble-Minded Laboratory. Goddard's reputation and influence gave credibility to the feeble-minded movement.<sup>43</sup> Southern proponents of increased programs for the feeble-minded invoked the specter of Goddard's hereditary line of feeble-minded individuals to convince legislatures of the need for institutional facilities. The 1915 Virginia report on Mental Deficiency summed up this viewpoint when it announced that "the form of mental degeneracy known as feeble-mindedness is the most dangerous, because it is directly inherited."<sup>44</sup>

The absolute belief in the inherited nature of feeble-mindedness prompted calls for the removal of the feeble-minded from the human race's breeding stock. Henry Goddard viewed this as a matter of "segregation and sterilization." Others went further. Dr. Herman Matzinger, of the University of Buffalo, explained in 1919 that "the only way of preventing mental defect that is scientific and offers any prospect of relief from the inherent dangers of the present state of things is the absolute and certain prevention of descendants from the mental defective. There is no alternative."<sup>45</sup> This desire to purify the genetic lines of Americans gave rise to apocalyptic calls for sterilization, such as this excerpt from the 1934 Superintendent's Report of Florida Farm Colony for the Epileptic and Feeble-Minded:

a step towards checking this on-rushing horde now devouring civilization would be the surgical sterilization of every feeble-minded person

coming within the purview of the law, thus precluding them from reproducing their kind . . . thousands and hundreds of thousands would be denied the power of spreading . . . his or her defective progeny. Can civilization stand the strain if nothing is done to lessen or stop it?<sup>46</sup>

By 1948, thirty-eight states had legally established criteria for eugenic sterilization, and 24,957 persons labelled as mentally retarded had been sterilized, presumably for the protection of society.<sup>47</sup>

While eugenics provided a scientifically based program for ameliorating the problems of the mentally defective, no consensus arose concerning its application. Eugenicists argued over both fundamental matters, such as the debate over nature versus nurture, and strategies for action. Historians, such as Leon Kamin, eager to condemn the movement (and there is much within it which demands condemnation) often assumed eugenics provided a structured platform with strong leadership.<sup>48</sup> This was not the case. Even so fervent a hereditarian as Henry Goddard wrote in 1912 that "criminality is not born, it is made." An editorial in a 1912 issue of the American Breeders' Magazine lamented that "without assuming the role of alarmists, it must be admitted that this subject [eugenics] is sure to drift more or less for a lack of adequate leadership."<sup>49</sup> In the South, as well, institutional leaders spoke up against hereditarian determinism. In 1935, Virginia State Colony Superintendent Dr. G. B. Arnold told the Virginia Conference of Social Work that "the factor of environment cannot be stressed too strongly."<sup>50</sup>

While a belief in the need for protection of society from the assumed menace of retarded individuals contributed to institutionalization and sterilization, humanitarian impulses cannot be discounted all together.<sup>51</sup> The push for better institutional arrangements, more humane care for the feeble-minded, and measures to prevent retardation composed part of a broader social concern that characterized the entire Progressive Era.<sup>52</sup> The National Conference on Charities and Corrections organized a separate division in 1912 designed specifically to attack the problems associated with feeble-minded persons. By 1916, a National Committee on Provision for the Feeble-Minded had been organized in Philadelphia, with veteran philanthropist and N.C.C.C. member Alexander Johnson as its executive secretary. Thus in the 1910s, the creation of two major new bodies reflected the humanitarian aspects of progressive response to the problems of the feeble-minded.

Humanitarian currents existed in the South as well. The Southern Sociological Conference represented an institutional expression of the progressive reform impulse. Founded in 1912 by religious leaders and charity workers, the S.S.C. provided a forum for the discussion of social problems in the South and methods for their amelioration. It also exemplified the transitional nature of the helping professions during this time period. Over the decade of the 1910s, the S.S.C. moved slowly toward a professional attitude regarding society's problems, yet maintained the

religious orientation of earlier philanthropic organizations. The program of the initial 1912 meeting in Nashville featured a myriad of reform issues, including abolition of the convict lease system, temperance and prohibition, initiation of child labor legislation, and establishment of juvenile court systems. The delegates also listed "proper care of defectives, the blind, the deaf, the insane, the epileptic, and the feeble-minded" as major objectives.<sup>53</sup> In Florida, other organizations followed the lead of the S.S.C. Marcus Fagg, head of the Jacksonville-based Children's Home Society and State Secretary of the N.C.C.C. reported to that organization's 1912 national meeting in Cleveland that "the social outlook in Florida is most encouraging, for the people all over the state are being awakened to the needs of the state, especially along . . . institutional lines."<sup>54</sup>

Expression of this humanitarian concern for the plight of the feeble-minded often took a decidedly paternalistic cast. In 1900, Martin Barr exemplified this when he wrote that "the settlements [institutions] of simple childless folk must themselves be in a certain way always children, finding their happiness in congenial occupations and quiet pleasures."<sup>55</sup> Twenty-three years later, this paternalism remained intact. The 1923 Kentucky Mental Hygiene Survey reported that "it is important that people generally shall realize that the feeble-minded are children, that the rest of us must assume responsibility for them and help them as

we help children."<sup>56</sup> This paternalistic approach fostered long terms of institutionalization, as it created dependence upon staff rather than the training of patients for independent living outside insitutions.

This humanitarian impulse, expressed through paternalistic professional organizations, coincided with a concomitant belief in the efficacy of state power to achieve progressive ends.<sup>57</sup> States slowly developed mechanisms to organize and coordinate strategies for handling deviant groups at a state, rather than local, level. In New York, prior to 1890, local boards of control provided supervision of institutions for insane and feeble-minded persons. Established in 1890, the State Board of Lunacy became responsible for institutional supervision. The trend toward centralization continued in 1901 when the New York legislature authorized a separate fiscal office for state institutions.<sup>58</sup> Summarizing the move towards centralized state control, Moorhead Murdoch, Superintendent of Pennsylvania's Polk Training School, wrote in 1913 that "the care of the feeble-minded . . . is a problem for the state, not the city or the county."<sup>59</sup>

Southern states followed their Northern counterparts in the move towards centralized control over institutions for the "socially inadequate classes." In 1915, South Carolina organized a State Board of Charities and Corrections, controlling all state institutions. The Board was re-organized in 1920 and re-named the State Board of Public

Welfare, charged with controlling "defective children both in institutions and outside them." Georgia's moves to centralized control followed a more circuitous route. Gracewood, the Georgia Institution for the Feeble-Minded, opened in 1923 under the dual authority of the State Board of Health, founded in 1919, and the State Board of Public Welfare, founded in 1915. This bifurcated arrangement continued until 1931, when a governmental re-organization program abolished the Board of Public Welfare and established an eleven member Board of Control of Eleemosynary Institutions to manage the institution and seven others. Only six years later, this Board was also abolished and Gracewood came under the auspices of the newly re-organized Department of Public Welfare.<sup>60</sup>

While Southern states established institutions for the feeble-minded because, according to a South Carolina report, "in attacking the problem of feeble-mindedness we are also attacking the problems of crime and pauperism at their very roots," the Georgia example showed that once established, institutions often had difficulty maintaining an identity. Neither fully medical institutions, penal facilities, nor extensions of the inchoate welfare system, these institutions often fell through the funding cracks of these bureaucratized agencies. Thus in 1923, Gracewood Superintendent Dr. George Preston reported that "the school for the feeble-minded at Gracewood has had even a harder struggle financially than Alto [the State Tuberculosis

Sanitorium]."<sup>61</sup> In a region where state funding for public welfare programs was minimal, institutions for the feeble-minded received the smallest part of the pie.

As Southern institutions struggled with financial problems based often on their undifferentiated role in state social welfare policy, federal census data confirmed the movement towards increasingly centralized state control over institutional populations. In 1904, county almshouses housed fifty-four percent of the 30,898 institutionalized feeble-minded nationwide. By 1923, the percentage of feeble-minded in almshouses had dropped to twenty-two percent, with the remaining seventy-eight percent residing in institutions, mainly state facilities, built specifically to house mentally defective persons.<sup>62</sup>

In Southern states, the need to remove the feeble-minded from almshouses provided a powerful rationale for the building of separate institutions. The 1919 Mississippi Mental Deficiency Survey, conducted by the N.C.M.H., reported that feeble-minded persons comprised 36.6 percent of Mississippi's poorhouse residents. The desire to protect society from the feeble-minded remained important for the growth of centralized, public programs for controlling this class of deviant. The Mississippi Survey reported that almshouse care of the mentally retarded was not acceptable. Indeed, it concluded that "the most drastic criticism of poor-farm care is that little precaution is taken to prevent propagation."<sup>63</sup>

Far from being an isolated reform program, the movement to institutionalize feeble-minded individuals, remained tied to other aspects of Progressive thought, through common strands of state intervention and paternalistic humanitarianism. Even the ideas and idiom surrounding overseas expansion found their correlative in thinking about the feeble-minded. The vocabulary adopted by leaders in the movement to improve treatment of the feeble-minded reflected this trend.<sup>64</sup> Institutional leaders chose the word 'colony,' coined to identify small satellite institutions for those feeble-minded who might return to society, to correspond to the term for overseas possessions that assumedly would also benefit society. In 1903, Martin Barr fused these two meanings of colony when he wrote that "an ideal spot might be found [for an institution] either on one of the newly acquired islands, the unoccupied lands of the Atlantic seaboard, or the far West."<sup>65</sup> The language of Progressive imperialists and those involved with the mentally defective seemed interchangeable. "When the day comes, that all or nearly all the degenerate are gathered into industrial celibate communities," an 1899 editorial in the Journal of Psycho-Asthenics proclaimed, "how rapidly will the 'White Man's Burden' of distress, pauperism, and disease, which he must be taxed to support begin to diminish?"<sup>66</sup>

The Progressive reform movements also stressed the close ties of the emerging middle class to notions of

correct and proper behavior.<sup>67</sup> Reformers, such as Goddard and Fernald, tended to view complex social and economic problems in the context of public and private morality, blaming poverty on a lack of moral fiber in the poor.<sup>68</sup> In this period of wide-ranging societal concerns, the search for solutions often centered on simplistic answers based on individual moral action. Many reformers conveniently blamed criminality, urban blight, prostitution, and unemployment on a sexually active, rapidly reproducing class of feeble-minded individuals, which if allowed to increase in size would drag the entire American population down. At the 1916 N.C.C.C. meeting in Indianapolis, Helen McMurchy clearly stated the moral component of reform for the feeble-minded. "Mental defectives," she explained, "with little sense of decency, with no control of their passions, with no appreciation of the sacredness of the person and the higher references of life, become a centre of evil in the community and inevitably lower the moral tone."<sup>69</sup> North Carolina's C. Banks McNairy, Superintendent of Caswell Training School, addressed the 1923 A.A.S.F.M. meetings in Detroit with more of the same rhetoric. "We can never change the mental capacity of the defective delinquent or the moron," he announced, "nor can we raise their moral conception to our social ideals."<sup>70</sup> The growing numbers of persons committed to institutions for deviant social behavior reflected the attitudes and morality of middle class America.

This middle class attitude consisted of more than a feeling of simple moral superiority. It contained, in the words of historian Morton Keller, "the mix of Christian benevolence, moral reform, 'scientific' human improvement, and protection of a threatened social order."<sup>71</sup> These diverse roots of social action led to a multiplicity of goals in policies concerning feeble-minded persons. Some leaders recommended "the absolute necessity of permanent sequestration;" others believed that the "feeble-minded should be guarded or segregated during the child bearing period."<sup>72</sup> Progressives believed in the efficacy of governmental action to implement positive individual change.

Debate persisted, however, over whether feeble-minded persons could actually be improved by governmental intervention. In an influential article, Henry Goddard, after using the Binet test of intelligence on a sample of residents at Vineland, wrote that "feeble-minded children are trainable, but not improvable in intellectual capacity."<sup>73</sup> Two schools of thought arose out of Goddard's findings. One viewed institutionalization as permanent, custodial care. Other professionals, however, believed that proper instruction and training of high-level feeble-minded persons would allow them to return to their communities and live semi-independent productive lives. In 1917 Charles Bernstein, Superintendent of New York's Rome Custodial Asylum (soon to be re-named the Rome State School, reflecting Bernstein's philosophy) wrote that the duty of

the institution was to "rehabilitate and return the services of these inmates to the state and its . . . citizens."<sup>74</sup>

The differences in approaching the problems of feeble-mindedness, and the variety of individuals labelled as feeble-minded, forced institutional leaders to implement a series of disparate, often opposing, programs, leading to a distinct lack of clear-sighted insitutional goals.

The growth of community special educational programming appeared closely allied with the movement to institutionalize increasing numbers of feeble-minded individuals. The 1920 Report of the South Carolina State Board of Public Welfare recognized "the importance of the public school as a social agency, and of school teachers as social workers." It concluded that "the State needs more special classes, more teachers trained for this work. . ."<sup>75</sup> U. S. Office of Education reports revealed the special class alternative as an increasingly attractive one to educators (See Table 2.2). Educators understood the importance of this trend. They also realized, in a way few institutional leaders did, that the increase in numbers of special students did not imply that the feeble-minded posed a serious threat to the nation. The 1916-1918 Survey of Education reminded its readers that "these large percentages of increase do not necessarily mean that society is being burdened with unusually increasing percentages fo feeble-minded and sub-normal children, but rather indicate that provision is being made for the education and care of

children who in years gone by had little opportunity for education."<sup>76</sup>

The differing strategies for attempting to ameliorate the problems of the mentally retarded resulted from the varieties of Progressive thought, stretching on the continuum from humanitarianism to social control. Humanitarians viewed the feeble-minded as individuals, as

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Table 2.2  
Special Classes Throughout the Nation

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<u>Year</u>	<u># of States</u>	<u># of Cities</u>	<u># of Students</u>
1922	23	133	23,252
1927	32	218	51,814
1932	39	483	75,099
1934	39	526	84,458
1936	43	643	99,621

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Source: 1932-1934 Biennial Survey of Education, Department of Interior, Office of Education (Washington, D. C.: U. S. Government Printing Office, 1939). "Chapter VI-Statistics of Special Schools and Classes for Exceptional Children", Vol 2, p. 2.

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victims of overwhelming social forces. The report of the 1924 Rhode Island Social Welfare summarized this viewpoint when it concluded that "the Mental Defective is a social problem largely because he is not given a square deal."<sup>77</sup>

Conversely, advocates of social control approached the mentally defective person as a deviant member of society and a cause of other social problems. Government action would improve society by removing feeble-minded individuals from it. "It is socially ruinous to all," wrote the Reverend Joseph Mastin, the Secretary of the Virginia State Board of Charities and Corrections in 1916, "for them [feeble-minded persons] to reproduce their kind."<sup>78</sup>

Some extreme backers of this social control position even went so far as to blame humanitarian efforts for the rise in the number of mentally defective persons. Writing in the 1909 J.P.A., Richard Milburn of Indiana's School for Feeble-Minded Youth commented that "with the spread of humanitarianism, the increased means of sparing and prolonging life, many feeble-minded persons are now alive who under conditions prevailing a century would have been dead. Some of these have brought children into the world and chances are 2 to 1 that these are also feeble-minded." In 1916, Lewis Terman, the psychologist responsible for developing the Stanford-Binet intelligence test, echoed these sentiments. "Various beneficent social agencies and organized charities, necessary and humane as these are," Terman wrote, ". . . often contribute to the survival of individuals who would otherwise not be able to live and reproduce. The result is an ever increasing proportion of socially unfit individuals in our state's population."<sup>79</sup>

In the first twenty years of the twentieth century, states, both North and South, concluded that large public institutions could solve the problems caused by feeble-minded individuals. However, the Progressive legacy of institutionalization appeared much more problematic regarding the role and purpose of these facilities. Concerns for the feeble-minded individual and his or her rights had to be measured against the needs of society as a whole. Though most decisions regarding the process of institutionalization favored the needs of society, enough ambiguity remained to cloud the functions of institutions to professionals and laymen alike. Dr. William Cornell, of the New York State Department of Education, captured these contradictions perfectly in 1920. "It is apparent that the State Institutions for the Feeble-Minded in the United States," he wrote, "are in a developmental, or transitional stage. It is also apparent that too many are simply custodial in function."<sup>80</sup>

### Notes

1. Karl Schwartz, "Nature's Corrective Principle in Social Evolution," a paper presented at the 32nd annual meeting of the American Association for the Study of the Feeble-Minded, June 1908, Rome, New York, in Marvin Rosen, Gerald Clark, and Marvin Kivitz, editors, The History of Mental Retardation, Collected Papers, (Baltimore: University Park Press, 1976) 2 volumes, 2: pp. 154. Reverend Schwartz was rector of the Church of the Savior in Syracuse, New York, and was nationally known as an author and preacher. He authored several books, including Inherited Criminal Tendencies and How Nature Deals With Them.
2. Laws of Florida, Chapter 7887, 1919 Regular Session, General Acts and Resolutions, 2 volumes, 1: p. 234. Nine Southern states opened institutions between 1908 and 1923. (See Figure 2.1)
3. U.S. Department of Commerce, Bureau of the Census, Feeble-Minded and Epileptics in Institutions 1923 (1926), p. 26; U.S. Department of Commerce, Bureau of the Census, - Mental Defectives and Epileptics in Institutions 1937 (1939), p. 10. U.S. Department of Commerce, Bureau of the Census, Patients in Mental Institutions 1940 (1943), p. 107.
4. The term "feeble-minded" is used synonymously with the presently used "mentally retarded" and "mentally handicapped". See above, Figure 1.1. Since professionals in the field used it as a scientific descriptor during the time period this study investigates, it will be used in this work. It implies no disparagement of the persons so labelled.
5. Literature on the Progressive era is, of course, voluminous. Robert Wiebe's The Search for Order, 1877-1920 (New York: Hill and Wang, 1967) and Samuel Hays' The Response to Industrialism, 1885-1914 (Chicago: University of Chicago Press, 1957) offer the most pertinent interpretations of the era as a period of bureaucratic organization in response to societal change. Gabriel Kolko's Triumph of Conservatism (New York: The Free Press of Glencoe, 1963) and James Weinstein's The Corporate Ideal in the Liberal State, 1900-1918 (Boston: Beacon Press, 1968) view the inter-relationship of government and large corporations as the major development of the Progressive Era. Dewey Grantham's Southern Progressivism: The Reconciliation of Progress and Tradition (Knoxville, Tennessee: University of Tennessee Press, 1983) points

Figure 2.1

Institutions for the Feeble-Minded in the South

<u>State</u>	<u>Institution</u>	<u>Year Founded</u> <sup>1</sup>
Alabama	Partlow State School for Mental Defectives, Tuscaloosa	1919
Florida	Florida Farm Colony for Epileptic and Feeble-Minded, Gainesville	1921
Georgia	Georgia Training School for Mental Defectives, Gracewood	1921
Kentucky	State Institution for the Feeble-Minded, Frankfort	1860
Louisiana	State Colony and Training School, Alexandria	1922
Mississippi	Ellisville State School, Ellisville	1923
North Carolina	Caswell Training School, Kinston	1914
South Carolina	State Training School, Clinton	1920
Tennessee	State Home & Training School for Feeble-Minded Persons, Donelson	1923
Virginia	Lynchburg State Colony, Colony Petersburg State Colony, Petersburg	1908, 1914 <sup>2</sup> 1939 <sup>3</sup>

1. Year first patients were admitted.

2. Colony opened in 1908 as an institution for epileptic persons. Feeble-minded individuals were admitted in 1918.

3. Petersburg State Colony was the South's only institution for black patients.

out the unique parameters of progressivism in a region quite different from the rest of American society. For a concise bibliographic essay on recent works and trends in Progressive historiography, see Daniel Rodgers, "In Search of Progressivism," Reviews in American History 10, 1 (December 1982) 113-132. For a brief summary of the relationship of Progressive reformers and treatment of the dependent and delinquent, see David Rothman, "The State as Parent: Social Policy in the Progressive Era" in Willard Gaylin, Ira Glasser, Steven Marcus, and David Rothman, Doing Good: The Limits of Benevolence (New York: Pantheon Books, 1981), 67-96.

6. Martin Barr, "The Imperative Call of Our Present to Our Future," J.P.A. 7 (1902-1903), p. 8.

7. See James Weinstein, The Corporate Ideal in the Liberal State, especially pp. 172-213, for the most explicit example of this belief.

8. Report of Charles Davenport, Director of the Eugenics Record Office in Yearbook of the Carnegie Institution, Volume 11, 1912, pp. 18-19. For information on the E.R.O. and Davenport, see Garland Allen, "The Eugenics Record Office at Cold Spring Harbor, 1910-1940- An Essay in Institutional History," Osiris 1986 Second Series, No. 2 (1986), 225-264; Charles Rosenberg, No Other Gods: On Science and American Social Thought (Baltimore: Johns Hopkins University Press, 1976), especially Chapter 4; Nicolas Hahn, The Defective Delinquency Movement: A History of the Born Criminal in New York State, 1850-1966 (Ph. D. Dissertation, S.U.N.Y. Albany, 1978), p. 312; Mark Haller, Eugenics: Hereditarian Attitudes in American Thought, 2nd Edition, (New Brunswick, New Jersey: Rutgers University Press, 1984), pp. 63-75; Donald Pickens, Eugenics and the Progressives (Nashville, Tennessee: Vanderbilt University Press, 1968), pp. 51-52; Daniel Kevles, "Annals of Eugenics," The New Yorker, October 8, 1984, pp. 110-115 and In the Name of Eugenics: Genetics and the Uses of Human Heredity (Berkeley, California: University of California Press, 1985), pp. 40-56 and 100-104; and Peter Tyor and Leland Bell, Caring for the Retarded in America: A History (Westport, Connecticut: Greenwood Press, 1984), p. 112.

9. Funding information on E.R.O. from Garland Allen, "The Eugenics Record Office", pp. 261-263; Charles Davenport, The Feebly-Inhibited (Cold Spring Harbor, New York: Eugenic Record Office, 1915); Arthur Estabrook, The Jukes in 1915 (Washington, D.C.: The Carnegie Institution of Washington, 1916); and Harry Laughlin, "Report of the Committee to Study and the Report on the Best Practical Means of Cutting Off the Defective Germ Plasm in the American Population," Eugenics Record Office Bulletin No. 10 (February, 1914). Estabrook's book was an update of Richard Dugdale's 1874

tracing of the Juke family in The Jukes (New York: G. P. Putnam's Sons, 1895). Dugdale stressed both heredity and environmental causation of feeble-mindedness in The Jukes. Estabrook approached the problem of the Jukes in purely hereditarian terms and focused on the dangers of such families polluting society with their feeble-minded genes.

10. Charles Davenport, "A Census of the Feeble-Minded," J.P.A. 16 (1911-1912), p. 11.

11. For a look at the relationship between the field of mental health and philanthropic foundations, see Theresa Richardson, The Century of the Child: The Mental Hygiene Movement & Social Policy in the United States & Canada (Albany, New York: State University of New York Press, 1989), passim. For a broader look at foundations and their relation to social planning see the essays in Robert Arnove, editor, Philanthropy and Cultural Imperialism: The Foundations at Home and Abroad (Boston: G. K. Hall and Co., 1980), especially Barbara Howe, "The Emergence of Scientific Philanthropy 1900-1920: Origins, Issues, and Outcomes", 25-54; Sheila Slaughter and Edward Silva, "Looking Backward: How Foundations Formulated Ideology in the Progressive Era", 55-86; and Russell Marks, "Legitimizing Industrial Capitalism", 87-122. Also see Barry Karl, "Philanthropy, Policy Planning, and the Bureaucratization of the Democratic Ideal," Daedalus 105, 4 (Fall 1976), 129-149; Barry Karl and Stanley Katz, "The American Private Foundation and the Public Sphere, 1890-1930," Minerva 19, 2 (Summer 1981), 236-270; John McClymer, War and Welfare: Social Engineering in America, 1890-1925 (Westport, Connecticut: Greenwood Press, 1980), pp. 30-67; and Frances Piven and Richard Cloward, "Humanitarianism in History: A Response to the Critics" in Walter Trattner, editor, Social Welfare or Social Control? Some Historical Reflections on "Regulating the Poor" (Knoxville, Tennessee: University of Tennessee Press, 1983), 114-148.

12. Minutes of the Rockefeller Foundation- National Committee for Mental Hygiene, December 1, 1920; R.G. 1.1, Series 200, Box 200, Folder 362, Rockefeller Foundation Archives, Rockefeller Archive Center, Pocantico Hills, New York. Financial amounts calculated from Rockefeller Foundation Minutes, 1915-1926.

13. W. H. Slingerland, "A Constructive Program of Organized Child Welfare Work for New Orleans and Louisiana," An Address to the S.S.C., New Orleans, Louisiana, April 1920, in David Hammack, editor, The Russell Sage Foundation: Social Research and Social Action in America, 1907-1947- An Historic Bibliography (Frederick, Maryland: University Press of America Academic Editions, 1988), Microfiche 102 CH 30, p. 30. For related corporate financial contributions, see Russell Marks, "Legitimizing Industrial Capitalism:

Philanthropy and Individual Differences" in Robert Arno, editor, Philanthropy and Cultural Imperialism, p. 88.

14. Mental Defectives in Virginia: A Special Report of the State Board of Charities and Corrections to the General Assembly, 1916, (Richmond, Virginia: n. p., 1916), pp 11-13.

15. "Report of the Maryland Mental Hygiene Survey with Recommendations", (Baltimore, 1921), reprinted in Gerald Grob, editor, Mental Hygiene in Twentieth Century America: Four Studies, 1921-1924 (New York: Arno Press, 1980), p. 67.

16. The literature on the growth of asylum treatment is large and often rancorous. See Ellen Dwyer, "The History of the Asylum in Great Britain and the United States," in David Weisstub, editor, Law and Mental Health: International Perspectives- Volume 4 (New York: Pergamon Press, 1988), 110-160 for the most recent historiographical review of the literature. For the most important interpretive examples of the work, see David Rothman, The Discovery of the Asylum: Social Order and Disorder in the New Republic (Boston: Little, Brown and Company, 1971), especially Chapters 9 and 10; Andrew Scull, Museums of Madness: The Social Organization of Madness in Nineteenth Century England (London: St. Martins Press, 1979); and Gerald Grob, Mental Institutions in America: Social Policy to 1875 (New Brunswick, New Jersey: Rutgers University Press, 1973) and "Mental Illness, Indigency, and Welfare: The Mental Hospital in Nineteenth Century America" in Tamara Hareven, editor, Anonymous Americans: Explorations in Nineteenth Century Social History (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1971), 250-279. While Grob stresses the humanitarian nature of institutions, foiled by politics and local exigencies, and Rothman emphasizes the importance of the fear of disorder in the formation of asylums; they both indicate that a lack of clearly defined goals led to a policy of segregation and control. Scull, on the other hand, ties the growth of long-term institutionalization patterns to the "historically specific and closely interrelated changes in that society's political, economic, and social structure. . . ." (p. 257).

17. Gerald Grob, Mental Institutions in America, p. 85.

18. "Report of the Association of Medical Superintendents of American Institutions for the Insane, 1848," quoted in R. C. Scheerenberger, A History of Mental Retardation (Baltimore: Paul H. Brookes Publishing Company, 1983), p. 105.

19. For the importance of cure rates to superintendents' control of mental institutions, see Constance McGovern, Masters of Madness (Hanover, New Hampshire: University Press of New England, 1985), p. 106-126. For the relation of

almshouses to mental illness and mental deficiency, see Michael Katz, In the Shadow of the Poorhouse: A Social History of Welfare in America (New York, Basic Books, 1986), pp. 99-103.

20. "1880 U. S. Census Enumeration of Idiotic Persons," Reported in K. Charlie Lakin, Demographic Studies of Residential Facilities for the Mentally Retarded (Minneapolis, Minnesota: University of Minnesota Department of Psychoeducational Studies, 1979), Table 2, p. 17. See also R. C. Scheerenberger, The History of Mental Retardation, pp. 98-129. Scheerenberger reported the number of patients in institutions for the mentally retarded as 4,216 in 1880 (p. 123), pointing up the wide disparities in both reporting procedures and labelling practices. Also see Peter Tyor and Leland Bell, Caring for the Retarded in America, pp. 21-43.

21. Charles Rosenberg, "Inward Vision and Outward Glance: The Shaping of the American Hospital, 1880-1914," in David Rothman and Stanton Wheeler, editors, Social History and Social Policy (New York: Academic Press, 1981), p. 52. For a contemporary example of this phenomenon, see Stephen Pfohl, "The Discovery of Child Abuse," Social Problems 24, 3 (February 1977), 310-323.

22. "The First Point of Attack- The Defective," The Survey 35, 19 (February 15, 1916) p. 555.

23. F. J. Sessions, "Vocational Training in Institutions," Proceedings of the N.C.C.C., 1913 (Fort Wayne, Indiana: The Fort Wayne Printing Company, 1913), pp. 292-293; S. P. Duggan, "Methods for the Treatment of Mental Defectives of the Border-line Type," Proceedings of the Seventh New York City Conference of Charities and Correction, 1916 (New York: Vail-Ballou, 1916), p. 138.

24. See Andrew Scull, Museums of Madness; Michael Katz, In the Shadow of the Poorhouse; and Frances Piven and Richard Cloward, Poor People's Movements: Why They Succeed, How They Fail (New York: Vintage Books, 1979) and their essay "Humanitarianism in History: A Response to the Critics" in Walter Trattner, Social Welfare or Social Control? Scull delineates the control of deviance in modern society as a three part phenomenon, 1. "the substantial involvement of the state", 2. "the treatment of the many different types of deviance in institutions", and 3. "the careful differentiation of different sorts of deviance, and the subsequent consignment of each variety to the ministrations of experts, which last development entails, as an important corollary, the emergence of professional and semi-professional helping professions," Andrew Scull, "Madness and Segregative Control: The Rise of the Insane Asylum," Social Problems 24 (1977), p. 377.

25. Andrew Scull, Decarceration : Community Treatment and the Deviant- A Radical View, 2nd Edition (New Brunswick, New Jersey: Rutgers University Press, 1984), p. 27.
26. Quoted in First B.R. of the Superintendent of Florida Farm Colony, 1919-1921, p. 2, Vault files, G.S.C.
27. Dr. Benjamin Whitten, "Presidential Address to the A.A.M.D.- May 8, 1937, Atlantic City, New Jersey," J.P.A. 42 (1937), pp. 39-40.
28. Mental Defectives in Virginia, pp. 49, 56.
29. Dr. Taliaferro Clark, "The School as a Factor in the Mental Health of Rural Communities," Proceedings of the N.C.C.C., 1916 (Chicago: The Hildmann Printing Company, 1916), p. 218. See also Helen McMurchy, "Relation of Feeble-Mindedness to Other Social Problems," Proceedings of the N.C.C.C., 1916, 231-232 for another example.
30. Walter Fernald, "The Imbecile with Criminal Instincts," J.P.A. 14 (1909-1910), p. 33. See also L. W. Crafts, "A Bibliography on the Relations of Crime and Feeble-Mindedness," Journal of the American Institute of Criminal Law and Criminology 7, 4 (1916-1917), 544-554.
31. See, for example, Henry Goddard, The Criminal Imbecile (New York: The Macmillan Company, 1915); and Stanley Davies, Social Control of the Feeble-Minded (New York: The National Committee for Mental Hygiene, 1923). A good summary of these surveys can be found in Nicolas Hahn, The Defective Delinquency Movement, pp. 279-284. The Virginia Mental Defectiveness Report of 1915 stated that fully fifty percent of the repeat offenders in Virginia jails were feeble-minded, Mental Defectives in Virginia, p. 85.
32. V. V. Anderson, "Mental Defect in a Southern State: Report of the Georgia Commission on Feeble-mindedness and the Survey of the National Committee for Mental Hygiene," Mental Hygiene 3, 4 (October 1919), p. 538.
33. Joseph Byers, "Public Address to the 1916 N.C.C.C. Meeting, Indianapolis, Indiana," Proceedings of the N.C.C.C., 1916, p. 224-226. See the following in the Journal of the American Institute of Criminal Law and Criminology for examples of articles concerning the direct relationship of crime and feeble-mindedness- O. F. Lewis, "The Feeble-Minded Delinquent," 3 (1912-1913), 10-11; L. W. Crafts, "A Bibliography on the Relations of Crime and Feeble-Mindedness;" and Thomas Haines, "A Feeble-Minded Homicide in Mississippi," 12 (1921-1922), 76-83. In a paper presented at the American Prison Association in 1912, Hastings Hart, Director of the Child Helping Division of the

Russell Sage Foundation reported, "Dr. Henry Goddard, of Vineland, New Jersey, says that every feeble-minded person is a potential criminal," Hastings Hart, "The Extinction of the Defective Delinquent- A Working Program" in David Hammack, editor, The Russell Sage Foundation, Microfiche 102 CH 10, p. 5.

34. Charles Rosenberg, No Other Gods: On Science and American Social Thought, p. 7. The introduction to this book offers an excellent account of the growth of scientific solutions in the late nineteenth and early twentieth centuries. See also John Burnham's short but influential "Psychiatry, Psychology, and the Progressive Movement," American Quarterly 12 (1960), 457-465 for the relationship between science and the progressive movement. See also Roy Lubove, The Professional Altruist (Cambridge, Massachusetts: Harvard University Press, 1965) for the growing scientific and professional emphasis in social work.

35. See, for example, Lewis Terman and H. E. Knollin, "Some Problems Relating to the Detection of Borderline Cases of Mental Deficiency," J.P.A. 20 (1915-1916), 3-15; E. A. Doll, "The Interpretation of Anthropometric Measurements," J.P.A. 20 (1915-1916), 16-20; Henry Goddard, "The Binet Tests in Relation to Immigration," J.P.A. 18 (1913-1914), 85-92; and Walter Dearborn, "The Methods and Uses of Group Testing of Intelligence," J.P.A. 26 (1920-1921), 111-116. Also see similar articles in journals of broader scope, for example, Robert Yerkes, "The Binet versus the Point Scale Method of Measuring Intelligence," Journal of Applied Psychology 1 (1917), 111-122; and Katherine Murdoch, "Rate of Improvement of the Feeble-Minded as Shown by Standardized Educational Tests," Journal of Applied Psychology 2 (1918), 243-249.

36. Martin Barr, "The Hows, the Whys, and the Wherefores of the Training of Feeble-Minded Children," J.P.A. 4 (1899-1900), p. 211. For an interesting analysis of the conflation of science and earlier humanitarian styles of altruism, see Leila Zenderland, "Education, Evangelism, and the Origins of Clinical Psychology: The Child-Study Legacy," Journal of the History of the Behavioral Sciences 24, 2 (April 1988), 152-165. Zenderland quotes Earl Barnes, first professor of education at Stanford University, on the 1906 opening of the Vineland Training School laboratory (see above, page 16). "To me," Barnes exclaimed, "Vineland is . . . a human laboratory and a garden where unfortunate children are to be cared for, protected, and loved while they unconsciously whisper to us syllable by syllable the secrets of the souls' growth." Barnes quoted on p. 60.

37. C. Banks McNairy, "An Appeal to the Appropriations Committee of 1915 for the North Carolina School for the Feeble-Minded- Raleigh, February, 12, 1915," N.C.C.-U.N.C. For another example of this, see James King Hall, "Behavior

of the Feeble-Minded: The Laymen's Ignorance of Their Anti-Social and Criminal Tendencies- A Speech Given at the Dedication of New Buildings at Caswell Training School, Kinston, North Carolina, April 13, 1922," James King Hall Papers, Box 4, Folder 50, S.H.C.-U.N.C.

38. This move by medical doctors was part of a more generalized attempt by the medical profession to increase their power and field of influence. Much has been written on this, but see especially Paul Starr, The Social Transformation of American Medicine (New York: Basic Books, Inc, 1982), pp. 79-145; James Burrow, Organized Medicine in the Progressive Era (Baltimore: Johns Hopkins University Press, 1977); Gerald Markowitz and David Rosner, "Doctors in Crisis: Education and Medical Reform During the Progressive Era, 1895-1915" in Susan Reverby and David Rosner, editors, Health Care in America: Essays in Social History (Philadelphia: Temple University Press, 1979), 185-205; and Charles Rosenberg, The Care of Strangers: The Rise of America's Hospital System (New York: Basic Books, Inc., 1987), pp. 262-285. See also Peter Conrad and Joseph Schneider, Deviance and Medicalization, From Badness to Sickness (St. Louis: Mosby, 1980).

39. Martin Barr, "Presidential Address to the Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons," J.P.A. 1 (1896-1897), pp. 30-31 [my emphasis].

40. Presidents tallied from yearly reports in the J.P.A. Non-medical presidents included Edward Johnstone, superintendent of the prestigious Vineland School, in 1904 and again in 1927; Mattie Gundy, superintendent of a small private institution in Falls Church, Virginia and the only woman to hold the position of president of the A.A.S.F.M. or the A.A.M.D., in 1910; Henry Goddard, educational testor and proponent of the Binet scales, in 1915; Edgar Doll, educator associated with Vineland, in 1935; and Frederick Kuhlman, psychologist at the Minnesota State School at Faribault, in 1939.

41. Edward Johnstone, "Public Address to the 1916 N.C.C.C. meeting, Indianapolis, Indiana," Proceedings of the N.C.C.C., 1916, p. 205. Much has been written on the growth of hereditarian beliefs and their connection to the concern about the feeble-minded. See Hamilton Cravens, The Triumph of Evolution: American Scientists and the Heredity-Environment Controversy, 1900-1941 (Philadelphia: Univeristy of Pennsylvania Press, 1978), pp. 157-190; Donald Pickens, Eugenics and the Progressives (Nashville, Tennessee: Vanderbilt University Press, 1968), pp. 55-68, 102-131; Mark Haller, Eugenics: Hereditarian Attitudes in American Thought, pp. 95-111; Kenneth Ludmerer, Genetics and American Society; Donald Bellomy, "Social Darwinism Revisited,"

Perspectives in American History New Series, 1 (1984), pp. 117-124. According to Bellomy, "By 1927, in fact, eugenics had become one of the few remaining redoubts within which the Progressives could still find refuge for their dream of imminent utopia" (p. 123); Lyndsay Farrell, "The History of Eugenics: A Bibliographic Review," Annals of Science 36 (1979), 111-123; and Garland Allen, "Genetics, Eugenics, and Society: Internalists and Externalists in Contemporary History of Science," Social Studies of Science 6, 1 (February 1976), 105-122. Allen examines the eugenics movement with a class-based analysis that emphasizes the importance of corporate funding (especially see p. 119).

42. See Nicolas Hahn, The Defective Delinquency Movement: A History of the Born Criminal in New York State, 1850-1966 (Ph.D. Dissertation, S.U.N.Y. Albany, 1978), p. 115 and "Too Dumb to Know Better: Cacogenic Family Studies and the Criminology of Women," Criminology 18, 1 (May 1980), p. 6. See also Nicole [Hahn] Rafter's edited work White Trash: The Eugenic Family Studies, 1877-1919 (Boston: Northeastern University Press, 1988) which contain eleven of these pedigreed studies. Rafter's introduction to the volume offers an important analysis of this literature and its place in the social history of the Progressive Era, marred only by an insistence on the overarching importance of social control. She concluded, "Those who stood to gain from eugenics were professionals involved in the new business of social control." (pp. 14-15)

43. Henry Goddard, The Kallikak Family: A Study in the Heredity of Feeble-Mindedness (New York: Macmillan, 1912). Goddard based the book on the genealogy of Deborah Kallikak, a twenty three year old resident of the Vineland Training School. The name is a pseudonym coined by Goddard, combining the Greek terms **kallos** (meaning beauty) and **kakos** (meaning bad). Goddard, through his field worker Elizabeth Kite, traced Deborah's genealogy back to the Revolution. During that time, Martin Kallikak, a continental soldier, had an affair with a tavern maid. The offspring of this union was feeble-minded and it is from him that Deborah Kallikak descends. Conversely, Martin Kallikak's legitimate offspring "married into the best families in the state . . . [and] are doctors, lawyers, judges" (p. 29). The Kallikak story was used in general psychology textbooks as late as the 1950s, detailing the hereditarian nature of mental retardation. See Goddard's preliminary study, "Heredity of Feeble-mindedness," American Breeders' Magazine 1, 3 (1910), 165-178 for more examples of Goddard's field work. For a devastating account of the intellectual fraud perpetrated by Goddard in the work (for example, the retouching of photographs of Deborah's relatives to make them look more "retarded") see J. David Smith, Minds Made Feeble: The Myth and Legend of the Kallikaks (Rockville, Maryland: Aspen System Corporation, 1985). Smith's work explains the

excesses of the hereditarian position, but is less successful in understanding Goddard in the social context of his time. For an evaluation of Smith's ahistorical analysis, see Michael Sokal, "Introduction" in Michael Sokal, editor, Psychological Testing and American Society, 1890-1930 (New Brunswick, New Jersey: Rutgers University Press, 1987), pp. 16-17. For more on the life and career of Henry Goddard, see Leila Zenderland, Henry Herbert Goddard and the Origins of American Intelligence Testing, (Ph.D. Dissertation, University of Pennsylvania, 1986). See pp. 355-467 for an analysis of Goddard's hereditarian beliefs which led to the publishing of The Kallikaks.

44. Mental Defectives in Virginia, p. 3. Elizabeth Webb, chief investigator for the Virginia State Board of Charities and Corrections, which released the report, studied field worker techniques under Goddard at Vineland. Dr. A. S. Priddy, Superintendent of the Virginia State Colony stated in his 2nd Annual Report that, "[t]he findings of Dr. Goddard as to the family history of patients in his institution are evidently stated with true conservatism, and . . . if true and accurate family histories would be secured in institutions, generally, it would be found that bad heredity exists in even a greater per cent," Second A.R. of the Virginia State Colony for the Feeble-Minded, 1915. Virginia State Library, Richmond, pp. 15-16. For another Southern example, see C. Banks McNairy, "Heredity as it Relates to Feeble-Mindedness- A Speech before the North Carolina Medical Association, Greensboro, June 17, 1915," N.C.C.-U.N.C.

45. Henry Goddard, "Sterilization and Segregation," September 1912 article in The Child, reprinted in David Hammack, editor, The Russell Sage Foundation, Microfiche #102 CH 12, p. 11; Herman Matzinger, "The Prevention of Mental Defect," J.P.A. 23 (1918-1919), p. 20. According to Leila Zenderland, Henry Goddard, while recognizing the value of sterilization, also saw its potential drawbacks and instead favored institutional segregation. See Zenderland, Henry Goddard, p. 438-439.

46. Eighth B.R. of the Superintendent of Florida Farm Colony, 1932-1934, Vault files, G.S.C., p. 7. See also the many articles in the American Breeders' Magazine (published from 1910 to 1914) and its successor the Journal of Heredity, often written by major figures in the field of eugenics, such as Davenport, Laughlin, Goddard, and David Starr Jordan.

47. Moya Woodside, Sterilization in North Carolina: A Sociological and Psychological Study (Chapel Hill, North Carolina: Univeristy of North Carolina Press, 1950), p. 195. See also Harry Landman, "The History of Human Sterilization in the United States," American Law Review 63 (January-

February 1929), 48-71; Paul Popenoe and Norman Fenton, "Sterilization as a Social Measure," J.P.A. 41 (1935-1936), 60-70; and Harry Laughlin, "Further Studies on the Historical and Legal Developments of Eugenical Sterilization in the United States," J.P.A. 41 (1935-1936), 96-110. See also three studies of individual states and their experiences with the eugenics movement. Rudolph Vecoli's "Sterilization: A Progressive Measure?," Wisconsin Magazine of History 42 (1960), 190-202, answers the question in the affirmative by tying sterilization into the overall program of progressive state action to improve society. He stated that "the reformer's assumptions that individualism must be curbed in industry and politics facilitated his acceptance of the same principle in the sphere of human breeding" (p. 202). Philip Jenkins' more recent "Eugenics, Crime, and Ideology: The Case of Progressive Pennsylvania," Pennsylvania History 51 (January 1984), 64-78 also puts eugenics clearly in a progressive mold, as science became the vehicle by which "social and political elites were attempting to control lower-class newcomers" (p. 65). Jenkins' article shows that even in a state where the "political leaders were deeply influence by eugenic thought" (p. 65), passage of sterilization legislation was not assured. Patrick Curtis' Eugenic Reformers, Cultural Perceptions of Dependent Populations, and the Care of the Feeble-minded in Illinois, 1909-1920 (Ph. D. Dissertation, University of Illinois at Chicago, 1983) details the development of Illinois' policy toward feeble-minded individuals. Curtis maintains that eugenic reformers in Illinois, who succeeded in passing an involuntary permanent commitment law in 1915, failed in their objectives because many of the persons committed under the law "were not a eugenic threat" (p. 207). To Curtis, the "fears of transition and disorder" (p. 214) motivated the eugenics proponents.

48. The historical issues of eugenics have become polemicized by their relationship to the contemporary disputes over the heritability of intelligence and the uses of standardized tests of intellectual measurement. See Leon Kamin, "The Science and Politics of IQ," Social Research 41, 3 (Autumn 1974), 387-425; Franz Samelson, "On the Science and Politics of IQ," Social Research 42, 3 (Autumn 1975), 467-488; and Kamin's reply in Ibid., 488-492 for an introduction to the dispute. For more on this issue, see below, Chapter Three, note 9.

49. Henry Goddard, "Sterilization and Segregation", in David Hammack, editor, The Russell Sage Foundation, Microfiche #102 CH 12, p. 9; "The Pedagogics of Eugenics," Unsigned Editorial, American Breeders' Magazine 3, 3 (1912), p. 223. See also the important article by Edgar Doll, "The Problem of the Mental Defective," School and Society 10, 242 (August 16, 1919), 187-191. Doll, a respected psychologist

and Goddard's successor at Vineland, reflected the hereditarian point of view, but opposed sterilization as "ineffective" (p. 191) and favored special public school classes as a major remedy for the problem of mental defectiveness.

50. G. B. Arnold, "The Feeble-Minded in Virginia from an Institutional Standpoint, A Paper Given in Richmond, April 12, 1935 to a joint meeting of the Children's Division and the Mental Hygiene Division of the Virginia Conference of Social Work," Virginia State Library, Richmond, p. 1.

51. Albert Deutsch's The Mentally Ill in America (New York: Columbia University Press, 1949) is the classic treatment of the humanitarian impulse. Gerald Grob's Mental Institutions in America and Mental Illness and American Society, 1875-1940 (Princeton, New Jersey: Princeton University Press, 1983) treat humanitarian concerns as an important, though by no means the only, rationale for treatment of the mentally ill. Individual institutional histories often stress the importance of humane motives in the organization of these facilities. Elizabeth Brown and Sarah Genheimer, Haven on the Neuse: A History of Caswell Center, Kinston, North Carolina, 1911-1964 (New York: Vantage Press, 1969) and Benjamin Whitten, A History of Whitten Village (Clinton, South Carolina: Jacobs Press, Inc, 1967) are two examples of this genre for the South. Both are written by former institutional officers.

52. For a contemporary view of the relationship between the need for provisions for the feeble-minded and other social welfare reforms, see Ira Hardy, "Schools for the Feeble-Minded: The State's Best Insurance Policy, A speech read before the Southern Medical Society, Jacksonville, Florida, November 14, 1912," N.C.C.-U.N.C., p. 15.

53. James McCulloch, editor, The Call of the New South, Southern Sociological Conference, 1912 (Nashville, Tennessee: S.S.C. Press, 1912), p. 9. For information on the S.S.C.'s role in Southern reform, see Dewey Grantham, Southern Progressivism, pp. 374-385.

54. Marcus Fagg, "Report on Florida to the N.C.C.C.," Proceedings of the N.C.C.C., 1912 (Fort Wayne, Indiana; The Fort Wayne Printing Company, 1912), p. 503.

55. Martin Barr, "The Hows, the Whys, and the Wherefores of the Training of Retarded Children," p. 211.

56. "Report of the Kentucky Mental Hygiene Survey, 1923," Reprinted in Gerald Grob, editor, Mental Hygiene in America: Four Studies, 1921-1924, p. 138. For another Southern example of this paternalism, see the A.R. of the State Training School for Feeble-Minded of South Carolina, 1920.

It reported, "The inmates of this Institution are commonly referred to as 'children' regardless of their ages" (p. 6), A.R., South Carolina State Archives, Columbia. See also David Rothman's insightful essay, "The State as Parent: Social Policy in the Progressive Era" in Willard Gaylin, et. al. Doing Good, pp. 69-95. Rothman explains, "[i]ts [Progressivism's] proponents were so attached to a paternalistic model that they never concerned themselves with the potential of their programs to be as coercive as they were liberating" (p. 72). For a powerful critique of Rothman and his tendency to overlook the nuances and variations of Progressive thought, see Gerald Grob, "Doing Good and Getting Worse: The Dilemma of Social Policy," Michigan Law Review 77 (January-March 1979), 761-783. Grob postulates that "not all Progressives were hostile towards different social groups; some were able to empathize and to appreciate the value of cultural heterogeneity" (p. 776).

57. For the best example of this belief, see Robert Wiebe, The Search for Order. "The heart of progressivism," wrote Wiebe, "was the ambition of the new middle class to fulfill its destiny through bureaucratic means." (p. 16). See also Stephen Skowroneck, Building a New American State: The Expansion of National Administrative Capabilities, 1877-1920 (New York: Cambridge University Press, 1982).

58. Dr. J. C. Carson, "The Multiple System of Institutional Control," J.P.A. 14 (1909-1910), 93-100. For examples of this trend in other states, see Dr. A. C. Rogers, "The Board of Control System," J.P.A. 14 (1909-1910), 101-104 for Minnesota; and Dean Collins, "Children of Sorrow: A History of the Mentally Retarded in Kansas," Bulletin of the History of Medicine 39 (January-February 1965), 53-78. Kansas also exemplified the move to professionalism. Its state board, organized in 1905 as a Board of Control of Charitable Institutions, was re-named in 1914 as the State Board of Administration.

59. Dr. Moorhead Murdoch, "State Care for the Feeble-Minded," J.P.A. 18 (1913-1914), p. 34.

60. "Socially inadequate" is a term invented by Harry Laughlin of the Eugenics Record Office in 1921. This category was designed to replace the "defective, dependent, and delinquent" label then commonly used since it was "shorter and more business-like". Laughlin went on to explain that the category represents "a condition whereby the individuals included are unable to meet the demands of organized society in properly caring for themselves and in behaving towards their fellows in the manner required of useful citizens." Harry Laughlin, "The Socially Inadequate: How Shall We Designate and Sort Them?," American Journal of Sociology 27, 1 (July 1921), 54-70. Quotes are from p. 57. "Reports to the General Assembly of South Carolina," South

Carolina State Archives, Columbia; "Reports of Georgia State Boards," Georgia State Archives, Atlanta. Virginia's experience appeared similar. In 1908, the state created a State Board of Charities and Corrections. In 1922, it was disbanded and re-organized as the Board of Public Welfare. It became fully bureaucratized in 1929 in its final re-organization as the Department of Public Welfare, R.G. 42, State Board of Public Welfare Minutes, Virginia State Archives, Richmond. For Kentucky's experience, in moving from a State Board of Control for Charitable Institutions in 1906, through five bureaucratic changes to a Department of Welfare in 1936 see Report of the Department of Welfare of the Commonwealth of Kentucky, 1937-1939, p. 7.

61. Fifth A.R. of the South Carolina State Board of Charities and Corrections, 1919, p. 25, South Carolina State Archives, Columbia; "Report of the Georgia Training School for Mental Defectives" in A.R. of the Georgia State Board of Health for 1923, p. 11, R.G. 26, Sub-Group 1, Series 1, Georgia State Archives, Atlanta.

62. Feeble-Minded and Epileptics in Institutions, 1923, p. 25. The total institutionalized feeble-minded population rose a dramatic seventy-eight percent during this twenty year period.

63. "Abstract of the Mississippi Mental Hygiene Survey, 1919," Mental Hygiene 4, 3 (July 1920), p. 683. See also Dr. Byron Biggs, "A Conception of the Superintendent's Responsibilities," J.P.A. 28 (1922-1923), 119-123. Biggs wrote that "[the purpose of the institution] is to serve the state at large, while its service to the individuals committed or admitted to it, is secondary" (p. 119).

64. See Robert Dalleck, The American Style of Foreign Policy (New York: Signet Books, 1983). Dalleck viewed imperialism and overseas expansion as an integral part of the Progressive mindset. The rhetoric of imperialist responses to the problems of turn-of-the-century America sounded quite similar to the comments of those concerned with the problems caused by the feeble-minded. Imperialist answers, Dalleck suggested, "demonstrated a wish not simply to return to the past or to embrace the desirable features of the present, but to invest the modern world with as many symbols and practices of earlier times as possible" (p. 41).

65. Martin Barr, "The Imperative Call of our Present to our Future," J.P.A. 7 (1902-1903), p. 8.

66. Unsigned editorial, J.P.A. 3 (1898-1899), p. 146.

67. See Paul Boyer, Urban Masses and Moral Order in America, 1820-1920 (Cambridge, Massachusetts: Harvard University Press, 1978), passim; and Anthony Platt, The

Child Savers: The Invention of Delinquency, 2nd Edition (Chicago: University of Chicago Press, 1977), pp. 74-100. For the personal mix of religious moralism and scientific reasonong, see Leila Zenderland, Henry Goddard, pp. 110, 431.

68. See Samuel Hays, The Response to Industrialism, pp. 71-89. While many Progressive era reformers stressed the importance of personal failure as a major cause of social pathology, others recognized its roots in social and economic conditions. See John W. Chambers II, The Tyranny of Change: America in the Progressive Era, 1900-1917 (New York: St. Martin's Press, 1980), pp. 119-125; and Robert Wiebe, The Search for Order, pp. 168-171.

69. Dr. Helen McMurphy, "Relation of the Feeble-Minded to Other Social Problems," p. 233. For more on Dr. McMurphy's role in the Canadian eugenics crusade and the fight against feeble-mindedness, see Theresa Richardson, The Century of the Child, pp. 64-66.

70. C. Banks McNairy, "President's Conception of our Task-Residential Address to the 1923 Meeting of the A.A.S.F.M., Detroit, Michigan, June 17, 1923," J.P.A. 28 (1922-1923), p. 96. See also, the comments of Alice Morrison at the 1904 Association of Medical Officers of American Institutions for the Idiotic and Feeble-Minded meeting, Alice Morrison, "Comments on a paper given at the 1904 A.M.O. meeting, Faribault, Minnesota," J.P.A. 8 (1903-1904), p. 45.

71. Morton Keller, Affairs of State: Public Life in Late Nineteenth Century America (Cambridge, Massachusetts: Belknap Press, 1977), p. 467.

72. Martin Barr, "The Hows, the Whys, and the Wherefores of the Training of the Feeble-Minded," p. 211; Walter Fernald, "The Burden of Feeble-Mindedness," p. 98.

73. Henry Goddard, "The Improvability of Feeble-Minded Children," J.P.A. 17 (1912-1913)), p. 126. Goddard's work at Vineland helped make it the leading center in the United States for the study of feeble-mindedness. While there in 1912, he coined the descriptive term 'moron' to identify higher-level feeble-minded individuals.

74. Dr. Charles Bernstein, "Self-Sustaining Feeble-Minded Persons," J.P.A. 22 (1917-1918), p. 150. Bernstein became the leader of the colony plan of supervision and a proponent of the movement for community treatment of feeble-minded individuals. See below, Chapter Three.

75. "Report of the South Carolina State Board of Public Welfare, 1920," South Carolina State Archives, Columbia. p. 26.

76. 1916-1918 Biennial Survey of Education, Department of Interior, Bureau of Education (Washington D. C.: U. S. Government Printing Office, 1921), Vol. 4, p. 714. For the role of Henry Goddard and the Vineland Training School in the growing special education movement, see Leila Zenderland, Henry Goddard, pp. 235-354.

77. "Rhode Island Social Welfare Survey 1924," in Gerald Grob, editor, Mental Hygiene in America, p. 75. See Stephen Schlossman's review of David Rothman's Conscience and Convenience in the Harvard Educational Review 52, 1 (February 1982), 77-83, for an analysis of this type of Progressive thought. Though Schlossman stated Rothman does not believe that humanitarianism motivated reformers, he concluded Rothman feels that their vision was "distinctive mainly for its celebration of pragmatic 'open-ended, informal, and highly flexible policies'" (Schlossman, p. 77, quoting Rothman, p. 43).

78. Joseph Mastin, "The New Colony Plan," Proceedings of the N.C.C.C., 1916, p. 244.

79. Richard Milburn, "The Problems of Feeble-Mindedness," J.P.A. 13 (1908-1909), p. 56; Lewis Terman, "Feeble-Minded Children in the Public Schools of California," School and Society 5, 111 (February 10, 1917), p. 161. See also Charles Davenport, "Eugenics and Charity," Proceedings of the N.C.C.C., 1912 (Fort Wayne, Indiana: The Fort Wayne Printing Company, 1912), p. 281.

80. Dr. William Cornell, "The Organization of State Institutions for the Feeble-Minded in the United States," J.P.A. 25 (1920-1921), p. 25. David Rothman's "The State as Parent" in Willard Gaylin, et. al. Doing Good, especially pp. 69-88, offers a concise summary of the needs versus rights dicotomy.

CHAPTER III  
MENTAL RETARDATION 1900-1940:  
INSTITUTIONALIZATION AND STERILIZATION

First- All plans and permanent improvements of the institution should be made with a view to eventually caring for . . . 1,000 children. Second- the institution should give preference to the high grade mental defective . . . Third- . . . the Caswell Training School will always have to care for a certain number of low grade untrained deficients . . . Fourth- the Caswell Training School should act as a laboratory for the study of mental defectiveness . . . Fifth- North Carolina should have a sterilization law . . .  
(Kate Johnson, North Carolina Commissioner of Public Welfare, 1925)<sup>1</sup>

In the period 1900-1940, those concerned with the feeble-minded refined their methods of classifying their subjects and embraced a variety of solutions to the problems they posed. Intelligence testing and its many variants became the standard means of identifying and classifying the feeble-minded, although by 1940, critics had successfully altered earlier "scientific" models, while social and behavioral definitions had grown in importance.

Regarding the actual treatment of the feeble-minded, reformers and public officials proposed and implemented various approaches. Institutionalization, criminalization, colony-type arrangements, special education, and sterilization each gained wide support for a time.

Moreover, concern about particular classes of the feeble-minded, notably females and those involved in criminal activities, evoked specifically targeted responses. Yet by 1940, largely because of an inability to resolve competing claims, the lack of sustained support for any one solution, and the financial exigencies of the depression, institutionalization, with relatively little provision for training or education, remained the dominant method of programming for the mentally retarded.

During this forty year period, the South both followed and stood apart from the rest of the country. For a variety of reasons, including its poverty, its low level of public services, its commitment to racial segregation, and its generally conservative orientation toward governmental functions, the South processed a smaller percentage of its potential feeble-minded population than did other sections. Like practitioners in other sections, however, professionals in the South utilized many of the solutions advanced during this time period. And like the rest of the nation, the South retained institutionalization as the primary response to the problems of the feeble-minded.

While institutionalization remained the overwhelming choice in the search for solutions to the feeble-minded problem, medical doctors, scientists, educators, and psychologists suggested alternative methods of ameliorating the consequences of mental retardation. The growth of intelligence testing provided a hoped-for method for the

objective analysis of mental levels. By the mid-1920s, the discovery of more complex hereditary laws allowed genetic studies to progress beyond the simplistic gene trait theories postulated by Charles Davenport.<sup>2</sup> Moreover, innovative superintendents challenged the efficacy of institutional care by returning patients to community settings, providing a model for the deinstitutionalization movement of the 1970s and 1980s.<sup>3</sup> Special education classrooms proliferated, offering community alternatives to placing high-level persons in institutions. However, fiscal retrenchment in the 1930s forced the abandonment of many alternatives to institutionalization. Psychologists and educators, moreover, used the new testing measures more as a tool in the commitment process than as a device to implement remediation strategies for retarded persons.

During this period, eugenic sterilization, which provided another alternative to institutionalization, also came into use. The rationale for this procedure assumed feeble-minded persons could be de-institutionalized only if they could not procreate and therefore bear feeble-minded offspring. Thus in many states, sterilization and release from the institution went hand in hand. Sterilization, however, never became the panacea its more ardent proponents hoped. In spite of these alternative programs, then, the desire to remove the feeble-minded by committing them to institutions persisted in the field of mental retardation.

The need to define accurately feeble-mindedness and its various sub-categories plagued experts and laymen alike during this forty year period. The fuzziness of the definition also provided difficulties in establishing programs to remediate the problems of feeble-mindedness. In 1915, Frederick Kuhlman, superintendent of Minnesota State School for the Feeble-minded, expressed his dissatisfaction that "in no state . . . does the law attempt to define what constitutes feeble-mindedness."<sup>4</sup> Tennessee's 1928 statute reflected this non-specificity. "The term 'feeble-minded' shall include persons with such a degree of mental defectiveness from birth or from early age," it stated, "that they are unable to care for themselves and to manage their affairs with ordinary prudence, and that they are a menace to the happiness and safety of themselves or of others."<sup>5</sup> In 1910, Henry Goddard, using the newly designed Binet Standardized Intelligence Test, attempted to clarify the terminology by creating a new category under the rubric of feeble-mindedness- the moron. Morons, of whom Goddard declared "the public [are] entirely ignorant," composed the highest level of mental defectiveness and required different methods of training and education than those appropriate for the lower classifications of idiot and imbecile.<sup>6</sup> By 1927, Goddard, then at Ohio State University, explained that morons "are not hopeless and incurable mental defectives, but merely the lowest group of the body politic . . . capable of becoming, in a limited way, regular members of

the social group."<sup>7</sup> While Goddard held out hope for morons, however, many other experts considered them the most dangerous category of mental defective. Indeed, it was in the moron classification that the belief in feeble-mindedness as deviance reached its full fruition. Writing in 1919, Edgar Doll, then Goddard's colleague at Vineland, wrote that "the moron, wherever we find him, is a constant source of danger."<sup>8</sup> In the very year Goddard spoke of the promise of the moron category, that very class, composed almost entirely of individuals with criminal histories or sexual problems, comprised forty-four percent of the total institutionalized population. This increasing institutionalization of morons occurred in spite of the 1923 warning by C. Banks McNairy at the A.A.S.F.M. meeting in Detroit that the "moron and the defective delinquent must eventually be handled by the community."<sup>9</sup>

The 'discovery' of the moron class led to calls for better methods of intellectual measurement. The development of the Binet-Simon standardized intelligence tests provided the first empirical scientific method of determining the intellectual capabilities of feeble-minded individuals. These tests also enabled psychologists and educators to place persons more accurately within the newly specified sub-categories of feeble-mindedness. Developed in France in 1906 as diagnostic tools for educational remediation by Dr. Alfred Binet, the tests took on a different function in the United States. Educational measurement experts in the

United States used the instruments as a standardized basis for categorizing levels of mental deficiency, believing they could solve the problems associated with subjective medical classifications.<sup>10</sup> Goddard used Binet's test questions, standardized them on feeble-minded children in the 1910s, and added the concept of a mental age equivalency for the three levels of mental retardation- idiocy, imbecility, and feeble-mindedness.<sup>11</sup> In 1916, Dr. Lewis Terman of Stanford University standardized the Binet test on thousands of normal and feeble-minded children and introduced the idea of the Intelligence Quotient (I.Q.). The I.Q. helped to take into account the age and experience of the test taker, neither of which could be considered by using Goddard's mental age equivalency figures. The A.A.M.D. assigned each level of feeble-mindedness (the term now "used generically to include all degrees of mental defect") its own range of I.Q. scores.<sup>12</sup> Idiots tested out with scores of twenty-five or lower, imbeciles were determined to have I.Q.s ranging from twenty-five to fifty-five, and morons were classified as having scores ranging from fifty-five to seventy-five. These tests represented an ostensible advance in objective identification of feeble-minded individuals and they did offer a method of evaluation not based on value-laden observation. "They [intelligence tests] enabled us to explain feeble-mindedness," proclaimed Dr. Charles Bernstein of New York's Rome State School in 1925. The tests also

"simplified the diagnosis, and furnished data for training."<sup>13</sup>

While the testing movement offered some hope for easier, more scientific identification of feeble-minded individuals, it also suffered from problems of question bias, inadequate standardization, and poor administration. Goddard's and Terman's use of the techniques of standardized testing also raised doubts over the efficacy of the entire procedure itself. When first administered on a large scale basis in 1917 to males entering the Army, the tests revealed an astonishing 47.3 percent of the test-takers as feeble-minded. The median I.Q. scores for Southern males proved even more frightening. Only Virginia males even averaged as high as the moron range; for the others, the Army Alpha Test proclaimed the sobering news that approximately fifty percent of male Southerners were imbecilic (See Table 3.1).<sup>14</sup> These figures, arrived at through the most advanced scientific testing procedures, reinforced fears concerning the increasing danger posed by the feeble-minded. The use of I.Q. testing verified to many that feeble-mindedness appeared on the rise. Far from being Social Darwinists, the hereditarians involved in the testing movement were primarily concerned with the survival of the unfit, and with preventing, in the words of a North Carolina superintendent, "this ever-increasing blight upon society."<sup>15</sup>

Opposition arose, however, to the uses, and frequent abuses, of intelligence testing. While psychologist R. H.

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TABLE 3.1  
Median IQ Scores of Southern Males  
1917 Army Alpha Test

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<u>Rank Among States</u> <sup>1</sup>	<u>State</u>	<u>Median Alpha IQ Score</u> <sup>2</sup>
27	Virginia	56.3
33	South Carolina	47.4
34	Tennessee	47.2
35	Alabama	46.3
36	Louisiana	45.2
37	North Carolina	43.2
38	Georgia	42.2
39	Arkansas	41.6
40	Kentucky	41.5
41	Mississippi	41.2

Source: Data from Herbert Alexander. "A Comparison of the Ranks of American States in Army Alpha and in Social-Economic Status", School and Society (16, 405, September 30, 1922), pp. 389-390.

1. Only forty-one states were tabulated in the data. Florida was not among them.

2. "Average" intelligence is scored at 100.00 on the Army Alpha test.

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Haskell looked back in 1944 on "the infallibility of the Binet test, of the psychometric method, of the M.A., of the I.Q. soon to follow [which] became a fetish to be worshipped and protected from all doubt and attack, particularly in the educational field. . . ," some professionals did raise questions over the efficacy of intelligence testing as a single measure of feeble-mindedness.<sup>16</sup> Even as early as 1914, Dr. Frederick Kuhlman of Minnesota had stated that "there is a need for both social and mental criterion; a need for multiple standards of identification."<sup>17</sup> In 1916, J. E. Wallace Wallin, a St. Louis based psychologist, reported on his use of the 1911 Goddard revision of the Binet tests on Iowa farmers. "Not a single one of these persons could by any stretch of the imagination be considered feeble-minded," he concluded. Yet, according to the test results, "every one of the above individuals would be feeble-minded."<sup>18</sup>

The debate over testing also spilled over into a more public forum. In 1922-1923, Walter Lippmann, the social critic and newspaper editor, wrote a series of articles in the New Republic attacking the whole moral and intellectual basis of the intelligence testing movement. While critics such as Wallin and Kuhlman recognized the place of testing as a part of a larger identification process for feeble-minded individuals, Lippmann argued that what "Binet started is in danger of gross perversion by muddleheaded and prejudiced men." While Lippman attacked the Army tests in

the public forum, psychologist Abraham Myerson did the same within the profession. In a scathing 1924 article, Myerson and Maurice Hexter blasted the intellectual presuppositions of psychologists involved in the army tests. "These tests might be used, and in fact are being used, we believe," they warned, "by certain people- not to advance science or in the scientific spirit, but for race discrimination and in the spirit of propaganda."<sup>19</sup> Myerson and Hexter believed the tests simply verified, through scientific means, pre-existing beliefs about the intelligence of immigrants, blacks, and lower class groups.

The use of intelligence testing persisted, although tempered somewhat by the disputes over the claims by some of its more vociferous proponents, especially Harry Laughlin. In the early 1920s, Laughlin's vigorous attacks on the intelligence of immigrants politicized the debate even further. In a time of intense nativism, Laughlin's hereditarian and racial beliefs found a large audience. In hearings before the House Committee on Immigration and Naturalization in 1922, Laughlin, as the Committee's expert eugenics agent, expressed his opinions on the importance of intelligence testing. "If it had been possible to have applied a mental test for the native mental abilities of the immigrants who are now in the United States, and to have drawn the line between low-average C and inferior D," he announced, "there would have been refused admission 45.6 percent of . . . [the] aliens who are now in the United

States."<sup>20</sup> Nativist feeling reached its high water mark with the passage in 1924 of the Immigration Restriction Act. While historians debate the importance of Laughlin to the bill's passage, there can be no disputing that his testimony raised doubts about the use of testing and the heritability of intelligence. In 1924, Joseph Gillman, a University of Pittsburgh sociologist, attacked both Laughlin's methods and his findings. He concluded that Laughlin "attempted to conceal his preconceptions in the elusiveness of technical statistical inaccuracies."<sup>21</sup>

Gradually, the A.A.S.F.M. recognized the importance of other factors in the identification of mental retardation. American practitioners looked to the British definition of mental deficiency, which centered on its social, rather than its intellectual, aspects.<sup>22</sup> In discussing a paper delivered at the 1921 A.A.S.F.M. meeting, Dr. S. D. Porteus of the Vineland Training School commented that it would be wise to "not place too much dependence on intelligence tests alone."<sup>23</sup> By 1939, the Terman-developed Stanford revision of the Binet intelligence test had been regraded to overcome the bias previous versions had shown toward immigrant groups and lower social classes. Simultaneously, psychologist David Wechsler had developed an alternative test, the Wechsler Bellevue Scale, which explicitly attempted to overcome these problems.<sup>24</sup> Presiding over the 1936 A.A.M.D. meeting, Vineland's Edgar Doll spoke of the need for a new three-part definition of feeble-mindedness. This new method of

identification would consist of "social inadequacy, due to low intelligence, which has been developmentally arrested."<sup>25</sup> Doll's criteria remain the basis for the present-day definition of mental retardation as written in the 1983 A.A.M.D. Classification in Mental Retardation. "Mental Retardation," it provided, "refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the development period."<sup>26</sup>

While institutional leaders argued over the definition of feeble-mindedness, they also appeared perplexed over commitment procedures and the methods states used to admit persons to institutions. Commitment procedures varied widely from state to state, reflecting differing interpretations of retardation and its causes and consequences. In a 1967 article summarizing commitment procedures, educator John Clausen wrote that "legal definitions have been prominent in England. In the U.S.A., however, such definitions have seldom been referred to in the professional literature. . . ."<sup>27</sup> American practitioners seemed more apt to rely on medical and educational criteria for identifying feeble-minded individuals. There often appeared, in the words of a social worker examining provisions for retarded persons, a lack of "an exact definition of the condition to require this form of treatment [commitment]."<sup>28</sup> Since states, not the federal government, operated institutions, there existed a variety

of differing commitment procedures, a circumstance that often made admission difficult. No peculiarly Southern pattern developed in setting criteria for commitment; states often simply followed precedents established in the commitment of mentally ill individuals to mental hospitals. This usually involved application to a local court, where a judge would issue an order to commit based on testimony. Verification of mental deficiency had to be corroborated by an expert medical witness.<sup>29</sup> Kentucky and Mississippi, however, showed little faith in medical judgements, instead relying on a jury to determine the necessity of commitment.<sup>30</sup>

The 1915 Illinois commitment law, enacted in hopes of providing a model for the nation, adopted both social and medical criteria and assumed institutionalization was an appropriate response for feeble-minded individuals who posed a menace to their community. This law exemplified the political arena in which the debate over feeble-mindedness was fought. The law passed, according to the chairman of the State Charities Commission, because its legislative backers "laid great stress upon the necessity of such a law for the protection of the feeble-minded themselves, and by never mentioning the race improvement side of the problem in our efforts in the legislature."<sup>31</sup> During the first forty years of the twentieth century, state courts both North and South upheld these various commitment procedures providing they allowed for hearings and appeal proceedings, the presence of

relatives at the hearing or trial, and the establishment of sufficient proof of mental defectiveness.<sup>32</sup>

Though commitment laws bureaucratized admissions procedures, they did little to settle the issue of which persons institutions considered admissible.<sup>33</sup> Differing definitions of feeble-mindedness, based on a variety of legal, medical, and social criteria, allowed judges to commit persons who did not necessarily meet the institutional definition of feeble-mindedness. In 1929, the Florida Board of Commissioners of State Institutions authorized Florida Farm Colony Superintendent Dr. J. H. Hodges "to dismiss all Inmates at the Institution who were committed solely on charges of delinquency and truancy and not in any sense of the word feeble-minded."<sup>34</sup> Six years later, a new Farm Colony Superintendent, Dr. J. H. Colson still grappled with the problems inherent in a variable admission policy. Dr. W. W. Shafer wrote to Colson about a patient, "a girl, seven years of age who has developed the habit of masturbation. . . . She seems to be normal in intelligence. Do you think you can take her in your institution and help her?" Colson replied that he was sorry "to advise that we could not do anything for the child here. She does not come within the purview of the law, therefore, she could not be committed here."<sup>35</sup>

The problem of the relationship of the feeble-minded to criminal behavior converged with questions concerning terminology and commitment. The definitional disparity

between deviant behavior and incompetent ability reached its nadir in the discussion of feeble-mindedness and criminality. Many Progressive-era leaders viewed the feeble-minded as a major criminal threat. Walter Fernald remarked in 1912 that "it has truly been said that feeble-mindedness is the mother of crime."<sup>36</sup> In accordance with the increasingly distinct categorizations of deviant persons, researchers "discovered," labelled and separated the new category of "defective delinquent" in 1910. Societal concern focused on the members of this new classification as major causes of crime, disease, and poverty. Leading members of the A.A.S.F.M. recommended the establishment of specialized institutions built solely for the incarceration and training of defective delinquents.<sup>37</sup> Established not only to protect society from defective criminals, these new institutions also shielded institutionalized feeble-minded persons from their corrupting influence. In 1922, Dr. C. B. Caldwell of the Illinois State School and Colony commented at the A.A.S.F.M. meeting that "these children [defective delinquents] have no place in the institutions for feeble-minded children. They contaminate them and by all means should be separated from them."<sup>38</sup> E. J. Johnstone, superintendent at Vineland, felt these "vicious delinquent[s] . . . need an organization for custodial care . . . under the direction of a penal institution."<sup>39</sup>

Massachusetts, New York, and Pennsylvania all followed Johnstone's advice and by 1922 had established specialized institutions for persons labelled as defective delinquents. Criminologist Nicolas Hahn explained that this step "completed the convergence of the criminal and mental retardation systems."<sup>40</sup> In 1926, Virginia joined these eastern states when it established a State Prison Farm for Defective Misdemeanants across the James River from the existing Prison Farm, under the supervision of prison warden R. R. Penn. By 1930, the Farm housed 464 defective prisoners, containing a hodgepodge of miscellaneous deviant groups, including psychopaths, tubercular patients, drug addicts, epileptics, alcoholics, and the venerally diseased.<sup>41</sup> These arrangements were not therapeutic, nor were they intended to be. The viewing of retardation as deviancy, however, led institutional personnel to continue to demand separate institutional facilities for those classified as defective delinquents.<sup>42</sup> No other states constructed facilities specifically for defective delinquents, leaving prisons and institutions for the feeble-minded as the only alternatives for those feeble-minded individuals convicted of crimes.

While the furor over defective delinquency raged, institutional colonies provided another model of care. The colony system treated mental retardation as individual incompetence and attempted to train feeble-minded individuals, according to a 1915 School and Society article,

"to be made self-supporting, a condition which not only relieves society of the burden of their care but turns their energies from injurious and morbid channels into useful and happy ones."<sup>43</sup> Developed by Walter Fernald in Massachusetts in 1903, the colony model reached its high point under Charles Bernstein of New York's Rome State School. This program promised to allow high level, socially acceptable morons back into the community after an adjustment period in the halfway-house setting of the colony. These colonies were organized in traditionally gender-specific vocational models, with males generally participating in farm work and females trained as domestic servants. In 1920, Bernstein explained that "many of the boys and girls who have proved to be entirely trustworthy and amenable to ordinary family life will be placed on parole, boys in farms, girls with good families." In theory, the colony benefitted both society and the feeble-minded person. As Bernstein noted, colonies provided "a great savings in expenses to the State and a corresponding great benefit to the individual as well as to the community through furnishing to the community labor which would otherwise be unavailable."<sup>44</sup>

The ideas of cost-effectiveness and inexpensive labor provided important rationales for the development of the colony model. Bernstein reported proudly in 1921 that his colonies had saved New York State over \$200,000 in institutional maintenance costs alone.<sup>45</sup> The chairman of Virginia's State Board of Charities and Corrections echoed

Bernstein's feelings. "Colony farms . . . can be erected at small cost," he stated in 1916, "and they [the residents of the colony] can make a home, help earn their own living, and add something to the wealth of the state."<sup>46</sup> The training of high level morons became a central concern of colony operations. "The other point to be considered on the economic side," wrote Jessie Taft of the New York State Charities Aid Association in 1916, "is the utilization of the labor of the feeble-minded. We have no conception at present how much of the rough work of the world is being done by morons."<sup>47</sup> Ten years later, the Assistant Superintendent of Massachusetts' Fernald State School also stressed the economic aspects of colonies. "It has long been known," he concluded, "that much of the work of the world is done by men and women whose intelligence is so far below the average that they would be classified as feeble-minded. Many important industries would be seriously handicapped if they were deprived of the services of these individuals."<sup>48</sup> The development of the colony system reflected society's concern about the role high-level feeble-minded persons played in the economic system.

Since undifferentiated levels of feeble-minded individuals populated traditional institutions, the colony system necessitated a division of these large facilities into smaller units organized according to levels of feeble-mindedness. Staff members only considered high functioning individuals, morons and some imbeciles, as eligible for

placement within colonies. Sometimes, as in New York and Massachusetts, colonies became established as separate physical facilities, removed from the parent institution.<sup>49</sup> Other states, including Southern ones, organized colonies within the grounds of the main institution. While these colonies did not provide patients with all the benefits of de-institutionalized living arrangements, often they did allow residents more freedom than living on the main institution campus. Dr. Charles Little, of New York's Letchworth Village, wrote glowingly of the colonies on the grounds of the South Carolina State Training School. "Your colonies are of great interest to me," he wrote to Superintendent Benjamin Whitten, "and I am sure they would be to anyone who was starting a new institution."<sup>50</sup>

Superintendents maintained their control over colonies, whether on the main campus or physically removed. Colonies, in a manner similar to defective delinquent facilities, reflected the growing specialization of institutions for the feeble-minded. Often, this specialization occurred within one facility itself, making the institutional mission difficult to accomplish. The 1919 act authorizing the formation of Florida Farm Colony exemplified this diversification. It organized the colony as "1st- an asylum for care and protection for the epileptic and feeble-minded, 2nd- a school for education and training . . . 3rd- as a colony for the segregation and employment."<sup>51</sup> Four years later, Dr. Byron Biggs wrote of Indiana's similar

differentiated approach to institutionalization. "Our institutions," he summarized, "are being developed to provide a temporary home and training for certain classes of defectives and a permanent home and training for other classes."<sup>52</sup>

The colony system, developed with such high hopes, never realized its goals of de-institutionalizing large numbers of morons and returning them to gainful employment. Many programs foundered when the community treated morons as deviants requiring constant supervision and colonies themselves lacked adequate training facilities. All too often, the title "colony" remained the only vestige of Bernstein's model. The desire to cut costs through the colony idea took precedence over the espoused goal of better training for higher level patients.<sup>53</sup>

The colony movement attempted to return high-level moron residents back to the community, where they could lead productive lives. Simultaneously, educators tried a similar approach in lieu of institutionalization, with the inauguration of special education classes. During the first forty years of the twentieth century, public school classes for mentally handicapped individuals grew tremendously. "Institutional commitment should not be the first thought for a moron," wrote Dr. Ira Wile in 1924, "but the last . . . The community neglects its responsibility towards the mental defective and to itself when it fails to provide . . . education."<sup>54</sup> Educators organized special classes both to

protect regular students and to educate feeble-minded ones. Lewis Terman wrote in 1917 that "feeble-minded children in the regular classes not only interfere with instruction, they are also likely to be a source of moral contagion."<sup>55</sup> J. E. Wallace Wallin stressed the alternative rationale for these classes. "Special classes will maximally develop those powers and aptitudes," he hoped, "which they [feeble-minded students] possess and which will maximally equip them for earning their livelihood."<sup>56</sup> Institutional leaders understood the importance of a coordinated approach to solving the problems of feeble-mindedness. A 1926 North Carolina state report concluded that "it is possible that these special classes might be related, in some way, to the colony idea as it is carried out in institutional work for the feeble-minded."<sup>57</sup> Yet, the constituencies of special classes and institutions, while similar, did not always coincide. The 1916-18 Federal Biennial Survey of Education reported the children in special classes "have a much higher type of mentality than do inmates in State and private institutions."<sup>58</sup> By 1940, almost one hundred thousand pupils were enrolled in special education classes nationwide. As in other aspects of treating the feeble-minded, the South lagged behind in special education as well. With costs for special education classes higher than regular classes, only nineteen communities in the South, serving less than three thousand pupils, developed

alternative educational programming for mentally retarded youngsters.<sup>59</sup>

Even with the acceptance of colonies and special classes, the population of institutions for the feeble-minded continued to increase. By 1940, the numbers of institutionalized individuals stood at an all-time high of 118,021, up from only 42,954 seventeen years earlier. The majority of these patients remained concentrated in institutions in eastern and midwestern states.<sup>60</sup> Walter Fernald regarded this disparity in institutionalization as reflective of social circumstances. "A comparatively new state," he commented in 1923, "settled by immigrants possessed of strength and courage to travel without railroads and settle on new lands, is not as likely to have malicious defectives in its institutions, as in an old industrialized state."<sup>61</sup> The problems of industrialization, immigration, and urbanization clearly beset the eastern states. For many in the fields of education and psychology, the debilitating nature of urban life emerged as root cause of both societal dislocation and feeble-mindedness. Offering an alternative explanation for retardation based on an environmental model, a Cleveland social worker felt "conditions of life in our great cities being so complex, competition so keen, and temptations so numerous, we should not be surprised if our many feeble-minded are overwhelmed and become objects for relief from welfare organizations or drift into delinquency."<sup>62</sup>

Southern institutional leaders also recognized the relationship between feeble-mindedness and urbanization and industrial progress. The 1918 Russell Sage Foundation survey of Florida reported that "the rapid increase of the dependent, delinquent, and defective classes which would come with a more complex society . . . make it necessary . . . for Florida to make plans."<sup>63</sup> In North Carolina, leaders took the opposite tack. They explained lower institutionalization rates there by emphasizing "the fact that North Carolina is largely a rural state with environment in which many more subnormals might adjust without institutionalization."<sup>64</sup> The ironic fact remained that while many educators recognized the importance of urban dislocation in the etiology of feeble-mindedness, hereditarian studies all focused on rural retardation. Arthur Estabrook, in his eugenic study Mongrel Virginians in 1926, focused on the Win tribe, a group of five hundred inbred mixed blood individuals living in rural poverty in the foothills of the Blue Ridge Mountains. To Estabrook, this group, and not urban dwellers, represented "an increasing social problem in the South."<sup>65</sup>

Perhaps seeing the logical fallacy in their rural hereditarian arguments, eugenic reformers increasingly focused on immigrants as a major cause of the increasing numbers of feeble-minded. The shrill cries of such leaders as Charles Davenport argued for the implementation of stricter immigration laws that would "exclude defective germ

plasm."<sup>66</sup> Led by Davenport's associate, Harry Laughlin, eugenicists embarked on scientific studies to prove the hereditary nature of immigrant feeble-mindedness. These led to questions about the intelligence of particular national and racial groups, especially Eastern and Southern Europeans.<sup>67</sup> The concern over feeble-mindedness converged with broader strains of nativism in the American polity in the early 1920s. Typically, eugenicists overstepped their bounds with their bold claims. In 1924, Joseph Gillman excoriated Laughlin for his claims "that the mere occurrence of an inadequacy within a group of individuals of a given race or nativity is a valid proof of the existence of susceptibilities towards the inadequacy as an inborn racial quality."<sup>68</sup>

Northern and midwestern states, beset by the problems caused by immigration and urbanization, increasingly utilized institutional solutions in an attempt to alleviate the problems of the feeble-minded. Nationally, by 1937, 72.8 persons per 100,000 of the general population were institutionalized as mentally deficient. In New England and the Mid-Atlantic States, however, these figures soared to 96.28 and 97.93, respectively.

In the South, where racial segregation, legislative parsimony, the lack of a charity reform tradition, and less concern over the effects of a deviant mentally defective class made the perception of need less pressing, levels of institutionalization were lower. The contours of a racially

bifurcated society also forced Southerners to handle the problems of feeble-mindedness differently. Southern institutions served only white mentally defective persons, leaving the black community to control and protect African-American mentally retarded persons. Figures reflect this low rate of institutionalization. The South Atlantic states committed only 49.44 persons per 100,000 while the rest of the South averaged only 20.82 (See Tables 3.2 and 3.3).

The increasing institutionalization of mentally retarded persons also represented a concern about the differential fecundity of the feeble-minded. The 1919 Report of the South Carolina Board of Charities and Corrections questioned whether the state would make provisions to prevent the feeble-minded from "propagating their kind to add to the ever increasing burden of successive generations."<sup>69</sup> To many leaders in the fight against mental deficiency, this prevention meant taking extra precautions for feeble-minded women. The assumption that feeble-minded females provided an easy conquest for lecherous males underlay the 1921 Maryland recommendation that it be made a "felony to aid or facilitate in any way intercourse with mentally defective female persons."<sup>70</sup> At the 1913 New York State Conference on Charities and Corrections, Hastings Hart, Director of the Russell Sage Foundation's Child Helping Division, expressed these gender-based concerns. "The feeble-minded girl is vastly more dangerous to the community than the feeble-minded boy," he

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TABLE 3.2  
Numbers of Mental Defectives Institutionalized by Region  
1937

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<u>Region</u>	<u>Average per Region</u> <sup>1</sup>
United States	72.8
New England	96.3
Mid-Atlantic	97.8
East North Central	96.4
West North Central	94.8
South Atlantic	49.4
East South Central	20.8
West South Central	35.9
Mountain	77.6
Pacific	76.5

Source: Mental Defectives and Epileptics in Institutions, 1937 (Washington, D. C.: G.P.O., 1939), p. 14.

1. Per 100,000 persons.

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TABLE 3.3  
 Numbers of Mental Defectives Institutionalized by Southern  
 States 1937

<u>State</u>	<u>Average per State</u> <sup>1</sup>
Alabama	21.6
Florida	28.5
Georgia	8.5
Kentucky	25.1
Louisiana	31.5
Mississippi	15.4
North Carolina	18.4
South Carolina	28.6
Tennessee	21.2
Virginia	42.3

Source: Mental Defectives and Epileptics in Institutions, 1937 (Washington, D. C. : G.P.O., 1939), p. 14.

1. Per 100,00 persons.

preached. "This arises partly from the fact that the feeble-minded women is unable to protect herself, and partly from the fact that she is not affected by the moral restraints or the regard for consequences which restrain normal women."<sup>71</sup> In response to the presumed special needs of female patients, several states opened institutions designed specifically to house feeble-minded women. In 1932, the male superintendent of Pennsylvania's Laurelton State School, one of these facilities, defined his institution's purpose as "caring for mentally defective women of the child-bearing age and the segregation of these girls and women in order to prevent their conceiving and reproducing their mental defects in coming generations."<sup>72</sup>

While Southern states did not organize separate facilities for mentally retarded women, they remained cognizant of the gender-based notions of feeble-mindedness. The 1915 Virginia Mental Defective Survey analyzed the records of 120 Richmond prostitutes and found 86 to be feeble-minded. The report suggested "society should segregate them where they will be protected from licentious men and lewd, avaricious women."<sup>73</sup> In the enabling statute organizing North Carolina's Caswell Training School, legislators established provisions for the admission of feeble-minded children of both sexes as well as "feeble-minded women between the ages of twenty-one and thirty."<sup>74</sup>

This concern over female feeble-mindedness led many reformers to posit a direct relationship between mental

retardation and prostitution. A 1920 survey of 122 Georgia prostitutes found 43.5 percent of them to be feeble-minded.<sup>75</sup> By assuming this causal link, leaders in the reform movement viewed prostitutes as victims, as mentally deficient women unable to make correct moral decisions and easily led astray by evil men. Historian Mark Connelly has written that "the feeble-mindedness theory [of prostitution] was as much the product of class and cultural biases as of actual value-free intelligence testing. . . . As in many cases of social labeling, the feeble-mindedness theory reveals as much about those who endorsed it as about the women it purportedly described."<sup>76</sup>

The need to isolate feeble-minded women stemmed not only from a humanitarian concern for protection from sexual exploitation. More importantly, the feeble-minded woman was placed in an institution, according to an 1898 article in the Journal of the American Medical Association, to "end her danger as a multiplier of her own weakness and the present rapid increase in our dependent population."<sup>77</sup> The 1915 Georgia Survey of Mental Defectiveness verified the concerns for both wayward women and society at large. "An institution for defective delinquent girls will be a charter of liberty for this most helpless, unfortunate, and potentially dangerous class," it reported, "taking them from the streets and highways, where they have been the defenceless [sic] prey of lust and greed. . . . Finally, not

the least important of all these benefits is the protection such an institution will afford society."<sup>78</sup>

Census statistics revealed the desires of institution leaders to implement this policy by institutionalizing females for longer periods than males. For the thirteen year period 1925-1938, females constituted 48.3 percent of the total national institutionalized population, but only 43.1 percent of those discharged back into the community. These figures showed the turnover rate for males in institutions also remained higher than for females.<sup>79</sup> Institutions also appeared more likely to initiate sterilization procedures on female patients. Females comprised 64.1 percent (15,996) of the 24,957 mentally retarded individuals sterilized in the United States from 1907 to 1949.<sup>80</sup> These measures signified a desire for social control of feeble-minded females, reflecting the gender concerns of society. The control of a deviant population remained paramount in the eyes of institutional leaders, charged with protecting society from the perceived threat of mentally deficient offspring.<sup>81</sup>

Eugenic sterilization, removal of the reproductive capacity for genetic and not punitive reasons, offered a desirable alternative to long-term institutionalization. In 1899, a Philadelphia physician suggested a cost-effective method of controlling the procreation of the mentally defective. He proposed to "remove the organs which the sufferers are unfit to exercise normally for which use they

are the worse in the unnatural cultivation. . . ."82 The surgical removal of reproductive organs seemed quick, relatively inexpensive, permanent, and at the cutting edge of the latest scientific research. It also solved a major social problem by preventing the propagation of feeble-minded offspring.

In spite of the backing of many physicians, educators, and psychologists, eugenic sterilization never became a significant alternative to institutionalization or special education. Even with the publications of propagandists such as Harry Laughlin, it never offered retardation professionals the panacea for the feeble-minded menace. It did, however, play a significant role in the psychological destruction of thousands of individuals, often sterilized against their will and even without their knowledge.<sup>83</sup> Legal problems persisted, even after the United States Supreme Court declared sterilization constitutional in Buck v. Bell (1927).<sup>84</sup> Most state laws allowed sterilization of institutionalized feeble-minded persons only, thereby rendering the community aspects of sterilization irrelevant. By 1930, greater sophistication in genetic research allowed scientists to view mental retardation as a spectrum of problems, not a discrete entity carried on one gene. This new understanding undercut the belief in the direct heritability of feeble-mindedness and thus in sterilization as a solution.<sup>85</sup> In 1932, J. H. Landman, in his book Human Sterilization, wrote that "human sterilization is not by any

means the solution of the problems of the feeble-minded and mentally diseased. Instead, it creates new problems."<sup>86</sup> By the mid 1930s, eugenicists such as Charles Davenport and Harry Laughlin ceased holding positions of prominence in mental retardation research.<sup>87</sup>

Even with fundamental questions concerning the validity of their scientific theories, advocates of sterilization remained an important, though not dominant, part of a comprehensive program for ameliorating the problem of the mentally deficient. Revelations of Nazi eugenic experiments in the 1930s further eroded American faith in the efficacy and legitimacy of eugenic sterilization. Though the absolute numbers of sterilized persons declined by 1940, many state sterilization statutes remained in effect, if little used, into the 1960s. North Carolina, however, still sterilized retarded individuals as late as 1965. Americans, it seemed, remained fearful that the feeble-minded would inundate the nation with defective offspring.<sup>88</sup>

While the necessity for removal of the feeble-minded, either to institutions or by sterilization, seemed of utmost importance, experts continued to debate the optimum ages for institutionalization, training, and discharge. Vineland's E. R. Johnstone, in his 1904 presidential address to the Association of Medical Officers, called for "permanent custodial care."<sup>89</sup> Along similar lines, Dr. George Mogrige reiterated Johnstone's plea two years later, commenting that "a well equipped institution should be provided with

accommodations for the feeble-minded of all ages."<sup>90</sup> In 1921, Dr. William Cornell recommended "no restrictions as to age in institutional care. In this, age and mental deficiency have no relation."<sup>91</sup> Johnstone's proposals for life-long commitment mitigated against training and education while a patient remained in an institution. If the patient remained segregated for life, there seemed no pressing need, no economic rationale to train him or her for a productive occupation. The economic exigencies of public financing, however, prevented the implementation of life-long institutional incarcerations for all except low level idiots. In addition, superintendents explicitly designed colonies to facilitate early dismissal from institutions for those capable of living independent lives outside of institution walls. By 1925, Walter Fernald, formerly an advocate of strict segregation and a believer in the menace of the feeble-minded, wrote that "the aim of the institution should be to fit as many defectives as possible for home life. . . ." <sup>92</sup>

Superintendents recognized the importance of education and training in the setting of institutional age limits. The naming of institutions as "training schools" gave an indication that leaders designed them for children and adolescents, not for adults. In recommending the lowering of the top age for admission from twenty-one to sixteen, Florida Farm Colony Superintendent Dr. J. Maxey Dell reported that "from six to ten is a critical time with a

child in the molding of habits."<sup>93</sup> While superintendents complained about the life-long segregation of some inmates, the Depression of the 1930s exacerbated bleak economic conditions, reducing national institutional expenditures by nearly one third.<sup>94</sup> By the mid-1930s, the Depression-induced need to slash expenses and the change in institutional philosophy forced leaders to recognize that, in the words of Pennsylvania's Dr. Mary Wolfe, "institutionalization of all mental defectives is a governmental impossibility."<sup>95</sup>

Superintendents and other professionals realized that if economic considerations and a changing outlook prevented the institutionalization of all feeble-minded persons, then those persons least threatening to the community, and least able to profit from training, would remain outside the institution. These persons usually comprised the idiot class. Not only were idiots considered unlikely to constitute a community danger, their low skill levels and general poor health mandated long-term custodial care in an institutional setting. In 1923, New York's Dr. Charles Little wrote that institutions "should not admit any idiots . . . . This would leave the state institution free to admit the imbecile and moron who should have intensive training."<sup>96</sup> Three years later, a U.S. Children's Bureau study of dependent children in Georgia reported on the effects of this policy on families attempting to cope with the stresses of retardation. "As the training school for

mental defectives, because of its limited accommodations, could care only for those who showed some possibility of improvement," the study reported, "the superintendent returned as unimprovable a 13 year old boy who was placed there . . . He could not talk, feed himself, nor attend to his natural wants. After his return from the training school, he exhibited violent tendencies toward his mother and brother."<sup>97</sup>

The Great Depression added to the demographic pressures on institutions by forcing drastic cutbacks in expenditures, especially in the South. "During this period of prolonged economic depression," an observer wrote in 1933, "there . . . is a great deal of criticism by the uninformed relative to the tremendous expense occurred in the erection of . . . the modern institution for the care of the feeble-minded."<sup>98</sup> While national funding levels declined, the total number of persons institutionalized actually increased. Contemporaries viewed this increase as symptomatic of the Depression and explained higher institutionalization rates of high-level morons in economic terms.<sup>99</sup> By 1940, morons represented 48.1 percent of the total institutionalized population, the highest percentage in history.<sup>100</sup>

Superintendents and other retardation professionals realized that these increased enrollments did not represent a comprehensive solution to the problems raised by mentally deficient people. The 1936 North Carolina State Report on

Mental Health concluded that "it is the responsibility of the community to adjust as many of a State's mental defectives as possible without resorting to institutional care."<sup>101</sup> Even as early as 1923, a staff doctor of the N.C.M.H. understood that "the superintendent of a state training school and the members of his staff are hardly fulfilling their whole duty to the state if they confine their activities within the walls of the institution."<sup>102</sup> These attitudes led to an increase in community programming during the 1930s, especially through public school special class programs. Yet, attempts to reduce the size and scope of institutional programming did not succeed. Many leaders felt that community-based programs served patients better than institutional ones, but the inexpensiveness of institutional care combined with the continuing desire to segregate deviant feeble-minded persons from the rest of society frustrated these desires.<sup>103</sup>

Many changes occurred in the professional study of mental retardation in the forty year time span from 1900 to 1940. By the 1930s, criminologists, such as L. D. Zeleny, had largely abandoned their "early belief that feeble-mindedness was in general and by itself a very important cause of crime."<sup>104</sup> Dr. Mary Wolfe represented these changing attitudes when she boldly stated in her 1932 A.A.S.F.M. presidential address that "the problem of mental deficiency is not primarily a medical problem . . . but . . . primarily an educational, and to a lesser degree, a

sociological problem."<sup>105</sup> In spite of Wolfe's pronouncement, medical doctors continued to control the field, placing their emphasis upon organic etiology rather than societal causation. Other presidential speeches provided evidence that even professionals reached no consensus concerning treatment of the mentally retarded. Dr. A. R. T. Wylie told the group in 1926 that "by 1914, it seemed that the Feeble-Minded were either potential criminals or prostitutes and that segregation with the aid of sterilization and marriage laws was the only means of control . . . . [With more insight] we began to appreciate the fact that probably we had maligned the feeble-minded and that many of them could live out in the world as respectably as the rest of us."<sup>106</sup> Only a year later, Dr. Benjamin Baker invoked moral concerns and the social control argument to paint a much different picture of the mentally defective. He stated:

There is absolutely no truth to the statement that the world needs the moron. Throughout the vegetable and animal universe, nature's failures are, by natural processes, eliminated. Civilized Christian nations have, to some extent negativized this natural but seemingly cruel process. Civilized Christianity must therefore, carry an increasing accumulation of disease and defect or, through the application of scientific knowledge, lessen the burden by prevention or cure.<sup>107</sup>

Concerned with the deviant nature of feeble-mindedness and its effect on society, but also increasingly with the individual incompetence of mentally retarded persons, the

professionals associated with the care and training of feeble-minded individuals presented a divided and confused image during the first forty years of the twentieth century. Retardation professionals in the South, therefore, did not have a coherent model as they set out to establish their own institutions and confront the problems caused by feeble-mindedness.

### Notes

1. Kate Burr Johnson, "Policy Statement Regarding Caswell Training School, Issued August 6, 1925," Reported in the Charlotte Observer, August 7, 1925.

2. Davenport assumed all human characteristics, feeble-mindedness among them, were carried on their own individual gene. Davenport's research reached the ridiculous at times. In 1913, he reported that "the study has been made of strains to which belong a number of cases of eroticism and hysterical temper. Both traits appear clearly as Mendelian dominants." Two years later he concluded that "nomadism is a sex-linked trait." In 1917, he hypothesized that "the strong inclination towards the sea depends upon a recessive factor." Yearbooks of the Carnegie Institution, Volume 12, 1913, p. 116; Volume 14, 1915, p. 139; Volume 16, 1917, p. 129. See also Charles Rosenberg, No Other Gods: On Science and American Social Thought (Baltimore: Johns Hopkins University Press, 1976), pp. 91-97; Hamilton Cravens, The Triumph of Evolution: The Heredity-Environment Controversy, 1900-1941 (Philadelphia: University of Pennsylvania Press, 1978), pp. 173-190; Daniel Kevles, In the Name of Eugenics: Genetics and the Uses of Human Heredity (Berkeley, California: University of California Press, 1985), pp. 48-49; and Mark Haller, Eugenics: Hereditarian Attitudes in American Thought, 2nd Edition (New Brunswick, New Jersey: Rutgers University Press, 1984), pp. 66-72 for critical evaluations of Davenport's research techniques.

3. See the comprehensive article by K. Charlie Lakin, Robert Bruininks, and Barbara Sigford, "Early Perspectives on the Community Adjustment of Mentally Retarded People" in Robert Bruininks, C. Edward Meyers, K. Charlie Lakin, and Barbara Sigford, editors, Deinstitutionalization and Community Adjustment of Mentally Retarded People (Washington, D. C.: A.A.M.D., 1981), 28-50. The authors conclude "that professional opinion on the care and treatment of retarded people was divided with the lines drawn loosely between educators favoring programs aimed at facilitating assimilation and institution personnel favoring isolation and segregation" (p. 33).

4. Dr. Frederick Kuhlman, "What Constitutes Feeble-Mindedness?," J.P.A. 19 (1914-1915), p. 214.

5. Tennessee Statutes, Code Supplement, Section 2642a59, 1928. Quoted in Social Welfare Laws of the Forty Eight States, 2nd edition (Des Moines, Iowa: Wendell Huston

Company, 1931), p. 16. Florida's law appeared even more obtuse. Any person could be committed to the Florida Farm Colony "who is of such feeble-mind as to be either irresponsible or requiring restraint (but not being insane)." Laws of Florida, 1925, Chapter 10272, Quoted in Social Welfare Laws, p. 13.

6. Henry Goddard, "400 Feeble-Minded Children Classified by the Binet Method," J.P.A. 15 (1910-1911), p. 27. In this article, Goddard coined the term "moron", from the Greek word "moronia," meaning foolish. Goddard labelled morons as individuals with mental ages of seven to twelve. See the influential A.A.S.F.M. report on classification which first used the tri-partite definition of feeble-mindedness, "Report on the Committee on Classification of the Feeble-Minded," J.P.A. 15 (1910-1911), 61-67 and the editorial in the same issue "The New Classification (Tentative) of the Feeble-Minded," 68-71. See Leila Zenderland, "The Debate over Diagnosis: Henry Herbert Goddard and the Medical Acceptance of Intelligence Testing," in Michael Sokal, editor, Psychological Testing and American Society, 1890-1930 (New Brunswick, New Jersey: Rutgers University Press, 1987), 46-74, for an analysis of Goddard's achievement. She concluded that "this quiet victory for applied psychology helped shape professional behavior for over a decade" (p. 66). See also Zenderland, Henry Herbert Goddard and the Origins of American Intelligence Testing (Ph. D. Dissertation, University of Pennsylvania, 1986), especially pp. 161-234. "For the first time, American institutional physicians shared a common diagnostic vocabulary," she stated, "a vocabulary defined by psychologists" (pp. 221-222). See also Steven Gelb, "'Not Simply Bad and Incurable': Science, Morality, and Intellectual Deficiency," History of Education Quarterly 29, 3 (Fall 1989), 359-379 and "Social Deviancy and the 'Discovery' of the Moron," Disability, Handicap, and Society 2 (1987), 247-258 for more on the social context of Goddard's new nomenclature. Gelb concluded "that Goddard's identification of the moron was not an originating, but rather, a confirmatory action" ("'Not Simply Bad'", p. 361).

7. Henry Goddard, "Feeble-Mindedness- A Question of Distinction," J.P.A. 33 (1927-1928), 61-67.

8. Edgar Doll, "The Problem of the Mental Defective," School and Society 10, 242 (August 16, 1919), p. 191.

9. C. Banks McNairy, "President's Conception of Our Task," J.P.A. 28 (1923-1924), p. 95. Institutionalization figure in Bernard Farber, Mental Retardation: Its Social Context and Social Consequences (Boston: Houghton, Mifflin Company, 1968), p. 189. For examples of the threat of the moron, see Samuel Kohs, "The Borderline of Mental Deficiency," Proceedings of the N.C.C.C., 1916 (Chicago: The Hildmann

Printing Co., 1916), 279-291; H. Douglas Singer, "Report of the Committee on Mental Deficiency and Insanity on the American Association of Officials on Charity and Corrections," Institution Quarterly 5, 2 (June 1914), p. 87; and Edmund Huey, "The Zone Between Feeble-Mindedness and Non-Feeble-Mindedness," Institution Quarterly 4, 4 (December 1913), 51-59.

10. See Peter Tyor and Leland Bell, Caring for the Retarded in America: A History (Westport, Connecticut: Greenwood Press, 1984), pp. 106-107. The writings on the origins and uses of intelligence testing is voluminous and highly politically charged. Spurred by the writings of Arthur Jensen and Richard Herrnstein, and fueled by the outrageous claims of William Shockley, much of this material looks at the nature-nurture controversy regarding intelligence. See Marvin Rosen, Gerald Clark, and Marvin Kivitz, editors, The History of Mental Retardation, Collected Papers (Baltimore: University Park Press, 1976), 2 volumes, 1: Section 5 "The Testing Movement" for first-hand accounts of researchers, especially Goddard. For an attempt at a balanced view of the roots of the testing movement, see Raymond Fancher, The Intelligence Men: Makers of the IQ Controversy (New York: W.W. Norton & Company, 1985), pp. 41-161. For a more jaundiced view of the testing movement, see Russell Marks, The Idea of IQ (Washington, D. C.: University Press of America, 1985), "Providing for Individual Differences: A History of the Intelligence Testing Movement in North America," Interchange 7, 3 (1976-1977), 3-16, and "Legitimizing Industrial Capitalism: Philanthropy and Individual Differences" in Robert Arno, editor, Philanthropy and Cultural Imperialism: The Foundations at Home and Abroad (Boston: G. K. Hall and Co., 1980), 87-122; Clarence Karier, "Testing for Order and Control in the Corporate Liberal State," Educational Theory 22, 2 (Spring 1972), 154-180; Stephen Jay Gould, The Mismeasure of Man, (New York: W. W. Norton, 1981), pp. 174-233; and Leon Kamin, "Heredity, Intelligence, Politics, and Psychology" in Clarence Karier, editor. Shaping the American Educational State- 1900 to the Present (New York: The Free Press, 1975), 367-393, "The Science and Politics of IQ," Social Research 41, 3 (Autumn 1974), 387-425, and The Science and Politics of IQ (New York: Halsted Press, 1974). See Franz Samelson's rejoinder to Kamin, "On the Science and Politics of IQ," Social Research 42, 3 (Autumn 1975), 467-488. For the belief that the testing movement needs examination from a less political vantage point, see the essays in Michael Sokal, editor, Psychological Testing and American Society. In his introduction to this volume, Sokal states, "[t]he testers usually worked to serve others; they believed themselves to be altruists" (p. 16). For foreign experiences with testing, see Gillian Sutherland, Ability, Merit, and Measurement: Mental Testing and English Education, 1900-1940 (Oxford, England: Clarendon Press,

1984) and Bernard Norton, "Psychologists and Class" in Charles Webster, editor, Biology, Medicine, and Society, 1840-1940 (Cambridge, England: Cambridge University Press, 1981), 289-314 for England; and Carol Bacchi, "The Nature-Nurture Debate in Australia: 1900-1914," Historical Studies 19, 75 (October 1980), 199-212 for Australia.

11. The term "feeble-minded" was used both as an overall category and as the highest level of deficiency within that category. Goddard's new term "moron" quickly replaced the second usage and helped to clear up some of the terminology problems.

12. "Report of the Committee on Classification of the Feeble-Minded," p. 61. For more on Terman and the development of the concept of the intelligence quotient, see Henry Minton, Lewis M. Terman: Pioneer in Psychological Testing (New York: New York University Press, 1988), especially pp. 38-61 and Paul Chapman, Schools as Sorters: Lewis M. Terman, Applied Psychology, and the Intelligence Testing Movement, 1890-1930 (New York: New York University Press, 1988), especially pp. 17-54.

13. Dr. Charles Bernstein, Comments on a paper given at the 1926 A.A.S.F.M. meeting, Toronto, J.P.A. 31 (1925-1926), p. 231.

14. See Daniel Kevles, "Testing the Army's Intelligence: Psychologists and the Military in World War I," Journal of American History 55, 3 (December 1968), 565-581 and In the Name of Eugenics: Genetics and the Uses of Human Heredity (Berkeley, California: University of California Press, 1985), pp. 80-83; Leila Zenderland, Henry Goddard, pp. 576-585; Raymond Fancher, The Intelligence Men, pp. 117-132; James Reed, "Robert M. Yerkes and the Mental Testing Movement" in Michael Sokal, editor, Psychological Testing and American Society, 75-94; Russell Marks, The Idea of I.Q., pp. 45-56; Hamilton Cravens, The Triumph of Evolution, 83-86; Henry Minton, Lewis M. Terman, pp. 62-76; Paul Chapman, Schools as Sorters, pp. 65-82; Joel Spring, "Psychologists and the War: The Meaning of Intelligence in the Alpha and Beta Tests," History of Education Quarterly 12 (1972), 3-15; Franz Samelson, "Putting Psychology on the Map: Ideology and Intelligence Testing" in Allan Buss, editor, Psychology in Social Context (New York: Irvington, 1979), 103-168; and Stephen Jay Gould, The Mismeasure of Man, pp. 192-234. For a contemporary view, see Arthur Estabrook, "The Biological Bearing of Army Mental Tests," Journal of Social Hygiene 7 (1920), 279-284.

15. C. Banks McNairy, "The Growth of a North Carolina Idea-- A Speech Read Before the Seaboard Medical Society, Norfolk, Virginia, December 8, 1915," p. 16, N.C.C.-U.N.C..

16. R. H. Haskell, "Mental Deficiency over a Hundred Years," American Journal of Psychiatry 100 (1944), p. 114.
17. Frederick Kuhlman, "What Constitutes Feeble-Mindedness?," J.P.A. 19 (1914-1915), p. 214. See also H. D. Newkirk, "On the Diagnosis of Feeble-Mindedness," Journal of the American Institute of Criminal Law and Criminology 4 (1913-1914), 278-280. "The Binet tests, however, are, likewise, defective," Newkirk, the director of research at the Hennepin County Juvenile Court in Minnesota, wrote, "when used as a sole standard of analysis" (p. 279).
18. J. E. Wallace Wallin, "Who is Feeble-Minded?," Journal of the American Institute of Criminal Law and Criminology 6 (1915-1916), pp. 707, 711. While Wallin attacked the use of intelligence testing, he reflected wholeheartedly the fear of the feeble-minded class. See his "The Problem of the Feeble-Minded in its Educational and Social Bearings," School and Society 2, 30 (July 24, 1915), 115-121, for an example.
19. Walter Lippmann, "The Mental Age of Americans," The New Republic October 25, 1922, pg. 215. The entire series of six Lippmann articles, a response by Lewis Terman, and a rejoinder by Lippmann are conveniently anthologized in Clarence Karier, Shaping the American Educational State: 1900 to the Present (New York: The Free Press, 1975), pp. 282-316; Maurice Hexter and Abraham Myerson, "13.77 versus 12.05, a Study in Probable Error: A Critical Discussion of Brigham's 'American Intelligence'," Mental Hygiene 8, 1 (1924), 69-82. For more on Lippmann and intelligence testing, see Nicholas Pastore, "The Army Intelligence Tests and Walter Lippmann," Journal of the History of the Behavioral Sciences 14, 4 (October 1978), 316-327; Ronald Steel, Walter Lippmann and the American Century (New York: Vintage Books, 1981), pp. 207-208; and Hamilton Cravens, The Triumph of Evolution, pp. 232-234.
20. Statement of Harry Laughlin, "Analysis of America's Melting Pot- Hearings before the Committee on Immigration and Naturalization, House of Representatives, 67th Congress, 3rd Session, November 21, 1922." Serial 7-C (Washington: G.P.O., 1923), p. 737. Henry Goddard did not appear concerned about the immigration 'problem.' See Leila Zenderland, Henry Goddard, pp. 561-576.
21. Joseph Gillman, "Statistics and the Immigration Problem," American Journal of Sociology 30, 1 (July 1924), p. 48. See Hamilton Cravens, The Triumph of Evolution, pp. 236-260; Mark Haller, Eugenics, pp. 111-123; and Stephen Jay Gould, The Mismeasure of Man, pp. 172-174 and 191-192 for the slowly shifting psychological paradigm away from a belief in the complete heritability of intelligence and the ability of intelligence tests to measure that construct.

See Franz Samelson, "On the Science and Politics of IQ" and Leon Kamin, "Reply to Samelson" in Social Research 42, 3 (Autumn 1975), 467-492, for the dispute over the importance of Laughlin's testimony to the passage of the 1924 Immigration Restriction Act.

22. For the British example, see Harvey Simmons, "Explaining Social Policy: The English Mental Deficiency Act of 1913," Journal of Social History (Spring 1978), 387-403; David Barker, "How to Curb the Fertility of the Unfit: The Feeble-Minded in Edwardian Britain," Oxford Review of Education 9, 3 (1983), 197-211; G. R. Searle, Eugenics and Politics in Britain, 1900-1914 (Leyden, The Netherlands: Noordhoff International Publishing, 1976), especially pp. 106-111; L. J. Ray, "Eugenics, Mental Deficiency, and Fabian Socialism Between the Wars," Oxford Review of Education 9, 3 (1983), 213-222; Sally Tomlinson, Educational Subnormality: A Study in Educational Decision-Making (London: Routledge and Kegan Paul, 1981); Gillian Sutherland, Ability, Merit, and Measurement; and Peter Tyor and Leland Bell, Caring for the Retarded in America, pp. 107-108. Sutherland asserts that "the English did not embrace mental measurement in the same whole-hearted and complete way after the First World War as the Americans did . . ." (p. 283).

23. S. D. Porteus, "Comments on a Paper delivered by Dr. Charles Bernstein at the 1921 A.A.S.F.M. meeting," J.P.A. 26 (1920-1921), p. 59.

24. See Leon Kamin, The Science and Politics of IQ, especially Chapter 2; Raymond Fancher, The Intelligence Men, pp. 139-161; and Henry Minton, "Louis M. Terman and Mental Testing: In Search of the Democratic Ideal" in Michael Sokal, editor, Psychological Testing and American Society, 95-112.

25. Edgar Doll, "Presidential Address to the A.A.M.D.- May 1, 1936," J.P.A. 41 (1935-1936), p. 35.

26. H. J. Grossman, Classification in Mental Retardation (Washington, D. C.: A.A.M.D., 1983), p. 1.

27. John Clausen, "Mental Deficiency: Development of a Concept," American Journal of Mental Deficiency 71 (September 1967), p. 729.

28. Harry Best, Public Provision for the Mentally Retarded (Worcester, Massachusetts: Heffernan Press, 1965), p. 254.

29. "Discussion of a paper given at the 1910 meeting of the A.A.S.F.M.," J.P.A. 14 (1909-1910), p. 133. For example, Florida developed a four part commitment process based on its insanity commitments. First; family members, doctors or educators sent a petition to commit to a county judge.

Secondly, the judge appointed a committee to determine the validity of the petition. At least one medical doctor had to be a member of the committee. The committee then reported back to the judge who made his order to commit based on the findings. Often, this process, designed to protect the committed person from wrongful placement, took only a short time, raising questions about the depth of the committee report. In Alachua County, Florida, between 1921 and 1940, 43.4 percent of the commitment procedures took one day and 69.4 percent took less than one week from initiation to final decision. Alachua County Courthouse Records, Gainesville, Florida. (See Figure 3.1)

30. "Kentucky Mental Hygiene Survey 1923," in Gerald Grob, editor, Mental Hygiene in Twentieth Century America: Four Studies, 1921-1924 (New York, Arno Press, 1980), p. 34. For an analysis of a similar law in Wyoming, see "Wyoming's Program for the Feeble-Minded," J.P.A. 27 (1921-1922), 248-255. For more on the differing state responses to commitment proceedings, see "Discussion of a paper given at the 1910 meeting of the A.A.S.F.M.," J.P.A. 14 (1909-1910), pp. 135-136. In Pennsylvania, only parents or the juvenile justice system could initiate commitment procedures for children under twenty. Minnesota had no firm commitment guidelines prior to 1920. In 1910, Farabault State School superintendent Dr. A. C. Rogers commented on the advantages of this procedure. That way, he suggested, "we have been able to make a pretty good bluff where we were satisfied the child should not be returned [to society]," Ibid.

31. Dr. Edward Ochner, "Difficulty in Securing a Commitment Law for the Feeble-Minded," Proceedings of the N.C.C.C., 1916, p. 239. See also Patrick Curtis, Eugenic Reformers, Cultural Perceptions of Dependent Populations, and the Care of the Feeble-Minded in Illinois, 9109-1920 (Ph. D. Dissertation, University of Illinois at Chicago, 1983), pp. 146-158.

32. For an overview of legal cases in these areas, see Harry Best, Public Provision for the Mentally Retarded, especially pp. 254-256. For cases regarding proper proceedings, see People v. Neilson, 356 Ill. 322, 190 N.E. 688 (1934), and People v. Nevin, 191 App. Div. 798, 181 N.Y. Supp. 821 (1920). For proper hearings, see Blackwell v. Parks, 166 Ga. 631, 144 S.E. 24 (1924) and In Re Roth, 271 Mich. 178, 190 N.W. 151 (1935). For relatives present, see Robinson v. Winsted, 189 Va. 100, 52 S.E. 21 (1949). For proof of mental defectiveness, see State Board of Control v. Fechner, 192 Minn. 412, 251 N.W. 662 (1937).

33. In South Carolina, residents of the State Training School could be either committed or admitted. The State Board of Charities and Corrections (later the State Board of

Figure 3.1

## COMMITMENT PROCEDURES OF SOUTHERN STATES

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- Alabama- Application through juvenile court judge or probate court judge. Verification of mental deficiency by three person panel, one of whom must be a medical doctor.
- Florida- Application through county court judge. Verification of mental deficiency by three persons panel, one of whom must be a medical doctor.
- Georgia- Application through county Ordinary Court by relative or any reputable citizen. Verification of mental deficiency by two medical doctors.
- Kentucky- Application through county court. Jury trial determines eligibility for institution.
- Louisiana- Application through court procedure or voluntary admission.
- Mississippi- Application to chancery courts. Judge may give jurisdiction to clerk of court. No verification mentioned. Trial by jury may be demanded by feeble-minded person or his relatives.
- North Carolina- Application of those between the ages of 6 and 21 only need written approval of board of county commissioners. For females 21 to 30, application to county superior court by any responsible person. Verification of mental deficiency by examination of witnesses, one of whom must be a medical doctor.
- South Carolina- Application to Probate court or clerk of Circuit Court by relative, guardian, or any reputable citizen. Verification of mental deficiency by two medical doctors or one doctor and a psychologist
- Tennessee- Application to chancery, circuit, county, or probate court by relatives, county health officer, or school superintendent. Verification of mental deficiency by two medical doctors.
- Virginia- Application to county circuit court or city corporation court by any reputable person. Verification of mental deficiency by two medical doctors or a doctor and an approved mental examiner.
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Public Welfare) could admit individuals without the formality of a commitment hearing before a judge, Statutes of South Carolina, 1917-1918, Volume 30, Number 398, Sections 11-12, pp. 732-733.

34. Minutes of the Board of Commissioners of State Institutions, Minute Book J, p. 353, April 2, 1929, Florida State Archives, Tallahassee, Florida.

35. Dr. Shafer to Superintendent Colson, February 16, 1935; Colson to Shafer, February 18, 1935, Superintendents' Correspondence, Vault files, G.S.C.

36. Quoted in William Sloan and Harvey Stevens, A Century of Concern: A History of the A.A.M.D. (Washington, D. C.: A.A.M.D. Press, 1976), p. 76. See Robert Mennel, Thorns and Thistles: Juvenile Delinquents in the United States, 1825-1940 (Hanover, New Hampshire: University Press of New England, 1973), especially pp. 86-100, for a broader view of the relationship between mental deficiency and criminal behavior. See also Henry Goddard's 1915 The Criminal Imbecile (New York: The Macmillan Company, 1915) for a prime example of the conflation of criminality and mental defectiveness. Goddard concluded that the "facts certainly warrant us in taking seriously the problem of the feeble-minded and the criminal imbecile" (p. 106).

37. Dr. Walter Fernald coined the term "defective delinquent" in his 1910 report to the Massachusetts Legislature. See Nicolas Hahn, The Defective Delinquency Movement: A History of the Born Criminal in New York State, 1880-1966 (Ph. D. Dissertation, S.U.N.Y. Albany, 1978) for an overview of the entire movement, especially in New York. See also Peter Tyor and Leland Bell, Caring for the Retarded in America, pp. 110-111; R. C. Scheerenberger, A History of Mental Retardation (Baltimore: Paul H. Brookes Publishing Company, 1983), pp. 152-154 and 164-165; and Leila Zenderland, Henry Goddard, pp. 495-506.

38. Dr. C. B. Caldwell, "Comments on a paper given at the 1922 A.A.S.F.M. meeting," J.P.A. 27 (1921-1922), p. 71.

39. E. J. Johnstone, *Ibid.*, p. 73.

40. Nicolas Hahn, The Defective Delinquency Movement, pp. 391-392.

41. Virginia State Prison Board Minutes, Volume 3- 1925-1930, R.G. 42, Virginia State Archives, Richmond. Farm population figure from February 10, 1930 entry, p. 298. See also Paul Keve, The History of Corrections in Virginia (Charlottesville, Virginia: University Press of Virginia,

1986), p. 206; and Nicolas Hahn, The Defective Delinquency Movement, p. 546.

42. For example, Dr. J. H. Hodges, superintendent of Florida Farm Colony, wrote in 1927 that "it does . . . seem desirable that some arrangements be made whereby the committing judge would recommend these defective delinquents to a reformatory in case we found them intractable," 4th B.R. of Florida Farm Colony, 1925-1927, p. 11, Vault files, G.S.C.

43. "Mental Defectives in the District of Columbia," School and Society 1, 23 (June 5, 1915), pp. 815-816. See the evaluations of colony care in Peter Tyor and Leland Bell, Caring for the Retarded in America, pp. 123-125; R. C. Scheerenberger, A History of Mental Retardation, pp. 160-162; and K. Charlie Lakin, et. al., "Early Perspectives on the Community Adjustment of Mentally Retarded People," in Robert Bruininks, et. al. Deinstitutionalization and Community Adjustment of Mentally Retarded People.

44. Charles Bernstein, "Rehabilitation of the Mental Defective," J.P.A. 24 (1919-1920), p. 153; Charles Bernstein, "Colony Care for Isolation Defectives and Dependent Cases," J.P.A. 26 (1920-1921), p. 45. See also Bernstein, "Advantages of Colony Care of Mental Defectives," Psychiatric Quarterly 1 (1917), 419-425, "Colony and Extra-Institutional Care for the Feeble-Minded," Mental Hygiene 4, 1 (1920), 1-28 and "Colony and Parole Care for Dependents and Defectives," Mental Hygiene 7, 3 (1923), 449-471; and H. G. Hubbell, "Colonization as a Therapeutic Measure," Psychiatric Quarterly 8 (1934), 476-488.

45. Charles Bernstein, "Colony Care for Isolation Defectives," p. 45.

46. Joseph Mastin, "The New Colony Plan," Proceedings of the N.C.C.C., 1916, p. 246.

47. Jessie Taft, "Supervision of the Feeble-Minded in the Community," Proceedings of the National Conference on Social Work, 1918 (Chicago: Rogers & Hall Company, 1918), p. 546.

48. C. S. Raymond, "Industrial Possibilities of the Feeble-Minded Within an Institution," J.P.A. 31 (1925-1926), p. 28. See also Henry Curtis, "The Iron Man and the Feeble-Minded," School and Society 19, 492 (May 31, 1924), 643-644. Curtis proposed institutions be re-organized as "neanderthal villages" where sterilized residents lived happily and worked in assembly line fashion. To Curtis, the Ford assembly line system of manufacturing "requires a feeble-minded worker" (pp. 643-644).

49. By 1927, for example, Bernstein had developed a network of local houses, some rented, some owned by the institution, for female patients. These houses, situated in eight upstate New York cities provided group living arrangements for up to twelve women. These women worked as domestic servants or seamstresses during the day. Male patients lived in twenty-one farm colonies in the New York countryside. Over forty percent of Rome State School's 3158 patients lived in these colonies, or on home parole, Charles Bernstein, "Advantages of Colony Care of Mental Defectives," pp. 422-423.

50. Charles Little to Benjamin Whitten, May 20, 1929. Letter in Benjamin Whitten, A History of Whitten Village (Clinton, South Carolina: Jacobs Press, 1967), p. 269.

51. Laws of Florida, Chapter 7887, 1919 Regular Session, General Acts and Resolutions, 2 volumes, 1: p. 234.

52. Dr. Byron Biggs, "A Conception of the Superintendent's Responsibility," J.P.A. 28 (1922-1923), p. 120. See also the Editorial in The Survey 33, 8 (June 27, 1914), 199-200, which reported that "the state institution can wisely undertake under one management the complete work for the three classes- namely asylum care for idiots, training for the educable, industrial control for the adult" (p. 199).

53. See Andrew Scull, Decarceration: Community Treatment and the Deviant- A Radical View, 2nd Edition (New Brunswick, New Jersey: Rutgers University Press, 1984), particularly Chapter 4: "The Demise of the Asylum" and Chapter 8: "'Success' in the Twentieth Century: Welfare Capitalism and the Changing Exigencies of Domestic Pacification and Control," for an account of an analagous situation in post-World War II America. According to Scull, the removal of large numbers of persons from institutions, supposedly for their own benefit, was often simply a measure to cut costs in patient services. "If the program for decarcerating the mentally ill was to live up to rhetorical claims about its being undertaken for the ex-patients' welfare, these aftercare facilities would have had to be extensively present; but this would have been extremely costly, and if the program was to realize financial savings they had to be substantially absent. They are absent" (p. 142). For an alternate view, see David Rothman and Sheila Rothman, The Willowbrook Wars: A Decade of Struggle for Social Justice (New York: Harper and Row, 1984). The Rothmans' argue that de-institutionalization of the mentally retarded can be accomplished for the benefit of the ex-patient, if legal advocates insure that extra-institutional services are provided.

54. Dr. Ira Wile, "Six Children in Search of an Education," The Survey 52, 11 (September 1, 1924), p. 277. For more on

the growth of special education classes, see Seymour Sarason and John Doris, Educational Handicap, Public Policy, and Social History: A Broadened Perspective on Mental Retardation (New York: The Free Press, 1979), especially pp. 135-320. The authors tie the growth of special education directly to the growth of compulsory education in the late nineteenth century. Also see Marvin Lazerson, "Educational Institutions and Mental Subnormality: Notes on Writing a History" in Michael Begab and Stephen Richardson, editors, The Mentally Retarded and Society: A Social Science Approach (Baltimore: University Park Press, 1975), 33-52; Peter Tyor and Leland Bell, Caring for the Retarded in America, pp. 90-91 and 127-130; and R. C. Scheerenberger, A History of Mental Retardation, pp. 166-172. For a contemporary view, see "Provision for Exceptional Children in Public Schools," United States Bureau of Education Bulletin, 1911, No. 14, (Washington, D. C.: Government Printing Office, 1911); Charles Berry, "The Mentally Retarded Child in the Public Schools," Mental Hygiene 7, 4 (1923), 762-769; Jessie Rosenfeld, "Special Classes in the Public Schools of New Jersey," Education 27 (1906-1907), 92-100; and Paul Witty and Estelle McCafferty, "Attainment by Feeble-Minded Children," Education 50 (1930-1931), 588-597. The Bureau of Education Bulletin lists only four Southern cities, Memphis, Louisville, Norfolk, and Jackson, with special classes for retarded students.

55. Lewis Terman, "Feeble-Minded Children in the Public Schools of California," School and Society 5, 111 (February 10, 1917), p. 164. He reported an example of a "feeble-minded girl of 15 years, 8 years old mentally and so in the 3rd grade with little girls 8 to 9 years old, . . . teach[ing] her little classmates the grossest sexual practices" (p. 164).

56. J. E. Wallace Wallin, "The Problem of the Feeble-Minded in its Educational and Social Bearings," School and Society 2, 30 (July 24, 1915), p. 116.

57. Report of the Committee on Caswell Training School in its Relation to the Problem of the Feeble-Minded of the State of North Carolina. (Raleigh: Capital Printing Company, 1926), p. 25, Department of Public Welfare Records, Box 178, Caswell Training School Folder, O.R.C.

58. Biennial Survey of Education, Bureau of Education, Department of the Interior (Washington, D. C.: G.P.O., 1921), p. 707.

59. Total enrollment of special classes in 1940 was 98,416. Atlanta enrolled 619 special education students, Charlotte 378, Louisville 340, and Birmingham 244; accounting for over half of the South's students. Biennial Survey of Education, 1938-1940, Office of Education, Department of the Interior

(Washington D. C.: G.P.O., 1947). Total enrollment figure was from Section I, p. 13. Southern cities figures from Section V, pp. 28-44.

60. Patients in Mental Institutions, 1940, Bureau of the Census, Department of Commerce (Washington, D. C.: G.P.O., 1943), p. 105; Feeble-Minded and Epileptics in Institutions 1923, p. 25. In 1923, the number of patients institutionalized per 100,00 of the general population was 46.7. By 1940, it had risen to 79.6, Patients in Mental Institutions, 1940, p. 107.

61. Walter Fernald, "Comments on a paper given by Dr. Charles Little," J.P.A. 28 (1922-1923), p. 67.

62. Miss Steinbach, "Feeble-Minded Children in a Great City," J.P.A. 25 (1920-1921), p. 139.

63. "Florida Surveyed for War and Peace," The Survey 39, 22 (March 2, 1918), p. 598.

64. A Study of Mental Health in North Carolina, p.276.

65. Arthur Estabrook and Ivan McDougale, Mongrel Virginians: The Win Tribe (Baltimore: The Williams and Wilkins Company, 1926), p. 199.

66. Charles Davenport, "Selecting Immigrants," J.P.A. 25 (1920-1921), p. 178.

67. Many articles in contemporary journals focused on the intelligence of foreign immigrants. See, for example, E. H. Mullin, "Mental Examination of Immigrants- Administration and Line Inspection at Ellis Island," Public Health Reports, U.S. Public Health Service 32, part I (May 18, 1917), 733-746; Clifford Kirkpatrick, Intelligence and Immigration- Mental Measurement Monographs- Serial #2 (Baltimore: The Williams and Wilkins Company, 1926); and Robert Ward, "The Crisis in our Immigration Policy," Institution Quarterly 4, 2 (June 30, 1913), 179-186. Ward, a Harvard biologist, wrote that "if the quality of our race is to be preserved, there must be a far more careful selection of our immigrants . . . [by] the proper eugenic selection of the incoming alien millions" (p. 50). Also see especially, Laughlin's testimony before the House Committee on Immigration and Naturalization in 1922. He reported that "we have left out of consideration the matter of blood or natural inborn hereditary mental or moral differences. No man who who breeds pedigreed plants or animals can afford to neglect this thing. . . . But in adding to our human breeding stock by immigration, this is what we do" (p. 738) "Analysis of America's Melting Pot- Hearings Before the Committee on Immigration and Naturalization, House of Representatives, 67th Congress, 3rd Session, November 21, 1922- Statement of

Harry Laughlin" Serial 7-C, 730-751, (Washington D. C.: G.P.O., 1923). See also Mark Haller, Eugenics, pp. 144-159.

68. Joseph Gillman, "Statistics and the Immigration Problem," p. 31.

69. 5th A.R. of the South Carolina State Board of Charities and Corrections, 1919, South Carolina State Archives, Columbia. p. 32.

70. "Maryland Mental Hygiene Survey, 1923", in Gerald Grob, editor, Mental Hygiene in Twentieth Century America, p. 95. See also Walter Fernald, "The Burden of Feeble-Mindedness," J.P.A. 17 (1912-1913), pp. 88, 93, 98; Walter Clarke, "Prostitution and Mental Deficiency," Journal of Social Hygiene 1 (1915), 364-387; Hastings Hart, "The Extinction of the Defective Delinquent-A Working Program- A Paper Presented before the American Prison Association, November 12, 1912", in David Hammack, editor, The Russell Sage Foundation, microfiche #102 CH10; and William Snow, "Prostitution and Mental Deficiency," Modern Hospital 5, 3 (1915), 211-214. Much recent work has been done on the relationship of gender to deviancy. See Peter Tyor, "'Denied the Power to Choose the Good': Sexuality and Mental Defect in American Medical Practice, 1850-1920," Journal of Social History 10, 4 (June 1977), 472-489; Lesley Smith, "Sexist Assumptions and Female Delinquency: An Empirical Investigation" in Carol Smart and Barry Smart, editors, Women, Sexuality, and Social Control (London: Routledge and Kegan Paul, 1978), 74-86; Nicole Rafter Hahn, "Chastizing the Unchaste: The Social Control Functions of a Women's Reformatory, 1894-1931" in Stanley Cohen and Andrew Scull, editors, Social Control and the State, 288-311, and "Too Dumb to Know Better: Cacogenic Family Studies and the Criminology of Women," Criminology 18, 1 (May 1980), 3-25; Barbara Brenzel, Daughters of the State: A Social Portrait of the First Reform School for Girls in North America, 1856-1905 (Cambridge, Massachusetts: M.I.T. Press, 1983), especially pp. 136-168, "Domestication as Reform: A Study of the Socialization of Wayward Girls, 1856-1905," Harvard Educational Review 50, 2 (May 1980), 196-213, and "Lancaster Industrial School for Girls: A Social Portrait of a Nineteenth Century Reform School for Girls," Feminist Studies 3, 1, (Fall 1975), 40-53; and Stephen Schlossman and Stephanie Wallach, "The Crime of Precocious Sexuality: Female Juvenile Delinquency in the Progressive Era," Harvard Educational Review 48, 1 (February 1978), 65-94.

71. Hastings Hart, "Meeting the Problems of Mental Defectiveness- A Paper Presented at the New York State Conference on Charities and Corrections, Buffalo, New York, November 20, 1913," in David Hammack, editor, The Russell Sage Foundation, microfiche #102 CH15.

72. LeRoy Maeder, "The Problems of Mental Deficiency in Pennsylvania," J.P.A. 37 (1931-1932), p. 35. See also Harry Hardt, "The State Care of Feeble-Minded Women," Institution Quarterly 3, 1 (March 31, 1912), 179-186. Hardt was superintendent of Illinois' Lincoln State School, an institution that served both sexes; and Olga Bridgman, "Juvenile Delinquency and Feeble-Mindedness," Institution Quarterly 5, 2 (June 30, 1914), 164-167. Dr. Bridgman worked at the Illinois State Training School for Girls at Geneva. Dr. Bridgman wrote that "what they [feeble-minded girls at the institution] need is protective and friendly detention in some institution other than a reformatory for a period of far longer than the gravity of their offenses" (p. 167).

73. Mental Defectives in Virginia, p. 66. William Snow, in his article "Prostitution and Mental Deficiency" argues the testing measures that achieved these results were flawed. The exams took less than a half hour per person and did not take "into consideration the family history of the prostitutes and there is no indication of a thorough physical examination to check and substantiate the results of the mental tests." Snow concludes by announcing that "the whole correlation between prostitution and amentia is still undetermined" (p. 212). Other data showed that the relationship between feeble-mindedness and prostitution was not as direct as some assumed. In a 1920 study of women in New York prisons, reformatories, and workhouses, the authors concluded that "any search for a well-defined type of individual appearing as the delinquent women, will probably be fruitless," Mabel Ruth Fernald, Mary Hayes, Almena Dawley, A Study of Women Delinquents in New York State (New York: The Century Company, 1920), p. 528.

74. 1919 Laws of North Carolina, Chapter 224, Section 2. In a 1914 notice to the public, Caswell officials clearly stated their concern about the menace of feeble-minded women, couching it in paternalistic terms. "It is known to students of the Social Evil and students of Psychology that girls of a subnormal mentality are a helpless prey to the man of vicious habits, and a very large percentage of these girls, sooner or later, go wrong. One of the objects of this institution is to segregate and thereby protect these girls," Undated notice to the Public, C.C.

75. Edward Devine, "The Feeble-Minded in Georgia," The Survey 43, 13 (January 24, 1920), p. 467. Also see W. F. Draper, "The Detention and Treatment of Infected Women as a Measure of Control of Venereal Disease in Extra-Cantonment Zones," American Journal of Obstetrics and Diseases of Women and Children 80 (1919), 642-646; Leila Zenderland, Henry Goddard, pp. 506-515; and Paul Mertz, "Mental Deficiency of Prostitutes: A Study of Delinquent Women at an Army Port of Embarkation," Journal of the American Medical Association

72, 22 (May 31, 1919), 1597-1599. Mertz tested 69 prostitutes in Newport News, Virginia and found 53 percent had mental ages ten years or lower. To the author, "these figures add evidence to the already well-established belief that virtually one half of the country's prostitutes are mentally deficient or feeble-minded" (p. 1599).

76. Mark Connally, The Response to Prostitution in the Progressive Era (Chapel Hill, North Carolina: University of North Carolina Press, 1982), pp. 42-43. See also Ruth Rosen, The Lost Sisterhood: Prostitution in America, 1900-1918 (Baltimore: The Johns Hopkins University Press, 1982), pp. 1-37.

77. Alfred Wilmarth, "The Rights of the Public in Dealing with the Defective Classes," Journal of the American Medical Association 31, 22 (November 26, 1898), p. 1278.

78. V. V. Anderson, "Mental Defect in a Southern State," Mental Hygiene 3 (1919), p. 546.

79. Feeble-Minded and Epileptics in Institutions 1926, 1927, and 1928 and Mental Defectives and Epileptics in Institutions 1929-1932, 1933, 1934, 1935, 1936, and 1937.

80. Moya Woodside, Sterilization in North Carolina: A Sociological and Psychological Study (Chapel Hill, North Carolina: University of North Carolina Press, 1950), p. 194. Some state ratios were even higher. Females composed 79.4 percent of the 1,658 persons sterilized in Wisconsin, 78.8 percent of the 1,815 persons in Minnesota, 73.2 percent of the 3,274 in Michigan, and 82.1 percent of the 1,453 in North Carolina. Prior to 1925, females constituted 66.8 percent of the 1,374 persons sterilized nationwide.

81. This notion had broad international currency. The British Royal Commission on the Care and Control of the Feeble-Minded, in its influential 1904 report, commented on the threat of feeble-minded women "[who] posed a deep threat to middle-class and respectable working class notions of sexuality and family morality," Harvey Simmons, "Explaining Social Policy: The English Mental Deficiency Act of 1913," p. 399. See also David Barker, "How to Curb the Fertility of the Unfit: The Feeble-Minded in Edwardian Britain;" and L. J. Ray, "Eugenics, Mental Deficiency, and Fabian Socialism Between the Wars."

82. Dr. J. Madison Taylor, "Hints to Officers of Institutions for the Feeble-Minded," J.P.A. 3 (1898-1899), p. 81.

83. See "To Raise the Intelligence of the State", National Public Radio Tape 1981 for a recounting of the human side of eugenic sterilization. See also below, Chapter Eight.

84. Buck v. Bell, 174 U.S. 200 (1927).

85. See Daniel Kevles, In the Name of Eugenics, pp. 164-169; Donald Pickens, Eugenics and the Progressives (Nashville, Tennessee: Vanderbilt University Press, 1968), pp. 202-215; Mark Haller, Eugenics, pp. 111-176; R. C. Scheerenberger, A History of Mental Retardation, pp. 190-192; and Peter Tyor and Leland Bell, Caring for the Retarded in America, pp. 118-120.

86. J. H. Landman, Human Sterilization: The History of the Sexual Sterilization Movement (New York: The Macmillan Company, 1932), p. 268. An unsigned editorial in the 1929 Mental Hygiene Bulletin also expressed this belief. "It is amusing to contemplate the naive trust," wrote the editorialist, "with which the framers of the great majority of sterilization bills regard the infallibility of science with respect to its knowledge of traits and handicaps transmitted by defective germ plasm," "On the Procreation of Chicken Thieves," Mental Hygiene Bulletin 7, 4 (April 1929), p. 2. See also the influential book by a committee of the American Neurological Association chaired by Dr. Abraham Myerson, Eugenical Sterilization: A Reorientation of the Problem (New York: The Macmillan Company, 1936), which attacked the legal, moral, and scientific underpinnings of sterilization. The authors recommended that sterilization laws "should be voluntary and regulatory, not compulsory" (p. 178). They concluded that "there is at present no sound scientific basis for sterilization . . . [and] we do not believe that society needs to hurry into a program based on fear and propaganda" (pp. 177, 183). For Myerson's similar role in debunking the omnipotence of intelligence testing, see above, n. 19.

87. See Garland Allen, "The Eugenics Record Office at Cold Spring Harbor, 1910-1940- An Essay in Institutional History", Osiris 1986 Second Series, No. 2 (1986), pp. 250-254. By the mid-1930s, Laughlin increasingly extolled the virtues of the German eugenic laws. By 1937, the Carnegie Institution asked Laughlin to retire from the E.R.O., based on his increasingly strident views and his declining health, ironically caused by epileptic seizures, a disorder Laughlin wanted to "purify out of the population" (p. 254).

88. While Moya Woodside could write in 1950 that "laws providing for voluntary sterilization in democratic countries have no resemblance of this German experiment", all too often "voluntary" had little to do with patient consent. Moya Woodside, Sterilization in North Carolina, p. 24. For an example of this "voluntary" sterilization, see "To Raise the Intelligence of the State;" and Stephen Jay Gould, "Carrie Buck's Daughter," Natural History 93 (July 1984), 14-18. Later sterilization proposals, especially in

the 1960s, dwelt more on the desire to prevent the propagation of poverty level individuals, particularly black welfare recipients, than the prevention of familial retardation. See Julius Paul, "Population 'Quality' and 'Fitness for Parenthood' in the Light of State Eugenic Sterilization Experience, 1907-1966," Population Studies 21, 3 (November 1967), 295-299 and "The Return of Punitive Sterilization- Current Attacks on Illegitimacy and the AFDC Program," Law and Society Review 3, 1 (August, 1968), 77-106; Joseph Morrison, "Illegitimacy, Sterilization, and Racism: A North Carolina Case History," Social Service Review 39, 1 (March 1965) 1-11; and Claudia Dreifus, "Sterilizing the Poor," The Progressive 39, 12 (December 1975) 13-19.

89. E. R. Johnstone, "Presidential Address to the A.M.O., June 23, 1904," J.P.A. 8 (1903-1904), p. 65.

90. Dr. George Mogridge, "Presidential Address to the A.A.S.F.M., June 13, 1906," J.P.A. 11 (1906-1907), p. 34.

91. Dr. William Cornell, "The Organization of State Institutions for the Feeble-Minded in the United States," J.P.A. 25 (1920-1921), p. 21.

92. Walter Fernald, "The Feeble-Minded in the Community", in Social Aspects of Mental Hygiene (New Haven, Connecticut: Yale University Press, 1925), p. 123. This essay, published posthumously one year after his death, marked the culmination of the turn-around in Fernald's thinking. A strong believer in the hereditary nature of retardation and the causal link between feeble-mindedness and other social problems, Fernald led the movement for more and larger institutions in the 1910s. His complete reversal not only reflected, but helped to implement, the changes in the philosophical underpinnings of retardation professionals by the 1930s. In this article, Fernald wrote, "For nearly two decades the whole tendency of public opinion and of legislative action was to ignore the rights and priveleges of the individual defective and to treat him harshly and almost punitively . . . But within a few years many things have happened to make us believe that we have been far too sweeping in some of our generalizations and deductions concerning the feeble-minded" (pp. 111-112). See also his "Thirty Years Progress in the Care of the Feeble-Minded," J.P.A. 29 (1923-1924), 210-221. Contrast these to Fernald's 1913 piece, "The Burden of Feeble-Mindedness," J.P.A. 17 (1912-1913), 85-99 and his 1904 "Care of the Feeble-Minded," Proceedings of the N.C.C.C., 1904 (Indianapolis, Indiana: Press of Frederick J. Heer, 1904), 380-390. The early Fernald sounds very much like the early Henry Goddard. Fernald stated that "the social and economic burdens of uncomplicated feeble-mindedness are only too well-known" (1913, p. 91). He concluded that "a feeble-minded child is

a foreign body in a family or a modern American community" (1904, p. 382).

93. Ninth B.R. of the Superintendent of Florida Farm Colony, 1935-1937, p. 14.

94. The national average per patient expenditure in 1927 was \$304.02. By 1934, it had dropped to \$236.87. Feeble-Minded and Epileptics in Institutions, 1927, p. 59 and Mental Defectives and Epileptics in Institutions, 1934, p. 35.

95. Dr. Mary Wolfe, "The Extra-Mural Responsibility of the Institution," J.P.A. 41 (1935-1936), p. 135.

96. Dr. Charles Little, "Random Remarks on State Institutions," J.P.A. 28 (1922-1923), p. 63.

97. "Dependent and Delinquent Children in Georgia: A Study of the Prevalence and Treatment of Child Dependency and Delinquency in Thirty Counties with Special Reference to Legal Protection Needed," U. S. Department of Labor, Children's Bureau, Bureau Publication No. 161 (Washington, D. C.: G.P.O., 1926), p. 59.

98. Dr. Herbert Flynn, "Why Have a Hospital within an Institution?," J.P.A. 38 (1932-1933), p. 301.

99. See Mabel Matthews, "Some Effects of the Depression on Social Work with the Feeble-Minded," J.P.A. 39 (1933-1934), 46-53; and William Sloan, "4 Score and 7," American Journal of Mental Deficiency 68 (July 1963), 6-13. For a sociological examination of the relationship of economic depression and institutionalization, see Bernard Farber, Mental Retardation: Its Social Context and Social Consequences, pp. 188-192; and Andrew Scull, Decarceration, pp. 14-40.

100. Bernard Farber, Mental Retardation: Its Social Context and Social Consequences, p. 189.

101. A Study of Mental Health in North Carolina, p. 184. See also Benjamin Baker, "Administrative Policies, Past and Present," J.P.A. 42 (1936-1937), 149-159; and Edgar Doll, "Community Control of the Feeble-Minded," J.P.A. 34 (1928-1929), 161-175.

102. Dr. Thomas Haines, "Community Service of State Institutions for the Mentally Defective," J.P.A. 28 (1922-1923), p. 47.

103. See David Rothman, Conscience and Convenience: The Asylum and Its Alternatives in Progressive America (Boston: Little, Brown and Company, 1980), pp. 324-375; Andrew Scull,

Decarceration, pp. 64-78; and Gerald Grob, Mental Illness and American Society, 1875-1940 (Princeton, New Jersey: Princeton University Press, 1983), pp. 179-200, for detailed accounts of how decisions are made concerning institutional or non-institutional settings for deviant individuals. All three authors, coming from very different ideological perspectives, maintain that patient welfare is often a low priority in this process.

104. L. D. Zeleny, "Feeble-Mindedness and Criminal Conduct," American Journal of Sociology 38 (1933), p. 576. See also E. H. Sutherland, "Mental Deficiency and Crime" in Kimball Young, editor, Social Attitudes (New York: Henry Holt & Company, 1931), 357-375; and Carl Murchison, Criminal Intelligence (Worcester, Massachusetts: Clark University, 1926). Murchison concluded that "the pre-war prevailing opinion that criminality and feeble-mindedness are closely related, was certainly not built upon a solid foundation of collected facts" (p. 32).

105. Dr. Mary Wolfe, "Presidential Address to the A.A.M.D, April 26, 1935," J.P.A. 40 (1934-1935), pp. 354-355. See also the later work of Henry Goddard, which represents a major shift from his earlier, hereditarian scare tactics of the 1910s, especially his "Feeble-Mindedness: A Question of Definition," J.P.A. 33 (1927-1928), 218-227, in which Goddard stated that "the problem of the moron is a problem of education and training" (p. 222). He went on to conclude that "we have worked too long under the old concept" (p. 223).

106. Dr. A. R. T. Wylie, "Presidential Address to the A.A.S.F.M., June 4, 1926," J.P.A. 31 (1925-1926), p. 229. Dr. Wylie was Superintendent of the North Dakota Institution for the Feeble-Minded.

107. Dr. Benjamin Baker, "Presidential Address to the A.A.S.F.M., June 4, 1927," J.P.A. 32 (1926-1927). Dr. Baker was Superintendent of New Hampshire's Laconia State School.

CHAPTER IV  
FROM NEGLECT TO CONTROL:  
THE OPENING OF INSTITUTIONS IN THE SOUTH

The South today is a vast sociological laboratory, and various experiments, some of which are based upon the experiences of other and older states, and others under process of pioneer development, are being tried out . . . More and more, as vision and breadth of mind increase, do the people of the South appreciate their serious social responsibilities. (L. H. Putnam, 1921)<sup>1</sup>

Nine southern states opened institutional facilities for the feeble-minded during a ten year period from 1914 to 1923. Far from being coincidental, this process of institution building reflected both a Southern desire to cope with the problems of a modernizing society and an attempt by Northern philanthropists and social workers to mold that society into one based on Northern values. Southerners searched for answers to the vexing problems caused by urbanization and industrialization. "The city as we have it today is a menace to the home, . . . to the State, . . . to the schools and to the churches," intoned Professor G. W. Dyer of Vanderbilt University, welcoming delegates to the inaugural meeting of the Southern Sociological Conference in 1912.<sup>2</sup> Simultaneously, Northern

money and expertise helped focus Southern concern on the threat of the feeble-minded and the institutional solution to it. The Rockefeller Foundation reported proudly in 1919 that "the surveys of incidence, effects, and management of feeble-mindedness have brought, if possible, even more striking results. . . . In some states, notably Kentucky and Alabama, an amount of progress usually requiring one half a generation has been made in a single year following surveys and reports."<sup>3</sup> By the mid-1920s, each Southern state had initiated an institutional program for the care and control of its feeble-minded population. However, since these institutions were organized on Northern models, they did not take into account the unique biracialism of Southern society.

Southern concern about the menace of the feeble-minded in the first two decades of the twentieth century appeared part of a larger reform strategy. The progressive impulse in the South, too loosely organized to be truly called a movement, coalesced around the desires for social improvement within the parameters of a class and caste-based Southern culture. Southern reform leaders viewed the need for social change as imperative to the maintenance of traditional values and institutions. These reformers searched for ways to benefit from the waves of urbanization and industrialization washing over the South without being consumed by them.<sup>4</sup>

Reform leaders remained profoundly ambivalent over the South's slow march towards urban growth. The inherent problems of Southern society (poor educational opportunities, almost non-existent public health services, and endemic rural poverty) required attention in order for the region to improve its backward economic status. Yet, the example of Northern urban and industrial growth hardly provided a model for Southern improvement. Southern reformers walked a tightrope attempting to, in the words of historian Dewey Grantham, reconcile "progress and tradition."

Many Southern reformers saw this reconciliation taking place in the new rapidly expanding Southern metropolises. Southern cities witnessed an explosion of growth between 1900 and 1920. For example, Richmond expanded from 85,050 in 1900 to 171,667 in 1920. By 1910, the twelve largest Southern cities experienced a growth rate of 57.9 percent.<sup>5</sup> The emergence of a distinct urban constituency coincided with this expansion of the South's metropolitan areas. Overtly middle-class in character and reflecting the professionalized outlook of the emerging bourgeois, these reformers pushed for a series of changes to insure Southern cities combined the traditions of Southern society with the amenities of modern urban life. A chief concern remained the prevention of crime and immorality, two phenomenon tied directly to urban life. Reformers extrapolated this concern to include the feeble-minded, who seemed, in the words of

the 1915 Virginia State Survey on Mental Defectiveness, "responsible in large degree for pauperism, crime, prostitution, and other evils which burden society."<sup>6</sup>

Concerns about social welfare accompanied the emergence of this urban reform constituency. In Florida, for example, the Children's Home Society, a reform and philanthropic organization headquartered in Jacksonville, the state's largest city, led the social welfare crusade. Its secretary, Marcus Fagg, reported to the 1912 N.C.C.C. convention that "the Children's Home Society of Florida is not only a State Children's Bureau . . . but it is a Statewide educational and social force. . . . Candidates for Governor and Legislators are publicly announcing their attitudes favoring social reforms, new institutions, abolishment of the convict-lease law, and child labor law."<sup>7</sup> Similarly, another urban-based Florida group, the Jacksonville Women's Club, earned credit for Florida's progressive legislation in the 1910s, including provisions for a "school and institution for feeble-minded individuals."<sup>8</sup>

The Southern Sociological Congress (S.S.C.), organized in 1912, provided a regional forum for much of this urban-based reform movement. Established to tackle the South's social problems, "admittedly more difficult than those in other sections of the Nation," according to Tennessee governor and S.S.C. founder Ben Hooper, the S.S.C. operated as a clearing-house for reform thought.<sup>9</sup> The agenda of the

S.S.C. touched on all phases of social welfare reform in the South- race relations, public health, compulsory education, the convict-lease system, and also "the care and training of the feeble-minded." Cora Nelson, the superintendent of a small school for retarded children in Murfreesboro, Tennessee addressed the initial meeting of the S.S.C. in Nashville. In the evangelical pleadings so common to social reformism of this period, she exhorted her fellow Southerners to open institutions for the feeble-minded. "Nothing had been done in the South for feeble-minded children," she announced, "[and] . . . I say it is blot on the fair name of the chivalrous South." She ended her speech by imploring Southerners to "never rest until every State in the South, yea, every State in the Nation, ha[s] thrown open its doors for the care, protection and development of the feeble-minded children."<sup>10</sup>

While the S.S.C. provided a regional organization for middle-class professional Southerners to discuss their social problems, national reform leaders also centered on the South. Hastings Hart, director of the Department of Child Helping of the Russell Sage Foundation, put it succinctly in 1912 when he concluded that "the institutional work in the South is largely undeveloped."<sup>11</sup> Southern reformers, particularly in the field of mental retardation, often drew comparisons between their paltry efforts and the large, well-staffed, and well-maintained institutions of the North and Midwest. In an appearance before the North

Carolina legislature in 1915, Caswell Training School Superintendent Dr. C. Banks McNairy stated that "it has often made my heart feel sad as I traveled through the Keystone state [Pennsylvania] and observed her institutions and then think of North Carolina striving with her financial inability and repressed financial conditions, striving to foster and care for her . . . institutions on so little."<sup>12</sup> Nine years later, while addressing an audience of fellow retardation professionals, Dr. H. H. Ramsey, the Superintendent of Mississippi's Ellisville State School echoed McNairy's concerns. "I was just thinking how fortunate you gentlemen are when you can take issue as to types of buildings, whether they should be one, two, or three stories," he lamented at the A.A.S.F.M. meetings in 1924. "We take anything we can get."<sup>13</sup>

This concern, both national and regional, over the lack of institutional facilities for the feeble-minded in the South prompted pleas for change. Many Southerners realized "the little we have done" for the feeble-minded, especially compared with the North. "Time and again," explained South Carolina's Dr. A. Bethune Patterson in 1916, "they [northern and midwestern states] have sent public lecturers to enlighten us on progressive methods for the public good."<sup>14</sup> Professional social workers not only led these discussions but, particularly in the 1910s, initiated surveys of Southern social problems supported by Northern philanthropic organizations. Using the social engineering techniques

introduced in the influential Pittsburgh Survey of 1907-1909, these undertakings evaluated local conditions and recommended measures to improve them.<sup>15</sup> In 1930, Shelby Harrison, a director of the Russell Sage Foundation, explained the function of the survey as a "cooperative undertaking which applies scientific method to the study and treatment of current related social problems and conditions . . . plus such a spreading of . . . recommendations as will make them, as far as possible, the common knowledge of the community and a force for intelligent coordinated action."<sup>16</sup> These surveys provided the rationale for the wave of Southern institution-building initiated in response to the perceived menace of the feeble-minded. By following survey recommendations for the development of institutions along Northern lines, Southern leaders set the tone for the treatment of mentally retarded individuals for years to come. In so doing, however, they locked themselves into a model based on Northern, and not Southern, demographic patterns.

The Russell Sage Foundation and the National Committee on Mental Hygiene provided leadership and professional expertise for many of the Southern surveys. Founded in 1907, with a six million dollar endowment from the will of financier Russell Sage, the foundation's philanthropic work emphasized the professionalization of social work and the elimination of deliterious environmental conditions.<sup>17</sup> Writing for the Foundation in 1916, Dr. Florence Laighton

summarized its mission. "The watchword of the age is efficiency, that is the doing away with all haphazard methods," she commented, "and the substitution therefore of methods of precision. . . . Nowhere has the need for these methods been more marked than in the field of social service."<sup>18</sup>

Hastings Hornell Hart, who conducted four major state surveys from 1917 to 1921, epitomized the philanthropic thrust of the Russell Sage Foundation, an effort infused with both class and gender-based paternalism. An ordained Congregationalist minister, Hart served as a clerk in the Indian service in South Dakota and secretary of the Minnesota State Board of Charities and the N.C.C.C. before joining the Foundation as director of its Child Helping Division in 1908. Hart believed in permanent segregation of "all feeble-minded persons" in order to "restrict the propagation of the feeble-minded variety of the human race."<sup>19</sup> In 1912, Hart proclaimed that "the feeble-minded girl is always a child." To protect society from these children who were "vastly more dangerous to the community than the feeble-minded boy[s]," Hart proposed that "every feeble-minded woman should be faithfully segregated for twenty years." Southern institutions implemented Hart's gender-based theories of feeble-mindedness. In 1912, Hart proudly announced that both Virginia and North Carolina had established preferential admission policies for women of child-bearing age.<sup>20</sup>

While the Russell Sage Foundation, under the direction of Hart, conducted general social surveys of Southern states, the N.C.M.H., using monies granted from the Rockefeller Foundation, inaugurated programs specifically concerned with the problems of mental health and feeble-mindedness. Organized in 1909 by Clifford Beers, a former patient in public and private mental hospitals in Connecticut, the N.C.M.H. promoted the general, and often unfocused, goal of mental health. After some bitter wrangling between Beers and Dr. Adolf Meyer, the influential psychiatrist, over the direction of the organization, it began permanent operations in New York in 1912. By 1916, the N.C.M.H. initiated state surveys of mental conditions funded by yearly grants from the Rockefeller Foundation.<sup>21</sup> In March of that year, Dr. Thomas Salmon, director of Special Studies for the N.C.M.H., wrote to Jerome Greene, Secretary of the Rockefeller Foundation, requesting \$10,000 for a pilot survey of mental deficiency in Nassau County, New York. Salmon reported that "we have been deeply impressed by the scanty information which exists as to the prevalence of feeble-mindedness. . . ." This model program would have "very marked influence upon the . . . investigations made by the official commissions which are being appointed in so many States to study the problems of mental deficiency."<sup>22</sup> The Rockefeller Foundation granted the funding to the N.C.M.H., hoping the survey would lead to the development of "a satisfactory technique for the

carrying on of similar surveys in other states." Nine months later, this expectation reached fruition with a \$4,000 grant to the N.C.M.H. for an "expert to be assigned by the Committee [the N.C.M.H.] to the services of a Commission appointed by the General Assembly of Kentucky to make recommendations for legislation regarding feeble-mindedness and the care of the feeble-minded." The South, with its undeveloped institutions, became the centerpiece of the N.C.M.H.'s survey program.<sup>23</sup>

By 1920, the N.C.M.H. had conducted surveys on feeble-mindedness in five Southern states (Kentucky, Alabama, Mississippi, Georgia, and Tennessee), selected because of their need for services and the support of state officials. The Rockefeller Foundation felt the \$99,250 it appropriated for these surveys was money well-spent. "The results of these surveys in southern states," it reported in December 1920, "presents a most striking indication of their value." In keeping with the philosophy of the Rockefeller Foundation, the monies granted for the surveys became seed money for ongoing state funding for the feeble-minded. At the December 1919 meeting of the Foundation, directors proudly reported that "as a result of the surveys, Alabama appropriated \$250,000, Georgia, \$100,000, and Tennessee added to an existing appropriation for institutions for the feeble-minded."<sup>24</sup>

Northern experts, working through an inter-related network of philanthropic and social welfare organizations,

criss-crossed the South in the 1910s, drumming up support for an institutional solution for the problem of the feeble-minded. In April 1916 alone, Dr. Thomas Salmon, of the N.C.M.H., gave four public lectures to audiences in Alabama and Louisiana concerning provisions for the feeble-minded. Similarly, W. H. Slingerland, special agent of the Russell Sage Foundation, addressed the S.S.C. meeting in New Orleans that same month. "Louisiana has not found it possible to provide any special institutions for the feeble-minded and epileptic," he announced. "The need is now recognized by all intelligent citizens."<sup>25</sup>

During World War I and immediately after, four Southern governors requested help from the Russell Sage Foundation regarding their social needs. The demands of the war placed a large burden upon the states, and many governors looked to the Foundation for a survey of their capabilities to organize for the war effort. South Carolina proved a good example. Hart visited the state in February 1918 for two weeks at the request of Governor Richard Manning. Hart's report, entitled "The War Program of the State of South Carolina," "demonstrated the urgent need for provision for the feeble-minded" and tied this reform to the nascent state social welfare reform program, which had already initiated a State Board of Charities and Corrections and abolition of the county chain gang system. As a result of his survey, Hart reported that "the Legislature of 1918 has appropriated

\$60,000 for the creation of a custodial training school for the feeble-minded."<sup>26</sup>

Hart also conducted war readiness surveys in West Virginia, Alabama, and Florida. Hart stressed that "the war work of the State is closely and necessarily involved with its social work." He pressed for institutional provisions for the feeble-minded "not only as a matter of humanity toward this helpless and innocent class, but also as a matter of protection to the community."<sup>27</sup> In a laudatory 1921 article titled simply "HHH," Paul Kellogg, the influential editor of The Survey, summarized the importance of Hart, and the Russell Sage and N.C.M.H. programs, to Southern social welfare generally, and provisions for the feeble-minded, in particular. Kellogg praised "his service during and since the war to a group of southern states where governor after governor has invited him to make state surveys as a basis for new social policy." Joseph T. Mastin, secretary of the State Board of Charity of Virginia, similarly explained "how in 9 years his [Hart's] counsel had helped in upbuilding colonies for the feeble-minded. . . ."<sup>28</sup>

The work of the Russell Sage Foundation and the N.C.M.H. during World War I proved a microcosm of the changes the war brought to the South. The first uses of large-scale medical and psychological testing on military draftees and volunteers revealed high prevalence figures of preventable physical ailments and feeble-mindedness among

Southerners. With these revelations, the centralization and professionalization of social service agencies increased dramatically. Often, these changes came upon the recommendations of the survey teams. Prosperity brought on by war spending allowed Southern legislatures to increase their negligible funding for institutions housing the insane, the tubercular, and the feeble-minded. Addressing the 1919 S.S.C. conference in Knoxville, Tennessee, Hastings Hart summarized the impact of the war on the South. "The war has had an amazing effect upon the morale of the Southern people," he concluded, "which . . . has set them forward in their social progress twenty -five years. . . . There seems no reason to doubt that the South, under the impetus acquired during the war, will continue the development of its social work."<sup>29</sup>

Both the Northern popular press and the more specialized journals dedicated to the cause of social welfare reform recognized the importance of the foundations' ameliorative efforts in the South. In March 1918, the New York Evening Post reported that "for a state to call in an expert, ask him to make a survey of its social agencies within two weeks, receive his report, and act promptly upon at least 3 of his recommendations is an unusual achievement." The paper seemed genuinely surprised that "the State was not in either the up and doing West or the self-satisfied East. It was South Carolina."<sup>30</sup> During the later 1910s and the early 1920s, the pages of both The Survey and Mental Hygiene

were filled with articles and survey reports praising the new partnership between Southern progressives and Northern philanthropies, often initiated during World War I. In a March 1917 Survey article and pictorial essay, entitled graphically "Pictures the Cure for Legislative Sloth," the author attributed the passage of legislation authorizing an institution in South Carolina to the effort of Alexander Johnson, of the National Committee on Provision for the Feeble-Minded. Two years later, Mental Hygiene reported the same Committee helped Louisiana "secure passage of a law authorizing the commitment of mental defectives to licensed private institutions."<sup>31</sup>

Southern politicians and reform leaders recognized the importance as well of Northern money and expertise in the fight against feeble-mindedness. In a 1923 letter to Hastings Hart, former Alabama Governor Kilby expressed his appreciation to Hart for his social surveys. "Your careful analysis, and frank statement of your conclusions," he wrote, "aided me immensely in laying out my line of duty, especially in regard to the care of the wards of the state."<sup>32</sup> Dr. Benjamin Whitten, the first superintendent of South Carolina's State Training School concluded that "one dominating influence [in the movement for treatment of mental retardation] was certainly the work of the Committee on Provision for the Feeble-Minded. . . . Alexander Johnson came to Columbia in 1915 . . . [and] returned again in January 1916 . . . to address the Legislature in joint

session. . . . The eventual success of this plan was largely do to the work of this Committee and their field representatives. . . ."33

The surveys set the groundwork for legislative action by examining the problems of feeble-mindedness and their relation to other social inadequacies.<sup>34</sup> Most of the surveys followed a similar format. While billed as examples of the new professional social work, and filled with pages of charts, tables, and figures, the surveys often lapsed into the purple prose of the expose. Writers painted the feeble-minded, never a clearly defined class, as "parasites," "human wreckage," and members of the "anti-social class."<sup>35</sup> Conversely, feeble-minded individuals were simultaneously regarded as "helpless and innocents" and "unfortunates."<sup>36</sup> These two seemingly contradictory visions allowed Southern institutional leaders to place feeble-minded individuals in institutions for their own protection "but also as a matter of protection to the community."<sup>37</sup>

After the initial descriptions of the feeble-minded as a class, the surveys usually described the threat they posed to society. According to the surveys, the feeble-minded comprised a large percentage of "so-called 'criminals,' or juvenile delinquents, or prostitutes, or paupers, or vagrants." However, they concluded, the "worst phase of the menace of the feeble-minded is not merely the danger from the sexual pervert or the criminally involved . . . but that feeble-mindedness is hereditary."<sup>38</sup> Not only did the

surveys assume the inherited nature of the problem, they also concluded that "the feeble-minded propagate faster than normal," at a rate "almost two times as prolific as normal folk."<sup>39</sup>

Members of survey teams found feeble-minded individuals in almost every social welfare and penal facility. In Kentucky, 34 of 129 residents of a county almshouse surveyed were diagnosed as feeble-minded. In Virginia, "out of 290 children tested in the Juvenile Detention Homes, and at the Industrial School, 197, or sixty-eight percent, were feeble-minded." The Florida survey revealed that state "had many feeble-minded adults at the State Prison Farm and in the State Insane Asylum." At a "typical" Georgia orphanage, mental examinations revealed twenty-nine percent of the children as feeble-minded.<sup>40</sup>

The ubiquitous nature of feeble-minded persons, at least as found by the surveys, forced the survey-takers to formulate plans to alleviate the problems caused by "the most important single group with which a state needs to concern itself." The use of charitable and penal institutions appeared to do little to improve the situation for either the state or the individuals; in fact, Virginia chief investigator Elizabeth Webb determined that state charity "is only palliative and it not only cannot cure them but it is actually encouraging the anti-social classes to continue in their anti-social habits." In Mississippi, Thomas Haines, of the N.C.M.H. staff, came to a similar

judgement. He concluded that "the poor farm is actually a direct agent in aiding such propagation of the feeble-minded."<sup>41</sup>

The solution to the difficulties caused by the feeble-minded class seemed simple and unanimously agreed upon. Thomas Haines concluded that Southern states "ought to make immediate institutional provision" for the feeble-minded, so "these wretched, unhappy people can be made happy and useful in such institutions." These facilities should house children of both sexes, as "early detection would go far toward solving the problems of our future criminal and dependent classes." They also, in the words of a 1916 Virginia report, should provide facilities for feeble-minded women of child-bearing age "where they will be protected from licentious men and lewd, avaricious women" and "where they would not be allowed to propagate their kind."<sup>42</sup>

The establishment of separate institutions for the feeble-minded represented, to Thomas Haines of the N.C.M.H., "the beginning of the application of science to this situation." Survey organizers recognized the importance of this venture in centralization and specialization. They also viewed the beginnings of these institutions as a unique opportunity for Southern states to follow the lead of their Northern counterparts. Northern institutions were used explicitly as models. Hastings Hart urged Floridians "to adopt simple and inexpensive plans of construction as are now being followed in the states of Indiana, New Jersey, and

Massachusetts." The compilers of the Virginia survey also used Massachusetts as a model, stressing that state's success in keeping institutional residents "happy, healthy, and out of mischief."<sup>43</sup> While writers used Northern institutions as positive examples, they also stressed the importance of southern regional identity in the organizing of these institutions. In both Alabama and Florida, authors urged these states to "follow the good examples which have been recently set by the fellow Southern states of North Carolina and Virginia." Hastings Hart pricked the consciences of Floridians as he ended his survey with some gentle prodding. "We see no reason why the state of Florida should not join the States of South Carolina, North Carolina, Virginia, and Tennessee," he chided, "as the leaders of social development in the South."<sup>44</sup>

Southern social reformers now had professional recommendations for solutions to the problems caused by feeble-minded individuals. Southerners could also look to their sister state of North Carolina, which took the lead in an institutional answer to the menace of the feeble-minded on its own initiative, without the help of outsiders. In December, 1910, Dr. Ira Hardy, of Washington, North Carolina, read a paper before the Seaboard Medical Society that would mark the beginning of North Carolina's institutional efforts. Entitled "What it Costs," Hardy's address evoked the twin strands of protection for and from the feeble-minded. "I consider a much-neglected duty our

State and Medical Societies have failed to perform," he began, "is that they have taken no decided action looking to the establishment of a training school for the care of our Feeble-Minded children, where they can be trained to do such work as will at least serve to keep them employed." He continued by reiterating the established links between mental deficiency and criminal behavior. He also mentioned the importance of institutionalization as a check on sexual activity and reproduction, since feeble-minded persons possess a "sexual instinct uncontrolled by will and reason," and "their children are almost certain to be mentally defective." A training school would protect society from these anti-social elements, but would also "offer light, happiness, and opportunity for what little expression they might have." Hardy's humanitarianism sprung not only from an abstract Christian belief, but also from a personal experience with the problems of mental retardation. Only ten days after he delivered this speech, Hardy's ten year old mentally retarded daughter died. Concerned about the lack of any provisions for children like his daughter, Hardy visited the Vineland Training School in New Jersey. Impressed by what he saw there, he asked his listeners, "why cannot we take care of our feeble-minded and have an institution as good as a state one fifth our size?"<sup>45</sup>

More than just a roomful of doctors took Hardy's message to heart. The two major state newspapers published articles on Hardy's proposal, emphasizing that the feeble-

minded posed an "especial danger to society." The papers heartily endorsed the institutional proposal and suggested it "should receive the hearty co-operation of the great masses who have been blessed with normal brains."<sup>46</sup> By the next year, the North Carolina legislature, acting with little debate on Dr. Hardy's request, passed a bill that "established[ed] and maintained[ed] a school for the care and education of the idiotic and feeble-minded six years of age and upward." Deemed "necessary from a humanitarian, economic, and health standpoint," the training school was to be located on a "suitable site" and a bond issue of \$100,000 was allocated to pay for the institution. By June 1911, the newly-organized Board of Trustees of the North Carolina School for the Feeble-Minded met in Raleigh and accepted Kinston's bid to have the institution located there. Recognizing Dr. Hardy's role in organizing and establishing the institution, the Board then appointed him its first superintendent.<sup>47</sup>

While North Carolina did not ask for survey help from northern social welfare agencies, it did request advice on the layout and design of the institution's buildings themselves. The peripatetic Hastings Hart addressed the Board in September 1911 and "made some very valuable suggestions to the committee in reference to the buildings." During that same year, a committee of the Board visited institutions in the northeast, including Vineland, Elwyn Institute in Pennsylvania, and Fernald's Waverly State

School in Massachusetts. The committee recommended following the blueprints of these institutions but, in a portent of future appropriation battles, announced "it would be very much easier to make this recommendation as to buildings and equipment if we had an adequate sum of money, \$200,000, with which to do the work."<sup>48</sup>

The North Carolina School for the Feeble-Minded opened its doors to its first residents in July, 1914, over two years after the cornerstone was laid on May 6, 1912. Dr. Charles Laughinghouse, of the State Board of Health, gave the dedicatory address, and summarized many of the beliefs, and contradictions, that characterized Progressive era social reform. To Laughinghouse, the institution symbolized "this new humanitarianism, this new patriotism of the New South, this Christly thing." However, it also represented a means of protection from "this army of feeble-minded," a facility which allowed North Carolinians to "rid society to a large extent of its feeble-minded population, and thereby reduce and simplify our problems of pauperism, prostitution, disease, drunkenness, debauchery, and crime."<sup>49</sup>

Following the lead of North Carolina, and using the professional advice of the Russell Sage and N.C.M.H. surveys, other Southern states opened their institutions for the feeble-minded within the next seven years. After the Georgia Commission on Feeble-Mindedness reported its findings in 1918, the Georgia legislature passed a bill that "created . . . an institution to be known as the 'Georgia

Training School for Mental Defectives'", which opened its doors to its first patients on July 1, 1921.<sup>50</sup> Again using the example of North Carolina, the Georgia State Board of Health, the controlling agency for the new institution, authorized a fact-finding trip to the Northeast. The Board instructed its Secretary "to go to New York, Boston, and such other places as he may consider necessary, for the purpose of visiting institutions for the care of the feeble-minded and obtaining information as to the treatment of the patients, construction of the buildings, and methods of operation."<sup>51</sup>

Florida, Alabama, Mississippi, Georgia, South Carolina, Tennessee, and Louisiana all opened their institutions between 1919 and 1923. Prodded by the revelations of the surveys, progressive Southern reformers pressed their state legislatures for segregative training facilities to house feeble-minded individuals. In South Carolina, the Federation of Women's Clubs was "especially active, the securing of this institution being one of the two things of a State-wide legislative nature that the Federation is primarily working for this year." Mental Hygiene reported in 1919 that the Georgia state women's clubs, business associations, and the state Federation of Labor all supported the move to establish an institution for the feeble-minded.<sup>52</sup>

Kentucky's situation appeared somewhat different. The state Feeble-Minded Institute in Frankfort, opened in 1860,

never provided anything but custodial care for a limited number of inmates. By 1921, four hundred seventy three inmates crowded an institution with a capacity for three hundred fifty, whose buildings were "old and ill adapted to modern methods of work." With low patient turnover, there appeared little hope of the facility truly serving the need of either patients or the state of Kentucky.<sup>53</sup> Further exacerbating this "most imperative" of concerns, Kentucky retained its Pauper Idiot Pension Law, a holdover from ante-bellum times. This law, the only of its kind in the nation, authorized payment of \$75 per year to the families of poor feeble-minded individuals in the community. In September 1917, 2,352 feeble-minded persons received the allocations, amounting to over \$170,000 per year. The law simply arranged for the distribution of the pension, it did not "provide for proper protection and guardianship." In the words of the 1923 N.C.M.H. survey of Mental Hygiene in Kentucky, "This statute operated to place a premium upon dependency; the less training, the more dependent." Thomas Haines, who conducted an earlier 1917 N.C.M.H. survey, specifically on Kentucky's feeble-minded, reported it as a "well-meaning and philanthropic plan" but "now the most glaring anachronism in legislation and administration relative to the feeble-minded existing in the United States." In keeping with the new professionalized, state-centered methods of handling deviant populations, Haines

called the act "a striking survival of the centuries-old English custom of 'buying a fool'."<sup>54</sup>

In 1921, in conjunction with Haines' survey of Kentucky's provisions for the mentally ill and feeble-minded, the Commissioner of State Institutions authorized Miss H. T. Reeves to study the pauper idiots of Jefferson County, which contained the city of Louisville. Contrary to the prevailing scientific judgements about feeble-minded individuals, Miss Reeves discovered that most of those surveyed "presented no problems to the community other than those of dependency." Of the ninety-six pauper idiots living in Jefferson County, only "2 exhibited uncontrolled sex impulses, 1 was a beggar, 8 were wanderers." Only seventeen of the total number were categorized as totally helpless. In spite of her findings that feeble-minded persons in the community presented no clear societal danger, Miss Reeves advocated the abolishment of the Pauper Idiot Act. The act, she concluded, "operated to keep feebleminded children away from the state institution for feebleminded, away from the public school and from the training that many receive in farm homes."<sup>55</sup>

Upon the recommendations of the N.C.M.H. survey, and not wishing to risk the approbation of professional social workers nationwide, Kentucky repealed the Pauper Idiot Act in 1922. Kentucky also took steps to bring its feeble-minded institution into line with other, more progressive facilities in other states. Following N.C.M.H. guidelines,

it proposed to offer training programs with the development of farm colony facilities on the institutional grounds. Reflecting the national concern for the proliferation of the feeble-minded, Kentucky allowed for admission of males from six to eighteen, while providing for the admission of females from ages six to forty-five.<sup>56</sup>

Virginia also differed from most Southern states in the development of its feeble-minded institution. Instead of beginning as a separate facility, it evolved from a 1908 institution, located outside Lynchburg, designed to isolate epileptic individuals. By that year, Virginia had systematized its social welfare programs as it instituted a State Board of Charities and Corrections. The Board's annual reports, praised by no less than Hastings Hart, pressed for the expansion of the epileptic colony to include feeble-minded individuals. The 1913 Board report surveyed four hundred eighty five children, both white and black, in Virginia's welfare and penal institutions. It discovered nearly half (two hundred forty) were feeble-minded. Armed with this data, the report concluded with a request for a "free State institution for the colonizing and training of low-grade, mentally deficient children."<sup>57</sup> The Board also authorized a "comprehensive, practical scheme for the training and prevention of the procreation of mental defectives." An initial investigation by Board-employed social worker Elizabeth Webb probed into the relation between feeble-mindedness and prostitution in Richmond's Red

Light District. After the report concluded over fifty percent of the prostitutes were feeble-minded, the 1914 state legislature approved the housing of feeble-minded women at the Epileptic Colony, called by Board chairman Joseph Mastin, "by far the most important social legislation in many years." Two years later, males were admitted. By 1919, the institution officially became known as the "State Colony for Epileptics and Feeble-Minded."<sup>58</sup>

Far from being intellectually and programatically isolated, Southern institutions appeared part of a broad nation-wide attempt to cure social ills by segregating feeble-minded individuals. In 1912, Sybil Hyatt, a eugenics field worker from the Eugenics Record Office, prepared a report for the newly-founded (and not yet opened) North Carolina School for the Feeble-Minded. "Dr. Hardy was the first superintendent in the South," she boasted, "to ask Dr. C. B. Davenport . . . for a field worker. Dr. Davenport so appreciated Dr. Hardy's earnest desire and the opportunity of opening up the work in the South that he made several efforts to secure a donation to pay." Three years later, Virginia State Colony Superintendent Dr. A. S. Priddy invoked the names of Walter Fernald, Charles Davenport, Henry Goddard, and even A. F. Tredgold, a leading British expert on feeble-mindedness, in defending the need for "segregation, under strict custodial care of the State, . . . [a]s a remedy to prevent this increase of defectives in the population."<sup>59</sup>

Superintendents and other social services personnel involved in the struggle against feeble-mindedness often used the public forum to spread the word of the importance of their mission. In a speech before the South Carolina Conference of Social Work in November 1920 (and published by the State Medical Association), State Training School Superintendent Dr. B. O. Whitten proclaimed that South Carolina "has a big job caring for her mentally weak," a task that involves "the vanguard of science and art, of education and medicine, of sociology and psychiatry, and, in fact, almost every branch of the State's department of social welfare. . . ." Whitten confessed that "[w]e have been late beginning the task that is thoroughly obligatory upon the people of South Carolina," but he spoke proudly of his institution where "the first object is to establish a comfortable farm-like home where health and contentment are primary."<sup>60</sup>

Using Whitten's criteria, Southern reform leaders, like their Northern brethren, established institutions for the feeble-minded in rural areas, far from the urban congestion seen as a major component in the causation of mental deficiency. Superintendents believed the pastoral setting of these institutions would provide an alternative to the sordid conditions of city life. These facilities often contained "sufficient arable lands," utilized for both self-sufficient food production and as a training site for feeble-minded residents. The name of Florida's institution

itself, the Florida Farm Colony for Epileptic and Feeble-Minded, underscored its major purpose as agricultural production. At Gracewood, Georgia's institution, the original property contained little arable land, so in 1930, the state purchased "500 acres of fertile land. The wisdom of this purchase was soon evident by the production of abundant crops. . . ." <sup>61</sup> Local areas fought vigorously for the privilege of getting an institution located nearby, as community boosterism and the prospect of jobs outweighed the negatives associated with institutions. Most states received bids from a number of locations requesting placement of the institution in their vicinity. Many factors, including proximity to a water-supply, railroad frontage, abundant land, and the promise of inexpensive utilities as well as the usual political horsetrading, figured into the final placement of the institutions. In South Carolina, the citizens of Clinton raised \$18,000 and provided options on 600 acres of land for the institution. Kinston, North Carolina provided free electricity and gas for the North Carolina School for the feeble-minded. And in Florida, the Cabinet finally selected the Daysville location, which contained "large acreage, a great variety of lands, and a railroad station and spur line," for the Florida Farm Colony after the Alachua County Commission increased their land allocation to over 3,000 acres and a promise of railroad frontage rights were received from the Seaboard Coast Line. <sup>62</sup>

The sylvan settings for these facilities, nurtured by the "perfume of the pine and the cedar," provided an optimistic beginning for the Southern experiment in institutionalization. Yet the underlying tensions eventually dashed this limited optimism. Superintendent Hardy of North Carolina proclaimed boldly in 1912 that the "ultimate aim of the school is the elimination of feeble-mindedness from the race by segregation." South Carolina's superintendent, Benjamin Whitten, put it entirely differently four years later. "If our Institution does nothing more than incarcerate, teach and train those admitted thereto, of course," he warned, "it will have failed in many of the high purposes for which it is intended."<sup>63</sup> The desires to protect society from the deviance of feeble-mindedness and to simultaneously train these individuals for a productive life outside the institution walls ultimately proved incompatible.

Notes

1. L. H. Putnam, "The New State Board Movement in the South: Causes, Extent, Condition, and Future," Proceedings of the N.C.S.W., 1921 (Chicago: University of Chicago Press, 1921), pp. 223-224. Mr. Putnam wrote this article in his capacity as Executive Secretary of the West Virginia State Board of Children's Guardians.
2. G. W. Dyer, "Southern Problems that Challenge our Thought" in James McCulloch, editor, The Call of the New South: Addresses Delivered at the S.S.C., Nashville, Tennessee, May 7-10, 1912 (Nashville, Tennessee: Southern Sociological Conference, 1912), p. 27.
3. Minutes of the Rockefeller Foundation concerning N.C.M.H.- December 3, 1919, R.G. 1.1, Series 200, Box 32, Folder 362, Rockefeller Foundation Archives, Rockefeller Archive Center, Pocantico Hills, New York.
4. See Dewey Grantham, Southern Progressivism: The Reconciliation of Progress and Tradition (Knoxville, Tennessee: University of Tennessee Press, 1983), especially pp. 3-35; Jack Kirby, Darkness at the Dawning: Race and Reform in the Progressive South (Philadelphia: J. B. Lippincott Company, 1972), especially pp. 44-56; Pete Daniel, Standing at the Crossroads: Southern Life in the Twentieth Century (New York: Hill & Wang, 1986), especially pp. 26-49; George Tindall, The Emergence of the New South, 1913-1945 (Baton Rouge, Louisiana: Louisiana State University Press, 1967), especially pp. 219-284; and C. Vann Woodward, Origins of the New South, 1877-1913 (Baton Rouge, Louisiana: Louisiana State Press, 1951), especially pp. 369-428.
5. Dewey Grantham, Southern Progressivism, p. 277; Blaine Brownell, "The Urban South Comes of Age, 1900-1940," in Blaine Brownell and David Goldfield, editors, The City in Southern History: The Growth of Urban Civilization in the South (Port Washington, New York: Kennikat Press, 1977), p. 126.
6. Mental Defectives in Virginia: A Special of the State Board of Charities and Corrections to the General Assembly, 1916 (Richmond, Virginia: Superintendent of Public Printing, 1915), p. 20. For more on the urban component to Southern progressive reform, see Dewey Grantham, Southern Progressivism, pp. 275-290; George Tindall, The Emergence of

the New South, pp. 94-102; and Blaine Brownell, "The Urban South Comes of Age," pp. 143-158.

7. Marcus Fagg, "Report to the N.C.C.C.," Proceedings of the N.C.C.C., 1912 (Fort Wayne, Indiana: The Fort Wayne Printing Company, 1912), p. 503. See also 13th Annual Report of the Children's Home Society, 1915 (n.p., n.d.), p. 6; 19th Annual Report of the Children's Home Society, 1921 (n.p., n.d.), p. 21; and "A Brief Summary Concerning the Children's Home Society, September 15, 1935," (n.p., n.d.), 1935, p. 2. All in P.K. Yonge Library of Florida History, University of Florida, Gainesville, Florida.

8. "From Ponce de Leon's Time to Ours," The Survey, 39 (March 24, 1917), 729. See also Yearbook of the Florida Federation of Women's Clubs, 1915-1916, (n.p., n.d.), p. 80, P.K. Yonge Library of Florida History. See "Conference Notes-South Carolina," The Survey 35 (October 9, 1915), p. 54 for the importance of the South Carolina Federation of Women's Clubs to the passage of legislation authorizing an institution.

9. Ben Hooper, "The Call," in James McCulloch, editor, The Call of the New South, p. 14. Hooper was governor of Tennessee and instrumental in organizing the S.S.C. For more on the work of the S.S.C., see E. Charles Chatfield, "The Southern Sociological Congress: Organization of Uplift," Tennessee Historical Quarterly, 19 (1960), 328-347 and "The Southern Sociological Congress: Rationale of Uplift," Tennessee Historical Quarterly, 20, (1961), 53-79; Dewey Grantham, Southern Progressivism, pp. 374-385; George Tindall, The Emergence of the New South, pp.7-8 and 175-176; and C. Vann Woodward, Origins of the New South, p. 452. Grantham concluded that "SSC members were predominantly urban, middle class, and professional in character," Grantham, Southern Progressivism, p. 382.

10. Cora Nelson, "The Care and Training of Feeble-Minded Children," in James McCulloch, editor, The Call of the New South, pp. 42-44. For an example of a more "professionalized" address to the S.S.C. on the same subject, see Alexander Johnson, "Care and Training of the Feeble-Minded," in James McCulloch, editor, The South Mobilizing for Social Service- Addresses Delivered at the S.S.C., Atlanta, Georgia, April 25-29, 1913 (Nashville, Tennessee: S.S.C., 1913), 246-251. Johnson worked at the Extension Service of the Vineland Training School and was a key figure in the dissemination of knowledge about the feeble-minded. The brother-in-law of Vineland superintendent Edward Johnstone, Johnson helped found the Committee on Provision for the Feeble-Minded in 1914.

11. Hastings Hart, "The Relative Value of the Institutional and Putting-Out Systems," in James McCulloch, editor, The Call of the New South, p. 57.
12. C. Banks McNairy, "An Appeal to the Appropriations Committee of 1915 for the North Carolina School for the Feeble-Minded- February 12, 1915," N.C.C.-U.N.C.
13. H. H. Ramsey, "Discussion on a Paper Given at the 1924 Meeting of the A.A.S.F.M.," J.P.A., 29 (1923-1924), p. 275.
14. Dr. A. Bethune Patterson, "The State's Duty to the Feeble-Minded," Journal of the South Carolina Medical Association 12, 12 (December 1916), p. 374. Patterson also remarked that "our Eastern and Western neighbors . . . regard us as subjects of missionary work" (p. 374). See also Mark Haller, Eugenics: Hereditarian Attitudes in American Thought, 2nd Edition (New Brunswick, New Jersey: Rutgers University Press, 1984), pp. 126-129 for more on Northern influences on Southern attempts to initiate institutions.
15. See John McClymer, War and Welfare: Social Engineering in America, 1890-1925 (Westport, Connecticut: Greenwood Press, 1980), pp. 30-49, for an analysis of the origins and importance of the Pittsburgh Survey.
16. Shelby Harrison, "Introduction," in Allen Eaton and Shelby Harrison, A Bibliography of Social Surveys (New York: Russell Sage Foundation, 1930), xxiv. This book provided invaluable assistance in the locating of surveys conducted on feeble-mindedness and related social problems in the South.
17. See David Hammack, "Introduction," in David Hammack, editor, The Russell Sage Foundation; and John Glenn, Lillian Brandt, and F. Emerson Andrews, Russell Sage Foundation, 1907-1946 (New York: Russell Sage Foundation, 1947) in David Hammack, editor, The Russell Sage Foundation, Microfiche # 1H1.
18. Dr. Florence Lughton, "Notes Relating to the Foundling Hospital Problem," n.p., 1916, Russell Sage Foundation Archives, R.G. IV4B1, Early Office Files, Box 14, Folder 122A, Rockefeller Archive Center, Pocantico Hills, New York.
19. Hastings Hart, "The Extinction of the Defective Delinquent: A Working Program," a paper presented to the American Prison Association, November 12, 1912, in David Hammack, editor, The Russell Sage Foundation, Microfiche #102 CH10, pp. 6, 9. See also Hart to John Glenn, December 3, 1907. In this letter, Hart stated, "The question of the care of feeble-minded women of the child-bearing age is . . . one of first-rate importance . . . . The evil is so manifest

and the solution is so simple," Russell Sage Archives, R.G. IV4B1, Early Office Files, Box 14, Folder 122, R.A.C. For more on Hart's early career and the influence of evangelical Protestantism on his life, see Russell Sage Foundation Archives, especially R.G. IV4B1, Early Office Files, Box 38, Folder 314 "Hastings Hornell Hart;" and R.G. IV4B1, Series 2: Corporate History, Box 2, Folder 17, R.A.C..

20. Hastings Hart, "The Extinction of the Defective Delinquent," p. 12; Hastings Hart, "Meeting the Problem of Mental Defectiveness," A Paper read before the New York State Conference of Charities and Corrections, Buffalo, New York, November 10, 1913, in David Hammack, editor, The Russell Sage Foundation, Microfiche #102 CH15, pp. 6, 8; Hastings Hart, "The Extinction of the Defective Delinquent," p. 12. Virginia implemented this procedure statutorily for its epileptic facility in Lynchburg, while North Carolina adopted it as an institutional rule for its soon-to-be opened training school in Kinston.

21. For a summary of the mission of the N.C.M.H., see Gerald Grob, Mental Illness and American Society, pp. 144-178. For Beers' perspective on the organization and his involvement in it, see Clifford Beers, The Mind that Found Itself, An Autobiography (Garden City, New York: Doubleday & Company, Inc., 1968). See also Norman Dain's biography of Beers, Clifford J. Beers, Advocate for the Insane (Pittsburgh: University of Pittsburgh Press, 1980), especially pp. 165-192 which examine the survey years. For information on the relationship between the Rockefeller Foundation and the N.C.M.H., see Minutes of the Rockefeller Foundation concerning the N.C.M.H., Rockefeller Foundation Archives, R.G. 1.1, Series 200, Box 32, Folder 362, 1915-1926, R.A.C.

22. Thomas Salmon to Jerome Greene, March 20, 1916, Rockefeller Foundation Archives, R.G. 1.1, Series 200, Box 32, Folder 367, R.A.C.; "Memorandum on Proposed Survey to Determine the Number of Mentally Defective Persons in Nassau County- Submitted to the Rockefeller Foundation, March 20, 1916," Rockefeller Foundation Archives, R.G. 1.1, Series 200, Box 32, Folder 367, p. 7, R.A.C.

23. Minutes of the Rockefeller Foundation concerning the N.C.M.H., March 21, 1916, December 19, 1916, Rockefeller Foundation Archives, R.G. 1.1, Series 200, Box 32, Folder 362, R.A.C.

24. Minutes of the Rockefeller Foundation concerning the N.C.M.H.- December 1, 1920; Minutes of the Rockefeller Foundation concerning the N.C.M.H.- December 3, 1919, Rockefeller Foundation Archives, R.G. 1.1, Series 200, Box 32, Folder 362, R.A.C. For more on the philosophical underpinnings of Rockefeller philanthropy, particularly

concerning the South, see John Ettling, The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South (Cambridge, Massachusetts: Harvard University Press, 1981), pp. 49-93. See also Donald Fisher, "American Philanthropy and the Social Sciences: The Reproduction of a Conservative Ideology," in Robert Arno, editor, Philanthropy and Cultural Imperialism: The Foundations at Home and Abroad (Boston: G. K. Hall and Co., 1980), 233-268. For examples of the reporting of N.C.M.H. surveys on Southern needs for the feeble-minded, see V. V. Anderson, "Mental Defect in a Southern State," Mental Hygiene 3 (1919), 527-565; a summary of this report can be found in Edward Devine, "The Feeble-Minded in Georgia," The Survey 43 (January 24, 1920), 467; another abstract of it can be found in "Current Medical Literature Notes- Abstract of 'Mental Defect in Georgia'," Journal of the American Medical Association 73, 20 (November 15, 1919), p. 1553; and Thomas Haines, "Abstract of the Mississippi Mental Deficiency Survey," Mental Hygiene 4 (1920), 682-694.

25. Thomas Salmon to Jerome Greene, June 5, 1916, N.C.M.H. Correspondence, Rockefeller Foundation Archives, R.G. 1.1, Series 200, Box 32, Folder 368, R.A.C; W. H. Slingerland, "A Constructive Program of Organized Child Welfare Work for New Orleans and Louisiana- An Address to the S.S.C., New Orleans, Louisiana, April, 1916," in David Hammack, editor, The Russell Sage Foundation, Microfiche #102 CH30, p. 30.

26. Hastings Hart, "The War Program of the State of South Carolina- Prepared at the Request of Governor Richard Manning, the State Council of Defense, and the State Board of Charities and Corrections- February 1918," in David Hammack, The Russell Sage Foundation, Microfiche #101 CH37, pp. 15, 17.

27. Hastings Hart, "Social Problems of Alabama- A Study of the Social Institutions and Agencies of the State of Alabama as Related to its War Activities- Made at the Request of Governor Charles Henderson," December 1918, in David Hammack, editor, The Russell Sage Foundation, Microfiche # 101 CH38, p. 5; Hastings Hart and Charles Stonaker, "A Social Welfare Plan for the State of Florida- Prepared at the Request of His Excellency Sidney J. Catts, Governor, and the Cabinet of State Officers," January 1918, in David Hammack, editor, The Russell Sage Foundation, Microfiche # 101 CH35, p. 31.

28. Paul Kellogg, "HHH," The Survey 45 (January 8, 1920), p. 532.

29. Hastings Hart, "Social Reconstruction in the South," in James McCulloch, editor, "Distinguished Service" Citizenship (Washington D.C.: S.S.C., 1919), 49-68, Quotes from pp. 50,

68. See also "Florida Surveyed for War and Peace," The Survey 39 (March 2, 1918), p. 598.

30. Article in New York Evening Post, March 5, 1918, Found in Russell Sage Archives, R.G. IV4B1, Early Office Files, Box 14, Folder 122B, R.A.C. See also "The New Preparedness," New York Evening Post, February 12, 1918, Found in Hastings Hart and Clarence Stonaker, "A Social Welfare Plan for Florida," in David Hammack, editor, The Russell Sage Foundation. See also Frankwood Williams to Dr. Charles Gorst, June 9, 1919. In this letter, the Assistant Medical Director of the N.C.M.H. gave credit to "a survey made in Tennessee by the N.C.M.H." for Tennessee's passage of a bill authorizing the construction of an institution for the feeble-minded, N.C.M.H. Correspondence, Rockefeller Foundation Archives, R.G. 1.1, Series 200, Box 33, Folder 375, R.A.C.

31. "Pictures the Cure for Legislative Sloth," The Survey 37 (March 24, 1917), pp. 725-726; "Louisiana Notes," Mental Hygiene 3 (1919), p. 671. See also V. V. Anderson, "State Institutions for the Feeble-Minded," Mental Hygiene 3 (1919), pp. 626-646; "Florida Surveyed for War and Peace," The Survey 39 (March 2, 1918), p. 598; and "Conference Notes-South Carolina," The Survey 35 (October 9, 1915), p. 54.

The last article spoke directly to the issue of Northern help for southern social problems. "When a speaker from outside the state is pressed to return and address the coming session of the legislature on the care of the feeble-minded, as happened to Alexander Johnson, lecturer for the Training School at Vineland, New Jersey, there is hope for social progress." The National Committee on Provision for the Feeble-Minded was founded in Philadelphia in 1914. Its members included many of the leaders of the reform movement, including Henry Goddard and Alexander Johnson. See Mark Haller, Eugenics, pp. 125-129 for more on the Committee.

32. Thomas Kilby to Hastings Hart, February 24, 1923, Russell Sage Archives, R.G. IV4B1, Series 2, Corporate History, Box 2, Folder 17, R.A.C..

33. Benjamin Whitten, A History of Whitten Village (Jacobs Press: Clinton, South Carolina, 1967), pp. 17, 18. See also 2nd A.R. South Carolina State Board of Charities and Corrections, 1916, pp. 7-28. In 1914, the ubiquitous Dr. Johnson also visited the Virginia State Colony for the Feeble-Minded, along with members of the New York State Commission of Mental Defectives. The visitors "expressed themselves in warm commendation." To their hosts, this appeared "quite gratifying, coming from people so eminent in institution work," 1st A.R. Virginia State Colony for the Feeble-Minded, 1914, pp. 19-20. Johnson also received credit for Florida's establishment of an institution in

1919, after he addressed the state legislature, Florida House Journal 1919, 2 volumes, 1: 166.

34. In a 1919 letter, the Assistant Medical Director of the N.C.M.H. wrote that "state legislators need[ed] to be shown the actual facts and figures gathered in their own state," Frankwood Williams to Dr. Charles Gorst, June 9, 1919.

35. Thomas Haines, "Abstract of the Mississippi Mental Deficiency Survey," p. 682; V. V. Anderson, "Mental Defect in a Southern State," p. 529; "Mental Defectives in Virginia," p. 3.

36. Hastings Hart and Clarence Stonaker, "A Social Welfare Plan for Florida," p. 31; 2nd A.R. South Carolina State Board of Charities and Corrections, 1916, p. 7.

37. Hastings Hart and Clarence Stonaker, "A Social Welfare Plan," p. 31.

38. V. V. Anderson, "Mental Defect in a Southern State," p. 528; "Mental Defectives in Virginia," p. 13.

39. "The Problem of the Feeble-Minded," p. 8; "Mental Defectives in Virginia," p. 13.

40. "Report of the Mental Hygiene Survey of Kentucky with Recommendations," in Gerald Grob, editor, Mental Hygiene in Twentieth Century America: Four Studies, 1921-1924 (New York: Arno Press, 1980), p. 74; "Mental Defectives in Virginia," p. 57; Hastings Hart and Clarence Stonaker, "A Social Welfare Plan for the State of Florida," p. 31; V. V. Anderson, "Mental Defect in a Southern State," pp. 536-537.

41. V. V. Anderson, "Mental Defect in a Southern State," p. 527; "Mental Defectives in Virginia," pp. 7-8. Thomas Haines, "Abstract of the Mississippi Mental Deficiency Survey," p. 683.

42. Hastings Hart and Clarence Stonaker, "A Social Welfare Plan for the State of Florida," p. 31; Hastings Hart, "Social Problems of Alabama," p. 11; V. V. Anderson, "Mental Defect in a Southern State," p. 560; "Mental Defectives in Virginia," pp. 66, 82.

43. Thomas Haines, "Abstract of the Mississippi Mental Deficiency Survey," p. 693; Hastings Hart and Clarence Stonaker, "A Social Welfare Plan for the State of Florida," p. 31; "Mental Defectives in Virginia," p. 14.

44. Hastings Hart and Clarence Stonaker, "A Social Welfare Plan for the State of Florida," p. 31; Hastings Hart,

"Social Problems of Alabama," p. 11; Hart and Stonaker, "A Social Welfare Plan," p. 44.

45. Ira Hardy, "What It Costs?- A Paper Read Before the Seaboard Medical Society, Kinston, North Carolina, December 8, 1910," C.C. See Hardy's other addresses on this same issue- "Prevention of Pauperism, Imbecility and Crime: The Paramount Duty of the State- A Speech Before the Tri-State Medical Society, February 22, 1912" and "Feeble-Mindedness From the Medical Point of View- A Speech Before the North Carolina Medical Society, June 18-20, 1912," Both in N.C.C., U.N.C.; and "Schools for Feeble-Minded the State's Best Insurance Policy," Southern Medical Journal 6, 8 (August 1913), pp. 511-516.

46. Raleigh News and Observer, December 11, 1910; Charlotte Observer, December 14, 1910. In anticipation of Hardy's address two days later, the Kinston Free Press published an article on December 8, 1910 decrying the "astounding" number of "imperfect children in the Old North State," All three articles found in C.C.

47. Public Laws of North Carolina- 1911 Session, Chapter 87- An Act to Establish the North Carolina School for the Feeble-Minded, pp. 256-259; Minute Book of the Board of Trustees of the North Carolina School for the Feeble-Minded, June 26, 1911, p. 4, December 6, 1912, p. 31, C.C.

48. Minute Book of the Board of Trustees, September 13, 1911, p. 7, December 6, 1912, p. 31; "Report of Committee Surveying Institutions in the Northeast," (n.d.), C.C, Quote from p. 8.

49. Charles Laughinghouse, "The Problem of the Feeble-minded," Bulletin of the North Carolina State Board of Health 27, 2 (August 1912), pp. 179, 182, 183. See also Minute Book of the Board of Trustees, December 6, 1912, p. 39. The Board reported "the occasion [of the dedication] was a grand one, made so by the generosity and hospitality of the people of Kinston" (p. 39).

50. Laws of Georgia, 1918, Part 1, Title 6, No. 373, p. 377; Laws of Georgia, 1918, Part 4- Resolutions, No. 44, p. 921. See also V. V. Anderson, "Mental Defect in a Southern State;" Edward Devine, "The Feeble-Minded in Georgia;" and T. F. Abercrombie, History of Public Health in Georgia, 1733-1950, (n.p., n.d.), pp. 122-126.

51. Minutes of the Executive Committee of the Georgia State Board of Health, October 9, 1919, R.G. 26, Sub-Group 1, Series 33, Georgia State Archives, Atlanta, Georgia.

52. Report of the South Carolina State Board of Charities and Corrections, 1918, p. 25; "Notes- Georgia," Mental Hygiene 3 (1919), p. 276-277.

53. 1921-1923 B.R. of the State Board of Charities and Corrections of the Commonwealth of Kentucky, pp. 5-14, Population figures found on p. 5. Quote from W. H. Slingerland, "Child Welfare Work in Louisville- A Study of Conditions, Agencies, and Institutions, April 1919- Published by the Welfare League of Louisville," in David Hammack, editor, The Russell Sage Foundation, Microfiche # 101 CH39, p 79.

54. 1921-1923 B.R., p. 12; "Being a Pauper Idiot," The Survey 40, 1 (April 6, 1918), pp. 11-12; "Report of the Mental Hygiene Survey of Kentucky," in Gerald Grob, editor, Mental Hygiene in Twentieth Century America, pp. 95-96; Thomas Haines, "Subsidizing Mental Deficiency- The 'Pauper Idiot Act' of Kentucky," Mental Hygiene 1 (1917), p. 278; W. H. Slingerland, "Child Welfare Work in Louisville," pp. 79-81.

55. "Pauper Idiots of Jefferson County," in "Report of the Mental Hygiene Survey of Kentucky, 1923" in Gerald Grob, editor, Mental Hygiene in America, pp. 91-96.

56. "Report of the Mental Hygiene Survey of Kentucky, 1923," pp. 159-160, 172-173; "Being a Pauper Idiot," p. 12; 1921-1923 B.R., pp. 15-16; W. H. Slingerland, "Child Welfare Work in Louisville," pp. 81-83.

57. "The Problem of the Feeble-Minded," Reprinted from the 1913 A.R. of the Virginia State Board of Charities and Corrections, Virginia State Library, Richmond, Virginia. For Hart's comments on the Virginia Board, See Hart to Aubrey Strode, December 30, 1909, Aubrey Strode Papers, Box 68, Folder H, Alderman Library, University of Virginia, Charlottesville, Virginia. Strode was an influential Lynchburg legislator, active in progressive causes such as co-educational higher education and road improvement. He also was a strong backer of the Lynchburg State Colony and the sponsor of the 1924 Virginia sterilization bill. See Paul Lombardo, Eugenic Sterilization in Virginia: Aubrey Strode and the Case of Buck v. Bell, (Ph. D. Dissertation, University of Virginia, 1982).

58. Minutes of the Virginia Board of Charities and Corrections, May 14, 1914, Records of the Department of Corrections, R.G. 42, Volume 1, p. 179, Virginia State Archives, Richmond, Virginia. See also "Mental Deficiency in Virginia," especially pp. 66-74. This survey was commissioned by the Board of Charities and Corrections and reported to the Virginia General Assembly in 1915. Arthur

James, Virginia's Social Awakening: The Contribution of Dr. Mastin and the Board of Charities and Corrections (Richmond, Virginia: Garrett & Massie, Inc., 1939), pp. 151-172, Mastin quoted on p. 167; 5th A.R. Virginia State Epileptic Colony and 1st A.R. of the Virginia Colony for the Feeble-Minded, 1914.

59. Sibyll Hyatt, "Field Worker's Report," in 1st B.R. North Carolina School for the Feeble-Minded, p.44; 2nd A.R. Virginia Colony for the Feeble-Minded, 1915, pp. 15-16. See also Ira Hardy's use of the work of Goddard and Fernald in his speech to the Southern Medical Association in Jacksonville, Florida in November 1912, Hardy, "Schools for Feeble-Minded the State's Best Insurance Policy," p. 512-513.

60. Benjamin Whitten, "Contemplated Provision for the Feeble-Minded in South Carolina," Journal of the South Carolina Medical Association 16, 3 (March 1921), pp. 70, 65, 69.

61. Laws of Florida, Chapter 7887 General Laws and Resolutions 1919 Regular Session, 2 vols., 1: p. 231; 1st B.R. of the Superintendent of Florida Farm Colony, 1919-1921, pp. 6-7; T. F. Abercrombie, History of Public Health in Georgia, p. 125. See also Minutes of the Georgia State Board of Health, December 31, 1931, pp. 14-15, R.G. 26, Sub-Group 1, Series 33, Georgia State Archives.

62. Benjamin Whitten, A History of Whitten Village, pp. 24-39; 1st B.R. North Carolina School for the Feeble-Minded, 1911-1912, p. 7; Florida House Journal 1919, 2: 1767; and Gainesville Sun, February 17, 1920, p. 5. In Virginia, the State Colony was established on land donated to the state in 1906 as well as contiguous property originally owned by Western State Hospital (a State mental facility in Staunton). The Board of Charities and Corrections reported "the farm is excellent and well-located." Again, the institution was only opened after the establishment of a railroad spur line, Minutes of the Virginia State Board of Charities and Corrections, October 4, 1910, R.G. 42, Department of Corrections, Vol. 1, p. 122, Virginia State Archives; and W. I. Prichard, "History- Lynchburg Training School and Hospital," Mental Health in Virginia 10, 4 (Summer 1960), p. 40.

63. 1st B.R. North Carolina School for the Feeble-Minded, 1911-1913, p. 44; Benjamin Whitten, "Contemplated Provision for the Feeble-Minded in South Carolina," p. 67.

CHAPTER V  
INTERNAL DYNAMICS:  
DEMOGRAPHICS, MENTAL LEVELS AND STAFFING IN SOUTHERN  
INSTITUTIONS

The grounds and buildings of the Training School present a most attractive appearance. The boys and girls are kept strictly apart. They are given as much freedom as possible, and it is only those of the lowest type that are compelled to remain shut in continuously. Over in the boy's department, there were evidences of some skilled carpentry work. . . . There are quite a number of the boys and girls who were able to grasp the rudiments of an education and they are given as much as they can absorb, usually not more than 4th grade work. Out on the farm, there were a score or more boys at work. (Raleigh News and Observer, July 19, 1925)<sup>1</sup>

With the establishment of Southern institutions for the feeble-minded, institutional leaders struggled to implement their vision of housing and training mentally defective individuals. Beset by inadequate funding, poor staffing, and, most importantly, a lack of insight into the relationship between mental retardation and society at large, institutions generally failed to rise above a basic custodial level of care. The lack of adequate patient categorization exacerbated this failure. Southern institutional leaders never accurately defined who they served and why they served them. Consequently, institutions

provided neither the protection from morons society called for nor the protection for idiots demanded by families and social welfare agencies. Inmate training programs were ill-designed, poorly funded, and inadequately implemented. Institutional staff, especially at the crucial ward attendant level, rarely attained a basic level of competence necessary for patient training. Attendants often worked diligently, with true compassion for their charges. Yet, their low pay and lack of direction from their administrators doomed their mission to failure.

Simultaneously, institutions did not come to grips with the sexual dimension of feeble-mindedness. Caught between a belief in the overt sexuality of feeble-minded females and a paternalistic desire to protect these women from the advances of predatory males, institutional leaders exhibited differing treatment patterns based on gender. In the closed world of the institution, these practices exaggerated, rather than simply reflected, a male-dominated society's ambivalence towards female sexuality. Daily institutional life reflected these shortcomings.

Southern institutions for the feeble-minded opened with the fervent hope that these facilities would, in the 1910 words of Ira Hardy, founding superintendent of the North Carolina School for the Feeble-Minded, "offer light, happiness, and opportunity" to their mentally defective residents. Yet, concern for society never appeared far from the thoughts of officials. In the same speech, Hardy

continued, "Let us build an institution such as I have described, and place into it these unfortunates early in their youth, who if allowed to run at large, will most assuredly become criminals."<sup>2</sup> These two beliefs, protection for and from society, proved unable to be reconciled and provided the underlying rationale for Southern institutions. Another, more pragmatic, assumption also lay at the heart of thinking about these facilities. Southern leaders wanted, and often demanded, the creation of institutional solutions for the problems of the feeble-minded. It often seemed, however, that Southern leaders decided upon this institutional answer based on financial considerations, rather than any concern for either society or the feeble-minded themselves. "This institution," Hardy concluded in his 1910 speech, "would be in the course of time the least expensive method of providing for these unfortunates." Dr. C. V. Akin reiterated Hardy's thoughts in a discussion at the 1929 Louisiana State Medical Society meetings. "From the economic standpoint, it must be agreed that institutionalizing the recognized feeble-minded," he said, "is the most efficient and least expensive procedure to be suggested as capital outlay, maintenance, and overhead are reduced when the individual subjects are removed from the home and community environment and collectively cared for at suitably located colonies and schools."<sup>3</sup> The desire for inexpensive provisions for the feeble-minded population often took precedence over either protection for society or

concern for improving the plight of mentally handicapped persons.<sup>4</sup>

The belief that high-level feeble-mindedness was curable, or least remediable, led Southern institutions to center their attention upon children and adolescents. If caught early enough, feeble-mindedness could be arrested, thus preventing the need for life-long segregation, and saving the state thousands of dollars in institutional costs. Seven of the ten Southern states named their institutions "training schools," to publicly verify their commitment to younger patients. In his 1941 Biennial Report, Florida Farm Colony superintendent Dr. J. Maxey Dell recommended limiting admission to the institution to those under sixteen years of age. "When admission is delayed until after the applicant is sixteen years or over," Dell wrote, ". . . their [sic] established habits are such that they are not a good influence on the morale of the institution."<sup>5</sup> While Florida's age limit for admission remained at twenty-one, Dell's beliefs that younger children could better benefit from institutional training procedures received much credence from other superintendents. The 1917 Annual Report of the Virginia Colony for the Feeble-Minded concluded that "all mental defectives possess criminal potentiality in a greater or lesser degree. . . . Therefore, the removal of young children, ascertained to be defective, from unfavorable surroundings, and placing them where their association and education are proper, becomes

the duty of the State as a matter of social economy."<sup>6</sup> As in many aspects of Southern institutional life, the reality of patient age, however, often belied the pronouncements of superintendents. Statistics from the Virginia Colony did not bear out the wishes of superintendents to have an institutional population composed primarily of younger patients. In 1925, patients over the age of twenty comprised fully forty-six percent of the enrollment, thus belying the administrative pronouncements of training and early discharge.<sup>7</sup>

While officials lobbied for younger patients, institutional staff generally treated all patients, regardless of age or mental level, as children. At the Florida Farm Colony, Superintendent Dr. John Colson expected his attendants to act as "surrogate parents, to give these unfortunate children the love and guidance they need."<sup>8</sup> In 1920, South Carolina Training School superintendent Benjamin Whitten reported on the use of this paternal nomenclature. "The inmates of this Institution are commonly referred to as 'children' regardless of their ages," he wrote. This term is used both to enable us to avoid the use of the term 'inmate' and also to serve as a reminder that our charges are entitled to the tactful and affectionate treatment that all young children require." Seventeen years later, Whitten further explained this institutional paternalism. "The employer and employee initiated a parental-child relationship," he wrote, "which each new worker

unconsciously adopts if he or she remains in service. The bond was further strengthened by children accustomed to centralized dependency and the need for parent substitute."<sup>9</sup> This paternalistic relationship, which mirrored similar feelings among white male philanthropic workers towards poor people, females, and blacks, set the tone for daily life within Southern institutions<sup>10</sup> It helped to insure that custodial care, rather than habilitation, became the norm by not allowing patients to break out of the bonds of institutional dependency.

The paternal relationship between staff and patients remained a constant from institutional opening to the beginning of World War II. Other aspects of institutional life stayed similarly consistent, thus insuring the facilities provided little benefit to either patients or society at large. Southern facilities for the mentally retarded housed relatively few individuals, compared either to similar institutions in the North or to Southern institutions designed to house patients labelled as mentally ill. Though absolute numbers of institutionalized mentally handicapped individuals increased from 1923 to 1940, the general trend of smaller percentages housed in Southern facilities remained constant. (See Table 5.1)

While many public officials claimed feeble-minded individuals posed a greater menace than did those categorized as mentally ill, Southern rates of institutionalization for mentally ill individuals remained

TABLE 5.1  
 Patients in State Institutions for Mental Defectives  
 per 100,000 Population, 1923, 1940

	1923	1940
United States	39.3	76.4
California	45.1	59.0
Kansas	42.9	113.6
Massachusetts	76.3	145.3
New York	67.9	133.1
Ohio	41.7	109.0
Wisconsin	61.2	77.0
Alabama	----	28.3
Georgia	1.6	----
Florida	13.7	28.6
Kentucky	21.7	25.9
Louisiana	9.3	----
Mississippi	4.2	17.3
North Carolina	11.6	23.0
South Carolina	7.1	42.8
Tennessee	.6	22.2
Virginia	27.1	65.1

Source: Feeble-Minded and Epileptics in Institutions, 1923, Department of Commerce, Bureau of the Census (Washington, D.C.: Government Printing Office, 1926), p. 24; Patients in Mental Institutions, 1940, Department of Commerce, Bureau of the Census (Washington, D.C.: Government Printing Office, 1943), p. 121.

significantly higher than those for mentally deficient persons. For example, in 1932, the Milledgeville State Hospital in Georgia housed almost 6,000 mentally ill patients, making it the largest state mental hospital in the United States. Simultaneously, the Georgia State Training School at Gracewood, designed for mentally defective persons, held only 249 residents.<sup>11</sup> The Georgia Department of Public Welfare recognized the problem of Gracewood's small size. In 1928, it reported that "the lack of sufficient support for the feeble-minded child reacts badly [sic] upon the whole field of child care in the state. . . . They [feeble-minded children] are crowding and monopolizing service needed for the more normal child and for whom those institutions are primarily obligated to care."<sup>12</sup> The inadequacies of Georgia's low public expenditures for social services hit particularly hard at institutional programming for the mentally defective at Gracewood. Caught in a bureaucratic no-mans land (the institution was placed under five different governmental agencies from 1921 to 1940), forced to compete for limited funds with a mental hospital established before the Civil War, and saddled with appropriations that, according to a State Board of Health Report, "are far less than any other state that makes any effort to care for their mental defectives," Gracewood remained small and underfunded throughout its first twenty years of existence.<sup>13</sup>

The small size of Southern institutions and their lack of adequate funding caused significant problems as societal concerns about protection from and for the feeble-minded increased. The 1917 Report of the Virginia State Colony summarized this attitude. "Until the public mind is so enlightened," it concluded, "that it realizes that it is best for mental defectives . . . to be withdrawn from society, and placed in a custodial institution of the state, the field of activity and usefulness of this or any other institution for the feeble-minded must necessarily be contracted."<sup>14</sup>

The disparity between the inadequate size of Southern institutions and the increased societal concern about feeble-mindedness manifested itself in long waiting lists to enter these facilities. Nationwide, institutions for the feeble-minded rapidly reached capacity but the situation proved especially critical in the South.<sup>15</sup> In Georgia, for example, in 1938, Gracewood housed 336 patients but the list of those seeking admission numbered over 400. The situation appeared similar in Kentucky. "As to the population of the Feeble-Minded Institute," a 1927 report of the state board of Charities and Corrections announced, "the only reason it has not increased materially is that the absolute limit was reached years ago, and a great many additional commitments have been carried constantly in the files."<sup>16</sup> By operating at maximum capacity, Southern institutions put an added burden on already overworked ward attendants and often

insured, in the words of a 1924 Georgia Board of Health report, "the crowding together of children of various mental ages and varying past experiences in the same building."<sup>17</sup> These phenomenon helped to insure a custodial level of care.

Southern superintendents often spoke publicly concerning the importance of their institutions to the broader issues of state social welfare policies. In 1922, Florida Farm Colony superintendent Dr. J. H. Hodges addressed the Florida State Conference for Social Work in Miami. "The main glory of such an institution [Florida Farm Colony]," he concluded, "should be in taking these children while it is yet time and preventing them from growing up as vagrants, delinquents, and dependents."<sup>18</sup> The key to this success, however, lay not in the work of the superintendent or other institutional officials but rather in the hands of the ward attendants, workers whose daily contact with patients proved critical in the implementation of the mission deliniated by Hodges.

The training and care of patients on a daily basis could only be implemented through the efforts of a staff competent to deal with the educational, social, and medical implications of mental retardation. Nationally, ward attendants and those other workers who maintained primary contact with patients tended to fall short of this minimum level of competence. Sociologist Bernard Farber noted that "understaffing and overcrowding locates much authority in the hands of the comparatively unskilled workers, permitting

the workers to utilize the patient population for their own convenience."<sup>19</sup> Florida Farm Colony reflected this national concern. "We are terribly under-staffed at this juncture," Superintendent Dr. John Colson reported in 1934. "We need many more people to work directly with the inmates or we are in danger of not fulfilling our educational mission." He also took pains to note that "we need to attract a better quality of worker as well." In North Carolina, the lack of this "better class of worker" led to tragedy in 1924. Superintendent McNairy reported the death of a patient "because of the carelessness of a nurse in placing the child on a high bed and leaving it, from which it fell to the floor fracturing the base of the skull."<sup>20</sup>

Superintendents and staff at other Southern institutions echoed Colson's call for better workers in primary care positions. Benjamin Whitten, superintendent of the South Carolina Training School, excoriated "employees with little or no knowledge of what to expect in the sub-normal child . . . [who] resorted to methods which have long become obsolete." In Virginia, however, institutional leaders recognized the difficulties of the attendants' job. "The duties of attendants are of a trying nature, longer hours are required than in other work, and the compensation is much less," summarized the 1923 Biennial Report of the Virginia State Colony. In Louisiana, Training School superintendent G. M. G. Stafford took this observation one step further when he wrote in 1928 that "better wages,

shorter hours, and some attractive form of recreation in the way of social home life seem to me to be essential inducements to attract a better class of employees and thereby obtain more efficient service."<sup>21</sup> Officials at Southern institutions rarely made the connections suggested by Stafford between low pay, poor working conditions, and inefficient employees. The inability to address the needs of these workers helped doom institutions to ineffective service to their patients.

Institutional procedures gave primary responsibility to ward attendants for the daily care and training of feeble-minded residents. Superintendents expected these workers to act as agents of paternalism. A 1931 Florida Farm Colony regulation book urged attendants to serve as "surrogate parents, to give these unfortunate children the love and guidance they need."<sup>22</sup> However, institutional administrations provided little instruction in the performance of these functions. No on-going training programs existed for attendants to improve their job skills. A 1940 information book for attendants at the Virginia State Colony simply reminded attendants to "do your best to become efficient." Along similar lines, rules at the Florida Farm Colony stated that workers should "accept assignments cheerfully and . . . cooperate in every way to render the greatest service to the institution."<sup>23</sup> These nebulous instructions allowed attendants a large measure of independence in the performance of their daily duties.

Attendants usually retained responsibility for fifteen to twenty patients, all of one sex, at a given time. Optimally, workers would care for individuals of similar mental levels, which made the task easier for the attendant and improved the quality of training and education for the patient. With poor funding, however, many Southern institutions could not provide these groupings and had to place patients of differing mental levels, and therefore differing needs, together. A 1926 Georgia Public Welfare report noted that the Georgia Training School at Gracewood "is heavily handicapped in its efforts to instruct the trainable types unless it has every facility for separating the children into small groups which will permit of intensive training along every line."<sup>24</sup>

Expected to follow their patients throughout the day, attendants performed duties which included such jobs as supervising dressing, monitoring patients in their on-campus work, and enforcing curfew rules. If assigned to low-level idiot and imbecile residents, attendants often had to assist their charges in basic self-help skills, such as bathing, dressing, toileting, and eating. An attendant at Caswell Training School remembered that "at that time [1934] there were fifty-six children enrolled in the building and it included high grade, middle grade, and the less fortunate ones. . . . [T]he higher grade children could dress themselves and brush their teeth and helped with the same tasks with some of the others."<sup>25</sup> The help provided by

moron patients in the care of lower functioning residents proved especially important as staff-patient ratios grew during the lean budgetary years of the 1930s.

The relative independence given to ward workers performing their job, necessitated by the bureaucratic structure of the institution itself, allowed wide latitude in the care of patients. Attendants remained on their own, with little contact with administrators, save for the periodic visit of the rounds nurse, when one was provided. This left the important task of daily patient control and care almost exclusively in the hands of ward attendants often unqualified for their duties. In 1936, a comprehensive survey of North Carolina's mental health services reported that at Caswell Training School, "none of the matrons or attendants have have had any specific training for their work."<sup>26</sup>

Institutional rules regulated important aspects of attendant behavior. Attendants usually worked twelve hour shifts, one beginning in the early morning and the other starting after the evening meal. Staff encouraged workers to live in small houses on institutional grounds, but usually this was not mandated. In Virginia, attendants were told "you will be given a room (if one is available) . . . whenever circumstances permit, you will be given a private room."<sup>27</sup> Institutional rules explicitly spelled out expected behavior of male attendants towards female patients, reiterating concerns about both the sexual

vulnerability and the heightened sexuality of female feeble-minded individuals. "Any male employe [sic] who attempts to notice, 'flirt' with, or talk to girl patients," Florida Farm Colony regulations stressed, "**will be instantly discharged.** These children are here to be safeguarded and protected and are not permitted to receive any attentions whatsoever from male employes." The rules continued with a warning of the seriousness with which the Colony administration took this admonition. "Do not violate this rule even once," they stated, "if you wish to hold your position."<sup>28</sup>

Institutional regulations also spelled out the prohibited procedures in the management of troublesome patients. Again, the rules stressed inappropriate behaviors and did little to guide attendants to improving behavior management techniques. "You **must not strike a patient,**" Virginia regulations warned. "Corporal punishment is prohibited." Florida rules explained that "patience, tact, and kindness in most cases, are all that will be necessary" but then admonished ward workers that "an attendant who chokes, kicks, or strikes a patient will be instantly discharged."<sup>29</sup> Attendants often had a difficult time abiding by these regulations. From 1922 to 1939, superintendants at Florida Farm Colony dismissed forty-seven male ward attendants, over half of whom were released because of incidents involving striking or otherwise inappropriately handling a patient.<sup>30</sup>

Attendants worked long and difficult hours, often for extremely low wages. At the Virginia State Colony, "attendants work from ten to thirteen hours each day on the wards and then, because of our lack of facilities, a great many of the attendants have to spend their time off-duty on the wards, as their rooms are located in the patients dorms."<sup>31</sup> In 1940, at Gracewood, the Georgia training school for the feeble-minded, nine attendants had responsibility for the 318 patients housed there. Superintendent Dr. Edward Schwall asked for a \$5.00 per month raise for a male attendant who looked after fifty-five patients.<sup>32</sup> Ward attendants at the Florida Farm Colony earned the same wages in 1935 as they did in 1921, while the superintendent's salary jumped fifty-six percent during the same time period (See Table 5.2).<sup>33</sup> These kinds of conditions resulted in high rates of turnover among the very workers designated to implement the training procedures at their institutions. In 1939, fully 45.4 percent of the Florida Farm Colony ward attendants had been employed for less than one year.<sup>34</sup>

The combination of difficult working conditions, long hours, and low pay appeared to make working as an attendant at Southern institutions an undesirable occupation. Many persons, however, remained employed there in attendant positions for extended periods of time. Time sheets for male ward attendants at Florida Farm Colony showed nearly one quarter of the work force employed for six years or more

TABLE 5.2  
 Pay Scales for Superintendents, Teachers and Attendants,  
 Florida Farm Colony 1921-1935

	<u>Superintendent</u>	<u>Teachers</u>	<u>Attendants</u>
1921	\$250/month	--	\$30
1922	\$250	--	\$35
1923	\$250	--	\$35
1924	\$250	--	\$30-\$37.50
1925	\$250	--	\$30-\$37.50
1926	\$275	--	\$27.50-\$37.50
1927	\$275	\$70	\$27.50-\$40
1928	\$275	\$70	\$30-\$50
1929	\$300	\$75	\$42.50
1930	\$380	\$75	\$42.50
1931	\$380	\$60	\$42.50
1932	\$380	\$60	\$37.50
1933	\$380	\$50	\$32.50
1934	\$380	\$60	\$30
1935	\$380	\$60	\$30

Source: Time Books #1, 2, 3, Vault files, G.S.C. No data could be found for the years after 1935

in 1939.<sup>35</sup> Considering all the disadvantages of ward work, this figure seems strikingly high. Yet, many ward workers felt their jobs were more than simply employment. The words of a Farm Colony employee help to explain this phenomenon. "Sure it was hard work," he remembered in a 1983 interview, "but I felt like I was doing something good for those poor people. Besides, the bosses left you alone, nobody really bothered you unless you punished the children too hard."<sup>36</sup>

Information from other Southern institutions verified this observation. Both supervisors and employees reported the importance of the paternal relationship between attendants and patients. In his 1937 presidential address to the A.A.M.D., South Carolina superintendent Benjamin Whitten observed that "employee[s] initiated a parental-child relationship which each new worker unconsciously adopts if he or she remains in service." In Alabama, superintendent W. D. Partlow reported that "no discipline is practiced except by regulating privileges. The object of the whole program is to make life more interesting and bearable for the inmates . . . thus enabling the individual to enjoy life under supervision." A female attendant at North Carolina's Caswell Training School summarized her nine years experience of ward work in the 1930s and 1940s by personalizing this paternal outlook. "When people ask me how I've stood nine years in the Junior Ward," she remembered, "I always reply by saying I would not swap my job for any other job in the place. . . . Therefore, the

appeal of helpless children brings forth the most sympathetic treatment one can give."<sup>37</sup>

While many ward attendants worked diligently, superintendents and other officials often placed the blame for institutional failure on these low paid workers. In 1928, however, a Louisiana superintendent recognized administrative culpability in the problems experienced at institutions. He wrote that "we must and should have people who are intelligent, honest, ambitious, co-operative- people who will take an interest in their work even when our back is turned. But we can not expect all this on the part of an employee unless we offer the proper inducements."<sup>38</sup> By not offering these inducements, in the form of decent wages, job security, and good working conditions, officials of Southern institutions insured that the position of ward attendant would remain an arduous and unfulfilling one.

The organizational format of Southern institutions placed the care and supervision of the patients almost exclusively in the hands of the ward attendants.<sup>39</sup> This arrangement charged a poorly paid, often untrained work force with the laborious task of controlling and training a group of low functioning residents, many of whom needed help in basic life skills. Superintendents and state officials were quick to recognize the failures of attendant workers; yet they did little to improve wages and working conditions to attract and keep qualified employees. Often, however, even if officials had wanted to, they were constrained by

budgetary restraints imposed by parsimonious state legislatures strapped for funds. In Kentucky, for example, throughout the 1920s and 1930s, superintendents reported "large and constant turnovers in staff" as "we have found it difficult to meet the legitimate and reasonable demands of the institution with the funds available."<sup>40</sup> Finally, in 1938, after a study of the state's programs for the mentally ill and mentally retarded by the Mental Hospital Survey Committee of the N.C.M.H., the legislature passed the Chandler-Wallis Act, which allocated over \$800,000 in supplementary appropriations for Kentucky's state hospitals. This statutory allocation allowed the Feeble-Minded Institute to hire twenty-one more attendants. The addition of this staff made it possible, in the words of the institution's 1939 biennial report, "to change the atmosphere of wards of low grade children from foul smelling disorderly habitations to more liveable places, and practically to eliminate unpleasant noises."<sup>41</sup>

Superintendents often overlooked the large percentage of ward attendants who provided dedicated service to the institutions, and especially, to the patients. "We had to take care of our boys, now," recalled a longtime Florida Farm Colony employee in the mid-1980s.<sup>42</sup> This ethic of caring and self-esteem, or work culture if you will, usually remained unnoticed by administrators but allowed institutions to provide the modicum of services they did to residents.<sup>43</sup> Far from being a cause of institutional

problems, as officials hypothesized, ward attendants often provided the stability for institutions to continue on their troubled course.

While both administrators and ward attendants prided themselves on their well run, neatly organized institutions, residents often did not follow the lead of their paternal keepers.<sup>44</sup> Far from simply responding to the requests and orders of their attendants, residents, particularly high level moron patients, attempted to live independent lives behind institutional walls. In 1922, for example, a female patient from Tampa, with an IQ of 60, entered the Florida Farm Colony. Her patient record reported that "while the patient may have had convulsions, most, if not all, of the alleged seizures while in this institution, were purely hysterical, with a large element of malingering." Two years later, upon revelation of her affair with a Colony laundryman, she was discharged from the institution. She promptly married the workman and wrote to a Farm Colony matron in 1926 that "she and her husband and father were living on a farm just outside of Lakeland and were getting along fine."<sup>45</sup> This woman managed to circumvent institutional prohibition on patient-staff contact and live a life of her own choosing.

At North Carolina's Caswell Training School, two moron patients carried on a surreptitious flirtation without the knowledge of attendants. Their undated correspondence survived as a testament to their ability to work within the

institutional system. GWR, the male patient, was admitted in 1924 at age eighteen. He confessed that "I know that I have been a bad boy in my past but for the past five years I have been trying to show the world what a boy that has been a wreck all his life could do and be." His confidant, PME, was admitted to Caswell in 1918 at the age of ten. Their correspondence lasted for approximately a year, until PME was discharged in August 1925. PME reported the means necessary to meet her friend in a letter to him. "But Doc McNairy told Miss E [the attendant] to count us choir girls and if there were any one missing in chapel just report it to him," she wrote. "But there will be a chance after chapel if you can get around there. Now don't forget to come around there where you said. When I see you coming down the walk after chapel I will go around there." GWR also showed he understood how to manipulate the attendant system to his advantage. "When Mr. S. relieves Mr. R.," he wrote, "then we will try our luck in the old kitchen." In June 1925, he showed his frustration at life in Caswell in the only dated letter. "Darling," he wrote PME, "I don't see how I can stand to stay here much longer."<sup>46</sup>

Many high level patients had the same feelings as GWR. Often, they acted on those ideas by destroying institutional property or attempting escape. Dr. Grace Kent, the South Carolina Training School psychologist, wrote to her parents in 1921 that the institution had just received "a dozen girls who are more delinquent than deficient. . . . The

windows are about four feet above the ground and there is nothing to hinder the children from getting out. Their clothes are locked up at night, but they have abundant opportunity in the daytime to steal clothing and secrete it outside."<sup>47</sup> Caswell Training School superintendent C. Banks McNairy lamented in 1918 that "Our greatest problem is the high grade girls' building. . . . [T]hey will curse, fight, destroy clothing, steal, put their clothing, drinking cups, towels or anything in the sewer pipes, break down doors and knock out windows and run away."<sup>48</sup>

McNairy's concerns proved well-founded when in December 1918 and January 1919, three high-level female patients burned down two dormitories at Caswell, killing three residents. McNairy reported to the Board of Directors that "a group of girls formed a pact. . . . The plan was guarded as only a defective mind can guard." In analyzing this tragedy, McNairy explained the dual purposes of institutions such as Caswell. These girls were "poor, unfortunate, fiendish, yet irresponsible enemies of themselves, society, and the State," he wrote. "Humanitarianism demands their protection, care, and training. Society and good citizenship demand their segregation and asexualization."<sup>49</sup>

Not all high level residents reacted so violently to life behind the walls of Southern institutions. Others responded by using their terms of institutionalization to improve themselves. In 1930, Caswell Training School admitted a twelve year old girl, described in her patient

record as being a "mid-moron," with a tested IQ of fifty-nine. As with many higher level patients, this girl lived in dire poverty before institutionalization. Her application concluded that "this family is a misfit." A letter from the county superintendent of public welfare to superintendent W. H. Dixon reported that "degenerate men, both black and white, run after old Mrs. M. [the girl's mother] and her two feeble-minded girls."

In spite of this background, the girl responded well to the demands of her institutional career. A 1936 institutional adjustment report concluded that the girl appeared "very truthful and reliable and is never heard to be discourteous or profane in her speech." That same year, new superintendent Dr. F. M. Register wrote the girl's mother that she "is quite well and is getting along fine. She is a waitress in the Staff Dining Room." With her good work skills and appropriate behavior, she was paroled to a home in Asheville in 1942 and discharged officially in 1945.<sup>50</sup>

The institutional career of this patient appeared typical of female residents since she remained at Caswell Training School for more than twelve years before parole. Conversely, many high-level male patients were admitted and then released rapidly, with the institution functioning as a revolving door. This occurred particularly in the early years of institutional operation, when morons composed the preponderant majority of those admitted to institutions.

From 1914 to 1919 at Caswell Training School, for example, 52.1 percent of the males admitted were discharged within three years of admittance. That compared to only thirty-one percent of the females (See Table 5.3).<sup>51</sup> These figures from North Carolina reflected national attitudes towards sex roles and their relationship towards mental retardation. A 1931 admission request for a seventeen year old white Miami girl to Florida Farm Colony verified these beliefs. The girl had been "arrested by the city police," and "will not keep away from men." Typifying the claims about the sexuality of feeble-minded women, and their inability to fend off untoward advances, the form concluded that the girl's sister "has to protect [her] from men."<sup>52</sup> Using data from midwestern institutions, historian Peter Tyor concluded in 1977 that, "sexual norms and gender roles encouraged physicians to treat deviant female sexual behavior as evidence of mental retardation which warranted stringent measures of social control." Tyor's figures showed that "both mean admission ages and periods of retention were higher for women than men."<sup>53</sup> Figures from Florida buttressed this concern. While males comprised nearly sixty percent of Florida Farm Colony's 1,165 admissions from 1922 to 1937, they made up sixty-five percent of those discharged in the same time period.<sup>54</sup> While males tended to remain in institutions for shorter periods of time, they also were admitted at earlier ages. Farm Colony admission figures from Alachua County, Florida from 1921 to 1940 revealed a

TABLE 5.3  
Average Length of Residence, By Sex  
Caswell Training School 1914-1939

	<u>MALE</u>			<u>FEMALE</u>		
	<u>&lt;3 yrs.</u>	<u>3-8</u>	<u>&gt;8</u>	<u>&lt;3 yrs.</u>	<u>3-8</u>	<u>&gt;8</u>
1914-	52.1%	9.3%	38.3%	31%	11.4%	57.6%
1919 <sup>1</sup>	n=73	n=13	n=54	n=49	n=18	n=91
1920-	31.5%	23.4%	45.1%	34.7%	20.6%	44.7%
1924	n=35	n=26	n=50	n=49	n=29	n=63
1925-	42.4%	18.8%	38.8%	29.5%	14.0%	56.5%
1929	n=104	n=46	n=95	n=59	n=28	n=113
1930-	42.9%	10.1%	47.0%	31.0%	12.4%	56.6%
1934	n=51	n=12	n=56	n=45	n=18	n=82
1935-	14.8%	24.7%	60.5%	14.2%	20.7%	65.1%
1939	n=24	n=40	n=98	n=15	n=22	n=69

Source: Patient Admission Book, Medical Records Office, C.C. The length of admission was calculated from the date of admission to the date of dismissal, transfer, escape, or death. The book listed 1553 admissions to the institution from 1914 to 1939, of which 26 are not calculated in the table, as the year of dismissal, death, transfer, or escape was listed as unknown in the book. As of September 1988, when this data was collected, eighteen persons (twelve male and six female) admitted before 1940, were still living at Caswell Center. They are calculated in the appropriate column.

1. Year represents year of admission.

mean average male admission age of 10.6. This contrasted with a mean female admission age of 12.42. This two year differential was similar to the one discovered by Tyor and placed female admission to Florida Farm Colony at approximately the onset of puberty.<sup>55</sup> Both the longer retention rates and later admission ages for female patients demonstrated an official concern that non-institutionalized "girls and women of the child-bearing age" constituted a threat to the social order.<sup>56</sup> This threat of an on-going, hereditary-based feeble-mindedness carried by immoral and easily influenced mentally deficient women could only be prevented by, in the succinct terminology of historians Peter Tyor and Leland Bell, "segregation or surgery."<sup>57</sup>

Superintendents and other officials charged with the responsibility for mentally defective individuals grappled not only with the problems of gender but also difficulties caused by the various mental levels of those residing in institutions. Living arrangements, vocational and educational programming, and disciplinary measures all could not be standardized due to the wide and disparate needs of institutionalized patients. Perhaps the widest gap between patients, however, came in the need for institutionalization itself.

In higher level moron patients, protection for society seemed paramount. In 1931, Florida Farm Colony received an application for an eighteen year old white moron girl from Tampa. The request, marked "Urgent," noted the girl's

"kleptomaniacal proclivities" and concluded that "she will live the life of a common prostitute unless she is given institutional care." Superintendent Dr. J. H. Colson quickly replied, "It is probable that we shall be able to take her in the near future."<sup>58</sup> For idiotic individuals, conversely, institutionalization provided not protection for society, but help for beleaguered families often overburdened with the care of a difficult child. A 1926 U.S Children's Bureau Publication reported the case of a thirteen year old Georgia boy admitted to the Graceville Training School, who had "lived with his widowed mother and a fifteen year old brother on a small farm. . . . The thirteen year boy had never been able to sleep normally and rocked himself into a state of exhaustion. He could not talk, feed himself, nor attend to his natural wants."<sup>59</sup> The divergent natures of these two types of patients and their needs, one a high level moron and the other a low level idiot, prevented the establishment of a cohesive pattern of institutional control and significantly added to the administrative problems of superintendents.

As Southern states organized their separate institutions for the feeble-minded, Northern superintendents and other officials initiated the colony model of institutionalization. Designed both to return high-level moron patients to the community with remunerative occupations and to save states public money by cutting costs, the movement reached its zenith in the 1920s and

1930s in New York under the auspices of Rome State School superintendent Dr. Charles Bernstein.<sup>60</sup> Under optimum circumstances, colonies allowed moron patients to break out of the bonds of institutionalized dependency and at least realize the possibility of independent living, albeit under the supervision of state social service officials. While Bernstein's efforts achieved modest, if generally unrecognized success, Southern attempts to duplicate them failed rather miserably. They rarely lived up to the admonition of Dr. Ira Hardy, founder of the North Carolina Training School. In 1910, Hardy demanded the "establishment of a training school for the care of our feeble-minded children, where they can be trained to do such work as will at least serve to keep them employed, if not to a large degree self-sustaining."<sup>61</sup> The combination of poor funding, lack of vision on the part of officials, the ethos of paternalism, and the housing of various levels of individuals with mental retardation in one facility all conspired to keep Southern colonies unsuccessful.

Southern superintendents and other officials also decried the lack of public sympathy for individuals paroled from their institutions. Caswell Training School superintendent W. H. Dixon viewed the success of Northern colonies in terms of public education. Northern institutions, he wrote in 1929, "educate the people as a whole to the possibilities of adequate training of the mental defective to the point that he can be of service to

them when properly trained and placed in the proper environment."<sup>62</sup> Southern institutions still had not reached that point ten years later. A 1939 South Carolina report concluded, "We have yet a long way to go to eliminate and eradicate a feeling . . . of . . . ignorance, superstition, prejudice, and unconscious personal inferiority with respect mental disorders and defects- even to overcome the suspicion with which the public may look upon an individual if he has been in a state institution of this type."<sup>63</sup>

Florida's institution for feeble-minded persons, Florida Farm Colony for the Epileptic and Feeble-Minded, exemplified the problems of Southern institutions regarding parole of high-level patients. Organized in 1919, according to its enabling legislation, "as a colony for the segregation and employment of the epileptic and feeble-minded," the Florida Farm Colony soon became an institution belying its name.<sup>64</sup> While the institution discharged many patients during its first ten years, (of the 1,227 persons admitted to the Colony from 1921 to 1929, only 584 remained institutionalized on December 31, 1931), few had achieved job skills necessary to achieve independent living status upon leaving the Colony.<sup>65</sup> Florida Farm Colony provided no follow-up procedures for released residents. In 1937, Superintendent J. Maxey Dell wrote that "there is no social service connected with this institution. . . . Patients who have been discharged are under the supervision only of the person to whom they have been released."<sup>66</sup> This policy led

to longer terms of institutionalization, as superintendents appeared loathe to release patients without proper supervision and after care.

Kentucky also experienced problems in the after care of its paroled and discharged patients. In 1923, the Kentucky Board of Charities and Corrections recommended that the Kentucky Feeble-Minded Institute begin the "development of a social work outreach program [so that] no child should be paroled to its home until a thorough investigation of the home has disclosed its capacity to give intelligent care and proper oversight and protection to the child." Sixteen years later, the Board's successor, the State Department of Welfare, reported that the institution finally added a field worker to investigate "home conditions of parolees." The board concluded that with this lack of professional follow-up support, "it is not difficult to realize that the number of inmates that can be placed out with assurance of success is very small."<sup>67</sup>

While the low level of follow-up care impeded institutions in their placement of moron patients in remunerative occupations, the crying lack of on-campus vocational facilities, in the form of colonies, for these patients provided even more of a hindrance. Dr. Benjamin Whitten, superintendent of the South Carolina Training School, authorized the establishment of a colony on the grounds of his institution only a year after it was opened in 1921. Whitten's plans, he remembered in 1967, "made some

progress under extreme financial depravation. This venture [the developing of institutional colonies] had gained considerable popularity in previous years in some other institutions but was done [there] in a much more permanent manner and far better habitation."<sup>68</sup> The South Carolina colonies provided only the first step towards independence, not giving patients the opportunity to live in transitional off-campus housing, as Bernstein's model suggested. Instead, they housed men and women in separate "crude and cheap" facilities on a "tract of land some mile and a half from the front of the institution." There, they raised crops and farm animals, getting valuable experience in semi-independent living, but not learning occupational skills necessary for employment upon release.<sup>69</sup> In North Carolina, superintendents also recognized the meagerness of their efforts to establish vocationally oriented colonies. Caswell Training School superintendent Dr. W. H. Dixon wrote of colonies in Northern states where patients "work in industrial plants such as the city laundry, textile mills, and knitting mills. They return, of course, to the colony for meals and spend the night and for recreation under strict supervision of the sympathetic and painstaking matrons. We are a long way from this," he concluded, "but I hope to see the day when we will be doing something similar for our mental defectives here."<sup>70</sup>

Southern institutions provided little in the way of organized vocational colonies, but they did utilize high-

level patients as farm laborers and maintenance workers to reduce institutional costs, as patients replaced paid workers. This practice, one utilized in institutions nationwide, often prevented the discharge of these residents, as superintendents seemed reticent to release patients who provided services for the institutions. In 1933, Caswell Training School superintendent Dixon reported that the work of patients "has a three-fold purpose. First, is to train the child; second, to keep him out of mischief; third to conserve the amount of money that would be paid for help to carry on the work."<sup>71</sup> At superintendent Dixon's institution, over 300 patients worked in jobs ranging from sewing and mending for the female patients to carpentry and plumbing for males (see Table 5.4). Higher level members of both sexes helped attendants with ward work, particularly the wards of idiot patients, where clean-up work was often difficult and time-consuming. The 1940 job description book for attendants at the Virginia State Colony in Lynchburg informed paid attendant employees that "you will, of course, not be expected to do all this work by yourself- you will have a number of working patients who will assist you."<sup>72</sup>

Using patients as substitutes for paid workers provided inherent problems for Southern institutions. "Much of the work of the institution [Caswell Training School] is performed by the older children," a 1936 North Carolina survey revealed. "Occupation," it continued, "is used as much as possible as a part of the education of the

TABLE 5.4  
Places of Employment for Patients at  
Caswell Training School 1935

<u>Place of Employment</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Kitchen	7	6	13
Dining Room	0	27	27
Laundry	5	28	33
Sewing Rooms	0	20	20
Mending Rooms	0	11	11
Carpenter shop	2	0	2
Plumbing	6	0	6
Hog raising	9	0	9
Milking	10	0	10
Farm & Garden	29	0	29
Dormitory Help	45	71	116
School	4	0	4
Hospital	2	9	11
Miscellaneous	10	0	10
Total	129	172	301
Total patients in Institution			621

Source: A Study of Mental Health in North Carolina: A Report to the North Carolina Legislature of the Governor's Commission Appointed to Study the Care of the Insane and Mental Defectives (Ann Arbor, Michigan: Edwards Brothers, 1937), pp. 294, 275.

children." However, it concluded, "keeping the proper balance between these two purposes is sometimes difficult." Even the question of the admission of black patients to Southern institutions seemed to turn upon the issue of the work patients could provide. In 1919, the Executive Committee of the Board of Directors of Caswell Training School recommended the placement of black patients at Caswell, but warned "only the high grades should be taken at this Institution, as they can be made serviceable on the farm."<sup>73</sup>

Much of the work performed by patients centered on farms attached to institutions. These facilities ostensibly provided occupational training for patients as well as a consistent source of food for the institutional population, thus reducing budgetary needs. Often, however, neither of these goals was attained. At the Florida Farm Colony, whose very name suggested the facility's focus, the farm quickly became an afterthought. In October 1927, superintendent Dr. J. H. Hodges reported to the Board of Commissioners that "our farm is now getting into very good production" and 198 acres of corn, peanuts, and peas were placed under cultivation by the end of that year.<sup>74</sup> While Hodges remained optimistic about the farm, later superintendents and the State Auditor appeared less sanguine. In 1931, superintendent Dr. J. H. Colson reported that "unfortunately we are unable to be as self-supporting as most of our State institutions." Five years later, a State Auditor's Report

concluded that "the institution is engaged in various activities producing foodstuffs for the table [,] . . . costing more than they would have cost had they been purchased in the open market."<sup>75</sup>

The Florida Farm Colony farm also failed to employ Colony patients in significant numbers. By 1936, the year of the Auditor's report, only five percent of the 502 residents of the the Colony worked on the farm. Superintendent Colson explained that "while we employ as many of the inmates as we can in productive occupations, relatively few are physically robust or mentally competent enough to do laborious work."<sup>76</sup> As the proportion of low-level idiot patients with physical disabilities increased during the 1930s, the situation became exacerbated.

In North Carolina, the farm at the Caswell Training School encountered similar problems. In 1936, a survey of state programs reported over 600 acres under cultivation. In spite of this acreage, the farm did not provide all the institution's food needs. The farm also did not give patients an opportunity for vocational training. The 1936 survey reported that "some time in the past there was a plan for establishing a colony of moron boys on the more distant farm." As so often happened, however, these plans never reached fruition.<sup>77</sup> Superintendents also complained about the capabilities of patients to properly complete farm chores. As in Florida, the gradual shift to lower-level patients during the 1930s worsened the situation. In 1933,

Caswell superintendent W. H. Dixon reported his disgust to the State Board of Public Welfare. "If it becomes necessary to use inmate [patient] labor," he wrote, "then we will not be able to cultivate more than 100 acres. . . . It is a well-known fact that the labor from boys at Caswell Training School is not dependable as far as farming goes."<sup>78</sup>

The placement of Southern institutions in isolated rural areas also added to the problem of appropriate vocational training for those patients capable of benefitting from it. "Southern Institutions are more or less rural," wrote Caswell superintendent W. H. Dixon in 1929, ". . . we find our outlet for a successful colony development is confined to farming."<sup>79</sup> Increasingly, however, urban areas contributed higher percentages of the patients admitted to Southern institutions. For example, Dade, Duval, and Hillsborough counties in Florida, the three most urbanized counties in the state, furnished almost one half of Florida Farm Colony's 1743 patients admitted from 1921 to 1940.<sup>80</sup> Training in farm-related skills offered few post-release job prospects for these urban patients. Superintendent Colson recognized the irrelevancy of this work to many of his patients and in 1931 requested that the Board of Commissioners change the name of the Farm Colony as it appeared "cumbersome, inapplicable, and unsuitable." It implied, he continued, that "the institution specializes in farming . . . whereas only a small number of them [the patients] are able to engage in that work." Conversely, the

main purpose of the institution lay not in farming, but in training "the inmates, by scholastic pursuits and by various industrial activities, so that they may become as self-sufficient as possible."<sup>81</sup> The Board turned down Colson's request and the name remained until 1957. More importantly, the institution provided neither the farm training nor the industrial activities that Colson discussed.

Southern institutions attempted to provide academic training as well as vocational programming. The relationship of such programming to the institution's goals and to the growing field of special education outside the institution walls remained obscured. The 1936 U.S. Biennial Survey of Education reported that "'educational' or 'school' work means to some institutional officials any activity in which the inmate engages which serves to develop his potentialities, whether carried on in the classroom, the kitchen, or the institutional grounds."<sup>82</sup> In spite of this blurring of the educational programming, each Southern institution maintained a separate school facility in which academic learning took place. (See Table 5.5)

Institutional administrators designed their schools to educate those patients able to benefit from an emphasis on academic skill development. Teachers stressed scaled-down versions of regular school curriculums, rather than specialized work designed for mentally handicapped students. Consequently, school programs centered on high-level moron and borderline patients. In 1940, idiots comprised only one

TABLE 5.5  
Schools in Southern Institutions 1938-1940

<u>INSTITUTION</u>	<u># OF PATIENTS IN INSTITUTION</u>	<u># OF PATIENTS IN SCHOOL</u>	<u>TEACHERS</u>
Partlow State School, Ala.	302	77	5
Florida Farm Colony	560	92	2
Georgia Training School	318	136	2
Kentucky State Institute	654	171	8
Louisiana State Colony	686	88	5
Ellisville State School, Miss.	no data reported		
Caswell Training School, N.C.	782	387	6.5
State Training School, S.C.	810	280	12
Tennessee Home & Training School	656	92	1
Lynchburg State Colony, Va.	1539	203	6

Source: Biennial Survey of Education, 1938-1940,  
Department of Interior, Office of Education (Washington, D.  
C.: G.P.O., 1947), 2 volumes, vol. 2: pp. 152-168.

percent of the pupils enrolled in schools on the grounds of Southern institutions.<sup>83</sup> This occurred at a time when these lower-level patients crowded institutions to the breaking point. In 1932, for example, South Carolina Training School superintendent Benjamin Whitten reported to his State Board of Health that "we are pressed for the care of an increasing number of low-grade and helpless children who can be regarded as only custodial cases." Recognizing the impact this change in institutional population would have on his school program, Whitten announced that "we have endeavored to re-organize the school department so as to include as many as possible of the low-grade imbeciles and high-grade idiots, with the hope of training them to take care of themselves . . ." While Whitten's plans sounded good, the changes in school programming never occurred. Six years later, in an institution housing over eight hundred residents, only one idiot and eighty-four imbeciles attended the regular school program.<sup>84</sup>

While institutional schools centered their energies upon the higher level patients, superintendents bemoaned the fact that their facilities enrolled more and more low-level idiot residents. In 1939, Georgia Training School superintendent Dr. Edward Schwall spoke for other institutional leaders when he concluded that "one-third of the present population is composed of the untrainable, custodial type cases. . . . Unless future admission of this type are [sic] restricted, the Institution soon will be

unable to admit or discharge a single case, and it can then only be considered a custodial Institution."<sup>85</sup> Concurring with Schwall's assessment, W. D. Partlow, superintendent of Alabama's Partlow State School, concluded in 1940 that "the malformed, helpless chair-ridden or bed-ridden idiot is simply a nursing problem, and is not properly a problem for a state institution for mental deficient. . . ."86

The Depression exacerbated the continuing conflict over the levels of patients admitted to Southern institutions. The Georgia Department of Public Welfare reported in 1931 that "the problem at present is accentuated by the economic depression, many families who in ordinary times are able to care for their own unfortunate children, find it difficult or impossible to do so now. Gracewood has functioned to the limit of its capacity."<sup>87</sup> The situation appeared as bad in South Carolina, where the Training School foundered as economic conditions worsened within the state. "The demands upon the Institution at this time are greater than ever," reported superintendent Whitten in 1931. "Many families are completely disorganized because of their inability to properly care for a defective child . . . when the economic condition is such that this necessarily places a very heavy burden upon them." Whitten concluded by re-emphasizing the gender-based notions of feeble-mindedness. "You can readily realize what a deplorable situation this is," he concluded, "particularly in the case of girls, who are being held solely to protect them from the depravity of mankind."<sup>88</sup>

By forcing many marginal families to turn to the state for assistance, the Depression accelerated the trend towards lower-level patients in Southern institutions. A 1940 admission to North Carolina's Caswell Training School epitomized the new type of patient crowding facilities during this time period. In 1939, the staff psychologist at Caswell received a letter from a Duke University Hospital social worker requesting admission for a six year old white male. The letter asked for admission to Caswell "for this boy not only for his welfare but because of the effect of the strain and worry of having him in the home has had on his mother . . . constant anxiety is breaking down her health." Institution psychologist Edith Wladkowski responded that "the above named child is obviously a very low-grade idiot and physically entirely incapacitated. Caswell Training School at the present has little room for patients of this type." In spite of this admonition, Caswell accepted the boy in 1940, when he "was placed on the Junior Ward [and] . . . seems happy and has made a good adjustment."<sup>89</sup> Figures from the Florida Farm Colony reflect the fact that idiot admissions of this type were becoming more and more common during the Depression era of the 1930s. Idiot admissions to the Colony jumped from 8.5 percent in 1928 to 31.5 percent in 1938. A 1945 special survey on the Colony's mission concluded that the Colony "has become filled to capacity in the carrying out of the second of these objectives [custodial care of idiot patients]."<sup>90</sup>

Institutional leaders recognized the custodial nature of handling idiot patients. Idiots did not seem prime candidates for discharge, in fact, according to a Virginia superintendent, "the 'turnover' in the idiot class is only as great as the death rate." Positive behavior management and skill acquisition programming for these type of patients still remained far in the future. "There is little we can do for the idiots," concluded a 1936 Virginia report, "except to feed them, clothe them, and give them medical attention."<sup>91</sup> While sensationalized newspaper accounts regarded the "congenital idiot [as] lower than the lowest animal" and as a "monster [who] should have [n]ever seen the light of day," superintendents expressed their concerns about these patients in similar language.<sup>92</sup> According to a 1936 Virginia report, "the psychic trauma wrought upon the normal children in the family [by an idiot sibling] is incalculable." The typical idiot child "gibbers, drools, utters the most animal-like sounds, and . . . soils himself at convenience."<sup>93</sup> The increasing numbers of idiot patients in Southern institutions brought into sharp focus the problems of small, underfunded institutions, caught between budgetary crises caused by the Depression, which forced the slashing of already meager state expenditures and the needs of families for relief from the dual economic burdens of the Depression and a the presence of a severely handicapped child.

The increasing numbers of idiots in state institutions strained slim institutional resources to the breaking point. In 1933, South Carolina Training School superintendent Benjamin Whitten warned the public that "applications continue to come in with greater frequency and regularity." This occurred in spite of "the unbroken failure and neglect of the Legislature to provide an additional bed at this Institution during the past six years."<sup>94</sup> Overcrowded facilities and long waiting lists characterized Southern institutions during the 1930s. Pushed on one hand to admit more patients because of economic conditions and prevented on the other from discharging large numbers of residents because of their low levels of intelligence, superintendents faced an unpleasant dilemma. Numbers of persons waiting to enter institutions often were higher than institution rolls themselves. In 1935, Caswell Training School had a population of 621, while its waiting list stood at over 800. Similarly, while 319 patients resided in Georgia's Gracewood facility in 1939, 375 individuals waited to get in. Gracewood superintendent Dr. Edwin Schwall summarized the concerns of most officials when he wrote, "Unless something is done soon to care for these cases, many of them will have become too old to derive any benefit from the training given here."<sup>95</sup>

The overcrowding of Southern institutions, hastened by increasing idiot admissions, led to dangerous conditions on the wards themselves. A fire in the moron boys' dormitory

at the Georgia Training School on December 1939 killed six of the twenty-four inmates housed there. As tragic as this was, superintendent Schwall reported, "one can imagine what the loss of life would be if one of the frame buildings at Gracewood, now housing 130 low grade mental cases, some bedridden, should burn."<sup>96</sup> "The Wards are so crowded," wrote Florida Farm Colony superintendent Dell that same year, "we are having to place some of the patients on an open sleeping porch, during both summer and winter."<sup>97</sup> The pressures of long waiting lists and overcrowded institutions gradually filling up with low level idiot patients exasperated superintendents. "All the purposes of the school as laid down by the law creating the school," wrote Caswell Training School superintendent Dr. F. M. Register in 1936, "have never been attained in its [sic] fullest sense." Florida Farm Colony superintendent Dell expressed it more succinctly a year later when he wrote to a Pinellas county judge that "we feel like a keg of powder waiting for someone to apply the match."<sup>98</sup>

Federal funding, allocated through New Deal public works agencies, provided some relief from the problems of overcrowded institutions during the Depression years. These expenditures, though minute by later standards, marked the beginnings of federal intervention in the mental retardation field. Many long-postponed large capital improvement building projects were constructed under the auspices of the W.P.A. and the C.W.A. These allowed institutions to better

serve their changing populations, as dormitory construction gave superintendents some flexibility in separating patients of differing mental levels, thus raising the possibility of better care through ability grouping. In South Carolina, administrators used P.W.A. monies to build three new dormitories as well as a small hospital. Three years, W.P.A. funds were utilized to "develop additional water supply, build a dormitory housing more than 90 individuals . . . construct an 11-room house for employees, and provided a recreational center which consists of swimming pool, bath house, park."<sup>99</sup> During the 1930s, Georgia and Florida also constructed hospitals on their institutional grounds with the help of P.W.A. and W.P.A. funds, which provided needed relief, as, in the words of a Florida official, "we have gradually accumulated a large number of helpless bedridden idiots . . . [who] require a great deal of individual care."<sup>100</sup> In spite of these advances, however, Southern retardation officials still appeared unable to handle the large numbers of mentally deficient individuals either residing in institutions or waiting to get in. Kentucky's Feeble-Minded Institute, the 1939 recipient of an extra \$800,000 state appropriation for facility and staff improvements, still needed more dormitory space "to take care of the large and increasing waiting list."<sup>101</sup>

Individuals interpreted the function and meaning of Southern institutions differently depending on their relationship to the facility. Administrators viewed their

institutions as paradigms of benevolent paternalism. A 1936 North Carolina study reported that at Caswell Training Center "the Superintendent sets an excellent example of kindly, patient, individual treatment. Although there is a regular daily regime, opportunity is given for self-initiated activity. Children are allowed normal association with other children and contacts with the outside community without too much supervision."<sup>102</sup> Paid staff painted a less sanguine picture of institutional life. "Superintendent seldom visits any of buildings," discharged Caswell employees wrote to the institution's Board of Trustees in 1937. "It is left up to the low paid employees in most cases without medical knowledge whatever to determine the extent of an inmates [sic] illness and if any are in need of medical attention."<sup>103</sup> The final word on institutional life came not from staff nor employees, but from the patients who had to endure it. In writing to a female patient at Caswell, a male patient summarized his feelings towards institutionalization. He concluded, "This place ain't for you anyway."<sup>104</sup>

Notes

1. Carl Goerch, "Here's Most Tragic Picture Anywhere in North Carolina: 400 Children Forever are Barred From Enjoying Life," Raleigh News and Observer, July 19, 1925.
2. Ira Hardy, "What It Costs- A Paper read before the Seaboard Medical Society, Kinston, North Carolina, December 8, 1910," C.C.
3. Ira Hardy, "What It Costs;" C. V. Akin, "Discussion of a paper delivered by R. C. Tompkins," New Orleans Medical and Surgical Journal 82, 3 (September 1929), p. 163.
4. The work of Andrew Scull on mental illness provides a framework for the belief that economic considerations, fueled by macro-societal demands, are paramount in decision-making in the mental health field. Scull concluded that, for both the processes of institutionalization and de-institutionalization, "the primary value of that [liberal] rhetoric, (though far from its authors' intent) seems to have been its usefulness as ideological camouflage, allowing economy to masquerade as benevolence and neglect as tolerance." Scull, Decarceration: Community Treatment and the Deviant- A Radical View, 2nd Edition (New Brunswick, New Jersey: Rutgers University Press, 1984), p. 152.
5. Eleventh B.R. of the Superintendent of Florida Farm Colony, 1939-1941, p. 8. See also the A.R. of Caswell Training School, 1926, in which superintendent W. H. Dixon reported that the function of the institution "is not primarily therapeutic, but educational . . . hence a training school is not a hospital" (p. 21).
6. Fourth A.R. of the Virginia State Colony for the Feeble-Minded, 1917, pp. 18-19.
7. B.R. of the Virginia State Colony for the Feeble-Minded, 1923-1925, p. 37. These figures do not reflect simply an aging of the resident population, but rather a similar percentage of older first admittants. Of the ninety-six persons first admitted during the 1923-1925 biennium, almost forty-six percent were over the age of twenty.
8. Eighth B.R. of the Superintendent of Florida Farm Colony, 1933-1935, p. 10.
9. A.R. of the South Carolina State Training School for the Feeble-Minded, 1920, p. 3, in A.R. of the South Carolina

Department of Public Welfare, 1921, South Carolina State Archives, Columbia; Benjamin Whitten, "Address of the President of the A.A.M.D., 1937," J.P.A. 42 (1936-1937), p. 42.

10. For more on paternalism and the helping professions, see Roy Lubove, The Professional Altruist: The Emergence of Social Work as a Career, 1880-1930 (Cambridge, Massachusetts: Harvard University Press, 1965), pp. 55-156.

11. 89th A.R. of the Milledgeville State Hospital, 1932, p. 30; Report of the Georgia Department of Public Welfare for the Years 1932-1935, p. 2. Southern rates of institutionalization for mentally ill patients also more closely mirrored national rates. In 1940, nationally, 307 persons per 100,000 of the general population were institutionalized for mental illness. In the South, this figure was 287. Patients in Mental Institutions, 1940, Department of Commerce, Bureau of the Census (Washington, D.C.: Government Printing Office, 1943), p. 17. Compare these figures to the disparity between the rates of institutionalization for mentally retarded individuals in the South and nationwide. See above, Table 5.1.

12. B.R. of the Georgia Department of Public Welfare, 1927-1928, p. 82.

13. Report of the Georgia State Board of Health, 1927-1928, p. 35.

14. A.R. of the Virginia State Colony for the Epileptic and Feeble-Minded, 1917, p. 19.

15. For example, in 1940, United States institutions for the feeble-minded averaged 8.6 percent over capacity while both Kentucky and Tennessee operated their state institutions at close to thirty percent over the recognized capacity, Patients in Mental Institutions, 1940, p. 151.

16. Official Report of the Georgia Department of Public Welfare, 1937-1938, p. 215, see also Minutes of the Georgia State Board of Public Welfare, April 26, 1939, Book 1, p. 172, R.G. 24 Sub-Group 6, Series 30, Box 1, Georgia State Archives, Atlanta; B.R. of the State Board of Charities and Corrections of the Commonwealth of Kentucky, 1925-1927, p. 10.

17. A.R. of the Georgia State Board of Health for 1924, p. 156.

18. J. H. Hodges, "Address to the Florida State Conference for Social Work, April 8, 1922, Miami, Florida," p. 3, P. K. Yonge Library of Florida History, University of Florida, Gainesville, Florida.

19. Bernard Farber, Mental Retardation: Its Social Context and Social Consequences (Boston: Houghton Mifflin Company, 1968), p. 207.
20. Eighth B.R. of the Superintendent of Florida Farm Colony, 1933-1935, G.S.C., p. 13; C. Banks McNairy to unknown "Gentlemen," August 8, 1924, State Board of Public Welfare Records, Box 178, Correspondence 1924-1925 Folder, O.R.C.
21. Benjamin Whitten, "Address of the President," p. 42; Ninth B.R. of the Virginia State Colony for the Feeble-Minded, 1923, p. 20; G. M. G. Stafford, "Some of the Problems Encountered in an Institution for the Feeble-minded," J.P.A. 33 (1927-1928), p. 231.
22. Rules and Regulations of the Florida Farm Colony for Epileptic and Feeble-Minded (n.p., 1931), p. 3.
23. "Information Book for Attendants, Lynchburg State Colony, 1940," Virginia State Library, Richmond, Virginia, p. 1; Rules and Regulations, p. 3.
24. Georgia's Progress in Social Welfare- Report of the Sixth and Seventh Years Work of the Georgia Department of Public Welfare, 1925-1926, p. 53.
25. Edith Reid, "My Nine Years Experience at Caswell," manuscript in C.C.
26. A Study of Mental Health in North Carolina: A Report to the North Carolina Legislature of the Governor's Commission Appointed to Study the Care of the Insane and Mental Defectives (Ann Arbor, Michigan: Edwards Brothers, 1937), p. 291.
27. "Information Book for Attendants," p. 4. See also the letter from Florida Farm Colony Superintendent Raymond Philips to Board of Commissioners of State Institutions Secretary John Wigginton in April 1945. "Employees," Philips wrote, "and especially ward attendants, have been encouraged to take advantage of the maintenance offered by living on the grounds." Philips to Wigginton, April 29, 1945, Superintendents' Correspondence, Board of Commissioners' Folder, G.S.C.
28. Rules and Regulations, p. 5 [emphasis in original].
29. "Information Book for Attendants," p. 7 [emphasis in original]; Rules and Regulations, p. 8. See also "By-Laws and Regulations for Caswell Training School, 1923," C.C., p. 23.

30. Time and Pay Sheets for Male Ward Employees, Florida Farm Colony, January 1922 to December 1929 and January 1932 to May 1939, Vault files, G.S.C. Sheets from 1939 and 1931 could not be located, nor could any information be found regarding female ward attendants. Nineteen of the dismissed attendants had no reason for their dismissal listed, raising the possibility that a higher number could have been let go for mishandling patients.

31. Twenty-Sixth A.R. of the Virginia State Colony, 1935, p. 8.

32. Official Report of the Georgia Department of Public Welfare, 1939-1940, p. 196; "Minutes of the Georgia Department of Public Welfare," December 23, 1939, Book 1, p. 238, R.G. 1, Sub-Group 6, Series 30, Box 1, Georgia State Archives, Atlanta.

33. Time Books #1, 2, and 3, Vault files, G.S.C. No data could be found for the years after 1935.

34. Time and Pay Sheets, Florida Farm Colony. Of these workers employed for less than a year, one half were employed for shorter than six months.

35. Ibid.

36. Oral History interview with William Blich, May 24, 1983, in possession of author.

37. Benjamin Whitten, "Presidential Address," p. 42; W. D. Partlow, The Partlow State School for Mental Deficients, "Alabama Social Welfare," 5, 3 (May 1940), p. 5; Edith Reid, "My Nine Years Experience at Caswell."

38. G. M. G. Stafford, "Some of the Problems Encountered," p. 231.

39. See Thomas Scheff, "Control over Policy by Attendants in a Mental Hospital," Journal of Health and Human Behavior 2 (1961), 93-105; Bernard Farber, Mental Retardation, especially pp. 204-207, and p. 214; and Erving Goffman, Asylums: Essays on the Social Situation of Mental Patients and Other Inmates (Garden City, New York: Anchor Books, 1961), pp. 74-92, pp. 286-294, and pp. 340-366.

40. B.R. of the State Board of Charities and Corrections, 1921-1923, p.6; 1925-1927, p. 57.

41. B.R. of the Department of the Commonwealth of Kentucky, 1937-1939, pp. 19, 52.

42. Oral History interview with William Blich.

43. See Barbara Melosh, "The Physician's Hand:" Work Culture and Conflict in American Nursing (Philadelphia: Temple University Press, 1982), especially pp. 207-219 for similar thoughts about the nursing practices.
44. For a classic example of the abilities of mental patients to manipulate hospital staff to their own advantage, see Erving Goffman, Asylums, particularly the lengthy essay, "The Underlife of a Public Institution: A Study of Ways of Making Out in a Mental Hospital," pp. 171-321. Goffman's sociological field study took place in a public hospital for the mentally ill, but it still has relevance for the study of institutions for the feeble-minded, particularly those which housed high level moron patients.
45. Deceased Patient Record # 146, G.S.C.
46. Letters between PME and GWR, Notebooks, C.C. Information regarding the admission and dismissal of both patients obtained from Patient Admission Book, Medical Records Office, C.C. These letters were only discovered after the dismissal of PME in 1925.
47. Grace Kent to her parents, January 19, 1921, in Benjamin Whitten, A History of Whitten Village (Clinton, South Carolina: Jacobs Press, 1967), p. 51. Whitten included several unedited letters from Kent to her parents in his book. See also the report of the superintendent of Kentucky's Feeble-Minded Institute in the B.R. of the Kentucky Board of Charities and Corrections, 1927-1929. Superintendent Dr. A. M. Lyon concluded the institution needed a "non-climbable fence. If this was done," he wrote, "we could reduce the number of attendants that we must keep in order to watch the children" (p. 93).
48. C. Banks McNairy to Board of Directors of Caswell Training School, March 23, 1918, Minutes of the Executive Committee of the Board of Directors of Caswell Training School, C.C. See the similar situation in Florida, where superintendent Dr. J. Maxey Dell reported in 1936 that "some of the worst problem cases at the institution have the highest intelligence rating." Quoted in "Florida Farm Colony," Florida Social Welfare Review 1, 6 (June 1936), p. 7.
49. Superintendent's Report, January 10, 1919, Minutes of the Executive Committee of the Board of Directors, C.C.
50. Patient Record #3, Medical Records Office, C.C. The record of this girl reveal the inadequacies of intelligence testing. Admitted into Caswell in 1930 with an IQ of 59, she was paroled in 1942. A month before she left the institution, her IQ was measured at 88, considered as "high

dullness, almost average intelligence." In 1935, she took the Stanford Achievement Tests, while a resident of Caswell Training School, and received a grade equivalent score of 5.1 She answered correctly such questions as "The armistice was signed on: a. November 11, 1918 b. November 21, 1918 c. December 22, 1918."

51. Patient Admission Book, Medical Records Office, C.C.

52. Application Blank, October 26, 1931, Superintendents' Correspondence, G.S.C.

53. Peter Tyor, "'Denied the Power to Choose the Good:' Sexuality and Mental Defect in American Medical Practice," Journal of Social History 10 (June 1977), pp. 473, 477. See also Madeline Bragar, The Feeble-Minded Female: An Historical Analysis of Mental Retardation as a Social Definition, 1890-1920 (Ph. D. Dissertation, Syracuse University, 1977).

54. 2nd through 9th B.R. of the Superintendent of Florida Farm Colony, 1921-1923 to 1935-1937. Later reports did not contain the detailed patient movement information, thus not allowing a look at the data past 1937.

55. Alachua County Commitment Records 1921-1940, Alachua County Courthouse, Gainesville, Florida; Peter Tyor, "'Denied the Power to Choose the Good,'" p. 481. Males, particularly high level morons, tended to be admitted earlier since their deviance seemed more demonstrable (fighting or stealing) than female deviance at a similar age.

56. See Laws of Florida, Chapter 7887, 1: p. 235, which recommended preference in admission to those of this category. See also "Report of Superintendent C. Banks McNairy to Board of Control of North Carolina School for the Feeble-Minded, December 16-17, 1914," in which McNairy recommends that the institution admit "feeble-minded or idiotic boys and girls between 6 and 16 years and feeble-minded women between the ages of 16 and 30 years who are not pregnant or helpless," "Board Minutes," C.C.

57. Peter Tyor and Leland Bell, Caring for the Retarded in America: A History (Westport, Connecticut: Greenwood Press, 1984), pp. 103-122; and Peter Tyor, Segregation or Surgery: The Mentally Retarded in America, 1850-1920 (Ph. D. Dissertation, Northwestern University, 1972).

58. Application Blank, November 20, 1931, Colson's reply, November 23, 1931, Superintendents' Correspondence, G.S.C.

59. "Dependent and Delinquent Children in Georgia- A Study of the Prevalence and Treatment of Child Dependency in

Thirty Counties with Special Reference to Legal Protection Needed," Children's Bureau Publication #161, Department of Labor, Children's Bureau (Washington, D. C.: G.P.O., 1926), p. 59. See the similar rationale in South Carolina. There, the Eighth A.R. of the State Training School concluded that "in many families, usually families of small financial means, the little unfortunate children are handicapping every member of the household and will continue to do so until they have been given shelter at the Institution," p. 5.

60. For a more detailed discussion of the colony movement and its relationship to nationwide institutionalization, see above, Chapter Three.

61. Ira Hardy, "What It Costs, A Paper read before the Seaboard Medical Society, Kinston, North Carolina, December 8, 1910," C.C. See also W. H. Dixon, "Institutional Administration," J.P.A. 34 (1928-1929), especially pp. 62-65.

62. W. H. Dixon, "Institutional Administration," p. 63.

63. 22nd A.R. of the South Carolina State Training School, 1939, p. 12, South Carolina State Archives, Columbia.

64. State of Florida, Chapter 7887, Acts of 1919.

65. Sixth B.R. of the Superintendent of Florida Farm Colony, 1929-1931, Vault files, G.S.C., pp. 6-7.

66. Dell to F. M. Register, September 23, 1937, Superintendents' Correspondence, Vault files, G.S.C. Register was superintendent of Caswell Training School in North Carolina. Usually, patients were released to parents or other relatives. Dell explained the procedure for release in the letter to Register. "Patients are first released from this institution on parole after receiving recommendations from the county judges, probation officers, or other officials of the county from which they come. Patients are discharged when they have been away from the institution for a period of one year." See also "Florida Farm Colony," p. 7.

67. B.R. of the State Board of Charities and Corrections of the Commonwealth of Kentucky, 1921-1923, pp. 15-16; B.R. of the Department of Welfare of the Commonwealth of Kentucky, 1937-1939, pp. 52, 51. See the similar situation at North Carolina's Caswell Training School. Superintendent Dr. W. H. Dixon wrote, "I regret that we do not have a workable system of parole at our Institution. . . . One of the solutions for the parole of inmates, in my opinion, would be to have Probation Officers connected with our Institution." Dixon, "The Mentally Defective Child in the Institution,"

(pamphlet, n.d.), Notebooks, C.C., p. 6. The article was written sometime during Dixon's tenure as superintendent, from 1925 to 1934. See also the same distressing picture in South Carolina. The Eighth A.R. of the State Training School reported that "a very appreciable number of our children now appear to be good future prospects for discharge and if we should be favored with the proper support of funds for equipment and training, we should have every reason to believe that the output of our Institution would soon reach a satisfactory figure," p. 9, in 46th A.R. of the South Carolina State Board of Health, 1925, South Carolina State Archives, Columbia. Georgia also developed no organized system of post-institutional follow-up. The 1927-928 B.R. of the Training School at Gracewood concluded, "The School has no equipment for social service . . . the lack of social service to follow up [discharged] children hampers the discharge of these children and makes the superintendent uneasy and very rightfully unwilling to take the risk of placing them out" (p. 81), in B.R. of the Georgia State Department of Public Welfare, 1927-1928, R.G. 24, Sub-Group 1, Series 6, Georgia State Archives, Atlanta.

68. Benjamin Whitten, A History of Whitten Village, p. 60.

69. Ibid., p. 64.

70. W. H. Dixon, "The Mentally Defective Child in the Institution," pp. 7-8.

71. "Superintendent's Report, August 24, 1933," Minutes of the Board of Directors of Caswell Training School, p. 437, C.C. See also A Study of Mental Health in North Carolina, p. 293 for more on the work program at Caswell Training School. F. M. Register, who followed Dixon as superintendent at Caswell, seemed to understand the potentialities for abuse this system engendered. A 1969 history of Caswell reported, "For years, Caswell had used its own students as part of its regular work force in a program that benefitted both the students and the school. . . . But Dr. Register felt that to a certain extent, the children's dignity was being sacrificed." Elizabeth Brown and Sarah Shaw Genheimer, Haven on the Neuse: A History of Caswell Center, Kinston, North Carolina (New York: Vantage Press, 1969), p. 76.

72. Information Book for Attendants," p. 12.

73. A Study of Mental Health in North Carolina, p. 293; "Executive Committee Report, December 9, 1919," Minutes of the Board of Directors of Caswell Training School, C.C. Kentucky's institution also benefitted from the use of patient labor. In 1929, construction started on a new building to house "some 150 colored patients." Superintendent Dr. A. M. Lyons reported that "we are

furnishing inmate labor to the contractor and hope to receive considerable remuneration therefrom." B.R. of Kentucky Board of Charities and Corrections, 1927-1929, p. 93.

74. W. H. Hodges to Board of Commissioners of State Institutions, October 3, 1927, Superintendents' Correspondence, Vault files, G.S.C.; for cultivation figures, see Florida Farm Colony Farm File, Vault files, G.S.C. For information on Kentucky's farm colony, a separate department of the State Institute established in 1918, see Statistical Directory of State Institutions for the Defective, Dependent, and Delinquent Classes, Department of Commerce, Bureau of the Census (Washington, D. C.: G.P.O., 1919), p. 67.

75. Sixth B.R. of the Superintendent of Florida Farm Colony, 1929-1931, pp. 9-10; "State Auditor's Report on Florida Farm Colony, June 30, 1936," p. 5, Vault files, G.S.C.

76. Census populations from Ninth B.R. of the Superintendent of Florida Farm Colony, 1935-1937, p. 15; Colson quote from Sixth B.R. of the Superintendent of Florida Farm Colony, 1929-1931, pp. 9-10.

77. A Study of Mental Health in North Carolina, p. 284.

78. W. H. Dixon to State Board of Charities and Public Welfare, May 15, 1933; See also Dixon to R. Eugene Brown, Assistant Commissioner of the Board, June 5, 1933, both in Governor's papers of J. C. B. Ehringhaus, Box 8, Prison Labor Folder, North Carolina State Archives, Raleigh. For problems with the farming program at the South Carolina Training School, see A.R. of the South Carolina State Training School, 1938, pp. 10-11.

79. W. H. Dixon, "Institutional Administration," p. 63.

80. Data collected from 2nd through 11th B.R. of the Superintendent of Florida Farm Colony.

81. 6th B.R. of the Superintendent of Florida Farm Colony, 1929-1931, p. 22. See also 7th B.R., 1931-1933, p. 18 and Superintendent's Diary entry of May 10, 1933, pp. 124-125, Vault files, G.S.C. In 1933, Alachua County Representative Burton Rawls introduced a bill to the Florida House that the name of Florida Farm Colony be changed to the Florida Junior Hospital. In spite of receiving a unanimous recommendation from the House Committee on State Institutions, there is no mention of the bill ever reaching the House floor, Florida House Journal, 1933, pp. 417, 430.

82. Biennial Survey of Education, 1932-1936, Department of Interior, Office of Education (Washington, D. C.: G.P.O., 1939), 2 volumes, 2: pp. 3-4. See also A.R. of Caswell Training School, 1926, which reported that only "from one hour to one and a half hours out of the school day was spent on this work [academics], the remainder of the pupils' school time being spent on manual, physical, and industrial training" (p. 21).

83. Biennial Survey of Education, 1938-1940, Department of Interior, Office of Education (Washington, D. C.: G.P.O., 1947), 2 volumes, 2: pp. 162-168. Only sixteen of the 1,526 individuals reported as enrolled in school programs were classified as idiots.

84. 15th A.R. of the South Carolina State Training School, 1932, in 53rd A.R. of the South Carolina State Board of Health, pp. 3, 4, South Carolina State Archives, Columbia; Biennial Survey of Education, 1938-1940, p. 167. 115 morons and eighty patients listed as borderline were also enrolled in the school. For a detailed study of the school program at North Carolina's Caswell Training School, see A Study of Mental Health in North Carolina, pp. 287-290. The study concluded that "very little formal training was being given to the lower grade children at Caswell" (p. 289).

85. "A.R. of the Georgia Training School for Mental Defectives, 1939," in "Official Report of the Georgia Department of Public Welfare, 1939," p. 187, R.G. 24, Sub-Group 1, Series 6, Box 1, Georgia State Archives, Atlanta.

86. W. D. Partlow, "The Partlow State School for Mental Deficients," p. 5. In Florida, as well, "many of [the patients] are cripples and incurables who come under the low-grade idiot and imbecile classification. Dr. Dell [superintendent of Florida Farm Colony] has expressed the hope that some other method of caring for this group will be found or that proper facilities for their care will added to the Colony," "Florida Farm Colony," p. 7.

87. "Report of the Georgia State Department of Public Welfare, 1929, 1930, 1931," p. 36, R.G. 24, Sub-Group 1, Series 6, Georgia State Archives, Atlanta.

88. "14th A.R. of the South Carolina State Training School, 1931," pp. 7-8, South Carolina State Archives, Columbia.

89. All information from files contained in Patient Record #2, Medical Records Office, C.C.

90. Ellen Whiteside, Special Survey of Florida Farm Colony, May 2, 1945, p. 1, Vault files, G.S.C.

91. 27th A.R. of the Lynchburg State Colony, 1936, pp. 9-10.
92. "Idiots, Imbeciles, and Morons at Caswell- Weeds Grow Rank in our Garden; Their Spread Threatens the State," Greensboro Daily News, December 10, 1922.
93. 27th A.R. of the Lynchburg State Colony, 1936, p. 10.
94. 16th A.R. of the South Carolina State Training School, 1933, p. 4.
95. A Study of Mental Health in North Carolina, pp. 275-276; "A.R. of the Georgia Training School for Mental Defectives, 1939" in "Official Report of the Georgia Department of Public Welfare, 1939," p. 187. Other states had similar problems with large waiting lists and nowhere to put the applicants. See, for example, "25th A.R. of the Virginia State Colony, 1934," and Ellen Whiteside, Special Survey on Florida Flarm Colony. Mrs. Whiteside's 1945 report showed a population of 504 at the Farm Colony, and a waiting list of 501, some on the list since 1932.
96. A.R. of the Georgia Training School for Mental Defectives, 1939, p. 194.
97. Dell to Board of Commissioners of State Institutions, May 6, 1939, Superintendents' Correspondence, Vault files, G.S.C.
98. B.R. of the Caswell Training School, 1934-1936, p. 16; Dell to Judge Jack White, Clearwater, Florida, January 29, 1937, Superintendents' Correspondence, Vault files, G.S.C.
99. Benjamin Whitten, A History of Whitten Village, pp. 94-98; "A.R. of the South Carolina State Training School, 1938," p. 6. For more on the increasing federal involvement in the financing and policy of institutionalization, see R. C. Scheerenberger, A History of Mental Retardation: A Quarter Century of Progress (Baltimore: Paul H. Brookes Publishing Company, 1987).
100. 8th B.R. of the Superintendent of Florida farm Colony, 1933-1935, p. 9; Gainesville Sun, June 15, 1937, p. 2; A.R. of the Georgia Training School for Mental Defectives, 1939 in Official Report of the Georgia Department of Public Welfare, 1939, pp. 187-188. For the North Carolina example, see F. M. Register to W. R. Allen, January 11, 1934, Governor's Papers of J. C. B. Ehringhaus, Box 8, Correspondence Folder, North Carolina State Archives, Raleigh. Register, the Caswell Training School superintendent, wrote that "C.W.A. has been a real Santa Claus."

101. B.R. of the Department of the Commonwealth of Kentucky, 1937-1939, p. 52.
102. A Study of Mental Health in North Carolina, p. 293.
103. S. A. Boone and H. S. Fisher to L. L. Oettinger, June 24, 1937, State Board of Public Welfare Records, Box 178, State Schools and Hospitals- Caswell Training School Folder, O.R.C. Boone and Fisher were employees at Caswell dismissed as of July 1, 1937. Oettinger was chairman of the institution's Board of Trustees.
104. GWR to PME, undated correspondence, Notebooks, C.C., see above, note 46.

CHAPTER VI  
THE FUNCTIONS OF SOUTHERN INSTITUTIONS

[T]he peace, harmony, and success of the internal management of an institution depends largely upon segregation of the various types of cases. . . . Every institution should have sufficient units to properly classify its population and separate the different classes. The good should be separated from the bad, the crippled from the physically fit, the low grades from the high grades, and the children from the adults. (G. M. G. Stafford, 1928)<sup>1</sup>

By the early 1920s, every Southern state had established a public institution designed specifically to house white individuals categorized as feeble-minded. Institutional leaders then faced the problem of putting theory into practice. The varied definitions of feeble-mindedness only added to the complexity of this task. Forced to face the dual nature of feeble-mindedness, superintendents struggled to control and treat both "deviant" morons and "incompetent" idiots. In 1923, Dr. C. Banks McNairy, superintendent of North Carolina's Caswell Training School, delivered his presidential address to the A.A.S.F.M. meeting in Detroit. Solving the problem of the feeble-minded required a "two-pronged attack," he stated. "Idiots and low-grade imbeciles" required "simple

segregation . . . where they can be properly cared for." Conversely, "the moron and the defective delinquent . . . now demands [sic] not only the attention of every one interested in the study and training of the mental defective, but of all educators, sociologists, and welfare workers."<sup>2</sup> Saddled with the responsibilities of attempting to manage both "incompetent" and "deviant" individuals in a region with a history of meager public financing for social welfare programs, Southern institutions failed in their mission.

Southern institutions were caught between the requirement to protect society from deviant individuals and the need to shelter incompetent persons from the problems of an increasingly complex society. While not necessarily mutually exclusive tasks, these dual functions proved far enough apart to prevent institutions from developing a coherent purpose. Institutions operated in a social context, with admissions and age requirements often dependent upon societal needs rather than concerns for patients. In the first forty years of the twentieth century, society conflated feeble-mindedness with poverty, criminal behavior, and sexual indulgence and demanded institutionalization for those who exhibited these characteristics. Yet, the internal dynamics of institutional life required facilities that ran smoothly and free from strife. Superintendents seemed reticent to admit patients whose conduct would cause problems in their

facilities. The debate over whether institutions protected society or the patient, as well as the continuing struggle between the demands of society and the need for institutional order, prevented these facilities from achieving success in any of their functions.

Southern institutions were particularly vulnerable to problems concerning their function in society. Operating in states with inchoate social welfare systems and low budgetary allocations, Southern institutions had to play a wide variety of roles- prison, almshouse, mental institution, hospital. In 1924, the superintendent of North Carolina's Caswell Training School recognized the inherent dangers of institutions organized without a strictly delineated function. Speaking to his Board of Trustees, C. Banks McNairy reported that "the problem of the care of the feeble-minded or mentally defective in the south is at least a three-fold more difficult problem than in the northern states, if not more so, because we thrust upon us every type of defectiveness- the feeble-minded, the ne'er-do-well, the defective delinquent, the criminally irresponsible, the wholly immoral and anti-social elements that can not be handled elsewhere."<sup>3</sup>

Southern facilities for the feeble-minded also labored under the additional burden of legislative penury. Percapita income for nine states ranked in the lowest nationale quartile in 1930 (the tenth, Florida, ranked in the second quartile) and government spending for education

and hospitals stood well below the national average. Regional economic woes simply left few resources available for institutions.<sup>4</sup> At a 1924 A.A.S.F.M. meeting, Dr. T. W. Evans of the Louisiana Training School observed that "in a state where a fifth of the population lives in shanties, it is very difficult to make the legislature see the advisability of giving money for such buildings."<sup>5</sup> The situation in Georgia appeared similar to that in Louisiana. In 1922, just one year after the Gracewood institution for the feeble-minded opened, the Executive Board of the State Board of Health resolved that "the people of the patients of the Georgia State Training School for Mental Defectives . . . take these patients home so that we can reduce overhead expenses." Though the institution never closed, six years later Gracewood only housed ninety patients, by far the smallest public institution in the South.<sup>6</sup>

In spite of undelimited institutional functions and poor funding, leaders in the movement to institutionalize the South's feeble-minded population remained optimistic. In 1923, Dr. James King Hall, the eminent Virginia psychiatrist, delivered the dedicatory address at the opening of three new buildings at North Carolina's Caswell Training School (replacing old ones destroyed by patient arsonists). Hall praised the institution in the evangelical tone so common among Southern progressives. "In this institution is begun a mighty work," he intoned. "Mayhaps [sic] these little children of the good God have come into

the world malformed in order that our faith in Him may be made manifest through service to them. . . . [T]he state has aroused from her slumber. . . . She is in the spirit to lend her mind to the solution of mighty problems."<sup>7</sup>

The solution of these "mighty problems" required a concerted institutional strategy. Northern philanthropic foundations aided in the organization and establishment of Southern facilities for the feeble-minded. Southern superintendents and other institutional officials again turned northwards for help with the logistics of opening and then operating their facilities. Even in Georgia, where state funding for institutions was lowest, the State Board of Health in 1919 "authorized the Secretary [of the Board] to absent himself for approximately two weeks, to go to New York, Boston, and such other places as he may consider necessary, for the purpose of visiting institutions for the care of the feeble-minded and obtaining information as to the treatment of the patients, construction of the buildings, and methods of operation."<sup>8</sup> That same year, the superintendent of South Carolina's recently-organized Training School visited Caswell Training School and "institution of a similar character in New Jersey, Pennsylvania, Maryland, and Virginia. . . . These opportunities to inspect institutions for the feeble-minded in other states have been of considerable help."<sup>9</sup>

After inspecting Northern facilities, Southern institutional leaders began the task of constructing their

institution's physical plant, in anticipation of the arrival of the first patients. Institutions, both North and South, were usually situated in rural areas, far from the congestion and complexity of urban life, thought to play such a large part in the etiology of feeble-mindedness. Upon the opening of North Carolina's Training School in 1912, superintendent Hardy spoke of the "perfume of the pine and the cedar [which] . . . combine to make it an ideal spot for the location of the first institution of its kind in our beautiful Southland."<sup>10</sup> The situation appeared similar in South Carolina. The 1920 report of the State Training School announced that "the domain is an ideal situation for a school, as it is composed of woodland, cultivated fields, hills and valley."<sup>11</sup>

However, not all those associated with Southern institutions felt their locations were appropriate. Hastings Hart, the Russell Sage Foundation consultant so important in the establishment of many Southern facilities, wrote to the commissioner of North Carolina's Board of Public Welfare in 1919, complaining of the isolation of Caswell Training School. "When the North Carolina School for the Feeble-Minded was established," he wrote, "I criticized the location because it is in the southeast part of the state at a distance from the center of population. That was a case where a small donation of property from local people was allowed to cause a great institution to be located forever in the wrong place."<sup>12</sup> The debate over

institutional placement, waged on both philosophical and practical grounds, would continue indefinitely. In spite of Hart's concerns, however, Southern states developed no institutions near large urban areas.

Southern institutions attempted to model their physical plants after similar facilities in the North and Midwest. Northern institutions usually developed a cottage system of organization, whereby patients were housed in comparatively small buildings, designed to sleep approximately twenty-five to fifty patients. Superintendents and staff made efforts to accommodate patients of the same sex and similar mental levels in the same building or ward. These arrangements facilitated training programs by allowing individuals to participate in appropriate vocational programs without the distractions of higher or lower patients. They also helped establish institutional control, by preventing many of the opportunities for illicit heterosexual contact, as well as limiting the communication between morons and idiots. The latter proved especially important as many moron patients had petty criminal histories and took advantage of the lower-level residents.<sup>13</sup>

While Southern institutions endeavored to adopt Northern patterns of institutional design, fiscal problems often mandated different, less ideal arrangements for the housing and treatment of patients. A 1926 report of the Georgia Department of Public Welfare concluded that Gracewood was "heavily handicapped in its efforts to

instruct the trainable types unless it has every facility for separating the children into small groups which will permit of intensive training. . . ." In Florida, the 1919 statute authorizing the establishment of Florida Farm Colony specifically recommended the institution "be developed on the cottage plan."<sup>14</sup> The legislature never made the funds available. In 1921, it refused to appropriate \$50,000 of a \$200,000 budget request for the Farm Colony. This led to the housing of all patients in two large wards in the Administration Building and Dormitory. Twenty-four years later, this building still housed over one hundred male patients of varying levels.<sup>15</sup> Caswell Training School in North Carolina experienced similar problems. In 1926, fourteen years after its opening, male patients remained undifferentiated by level of impairment. Superintendent W. H. Dixon requested funds for new buildings which would allow patients to be grouped by mental level. "If this could be done," he reported, "we could better train them according to their mental status much better than as a mass [sic]. . . . The advantage in this arrangement [separation of patients by mental level] would be better discipline among the mid-grade imbeciles and morons. It would also remove the menace of them having to be thrown in with the idiot. The above types feel more or less the menace of having to associate with the idiotic type."<sup>16</sup>

This official concern over the placement of patients within institutions underscored the broader issue of the

functions of these facilities. Superintendents and other officials often balked at the presence of large numbers of low-level idiots among their patient populations. Idiots, who functioned at such child-like or even infant levels that they rarely could be discharged, took up valuable space in overcrowded institutions, space Florida Farm Colony superintendent J. Maxey Dell felt would be better utilized by higher level patients "of the trainable type who would profit more from admission."<sup>17</sup> Even as early as 1914, the Annual Report of the Virginia State Colony decried the large number of idiots "we have been compelled to keep . . . because they either had no homes or their home conditions were so unfavorable that for humanity's sake we have kept them." In spite of the humanitarian concern for these incompetent individuals, the Colony's Board passed "a stringent resolution positively forbidding the reception of such patients and directing their return if they are committed and delivered here." The rationale for this decision seemed both functional and prejudicial. Idiots, the report concluded, "are incapable of rendering any service whatever and are repulsive and objectionable to others."<sup>18</sup> While institutional administrators pushed for the exclusion of idiots from their facilities, public perception of these low-functioning individuals seemed even more unfavorable. Idiots "can in no way care for themselves," the Greensboro Daily News reported in 1922. "Can you look at the congenital idiot," it continued, "lower

than the lowest animal, lying in his own filth, and believe that such a monster should have ever seen the light of day?"<sup>19</sup> Prejudice against bizarre appearing individuals, a belief that nothing could improve the quality of life of idiots, and an abject fear of severe physical and mental deformity all conspired to prevent anything more than custodial care for institutionalized idiot patients.

While superintendents attempted to block the admission of incompetent idiot patients, they simultaneously tried to stop high-level troublesome morons from entering their institutions. Society's belief that feeble-mindedness was synonymous with deviant behavior led many judges to commit individuals to institutions on the sole basis of their criminal actions or status offenses. In 1929, Florida Farm Colony superintendent Dr. J. H. Colson objected to this policy when he wrote that he could not "agree that the institution should be used for unruly children, who are not feeble-minded, however much of a problem they may be in the community."<sup>20</sup> A year later, Colson put his principles into practice when he rejected the application of an eighteen year old male from Dade County on the grounds that he "does not appear to be eligible for admission" since "he attained the eleventh grade."<sup>21</sup> By 1931, Colson still remained concerned about the influx of moron patients to his institution. In that year, he wrote to Tampa Juvenile Court Judge Albert Wiese concerning the admission of such high-level deviant individuals to Florida Farm Colony. "We have

some patients from Tampa," he reported, "who, in our opinion, are not retarded enough to remain here and whose place might be taken by others who need institutional care more than they do."<sup>22</sup> Virginia suffered from this problem as well. In 1923, the superintendents of the Virginia State Hospitals and State Colony reported their chagrin at the "injustice to the institutions and taxpayers of the State in the commitment of drunkards and dope fiends, charged with crime, in many cases, when they should properly be sent to the jails, penitentiary, or placed on the road force."<sup>23</sup>

The problem of defining and identifying individuals as feeble-minded became crucial in an attempt to understand the social policy developed by institutional superintendents and others in the social welfare field. Superintendents had to answer whether their institutions were organized as training schools, with the ultimate goal of re-integration of the patient into the community or as custodial facilities designed to remove residents from society for as long as possible. By refusing to address the questions surrounding "deviancy and incompetency," superintendents allowed their facilities to serve diverse populations with widely varying needs. By approximately 1920, retardation professionals nationwide generally agreed to a two-part three category definition of feeble-mindedness, grounded in both sociological and psychological theory, in the hope this scheme would provide strict guidelines for admission procedures. Standardized intelligence testing, just in its

infancy, lent a measure of assumed scientific accountability to the identification of feeble-minded persons. Southern institutions quickly jumped on the testing bandwagon. "In May," the 1914 Report of the Virginia State Colony announced, "your board decided to send Miss Louise Brown, our much esteemed stenographer, to the Epileptic Village at Skillman, New Jersey to qualify herself for making mental tests of feeble-minded patients."<sup>24</sup>

Yet, as so often happened, the daily routine of institutional life took precedence over individualized patient attention. In December 1914, C. Banks McNairy reported to the Caswell Training School board that "we had hoped to give each child, upon entering the institution, the Simon-Binet Mental Test and thereby grade them mentally, but we soon found that we had a herculian task in governing, providing food, clothing , etc.. Therefore we were unable to give them any special study of the mentality of the individual pupil."<sup>25</sup> Dr. Grace Kent, the staff psychologist at the South Carolina Training School at its opening in 1920, wrote to her parents that "I have not found out what I am here for. It seems to me that the institution needs a psychologist about as much as it needs a pet elephant for the children to play with. What we really need is a good cook."<sup>26</sup>

While psychologists refined and improved their testing procedures, and institutions debated the efficacy of testing itself; the key to the definition and identification of

feeble-mindedness remained societally based. A 1926 North Carolina Report on the Feeble-Minded concluded that "the third class of feeble-minded, those unadjusted to their environment, constitutes the institutional cases."<sup>27</sup> In Kentucky, a 1921 State Survey, conducted by the National Committee for Mental Hygiene, recommended that "institutional life will be necessary only for those who have vicious habits that have not been corrected and for those who lack self-control to such an extent that the restraint of an institution constitutes the only means of preventing anti-social behavior."<sup>28</sup> This definition based on a subjectively-defined notion of social competency left wide latitude in the admissions procedures to many Southern institutions. Florida, for example, made no effort to legally define who could or could not be admitted be committed to the Florida Farm Colony for the Epileptic and Feeble-Minded. This left the commitment decision up to county court and juvenile court judges, required under state statute to initiate these proceedings.<sup>29</sup>

The problems caused by high level patients continually plagued all Southern institutions. In an article penned while he served as superintendent of Caswell Training School (1925-1934), Dr. J. H. Dixon wrote, "One of the most potent reasons for not admitting these [delinquent morons] to our Institution is, the menace of their association with our children of the younger type that are real imitators and this sort of example is generally the kind they wish to

regard as heroines and heroes."<sup>30</sup> The Virginia State Colony encountered similar problems caused by high level patients. In June 1918, superintendent A. S. Priddy wrote to the secretary of Virginia Governor Westmoreland Davis explaining the rationale for not dismissing a female moron patient. She "was thirteen years of age when admitted to the institution," he wrote, ". . . [and] had married a mulatto criminal, who was tried on a murder charge soon after the marriage. . . . Her mentality is of such a weak and progressive nature, she is unable to protect herself against ordinary temptation and should remain under custodial care in an institution."<sup>31</sup> In South Carolina, Grace Kent summarized the concerns about moron patients. "The more intelligent boys offer the real problem," she wrote in 1920. "Imbeciles are contented anywhere, and it is merely a question of physical care. But the bright boys will run away unless we can give them something to keep them busy."<sup>32</sup>

Class status often determined the question of admission, particularly for high-level persons, to institutions for the feeble-minded. The economic standing of patients, like concerns about moron admissions, reflected the close relationship between institutions and society outside the walls. The belief in the ties between feeble-mindedness and pauperism caused many clients of nascent state social welfare systems to be considered mentally deficient and committed to institutions for the feeble-minded. An application blank for a woman admitted to North

Carolina's Caswell Training School in 1930 typified the prevalent class-based institutional admission policy. Her family, the form stated, lived in "the most extreme poverty I have ever seen." Her father appeared morally upright, but "his wife and daughters are as low morally as it is possible for people to go." The woman was admitted to Caswell and remained there for twelve years. After being sterilized, the institution released her in 1942, following an intelligence test score of 89, recorded in her patient folder as "almost average intelligence."<sup>33</sup> This case was the norm at Caswell, where low economic status went hand in hand with institutionalization. The 1936 state survey of mental health in North Carolina reported that "unfortunately, almost no revenue can be expected from the families of the children at Caswell. In October 1935, thirty families [out of 621 residents] were paying something towards their maintenance."<sup>34</sup> In Virginia as well, the belief in the direct relationship between feeble-mindedness and lower class status revealed the control functions of institutions. In 1925, Virginia State Colony superintendent Dr. A. S. Priddy explicitly discussed the class nature of this control when he testified in a case, brought to trial by an institutional resident to determine the constitutionality of Virginia's newly passed sterilization statute. "These people," concluded Priddy, referring to patients at the Colony, "belong to the shiftless, ignorant, and worthless class of anti-social whites in the South."<sup>35</sup>

While Southern institutions for the feeble-minded filled up with lower class individuals, superintendents wrestled with the problems of defining the functions of their facilities in a wider social arena. The pressure of outside governmental agencies, medical doctors, the criminal justice system, and interested individuals clouded institutional missions. These competing pressures meant that Southern institutions often operated as way stations for miscellaneous deviants rather than as institutions designed to serve a distinct feeble-minded population.<sup>36</sup> A 1922 article in the Greensboro Daily News, vividly titled "Weeds Grow Rank in our Garden," revealed the widespread public belief in a direct connection between high-level feeble-mindedness and criminal behavior. "This type of mental defective [the moron]," it reported, "may appear perfectly normal. Too often the defectiveness of the moron is recognized only after it has borne its anti-social fruit-crime, immorality, illegitimacy."<sup>37</sup> Institutional leaders recognized the effects of this assumption on patient demographics. In 1931, Florida Farm Colony superintendent Dr. J. H. Colson wrote that "it is to be regretted that a noticeable number of children are sent to the institution as intellectually deficient, but prove to be only slightly, if at all, retarded."<sup>38</sup>

The belief in the need to institutionalize sexually active young people also obscured the meaning of feeble-mindedness and distorted the admission processes of Southern

institutions. Females comprised the majority of those persons committed for such sexual "problems." The acceptance of the idea of the heritability of feeble-mindedness made the necessity to segregate feeble-minded women even more pressing. The Mississippi law authorizing the construction of a feeble-minded institution verified this concern when it stated, "the greatest danger of the feeble-minded to the community lies in the frequency of the passing on of mental deficiency from one generation to another."<sup>39</sup> Southern state surveys often catalogued cases of feeble-minded prostitutes and brazenly immoral women. In 1919, the Florida Commission for the Study of Epilepsy and Feeble-mindedness (instrumental in the authorization of the Florida Farm Colony two years later) reported a case study of a female classified as feeble-minded. The "girl . . . has been openly immoral for years," the survey taker observed. "In the War Department records she is classified as a feeble-minded moral degenerate."<sup>40</sup> No record exists as to whether the young woman ever entered Florida Farm Colony. A Virginia case, however, reveals a direct relationship between alleged sexual misconduct and institutionalization. In 1928, a couple from Strasburg, Virginia wrote to Virginia Governor Harry Byrd, requesting his help "to get our daughter from the State Colony near Lynchburg. . . . She is feeble-minded. She was not feeble-minded when she went there. . . . She was sent there by the Red Cross because she was coaxed away from her people by outsiders [and gave birth

to an illegitimate child]." The parents, acting as parents for their grandchild, affirmed "the baby is a well, healthy, and able-bodied child." Of course, this ran contrary to the accepted scientific belief in the inherited nature of feeble-mindedness. Not wishing to get involved in the daily problems of the State Colony, Byrd replied bureaucratically that "there is nothing I can do about her discharge. . . . That is a matter that must be left in the hands of the Superintendent."<sup>41</sup>

Other Southern state institutions also struggled with the problems caused by the conflation of female sexual immorality and feeble-mindedness. In Florida, Judge Albert Wiese of the Tampa Juvenile Court requested institutionalization in 1929 at Florida Farm Colony for an eighteen year old white woman because "she will live the life of a common prostitute unless she is given institutional care." Colony staff replied that "it is probable that we shall be able to take her in the near future," but no further record indicates whether she was actually admitted.<sup>42</sup> This kind of sexual admission criterion appeared in North Carolina as well. In 1914, the superintendent of the Children's Home Society of North Carolina wrote to Caswell Training School superintendent C. Banks McNairy regarding a female patient admitted as one of the first patients to the new state institution. "I would not know how to categorize Edna's special form of feeble-mindedness," he wrote, ". . . though a report from a

recent home that she was in indicated that the sexual instinct was very strong. . . . Her future safety," and presumably the safety of society from her feeble-minded offspring, "depends on her being segregated and receiving institutional care." Edna's patient file reported that the etiology of her condition was "familial" and her "mother seems to have been a prostitute," thus verifying the prevailing scientific notion of the close relationship between feeble-mindedness and aberrant sexual activity.<sup>43</sup>

The South Carolina Report on the Feeble-Minded of 1916-1917 investigated high-level mentally defective individuals in the community to establish the need for a state institution to care for these persons. The report findings verified the prevailing perception that female mental deficiency and sexual immorality went hand in hand. Of the twenty-three Columbia, South Carolina females identified in the report as "feeble-minded," eighteen were categorized as immoral or sexually active in one form or another. Police accused one young woman of being an "immoral child." Another woman married without her mother's consent and "went out in automobiles with men." Still another young woman was classified as feeble-minded in spite of her "claim to be a junior at Lander College." The report categorized her as feeble-minded because of her illegitimate pregnancy which left her "family very much disgraced at her conduct."<sup>44</sup>

While institutions admitted many high-level moron women because of sexual "problems" and promiscuity, it should not

be assumed that superintendents and social workers considered this procedure as mere punishment for misdeeds. In a form of paternalism similar to that practiced by slave-owners in the ante-bellum South as well as by Victorian-era males, the social welfare bureaucracy placed females in institutions for their own protection as well as for the protection of society. Relying on their belief in the lascivious nature of male behavior, superintendents felt their institutions truly acted as asylums for impressionable and vulnerable women, offering protection and refuge from males intent on taking advantage of women unable to protect themselves from untoward sexual advances. Alexander Johnson, who as secretary of the National Committee on Provision for the Feeble-Minded played a major role in the organization of Southern institutions, addressed the S.S.C. in 1912 on this issue. "We all know the life history of the feeble-minded girl and woman," he intoned, "the pitiful story, weakness the prey of vicious strength. . . . Make the feeble-minded happy and you can do almost anything with them . . . . Most of them are cheerful, affectionate, fickle beings. They are children always. The mother State must take them into her good motherly arms and care for and control them as the best thing for her and by far the best thing for them."<sup>45</sup>

In its seminal 1915 report on mental defectiveness in Virginia, the State Board of Charities and Corrections represented this view. It examined 120 white prostitutes in

Richmond's legal red-light district and found eighty-two morons and four imbeciles among the women. The report concluded that "feeble-mindedness is responsible in large degree for the waywardness of these women. [T]hey should not be punished for doing that which their heredity made almost sure," the report continued, "but society should segregate them where they will be protected from licentious men and lewd, avaricious women." In a 1934 publication, the North Carolina State Board of Charities and Public Welfare echoed this feeling. "It is especially important to safeguard the feeble-minded girl . . . from exploitation by unscrupulous persons. [She] is otherwise led to become a sex delinquent, spreading disease, and giving birth to illegitimate offspring who themselves become charges of the State." This concern for the protection of feeble-minded women, and therefore the protection of society from their presumably feeble-minded offspring, led several Southern states to admit women throughout their child-bearing years, while barring male admissions for those over the age of twenty.<sup>46</sup>

Those charged with running institutions for the feeble-minded, exclusively a male profession, did not always harbor these feelings of concern for the plight of sexually exploited young women. In 1918, the superintendent of North Carolina's Caswell Training School reported that "our greatest problem . . . is the high grade girls' building. Here is our problem: how to govern, control, and protect

these girls." The 1914 Annual Report of the Virginia State Colony announced that "another troublesome abuse . . . has been the disposition to quarter so-called incorrigible and immoral women in this institution, and in several instances women who have led lives devoted to public and commercial immorality in disorderly places in the cities have been committed and are still here associating with young children and more decent feeble-minded women. These creatures," the report concluded, "are adept in the use of the vilest language and practices, common among women of their class, and their effect on the children patients is demoralizing in the extreme."<sup>47</sup> Whether the motivation was protection or control, however, did not seem to matter. With societal concern about inherited feeble-mindedness at a peak, young poor, promiscuous women ran the risk of being labelled as feeble-minded and placed in an institution for the retarded.

For many female moron patients in Southern institutions, verification of "deviant" or excessive sexual activity often proved the only rationale for an adjudication of feeble-mindedness and eventual admission into an institution. Conversely, for the male moron population, aberrant sexual acts were only one of a host of problems for which institutionalization seemed the appropriate response. Often, court officials and welfare workers committed young male morons to institutions for petty criminal actions and status offenses. A 1916 South Carolina state report on Feeble-Mindedness, in its analysis of mental defectiveness

in Columbia, South Carolina, discovered ten feeble-minded males living at large in the community. Of the three individuals with notes on their condition, one was described as a "petty thief" and the other two were observed "shooting craps."<sup>48</sup>

In 1924, a male inmate at North Carolina's Caswell Training School's correspondence to a female inmate as part of an ongoing relationship then unknown to matrons and attendants reflected his understanding of why he had been insatitutionalized. "I know I have been a bad boy in my past," he explained, "but stealing from a store is not so bad, is it?" Two male patients at Caswell provided examples of the tension involved between the need of society for protection from "mentally defective" lawbreakers and the desires of superintendents to run an institution free of these difficult patients. "The Lenoir County Court asked Dr. McNairy to take two boys into his school, who, from time to time, had given their parents and the court much trouble," reported Caswell school principal Sarah Shaw Genheimer. "During the night, the two new boys had come down to the boys schoolroom, ripped the desks from the floor, broken them in pieces, scattered and torn up the school books and left the room in chaos. The boys were returned to the court and thereafter Dr. McNairy was wary of the court's requests."<sup>49</sup>

In Florida and Georgia, similar adjudications and commitments occurred. Farm Colony superintendent Dr. J. H.

Colson reported in 1929 that "we have instances where children have been taken into court for truancy and committed to the Colony. We cannot think that this procedure is a proper disposition of such children." At Georgia's Gracewood facility, institutional staff placed a ten year old male on the waiting list in 1926 as "there would not be room for him for at least a year and a half." His parents enrolled him in the local public schools but he "gave so much trouble that the teachers would not keep him. He was a constant source of trouble to the community, stealing, mistreating animals, and continually doing mean, underhanded things."<sup>50</sup>

The problem of the high-level moron criminal, the so-called "defective delinquent," plagued superintendents, social workers, and officials of the criminal justice system throughout the South, as well as the rest of the nation. These defective delinquents, in the words of historian Mark Haller, "acted without forethought, without remorse, driven by passions [they were] unable to control."<sup>51</sup> With the advent of intelligence testing, these individuals could be classified as mentally defective, and therefore separated from criminals of normal intelligence. The publication of Henry Goddard's influential The Criminal Imbecile in 1915 represented the intellectual high-water mark of the conflation of mental deficiency and criminality. Goddard stated explicitly his rationale for the separate treatment of defective delinquents. "What we want," he announced, "is

protection for society." He concluded his plea in the lurid prose so typical of his writing during this period, with a strong warning for society. "If we wish to save our teachers from the possibility of being murdered by their pupils or our daughters from being killed by their wooers or business men from being struck down by the blows of feeble-minded boys," he warned, "we must be on our watch for symptoms of feeble-mindedness in our school children."<sup>52</sup>

The questions of where to place these "defective delinquents" and the nature of this institutionalization remained thorny issues for social welfare workers. The assumption of the hereditary nature of feeble-mindedness led directly to calls for permanent custodial segregation of defective delinquents. In 1919, the Florida Commission for the Study of Epilepsy and Feeble-Mindedness surveyed the State Boys' Industrial School at Marianna and concluded "plainly that many crimes are committed by feeble-minded persons." These individuals come from "families- native American families, too, for several generations back- whose stories would probably rival that of the Jukes and the Kallikaks if they could be traced out with similar thoroughness." The report concluded with a plea for a "suitable institution, or institutions, in which those who cannot live under normal conditions can be segregated and humanely cared for."<sup>53</sup>

Calls for the institutionalization of defective delinquents led many retardation professionals to seek

separate institutions designed specifically for that particular deviant group. Although superintendents expended much rhetoric on the importance of establishing these facilities, few ever were. Their hybrid nature, neither fully punitive, nor custodial, nor rehabilitative, prevented them from coming completely under the purview of any specific state governmental agency. Breaking through these bureaucratic barriers, New York, Massachusetts, and Pennsylvania, showing their leadership in the progressive movement to institutionalize mentally retarded individuals, established separate institutions for defective delinquents in the early 1920s.<sup>54</sup>

In 1926, Virginia, following the recommendations of both penal and retardation officials, established the only defective delinquent facility in the South. The State Prison Farm for Defective Misdemeanants was organized as part of the State Prison Farm, situated on the banks of the James River, in Goochland County, approximately thirty miles upriver from Richmond. Understanding the need for separate facilities for the defective delinquents, the state purchased lands in Powhattan County, across the James from the original State Farm. Recognizing the penal character of the new institution, however, Virginia placed it under the control of the State Prison Board and let the superintendent of the state Prison Farm run its daily operations. The Board remained cognizant of the unique nature of the institution's "prisoners." A sub-committee of the Prison

Board in June 1926 reported that the farm should "employ such trained and expert medical and mental assistants as may be deemed necessary to carry out the corrective and reformatory purposes" of the farm."<sup>55</sup>

The Virginia Board of Public Welfare applauded the beginnings of the State Farm for Defective Misdemeanants as "the opening wedge to a better and more scientific treatment for our defective misdemeanants." A year after the farm began receiving inmates, the Public Welfare Board regarded the institution as an "unqualified success." This success was measured by the facility's ability to sustain itself without additional appropriation from the state. The Board concluded that "the operation of the State Farm for Defective Misdemeanants will save the State of Virginia at least \$250,000 per year."<sup>56</sup> While saving the state significant expenditures, the Prison Farm for Defective Misdemeanants remained first and foremost a prison facility. In September 1929, a prisoner at the farm wrote to the State Prison Board complaining that "he had been laid across a barrel and whipped." The letter writer contended that such behavior was illegal since he believed "it is against the law of the state of Virginia to inflict corporal punishment on an epileptic. I am an epileptic," he concluded, "[and] I was in an epileptic colony twice." The prison board denied a request for an inquiry into the incident, stressing the penal aspects of the institution. "There is no law prohibiting anyone in the Penitentiary from being whipped,"

the board responded. "we have the statement from Dr. Mann, who examined you both before and after the punishment was administered, and that you suffered no ill effects."<sup>57</sup>

The Virginia State Farm for Defective Misdemeanants provided an example of state action initiated to grapple with the multi-faceted nature of the social ramifications of mental retardation. The Farm quickly became a catch-all for Virginia's deviant criminals, rather than a specifically designed institution organized to provide both custodial care and rehabilitation for feeble-minded criminals. In his 1927 report, State Farm superintendent R. R. Penn suggested that the definition of "defective" would not be medically determined. "Notwithstanding that they are all defectives," he concluded, "yet we have been able to get considerable service out of them, after correcting their defects as far as possible."<sup>58</sup> Inmates at the misdemeanor farm, which housed only male prisoners, arrived after local jailers and county sheriffs transferred them from county jails. This procedure took place with only a cursory medical and mental examination. By 1928, the misdemeanor side of the state farm had grown to house 475 prisoners. The farm operated as a revolving door for these type of inmates, however, as the institution had incarcerated over 1,200 persons in the two year period from 1926 to 1928.<sup>59</sup> This meant the State Farm for Defective Misdemeanants served as an additional prison, designed to help relieve overcrowding at county and city jails. The ostensible rationales for organizing the

facility, the need to separate feeble-minded offenders from other criminals or other feeble-minded individuals, appeared less and less important with passing years.

By the mid-1930s, the farm ceased to appear as a separate entity in State Prison Board minutes and records. Instead, it was amalgamated into the larger State Prison Farm, with no differentiation made between defective and "normal" prisoners. This meant that feeble-minded criminals, usually of the moron class, either remained incarcerated in county and city jails, the state penitentiary in Richmond, or mixed with felonious offenders at the State Farm. An alternative placement existed in the State Colony at Lynchburg, where these criminals would be mixed with non-criminal feeble-minded individuals. In spite of Colony administrative protests, this occurred periodically. In 1929, Prison Board minutes recorded the case of prisoner "#22485, E. S., who was sent to a road camp and escaped two times. He was sentenced to one year each for each escape. . . . He has been examined by the Board of Mental Hygiene, classed as an imbecile, and they recommended that he be transferred to an asylum for the feeble-minded."<sup>60</sup>

Louisiana and North Carolina also recognized the problem of defective delinquent individuals and the unique dilemma posed by their criminality and retardation. In the Louisiana State Colony in Alexandria, according to a 1929 speech by an institution official, "the delinquent and non-delinquent live together." The speech concluded on a somber

note. "No one not familiar with this problem can realize the trouble and worry that these defective delinquents cause. The care of 1 such case probaly entails more trials and tribulations than 100 non-delinquents." A 1931 psychological survey of the Eastern Carolina Training School, a reform school for white boys under the age of eighteen, revealed that almost forty-two percent of the boys detained there had I.Q.s under seventy, and therefore could be classified as feeble-minded. The report concluded that "it is a somewhat novel and disconcerting discovery to find that the school is a competitor of Caswell Training School. Nobody has thus conceived it, it was not designed for such a purpose. . . . Since the Caswell Training School does not lean toward delinquent cases, the problem of the disposition of defective delinquent boys appears to be unsolved, as far as the printed requirements of institutions go. In practice, they come to the [Eastern Carolina] Training School."<sup>61</sup>

In light of such revelations, social welfare advocates in North Carolina proposed a solution to the situation caused by the presence of defective delinquents housed in both reform training schools and Caswell Training School. The Health Committee of the North Carolina Conference for Social Services recommended that "there be established two colonies, one for boys and one for girls at Caswell Training School. These colonies to be separated and separately supervised from the principal institution to the end that a

special program of training can be established to meet the needs of the mentally defective delinquents." It was also recommended that similar facilities be organized "at the hospital in Goldsboro to meet the needs of the mentally defective delinquent negro boys and girls."<sup>62</sup> With little money available for public welfare generally, North Carolina did not follow these proposals and made no special provisions for those categorized as defective delinquents. Eastern Carolina Training School, Caswell Training School, and Goldsboro State Hospital all had to struggle with individuals who fell into the wide crack between criminality and mental retardation.

While superintendents continued to protest about the high-level moron criminal population of their institutions and their deleterious effect on both morale and the other, assumedly more impressionable patients, empirical research confirmed that the ties between feeble-mindedness and criminal behavior were not as strong as had been believed in the first two decades of the twentieth century. In a posthumously published 1925 article, Walter Fernald expressed the new orthodoxy concerning feeble-minded individuals. Fernald concluded that "we now know that feeble-mindedness is not an entity, to be dealt with in a routine way, but is an infinitely complex problem. We are sure there are 'bad' defectives but we are equally sure there are 'good' defectives, who are anxious to live so as to be thought respectable."<sup>63</sup>

University of Virginia professor George Oscar Ferguson, delivering a paper in 1923, the year of Fernald's death, attacked the surveys of the 1915 Virginia State Board of Charities and Corrections, which proved so influential in the establishment of the Virginia State Colony. The report showed that feeble-minded individuals comprised fifty percent of Virginia's prison population and two thirds of her delinquents. Ferguson responded that "all of the Binet findings I have quoted, and all others like them, are wrong and misleading." Ferguson offered an alternative explanation. He asserted, "that criminals as a class, at least those who have been convicted, have less mental capacity than the general population, but that they are only slightly less." He concluded by announcing that "we should not continue to injure the great cause of social welfare by making claims that have always been repugnant to the common sense of judges, and juries, and legislatures, and that we could not justify."<sup>64</sup>

While national scientific opinion slowly turned away from the belief that feeble-mindedness (particularly as it afflicted those individuals of the moron class) was equivalent to criminality, Southern placement of mentally defective persons with criminal records remained problematic. Sociologist L. D. Zeleny explained the problem in 1934. "The leaders in the testing movement spent seven years establishing certain standards," he reported, "which they later abandoned. The followers, on the other hand,

continued to utilize the abandoned standards of the leaders." Southern institutional superintendents fit Zeleny's criteria rather well. Dr. G. B. Arnold, superintendent of the Virginia State Colony, presented a paper in 1935, still emphasizing the relationship between feeble-mindedness and criminal conduct. He utilized the example of "Willie J., [who was] raised in all the filth and squalor of a 'poor white trash' neighborhood of one of our larger cities. And by the time he came to the Colony, his tendencies had become so perverted no amount of training and discipline on our part will ever make him a useful or law-abiding citizen." Extrapolating from his specific example, Arnold concluded by stating that "the defective has had an opportunity to develop fixed criminal tendencies and his institutionalization has become necessary for the protection of Society."<sup>65</sup>

The question of what to do with the mentally defective individual who also broke the law remained an intractable one for Southern superintendents during this time period. Though beliefs about the nature of defective delinquency and the relationship between crime and intellectual capacity changed over time, superintendents still had to balance their desire for an institution free of the problems caused by these high-level criminals with the need of society to institutionalize them for its own protection. A 1933 request for commitment of an eighteen year old male accused of "petty crimes, perversion, and self-abuse" to the Florida

Farm Colony revealed the dilemma in stark terms. Colony superintendent Dr. J. H. Colson rejected the admission on the grounds that the boy's "misbehavior is pronounced, it would be a question whether he should be sent here or to the Boys' School. As you realize, we have a great many children who, on account of their mentality, might be mislead [sic] by such a boy and the good of the institutions would not justify us in running this risk."<sup>66</sup>

In addition to the issues of criminality and sexuality, professionals involved in the field of mental retardation grappled often with the question of the relationship between mental deficiency and national origin. Southern institutions, however, in reflection of the South's peculiar demographic patterns, did not concern themselves with this problem. There were simply too few immigrants to the South from Eastern and Southern Europe to make any perceptible impact on institutional populations. Of the 1,514 foreign-born feeble-minded individuals in American institutions for the feeble-minded in 1926, less than one percent resided in Southern institutions.<sup>67</sup> Virginia statistics bear out this regional picture. Of the 219 patients residing in the Virginia State Colony in the fiscal year ending September 30, 1917, only one individual hailed from a foreign country. These figures do not change over time. No foreigners were among the 184 persons admitted to the Colony during the biennial period 1935-1936.<sup>68</sup> Southern institutions were founded for many of the same reasons as Northern ones.

Officers of these Southern facilities often visited their Northern counterparts to receive advice and help in the planning and operation of their institutions. Yet, nowhere in their voluminous praise for Northern institutions was there any mention of the different demographic situations in the two regions and the effect this might have on institutional operations.

The relationship of mental deficiency to urbanization, however, did affect Southern institutions as well as Northern ones. The population of the South living in urban areas (defined as communities housing over 2,500 individuals) increased from 15.8 percent in 1900 to 32.9 percent in 1940, a jump of over six million persons in forty years. While the South lagged behind the rest of the nation in urbanization, in 1936 sociologist Howard Odum summarized that "the southern increase to cities was larger than was that of the nation as a whole."<sup>69</sup> Both popular and scientific writers documented the relationship between an urbanized lifestyle and the increase in the numbers of feeble-minded individuals. A 1926 North Carolina report on its feeble-minded population summarized this belief. "North Carolina with an agricultural community and a native population should have a larger per cent of her feeble-minded population adjusted to its social environment than would likely be true of New York State with its large urban centers, its more complex conditions of life and its large foreign-born population."<sup>70</sup> Florida's experience provided

ammunition for those who saw urbanization as a root cause of feeble-mindedness. Of the 1,742 persons committed to the Florida Farm Colony from 1921 to 1940, 41.8 percent hailed from the urban counties of Dade, Duval, and Hillsborough (which contained the cities of Miami, Jacksonville, and Tampa, respectively). In 1935, only thirty-four percent of Florida's white population lived in these three counties. In Virginia also, the relationship between urban life and feeble-mindedness appeared quite strong. Fully thirty-six percent of the 883 persons admitted to the State Colony by 1930 listed Richmond as their place of residence. A 1942 Virginia Planning Board report summarized the correlation between urbanization and feeble-mindedness this way: "this group [the feeble-minded] will become more of a social problem as the proportion of population living in urban areas increases, due primarily to the fact that mentally defective persons cannot easily adjust themselves to complex environments."<sup>71</sup>

The administration of the Florida Farm Colony understood the implications of the demographic imbalance in its institutional population. Superintendents often expressed concern about the high numbers of persons admitted from urban areas. In 1929, superintendent Dr. J. H. Hodges refused to accept "several children in the Detention Home there [Tampa]" because "the institution is very crowded and nearly one-quarter of our inmates have been sent from Hillsborough County." Hodges also requested a more

equitable Taxation plan "whereby the counties will share in this expense with the State." This plan was needed, Hodges argued, since "one county [Hillsborough] has sent 234 children to the Colony."<sup>72</sup> In addition to the large numbers of urban patients referred to Southern institutions, the types of patients committed from these areas caused consternation among institutional personnel. "We have some patients from Tampa, who in our opinion," wrote Florida Farm Colony superintendent Dr. J. H. Colson in 1931, "are not retarded enough to remain here. . . ." A year earlier, superintendent Colson rejected a case along these lines. In not accepting a 1930 application for an eighteen year old male from Dade County, Colson concluded that the young man "does not appear to be eligible for admission [since] he attained the eleventh grade."<sup>73</sup>

The age of patients also affected the mission of Southern institutions and their relationship to the wider world outside institutional walls. The very names of many of these facilities, for example the Ellisville State School in Mississippi, reflected their purpose as educational in nature, and therefore designed for young feeble-minded persons.<sup>74</sup> Admissions to Gracewood, the Georgia state institution for the feeble-minded, verified this. In 1930, individuals over the age of twenty comprised less than twenty percent of the 228 persons listed on institutional rolls. Admissions of these older persons appeared in even lower numbers. Of the 116 persons admitted to Gracewood in

the eighteen month period from January 1937 to July 1938, only one was over the age of twenty.<sup>75</sup>

In Florida, the Board of Commissioners of State Institutions, the controlling body of the Florida Farm colony, established age limits for the institution "as there is nothing in the statutes fixing the age limit." They adopted a directive on September 28, 1926, authorizing "that the age limits at which persons are to be received at this institution be fixed at 6 years and 21 years. . . ." <sup>76</sup> The following year, superintendent J. H. Hodges reported on this importance of this ruling for the mission of Florida Farm Colony:

There is always a strong pressure on the Superintendent . . . to induce him to make exceptions to the rule in reference to age limits, especially in the case of old people, who are weakminded from senility. . . . Our effort has been to preserve the institution for the class for which it was intended, that is the feeble-minded and epileptic children. Once these rules are broken down, the place will fill up with old people.<sup>77</sup>

In Virginia, the problem occurred at the other end of the age spectrum. Superintendents complained that "we are not allowed to take feeble-minded persons until they have reached the age of ten years." This caused problems since, in the words of superintendent G. B. Arnold, "we cannot supervise them during the most important of the formative years."<sup>78</sup> According to Arnold, appropriate training therefore could not occur at the institution, since bad

habits acquired during those formative years could not be overcome.

The demographic variables of the patient population housed in Southern institutions greatly affected the functioning of those facilities. Forced to care for and control, in the words of a Louisiana assistant superintendant, "all classes of feeblemindedness," institutions rarely provided more than basic care. "We have white and colored; children and adults; epileptics and non-epileptics; delinquent and non-delinquent," he continued, "educable and custodial cases. The placing of these various classes in one institution makes the problem of their care and training a very difficult one."<sup>79</sup> States organized separate institutions to provide specialized care for individuals categorized as feeble-minded and mentally defective. Institutions were not equipped to handle both deviant and incompetent individuals, however. The wide varieties of individuals placed in Southern institutions exacerbated an already difficult situation of low funding and little state support. These facilities, therefore, did little to solve the problems of feeble-mindedness in the South.

Notes

1. G. M. G. Stafford, "Some of the Problems Encountered in an Institution for the Feeble-minded," J.P.A. 33 (1927-1928), p. 231. Stafford served as superintendent of Louisiana's State Training School from 1922 to 1933.
2. C. Banks McNairy, "President's Conception of our Task--an Address to the 47th session of the A.A.S.F.M.," J.P.A. 28 (1922-1923), p. 95. The state of Florida codified these differing functions into the enabling legislation establishing the Florida Farm Colony for the Epileptic and Feeble-Minded. The institution was supposed to act simultaneously as an "asylum for the care and protection, . . . a school for the education and training, . . . [and] a colony for the segregation and employment of the epileptic and feeble-minded." Laws of Florida, Chapter 7887, 1919 Regular Session, General Acts and Resolutions, 2 vols., 1: p. 232.
3. C. Banks McNairy, "Superintendent's Report to the Board of Directors of Caswell Training School, July 8, 1924," in Minutes of the Board of Directors of Caswell Training School, p. 345, C.C.
4. Howard Odum, Southern Regions of the United States (Chapel Hill, North Carolina: University of North Carolina Press, 1936), p. 218. Georgia, Kentucky, Mississippi, South Carolina, and Tennessee ranked in the lowest quartile for government expenditures. Alabama, Florida, Louisiana, North Carolina, and Virginia ranked in the next quartile, still below the national average.
5. Dr. T. W. Evans, "Discussion on a Paper Delivered at the 55th Session of the A.A.S.F.M., May 25-28, 1931," J.P.A., 29 (1923-1924), p. 274.
6. Minutes of the Executive Committee of the Georgia State Board of Health, August 39, 1922; 1928 population figures from Minutes, January 25, 1928, R.G. 26, Sub-Group 1, Series 33, G.S.A.
7. James King Hall, "Behavior of the Feeble-Minded: The Laymen's Ignorance of their Anti-Social and Criminal Tendencies-- A Speech at the Dedication of the New Buildings at the Caswell Training School, Kinston, North Carolina, April 15, 1922," James K. Hall Papers, Box 4, Folder 50, S.H.C., U.N.C. See also C. Banks McNairy's speech to the

North Carolina Medical Society (n.d., approx. 1917). In this speech, McNairy boasted that "the Caswell School for the Feeble-Minded, a monument to the profession's influence and the state's foresight, is destined to do a great work. No institution has such sociological and economic potentialities," Notebooks, C.C. For more on the fire, and the administrative reaction to it, see above, Chapter Five.

8. Minutes of the Executive Committee of the Georgia State Board of Health, October 9, 1919, R.G. 26, Sub-Group 1, Series 33, G.S.A.

9. "Second A.R. of the South Carolina State Training School," in Reports to the General Assembly of South Carolina, 1919, 2 vols., 2: p. 7. See also Louisiana's example, G. M. G. Stafford, "Some of the Problems Encountered in an Institution for the Feeble-Minded," p. 229.

10. First B.R. of the North Carolina School for the Feeble-Minded, 1911-1912, pp. 7-8.

11. "Third A.R. of the State Training School for the Feeble-Minded," in Report of the State Board of Public Welfare of the State of South Carolina, 1920, p. 63, S.C.A. See also "Governor Richard Manning's Message" in Fourth A.R. of the State Board of Charities and Corrections of the State of South Carolina, 1918, 2 vols., 2: p. 9. The governor called the institution a "splendid site," S.C.A.

12. Hastings Hart to R. F. Beasley, January 24, 1919, State Board of Public Welfare Records, Commissioner's Office Files, Box 29, Russell Sage Foundation Folder, O.R.C.

13. The J.P.A. is full of articles pertaining to the correct organization of institutions for both training and control of the patients there. See, for example, Harvey Watkins, "Administration in Institutions of over Two Thousand," J.P.A. 33 (1927-1928), 235-254; Franklin Kirkbride, "Development of Letchworth Village," J.P.A. 42 (1936-1937), 138-142.

14. "Georgia's Progress in Social Welfare- Report of the 6th and 7th Years Work of the Georgia State Department of Public Welfare, 1925-1926," p. 53, R.G. 24, Sub-Group 1, Series 6, Box 1, G.S.A.; Laws of Florida, Chapter 7887, 1919 Regular Session, General Acts and Resolutions, 2 vols., 1: p. 231.

15. Second B.R. of the Superintendent of Florida Farm Colony, 1921-1922, p. 12; Gainesville Sun, December 19, 1921, p. 3. For the 1945 figure, see Ellen Whiteside, 1945 Special Survey on Florida Farm Colony, May 5, 1945, Vault files, G.S.C., p. 5.

16. W.H. Dixon, "Superintendent's Report to the Board of Directors of Caswell Training School, May 7, 1926," in Minutes of the Board of Directors of Caswell Training School, pp. 396-397, C.C.
17. Ninth B.R. of the Superintendent of Florida Farm Colony, 1935-1937, pp. 10-11.
18. First A.R. of the Virginia Colony for Feeble-Minded, 1914, pp. 11-12.
19. "Idiots, Imbeciles, and Morons at Caswell- Weeds Grow Rank in our Garden; Their Spread Threatens our State," Greensboro Daily News, December 10, 1922. Professionals in the field of mental retardation could also sink to such levels of verbal assault on idiot patients. "We have long since been over-crowded with the lowest type of human life," Caswell superintendent C. Banks McNairy wrote in 1924. These individuals were "physically deformed, mentally deprived, repulsive in every sense of the word- human animals," McNairy Report to the Executive Committee of the Board of Directors of Caswell Training School, July 8, 1924, C.C. Dr. McNairy had served as president of the A.A.S.F.M. only two years earlier. For examples of superintendent concerns about idiot patients, see W. D. Partlow, "The Partlow State School for Mental Deficients," Alabama Social Welfare Review 5, 3 (March 1940), p. 5; Dr. J. Maxey Dell [superintendent of Florida Farm Colony] to Dr. James Anderson, Miami, Florida, March 20, 1940, Superintendents' Correspondence, Vault files, G.S.C.; and Minutes of the Board of Directors of Caswell Training School, January 10, 1919, p. 190, C.C.
20. 5th B.R. of the Superintendent of Florida Farm Colony, 1927-1929, p. 10.
21. Application form of January 13, 1930; Colson's reply of January 14, 1930, Superintendents' Correspondence, Vault files, G.S.C.
22. J. H. Colson to Albert Wiese, November 20, 1931, Superintendents' Correspondence, Vault files, G.S.C.
23. "Minutes of the Board of Directors of Virginia State Hospitals, September 17, 1923," in James K. Hall Papers, Box 6, Folder 93, S.H.C.-U.N.C.
24. First A.R. of the Virginia Colony for the Feeble-Minded, 1914, p. 19.
25. C. Banks McNairy, "Superintendent's Report to the Board of Trustees of Caswell Training School, December 16-17,

1914," in Minutes of the Board of Trustees of Caswell Training School, p. 93, C.C.

26. Grace Kent to her parents, September 19, 1920, in Benjamin Whitten, A History of Whitten Village (Clinton, South Carolina: Jacobs Press, Inc., 1967), p. 41.

27. Report of the Committee on Caswell Training School in its Relation to the Problem of the Feeble-Minded of the State of North Carolina (Raleigh, North Carolina: Capital Printing Company, 1926), p. 13.

28. "Report of the 1921 Kentucky Mental Hygiene Survey with Recommendations," in Gerald Grob, editor, Mental Hygiene in Twentieth Century America: Four Studies, 1921-1924 (New York: Arno Press, 1980), p. 37.

29. A commitment order from Duval County, instituted by a social worker, for a seven year old white male exemplified the dispute over the definition of feeble-mindedness and how it affected admission policies. In 1933, the president of the Children's Home Society, a Jacksonville-based child protection organization, wrote to Colony superintendent Dr. John Colson requesting admission for the boy. The child had received I.Q. scores between seventy and ninety-one on three different occasions (all higher than the suggested standardized Stanford-Binet test scores for high-level morons). His behavior seemed so perverse and violent, however, that admission was requested to the Farm Colony in spite of test scores that seemingly put him out of the range of individuals usually served by institutions for the feeble-minded. The boy seemed so recalcitrant that his school principal noted that "it would be merciful to kill him now." The application went on to state that "the boy was seen stoning a goldfish to death in a pond, or fishing them out and squeezing them to death. He also was found choking a small girl. He was a truant and a chronic masturbator, involved in teaching other children his techniques." In spite of the earnest pleadings, superintendent Colson refused admission, informing the social worker that "we cannot see our way clear to accepting him. I might mention that we have had a few similar cases in the past and found them to be a great trial and source of harm to other patients, and unsuited to the Colony." Application form of December 18, 1933; Colson's reply of December 20, 1933, Superintendents' Correspondence, Vault files, G.S.C.

30. W. H. Dixon, "The Mentally Defective Child in the Institution," (n.p., n.d.- written when Dixon was superintendent of Caswell Training School), Notebooks, C.C.

31. A. S. Priddy to V. E. McDougall, June 6, 1918, Papers of Governor Westmoreland Davis, R.G. 3, Box 33, Virginia State Epileptic Colony, Discharge of Patients Folder, V.S.A.
32. Grace Kent to her parents, December 12, 1920, in Benjamin Whitten, A History of Whitten Village, p. 48.
33. Patient File # 2, Medical Records Archives, C.C. The medical records staff at Caswell Center graciously permitted me to examine a random sample of four confidential patient folders- two male, and two female. Though the sample was small and not necessarily representative of the Caswell population, it provided a glimpse at patients which otherwise would have been unobtainable.
34. A Study of Mental Health in North Carolina: A Report to the North Carolina Legislature of the Governor's Commission appointed to Study the Care of the Insane and Mental Defectives (Ann Arbor, Michigan: Edwards Brothers, 1937), p. 296. In Florida, of 110 patients listed on death certificates at Florida Farm Colony between 1925 and 1940, only two were paying patients, Patient Death Records, Vault files, G.S.C.
35. A. S. Priddy, quoted in Deposition of Harry Laughlin in Virginia Circuit Court of Amherst County, Buck v. Priddy, April 13, 1925 in Harry Laughlin, The Legal Status of Eugenical Sterilization (Chicago: Free Publication of the Municipal Court of Chicago, 1930), p. 17. In South Carolina, a survey of the 1088 patients admitted to the Training School in Clinton from its opening in 1920 until 1937 revealed 70.8 percent of those who entered the institution came from families of tenant farmers or unskilled or semi-skilled laborers. See Benjamin Whitten, "Presidential Address to the A.A.M.D., May 5, 1937," J.P.A. 42 (1936-1937), p. 35.
36. This phenomenon was not unique to the South. See Nicolas Hahn, The Defective Delinquency Movement: A History of the Born Criminal in New York State, 1880-1966 (Ph. D. Dissertation, S.U.N.Y. Albany, 1979), especially chapter 4; David Rothman, Conscience and Convenience: The Asylum and Its Alternatives in Progressive America (Boston: Little, Brown and Company, 1980), especially chapters 9 and 10; and Andrew Scull, Decarceration: Community Treatment and the Deviant- A Radical View, 2nd Edition (New Brunswick, New Jersey: Rutgers University Press, 1985), especially chapter 2.
37. "Idiots, Imbeciles, and Morons at Caswell- Weeds Grow Rank in our Garden; Their Spread Threatens our State," Greensboro Daily News, December 10, 1922.

38. 6th B.R. of the Superintendent of Florida Farm Colony, 1929-1931, p. 6.
39. "Laws of Mississippi- Section 6555 (5728b), in Social Welfare Laws of the Forty-Eight States (Des Moines, Iowa: Wendell Huston Company, 1931), p. 10. See also Madeline Bragar, The Feeble-Minded Female: An Historical Analysis of Mental Retardation as a Social Definition, 1890-1920 (PhD. Dissertation, Syracuse University, 1977). Bragar examined the institutionalization of feeble-minded women in New York during the Progressive era and the social construction of the label of "feeble-minded female."
40. Case Study reported in "Florida's Feeble-minded," The Survey 42 (August 9, 1919), p. 705. See a similar case study, voluminously detailed, in Madeline Bragar, The Feeble-Minded Female, pp. 111-129. Bragar concisely summarized the irony of the institutionalization process for women with "sexual problems." "The institution claimed that its responsibility was to serve the lewd, cantankerous women who were presumed dumb, of low economic status," she concluded, "but when such women played out that stereotype, the institution revealed that it did not know how to handle them (pp. 111-112).
41. Mr. and Mrs. Burner to Governor Harry F. Byrd, February 20, 1928; Byrd to Burners, February 24, 1928, Papers of Governor Harry Byrd, R.G. 3, Box 29, State Colony Folder, V.S.A..
42. Application form of August 30, 1929; Superintendent Colson's reply of September 2, 1929, Superintendents' Correspondence, Vault files, G.S.C.
43. William Streeter to C. Banks McNairy, May 11, 1914; and patient information in Patient File #4, Medical Record Archives, C.C. The patient name used is a pseudonym.
44. Cases # 12, 76, and 55, Working Papers of the South Carolina Report on Feeble-Mindedness, 1916-1917, S.C.A. Only the working papers from Columbia survive in the archives. They consist of an individual card on each person categorized as feeble-minded. Unfortunately, all the cards do not have a complete case history for each person so labelled.
45. Alexander Johnson, "The Care of the Degenerate," in James McCulloch, The Call of the New South- 1912 S.S.C. (Nashville, Tennessee: S.S.C. Press, 1912), pp. 170-171. For an early example of paternalism regarding feeble-minded women, see C. W. Winspear, "The Protection and Training of Feeble-Minded Women," N.C.C.C. Proceedings, 1895 (Boston: Geroge Ellis, 1895), 159-163. Winspear was the first superintendent of the New York Custodial Asylum in Newark,

the nation's first institution designed specifically for the "enforced care, custody, and protection, during the child-bearing age, of feeble-minded women" (p.159). See also the article in the Journal of the American Medical Association by Alfred Wilmarth entitled "The Rights of the Public in Dealing with the Defective Classes" 31, 22 (November 26, 1898) 1276-1278. Wilmarth, the superintendent of the Wisconsin Home for the Feeble-Minded, wrote that "it is no especial hardship for any defective woman to spend her life in a modern institution with every comfort furnished her and with congenial companionship. She loses only responsibilities she is unable to assume and escaped dangers of which she has no adequate conception. Such a step ends her danger as a multiplier of her own weakness" (p. 1278) For the Georgia example, see V. V. Anderson, "Mental Defect in a Southern State," pp. 543-546. Anderson concluded that "an institution for defective delinquent girls will be a charter of liberty for this most helpless, unfortunate, and potentially dangerous class, taking them from the streets and highways, where they have been the defenceless [sic] prey of lust and greed . . . ." (p. 546). See also two articles in the Journal of the South Carolina Medical Association, which take this position. A. Bethune Patterson, in "The State's Duty to the Feeble-Minded," reported that "the feeble-minded girl, unprotected, becomes the transmission center. She becomes the prey of sensual men. . . ." 12, 12 (December 1916), p. 376. Four years later, Benjamin Whitten, superintendent of the new state school, re-iterated Patterson's comments. "it is commonly believed that feeble-minded women are more prolific, and indeed more sex assertative than women of normal mentality, but I do not believe this is true. The inferior grade of female is much less qualified to protect herself as well as the normal. . . ." 16, 3 (March 1920), p. 66.

46. Mental Defectives in Virginia: A Special Report of the State Board of Charities and Corrections to the General Assembly (Richmond: Superintendent of Public Printing, 1915), pp. 66, 109; "A Brief History of the Care of the Underprivileged Child in North Carolina"- Special Bulletin #13 issued by the North Carolina State Board of Charities and Public Welfare, 1934, p. 24.

47. C. Banks McNairy to the Executive Committee of the Board of Directors of Caswell Training School, 1918, in "Minutes of the Board of Directors of Caswell Training School, C.C.; First A.R. of the Virginia Colony for the Feeble-Minded, 1914, p. 11-12.

48. Cases #75, 144, and 146, Working Papers of the South Carolina Report on Feeble-Mindedness, 1916-1917, S.C.A. See also William Drewry, "The Mental Defectives and the Insane," in James McCulloch, editor, The Call of the New South, pp. 159-160. Drewry, the superintendent of Virginia's Central

State Hospital, the nation's largest facility for black insane individuals, concluded that "it is a matter of common observation by penologists and sociologists that there is frequently a close relationship between crime, immorality, and mental inferiority. Such crimes as theft, incendiarism, rape, or attempted rape, and even murder, are frequently committed by individuals who are half-witted" (pp. 159-160). For an early compendium of these studies, see L. W. Crafts, "A Bibliography on the Relations of Crime and Feeble-mindedness," Journal of Criminal Law and Criminology, 7, 4 (1917), 544-554.

49. Letter from GWR to PME, undated (c. 1924-1926), C.C. This letter is one of a series written between the two patients and subsequently discovered by Caswell authorities; "Reminiscence of Sarah Shaw Genheimer", in Elizabeth Brown and Sarah Shaw Genheimer, Haven on the Neuse: A History of Caswell Center, Kinston, North Carolina, 1911-1964 (New York: Vantage Press, 1969), pp. 39-40. Ms. Genheimer served as the institution's school principal during the 1930s.

50. 5th B.R. of the Superintendent of Florida Farm Colony, 1927-1929, Vault files, G.S.C., p. 10; Dependent and Delinquent Children in Georgia- A Study of the Prevalence and Treatment of Child Dependency in Thirty Counties with Special Reference to Legal Protection Needed, Children's Bureau Publication #161, U. S. Department of Labor, Children's Bureau (Washington, D. C.: U. S. Government Printing Office, 1926), p. 58. There is no indication in the publication of whether Gracewood eventually admitted the boy.

51. Mark Haller, Eugenics: Hereditarian Attitudes in American Thought, 2nd Edition (New Brunswick, New Jersey: Rutgers University Press, 1984), p. 104. The term "defective delinquent" was coined by Walter Fernald in a 1912 article in the J.P.A. Fernald concluded the feeble-minded were a "parasitic, predatory class . . . [and] a menace and danger to the community," Walter Fernald, "The Burden of Feeble-Mindedness," J.P.A. 17 (1912-1913), p. 88. See also William Drewry, "Why is the State of Virginia Interested in Mental Hygiene," A Pamphlet issued by the Virginia State Department of Public Welfare, 1932, p. 3. In this piece, Drewry labels defective delinquents as "criminaloids."

52. Henry Goddard, The Criminal Imbecile (New York: The Macmillan Company, 1915), pp. 100, 105. The title of the book reveals the confusion over nomenclature that plagued retardation professionals and made exact scientific definitions difficult. Goddard noted in his preface that "we use 'imbecile' in the legal sense which includes the moron and often the idiot as scientifically classified. This usage is justified since much of the literature still

describes all mental defectives as imbeciles, idiots, or feeble-minded- according to the preference of the writers" (p. v). For more on Goddard and his concerns about defective delinquency during this time period, see Leila Zenderland, Henry Herbert Goddard and the Origins of American Intelligence Testing (Ph. D. Dissertation, University of Pennsylvania, 1987) pp. 495-506.

53. "Florida's Feeble-minded," The Survey 42, 19 (August 9, 1919), p. 705. See also Goddard, The Criminal Imbecile, pp. 106-107. The use of many of these pedigree studies of the ancestors of criminals and feeble-minded individuals, such as the Kallikaks, proved unintentionally ironic. In a time when many expressed concern about the dangers of immigration, especially from Eastern and Southern Europe, polluting the gene pool, and dragging down the intelligence of Americans, these studies focused on families which had lived in the United States for three or more generations. Few, if any, of the families studied hailed from those European countries producing immigrants who posed a threat to the American population. Surprisingly, as well, only one study focused on poor Southern mountain farmers, and that examined the intellectual degradation caused by tri-racial mixing in an isolated valley community. No one, however, noticed the inconsistency of someone like Harry Laughlin railing against the continued immigration of Eastern Europeans while using American pedigree studies. See Statement of Harry Laughlin, Hearings Before the Committee on Immigration and Naturalization, House of Representatives, 67th Congress, 3rd Session, November 21, 1922, pp. 730-751 and Testimony of Harry Laughlin, Hearings before the Senate Committee on Immigration, 74th Congress, 2nd Session, February 29, 1936, p. 58. For the study of Southern race mixing and its effect of Southern intelligence, see Arthur Estabrook and Ivan McDougale, Mongrel Virginians: The Win Tribe (Baltimore: The Williams and Wilkins Company, 1926). For more on these family pedigree studies, see Nicolas Hahn [Rafter], The Defective Delinquency Movement, pp. 309-324. For a compilation of many of the studies, which are not readily available, see Nicole Hahn Rafter, editor, White Trash: The Eugenic Family Studies, 1877-1919 (Boston: Northeastern University Press, 1988). Rafter's introduction to these studies (pp. 1-31) provides a concise and important analysis of their place in American social thought in the first two decades of the twentieth century.

54. See Nicolas Hahn's The Defective Delinquency Movement, passim, for the best treatment of this institution building movement. See also Peter Tyor and Leland Bell, Caring for the Retarded in America: A History (Westport, Connecticut: Greenwood Press, 1984), pp. 110-111; R. C. Scheerenberger, A History of Mental Retardation (Baltimore: Paul H. Brookes Publishing Company, 1983), pp. 152-154, 164-165; Mark Haller, Eugenics, pp. 104-106; Stanley Davies, The Mentally

Retarded in Society (New York: Columbia University Press, 1959), pp. 71-80; and Daniel Kevles, In the Name of Eugenics: Genetics and the Uses of Human Heredity (Berkeley, California: University of California Press, 1985), pp. 144-145.

55. Minutes of the State Prison Board of the Commonwealth of Virginia, June 28, 1926, Vol. 3, p. 61, R.G. 42, V.S.A. For more on the origins of the original State Farm, see Paul Keve, The History of Corrections in Virginia (Charlottesville, Virginia: The University Press of Virginia, 1986), pp. 92-96. See also 17th A.R. of the Virginia State Colony, 1926, p. 11.

56. Minutes of the State Board of Public Welfare of the Commonwealth of Virginia, November 3, 1926, Vol. 2, p. 155, November 1, 1927, Vol. 2, pp. 166-167, R.G. 42, V.S.A.

57. Letter of September 9, 1929 and Board Response of September 11, 1929 in Minutes of the State Prison Board, Vol. 3, p. 275, R.G. 42, V.S.A. For other examples of corporal punishment of these offenders, see Ibid., March 4, 1929, Vol. 3, p. 241, and April 4, 1929, Vol. 3, p. 248. The latter punishment involved a defective prisoner given "twenty-five stripes for fighting and using indecent language . . . to the guard who reported him."

58. Penn quoted in Paul Keve, The History of Corrections in Virginia, p. 204.

59. Minutes of the State Prison Board of the Commonwealth of Virginia, November 27, 1928, Vol. 3. p. 236; Paul Keve, The History of Corrections in Virginia, p.204.

60. Minutes of the State Prison Board of the Commonwealth of Virginia, August 19, 1929, Vol. 3, p. 269. See also William Drewry, "A Mental Hygiene Program in the Making," Virginia Medical Monthly 60, 10 (January 1934), 581-584. In commenting on the paper at the Medical Society of Virginia meeting in Lynchburg in October 1933, David Wilson said "This putting them [feeble-minded individuals] into the industrial schools is defeating the idea of the industrial schools-they cannot be what they were intended to be" (p. 584).

61. R. C. Tompkins, "Teaching and Care of Feeble-minded in State Institutions," New Orleans Medical and Surgical Journal 82, 3 (September 1929), pp. 161-162, Tompkins addressed the Louisiana State Medical Society in April 1929; "Eastern Carolina Training School Psychological Survey of Population, 1931," State Board of Public Welfare Records, Box 161, Institutions and Corrections Folder, O.R.C. The psychological testing, accomplished with the Stanford-Binet instrument, occurred in July 1931. See also A Study of

Mental Health in North Carolina, pp. 258-261. This 1936 report concluded that "a study of Eastern Carolina Training School showed 46 per cent of that population to be below 70 in intelligence quotient" (p. 259). For the example of Alabama, see Thomas Haines and W. D. Partlow, "Syphilis and Feeble-mindedness in the Alabama State Industrial Schools," Ohio State Medical Journal 16, 7 (July, 1920), 515-518. Haines, who conducted mental deficiency surveys in the South, and Partlow, soon to be appointed superintendent of the Alabama state school for the feeble-minded, concluded that "25 per cent of these 672 boys and girls [are feeble-minded]. These boys and girls should not, therefore, be in any industrial school. It is an inappropriate application of public money to detain them in these institutions" (p. 516).

62. "Recommendations of the Health Committee of the North Carolina Conference for Social Service" (n.d.), State Board of Public Welfare, Commissioner's Office Records, Box 169, North Carolina Conference for Social Service Folder, O.R.C. The situation regarding black defective defective delinquent individuals appeared quite similar to that of white offenders. A 1937 facilities report concluded that "more than seventy-five percent of all boys entering the Morrison Training School [the state school for black male juvenile offenders] are greatly in need of hospital treatment." "Questionnaire on Permanent Improvement Estimates for 1937-1939," State Board of Public Welfare Records, Box 162, Institutions and Corrections-Morrison Training School Folder, O.R.C.

63. Walter Fernald, "The Feeble-Minded in the Community," pp. 116, 114. See also his "The Sub-Normal Child," School and Society 18, 458 (October 6, 1923), 397-406. Fernald concluded that "we have been far too sweeping in some of generalizations and deductions concerning the feeble-minded" (p. 398).

64. George Oscar Ferguson, "Defectives Among Delinquents," University of Virginia Extension Series 8, 10 (June 1924), pp. 2, 3, 8. Ferguson was a professor of psychology and education. He delivered the paper at the Virginia Conference on Social Work in Charlottesville on April 22, 1923. Nationwide, other writers picked up Fernald's and Ferguson's call for a more thorough examination of the established orthodoxy that proved a direct correlation between criminal behavior and feeble-mindedness. In 1926, Carl Murchison, a professor of psychology at Clark University, which produced Henry Goddard, concluded that "it seems fairly obvious that the pre-war prevailing opinion that criminality and feeble-mindedness are closely related, was certainly not built upon a solid foundation of facts," Carl Murchison, Criminal Intelligence (Worcester, Massachusetts: Clark University Press, 1926), p. 32.

Sociologists, concerned about the relationship of feeble-mindedness to society rather than the specifics of mental testing, attacked the procedures of identifying defective delinquents and the hereditarian assumptions which underlay them. See E. H. Sutherland, "Mental Deficiency and Crime," in Kimball Young, editor, Social Attitudes (New York: Henry Holt and Company, 1931), pp. 358, 373; and L. D. Zeleny, "Feeble-mindedness and Criminal Conduct," American Journal of Sociology 38 (1933), p. 576.

65. L. D. Zeleny, "Feeble-mindedness and Criminal Conduct," p. 572; Dr. G. B. Arnold, "The Feeble-Minded in Virginia from an Institutional Standpoint- a paper delivered in Richmond on April 12, 1935 to a joint meeting of the Children's Division and the Mental Hygiene Division of the Virginia Conference of Social Work," Virginia State Library, pp. 2, 3. For the interpretation of legal scholars on the matter, see Ernest Hoag and Edward Williams, Crime, Abnormal Minds, and the Law (Indianapolis: The Bobbs-Merrill Company, 1923), p. 67.

66. Colson to Frank Lowman, Probation Officer of the City of Miami, July 24, 1933, Superintendents' Correspondence, Vault files, G.S.C. See also Colson's letter to a previous Miami probation officer four years earlier. "The institution has been greatly inconvenienced and kept in a crowded condition," Colson observed, "by the large number of truant, delinquent, and incorrigible children the courts have been sending us," Colson to Virginia Graham, April 12, 1929, G.S.C. See also 2nd B.R. of the Virginia State Colony, 1921-1923, p. 14. "The care of feeble-minded boys with delinquent records, especially from the cities," reported Superintendent Dr. A. S. Priddy, "constitutes a trying problem, escapes for the most part being confined to them."

67. Harry Laughlin- Testimony before House Committee on Immigration and Naturalization, 70th Congress, 1st Session, February 21, 1928, pp. 28-29. The total number of foreign-born individuals in Southern institutions was ten. Laughlin investigated fifty-three institutions for the feeble-minded nationwide and found 15.8 percent of all inmates foreign born (this compared with 12.97 percent of the total American population as measured by the 1920 census). In earlier testimony, Laughlin touched on the immigrant question and the South. "This fact of differential geographic treatment does not bear greatly upon our statistical findings," Laughlin concluded, "because the immigrants to the United States have not, to a great degree, gone to the Southern States, in which latter regions the common labor has been supplied largely by the negro," Statement of Harry Laughlin, Hearings before the House Committee on Immigration and Naturalization, 67th Congress, 3rd Session, November 21, 1922, p. 745.

68. 4th A.R. of the Virginia State Colony, 1917, p. 46, The foreign-born person was born in Russia; 27th A.R. of the Virginia State Colony, 1936, p. 17. Of the 883 persons admitted to the Colony between the years 1914 and 1930, only four (two from Russia, one from Scotland, and one from Syria) came from foreign countries, 21st A.R., 1930, p. 23.

69. Donald Dodd and Wynelly Dodd, Historical Statistics of the South, 1790-1970 (University, Alabama: University of Alabama Press, 1973), pp. 2-59. In 1900, the total population of the South was 16,762,565, with 2,648,870 persons residing in places with populations of over 2,500. By 1940, the population had increased to 26,312,442, with 8,650,355 urban dwellers, Howard Odum, Southern Regions, p. 477. See also Blaine Brownell, "The Urban South Comes of Age, 1900-1940," in Blaine Brownell and David Goldfield, editors, The City in Southern History: The Growth of Urban Civilization in the South (Port Washington, New York: Kennikat Press, 1977), 92-122; and The Urban Ethos in the South, 1920-1930 (Baton Rouge, Louisiana: Louisiana State Univeristy Press, 1975).

70. "Report of the Committee on Caswell Training School in its Relation to the Problem of the Feeble-Minded of the State of North Carolina, 1926," State Board of Public Welfare Records, Box 178, Caswell Training School Folder, O.R.C. See also A Study of Mental Health in North Carolina, p. 276. For more on the generalized Southern concern about urbanization and the specific problems it caused, see Blaine Brownell, The Urban Ethos in the South, pp. 106-116 and "The Urban South Comes of Age, 1900-1940," pp. 145-150.

71. Florida admissions compendiums from 1st through 11th B.R. of the Superintendent of Florida Farm Colony, 1919-1920 to 1939-1941. County populations from 5th (1925) and 6th (1935) Census of the State of Florida (5th, Tallahassee, Florida: T. J. Appleyard, Inc., 1926; 6th, Winter Park, Florida: Orange Press, 1936). Virginia admissions from 21st A.R. of the Virginia State Colony, 1930, p. 21. This annual report was used as it was the last one to give origin statistics for admittants; "Trends in Hospitalization for Mental Disease and Mental Deficiency in Virginia, Prepared for the State Hospital Board by Population Study Committee of the Virginia State Planning Board, 1942," Virginia State Library, p. 29.

72. Minutes of the Board of Commissioners of State Institutions, Minute Book J, p. 353, April 2, 1929, Florida State Archives, Tallahassee, Florida; 5th B.R. of the Superintendent of Florida Farm Colony, 1927-1929, p. 10. For a Virginia example, see 17th A. R. of the Virginia State Colony, 1926, p. 19.

73. J. H. Colson to Judge Albert Wiese, November 20, 1931, Superintendents' Correspondence, G.S.C.; Application form of January 13, 1931, Colson's reply of January 14, 1919, Superintendents' Correspondence, Vault files, G.S.C.

74. Several states statutorily enacted these age restrictions. For example, Georgia's enabling act authorizing the establishment of a state institution "Provided that preference in admission shall be given to children and women of child-bearing age," Georgia Statutes, 1919, Number 373. See also the 1915 North Carolina statute which fixed entry to "feeble-minded and idiotic boys and girls between 6 and 21 and feeble-minded women between the ages of 21 and 30 years," Public Laws of North Carolina, 1915, Chapter 266.

75. B.R. of the Georgia State Board of Health, 1929-1930, p. 141, R.G. 1, Sub-Group 1, Series 1, G.S.A. Of the total 228 persons listed in the institution, forty-two (eighteen percent) were over the age of twenty; Official Report of the Georgia Department of Public Welfare, 1937-1938, pp. 218, 221. In Virginia, 535 of the 715 patients at the State Colony (74.8 percent) in 1928 were under the age of twenty-five, 19th A.R. of the State Colony, 1928, p. 18. First admits to the Virginia Colony appeared even younger. Of the 226 persons admitted there in 1934-1935, 83.6 percent were under twenty-five and 71.7 percent were under the age of twenty, 26th A. R., 1935, p. 24.

76. Minutes of the Board of Commissioners of State Institutions, Minute Book I, p. 345, September 28, 1926, Florida State Archives, Tallahassee, Florida.

77. 4th B.R. of the Superintendent of Florida Farm Colony, 1925-1927, p. 7.

78. G. B. Arnold, "The Feeble-Minded in Virginia from an Institutional Standpoint," p. 2.

79. R. C. Tompkins, "Teaching and Care of Feeble-minded in State Institutions," p. 161.

CHAPTER VII  
UNDER A DOUBLE BURDEN:  
FEEBLE-MINDED BLACKS IN THE SOUTH

The problem of the feeble-minded Negro is a most difficult one, and a serious social liability affecting the general welfare of North Carolina. The State makes no provision for the care or treatment of this unfortunate group. . . . The mere extent of the problem of feeble-mindedness will ever render it necessary for the State to play the chief role in dealing with what is the most menacing of all social dangers. (North Carolina State Board of Charities & Public Welfare, 1926)<sup>1</sup>

In 1927, the Biennial Report of the State Board of Charities and Corrections of the Commonwealth of Kentucky warned that "the feeble-minded of the colored race present a greater menace than do the white. . . . We do desire to point out the utter lack of any provision for colored feeble-minded."<sup>2</sup> In spite of this admonition, Southern states took little notice of their black feeble-minded population. Nineteen years after the Kentucky report, the South Carolina Director of Public Welfare admitted that "the care of mentally deficient and mentally ill persons in the same institution is distinctly undesirable, but . . . the Hospital's efforts to secure provision of a separate training school for mentally deficient negroes have to date been unsuccessful."<sup>3</sup>

While eleven public institutions for the feeble-minded operated in the South in the first four decades of the twentieth century, only two of these facilities, the Kentucky Feeble-Minded Institute in Frankfort and the Louisiana State Training School in Alexandria, housed feeble-minded residents of both races, albeit in segregated quarters.<sup>4</sup> Virginia was the only Southern state to open a separate institution "for the purpose of caring for and training mentally defective Negroes" when it opened the Petersburg State Colony in 1939.<sup>5</sup> The remaining seven states either housed African-American feeble-minded individuals in institutions designed for the care of the black insane or made no provisions at all for their care and training.

Southern treatment of feeble-minded individuals mirrored remarkably white attitudes towards blacks in the early years of the twentieth century. George Fredrickson's observation concerning conservative whites and their relationship to black Southerners could easily have been written about the organizers and advocates for Southern institutions for the feeble-minded. "This conservative ethos," Fredrickson argued, "promoted Christian charity, nobless oblige, and a quasi-parental form of guardianship over people who were thought of as inherently child-like."<sup>6</sup> Of course, this benevolent paternalism had another, darker side. Whites also viewed blacks as atavistic brutes, controlled by emotions and driven to sexual excess. White

Southerners also applied the two sides of the paternalist equation to feeble-minded individuals. In 1915, superintendent C. Banks McNairy appealed to the North Carolina legislature for more funding for Caswell Training School "in behalf of North Carolina's most undesirable citizens." Yet, McNairy concluded his request by announcing, "I love these children." His predecessor as superintendent, Ira Hardy, addressed the Southern Medical Association in Jacksonville, Florida three years earlier. He exhorted Floridians to follow North Carolina's example and establish an institution for the feeble-minded to protect society. "Take wise and prompt measures to prevent as well as mitigate," he warned, "the great evils which already accrue or may accrue from the feeble-mindedness in your midst, so as to prevent its expression in pauperism, harlotry, and crime."<sup>7</sup>

As the Southern color line solidified in the first two decades of the twentieth century, white Southerners ignored the needs and concerns of their black brethren. In a region where spending for social services was low to begin with, monies for the care of black feeble-minded individuals simply were not available. Feeble-minded black persons involved in anti-social or criminal behavior were often adjudicated through the criminal justice system. Others, usually those causing no community problems, were placed in insane asylums or simply cared for at home by parents or relatives. While institutions for white feeble-minded

individuals often acted as agencies of social control, superintendents saw another function. Institutions offered the opportunity, according to Ira Hardy, "to remedy defects and to develop hidden potencies that will give them a better chance in the race of life."<sup>8</sup> Blacks in the South rarely received the possibility of achieving that better chance.

The historical examination of institutions organized to house individuals labelled as deviant and defective has been characterized by a vitriolic debate between historians of two schools who view these facilities as either instruments of social control or humanitarian attempts, albeit flawed ones, to ameliorate social problems.<sup>9</sup> The attempts, or lack thereof, of Southern states to grapple with the issues posed by black feeble-minded individuals offers an opportunity to move past this debate which has generated much heat and little light. Using the insights of sociologist Bernard Farber regarding the "deviancy" or "incompetency" of retarded individuals, Southern institutions for the black feeble-minded are seen as neither strictly humanitarian nor controlling, but a curious combination of both.<sup>10</sup> Public apathy and legislative penury concerning the feeble-minded generally and black feeble-minded individuals specifically, frustrated the desires of institutional leaders and social workers concerned about the protection for and from these persons. This inability to clearly define policy goals as well as the fetters of a strictly segregated society doomed

Southern care for the African-American feeble-minded during the first forty years of the twentieth century.

The treatment of black patients in institutions for the feeble-minded generally followed similar patterns established in facilities designed for the insane and mentally ill. Virginia's Eastern State Hospital, founded in 1773 as the first public mental hospital in what would become the United States, admitted its first free black patient only a year after its opening. In 1846, the Virginia legislature voted to allow slaves admission to Eastern State in apparently non-segregated quarters. This episode in racial liberalism was short-lived, however. By 1869, Virginia statute excluded blacks from the institution and made provisions to house them at the new Central State Hospital in Petersburg, which housed only African-American patients.<sup>11</sup> The segregation of black mental patients reflected the hardening of racial attitudes in the post-bellum South in the face of emancipation. No Southern institution allowed integrated wards and black patients remained isolated in separate wings and facilities. By the 1920s, three Southern states, Virginia, North Carolina, and South Carolina, operated separate institutions for black mental patients. In a period when Southern states provided a level of mental health care deemed "medieval" by a prominent Southern psychiatrist, blacks received the lowest percentage of that funding.<sup>12</sup>

By the second decade of the twentieth century, Southern states, following their Northern counterparts, established separate institutions for individuals labelled as feeble-minded. The institutional segregation of these persons would, reported a 1916 survey of Virginia's mentally defective population, "dry up the springs of feeble-mindedness," which appeared "responsible in large degree for pauperism, crime, prostitution, and other evils which burden society."<sup>13</sup> While sometimes couched in humanitarian terms, the movement to establish institutions for the feeble-minded clearly reflected a concern for social order.

Southerners did not express this concern for social control in explicit racial terms. The apocalyptic expressions of physicians and superintendents concerning the "menace of the feeble-minded" rarely, if ever, mentioned race. The establishment of rigid racial barriers in the 1890s and 1900s left the South as two separate and distinct societies. In 1937, the superintendent of the South Carolina Training School (that state's only institution for the feeble-minded) expressed that belief cogently. "Tradition, custom, political determination, as well as other economic and social practices," he wrote, "have set apart the colored people from the whites."<sup>14</sup> The policy of racial separation allowed white Southerners to ignore the plight of feeble-minded black individuals. With control enforced by legalized segregation, there appeared little

need for institutions for the feeble-minded to further control black deviants.

The development of institutions for the feeble-minded was not simply an exercise in social control, however. Humanitarian concern for the "unfortunate" feeble-minded individual, both black and white, also seemed important. Of course, by protecting these "undesirables" within an institution, society itself would be protected from, in the words of a North Carolina superintendent, their "ever-increasing hordes."<sup>15</sup> In the 1910s, the Southern Sociological Congress, a prime example of formalized Southern humanitarianism, provided a forum for progressive Southerners to express concern about social problems besetting their region. In a volume of its first year proceedings in 1912, entitled appropriately The Call of the New South, the congress set out its goals for social uplift. It called for "the proper care and treatment . . . of the feeble-minded," as well as "the solving of the race question in a spirit of helpfulness to the negro," but made no mention of the two as interrelated problems. In the eight year lifespan of the congress, no author noted the special needs of the black feeble-minded, or problems caused particularly by their presence.<sup>16</sup>

Southern reform leaders, therefore, established institutions for the feeble-minded as a means of protection both for and from the residents in them. In a time period in which a North Carolina superintendent announced that

"society must look upon germ plasm as belonging to society, not solely to the individual who carries it," individual rights were subsumed to society's needs.<sup>17</sup> In the South, separation of the races appeared paramount among those societal needs. This separation carried over into the institutionalization of the feeble-minded.

Southerners generally praised the inauguration of specialized public facilities designed to house the mentally deficient. The 1920 Report of the South Carolina State Board of Public Welfare announced that "in September [1920], the State Training School in Clinton was opened. This, for more than one reason, was an epoch-making event."<sup>18</sup> This praise, however, did not often translate into adequate legislative appropriations. In 1913, after the dedication of the North Carolina Training School, but before the admission of its first residents, a member of the State Board of Public Welfare wrote to the Board secretary lamenting the state's seeming lack of concern. "There is a strong sentiment in the State that this Institution is not necessary," he warned, ". . . and as a result it is going to be hard to get the Legislature under the present financial conditions of the State to provide sufficient funds to open it up in proper shape."<sup>19</sup> The situation appeared comparable in Georgia. "The school for feeble-minded at Gracewood has had even a harder struggle financially," concluded the Annual Report of the state Board of Health in 1923. "On an appropriation of \$25,000 per

year, no constructive work can be done, and the per capita cost is much higher than would be the case if the appropriation was doubled."<sup>20</sup>

While appropriations for the newly-organized white training schools for the feeble-minded seemed paltry, legislatures seemed to purposefully exclude black feeble-minded individuals entirely. In Florida, the Florida Farm Colony for Epileptic and Feeble-Minded, located in Gainesville, opened its doors to white patients in December 1921. Plans had been made for the institution to also house black patients, albeit in a Jim Crow setting. Speaking to the Florida State Conference of Social Work in Miami in 1922, Farm Colony superintendent Dr. W. H. Hodges announced that "at present we can only admit white children, no facilities having been provided as yet for negroes. It is expected," he concluded, "that these will be provided for at a later date in a separate colony, situated on the same tract of land, about one mile distant from the white group."<sup>21</sup> Thereafter, no legislature appropriated monies for the anticipated black facilities. Legislators, bureaucrats, and institutional administrators made no mention of the desirability of serving black patients, or the needs of the black feeble-minded population. In 1945, a Special Survey, authorized by the legislature and Governor Millard Caldwell, excoriated the Farm Colony for its appalling conditions and its failures to meet the needs of

the state's mentally retarded population, but made no mention of the lack of facilities for black patients.<sup>22</sup>

Florida, then, provides an example of one Southern strategy for the treatment, or rather the non-treatment, of black feeble-minded individuals. Florida Farm Colony, the state's only public institution for feeble-minded individuals in the first half of the twentieth century, made no provisions at all for black patients. In spite of the earlier plans for a negro unit on the grounds of the institution, superintendent Dr. J. Maxey Dell simply reported in 1939 that "there are no facilities for the care of colored patients."<sup>23</sup> This prohibition, explicitly stated but codified in neither statute nor administrative regulation, was tested by Florida county and juvenile court judges. Between the years 1929 and 1940, these jurists, authorized under Florida law to initiate commitment proceedings to the Farm Colony, committed at least twenty-nine black individuals to the institution, as no statute prohibited it.<sup>24</sup> Of course, superintendents did not accept any of these black individuals into Florida Farm Colony. In rejecting an application for a black Tampa youth in 1939, superintendent Dell expressed the white region-wide sentiment for segregation when he wrote that "we are not in a position to admit any colored cases to the institution."<sup>25</sup>

Judges usually requested commitment to the Colony for black individuals who appeared quite low in their functional abilities. Bernard Farber would label these persons

"incompetent." These were not, then, delinquent black youths committed to the Colony as an alternative to some other form of incarceration or punishment. A 1937 application for a twelve year old African-American girl from Orange County seemed typical. The document reported the girl could not "feed herself, or sit, or walk, or talk." It also revealed that she was not "troublesome" but "as she grows older, [she] is becoming more and more of a problem to the family. This is particularly trying during the school months as the mother cannot leave her alone while the other children are in school." Replying in coldly bureaucratic terms that revealed the wide discretionary powers of the superintendent, superintendent Dell responded that "this has been more or less a community problem and I am sorry that we are not able to help you further in regard to same." Dell concluded by stating "that there is no Statewide place for such patients."<sup>26</sup>

A year later, a Pinellas County judge attempted commitment for an even more heart-wrenching case. The city of Clearwater's chief probation officer reported to Dell that "we have in our possession commitment papers for one K. L., colored age 10. The situation is pitiful as well as tragical. We found this child anchored with rope to an iron post in the yard. In some way the family is taking care of her at night. She has never been to school, cannot talk understandingly, and is a pronounced subject for your

institution." Again, Dell curtly responded that "we cannot take colored patients here."<sup>27</sup>

The incompetent black individuals refused admission to Florida Farm Colony posed no threat to the social order of the state of Florida. Far from functioning as an instrument of social control in these cases, the institution served (or would have served if it had admitted black patients) as a last resort for beleaguered black families strapped with the burdens of a handicapped child. An application by parents for their ten year old boy, through the Hillsborough County Court, exemplified this feeling. The boy did not appear troublesome, but "had convulsions every night for four years." The parents, the application continued, "appear tired and can no longer handle the child." Superintendent Dell's response was the same as usual, "We do not accept colored patients at the Colony."<sup>28</sup>

While Florida made no provisions at all for African-American feeble-minded individuals, other Southern states admitted them into institutions designed to house black insane patients. The combination of insane and feeble-minded patients in one facility flew in the face of medical and psychological wisdom. In 1912, Dr. Ira Hardy, the first superintendent of the North Carolina Training School for the Feeble-Minded, addressed the Tri-State Medical Society on this issue. "They [the feeble-minded] are in a class by themselves," he announced, "and should be specifically cared for in institutions devoted absolutely to their needs."<sup>29</sup>

Medical staff trained in the treatment of the insane seemed similarly adamant that the two categories of dependent persons should not be cared for in the same institution. The 1917-1918 Biennial Report of the Florida State Hospital for the Insane in Chattahoochee commented that "we must find a way to remove the feeble-minded individuals from the hospital. They do not respond to treatment in the same way as our other patients."<sup>30</sup> In spite of these types of pronouncements, institutions for the insane, both in the North and South, continued to admit feeble-minded white individuals. However, many of these persons manifested symptoms of mental illness as well as mental retardation. In spite of these ongoing commitments to mental hospitals, the trend continued towards the housing of mentally deficient patients in separate facilities designed specifically for feeble-minded individuals. In 1923, institutions for the feeble-minded housed over sixty percent of the 80,000 institutionalized feeble-minded. By 1939, this figure had jumped to seventy-four percent.<sup>31</sup>

Social welfare officials in North Carolina recognized the importance of establishing separate facilities for black feeble-minded persons. In 1920, C. Banks McNairy, the superintendent of North Carolina's Caswell Training School lobbied for the care of these individuals. The state of North Carolina should allow black patients at Caswell, he argued, since "this is an obligation due them from the State as a recognition of the part they have played in the

European War, the purchasing of War Savings Stamps, and the many sons they have given to the cause of world democracy."<sup>32</sup> While McNairy appealed to white sympathy, the Executive Committee of the School's Board of Directors requested black admittants for more pragmatic reasons. In 1919, they asked for "some reasonable appropriation . . . to care for a limited number of colored," requesting \$25,000 from the state to build a unit at Caswell to house black patients. However, the Board emphasized, "in caring for the colored, only the high graded should be taken at the Institution, as they can be made servicable on the farm." In spite of these appeals, couched in both humanitarian and economic language, in 1924, the Board of Trustees announced that no negro unit was to be built at Caswell, citing the lack of state funding needed for construction. Again, paternalistic pleas to help black individuals lost out to simple lack of concern for the problem of black feeble-minded persons.<sup>33</sup> Two years later, a comprehensive survey of the needs and status of Caswell Training School recommended seven steps be taken to improve the institutions's treatment of North Carolina's feeble-minded population. The thirty-seven page report did not mention the lack of facilities for African-American feeble-minded individuals in the Tar Heel State.<sup>34</sup>

In 1934, a special survey of underprivileged children in North Carolina reported that "since 1919, the State Board of Charities and Public Welfare has been recommending proper

and adequate provision for care and training of the feeble-minded negro child in a plant and under a personnel especially equipped for this purpose." It concluded with a plea that "it is hoped that 'better times' financially for the State will permit the carrying out of such recommendations." In 1936, a more generalized survey of mental health in North Carolina buttressed these earlier suggestions by raising "the possibility of serving both white children and negro children" in an institution which would consist of "two distinctly separate colonies under the same management." The 'better times' necessary to establish this type of institution never arrived as North Carolina refused to allocate the money for these separate facilities. In 1943, a letter to the Chairman of Public Welfare reported that "arrangements are frequently made at the State Hospital for the Insane at Goldsboro, North Carolina, for the custodial care of negro feeble-minded. But this a great injustice to these cases. They are not insane. They need training so as to become able to take care of themselves in this life instead of being a continual burden to the State."<sup>35</sup>

The superintendent of Goldsboro State Hospital, the state's institution for African-American insane patients, reported in 1935 that the facility housed sixty-seven feeble-minded individuals. Two years earlier, a Rosenwald Fund study of black child welfare in the state stated that "this institution [Goldsboro State Hospital] was never

intended to care for the feeble-minded."<sup>36</sup> A 1945 state survey highlighted the inadequacy of these arrangements, recommending that a facility be established for 900 black feeble-minded children, "to the end that they may be under the supervision of people skilled in giving the right kind of care to these mental defectives."<sup>37</sup>

The agreement of experts that different treatment methods were needed for insane and retarded persons did not deter Southerners in other states from also placing black feeble-minded and insane individuals in the same facilities. In 1938, South Carolina Training School superintendent Benjamin Whitten reported that "additional space is urgently needed for the colored insane. Moreover," he continued, "such space would be provided within that Institution if provision elsewhere were made for the colored defectives now grouped with the insane." Eight years later, the state's director of Public Welfare reported no movement in that direction. He wrote that the "facilities of the State Hospital [for the Insane] for caring for mentally deficient Negroes are so inadequate, Dr. Ham [the superintendent] informs me, that only a small proportion of those needing such care can be admitted. The State Hospital cared for 472 "negro feeble-minded adults and children" in 1946, in addition to over one thousand black insane persons."<sup>38</sup>

While black feeble-minded individuals often had to share inadequate facilities with their mentally ill brothers and sisters, white Southerners made few of the overarching

generalizations about black feeble-minded individuals as they did about the class of black insane. Well into the twentieth century, Southern superintendents and other social welfare officials reported at professional meetings on the relationship between black emancipation and the high incidence of black insanity. "In our ante-bellum days, the spectacle of an hysterical, insane negro was very rare in the South," reported Daisy Denson, secretary of the North Carolina Board of Charities at the National Conference of Charities and Corrections in 1896. "Circumstances have changed the environments of the negro," she continued, "he is fighting his own battle of life, and it is a hard struggle." Seven years later, the Reverend Sam Small of South Carolina reiterated Ms. Denson's observations. Using the myth of a benevolent paternalistic slave society in which blacks "were in as good physical and mental condition as any class of laborers," Small compared that situation to the post-war South in which blacks "were turned loose upon their own resources." Those circumstances, Small concluded, were "the conditions that are making for the increase in insanity." While welfare professionals believed in the inherent inferiority of blacks (Small concluded that "the race as a whole has not large capacity"), they also believed in the necessity of state action to improve the condition of the black insane. Not simply inveterate racists, these men and women struggled to understand and control black insanity

within the parameters of a society based on the legal and economic subjugation of blacks.<sup>39</sup>

The Kentucky Board of Charities and Corrections carried this line of thought to concerns about black feeble-mindedness. In 1927, it reported that "it has been repeatedly stated that feeble-mindedness or mental defectiveness is one of the most prolific sources of crime. "If this is true, there is sufficient reason to believe that because of environmental conditions in this State," an earlier report concluded, "the menace of the feeble-minded is no less a menace with the colored than with the white population." The 1927 report ended by decrying the "utter lack of any provision for colored feeble-minded."<sup>40</sup>

The rhetoric of public welfare officials in Georgia appeared similar to that in Kentucky. In 1928, the Department of Public Welfare report lamented that "there is no state care for the colored feeble-minded. The fact that adjustment of feeble-minded children depends on intelligent training and adaptation to their environment would indicate that to provide care for colored feeble-minded children would be a tremendous opportunity to prevent ultimate delinquency and dependency of negro children." The report recognized the difficult economic situations many black families found themselves in. "Children are in homes where it is necessary for both parents to work," it concluded, "and when [sic] hours of employment necessitate long absences. The danger of feeble-minded children to

themselves and to other children with whom they associate is increased by such an economic situation and it is hoped that provision will be made for these negro children as early as possible." Three years later, the Department still pleaded for the state of Georgia to "add facilities for the care of negro feeble-minded children." Recognizing that the environmental depravation argument used in the last report did not achieve the desired result of a black institution, the writers resorted to fear tactics. They concluded their plea for a new facility by announcing, "They [black feeble-minded children] create one of the greatest menaces to society in their delinquency and the human waste and suffering to themselves is untold."<sup>41</sup> Both appeals to humanitarian concern and the desire for control fell on deaf ears. The Georgia legislature never appropriated monies for facilities for African-American feeble-minded persons, instead opting to ignore the problem.

South Carolina School for the Feeble-Minded superintendent Benjamin Whitten echoed the fearful concerns of the Georgia Department of Public Welfare in his evaluation of African-American feeble-minded individuals, yet he too did not appear as a doctrinaire hereditarian on the issue of race. Whitten's analysis of the problems of feeble-mindedness was infused with much more of a class bias than a racial one. According to Whitten, "the social censor is not active or critical among them [the black feeble-minded] and their moral codes are not well defined."

Whitten, however, seemed equally demonstrative in his condemnation of the class of white individuals from which the majority of feeble-minded hailed. These persons were "humble, illiterate, [and] ignorant," he claimed. In spite of his condescending attitude, Whitten still recognized the lack of adequate facilities for black feeble-minded individuals. "All forward-looking individuals realize the desirability and necessity for . . . institutional provision . . . for colored defectives . . . outside the State Hospital," he concluded.<sup>42</sup>

The state of Virginia also provided a single institution for the care of both black insane and feeble-minded persons. But the persistent demands of the institution's staff and state welfare officials for better treatment facilities and more control over the feeble-minded led to the establishment of a separate institution for black feeble-minded persons, the only one of its kind in the South. Central State Hospital, near Petersburg, founded in 1869, was the nation's largest institution for the care of the black insane, housing over 3,500 patients in 1938. Prior to 1915, no differentiation was made between feeble-minded and insane patients at the institution. The 1914 and 1916 legislatures recognized the problem and "authorized the establishment . . . of a colony or department for the colored feeble-minded." But, as the Annual Report of Central State Hospital concluded, "neither legislature appropriated any funds . . . [therefore] nothing is being

done for them."<sup>43</sup> Hospital superintendent Dr. William Drewry requested the separate facilities not out of humanitarian concern but because "these defectives are a menace and in one way or other a burden to the State." Again, Drewry's comments were not race-specific; they echo the remarks of Dr. J. H. Bell, superintendent of the State Colony for the white feeble-minded in Lynchburg.<sup>44</sup>

By 1923, superintendent Drewry proudly announced in his Annual Report that "separate provisioning for the colored feeble-minded ha[d] become a reality" at Central State Hospital. The original population of 100 had increased to 279 by 1935, but little in the way of increased funding accompanied the larger number of patients. In spite of the feeble-minded occupying a separate department within the hospital, the hospital did not meet their special needs. Many of the new admittees had to be "quarter[ed] . . . in the same wards with the insane, already overcrowded by at least 700." No new buildings had been erected for the feeble-minded since the department opened in 1923. In 1935, superintendent Dr. J. H. Henry called for a complete separation of the feeble-minded department. "There is a pressing need for separate provision for colored feeble-minded, with adequate trained personnel," he announced, "and that the present policy of attempting to care for them with the insane is radically wrong."<sup>45</sup> With the help of the Virginia State Federation of Colored Women's Clubs and the Virginia Commission on Interracial Cooperation, the hospital

staff pushed for complete separation. Responding to the pressure, the Virginia legislature in 1938 authorized the establishment of the Petersburg State Colony on lands owned by Central State. The institution opened in January 1939, housing 182 patients.<sup>46</sup>

The development of the Petersburg State Colony reflected the latest professional thinking on institutions for the feeble-minded. As with the South's white institutions, staff members visited five northeastern facilities to get ideas on everything from building construction to training procedures. Much effort was expended in the establishment of vocational programs for the patients. These programs, however, underscored traditional white beliefs concerning the assumed abilities and vocational needs of both feeble-minded and black individuals. Male patients were trained in agricultural pursuits and females in domestic work. With both sexes, the Colony stressed the importance of a docile, hard-working labor force.<sup>47</sup> The establishment of this first separate institution for black feeble-minded gave the staff the opportunity to engage in patient research programs to determine the racial make-up of feeble-mindedness. "There is a real need for intensive studies in mental deficiency in Negroes," the superintendent explained in 1939, "and this institution will very shortly have an opportunity to contribute something worthwhile to the subject."<sup>48</sup>

The high-sounding rhetoric of training patients for their eventual return to society contrasted sharply with the realities of an institution without a clear mission. Vocational training based on agriculture proved irrelevant to a black patient population comprised mainly of urban residents. Agricultural training foundered, the 1940 Annual Report of the Petersburg State Colony concluded, both because of the farm's "large size as compared to the patient population" and, more importantly, "an almost total lack of interest on the part of the boys." Domestic training for female patients also provided a "most difficult problem." Vocational training degenerated quickly, a state report admitted, as "the patients are worked with but little consideration for their feelings, their health, and no thought of paying them." Just as importantly, the state used the institution as a dumping ground for delinquent black youths, those whom Farber would categorize as "deviant." Though staff had authority to discharge these patients, and often did, their presence adversely affected the other patients and also staff attempts to implement training and education programs. Of eighteen patients discharged in 1941, thirteen were labelled as having borderline intelligence, sent to the Colony for minor criminal offenses. Staff reported that "delinquent tendencies in the latter group were so strong that satisfactory adjustment at the Colony were [sic] impossible."<sup>49</sup>

The effects of a dual wage scale, one for black employees and one for white ones, also negatively impacted the institution. In August 1939, only eight months after opening, a state investigation found "negroes are employed only as Attendants and Nurses. They receive a low wage, from \$40 to \$45 monthly, and work long hours a day." More importantly, "The institution does not give them or secure for them Accident Insurance, Old age or Retirement Securities." Conversely, white workers, who toiled in ostensibly much less important maintenance positions, "receive these benefits and securities."<sup>50</sup>

The District of Columbia's Training School for the Feeble-Minded in Laurel, Maryland appeared similar to the Petersburg State Colony in that it, too, struggled with the problems of blacks committed to it as deviant. The staff psychologist reported that in the institution, opened in 1925, "of course" the patients resided in quarters segregated by sex and race.<sup>51</sup> She also concluded that a majority of patients of both races came from homes "in which economic circumstances were very meager." Yet, when given intelligence tests, "it was unquestionably the negroes who excelled over the whites." The explanation seemed simple to Training school staff. White children are "given the benefit of aid and counsel" when "brought into contact with the Courts." Conversely, for black children, "petty crimes bring them into contact with the law and the families are not then able to give them the protection and supervision to

keep them out of Institutions." Institutional statistics bear this hypothesis out. In an institution where just over one half of the patients were black, African-Americans comprised fully seventy-four percent of the residents committed to the school for violation of parole, incorrigibility, and stealing.<sup>52</sup> The presence of so many "deviant" black feeble-minded individuals, surprisingly, did not reinforce white stereotypes of black criminality. Instead, staff at most Southern institutions understood the social causes of black feeble-minded "deviancy." But understanding did not necessarily imply action to correct the ills of Southern society. South Carolina superintendent Benjamin Whitten wrote in 1941 of the desirability of "a state institution for the colored." Yet, to Whitten, the system of segregation, which reinforced black economic dependency and "deviancy," still seemed "sound social philosophy and factual social psychology."<sup>53</sup>

Kentucky's solution to the problems caused by black feeble-mindedness followed the example set by the Louisiana training school, in that it operated a segregated institution serving both black and white patients. The 1921-23 report of the State Board of Charities and Corrections recommended building separate facilities for black individuals at the existing white facility in Frankfort. "Their needs are as great," the report concluded, "and they have an equal claim to the States's care and protection." The Board requested \$100,000 for new

buildings at the institution to house the black population.<sup>54</sup> Four years later, the board still pleaded for provisions to be made as the legislature failed to appropriate any money for the proposed black facilities. "There is a demand all over the State, but particularly from the more intelligent members of the colored race," it stated, "that this condition be remedied."<sup>55</sup> Finally in 1928, the legislature appropriated the monies for the facilities that would house 150 black patients at the institution. In spite of this accomplishment, the board pushed for the authorization of "another unit."<sup>56</sup> By 1939, the Kentucky feeble-minded institution housed 250 black patients. In another example of the inequality of segregated facilities, only eleven attendants watched over the black residents, while fifty-one white attendants were assigned to the approximately 500 white patients. In typical fashion, the 1939 State Department of Welfare report did not mention the disparity.<sup>57</sup>

While the lack of state programming for African-American feeble-minded persons caused suffering among black families and consternation among progressives of both races, it did allow many black individuals to escape the indignities of compulsory eugenic sterilization. The sterilization of the feeble-minded provided the most extreme example of the concern about the hereditary nature of the disability. In 1931, Dr. J. H. Bell, superintendent of Virginia's State Colony, reported that "the State has a

right and duty to protect its citizens from an overwhelming horde of socially and economically inadequate persons."<sup>58</sup> By 1940, seven Southern states, along with twenty-one others, had passed laws allowing for the compulsory sterilization of persons adjudicated as hereditarily feeble-minded and considered as deviant. These statutes, with the exception of North Carolina, allowed only for the sterilization of persons residing in state institutions. Since the black feeble-minded were generally excluded from institutions for the feeble-minded, they often escaped the surgeon's scalpel.<sup>59</sup> Again, as in concerns about feeble-mindedness generally, much of the strident sterilization rhetoric was expressed in class, rather than strictly racial, terms. In 1935, Virginia State Colony superintendent Dr. G. B. Arnold used the example of a patient at the institution "raised in all the filth and squalor of a 'poor-white trash' neighborhood." Two years later, Avary Dimmock, an Atlanta physician, wrote similarly that sterilization "certainly is one of the most important among a number of measures in any far-sighted and humanitarian program, for dealing with society's tremendous burden of mental disease, deficiency, and dependency."<sup>60</sup>

Southern states, therefore, did not single out black individuals for eugenic sterilization, at least during the time period this paper covers. The 1936 comments of the superintendent of the Goldsboro State Hospital, North Carolina's institution for the black insane sounded

remarkably similar to those of Bell, Priddy, and Dimmock, concerning white feeble-minded patients. The Goldsboro superintendent reported that "we hope to gradually educate these feeble minds who should not be allowed to propagate their kind to consent to be sterilized, both male and female, while in the hospital and now that we are planning to admit more feeble minds I think all of them should be sterilized before leaving the hospital."<sup>61</sup> In spite of rhetoric of this kind, blacks constituted fewer than one quarter of Virginia's total of sterilized individuals up to 1948, only slightly higher than their percentage of Virginia's population. Similarly, before 1950, blacks comprised only twenty-three percent of North Carolina's sterilizations at a time when they made up over twenty-eight percent of the state's population.<sup>62</sup>

Institutions for the feeble-minded in the South during the first forty years of the twentieth century provided little in the way of care and training for black individuals. In a region beset by endemic poverty and low social welfare expenditures, the black feeble-minded and their families suffered the most. The contours of a strict caste society based on race denied all but the minimum humanitarian care within institutional facilities. Trapped by a system of institutions that either treated them as deviants, trained them for increasingly obsolete occupations, or ignored them, African-American feeble-minded individuals and their families were left to fend for

themselves. A special bulletin of the North Carolina State Board of Charities and Public Welfare put it succinctly in 1926. The problem of feeble-mindedness, the report concluded, "is inherently a question for the Negro to solve for himself."<sup>63</sup>

Notes

1. "North Carolina's Social Welfare Program for Negroes," Special Publication #8 of the North Carolina State Board of Charities and Public Welfare, 1926, p. 15.
2. B.R. of the State Board of Charities and Corrections of the Commonwealth of Kentucky, 1925-1927, p. 52. Feeble-mindedness is a condition roughly analgous to the 1990 category of mental handicap or mental retardation. The definition of feeble-mindedness could be quite vague, allowing for many different interpretations of the handicap, which often led to institutions serving a population of miscellaneous deviants instead of a rigorously defined group of feeble-minded individuals. For the effect of this phenomenon on Southern institutions, see Steven Noll, "'From Far More Different Angles': Institutions for the Mentally Retarded in the South, 1900-1940," Perspectives on the American South (forthcoming).
3. Arthur Rivers to Dr. Ralph Hinton, Director, 'Division of Psychiatric and Psychological Services, State of North Carolina, September 23, 1946, State Board of Public Welfare Records, Psychological Services Records, Box 247, Negro Feeble-Minded Folder, O.R.C..
4. The ten Southern states are Alabama, Georgia, Florida, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia. These states are designated as Southern in Howard Odum's seminal 1936 work Southern Regions (Chapel Hill: University of North Carolina Press). The terms "feeble-minded," "mentally defective," and "mentally deficient" were used by physicians, mental health professionals, and social workers to categorize individuals who today would be labelled as mentally handicapped or mentally retarded.
5. 1st A.R. of the Petersburg State Colony for the Fiscal Year ending June 30, 1939, p. 5.
6. George Fredrickson, The Arrogance of Race: Historical Perspectives on Slavery, Racism, and Social Inequality (Middletown, Connecticut: Wesleyan University Press, 1988), p. 174. See also Joel Williamson, The Crucible of Race: Black-White Relations in the American South Since Emancipation (New York: Oxford University Press, 1984), passim.

7. C. Banks McNairy, "An Appeal to the Appropriations Committee of 1915 for the North Carolina School for the Feeble-Minded, Raleigh, February 12, 1915," p. 3, N.C.C.-U.N.C.; Ira Hardy, "Schools for the Feeble-Minded: The State's Best Insurance Policy- A Speech read before the Southern Medical Association, Jacksonville, Florida, November 14, 1912," p. 5, N.C.C.-U.N.C. For another example of the paternal attitudes towards feeble-minded residents of institutions, see the A.R. of the South Carolina State Training School for the Feeble-Minded, 1920. The report concluded that "the Inmates of this Institution are commonly referred to as 'children' regardless of their ages. This term is used both to enable us to avoid the use of the term 'inmate' and also to serve as a reminder that our charges are entitled to the tactful and affectionate treatment that all young children require" (pp. 6-7), South Carolina State Archives, Columbia.

8. Ira Hardy, "Prevention of Pauperism, Imbecility, and Crime: The Paramount Duty of the State- A Speech read before the Tri-State Medical Society, February 22, 1912, pp. 1-2, N.C.C.-U.N.C.

9. See the works by Gerald Grob, Mental Institutions in America: Social Policy to 1875 (New York: Macmillan, 1973), Mental Illness and American Society, 1875-1940 (Princeton, New Jersey: Princeton University Press, 1983), and "Abuse in American Mental Hospitals in Historical Perspective: Myth and Reality," International Journal of Law and Psychiatry 3 (1980), 295-310, and Constance McGovern, "The Myth of Social Control and Custodial Oppression: Patterns of Psychiatric Medicine in late Nineteenth-Century Institutions," Journal of Social History 20 (1986), 3-23 for representative examples of the 'humanitarian' side of the dispute. For the social control argument, see David Rothman, The Discovery of the Asylum: Social Order and Disorder in the New Republic (Boston: Little, Brown, 1971), Conscience and Convenience: The Asylum and its Alternatives in Progressive America (Boston: Little, Brown, 1980), and "The State as Parent: Social Policy in the Progressive Era" in Willard Gaylin, Ira Glasser, Steven Marcus, and David Rothman, Doing Good: The Limits of Benevolence (New York, : Pantheon, 1981), and Andrew Scull, "Humanitarianism or Control? Some Observations on the Historiography of Anglo-American Psychiatry," in Stanley Cohen and Andrew Scull, editors, Social Control and the State (New York: St. Martin's Press, 1983). For a voluminous overview of the field, see Ellen Dwyer, "The History of the Asylum in Great Britain and the United States," in David Weisstub, editor, Law and Mental Health: International Perspectives, Volume 4 (New York; Pergamon Press, 1988), 110-160.

10. Bernard Farber, Mental Retardation: Its Social Context and Social Consequences (Boston: Houghton Mifflin Company, 1968). Farber dichotomizes the labelling of persons as mentally retarded into two categories: deviant and incompetent. Those labelled as deviant are "a threat to established social relations" by a "motivation . . . antithetical to cultural norms" (pp. 23, 24). These persons are usually higher-level retarded individuals, labelled as "morons" in the nomenclature of the first forty-five years of the twentieth century. These persons were placed in the retardation system to protect society. Conversely, those labelled as incompetent are non-threatening and "cannot attain the level of conduct necessary" (p.23) for participation in society. Furthermore, incompetent individuals are unable, not unwilling, to conform to societal norms. These persons, labelled "idiots" in the nomenclature of the early twentieth century, were placed in the retardation system for their own protection. By attempting to handle both types of retardation in one institution, Southern reformers could not help either grouping. For more on the deviancy-incompetency argument, see Farber, pp. 23-42 and 260-263.

11. Shomer Zwelling, Quest for a Cure: The Public Hospital in Williamsburg, Virginia, 1773-1885 (Williamsburg, Virginia: The Colonial Williamsburg Foundation, 1985), pp. 48, 54; Norman Dain, Disordered Minds: The First Century of Eastern State Hospital in Williamsburg, Virginia, 1766-1866 (Williamsburg, Virginia: The Colonial Williamsburg Foundation, 1971), pp. 19, 109-113; Clark Cahow, People, Patients, and People: The History of the North Carolina Mental Hospitals, 1848-1950 (New York: Arno Press, 1980), p. 34; and Samuel Thielman, "Southern Madness: The Shape of Mental Health Care in the Old South," in Ronald Numbers and Todd Savitt, editors, Science and Medicine in the Old South (Baton Rouge, Louisiana: Louisiana State University Press, 1989), pp. 273-274.

12. Dr. James King Hall to Haskins Hobson, January 31, 1936, James King Hall Papers, Box 20, Folder 234, S.H.C.-U.N.C.

13. Mental Defectives in Virginia- A Special Report of the State Board of Charities and Corrections to the General Assembly of the Commonwealth of Virginia, 1916 (Richmond, Virginia: Superintendent of Public Printing, 1916), p. 20. The literature on the Progressive era is incredibly rich. See especially Robert Wiebe, Search for Order, 1877-1920 (New York: Hill and Wang, 1967) and Daniel Rodgers's suggestive "In Search of Progressivism," in Stanley Katz and Stanley Kutler, editors, The Promise of American History: Progress and Prospects (Baltimore: Johns Hopkins University Press, 1982), 113-132. For two excellent case studies of this progressive impulse in action in the South, see John

Ettling, The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South (Cambridge, Massachusetts: Harvard University Press, 1981) and James Jones, Bad Blood: The Tuskegee Syphilis Experiment (New York: The Free Press, 1981). For an example of the social control motives of institutional proponents, see Dr. W. L. Funkhouser, "Human Rubbish," Journal of the Medical Association of Georgia 26, 5 (May 1937), 197-199.

14. Dr. Benjamin Whitten, "Presidential Address to the American Association on Mental Deficiency, May, 1937," J.P.A., 42 (1936-1937), p. 36. The Progressive coalition in the South, too loosely organized and composed of too many disparate groups to be called a movement, often simultaneously proposed social and political reforms while establishing a legalized caste system based upon race. See Jack Kirby, Darkness at the Dawning: Race and Reform in the Progressive South (Philadelphia: J. B. Lippincott Company, 1972), passim, and J. Morgan Kousser, The Shaping of Southern Politics: Suffrage Restriction and the Establishment of the One-Party South, 1880-1910 (New Haven, Connecticut: Yale University Press, 1974), passim, for the fullest expression of this. See also Dewey Grantham, Southern Progressivism: The Reconciliation of Progress and Tradition (Knoxville, Tennessee: University of Tennessee Press, 1983), pp. 112-159; C. Vann Woodward, Origins of the New South, 1877-1913, (Baton Rouge, Louisiana: Louisiana State University Press, 1951), pp. 321-395; and George Tindall, The Emergence of the New South, 1913-1945 (Baton Rouge, Louisiana: Louisiana State University Press, 1967), pp. 1-32.

15. Dr. C. Banks McNairy, "An Appeal to the Appropriations Committee," pp. 1-2, N.C.C.-U.N.C.; C. Banks McNairy, "Cause and Prevention of Feeble-Mindedness- A Speech read before the Tri-State Medical Association of the Carolinas and Virginia, February 18, 1915," p. 26, N.C.C.-U.N.C. McNairy served as superintendent of North Carolina's School for the Feeble-Minded (renamed Caswell Training School in 1915) from 1914 to 1924.

16. James McCulloch, editor, The Call of the New South: Addresses Delivered at the Southern Sociological Congress, Nashville, Tennessee, May 7-10, 1912 (Nashville, Tennessee: Southern Sociological Congress, 1912), p. 8. For more on the Southern Sociological Congress and its role in Southern social change, see The Call of the New South and the other five published volumes of congress addresses as well as E. Charles Chatfield, "The Southern Sociological Congress: Organization of Uplift," Tennessee Historical Quarterly 19 (December 1960), 328-347 and "The Southern Sociological Congress: Rationale of Uplift," Tennessee Historical Quarterly 20 (March 1961), 51-64; Dewey Grantham, Southern

Progressivism, pp. 374-385; and C. Vann Woodward, Origins of the New South, pp. 423-424.

17. C. Banks McNairy, "Eugenics- A Speech read at the Onslow County Medical Society, Jacksonville, North Carolina, January 21, 1916," p. 11, N.C.C.-U.N.C. For more on the needs-rights dichotomy, see David Rothman's suggestive "The State as Parent: Social Policy in the Progressive Era," in Willard Gaylin, Ira Glasser, Steven Marcus, and David Rothman, Doing Good, pp. 69-96.

18. 1920 Report of the South Carolina State Board of Public Welfare, p. 24, South Carolina State Archives, Columbia. Also see "Georgia's Progress in Social Welfare- Report of 6th and 7th Years Work, 1925-1926" for another enthusiastic report on the beginnings of a state institution for the feeble-minded, R.G. 24, Sub-Group 1, Series 6, Box 1, Georgia State Archives, Atlanta.

19. J. R. Baggett to Daisy Denson, September 9, 1913, State Board of Public Welfare Records, Commissioner's Office Records, Box 1, O.R.C..

20. A.R. of the Georgia State Board of Health for 1923, p. 11. For the similar situation in South Carolina, see A.R. of the South Carolina State Training School for the Feeble-Minded, 1922, p. 3. The report declared that "without appropriations, we continue to forego the choice of operating a modern institution for the care and training of mental defectives."

21. "Address of W. H. Hodges to the Florida State Conference for Social Work, Miami, April 8, 1922, p. 2, P. K. Yonge Library of Florida History, University of Florida, Gainesville, Florida. See also Gainesville Sun, December 19, 1921, p. 3. The situation was similar in South Carolina. In his 1918 message to the legislature, Governor Richard Manning announced that "construction is under way [of the institution for the feeble-minded in Clinton]. It will care for the mentally defective of both sexes and both races." The State Training School remained exclusively for whites until the 1950s, Governor's Message, 4th A.R. of the South Carolina State Board of Charities and Corrections, 1918, 2 vols., 2: p. 9.

22. 1945 Special Survey of Florida Farm Colony, May 5, 1945, Chaired by Ellen Whiteside, Vault Files, G.S.C. The experience appeared similar in North Carolina. In 1936, a massive study of the state's mental health programming recommended sixteen provisions for the improvement of the state's efforts in the area of mental health care. Improved care and treatment of the black feeble-minded population, then housed in overcrowded quarters often not segregated from insane patients, at the State Hospital of the Black

Insane in Goldsboro, was not even mentioned as a recommendation. See A Study of Mental Health in North Carolina: A Report to the North Carolina Legislature of the Governor's Commission Appointed to Study the Care of the Insane and Mental Defectives (Ann Arbor, Michigan: Edwards Brothers, 1937) and Nell Battle Lewis, "Detailed Survey Completed of Mental Health Problems," Raleigh News and Observer, Febraury 7, 1937, 1.

23. 11th B.R. of the Superintendent of Florida Farm Colony, 1939-1941, Vault files, G.S.C.

24. These commitment applications were found in Superintendent's Correspondence, Vault files, G.S.C. Since the files found there were by no means complete, there remains a distinct possibility that more black individuals could have been committed.

25. J. Maxey Dell to Edna Hennessee, October 6, 1939, Superintendents' Correspondence, Vault files, G.S.C.

26. Application form of September 17, 1937; Dell reply of September 25, 1937, Superintendents' Correspondence, Vault files, G.S.C.

27. R. L. Turner to Dell, March 4, 1938; Dell reply, March 9, 1938, Superintendents' Correspondence, Vault files, G.S.C.

28. Application of February 11, 1938; Dell's reply of February 14, 1938, Superintendents' Correspondence, Vault files, G.S.C. Dell's responses appeared typical of the superintendents of the Colony. In 1935, the previous superintendent, Dr. J. H. Colson answered an application for a black patient this way, "I regret to advise that we have no provisions for the care of colored patients at the Colony." Colson to E. C. Bogue, April 16, 1935, Superintendents' Correspondence, Vault files, G.S.C.

29. Dr. Ira Hardy, "Prevention of Pauperism, Imbecility, and Crime," N.C.C-U.N.C.

30. Quoted in "Address of W. H. Hodges," p. 2.

31. Feeble-Minded and Epileptic in Institutions 1923 ((Washington, D. C.: Department of Commerce, Bureau of the Census, 1926), p. 37; Patients in Mental Institutions 1939 (Washington D. C.: Department of Commerce, Bureau of the Census, 1943), pp. 18, 265. In 1939, 133,852 feeble-minded individuals were institutionalized in both institutions for the mentally retarded and mental hospitals.

32. 1920 Superintendent's Recommendations, Minutes of the Executive Committee of the Board of Directors of Caswell

Training School, C.C.; See also McNairy to R. F. Beasley, May 3, 1918. Beasley was the state Commissioner of Public Welfare. Among other suggestions McNairy made for the improvement of the care of mental defectives in North Carolina was "provision be made for the colored feeble-minded," Board of Public Welfare Records, Box 178, Caswell Training School 1918-1923 Folder, O.R.C.

33. Report of the Executive Committee of the Board of Directors of Caswell Training School, Minutes of the Board of Directors, December 9, 1919, p. 201, C.C.; Special Meeting of the Board of Directors of Caswell Training School, Minutes of the Board, March 5, 1924, pp. 339-340, C.C. In 1924, the Board of Directors still felt that higher level black patients be admitted to Caswell as "they can be made serviceable on the farm, [and] that the low grade of the colored be taken care by an additional building at the Goldsboro Hospital," Report of Special Committee, Minutes of the Executive Committee of the Board of Directors of Caswell Training School, January 29, 1924, State Board of Public Welfare records, Box 178, Correspondence 1924-1925 Folder, O.R.C.

34. "Report of the Committee on Caswell Training School in its Relation to the Problem of the Feeble-Minded of the State of North Carolina, 1926," State Board of Public Welfare Records, Box 178, State Schools and Hospitals, Caswell Training School Folder, O.R.C.

35. "Brief History of the Care of the Underprivileged Child in North Carolina," Special Bulletin #13, Issued by the North Carolina State Board of Public Welfare, p. 24; A Study of Mental Health in North Carolina, p. 364; Orchid Wilson to W. A. Blair, Chairman of the State Board of Charities and Public Welfare, September 19, 1943, State Board of Public Welfare Records, Social Services Department, Box 6, Negro Feeble-Minded Study Folder, O.R.C.

36. W. C. Linville to Mrs. W. T. Bost, North Carolina Commissioner of Public Welfare, January 15, 1935, State Board of Public Welfare Records, Psychological Services Records, Box 247, Committee on Feeble-Mindedness Folder, O.R.C.; Wiley Britton Sanders, Negro Child Welfare in North Carolina- A Rosenwald Fund Study, Published for the North Carolina State Board of Charities and Public Welfare (Chapel Hill, North Carolina: University of North Carolina Press, 1933), p. 149. See also B.R. of Goldsboro State Hospital, 1932-1934, p. 38. The report found that "there is a constant increase in the number of applications for mental deficient patients, many of whom are idiotic. They no doubt, are a burden to the family at home and at times a nuisance in the neighborhood. We will have to admit as few of this class as possible on account of the room."

37. Ellen Winston, "Facilities are Needed to Care for 900 Feeble-Minded Children in North Carolina," Public Welfare News 7, 8 (September 1945), p. 37.
38. "21st A.R. of the South Carolina State Training School, 1938," p. 5; Arthur Rivers to Dr. Ralph Hinton, September 23, 1946.
39. Daisy Denson, "Comments," Proceedings of the N.C.C.C., 1896 (Boston: George Ellis, 1896), p.459; Reverend Samuel Small, "Comments," Proceedings of the N.C.C.C., 1903 (Indianapolis: Press of Frederick J. Heer, 1903), pp. 541, 540. For comprehensive examinations of provisions made for black insane persons at differing time periods, see J. W. Babcock, "The Colored Insane," Proceedings of the N.C.C.C., 1895 (Boston: George Ellis, 1895), 164-186 and Alan Smith, "The Availability of Facilities for Negroes Suffering from Mental and Nervous Diseases," The Journal of Negro Education 6 (1937), 450-454. For more on the use of black insanity rates to rationalize slavery, see Samuel Thielman, "Southern Madness," p. 274 and Albert Deutsch, "The First U.S. Census of the Insane (1840) and its Use as Pro-Slavery Propaganda," Bulletin of the History of Medicine, 15 (1944), 469-482.
40. B.R.s of the State Board of Charities and Corrections of the Commonwealth of Kentucky, 1925-1927, p. 52, 1921-1923, p. 16.
41. B.R. of the Georgia State Department of Public Welfare, 1927-1928, p. 81; Report of the Georgia State Department of Public Welfare for the Years 1929, 1930, 1931, p. 36, R.G. 24, Sub-Group 1, Series 6, Georgia State Archives, Atlanta. Georgia's funding, or lack of it, for white feeble-minded children was problematic as well. See B.R., 1927-1928, p. 82.
42. Benjamin Whitten, "Presidential Address," pp. 37, 39.
43. Population figures for Central State Hospital from 165th A.R. of the Virginia State Hospital Board for the Fiscal Year ending June 30, 1938, p. 5; 47th A.R. of the Central State Hospital, 1917, p. 16. See also Arthur James, Virginia's Social Awakening: The Contribution of Dr. Mastin and the Board of Charities and Corrections (Richmond: Garrett and Massie, Inc., 1939), pp. 167-168.
44. 47th A.R. of the Central State Hospital, p. 17. For an almost identical quote concerning the white feeble-minded population of the Lynchburg State Colony, see 2nd A.R. of the Feeble-Minded Colony, 1915, p. 15. "The burden of feeble-mindedness is felt by the entire public," the report concluded, ". . . and every intelligent person who considers the subject realizes that this blight on mankind is increasing at a rapid rate."

45. 52nd-53rd A.R. of the Central State Hospital, 1922-1923, p. 19; 65th A.R. of the Central State Hospital, 1934-1935, p. 23. See also Minutes of the Virginia Board of Public Welfare, February 20, 1936, p. 238, Record Group 42, Virginia State Archives, Richmond.
46. 66th A.R. of the Central State Hospital, 1935-1936, p. 23; 1st A.R. of the Petersburg State Colony, 1939, p. 5; "Laws of Virginia Relating to Mental Hygiene and Hospitals-Issued by Department of Mental Hygiene and Hospitals" (Charlottesville, Virginia: The Michie Company, 1944), Section 1092, p. 26. See also "Child Welfare Notes," The Survey 74, 3 (March 1938), 84; and "Recommendations of the Mental Hospital Survey Committee, January 24, 1938," Governor's Correspondence of James Price, R.G. 3, Box 35, State Hospital Board Folder, Virginia State Archives. Recommendation #33 proposed to "separate negro defectives from the mentally sick."
47. 166th A.R. of the Virginia State Hospital Board for the Fiscal Year Ending June 30, 1939, p. 41; 1st A.R. of the Petersburg State Colony, 1939, p. 6. For the similarities between vocational education at the Colony and black vocational education generally in the South, see James Anderson, "The Historical Development of Black Vocational Education," in Harvey Kantor and David Tyack, editors, Work, Youth, and Schooling: Historical Perspectives on Vocationalism in American Education (Stanford, California: Stanford University Press, 1982), 180-222; James Anderson, The Education of Blacks in the South, 1860-1935 (Chapel Hill, North Carolina: University of North Carolina Press, 1988), especially pp. 186-237; and Neil McMillen, Dark Journey: Black Mississippians in the Age of Jim Crow (Urbana, Illinois: University of Illinois Press, 1989), pp. 90-93.
48. 1st A.R. of the Petersburg State Colony, 1939, p. 7.
49. 2nd A.R. of the Petersburg State Colony, 1940, pp. 9, 11; 3rd A.R. of the Petersburg State Colony, 1941, pp. 10, 7; "Investigation of Charges made by Charles Griffin, Conducted by Dr. Henry at Central State Hospital, August 28, 1939," Governor's Correspondence of James Price, R.G. 3, Box 34, Central State Hospital 1938-1939 folder, Virginia State Archives, Richmond; 2nd A.R., p. 6. Courts and social workers adjudicated many delinquent black feeble-minded persons to state industrial schools, rather than to institutions for the feeble-minded. A 1936 report on North Carolina's Morrison Training School, the state facility for young delinquent black males, concluded that "more than 75 percent of all boys entering the Morrison Training School are greatly in need of hospital treatment." "Questionnaire on Permanent Improvement Estimates for 1937-1939, Morrison

Training School," State Board of Public Welfare Records, Box 162, Morrison Training School Folder, North Carolina State Archives, O.R.C.

50. "Investigation of Charges made by Charles Griffin."

51. Geraldine Stowell, "Comparative Study of Certain Mental Defects Found in Institutionalized Whites and Negroes in the District Training School," J.P.A. 36 (1930-1931), p. 270.

52. Ibid., p. 281, 272. Blacks comprised 181 of the total 355 patients at the institution. Sixty-two patients were admitted to the Training School for these offenses; of these forty-six were black. Staff at the school seemed as anxious as that at the Petersburg State Colony to scientifically investigate black feeble-mindedness. "There seems to be nowhere else collected together a similar group under a set environment," they reported, "that includes such numbers of both negroes and whites" (p. 269).

53. Benjamin Whitten, "Report No. 2- Discussing Question of Locating Institution for Colored, 1941," in A History of Whitten Village (Clinton, South Carolina: Jacobs Press, Inc.), p. 104; Benjamin Whitten, "Presidential Address," p. 36.

54. B.R. of the State Board of Charities and Corrections of the Commonwealth of Kentucky, 1921-1923, p. 16.

55. B.R. of the State Board of Charities and Corrections of the Commonwealth of Kentucky, 1925-1927, p. 52.

56. B.R. of the State Board of Charities and Corrections of the Commonwealth of Kentucky, 1927-1929, pp. 71-72, 93.

57. B.R. of the Department of Welfare of the Commonwealth of Kentucky, 1937-1939, p. 51. The Department of Welfare assumed control of the Feeble-Minded institution in 1936. In response to a 1937-1938 survey of the state's mental health facilities, the legislature passed the Chandler-Harris Act in 1938, authorizing \$800,000 in extra appropriations for these institutions. This allowed the Feeble-Minded Institution to hire eighteen more white attendants. Only three more black attendants were also hired. Ibid.

58. Dr. J. H. Bell, "Eugenic Control and its Relationship to the Science of Life and Reproduction- A Paper Read before the Virginia Medical Society, October 7, 1931," Virginia State Library, Richmond.

59. For generalized accounts of the eugenic sterilization movement, see Daniel Kevles, In the Name of Eugenics: Genetics and the Uses of Human Heredity (Berkeley:

University of California Press, 1985), pp. 107-112, Mark Haller, Eugenics: Hereditarian Attitudes in American Thought, 2nd Edition (New Brunswick, New Jersey: Rutgers University Press, 1984), pp. 130-141, and Donald Pickens, Eugenics and the Progressives (Nashville, Tennessee: Vanderbilt University Press, 1968), pp. 86-101. For more on sterilization and its legal standing, see Harry Laughlin, The Legal Status of Eugenic Sterilization (Chicago: Free Publication of the Municipal Court of Chicago, 1930) and Sterilization Laws: Compilations of the Sterilization Laws of the 24 States (Des Moines, Iowa: Wendell Hutson Co, n.d.). For more on sterilization in the South, see Steven Noll, "Sterilization in the South, 1920-1950," (unpublished paper in author's possession).

60. G. B. Arnold, "The Feeble-Minded in Virginia from an Institutional Standpoint- a Paper Given in Richmond to a Joint Meeting of the Children's Division and the Mental Hygiene Division of the Virginia Conference of Social Work, April 12, 1935," p. 2, Virginia State Library, Richmond; Avary Dimmock, "Human Sterilization," Journal of the Medical Association of Georgia 26, 7 (August 1937), p. 425. See also Virginia Colony Superintendent A. S. Priddy's comments, quoted in Harry Laughlin's deposition in Virginia Circuit Court of Amherst County, Buck v. Priddy, April 13, 1925, in Laughlin, The Legal Status of Eugenic Sterilization, p. 17. The Buck case went on to the United States Supreme Court, which in 1927 ruled that eugenic sterilization was constitutional. See Buck v. Bell, 274 U.S. 200 (1927). For more on the case see Stephen Jay Gould, "Carrie Buck's Daughter," Natural History 93 (July 1984), 14-18; and Paul Lombardo, Eugenic Sterilization in Virginia: Aubrey Strode and the Case of Buck v. Bell, (Ph. D. Dissertation, University of Virginia, 1982). See also Edward Larson's analysis of Georgia's eugenics policy, "Belated Progress: The Enactment of Eugenic Legislation in Georgia" (unpublished paper in author's possession), especially pp. 23-24.

61. Biennial Report of Goldsboro State Hospital, 2934-1936, p. 15.

62. W. I. Prichard, "Sterilization of the Mentally Deficient in Virginia," American Journal of Mental Deficiency 53 (1949), p. 544; George Lawrence, "'Some Facts Concerning Sterilization Based upon a Study in Orange County, North Carolina,'" North Carolina Medical Journal 8, 1 (January 1947), p. 23; Clarence Gamble, "Eugenic Sterilization in North Carolina," North Carolina Medical Journal 12, 11 (November 1951), p. 551. State population figures from Donald Dodd and Wynelly Dodd, Historical Statistics of the South, 1790-1970 (University, Alabama: University of Alabama Press, 1973), pp. 38-39, 58,59. These two states sterilized by far and away the most individuals

in the South. Virginia sterilized over 5,000 persons from 1928 to 1944 while North Carolina sterilized almost one thousand in that time period. See Steven Noll, "Sterilization in the South," p. 9. These racial figures had changed by the 1960s, when North Carolina continued to sterilize individuals for eugenic reasons. Of the 863 persons eugenically sterilized by the state of North Carolina from 1962 to 1966, 64 percent were black. See Rodger Hurley, Poverty and Mental Retardation: A Causal Relationship (New York: Random House, 1969), p. 47.

63. "North Carolina's Social Welfare Program for Negroes," p. 11.

CHAPTER VIII  
THE PROMISE OF STERILIZATION

Human sterilization is intended for men and women who are so seriously defective that, for the protection of themselves, their families, society, and posterity, they should not bear and rear children. While sterilization is not a panacea, it certainly is one of the most important among a number of measures in any far-sighted and humanitarian program, dealing with society's tremendous burden of mental disease, deficiency, and dependency. (Avary Dimmock, 1937)<sup>1</sup>

"Viewing the matter of eugenical sterilization from a purely practical and economic standpoint, we find it a procedure well justified."<sup>2</sup> Those were the terms by which Dr. G. B. Arnold, superintendent of Virginia's Lynchburg Colony for the Epileptic and Feeble-Minded, explained the "procedure" in 1938. Part and parcel of an overall strategy for ameliorating the problems associated with mental deficiency, sterilization appeared more than simply an appendage to the institutionalization movement. As late as 1947, Dr. George Lawrence, field secretary of the North Carolina Eugenics Board, observed that "surely sterilization is an extremely important part of any well-rounded program for combatting the problems of mental deficiency and disease."<sup>3</sup> Tied directly to a belief in the heritability of

feeble-mindedness, sterilization appeared the perfect progressive solution to the problem of the feeble-minded. Proponents viewed the procedure as scientifically based, non-punitive, and utilitarian in that it placed the needs of society over the needs of individuals. Sterilization's successes and failures in the South, therefore, provide a mirror into a region struggling with scientific modernism and the place of the individual in that emerging modern society.

Indiana passed the first state sterilization law in 1907. Coming at the high-water mark of the so-called progressive period, the law symbolized the growing use of state power to intercede in previously private affairs for an assumed public benefit. No less than the protection of the human race, or at least the intelligent Anglo-Saxon portion of it, from the dangers of degeneracy and mental deficiency appeared at stake. In 1914, Bleeker Van Wagener, chairman of the Eugenics Section of the American Breeders' Association, reported this fear in stark terms. "Members of the following classes," he thundered, "must generally be considered as socially unfit and their supply should, if possible, be eliminated from the human stock if we would maintain or raise the level of quality essential to the progress of the nation and our race. First among these classes is the feeble-minded."<sup>4</sup>

Leaders in the institutionalization movement also used scientific research to buttress their conviction of the

value of sterilization. Belief in the direct heritability of feeble-mindedness appeared common in the early years of the twentieth century.<sup>5</sup> The growth of intelligence testing and the subsequent "discovery" of thousands of feeble-minded individuals seemed to verify the need to initiate some meliorative practice to prevent the continuation of this feeble-minded menace. The sterilizing of mentally defective individuals fit conveniently into this scientific mind-set. "We heartily concur," wrote superintendent Benjamin Whitten of South Carolina in 1935, "that science should direct our actions. . . . If we accomplish this without destroying any function of the body except reproduction or impairing the efficiency or health and happiness of the individual, is not this really a scientific procedure?"<sup>6</sup> Virginia Colony superintendent Dr. J. H. Bell concurred with Whitten's assessment of the scientific rationale for sterilization. In a 1931 speech to the Virginia Medical Society, he concluded that research has proven that "about thirty of these genes have been identified and followed through from parent to offspring in successive generations, examples of which are found in the hemophiliac, the feeble-minded, and the colour-blind."<sup>7</sup>

In 1919, North Carolina and Alabama became the first Southern states to institute laws sanctioning compulsory sterilization. However, legislators wrote both laws unclearly, North Carolina's statute not even mentioning the term "sterilization," and the states sterilized few

individuals under the provisions of these statutes.<sup>8</sup> The Alabama Supreme Court declared its state law unconstitutional in 1935, on the grounds that "the sterilization of a person is such an injury to the person . . . just as much so as to deprive him of any other faculty, sense, or limb- and that due process of law means that this cannot be done without a hearing or notice before a duly constituted tribunal or board." Because the statute did not address the issue of notice, the court ruled the law unconstitutional. The Alabama justices left the door open to future legislation, however, by declaring, "We do not doubt the police power of the state to provide for the sterilization of the subjects."<sup>9</sup> The state legislature never passed a bill meeting the Supreme Court requirements for due process, however; consequently only 224 persons were sterilized in Alabama, all between 1919 and 1935.

North Carolina legislators, however, re-wrote their sterilization statute twice, once in 1929 and again in 1933. The North Carolina Supreme Court voided the 1929 legislation on the same grounds as the Alabama statute. The court found "the present law makes no provision for notice and hearing, and therefore impinges the due process clause of the Constitution."<sup>10</sup> The final revision of the law took into account the hearing and notice provisions of the 1924 Virginia statute, which had passed the test of federal constitutionality in 1927. This 1933 North Carolina statute, introduced in the North Carolina legislature by

representative W. A. Thompson, who also served as a member of the Board of Trustees of Caswell Training School, created the Eugenics Board of North Carolina and provided for notice, hearing, and appeal for the person to be sterilized.<sup>11</sup> Under this new law, North Carolina sterilized the third highest number of mentally defective individuals, trailing only California and Virginia.

In 1916 and 1917, officials at Virginia's Lynchburg Colony sterilized eighty persons, all female, without the benefit of any state legislation. Colony superintendent Dr. A. S. Priddy reported that the institution has "continued the policy of sterilizing young women and girls of the moron type."<sup>12</sup> Priddy believed in the value of paroling and discharging mentally defective patients from their institutional settings back to society. He felt sterilization would prove a "blessing" for those paroled individuals and would help them live a more normal life upon release. "They clamor for it [sterilization]," he wrote in 1925, "because they know it means the enjoyment of life and the peaceful pursuit of happiness on the outside of institution walls."<sup>13</sup> However, the staff at the Colony did not see the value of sterilization simply in the well-being of released patients. Concern for society, not the individual, remained paramount in the thoughts and writings of institutional staff. In 1938, superintendent G. B. Arnold summarized these beliefs. "No superintendent of a Virginia Mental Hospital," he wrote, "could parole a female

patient without fearing, and with good reason, that the patient would, while she was away from the hospital, become pregnant, and finally give birth to a child whose chances for normal intelligence and a normal life were exceedingly poor."<sup>14</sup>

Priddy might have continued these unauthorized procedures indefinitely had he not been sued in November 1917 by one Willie Mallory for \$5,000. Ms. Mallory claimed she had been "illegally carried from the city of Richmond to the county of Amherst," where, while a patient at the Virginia Colony, Priddy "performed an operation upon her by removing her genital organs, or sterilizing her, . . . and destroying her power to to bear children."<sup>15</sup> Priddy did not deny performing the operation. In a personal letter to Mallory that same month, he verified the beliefs superintendents had in the efficacy of sterilization to protect both society and the person being sterilized. "I am gratified to know," he wrote, "that the operation performed on you did you so much good that you are now able to earn an honest living according to what you say and not live such a life of shame as you did before coming to the institution."<sup>16</sup>

Priddy's defense rested, however, on the narrow, technical grounds that he performed the operation as a medical necessity, that sterilization "resulted from the diseased condition of the plaintiff." Priddy's argument also touched on the issues of class and sexuality which lay

just below the surface in this case. Mallory, Priddy concluded, deserved to be sterilized since she "has for a long time been well-known to the police of the City of Richmond . . . as a deficient, and as a most troublesome and undesirable citizen, frequently before the Courts, and incapable of leading a clean and proper life."<sup>17</sup> To Priddy, sexual promiscuity and lower class status seemed adequate rationale for sterilization.

George Mallory, husband of Willie, expressed his anger towards Priddy, writing him a poignant letter in November 1917. "Dr.," he wrote, "what business did you have operating on my wife and daughter with out my consent? . . . There is no law for such treatment." Again, Priddy's response to Mr. Mallory revealed another layer to the controversy. "Your wife and Jessie [Mallory's daughter, also sterilized at the Colony]," Priddy wrote, "were both operated on because they asked me to do so and it was done for diseases they had." Priddy then showed the extent of his arbitrary powers. "If you ever write me another such communication," he threatened, "I will have you arrested and brought here too."<sup>18</sup>

In March 1918, the jury ruled for the defense, taking Priddy's position that the operation was medically necessary. The presiding judge, however, according to Colony Board member H. Minor Davis, "warned Priddy not to sterilize any other patients until the existing law was changed."<sup>19</sup>

Chastened by the judge's warning, and prodded by Western State Hospital superintendent Joseph DeJarnette, Priddy enlisted state senator and Colony counsel Aubrey Strode to draft a model sterilization statute with the specific intent of testing the law's constitutionality in court. Virginia governor E. Lee Trinkle signed the bill into law on March 20, 1924, after passing both houses of the state legislature with only two no votes. The statute was based, in Harry Laughlin's words, upon "the most effective eugenical features and the soundest legal principles."<sup>20</sup>

Strode and Priddy formulated the Virginia sterilization law upon both economic and scientific bases. The statute stated that sterilization would aid those "many defective persons who if now discharged or paroled would likely become by the propagation of their kind a menace to society, but who if incapable of procreating might properly and safely be discharged or paroled and become self-supporting with benefits to themselves and society." It also invoked the scientific rationale for sterilization by emphasizing that "human experience has demonstrated that heredity plays an important part in the transmission of insanity, idiocy, epilepsy, and crime."<sup>21</sup> The law empowered superintendents of Virginia's four mental institutions and its Colony for the Feeble-Minded at Lynchburg to sterilize any resident "affected with hereditary forms of insanity, idiocy, imbecility, feeble-mindedness, or epilepsy." The statute specified no arrangements for the sterilization of insane or

feeble-minded individuals living outside institution walls. To protect the rights of the institutional resident to be sterilized, the law provided an opportunity for a hearing on the merits of the proposed operation, to be held in front of a special institutional board of directors in which the circuit court "shall appoint some suitable person to act as guardian of the said inmate during and for the purposes of proceedings under this act, to defend the rights and interests of said inmate." The law guaranteed a right to appeal the special board's decision as a means of protection for the prospective sterilized person. It simultaneously protected the initiators of the sterilization process. "Neither any of the said superintendents nor any other person legally participating in the execution of the provisions in the execution of the provisions of this act," it concluded, "shall be liable either civilly [sic] or criminally on account of said participation."<sup>22</sup>

Superintendent Priddy carefully chose an individual to be sterilized who met the criterion of the statute. The person would have to be a feeble-minded patient with a history of familial mental retardation also involved in illicit or immoral sexual relations. Scientific theories of the heredity of feeble-mindedness as well as beliefs in the relationship between gender, sexuality, and feeble-mindedness assured that Priddy's choice would be female. He selected Carrie Buck, an eighteen year old white female admitted to the Lynchburg Colony in January 1924.<sup>23</sup> Equally

important, the low intelligence of Buck's close relations "proved" the importance of heredity in Buck's retardation. Her mother previously resided at the Colony and her sister was a patient there at the time of the sterilization proceedings. Buck also gave birth to an illegitimate child in 1924, further solidifying the case for removing Buck's means of procreation. Colony psychologists tested Buck's seven-month old child in 1924, and labelled her feeble-minded, thus completing the connections between heredity and immorality and buttressing the case for sterilizing Buck.

Two levels of Virginia courts sustained the order to sterilize Buck. On April 13, 1925, Circuit Court Judge Bennett Gordon ruled that Buck "may be sexually sterilized without detriment to her general health and that her welfare and that of society will be promoted by her sterilization."<sup>24</sup> The Virginia Supreme Court upheld the decision in October 1925. Underscoring the importance of the case, Harry Laughlin and Arthur Estabrook, of the Eugenics Record Office, both testified to the hereditary nature of feeble-mindedness and the necessity of sterilization as a "force for the mitigation of race degeneracy."<sup>25</sup> In an thirteen page decision, Judge Jesse West ruled that the statute was indeed constitutional, as it met due process and equal protection provisions, and Carrie Buck could be sterilized under its provisions.<sup>26</sup>

Buck's guardian appealed the case to the United States Supreme Court. Her attorney, I. P. Whitehead, argued that

the statute did not provide due process, since it "violated her [Buck's] bodily integrity and is a deprivation of her life and liberty." The brief also argued the law denied Buck equal protection, since it applied only to individuals admitted to state institutions.<sup>27</sup> In May 1927, the United States Supreme Court ruled in Buck v Bell (Dr. J. H. Bell became the defendant after his appointment as superintendent of the Virginia Colony upon the death of Priddy in 1925) that the Virginia statute met federal constitutional guidelines and the state of Virginia could sterilize Carrie Buck for eugenic purposes.

For a Supreme Court decision of such presumed importance, the opinion delivered by Justice Oliver Wendell Holmes appeared, in the words of legal scholar J. H. Landman, "astoudingly brief and unusually platitudinous."<sup>28</sup> The two page opinion contained only one paragraph affirming the Virginia court decision. Holmes' decision concluded:

We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State, for lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped in incompetence. It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. Three generations of imbeciles are enough.<sup>29</sup>

Colony doctors wasted little time in complying with the decision. On October 19, 1927, Carrie Buck was sterilized as "the first person to be eugenically sterilized in the state of Virginia, with full sanction of the law for eugenic purposes only."<sup>30</sup>

With the Supreme Court affirmation of the Virginia sterilization statute, other Southern states saw fit to enact similar laws. Mississippi in 1928, North Carolina in 1929, South Carolina in 1935, and Georgia in 1937 all passed eugenic sterilization statutes authorizing compulsory sterilization of feeble-minded individuals. The Mississippi statute echoed word for word the constitutionally upheld Virginia statute. In both states, the legislation defined the purpose of sterilization as being "in the best interests of patient and society."<sup>31</sup> While these laws provided for the sterilization of both insane and feeble-minded persons, North Carolina's 1929 statute applied only to those categorized as feeble-minded. In another way, however, that law was more broadly conceived. It allowed for sterilization of non-institutionalized individuals in the community, upon the referral of county welfare boards. The North Carolina Supreme Court ruled this statute unconstitutional in 1933 (Brewer v Valk) because "the present act makes no provision for notice or hearing, and therefore impinges the due process clause of the Constitution".<sup>32</sup> Legislators remedied the situation later that year when they passed a new law that provided these

constitutional safeguards. The new statute increased the scope of sterilization to include both feeble-minded and insane persons and continued to allow county superintendents of public welfare to institute sterilization proceedings against persons residing in the community. North Carolina thus joined Iowa as the only states where public authorities could perform compulsory sterilizations on feeble-minded individuals residing in the community.<sup>33</sup>

By the time South Carolina and Georgia passed their sterilization statutes in 1936 and 1937, respectively, the scientific tide had turned against the eugenic uses of sterilization. An influential 1936 report of the American Neurological Association concluded that "emphasis should be placed on the term selective, not eugenic. . . . We do not believe" the authors wrote, "that society needs to hurry into a program based on fear and propaganda."<sup>34</sup>

Simultaneous to these newer scientific beliefs, revelations of Nazi usage of eugenic techniques had made their way to America. Nazi leaders and scientists did not develop their eugenic strategies in an intellectual vacuum, however. The German government partially based its sterilization legislation, designed to prevent the continued procreation of defective groups in German society, on Priddy and Laughlin's model Virginia statute.<sup>35</sup> Far from being appalled at revelations of German sterilization measures that began to appear by the mid-1930s, many American eugenicists praised the Nazi program. "Many far-sighted men

and women in both England and America," wrote Leon Whitney, executive secretary of the American Eugenics Society, in 1934, "have been working earnestly towards something very like what Hitler has now made compulsory. . . . They have fought courageously and steadily for the legislation of what they consider a constructive agency in the betterment of race."<sup>36</sup> Two years later, a study of North Carolina's community sterilization program reported that Germany's sterilization effort "has been so outstanding in recent months." The implications for abuse seemed lost on individuals bent on "improving the human stock" by not permitting "the privilege of reproduction."<sup>37</sup>

Statistics on sterilization buttress the notion that the late 1930s, instead of witnessing the decline of the procedure, proved a time of increasing operations, particularly in the South. Paul Popenoe, the leader of California's sterilization movement and the director of the influential Pasadena-based Human Betterment Foundation, reported that from 1909 to 1928, an average of 448 persons nationwide had been eugenically sterilized per year. By 1935, that figure had jumped to 3,103 annually.<sup>38</sup> In North Carolina, the number of operations rose from thirty-one in 1933-1934 to 305 in 1939-1940, an almost ten-fold increase, and a portent of the larger numbers to come.<sup>39</sup> Virginia also joined the national increase. From 1928 to 1936, the state sterilized 2,386 persons. During the next eight years, the figure jumped to 2,825.<sup>40</sup> In spite of the

growing scientific evidence pointing against the theory of direct heritability of feeble-mindedness, sterilization remained an important option for persons concerned with the problems of mental deficiency.<sup>41</sup>

In 1950, Moya Woodside, a fellow at the University of North Carolina's Institute for Research in Social Science, concluded her study of sterilization in North Carolina by writing that "laws providing for voluntary sterilization in democratic countries bear no resemblance to this German experiment [Nazi eugenic sterilization through the system of Hereditary Health Courts]."<sup>42</sup> All too often, however, 'consent of the patient' clauses inserted in state eugenic sterilization statutes had little impact upon actual patient decision-making about the sterilization procedure. The case of Doris Buck Figgins, sister of Carrie, illustrated that the right to appeal and informed consent meant little when doctors and institutional staff deliberately withheld the truth from patients. Sterilized in 1928 at the Lynchburg Colony under the Virginia statute upheld by the Supreme Court in her sister's case, Figgins was discharged two years later. She married twice and lived a comparatively normal though poverty-stricken life, except that she could not bear children. Only in 1979, when the Director of the Lynchburg Training School and Hospital (the successor to the Virginia Colony at Lynchburg) found her, did she learn the reason for her inability to have children stemmed from her sterilization at the Colony. "I never knew anything about

it," she reported in a 1980 interview. "I'm not mad, just broken hearted is all. I just wanted babies bad. . . . I don't know why they done it to me. I tried to live a good life."<sup>43</sup>

Many leaders viewed the sterilization of individuals such as Doris Buck Figgins not as a moral outrage, but as an important part of the state's fight against both degeneracy and profligate public spending. Virginia Governor E. Lee Trinkle, who signed Virginia's sterilization law, wrote to the superintendents of Virginia's State hospital in 1925. "I notice from the paper the Sterilization Law has been declared constitutional by the Supreme Court," he announced. I do hope you people will get busy and use the law as fast as it can be used and help us get rid of our overcrowded conditions."<sup>44</sup> Virginia Colony staff recognized the problems with Trinkle's request, but never questioned the efficacy or morality of the procedure itself. In 1938, superintendent G. B. Arnold reported that, upon passage of the sterilization act, "there was a rush to sterilize as many patients as possible. Perhaps we were not as careful as we should have been."<sup>45</sup>

Though states sterilized feeble-minded persons in order to prevent "mental inadequacy in future generations," the heritability of such characteristics in many cases seemed problematic.<sup>46</sup> Again, the Buck example proves illustrative. Superintendent Priddy chose Carrie Buck as his sterilization test case because, in the words of Harry Laughlin at the

Buck trial, "the feeble-mindedness and moral delinquency of Carrie Buck being due, primarily to inheritance. . . . She is therefore a potential parent of socially inadequate offspring."<sup>47</sup> Justice Holmes based his famous "three generations of imbeciles are enough" dictum upon this 'scientifically verifiable' fact. Buck's daughter, Vivian Buck Dobbs, however, proved the direct link of intelligence to be a tenuous one. Adopted by a loving foster family, Vivian, although labelled as feeble-minded while less than a year old by Colony physicians, developed into a normal girl of average intelligence until she died at the age of eight.<sup>48</sup>

While this illustrated the tragic human side of the heritability issue, data on the first 1,000 persons sterilized at the Colony verified that eugenic sterilization was not only practiced on those individuals with a history of familial mental retardation. G. B. Arnold reported that only fifty percent of those sterilized "had definitely bad family histories (233 had one ancestor with mental defect, 267 had more than one)." This left the other 500 sterilized individuals, ostensibly operated on for eugenic reasons, with no hereditary history of mental retardation.<sup>49</sup>

The state of North Carolina went even further than Virginia in explicitly rejecting a eugenic rationale for a procedure supposedly based on heredity. "Turning to the environmental viewpoint," a 1936 state survey reported, "we often find more reasons than appear from the standpoint of

eugenics. A person with a mental age of 10 or less can scarcely be expected to be an adequate mother or father regardless of whether the offspring are normal, superior, or retarded." The survey continued with its concerns about the ability of mentally retarded individuals to handle the responsibilities of parenthood. "If the early family life is as important as we think in shaping the personalities of children," it reported, "then mentally handicapped parents are a liability." This liability could be overcome by increasing the sterilization of mentally handicapped individuals, regardless of their eugenic pedigree. The survey concluded that "the Sterilization program of the Eugenics Board should be continued on the same basis but on a larger scale."<sup>50</sup>

If family history did not provide a reason for sterilizing all feeble-minded individuals, then concerns about moral character became increasingly important in the decision to sterilize. In May 1938, Judge Chester Wiggins of Polk County, Florida, wrote Florida Farm Colony superintendent Dr. J. Maxey Dell concerning a "white girl 15 years of age . . . known as a habitual sex delinquent . . . [with an] IQ at 51. . . . If I could send this girl to you after an adjudication of feeble-mindedness, could you have such an operation [sterilization] performed?" Dell responded that "it is not only justifiable but definitely indicated [she] be sterilized" but he regretted that under Florida law he could not perform such an operation and would

place himself "in position for severe criticism or criminal persecution [sic]."<sup>51</sup> Harry Laughlin similarly characterized Carrie Buck as living a life of "immorality and prostitution" and having a life-long record of "moral delinquency."<sup>52</sup> These 'crimes' of immorality and anti-social behavior often constituted the sole legal rationale for the initiation of sterilization procedures. This belief dove-tailed with the concerns about the class-based nature of feeble-mindedness. Reporting on the first one thousand persons sterilized in Virginia, G. B. Arnold concluded that "812 came from families of the definitely lower class."<sup>53</sup> Moya Woodside found similar results in her 1948 follow-up study of forty-eight sterilized married women in North Carolina. "A predominance of un-educated low-income and highly fertile women" comprised her sample.<sup>54</sup>

While superintendents often authorized sterilization procedures for patients of lower-class background, they also seemed much more willing to sterilize females than males. In North Carolina, women constituted nearly eighty percent of the 858 persons sterilized there from 1929 to 1940. In Virginia, they comprised almost sixty percent of the 3,453 persons sterilized between 1928 and 1940.<sup>55</sup> Could these disparities simply have occurred because, in the words of the Director of the North Carolina Eugenics Board, "men are less willing to believe that the only effect of sterilization is the prevention of parenthood?"<sup>56</sup>

Superintendents recognized this sex differential as more than either a statistical aberration or the result of men not believing in the efficacy of the procedure. In 1925, Virginia Colony superintendent J. A. Priddy responded to a question concerning who at his institution would benefit from sterilization. "I should think from 75 to 100 women," he replied. "The men have other anti-social tendencies just as glaring as child-bearing, and we would have to keep them there [in the institution]- they rank below the tramps and hoboes."<sup>57</sup>

Superintendents saw several causes for the "preponderance of females" sterilized. Concerned that people might wonder that women were being singled out for the procedure at the Virginia Colony (of the first 447 persons sterilized there, 328 were female), Colony superintendent J. H. Bell addressed the issue in 1931 as he spoke before the Virginia Medical Society. "There has been no disposition on our part to create this difference," he assured his fellow doctors. Males "of a suitable type for sterilization and release" simply "are able to evade serious contact with welfare agencies and local officials" and therefore not in a position to be sterilized." He continued, however, expressing beliefs in the differential sexuality of males and females. Females should be sterilized for their own protection, he argued, since they "fall an easy prey to the sexual aggressions of males of superior intellect as well as to those of her [sic] own

mental level." Conversely, "the feeble-minded male cannot enter into serious competition with the normal male for the affections of the feeble-minded female." Bell concluded by announcing that "the female defective is, generally speaking, more dangerous eugenically than the male . . . and it is, therefore, evident that if all mentally defective women were sterilized, there would be but little reproduction of feeble-minded persons from these sources."<sup>58</sup>

Bell's predecessor, Dr. A .S. Priddy, also believed sterilizing of women provided the key to a successful state eugenic program. Again, his rationale combined concern about the sexual immorality of those he labelled "the high-grade moron women of the anti-social class" and the protection of "unsterilized, physically attractive young women," who, upon release, "it is not infrequent for them to be returned to the institution pregnant."<sup>59</sup> The gender and class stereotypes of institutional officials, combined with their belief in concerted scientifically-based state action, led to the disproportionate sterilization of lower-class women.

North Carolina's 1933 sterilization statute allowed for the sterilization of non-institutional cases, upon the recommendation of county welfare agencies. The sexual disparity appeared even more pronounced there than inside institutions, with women comprising nearly 90 percent of the 229 persons sterilized from 1933 to 1939.<sup>60</sup> In examining the implications of non-institutional sterilization in

Orange County, North Carolina, researcher J. McLean Benson concluded that "we tolerate the actions of men where we do not tolerate similar actions in women." Benson's study of the nineteen cases in that county verify his conclusions. Of the nineteen operations performed in Orange County between 1934 and 1936, only two were on males. Sex delinquency comprised the major rationale for the female sterilizations. One young women, sterilized for that problem, was "very obviously a case for Caswell Training School, but authorities were unable to get her into the School." Another young women, listed as poverty-stricken and afflicted with venereal disease, was sterilized for being "boy-crazy." The operation did little for her malady, "for she is as boy-crazy as she ever was. However," the report concluded, "she will not propagate her kind."<sup>61</sup>

Southern institutional leaders appeared no different in their attitudes concerning sterilization than other superintendents around the nation. When doctors in institutions throughout the United States performed eugenic sterilization operations, they generally performed them on lower-class women.<sup>62</sup> What then separated the Southern experience with sterilization from that of the rest of the nation? Southern states did not unanimously embrace the sterilization solution to the problem of the feeble-minded. Even in Virginia and North Carolina, where sterilization ranked among the nation's highest per-capita, public interest did not appear high. The Richmond newspapers did

not find the 1924 passage of the Virginia sterilization statute worthy of reporting and the decision of the Supreme Court in the Buck case received only a short paragraph.<sup>63</sup> In North Carolina, the state Eugenics Board, which handled all sterilization cases, did not even merit a full-time secretary until 1948.<sup>64</sup> Other Southern states passing sterilization legislation rarely implemented it. Officials at Alabama's Partlow State School still pressed for sterilization legislation as late as 1945, in spite of the fact no state law on the subject had been drafted in the ten years since the Alabama Supreme Court ruled the state's legislation unconstitutional. "We have forty-eight boys and fifty-six girls who could be parolable," a school survey reported, "if they could be sterilized. One reason for hesitation in their release is their fertility and tendency to have large families of feeble-minded children."<sup>65</sup> Georgia, South Carolina, and Mississippi never sterilized more than one hundred person per year under their statutes, with South Carolina and Mississippi ranking near the bottom among all states in per-capita sterilization.<sup>66</sup>

Florida, Louisiana, and Kentucky never passed sterilization laws. Kentucky institutional administrators looked explicitly towards the Virginia law as a model. The 1927 Board of Charities and Corrections report announced, "It is our belief that the Virginia law, slightly modified perhaps, would very aptly fit conditions in Kentucky." One year later, a sterilization bill passed the Kentucky House

but did not pass the Senate. The 1929 Board report reiterated the need for the bill, again stressing the benefits for both society and the patients themselves. Without sterilization, the report concluded, "the normal population will be overburdened with the care of defectives."

Simultaneously, when patients are "deprived of reproductive ability, society is actually doing them a favor instead of an injury," since patients "might thus be allowed to live normal lives without confinement [and] . . . with safety to society." In arguing for passage of a sterilization bill for Kentucky, Jay Arnold expressed the belief in state action that so underscored the sterilization movement. "The right of the individual must be made subservient to that of the community," he wrote. These pleas fell on deaf ears, however, and Kentucky never passed sterilization legislation. By 1939, even superintendent Dr. L. D. Adams did not mention the need for the procedure in his recommendations to the state Board of Welfare.<sup>67</sup>

Conversely, Superintendent Dr. J. Maxey Dell, of the Florida Farm Colony, favored the passage of a state sterilization law as late as 1941, even though he appeared "fully cognizant of the limitations of such procedures."<sup>68</sup> However, the only sterilization bill introduced in the Florida legislature, in 1933, died an early and unlamented death.<sup>69</sup>

Southern superintendents vacillated in their support of sterilization as an effective measure to counteract the

problems caused by the presence of feeble-mindedness. The 1926 North Carolina study of feeble-mindedness in the state reported that scientific opinion had changed "from a position which formerly regarded 90 per cent of feeble-mindedness to be of hereditary origin to a position which now regards less than 50 per cent as inherited." This change led the report to conclude that "sterilization cannot be considered as of any value as a general remedy for the problem of feeble-mindedness."<sup>70</sup> A comprehensive survey of mental health in the Tar Heel state ten years later verified that concerns over heredity seemed to have been overdrawn. "Family trees rivaling that of the Kalikaks [sic] can be found," the survey stated, "but the majority of the children encountered in an institution such as the Caswell training School do not have such outspoken family histories. This point is mentioned to show that sterilization will not eliminate mental defect."<sup>71</sup> In spite of these legitimate concerns over the efficacy of sterilization to reduce the number of feeble-minded individuals, North Carolina continued the procedures. State eugenic leaders still believed that sterilization could play a part in the fight against mental deficiency- if not in averting hereditary feeble-mindedness, then in preventing the procreation of individuals who could not provide a proper environment for their children. During the decade of the 1930s, in fact, sterilization operations proceeded at an alarming rate. In the biennial period from 1934 to 1936, immediately after the

passage of the new sterilization statute, the state sterilized 252 individuals, of whom 219 were female. By 1940, the biennial figure had increased to 304 (with 221 being female).<sup>72</sup>

In 1935, superintendent Benjamin Whitten of the South Carolina Training School addressed the problems Southern states encountered with the sterilization movement in general. "In my own state," he wrote, "the objectives to our sterilization law lies chiefly in a lack of understanding and to what I consider rather subtle propoganda that is released to the press at certain times. . . . People do not understand that this law is not opposed to religion."<sup>73</sup> Southern conservatives expressed concern over the use of sterilization. They viewed it as another example of encroaching state power over the rights and prerogatives of individuals. Stephen Jay Gould, in writing on the case of Carrie Buck, categorized opponents of the Virginia sterilization statute as "conservative Virginia Christians who held, according to eugenical modernists, antiquated views about individual preferences and 'benevolent' state power."<sup>74</sup>

Proponents of the procedure felt the need to spread the word that sterilization offered no danger to the existing social order. Writing in the January 1947 North Carolina Medical Journal, researcher George Lawrence concluded that "it is believed that much good can be accomplished, however, by greater enlightenment of the public and by the increased

use of the existing channels for sterilization."<sup>75</sup> Southerners, however, generally remained sceptical concerning the efficacy of eugenic sterilization. Even the assumed economic value of sterilization, stressed by its proponents, failed to sway state legislatures to increase sterilization programs. In 1938, G. B. Arnold, of Virginia's Colony, summarized the economic argument for sterilization. "We have placed [outside the institution] some 632 of 1000 patients sterilized," he concluded, "and have thereby relieved the State of Virginia of the burden of their care and support."<sup>76</sup> Twelve years later, Clarence Gamble, a consultant for the North Carolina Eugenics Board, further estimated that Southern states saved nearly seventeen million dollars by sterilizing feeble-minded persons and then discharging them from institutions. These individuals would have remained institutionalized without sterilization, he argued, at an average cost of three hundred and fifty dollars per patient per year.<sup>77</sup>

While economics certainly played a part, the motivations for sterilizing mentally defective individuals were many and varied. Superintendents often sincerely believed they provided the procedure, in the language of the Mississippi sterilization statute, as a service in the "best interests of patients and society."<sup>78</sup> While institutional leaders commonly appeared more than willing to sterilize women solely by virtue of their immoral behavior, they complained simultaneously about outside agencies referring

inappropriate cases for sterilization. "Only too often it is to be feared," wrote Virginia's G. B. Arnold in 1938, "immorality and mental deficiency are regarded as synonymous by welfare workers."<sup>79</sup> Writing a year later, Arnold expressed his belief in the benevolent aspects of sterilization. "Without sterilization we would not dare to have patients of both sexes dance together, view movies together, work and play together . . . because of eugenic sterilization we have been able to permit our patients to lead as nearly normal lives as possible while institutionalized- even to carry on reasonably normal social intercourse- all with benefit to them and to us."<sup>80</sup>

The eugenic sterilization of institutionalized retarded individuals can therefore be conceived as the ultimate triumph of the Progressive ideology.<sup>81</sup> The concerns of society and the state had won out over the individual. Irving P. Whitehead, in his 1927 brief to the United States Supreme Court on behalf of Carrie Buck, described presciently the dangers of this victory, even as benevolent as it might appear. "A reign of doctors will be inaugurated," he argued, "and in the name of science, new classes will be added, even races may be brought within the scope of such a regulation and the worst forms of tyranny practiced."<sup>82</sup>

Notes

1. Avary Dimmock, "Human Sterilization," Journal of the Medical Association of Georgia 26, 7 (August 1937), p. 42.
2. G. B. Arnold, "A Brief Review of the 1st 1,000 Patients Sterilized at the State Colony for the Epileptic and Feeble-Minded," J.P.A. 43 (1937-1938), p. 60.
3. George Lawrence, "Some Facts Concerning Sterilization Based upon a Study in Orange County, North Carolina," North Carolina Medical Journal 8, 1 (January 1947), p. 24.
4. Bleecker Van Wagener, "Surgical Sterilization as a Eugenic Measure," J.P.A. 18 (1913-1914), p. 186.
5. See, for example, Martin Barr, Mental Defectives: Their History, Treatment, and Training, (Philadelphia: P. Blakiston's Sons and Company, 1904), especially p. 122; E. R. Johnstone, "Stimulating Public Interest in the Feeble-Minded," Proceedings of the N.C.C.C., 1916 (Chicago: The Hildmann Company, 1916), p. 205; Stephen Jay Gould, The Mismeasure of Man (New York: W. W. Norton & Company, 1981), especially pp. 155-233; and Daniel Kevles, In the Name of Eugenics: Genetics and the Uses of Human Heredity (Berkeley, California: University of California Press, 1985), especially pp. 70-112.
6. Benjamin Whitten, "Sterilization," J.P.A. 40 (1934-1935), p. 59.
7. J. H. Bell, "Eugenic Sterilization and Its Relationship to the Science of Life and Reproduction- A Paper read before the meeting of the Virginia Medical Society, Roanoke, Virginia, October 7, 1931" (n.p., n.d.), p. 4, Virginia State Library, Richmond.
8. "Manual of Policies and Procedures of the Eugenics Board of North Carolina, May 1948," p. 7, Department of Social Services, Central Files Records, Box 190, Eugenics Board Folder, O.R.C.
9. In Re Opinion of the Justices, 230 Alabama 547.
10. Brewer v. Valk, 204 North Carolina 192.
11. Laws of North Carolina, 1933, Chapter 24. Under the original 1919 law, no one was sterilized. Forty-nine

persons were sterilized under the 1929 legislation before the Court declared it unconstitutional. The bill was prepared by John Bradley, director of the Duke University Legal Aid Clinic and R. H. Wetlock, of the University of North Carolina Law School, "after considerable study of the Virginia statute" [The Virginia law had been declared constitutional by the United States Supreme Court in 1927]. The Eugenics Board, created by the 1933 legislation consisted of the Commissioner of Public Welfare, the Secretary of the State Board of Health, the Chief Medical Officer of the State Hospital in Raleigh, the Chief Medical Officer of one of the other state institutions on a rotating basis, and the Attorney General. See R. Eugene Brown, "Eugenical Sterilization in North Carolina," (n.d.) Nell Battle Lewis Papers, Social Welfare Box, Crime and Psychiatry Folder, North Carolina State Archives, Raleigh, pp. 4-6. Quote from p. 5.

12. 4th A.R. of the Virginia Colony, 1917, p. 13. See also "To Raise the Intelligence of the State," National Public Radio Tape, 1980.

13. Testimony of Dr. A. S. Priddy, in "Case Carried to the Virginia Supreme Court of Appeals," in Harry Laughlin, The Legal Status of Eugenic Sterilization (Chicago: Free Publication of the Municipal Court of Chicago, 1030), p. 21.

14. G. B. Arnold, "A Brief Review of the 1st 1,000 Patients," p. 59.

15. "Complaint of Willie Mallory, November 2, 1917," in Mallory v. Priddy file, Richmond City Ended Law Cases, 1918, Drawer 383, Virginia State Archives, Richmond. For more on this case, see Paul Lombardo, Eugenic Sterilization in Virginia: Aubrey Strode and the Case of Buck v. Bell (Ph. D. Dissertation, University of Virginia, 1982), pp. 120-124.

16. A. S. Priddy to Willie Mallory, November 26, 1917, in Mallory v. Priddy file.

17. "Grounds of Defence [sic] of A. S. Priddy, February 18, 1918," in Mallory v. Priddy file.

18. George Mallory to A. S. Priddy, November 5, 1917; Priddy to Mallory, November 13, 1917, both in Mallory v. Priddy file.

19. H. Minor Davis, quoted in W. I. Prichard, "History of the Lynchburg Training School and Hospital- Part I," Mental Health in Virginia 10, 4 (Summer 1960), p. 46. Mallory also sued the Virginia State Colony for a writ of habeas corpus for the release of his other daughter Nannie. On June 13, 1918, the Virginia Supreme Court, in Mallory v. Virginia

Colony for the Feeble-Minded, 123 Va. 205, granted the writ and Nannie was released.

20. "Testimony of Harry Laughlin," in Harry Laughlin, The Legal Status, p. 23. For more on the relationship of Strode to the passage of the bill, see Paul Lombardo, Eugenic Sterilization in Virginia, passim; Joseph DeJarnette to John Dickson, October 24, 1947, additional papers of Judge Aubrey Strode, Alderman Library, University of Virginia, Charlottesville, Virginia; and Aubrey Strode to Don Peters, July 19, 1939, Box 30, Folder B, Papers of Judge Aubrey Strode, Alderman Library. DeJarnette concluded that "the people of Virginia are and should be eternally grateful to Judge Strode for giving this legislative masterpiece to humanity. Already, Virginia has sterilized over 5,300. . . ." Strode also led the defense of Priddy and later Buck in the cases brought before the Virginia courts concerning the constitutionality of the statute. Joseph DeJarnette, though a superintendent of an institution for the insane (Western State Hospital in Staunton), played an active role in the movement to sterilize feeble-minded individuals. To DeJarnette, sterilization provided "by far the kindest and best method to render the unfit fit to live on the outside, to make a living, and to have a social life. . . ." While DeJarnette could write that sterilization provided benefits for the patient, he recognized its real value to society. His poem, "Mendel's Law," revealed his feelings about the benefits of sterilization to society. It read in part, "Oh you wise men take up the burden, And make this your loudest creed, Sterilize the misfits promptly- All not fit to breed . . .," both quotes from "Eugenic Sterilization in Virginia," Virginia Medical Monthly 57, 10 (January 1931), pp. 679, 680. For Strode's view of the legal standing of the legislation, see Aubrey Strode, "Sterilization of Defectives," Virginia Law Review 11, 4 (February 1925), 296-301.

21. Virginia Statute, Chapter 394, reprinted in Harry Laughlin, The Legal Status, p. 10.

22. Ibid. pp. 12, 14.

23. "Commitment Record of Carrie Buck," and "Procedure Leading to Order for Sterilization of Carrie Buck," in Harry Laughlin, The Legal Status, pp. 14-15. See also the "Minutes of the Quarterly Meeting of the General Board of Directors of State Hospitals and the State Colony, October 8, 1924," James King Hall papers, Box 7, Folder 98P, S.H.C.-U.N.C. The minutes reported that "Dr. Priddy . . . [was] making a test case of the Sterilization Law in the case of Carrie Buck, who appealed" (p. 4).

24. Decision of Judge Bennett Gordon in Buck v Priddy, in Harry Laughlin, The Legal Status, p.21.

25. Testimony of Harry Laughlin and Arthur Estabrook, in "Case Carried to the Virginia Supreme Court of Appeals," in Harry Laughlin, The Legal Status, pp. 22-25. Quote is from Harry Laughlin's testimony, p. 22.

26. Buck v. Bell, 143 Va. 310.

27. Irving P. Whitehead, "Principal Part of Brief for Plaintiff in Error," in "Case Appealed to the Supreme Court of the United States," in Harry Laughlin, The Legal Status, pp. 38-49. Quote is from p. 43. Buck's guardian and attorney were appointed with full knowledge that the case was being used as a test case for the sterilization statute. See Paul Lombardo, Eugenic Sterilization in Virginia and his "Three Generations, No Imbeciles: New Light on Buck v. Bell," New York University Law Review 60 (1985), 30-62; and J. David Smith, Minds Made Feeble, p. 148. Lombardo maintained in his law review article that "Aubrey Strode, Irving Whitehead, and Albert Priddy were political associates, professional colleagues, and close friends for many years prior to the Buck litigation." He concluded that "the involvement of Irving Whitehead as counsel to Carrie Buck amounted to no less than collusion among Whitehead, Strode, and Priddy to insure that the sterilization law would be upheld" (pp. 32, 33).

28. J. H. Landman, Human Sterilization (New York: The Macmillan Company, 1932), p. 98. For more recent legal analyses of Holmes' decision, see Alan Engel, Eugenic Sterilization: A Study in the Relationship between Law and Social Control (Ph. D. Dissertation, Northwestern University, 1960), pp. 58-61; Robert Burgdorf and Marcia Burgdorf, "The Wicked Witch is Almost Dead: Buck v. Bell and the Sterilization of Handicapped Persons," Temple Law Quarterly 50 (1977), 995-1034; John Gest, "Eugenic Sterilization: Justice Holmes vs. Natural Law," Temple Law Quarterly 23 (1949-1950), 306-312; Richard Estacio, "'Sterilization of the Mentally Disabled in Pennsylvania: Three Generations Without Legislative Guidance is Enough,'" Dickinson Law Review 92 (1987-1988), 409-436; and Robert Cynkar, "Buck v. Bell: 'Felt Necessities' v. Fundamental Values," Columbia Law Review 81 (1981), pp. 1450-1453. Cynkar explained Holmes' decision as a social, not a strictly legal, one. He quoted from a letter Holmes wrote to Harold Laski only two weeks after writing the decision. "I wrote and delivered a decision upholding the constitutionality of a state law for sterilizing imbeciles the other day," Holmes wrote, "and felt that I was getting near to the first principle of real reform." Letter quoted on p. 1450.

29. Buck v. Bell, 274 U.S. 203.

30. G. B. Arnold, "A Brief Review of the First 1,000 Patients," p. 57.

31. Virginia Statute, Chapter 394; Mississippi General Laws, Chapter 294- reprinted in Sterilization Laws: Compilation of the Sterilization Laws of the Twenty-Four States (Des Moines, Iowa: Wendell Huston Co., n.d.), pp. 17, 10.

32. Brewer v. Valk, 204 N.C. 192.

33. North Carolina Statute, Chapter 224, Laws of 1933, reprinted in "Manual of the Eugenics Board of North Carolina, May 1948." For the Iowa example, see George Felkenes, "Sterilization and the Law," in Harold Becker, George Felkenes, and Paul Whisenand, editors, New Dimensions in Criminal Justice (Metuchen, New Jersey: The Scarecrow Press, 1968), p. 145.

34. Statutes of South Carolina, 1935-1936, Vol. 39., pp. 428-431; Laws of Georgia, 1937, Part I Title II, #2, p. 52; Abraham Myerson, James Ayer, Tracy Putnam, Clyde Keeler, Leo Alexander, Eugenical Sterilization- A Re-Orientaion of the Problem- A Report by the Committee of the American Neurological Association for the Investigation of Eugenical Sterilization (New York: The Macmillan Company, 1936), pp. 68, 183. For more on the passage of the Georgia legislation, see Edward Larson, "Belated Progress: The Enactment of Eugenic Legislation in Georgia," (unpublished paper in author's possession).

35. For more on the Nazi eugenics program and its relationship to the American experience, see Betty Booker, "Nazi Sterilizations Had their Roots in U.S. Eugenics," Richmond Times-Dispatch, February 24, 1980, pp. A-1, A-6; Robert Burgdorf and Marcia Burgdorf, "The Wicked Witch is Almost Dead," pp. 995-997; Wolf Wolfensberger, "The Extermination of Handicapped People in World War II Germany," Mental Retardation 19, 1 (February 1981), 1-7; J. David Smith, Minds Made Feeble: The Myth and Legacy of the Kallikaks (Rockville, Maryland: Aspen Systems Corporation, 1985), pp. 134-168; Daniel Kevles, In the Name of Eugenics, pp. 116-117; Robert Lifton, The Nazi Doctors: Medical Killing and the Psychology of Genocide (New York: Basic Books, 1986), pp. 22-44; and Robert Proctor, Racial Hygiene: Medicine Under the Nazis (Cambridge, Massachusetts; Harvard University Press, 1988), pp. 95-117 and 177-194. See also the comments of A. S. Priddy on the beneficial aspects of the German sterilization program, Priddy quoted in Cynthia Pegram, "Sterilizations Spawned in 19th Century Theories," Lynchburg News, March 26, 1980, p. B-4.

36. Leon Whitney, The Case for Sterilization (New York: Frederick A. Stokes Company, 1934), p. 7.

37. J. McLean Benson, Sterilization with Special Reference to Orange County, North Carolina (M. A. thesis, University of North Carolina, Chapel Hill, 1936), pp. 17, 94, 78.
38. Paul Popenoe and Norman Fenton, "Sterilization as a Social Measure," J.P.A. 41 (1935-1936), p. 63.
39. Fourth B.R. of the Eugenics Board of North Carolina, 1942-1944, Department of Social Services Central Files Records, Box 190, Eugenics Board Folder, O.R.C., p. 10-11; Moya Woodside, Sterilization in North Carolina, p. 190.
40. Paul Popenoe and Norman Fenton, "Sterilization as a Social Measure," p. 67; W. I. Prichard, "Sterilization of the Mentally Deficient in Virginia," American Journal of Mental Deficiency 53 (April 1949), p. 543.
41. On this shift away from the belief in the direct inheritance of feeble-mindedness, see Peter Tyor and Leland Bell, Caring for the Retarded in America: A History (Westport, Connecticut: Greenwood Press, 1984), pp. 121-137; Daniel Kevles, In the Name of Eugenics, pp. 112-163; and Mark Haller, Eugenics: Hereditarian Attitudes in American Thought, 2nd Edition (New Brunswick, New Jersey: Rutgers University Press, 1984), pp. 111-123 and 160-176.
42. Moya Woodside, Sterilization in North Carolina: A Sociological and Psychological Study (Chapel Hill, North Carolina: University of North Carolina Press, 1950), p. 24.
43. "To Raise the Intelligence of the State,"; Gary Robertson, "I'm Not Mad, Just Brokenhearted," Richmond Times-Dispatch, February 23, 1980, p. A-1. Even Carrie Buck herself was not told the implications of her sterilization until after her recovery. "They just told me I had to have an operation, that was all," she reported in a 1980 interview. "The nurses told me about a month later. They told me it was to keep me from having children. I was surprised. Oh yeah, I was angry," quote in Charles Giametta, "'They Told Me I Had to Have an Operation,'" Charlottesville Daily Progress, February 26, 1980, p. A-1, A-8. See also the story of an unidentified sixty-seven year old woman, who had been sterilized in 1928 at the Colony under the pretext of an appendectomy. When told of her operation in 1979, she "broke down and cried. . . . I never knew what they'd done to me," quote in Gary Robertson and Betty Booker, "Lynchburg Unit Sterilized 4,000 in 50 Years," Richmond Times-Dispatch, February 22, 1980, p. A-1. See also "Sterilization Program Revealed," Charlottesville Daily Progress, February 22, 1980, p. A-1. For the case history of a male sterilized at the Colony, see Bill McKelway, "Patient 'Assembly Line' Recalled by Sterilized Man," Richmond Times-Dispatch, February 24, 1980, pp. A-1, A-6.

44. E. Lee Trinkle to Hospital superintendents, November 24, 1925, Governor's Correspondence of E. Lee Trinkle, Box 24, State Commissioner of Hospitals folder, Virginia State Archives, Richmond.
45. G. B. Arnold, "A Brief Review of the First 1,000 Patients Sterilized," p. 59.
46. Clarence Gamble, "A Brief Review of Sterilization for 1950," American Journal of Mental Deficiency, 56 (1951), p. 56.
47. Deposition of Harry Laughlin, in Buck v. Priddy, in Harry Laughlin, The Legal Status, pp. 17, 119.
48. "To Raise the Intelligence of the State;" Stephen Jay Gould, "Carrie Buck's Daughter," Natural History 93 (July 1984), pp. 17-18; Paul Lombardo, "Three Generations, No Imbeciles," p. 60; Daniel Kevles, In the Name of Eugenics, p. 112.
49. G. B. Arnold, "A Brief Review of the First 1,000 Patients Sterilized," p. 60.
50. A Study of Mental Health in North Carolina: A Report to the North Carolina Legislature of the Governor's Commission Appointed to Study the Care of the Insane and Mental Defectives (Ann Arbor, Michigan: Edwards Brothers, 1937), pp. 301, 364. See also Moya Woodside, Sterilization in North Carolina, p. 19.
51. Judge Chester Wiggins to J. Maxey Dell, December 1, 1938; Dell to Wiggins, December 3, 1938, both in Superintendents' Correspondence, Vault files, G.S.C.
52. Deposition of Harry Laughlin, in Buck v. Priddy, in Harry Laughlin, The Legal Status, p. 17.
53. G. B. Arnold, "A Brief Review of the First 1,000 Patients Sterilized," p. 61.
54. Moya Woodside, "Sexual and Psychological Adjustment After Sterilization: A Follow-Up of Forty-eight Married Women in North Carolina," Western Journal of Surgery, Obstetrics, and Gynecology 57, 12 (December 1949), p. 600.
55. In North Carolina, women comprised 680 of the 858 persons sterilized; in Virginia, 2,011 of the total 3,453. Statistical data from Eleanor Welborn, Eugenical Sterilization in the United States, with Particular Attention to a Follow-up Study of Non-Institutional Cases in North Carolina, April 5, 1933 to January 1, 1939 (M. S.

thesis, University of North Carolina, Chapel Hill, 1940), Appendix A.

56. Clarence Gamble, "Eugenic Sterilization in North Carolina," North Carolina Medical Journal 12, 11 (November 1951), p. 550.

57. Testimony of A. S Priddy, in Buck v. Bell, in Harry Laughlin, The Legal Status, p. 29.

58. J. H. Bell, "Eugenic Sterilization and Its Relationship to the Science of Life and Reproduction," pp. 6-7.

59. A. S. Priddy, quoted in Cynthia Pegram, "Dr. Priddy Backed Law," Lynchburg News, March 27, 1980, p. C-4.

60. Eleanor Welborn, Eugenical Sterilization in the United States, p. 95. There were 206 women out of the total 229 persons sterilized.

61. J. McLean Benson, Sterilization, quote from p. 59, case studies from p. 31. Of the 206 women sterilized statewide in North Carolina outside institutions, 109 were categorized as sexually promiscuous, Eleanor Welborn, Eugenical Sterilization in the United States, p. 101.

62. Of the total 49,207 persons eugenically sterilized nationwide prior to 1948, females comprised almost fifty-nine percent. The percentage of feeble-minded females eugenically sterilized during this time period proved even higher. Sixty-four percent of the 24,957 feeble-minded persons sterilized were female. See Moya Woodside, Sterilization in North Carolina, p. 194.

63. Robert Cynkar, "Buck v. Bell," p. 1436.

64. William Richardson and Clarence Gamble, "The Sterilization of the Mentally Handicapped in North Carolina," North Carolina Medical Journal, 9, 2 (February 1948), p. 78.

65. Survey reprinted in Marion Olden, The Survival of the Unfittest (Princeton, New Jersey: Birthright, Inc., n.d.), p.32.

66. Clarence Gamble, "The Prevention of Mental Deficiency by Sterilization," American Journal of Mental Deficiency 56 (1951), p. 194. For all years before 1950, the average of sterilized persons per 100,000 population was 42. South Carolina averaged 4, Mississippi 3, and Georgia 13.

67. B.R. of the State Board of Charities and Corrections of the Commonwealth of Kentucky, 1925-1927, p. 49; B.R. of the State Board of Charities and Corrections of the Commonwealth

of Kentucky, 1927-1929, p. 81; B.R. of the Department of Welfare of the Commonwealth of Kentucky, 1937-1939, passim; Jay Arnold, "A Sterilization Law for Kentucky- Its Constitutionality,": Kentucky Law Review 24, 2 (January 1936), p. 228. See also the series of articles in the Kentucky Law Review debating the merits of sterilization legislation for the state. George Skinner, in his "A Sterilization Statute for Kentucky?" Kentucky Law Review 23, 1 (November 1934), 168-174 and W. D. Funkhouser, in "Eugenical Sterilization," Kentucky Law Review 23, 3 (March 1935), 511-516 both argued that sterilizations was the cure for feeble-mindedness. Robert Hatton, Jr. contested these assertions in "Is Compulsory Sterilization the Long Range Solution for the Problem of our Mental Incompetents?" Kentucky Law Review 23, 3 (March 1935), 517-527. Hatton maintained that "Mr. Justice Holmes in delivering the opinion of the court is astonishingly brief and 'un-Holmes-like'" (p. 518).

68. Eleventh B.R. of the Superintendent of Florida Farm Colony, 1939-1941, p. 8.

69. Jacksonville Times-Union, April 11, 1933, p. 6.

70. "Report of the Committee on Caswell Training School in its Relation to the Problem of the Feeble-minded of the State of North Carolina," Department of Public Welfare Records, Box 178, Caswell Training School 1926-1933 Folder, pp. 20, 24, O.R.C.

71. A Study of Mental Health in North Carolina, p. 301.

72. First B.R. of the Eugenics Board of North Carolina, 1934-1936, p. 1; Third B.R. of the Eugenics Board of North Carolina, 1938-1940, p. 1, both in North Carolina Collection, Wilson Library, University of North Carolina, Chapel Hill.

73. Benjamin Whitten, "Sterilization," p. 67. See also the plea of H. C. Henry, assistant superintendent of Central State Hospital in Petersburg, Virginia to the Petersburg Kiwanis Club. "In order that sterilization may become the benefit which its advocates fondly hope for," he asked in 1936, "a sympathetic attitude on the part of the public is necessary. Civic Clubs such as yours play a not unimportant part of public sentiment," "Eugenic Sterilization," Virginia Medical Monthly, 63, 9 (December 1936), p. 548.

74. Stephen Jay Gould, "Carrie Buck's Daughter," p. 15.

75. George Lawrence, "Some Factors Concerning Sterilization," p. 24.

76. G. B. Arnold, "A Brief Review of the First 1,000 Patients Sterilized," p. 63.
77. Clarence Gamble, "The Prevention of Mental Deficiency," p. 194.
78. General Laws of Mississippi 1928, Chapter 294, reprinted in Sterilization Laws, p. 13.
79. G. B. Arnold, "A Brief Review of the First 1,000 Patients Sterilized," p. 60. For the Florida example, where sterilization was not used, see Steven Noll, Feeble-Minded in our Midst, Florida Farm Colony, 1920-1940 (M. A. thesis, University of Florida, 1985), pp. 127, 130.
80. G. B. Arnold, "What Eugenic Sterilization has Meant to the Virginia State Colony for the Epileptic and Feeble-Minded," J.P.A. 44, 2 (1938-1939), pp. 175, 177.
81. See the similar conclusions reached by Edward Larson and Rudolph Vecoli concerning individual state sterilization statutes. See Larson, "Belated Progress: The Enactment of Eugenic Legislation in Georgia," especially p. 25, and Vecoli, "Sterilization : A Progressive Measure?" Wisconsin Magazine of History 43 (1960), 190-202.
82. Irving Whitehead, "Principal Part of Brief for Plaintiff in Error," in "Case Appealed to the Supreme Court of the United States," in Harry Laughlin, The Legal Status, p. 49.

CHAPTER IX  
SOUTHERN INSTITUTIONS IN A WIDER WORLD

[Witness] the utter useless undertaking of N.C. [sic] to segregate its mental defectives, therefore you will see it as a community problem. . . . N.C. has awakened so widely to the magnitude of the mental defective problem that each community seems now possessed of one object- that is institutional care. This is simply a dream that can never be realized. (C. Banks McNairy, 1920)<sup>1</sup>

Institutions for the mentally retarded in the South operated in a wide range of political and educational networks. These broader affiliations, on the state, regional, and national levels, helped shape institutional policy toward both the patients inside and the community at large. Institutional leaders functioned in a nebulous position between the penal system and the slowly expanding network of state social welfare agencies. Unsure of their relation to either, superintendents walked a tightrope attempting to define their role. Their role appeared equally unsure among their national peers. As members of the A.A.S.F.M. (the A.A.M.D. after 1933), the national organization of leaders in the field of mental retardation, Southern superintendents recognized the regional differences that set their institutions apart. They bemoaned the lack of public and legislative support in the South while

praising Northern leaders for their foresight and innovative programming. They also pressed their case for more awareness and funding closer to home. Fully cognizant that the problems associated with feeble-mindedness could not be handled completely in an institutional setting, superintendents looked for community answers. These would not be forthcoming, however. While institutions operated in a social context, Southern society expected them to provide the solutions to the vexing problems of mental deficiency.

Institutions, operating as public agencies, often endured political pressures which had little relation to the delineated function of care and control of the feeble-minded. Conversely, many of the institutional relationships to other social welfare agencies remained inchoate, often causing superintendents to bemoan their isolation. In 1929, for example, Florida Farm Colony superintendent J. H. Hodges demonstrated his desire for a comprehensive state plan for the care of feeble-minded individuals. He called for a state-wide census of mentally defective persons and asked the public school systems of Florida to "recognize its [sic] responsibility to those backward children. We must think less about placing them in State institutions," he concluded, "and more about the responsibility of the community."<sup>2</sup> Eight years later, his successor, J. Maxey Dell, expanded on this theme. In his annual report, he wrote of the "definite obligation of the State to discover, classify, and provide suitable education and training for

all retarded and handicapped children."<sup>3</sup> Southern states did not provide this extensive programming for mentally retarded persons by 1940. While institutions operated in a broader social framework, they remained the focus of state efforts to care for and control feeble-minded individuals.

Institutional leaders nationwide recognized the importance of a community-based model for ameliorating the problems associated with mental deficiency. In the 1930s, as scientists and educators began to shatter the old orthodoxy concerning the hereditary basis of feeble-mindedness, institutionalization no longer appeared as the all-consuming panacea it had two decades earlier. A field representative of the Pennsylvania Department of Welfare wrote in 1933 that "it was hoped that [in 1914 with] gradual institutionalization of the feeble-minded women, especially, fewer defective children would come into the world." However, she concluded, "since then, the enthusiasm for this program has lessened."<sup>4</sup>

States attempted to organize extra-institutional methods of treatment for a variety of social and economic reasons. The financial costs of erecting, maintaining, and staffing large self-contained institutions became prohibitive, especially as state monetary contributions collapsed during the Depression. This precarious financial situation appeared especially critical in the South, where funding for institutions always remained low. In 1928, Louisiana State Colony superintendent G. M. G. Stafford

reported that he "had intelligent men connected with our State government tell me that it was a waste of energy and money to attempt to do anything for individuals who, as they expressed, 'had no brains.' . . . The average legislator seems to think that when the State has provided one of this unfortunate class with a bed and necessary food that its responsibility has been met and that the good old ship of State can then sail on with a clear conscience."<sup>5</sup> In spite of Stafford's concerns, Louisiana, like other Southern states, provided little more than the bed and necessary food.

The budgets of the Florida Farm Colony provided a concrete example of Stafford's fears. The 1929-1930 biennial budget allocation of \$375,000 was slashed to \$163,000 by 1932-1933. It took until the 1939-1940 appropriation of \$282,000 to restore funding to pre-Depression levels.<sup>6</sup> The situation at the Virginia Colony appeared similar. In 1939, Superintendent Dr. G. B. Arnold wrote to Governor James Price that "our situation here, as far as caring for males idiots is concerned, is really horrible. We have but one building in which to place them." The governor responded that "I hope it will be found that the appropriation you refer to can be made available."<sup>7</sup> The building for male idiots was finally constructed with P.W.A. funds, but the concerns about lack of appropriations remained. With legislative funding always a struggle,

Southern states had to examine other less expensive alternatives to institutional placement. All too often, the states chose no services at all, rather than community placement or special public school classes.

Political pressures on state institutions manifested themselves in other ways besides the constant haggling over funding. If private individuals did not receive satisfaction in their dealings with institutional staff, they retained the option of taking their case to state political officials, often the governor. In most of these cases, political leaders deferred to the wishes of institutional staff and upheld their decisions. In February 1928, a couple from Strasburg, Virginia wrote a poignant letter to Virginia Governor Harry Byrd, pleading for the release of their daughter from the Virginia State Colony. "We would like to have her home as we are getting old and need her help," they wrote. "In the letter from Dr. Bell, he states that to release her, he must sterilize her or operate on her so she will not bear any more children. We do not want her to be operated on." Byrd replied curtly four days later, "I regret to advise there is nothing I can do about her discharge. I am not a doctor and am unable to know when she should leave the institution. That is a matter that must be left in the hands of the Superintendent."<sup>8</sup>

While governors received most of the pleas and complaints about institutional placement and treatment,

other public officials also received personal attempts to intervene in the decisions of institutional staff. In January 1922, a man wrote to Aubrey Strode, then the Virginia state legislator representing Amherest County, the site of the Virginia State Colony. The man noted that his brother had been a patient at the institution but "we took him away on account that he was treated bad [sic]." Placement outside the institution did not work out; the brother was being returned to the Colony. The letter asked Strode "to please see that he is treated right." Strode refused to intercede, concluding that "I should be slow to believe that patients there receive bad treatment, and I hope you will find that there has been a mistake in your brother's case. . . ."9

Pleas from relatives, family friends, and officials of welfare agencies regarding the admission of low functioning persons to state institutions usually met with more understanding than those demanding release of patients. Often couched in heart-rending phrases concerning the destruction of families caused by the inability to handle idiot family members, these letters represented a last resort by individuals who had tried numerous channels for relief. In 1930, a woman wrote to North Carolina Governor O. Max Gardner "concerning placing my son, in Kinston [at Caswell Training School]. . . . I was notified there was no vacancy and they had no idea when he could enter. . . . I realize that he must be placed in some institution where he

can be taught to talk as he will be six years old in October." Four days later, Gardner sent a telegraph message to the woman confirming that "Caswell advises son will be received any time."<sup>10</sup> Two years later, the governor received a similar letter concerning a woman who had been trying to place her child at Caswell since 1925. "She has loyally and manfully taken care of this boy with her meager funds," the letter said. "Won't you do me the personal favor to investigate this particular case and see if this boy cannot be accepted at this Institution?"<sup>11</sup> No record exists as to whether this intercession proved successful and whether the child was institutionalized at Caswell.

Such pleas often brought state governors into conflict with institutional superintendents. Charged with operating overcrowded institutions, superintendents often were forced to keep prospective patients on long waiting lists for extensive periods of time, until an opening arose. This proved especially problematic in the case of low-level idiots, who often strained family relations with their needs. In 1939, Virginia Colony superintendent G. B. Arnold admitted that "each case of idiocy is a very real emergency" but institutional overcrowding forced him to announce that "the only time we can admit another idiot is when an idiot now here dies."<sup>12</sup> These logistical problems did little to mollify the needs of parents desperate for help. Often they turned to their state's governor as a last resort, using as much influence as they could muster to insure placement. In

December 1936, a man wrote to North Carolina Governor J. B. H. Ehringhaus concerning the admission of a nine year old boy to Caswell Training School. The child's parents were "excellent young people" who had "kept this child in their own home until it has apparently exhausted the parents. . . . If this child could be placed in the Caswell Training School," the letter concluded, "I think it would be one of the greatest Christmas blessings possible to this family." Another letter by a family friend as well as a separate request from the Medical School at the University of North Carolina further pressed the need for admission. In spite of the fact that, according to a 1936 report, Caswell had a waiting list of "around 1200 children that we have no room for," the Governor prodded superintendent Register for admission. On New Year's Eve 1936, the boy entered Caswell.<sup>13</sup>

The public nature of institutions insured that political pressures could influence decisions concerning the admission and discharge of patients. In Florida, minutes of the Board of Commissioners of State Institutions, charged with overseeing the operation of the Florida Farm Colony, suggest the Board rarely concerned itself with the institution. However, it did order five persons committed to the Colony during the 1930s, while superintendents complained that "until more room is provided for the care of additional patients, we shall have to continue to refuse admission to all new applicants."<sup>14</sup> The Board reported that

one of these admissions was "called to the attention of the Board by the Honorable Spessard Holland," then a state Senator from Polk County, soon to become Florida Governor and United States Senator.<sup>15</sup> In North Carolina as well, political influence could mean the difference between admission and continued placement on the institutional waiting list. In 1931, Governor Gardner wrote a letter marked "personal and confidential" to Caswell superintendent Dr. W. H. Dixon. Gardner reported that "Mr. J. R. J. of Rutherfordton is very anxious to get his little girl in your institution. He is a good friend of mine. I would appreciate it if you will do everything possible to accomodate him. Will you please write me direct [sic]?" A day later, Dixon wrote the governor and enclosed a commitment blank.<sup>16</sup>

Others with little political influence still pleaded with state officials for help in achieving admission to public institutions. In 1934, a Salisbury, North Carolina man wrote Governor Ehringhaus asking for help in the admittance of two of her children to Caswell Training School. Even though she knew "no one in state government," she still requested the governor's assistance in placing her children at Caswell. The governor replied that "you are quite in error in your suggestion that any political pull is necessary to get them in." However, the reply makes no mention of an attempt to expedite the admission process,

thus verifying the woman's concerns about the importance of political influence in the admission process.<sup>17</sup>

While political pressures sometimes impinged upon the operations of Southern institutions, most Southern states deferred to the dictates of superintendents and let them run their institutions as they saw fit. Aside from continual concern over lack of funding, many superintendents ran their institutions as virtual private fiefdoms, given almost free rein by state agencies concerned only with removing mentally handicapped individuals from public sight. State officials praised superintendents for their dedicated public service, performing a difficult and non-rewarding task, often at a substantial pay reduction from previous service as a private physician. Institutional residents, usually a state's most dependent population, possessed little of the political acumen and resources to question a superintendent's decisions. Similarly, institutional employees, usually blue-collar service workers, had neither the organization nor the wherewithall to provide a counter-force to the superintendent. These internal and external factors combined to allow superintendents wide latitude in the operation of their institutions.<sup>18</sup>

In both South Carolina and Alabama, one man served as superintendent of the state institution from its founding until well after World War II.<sup>19</sup> Virginia's three superintendents maintained good relations with their supervising board, governors, and legislators during this

time period. In 1925, Western State Hospital superintendent Joseph DeJarnette wrote Governor Elbert Trinkle, praising him for his help in the passage of Virginia's model sterilization bill. The law was passed, DeJarnette wrote, "greatly due to your influence and recommendation at the Epileptic Colony."<sup>20</sup> As long as superintendents ran their institutions without overt patient abuse and gross fiscal mismanagement, they appeared free from the intrusive political disputes which often characterized public institutions for the insane.

North Carolina deviated greatly from this generalization. Continual struggles between the board of directors, the superintendents, state officials, and the public characterized the operation and administration of Caswell Training School. Little evidence exists to explain why North Carolina differed so greatly from the other Southern states. A partial explanation may be the carry over from vigorous conflicts within the state system of hospitals for the insane, rocked in the 1910s and 1920s by revelations of fiscal irresponsibility and patient abuse.<sup>21</sup> Personality disputes among institutional staff and with the governing board exacerbated the conflicts, but did not seem to precipitate them, for the rancorous disputes continued throughout the terms of three superintendents.

Ira Hardy, founder and first superintendent of Caswell, tirelessly preached about the menace of the feeble-minded and the institutional solution to it. "These defectives, be

they temporary or otherwise, if not judiciously cared for, educated, and trained from almost infancy to adolescence," he warned in a speech in 1912, "will be apt to fill in the future, as in times past, our alms-houses, infirmaries, asylums, and prisons." They should, he concluded, "be specifically cared for in an institution devoted absolutely to their needs."<sup>22</sup> Hardy's proselytizing led directly to the establishment of the North Carolina School for the Feeble-Minded in 1911. Hardy oversaw the laying of the school's cornerstone in May 1912, but when the first patients arrived in July 1914, he had already been replaced as superintendent by Dr. C. Banks McNairy, a Lenoir physician. Hardy had proved a poor administrator even before the admission of the first residents.<sup>23</sup>

McNairy appeared to possess the perfect combination of characteristics that made for an excellent superintendent. He was well-respected within the feeble-minded profession, rising to president of the A.A.S.F.M. in 1923 and carrying on an on-going correspondence with James King Hall, the South's most eminent psychiatrist. McNairy's contacts in the profession brought Hall and Martin Barr, the nationally-known superintendent of Pennsylvania's Elwyn Institute, to Caswell in 1922, to speak at the re-dedication of the campus.<sup>24</sup> McNairy proved instrumental in changing the name of the institution in 1915 to the Caswell Training School, a title that sounded "more euphonious and not so odious."<sup>25</sup> Like his predecessor, McNairy stressed both the control and

humanitarian functions of his institution. "I am proud to know that the time has come when good Christian people of our grand old state, have, by their actions, said that these unfortunates no longer shall be tied, chained, and staked out as animals," he stated in a 1915 legislative hearing, requesting more funds for Caswell.<sup>26</sup> Only a week later, however, in addressing the Tri-State Medical Association, McNairy stressed the dangers to humanity caused by feeble-minded individuals. "[T]o protect society from the ever-increasing hordes of insane and feeble-mindedness [sic], we must prevent the marrying of those whom we know will naturally bring a posterity that of mental and physical weaklings, helpless and worthless, . . . and whose care will be of a necessity become burdensome to say the least."<sup>27</sup>

In spite of his professional credentials, McNairy experienced fiscal and contractual problems with the building of new facilities. In January 1922, the Building Committee of the Board of Directors reported the new buildings as not acceptable. Three years later, the Board still reported on-going legal contractual difficulties with the prime building contractor.<sup>28</sup> McNairy's personal problems with his chief underling, Assistant Physician W. A. Newbold, exacerbated the fiscal problems. The situation reached an explosive point in 1925, just two years after McNairy's tenure as president of the A.A.S.F.M. and a year after the organization held its national meeting in Raleigh.<sup>29</sup> McNairy wrote to Hall in March 1925,

unintentionally revealing how bad the issues had become at Caswell. "I presume you have noticed the criticism of purchases here," he began. He continued with an example of arbitrariness that fueled opposition to his continued control at the institution. "I shave my boys because my only mark of distinction is my peculiar type of mustache and goatee- which I forbid the inmates to wear."<sup>30</sup>

News of the internal conflicts at Caswell soon reached state bureaucrats in Raleigh. In April 1924, the North Carolina Secretary of State wrote to McNairy, breaking the dismal news that "no increase should be made in the appropriation for the State's institutions for the biennial period ending June 30, 1927." McNairy responded with his usual bluntness. "In view of the continual ever-increasing demands being made upon this institution, I can not see how we can conscientiously believe that the people of our State want us to halt in our program of providing room, care, and training for its unfortunates. . . . Neither do I believe that it is good politics to halt, much less stop, at this time, our program of endeavoring to take care of the State's greatest economic loss."<sup>31</sup>

In April 1925, the Board of Trustees requested McNairy take a leave of absence and "go to some place of his own choice where he may be out of touch with the detailed work of the school." McNairy refused, and two months later the Board forced both McNairy and Newbold to resign, as "it would be impossible for the Institution to function if

either one was retained."<sup>32</sup> McNairy and the local Kinston press blamed the entire affair on political pressure stemming from McNairy's refusal to accede gracefully to funding cuts for his institution. "I am high and dry," McNairy wrote to Hall two days after the dismissal. "And it hurts all the worse to know that it was all done for not in the name of the unfortunates but to gratify personal ego and ambition."<sup>33</sup> The Kinston Free Press, the newspaper serving the community where Caswell was located, railed that McNairy "has been made to walk the political gang-plank" and asked, "Why did the same gubernatorial sword which rattled so harmlessly in its scabbard in Raleigh descend with such a deadly swish in the suburbs of Kinston, on the neck of a doctor, too, who had only been trying to make himself the father of a lot of little, partially-mindless, helpless children?"<sup>34</sup>

While Kinston residents viewed the situation as state persecution of McNairy, a report on the situation at Caswell to Governor McLean issued June 15, 1925 does not reveal a vendetta, either personal or political, against McNairy. McNairy, the report concluded, was "devoted to his work, is kind, honest and unselfish, and gives himself unsparingly, but . . . is not primarily an organizer." The report categorized the facility as "spotlessly clean and amazingly free from vermin . . ." While McNairy appeared in a fairly good light, the report concluded the institution's Board of Trustees seemed "divided within itself." As for McNairy's

belief that the governor and the Board were taking Newbold's side in their fractious dispute, the report concluded the assistant physician was "egotistic and jealous" and "he is the type of man who would [n]ever fit into an institutional routine satisfactorily."<sup>35</sup>

While the report cleared McNairy of official malfeasance, it concluded that "he is not primarily an organizer." The Board of Trustees offered proof of this lack of leadership in a July 31 public statement. It reported an institutional deficit of almost \$70,000, "directly in violation of the law," and concluded that "deficits had become habitual."<sup>36</sup> The Board also reported that the state Commissioner of Public Welfare, Mrs. Kate Burr Johnson, felt McNairy's lack of organizational expertise hindered Caswell from achieving its goals of care and control of the feeble-minded. "After praising him for his devotion to his work, unselfishness, and personal interest in the institution," the report read, "the Commissioner said, 'But I doubt if he could organize a large institution, with various departments, select a head, and hold the head responsible.'"<sup>37</sup>

McNairy's personality became the focus of the dispute concerning his dismissal. In August 1925, the Raleigh psychiatrist Dr. J. L. Seawell wrote to James King Hall about the matter. He blamed the "deplorable" business practices at the institution on McNairy's severe diabetic condition. Increasingly defensive about the investigation

of fiscal mismanagement, McNairy "became highly excited and almost abusive and actually profane in responding to questions of the Governor and Attorney General." Seawell also reasoned that McNairy was not the victim of a gubernatorial and Board conspiracy, but "that the Governor was willing and anxious to retain McNairy, but McNairy was sick, bull-headed, and obstinate."<sup>38</sup>

The devious McNairy dismissal appeared simply as a case of personality problems, fiscal incompetence, and poor management. Seen on another level, however, the incident revealed much about the inherent problems of Southern institutions in general. Much of the financial dispute between McNairy and the Board of Trustees centered on the construction of new fireproof dormitories for residents, built to replace buildings burned by patient arsonists in 1919. The Board and McNairy wrangled over questionable bidding practices and shoddy construction by contractors. Their concerns about the design of the buildings, however, spoke to the broader questions of the function of Caswell itself. "The Superintendent and the former Board," a report to Governor McLean commented, "felt it necessary that the buildings be made fire proof. In an effort to do this the buildings have been made to look more like jails than homes for the feeble-minded. With the present type of buildings it would be very difficult to make the institution look attractive and home like, and suitable for the training of the class of children who should be inmates of the

institution."<sup>39</sup> The concerns for safety and security clashed with the needs of patients for facilities which would enhance training and approximate conditions outside the institution. This dilemma plagued superintendents throughout the South in the years before World War II.

McNairy and the Board also fought over the nature of patients admitted to Caswell. In order for institutions to function as training schools, they needed patients who responded to treatment and education, patients whose deviance could be ended. These high-level moron patients would still be feeble-minded, but the training they received at the institution would ostensibly allow them to become functional members of society outside the institution. The increasing admission of low-level idiot patients prevented the accomplishment of this mission. Idiot patients required constant custodial care and rarely left institutions by parole or discharge. While superintendents often balked at the admission of such incompetent patients, state officials pushed for their entrance, both on humanitarian grounds and to save families beleaguered by the strains of caring for an idiot family member. In 1924, McNairy bemoaned "the ever-increasing demands being made upon us from every corner of the State, [which] have forced us to change our building program. . . . We have long since been overcrowded with the lowest type of human life. . . ." <sup>40</sup> McNairy blamed the Board for allowing these admissions and the state legislature for its parsimonious funding which prevented the

separation of idiots and morons at Caswell, to the detriment of both groups. He ruefully reported in May 1925 that "we failed utterly in our efforts to secure funds for permanent improvements that would enable us to care for a larger number of the State's unfortunates." A month later, he concluded that because of the lack of funds, "we would close the school [the academic school, not Caswell itself]."<sup>41</sup> McNairy's dismissal saved Caswell from having to make those hard decisions.

State institutions in other states suffered the same problems of poor funding and the simultaneous handling of idiots and morons in the same facility. Though superintendents complained, often vociferously, about these arrangements, nothing approaching the McNairy dismissal rocked any other institution.<sup>42</sup> Individual personality clashes at Caswell took the endemic institutional problems to another, more explosive level. These problems continued at Caswell as the appointment of a new superintendent did little to defuse the simmering situation.

On July 1, 1925, the Board of Trustees appointed Dr. W. H. Dixon, a prominent general practitioner, as the new superintendent and also authorized the hiring of an institutional business manager and a new assistant physician. While rectifying the McNairy situation, the new appointments did little to ameliorate Caswell's underlying problems of overcrowding, underfunding, and an vague and undelinated function. Less than a year after his

appointment, Dixon expressed many of the same concerns as McNairy. Reporting to the Board of Trustees, Dixon announced that "we are supposed here to take the trainable type- as everyone knows the idiot is not capable of any training." If Caswell did admit idiots, they should be housed in buildings "separate and apart from the other inmates. . . . The advantage in this arrangement would be better discipline among the mid-grade imbeciles and morons."<sup>43</sup> That same year, a commission appointed by Governor McLean to investigate Caswell in light of the recent problems, made no mention of the friction between Board, superintendent, and staff. Instead, it recommended a policy that admitted "approximately 20 percent idiots, 30 percent imbeciles, and 50 percent morons." This would provide "the greatest possible relief to society coupled with sound economy in the operation of the institution." To keep institutional costs down, "custodial cases, the idiots and low-grade imbeciles, could be cared for, to a considerable extent, by high-grade girls. . . ." <sup>44</sup>

Dixon's leadership proved as problematic as McNairy's. Only a year after Dixon's appointment, medical director J. T. Wrigley resigned his position citing the "lack of cooperation and indifference shown toward me by Sup't [sic] and Business Manager." He raised allegations of Dixon "beat[ing] inmates over the head with planks and clubs." He concluded by categorizing the institution as a "blotch, a stigma of incompetency, mismanagement and in some cases

cruelty and negligence. . . ." Wrigley castigated the state for hiring a general practitioner as superintendent instead of a "trained and competent man as head of the institution."<sup>45</sup> Others also raised questions about the atmosphere at Caswell. A parent wrote to the State Board of Public Welfare in September 1925, wanting to place his child at Caswell but upset that "several parties have told me that they are not good to the children there."<sup>46</sup> Two months later, an anonymous writer penned a letter to Mrs. Johnson detailing the change in Caswell since McNairy's departure. "We heard a child scream and a sound of some one slapping it," the letter revealed, "and the child said, 'I wish Dr. McNairy was here, you would not beat me like this.'"<sup>47</sup>

In spite of these problems, the state bureaucracy in Raleigh and the Board of Trustees supported Dixon. Commissioner of the State Board of Welfare Johnson concluded in February 1926 that "I was pleased with the atmosphere of the institution."<sup>48</sup> The Board gave its seal of approval to Dixon in 1929, when it unanimously re-appointed Dixon for another four year term.<sup>49</sup> Dixon's second four year term proved as turbulent as his first. The Depression-mandated funding cuts forced him to reduce expenditures by ten percent and cut the school term by two months.<sup>50</sup> By 1933, another state investigation into conditions at Caswell revealed a by-now familiar picture. "No one makes daily rounds of the entire institution regularly each day or even once a week," the investigation reported. It found an

overcrowded institution, resulting in "unsanitary, unhealthy, and unwholesome conditions." The increasing number of idiot patients has forced Caswell to serve as "a custodial institution." Dixon's lack of managerial skills, like McNairy before him, led to "so much disorganization in the institution that it is practically impossible to make an organizational chart that would depict accurately existing conditions."<sup>51</sup>

Political pressures exacerbated the institutional problems, just as eight years before. The chairman of the North Carolina Industrial Commission wrote to Governor Ehringhaus in May 1933 that "the conditions there [at Caswell] can only be remedied by cleaning house. . . . This present organization has grown stale and seems not to have the proper conception of the functions of the institution."<sup>52</sup> The local Kinston press rose to Dixon's defense, again echoing the McNairy affair. The editor of the Kinston Free Press wrote Governor Ehringhaus praising Dixon's tenure in office, blaming expenditure cuts for the institution's problems. "When Dr. Dixon was appointed superintendent," he wrote, "the total appropriation for the Caswell Training School was close to \$200,000 and the population there was a little over 300. At the time he was dismissed the appropriation was less than \$100,00 and the population was over 600."<sup>53</sup>

The Board of Trustees elected a new superintendent, Dr. F. M. Register, a physician with seventeen years experience

with the State Board of Health, in September 1933. By the end of that month, a state report on Caswell revealed the institution's "general atmosphere was far better than it had been in years. Both employees and inmates seemed to be highly pleased with the improvements which were going on around the school." Later that same month, Register reported to Ehringhaus his impressions of the conditions at Caswell after years of inadequate budgets. "Our buildings were in rather deplorable condition," he reported, "from lack of current repairs which seemed to cover a number of years." The institution also offered little in the way of amenities for either patients or staff. "When there are no playgrounds and equipment," Register concluded, "the morale of the boys and girls is bound to be poor and the life of the attendants is bound to be rather drab."<sup>54</sup>

Register understood, as many in the state bureaucracy did not, that the problems at Caswell could not simply be attributed to the poor performances of previous superintendents. "I lay the short comings of this institution to no one's door," wrote the new superintendent in 1933. "These conditions [at Caswell] must be improved and much more done if this institution functions."<sup>55</sup> Senator Robert Reynolds also viewed the Caswell situation as more than simply a personnel problem. In writing to Governor Ehringhaus, he concluded that "the manager of the institution was terribly handicapped due to lack of funds and that he was unable to do justice to the hundreds of

little feeble-minded children which are now confined in the School."<sup>56</sup> A major survey in 1936 of North Carolina's mental health programs buttressed these claims that problems at Caswell appeared systemic, rather than personal. The survey reported that "very little formal training was being given to the lower grade children at Caswell because of the lack of staff. . . . Lack of staff undoubtedly is responsible also for the fact that little is being done at Caswell in the way of retraining children with specific disabilities."<sup>57</sup>

The problems of North Carolina's Caswell Training School appeared more difficult than those of other Southern institutions because of the political and personal contexts in which they appeared. All facilities, however, suffered from the difficulties which plagued Caswell. Poor funding, lack of trained personnel, and governmental indifference all conspired to make the job of Southern institutions more difficult. While these circumstances proved problematic, the question of the true function of institutions seemed especially vexing. Caught between the need to institutionalize 'incompetent' "low grade cases, . . . who require definite physical care," and 'deviant' "children somewhat higher in intelligence, yet so socially and mentally defective that they require years of special training," these institutions failed to adequately serve either.<sup>58</sup> This failure was exacerbated by the lack of initiative by outside agencies, and by institutions

themselves, to confront the problems of mental retardation in the community.

The legislation establishing many institutions envisioned them as not simply residential facilities, but also as clinics and research stations, organized to protect future generations from the blight of feeble-mindedness. The North Carolina legislature gave Caswell Training School the tasks of establishing "a bureau for instructing the public with reference to the care of mental defectives" and a "psychological clinic for study and observation of mental defectives charged with crime, and to give expert advice in all cases of mental defectives."<sup>59</sup> These high-sounding expectations rarely reached fruition, however, as the reality of poor funding and bureaucratic indifference left institutions as simply custodial live-in programs. In 1940, Florida Farm Colony superintendent J. Maxey Dell wrote to a nurse in Martin County concerning the lack of outpatient facilities at the institution. I "regret to advise you that we do not have an out patient clinic," Dell wrote, "and we are not in a position to offer treatment for any individual other than those [sic] admitted to the institution."<sup>60</sup>

By 1940, Caswell Training School had begun to fulfill its delineated mission of public outreach. That year, its psychological staff gave 125 I.Q. tests to non-institutional persons, a small step towards a relationship with the world outside the institution. The institution also established outreach programs with nearby East Carolina College in

Greenville, with Duke University, and with state Public Health units. The staff psychologist also, according to the 1940 Biennial Report, "attended the Public Welfare Institute in Chapel Hill for the purpose of interpreting to welfare officials the problems in Caswell Training School and of mental deficiency in general."<sup>61</sup>

Virginia established the strongest statewide program of mental hygiene, with an important role for the superintendents of institutions for the mentally defective. William Drewry, former superintendent of the Central State Hospital in Petersburg, the state institution for black insane and feeble-minded persons, led the way as the Director of the State Bureau of Mental Hygiene. Drewry and a group of professionals, among them Lynchburg superintendent J. H. Bell, his successor, G. B. Arnold, Petersburg State Colony superintendent H. C. Henry, and Western State Hospital superintendent Joseph DeJarnette formed a dedicated cadre of proselytizers, preaching the gospel of control of the feeble-minded. These persons often used the Virginia Medical Monthly as their forum to spread the word to general practitioners about the menace of the feeble-minded and the efficacy of sterilization as a meliorative measure. They also spoke at medical meetings and civic clubs, seeking public support for their mission of, in the words of J. H. Bell, "racial improvement by segregation and sterilization . . . provided the State will use to the fullest extent all social forces, both of an

official and voluntary character, that are at its command."<sup>62</sup> While they did not succeed in dramatically increasing state funding for mental hygiene programs, these advocates did establish a public consensus for the efficacy of eugenic sterilization, making Virginia the second leading state in the number of operations performed. Their public pronouncements declaring the continued importance of sterilization did much to maintain its importance as a weapon in the war against feeble-mindedness while scientific and ethical opponents fought an increasingly successful campaign against the use of the procedure.

While Virginia professionals spread the word about the increasing menace of feeble-mindedness, superintendents in other states also operated in a wider world to raise public awareness about mental deficiency. Though Southerners did not play a major role in the A.A.S.F.M. and its successor, the A.A.M.D., members elected three Southern superintendents president of the organization.<sup>73</sup> Southern superintendents also used the official organ of the A.A.S.F.M.-A.A.M.D., the J.P.A., to express their concerns about feeble-mindedness and the Southern response to it. In a 1929 J.P.A. article, W. H. Dixon, superintendent of Caswell Training School, wrote that Southern institutions had, of necessity, to attack the problems associated with mental deficiency differently than their Northern counterparts. Northern institutions, Dixon stressed, "have been in existence a sufficient length of time to, in a measure, educate the

people as a whole to the possibilities of adequate training of the mental defective to the point that he can be of service to them when properly trained and placed in the proper environment."<sup>64</sup> Dixon also compared the successful colonization programs in New York and Massachusetts to North Carolina's meager efforts, and placed the blame squarely on his state "Legislature [which] has not had the vision the above mentioned states have had." The rural nature of Southern society and the predominance of tenant farming also contributed to the failure of colonization programs, as "we find our outlet for a successful colony development is confined to farming." These arrangements proved unsatisfactory for paroles, Dixon concluded, since "leasers and tenants are not the proper types generally to have the custody of mental defectives."<sup>65</sup>

While Dixon expressed his frustrations about establishing a first-class institution in the South, other leaders felt they could rise above the region's problems and run a facility recognized nationwide for its treatment of patients. Dr. Charles Little, superintendent of New York's Letchworth Village institution and a 1918 president of the A.A.S.F.M., praised South Carolina's State Training School in a visit in 1929, after attending the A.A.S.F.M. meeting in Atlanta. "I am enthusiastic over your place," he wrote superintendent Benjamin Whitten, complementing him on overcoming the obstacles which Dixon felt so concerned about. "You built . . . colonies that answer the purpose

just as well as more expensive ones- all without funds," Little marveled.<sup>66</sup> The state of Utah recognized Whitten's accomplishments and in 1931 hired him as a consultant for its new feeble-minded institution. Impressed with his expertise, the Utah governor offered Whitten the position as superintendent. Whitten declined the offer but spent much of 1931 and 1932 commuting between South Carolina and Utah, organizing the Utah facility. Whitten later announced he was tempted by the Utah offer, because of the higher salary and "the discouragements and handicaps which I was experiencing during two decades working in South Carolina."<sup>67</sup>

Southern institutional leaders recognized early on that their facilities could only succeed as part of a comprehensive state program to attack the problems associated with feeble-mindedness. In 1929, Florida Farm Colony superintendent Dr. J. H. Hodges reported that Florida needed a state-wide plan that included a "census of all feeble-minded persons," and public school systems that "assume[d] the duty of providing educational facilities for those who can profit by it." These children should be "provided with special classes and curricula suited to his [sic] limited ability." However, "those who show a tendency to bad conduct should be segregated and controlled." Eight years later, Florida still had not implemented this community based program. In 1937, Superintendent J. Maxey Dell concluded that the state of Florida should provide more

community alternatives to Florida Farm Colony.<sup>68</sup> These, however, were not implemented until the 1960s.

The public school special class alternative assumed more and more importance as the twentieth century progressed. Southern states, however, remained far behind other states in the implementation of these programs. A 1936 North Carolina survey reported that "the whole program for identification of defectives, in school and out, has been far from complete." The report concluded that "North Carolina could not hope to commence a program for special class education on such a large scale."<sup>69</sup> While the United States Office of Education reported in 1936 that almost 100,000 pupils nationwide were enrolled in special classes for mentally defective students, only three percent came from the ten state Southern region.<sup>70</sup> Few Southern school districts had more than handful of special classes; none existed at all in Florida and Mississippi.<sup>71</sup> The nationwide establishment of special classes remained essentially an urban, Northern phenomenon. It would take the growth of federal education funding in the era after World War II to establish the idea of widespread special education programming in the South.<sup>72</sup>

Often, informed laymen and even educational professionals confused and conflated the missions of public school special classes and public institutions for the feeble-minded. The United States Bureau of Education recognized the differences between the two as early as 1918,

when only 18,133 pupils nationwide attended special classes in the public schools. "The children in city day schools are usually retarded or backward school children who have been placed in special classes for special teaching and direction," the report stated. "In general, these children have a much higher type of mentality than do inmates in State and private institutions. . . . [I]t is doubtful whether the statistics of city day schools should be treated with, or should be compared with, the statistics of schools for the feeble-minded."<sup>73</sup> As institutions admitted more low-level idiots, the gap between the mission of institutions and public school special education programs widened. Far from integrating institutions into a broader network of social programs, the few special classes in the public schools removed well-adjusted higher functioning students from the institutional population. Institutions had to contend increasingly with larger numbers of deviant morons and incompetent idiots.<sup>74</sup>

Southern institutions did not exist in a social and political vacuum. They felt the sting of legislative parsimony as well as the sometimes heavy-handed interference of governors and other political notables. Institutional leaders pleaded their cases in the court of public opinion and participated widely in national organizations and meetings. The successes and failures of Southern institutions could not be laid at the feet of the men running them. In commenting on a paper delivered by Alabama

superintendent Dr. W. D. Partlow in 1933, Dr. R. H. Bryant expressed this feeling cogently. "Medical men must point the way," he said, "but in the end what they will accomplish will depend upon the attitude of society."<sup>75</sup>

Notes

1. C. Banks McNairy to Mrs. Clarence Johnson, March 9, 1920, State Board of Public Welfare Records, Box 178, Caswell Training School 1918-1923 Folder, O.R.C. McNairy wrote this letter to Mrs. Johnson, then serving as North Carolina's Commissioner of the State Board of Public Welfare, while superintendent of Caswell Training School.
2. 5th B.R. of the Superintendent of Florida Farm Colony, 1927-1929, pp. 8-9.
3. 9th B.R. of the Superintendent of Florida Farm Colony, 1935-1937, p. 14.
4. Florence Hackbush, "Special Classes as a Dysgenic Factor," J.P.A. 38 (1932-1933), p. 67.
5. G. M. G. Stafford, "Some of the Problems Encountered in an Institution for the Feebleminded," J.P.A. 33 (1927-1928), p. 229. For a northern example of concern about the effects of the Depression on institutional funding, see Herbert Flynn, "Why Have a Hospital within an Institution," J.P.A. 38 (1932-1933), p. 301.
6. 4th through 11th B.R. of the Superintendent of Florida Farm Colony.
7. G. B. Arnold to James Price, July 18, 1939; Price to Arnold, July 19, 1939, Governors Correspondence of James Price, R.G. 3, Box 34, State Colony Folder, Virginia State Archives, Richmond.
8. Mr. and Mrs. Burner to Governor Harry Byrd, February 20, 1928; Byrd to Burners, February 24, 1928, Governor's Correspondence of Harry Byrd, R.G. 3, Box 29, State Colony Folder, Virginia State Archives. See the similar letters, which achieved the same results of deferring to the expertise of institutional administration and refusing discharge, of Mr. and Mrs. Dan Gant to Governor Westmoreland Davis, November 4, 1920; and Joseph Mastin to Davis concerning Gant, November 12, 1920, Governor's Correspondence of Westmoreland Davis, R.G. 3, Box 5, State Board of Charities and Corrections Folder, Virginia State Archives [Mastin served as secretary of the state board of Charities and Corrections]; Mrs. Robert Johnson to Governor Elbert Trinkle, March 13, 1923, and Trinkle to Johnson,

March 19, 1923, Governor's Correspondence of Elbert Trinkle, R.G. 3, Box 24, State Colony Folder, Virginia State Archives; and Mrs. M. Shrader to Governor Byrd, December 14, 1929 and Byrd's reply, December 19, 1929, Governor's Correspondence of Harry Byrd, R.G. 3, Box 29, State Colony Folder.

9. J. C. Hudson to Aubrey Strode, January 12, 1922; Strode to Hudson, January 16, 1922, Papers of Judge Aubrey Strode, Box 148, Colony Folder, Alderman Library, University of Virginia, Charlottesville, Virginia. Strode, contrary to his protestations of little influence at the Colony, was instrumental in its establishment and operations. See Paul Lombardo, Eugenic Sterilization in Virginia: Aubrey Strode and the Case of Buck v. Bell (Ph. D. Dissertation, University of Virginia, 1982), passim; and above, Chapter Eight.

10. Katie Falls to O. Max Gardner, September 2, 1930; Gardner telegraph reply to Falls, September 6, 1930, Governors Papers of O. Max Gardner, Box 4, Caswell Training School Folder, North Carolina State Archives, Raleigh.

11. Charles Nuchols to Gardner, February 9, 1932, Governors Papers of O. Max Gardner, Box 4, Caswell Training School Folder.

12. G. B. Arnold to James Price, July 18, 1939.

13. Bennett Perry to J. C. B. Ehringhaus, December 15, 1936; F. M. Register to Ehringhaus, December 17, 1936; William McNider to Ehringhaus, December 14, 1936, all in Governors Papers of J. C. B. Ehringhaus, Box 4, Caswell Training School Folder, North Carolina State Archives; 13th B.R. of Caswell Training School, 1936-1938, pp. 15-16. See the similar pleas to North Carolina Governor Clyde Hoey by the Clerk of the Superior Court of Haywood County. "We want you to use the influence of your office as well as the sympathy we know you have for people of this class," the letter read, "and aid us in serving admission for them in the Caswell Training School," W. G. Byers to Clyde Hoey, Governors Papers of Clyde Hoey, Box 61, Caswell Training School Folder, North Carolina State Archives.

14. "Minutes of the Board of Commissioners of State Institutions," Minute Books I-O, 1925-1940, Florida State Archives, Tallahassee, Florida; Superintendent J. H. Colson to Judge E. K. Perryman, February 3, 1936, Superintendents' Correspondence, Vault Files, G.S.C.

15. "Minutes of the Board of Commissioners of State Institutions," Minute Book M, p. 104, October 9, 1935.

16. Gardner to Dixon, October 8, 1931; Dixon to Gardner, October 9, 1931, Governors Papers of O. Max Gardner, Box 4, Caswell Training School Folder.

17. L. W. Wrenn to Governor Ehringhaus, August 29, 1934; Ehringhaus to Wrenn, September 4, 1934, Governors Papers of J. C. B. Ehringhaus, Box 8, Caswell Training School Correspondence Folder, North Carolina State Archives, Raleigh.

18. See Ellen Dwyer, Homes for the Mad: Life Inside Two Nineteenth-Century Asylums (New Brunswick, New Jersey: Rutgers University Press, 1987), pp. 55-84 for the New York example of superintendents' power. For an example of the lack of influence of residents and their families, see above, Chapter Eight.

19. Both institutions, still operating today, bear the name of their long-time superintendents. Whitten Center, in Clinton, South Carolina, is named for Benjamin Whitten and Partlow Center, in Tuscaloosa, Alabama, carries the name of W. D. Partlow.

20. Joseph DeJarnette to Elbert Trinkle, November 23, 1925, Governor's Correspondence of Elbert Trinkle, R.G. 3, Box 24, State Commissioner of Hospitals Folder, Virginia State Archives. While a superintendent of a hospital for the insane, DeJarnette maintained a vigorous friendship with Colony superintendents A. S. Priddy and J. H. Bell, a close interest in the problems of mental deficiency, and a strident belief in the efficacy of sterilization as a preventive measure for both insanity and mental defectiveness.

21. Clark Cahow, People, Patients, and Politics: A History of North Carolina Mental Hospitals, 1848-1960 (New York: Arno Press, 1980), pp. 50-56.

22. Ira Hardy, "Prevention of Pauperism, Imbecility, and Crime: The Paramount Duty of the State, A speech before the Tri-State Medical Society, February 22, 1912," pp. 2-3, N.C.C.-U.N.C.

23. A similar situation existed at the Florida Farm Colony. Superintendent Lorin Green was replaced by Dr. J. H. Hodges in February 1921, nine months before the admission of the first patients. This did not appear as drastic a move as the shakeup in North Carolina, as Green played little or no part in the movement to establish an institution for the feeble-minded in Florida. See Steven Noll, "Care and Control of the Feeble-Minded: Florida Farm Colony, 1920-1945," Florida Historical Quarterly 59, 1 (July 1990), pp. 62-64.

24. For McNairy's presidential address to the A.A.S.F.M., see J.P.A. 28 (1922-1923), 94-99. See also the state newspaper coverage of his speech, "Mental Deficiency Offers Gravest Problem, Asserts Dr. McNairy," Charlotte Observer, June 16, 1923, p. 1; "Must Give Up Some Cherished Beliefs," (newspaper clipping dated June 19, 1923), State Bureau of Public Welfare Records, Box 178, State Schools and Hospitals- Caswell Training School Folder, O.R.C. McNairy also expressed his philosophy of running an institution in an important article in the J.P.A. the following year. See "Some Phases of Construction, Organization, and Administration of an Institution for the Feeble-Minded in the South," J.P.A. 29 (1923-1924), 271-275. For examples of the relationship between McNairy and Hall, see letters between the two in James King Hall Papers, Box 3, Folders 35, 44; Box 4, Folders 49, 50; Box 6, Folder 87; and Box 8, Folders 109-111, S.H.C.-U.N.C. The re-dedication of the facility in 1922 came after patients burned two buildings down in 1919.

25. Superintendent McNairy's report to the Board of Directors of the North Carolina School for the Feeble-Minded, December 16-17, 1914, in "Minutes of the Board of Directors of Caswell Training School," p. 97, C.C. See "Laws of North Carolina, 1915, Chapter 266" for the act officially changing the name. The institution was re-named for Richard Caswell, North Carolina Revolutionary War patriot and the first governor of the state of North Carolina.

26. C. Banks McNairy, "An Appeal to the Appropriations Committee of 1915 for the North Carolina School for the Feeble-Minded," Raleigh, North Carolina, February 12, 1915, N.C.C.-U.N.C.

27. C. Banks McNairy, "Cause and Prevention of Feeble-Mindedness, a speech read before the Tri-State Medical Association of the Carolinas and Virginia, February 17, 1915," N.C.C.-U.N.C.

28. Report of the Building Committee, January 13, 1922, in "Minutes of the Board of Directors of Caswell Training School," p. 270; Board ruling, January 14, 1925, in "Minutes," C.C.

29. For more on the feud between McNairy and Newbold, see Ben McNeill, "Caswell School's Friction Factors Will Step Aside," Raleigh News and Observer, June 18, 1925, pp. 1, 16.

30. C. Banks McNairy to James King Hall, March 26, 1925, James King Hall Papers, Box 8, Folder 105.

31. W. H. Everett to C. Banks McNairy, April 4, 1924; McNairy to Everett, April 7, 1924, State Board of Public

Welfare Records, Box 178, State Institutions and Hospitals Correspondence 1924-1925 Folder, O.R.C.

32. Board motion of April 15, 1925; Board action of June 17, 1925, in "Minutes of the Board of Directors of Casell Training School," pp. 378 and 384-386.

33. McNairy to Hall, June 19, 1925, James King Hall Papers, Box 8, Folder 109.

34. "The Assassination of Dr. McNairy," Kinston Free Press, June 29, 1925, p. 6. The article is not only interesting in its defense of McNairy but also in its paternalistic view of the institution. For more support of McNairy, see also "Another Kick is Due Over Action Trustees, Seems [sic]," Kinston Free Press, June 19, 1925, p. 1; and "It's a Tragedy," Kinston Free Press, June 20, 1925, p. 2. The last article regretted that a "good man . . . has been separated from his life work in the maelstrom of politics, where heart and principle have no influence."

35. "Notes on Caswell Training School for Governor McLean, June 15, 1925," pp. 1-2, Board of Public Welfare Records, Box 178, Caswell Training School Folder, O.R.C.

36. "Notes on Caswell Training School," p. 1; "Statement by Board of Trustees of Caswell Training School Issued at Meeting Held at the School, Friday, July 31, 1925," pp. 1-2, James King Hall Papers, Box 8, Folder 110. The Board issued this public statement to give its side of the McNairy dismissal, as "the persistent statements in the public press, with the repeated intimations that the trustees of the Caswell Training School had not dealt fairly and honestly by the former Superintendent, have moved them [the Board] to give out additional facts regarding their action with respect to the change of management" (p. 1). See also the entry of July 31, 1925 in the Board minutes. "It required very little sound discretion to come to the conclusion that the business methods of the institution could not be continued in the future," they reported, "in such a manner as would further complicate the financial status of the institution." Entry of July 31, 1925, "Minutes of the Board of Trustees of Caswell Training School," C.C.

37. "Statement by Board of Trustees," pp. 3-4. The original copy of Mrs. Johnson's report on Caswell could not be found in either the North Carolina State Archives or the Caswell Center Archives. Mrs. Johnson and Dr. McNairy were warm personal friends, so the Board used Mrs. Johnson's statements as verification of the non-political nature of the firing.

38. J. L. Seawell to James King Hall, August 4, 1925, James King Hall Papers, Box 8, Folder 111. A May 1925 letter between two Board members, written before McNairy's dismissal, reveals the Board's desire to retain McNairy, albeit with some of his duties delegated to other administrative staff. "My opinion is that we should elect Dr. McNairy superintendent," wrote W. W. Dawson, . . . "[remove Newbold, and appoint a business manager] who is capable of turning the farm, garden, and dairy deficit into a surplus." Dr. W. W. Dawson to Dr. G. H. Macon, May 22, 1925, James King Hall Papers, Box 8, Folder 108.

39. "Notes on Caswell Training School," pp. 2-3.

40. 7th B.R. of the Caswell Training School, 1922-1924, p. 8.

41. McNairy to New Board Members, May 14, 1925, Notebooks, C.C.; "Report of the Superintendent to the Board of Trustees, June 11, 1925, Notebooks, C.C.

42. For examples of superintendent concerns about lack of funding and the increasing numbers of idiots, see B.R. of the Georgia Department of Public Welfare, 1927-1928, pp. 80-82; "9th A.R. of the South Carolina State Training School, 1927," in 47th A.R. of the State Board of Health, p. 17; 23rd A.R. of the Virginia State Colony, 1932, pp. 7-8; and 6th B.R. of the Superintendent of Florida Farm Colony, 1929-1931, p. 23.

43. Superintendent Dixon's Report, May 7, 1926, "Minutes of the Board of Trustees of Caswell Training School," p. 397, C.C.

44. "Report of the Commission on Caswell Training School in its Relation to the Problem of the Feebleminded of the State of North Carolina, 1926," p. 34, Board of Public Welfare Records, Box 178, Caswell Training School Folder, O.R.C.

45. J. T. Wrigley to Mrs. Kate Burr Johnson, October 14, 1925, Board of Public Welfare Records, Box 178, Caswell Training School Correspondence 1926-1933 Folder, O.R.C. No other mention of these allegations could be found in the evidence, therefore, they remain unproven.

46. Mrs. E. T. Greg to Mrs. Kate Burr Johnson, September 22, 1925, Board of Public Welfare Records, Box 178, Caswell Training School Correspondence 1923-1925 Folder, O.R.C.

47. Anonymous to Mrs. Kate Burr Johnson, November 14, 1925, Ibid.

48. Mrs. Kate Burr Johnson to W. S. Rankin, February 19, 1926, Board of Public Welfare Records, Box 178, Caswell Training School Correspondence 1926-1933 Folder, O.R.C.
49. Entry of July 2, 1929, "Minutes of the Board of Trustees of Caswell Training School," C.C.
50. B.R. of the Caswell Training School, 1928-1930, p. 2.
51. "Investigation of Caswell Training School, March 22, 1933," Board of Public Welfare Records, Box 178, Caswell Training School Correspondence 1926-1933 Folder, O.R.C.
52. Matt Allen to J. C. B. Ehringhaus, May 26, 1933, Governors Papers of J. C. B. Ehringhaus, Box 8, Caswell Training School Appointments Folder. See also Allen to Ehringhaus, June 19, 1933, Ibid.
53. H. Galt Braxton to Ehringhaus, October 2, 1933, Governors Papers of J. C. B. Ehringhaus, Box 8, Caswell Training School Appointments Folder. See also Braxton's letter to Ehringhaus, September 25, 1933, Ibid.; and W. H. Dixon to Ehringhaus, September 4, 1933, Governors Papers of J. C. B. Ehringhaus, Box 8, Caswell Training School Correspondence Folder.
54. "Report on Caswell Training School, September 14, 1933, Board of Public Welfare Records, Box 178, Caswell Training School Correspondence 1926-1933 Folder, O.R.C.; Register to Ehringhaus, September 21, 1933, Governors Papers of J. C. B. Ehringhaus, Box 8, Caswell Training School Allotment and Budget Folder. A voluminous 1936 report on the status of mental health in North Carolina concluded that Register's previous experience "was a valuable background for the reorganization of the School which was necessary at that time." It also reported that after three years of service, "the improvement of the institution under Dr. Register has been truly remarkable." A Study of Mental Health in North Carolina: A Report to the North Carolina Legislature of the Governor's Commission Appointed to Study the Care of the Insane and Mental Defectives (Ann Arbor, Michigan: Edwards Brothers, 1937), pp. 284-285. See also Clark Cahow, People, Patients, and Politics, p. 46 for more on Register's tenure of office.
55. Register to Ehringhaus, September 21, 1933.
56. Robert Reynolds to Ehringhaus, December 21, 1934, Governors Papers of J. C. B. Ehringhaus, Box 8, Caswell Training School Conditions Folder.
57. A Study of Mental Health in North Carolina, pp. 289-290.

58. A Study of Mental Health in North Carolina, p. 274. The appointment of Dr. Frederick Parrott as Superintendent, upon Register's death in 1939, was the first non-rancorous transfer at the institution. See "Minutes of the Board of Trustees of Caswell Training School, November 1, 1939" C.C. and Clyde Hoey to Parrott, November 3, 1939, Governors Papers of Clyde Hoey, Box 61, Caswell Training Folder, North Carolina State Archives, Raleigh. For the New York example of politics and its relationship to institutional management, see Ellen Dwyer, Homes for the Mad, pp. 186-212.

59. "Consolidated Statutes of North Carolina, Section 5895" quoted in A Study of Mental Health in North Carolina, pp. 274-275. Other proposed missions of the institution included "to disseminate knowledge concerning the extent, nature, and menace of mental deficiency" and "to suggest and initiate methods for its [mental deficiency] control, reduction, and ultimate eradication from our people" (p. 274).

60. J. Maxey Dell to Ethel Lewis, September 18, 1940, Superintendents' Correspondence, Vault files, G.S.C.

61. 14th B.R. of the Caswell Training School, 1939-1940, p. 232. See also F. M. Register, "The Retarded Child in North Carolina," Southern Medicine and Surgery 99, 1 (January 1937), p. 20. For the lack of interaction between Florida Farm Colony and the nearby University of Florida, see Steven Noll, "Care and Control of the Feeble-Minded: Florida Farm Colony," pp. 61-62.

62. J. H. Bell, "Protoplasmic Blight," Virginia Medical Monthly 57, 5 (August 1930), p. 315. Other articles in the Monthly include Joseph DeJarnette, "Eugenic Sterilization in Virginia" 57, 10 (January 1931), 678-680; J. H. Bell, "The Biological Relationship of Eugenics to the Development of the Human Race," 57, 11 (February 1931), 727-733; William Drewry, "A Mental Hygiene Program in the Making," 60, 10 (January 1934), 581-584; H. C. Henry, "Eugenic Sterilization," 63, 9 (December 1936), 548-551; and James Williams, "Present Preventive Programs for Feeble-Minded and Mentally Ill People in Virginia," 65, 10 (October 1938), 609-611. Williams replaced Drewry as Director of the State Bureau of Mental Hygiene.

63. North Carolina superintendent C. Banks McNairy served in 1922-1923; Mississippi superintendent H. H. Ramsey in 1930-1931; and Benjamin Whitten of South Carolina in 1936-1937. Southern cities also hosted national conventions of the organization three times; Raleigh in 1925, Atlanta in 1929, and Richmond in 1938.

64. W. H. Dixon, "Institutional Administration," J.P.A. 34 (1928-1929), p. 62. Other articles by Southern authors in

the J.P.A. include C. Banks McNairy, "Some Phases of Construction, Organization, and Administration of an Institution for the Feeble-Minded in the South," J.P.A. 29 (1923-1924), 271-275; G. M. G. Stafford, "Some of the Problems Encountered in an Institution for the Feeble-Minded," J.P.A. 33 (1927-1928), 228-234; Benjamin Whitten, "Opposing Forces in Construction, Organization, and Operations of Institutions," J.P.A. 31 (1931-1932) 271-282; Benjamin Whitten, "Sterilization," J.P.A. 40 (1934-1935), 58-68; and G. M. Arnold, "A Brief Review of the First 1,000 Patients Eugenically Sterilized at the State Colony for Epileptic and Feeble-Minded," J.P.A. 43 (1937-1938), 56-63.

65. W. H. Dixon, "Institutional Administration," p. 63.

66. Charles Little to Benjamin Whitten, May 20, 1929, in Benjamin Whitten, A History of Whitten Village (Clinton, South Carolina: Jacobs Press, Inc., 1967), p. 169. See also Henry Hopkins to Whitten, June 3, 1932, Ibid., p. 170.

67. Benjamin Whitten, A History of Whitten Village, p. 86. See also the letters to Whitten from the Utah authorities, Ibid., pp. 171-172 and the "14th A.R. of the South Carolina State Training School, 1931," p. 3.

68. 5th B.R. of the Superintendent of Florida Farm Colony, 1927-1929, pp. 8-9; 9th B.R. of the Superintendent of Florida Farm Colony, 1935-1937, p. 14.

69. A Study of Mental Health in North Carolina, pp. 269, 272. For an earlier state survey on the efficacy of special classes in North Carolina, see "Report of the Committee on Caswell Training School in its Relation to the Problem of the Feeble-minded of the State of North Carolina, 1926," pp. 24-27, State Department of Public Welfare Records, Box 178, Caswell Training School Folder, O.R.C. "This special class work should be a definite part of the state system of public education," the report concluded (p. 25).

70. Biennial Survey of Education, 1934-1936, 2 Vols., 2: pp. 2, 27, United States Department of Interior, Office of Education (Washington, D. C.: G.P.O., 1939). The Survey reported a national total of 99,621 students in special classes, with only 3,347 from the South. These Southern students were enrolled in classes in nineteen cities.

71. Biennial Survey of Education, 1938-1940, 2 Vols., 2: pp. 28-44, United States Department of Interior, Office of Education (Washington, D. C.: G.P.O., 1947). See also Wendy Cullar, State Policy for the Education of Exceptional Students in Florida, 1869-1979 (EdD. Dissertation, University of Florida, 1981), *passim*.

72. For more on the growth of special educational programming in the years after World War II, see Peter Tyor and Leland Bell, Caring for the Retarded in America: A History (Westport, Connecticut: Greenwood Press, 1984), pp. 123-152; R. C. Scheerenberger, A History of Mental Retardation: A Quarter Century of Progress (Baltimore: Paul Brookes and Sons, 1985), pp. 227-279; and Stanley Davies with Katherine Ecob, The Mentally Retarded in Society (New York: Columbia University Press, 1959), pp. 173-191.

73. Biennial Survey of Education, 1916-1918, 4 Volumes, 4: p. 707, United States Department of Interior, Bureau of Education (Washington, D. C.: G.P.O., 1921). The Bureau of Education became the Office of Education in 1920.

74. See "Report of the Committee on Caswell Training School," pp. 25-26 for more on the differing missions of institutions and public school special classes.

75. R. H. Bryant, "Comments on a paper delivered by W. D. Partlow," Southern Medical Journal 26, 12 (December 1933), p. 1068. Partlow's paper was entitled "The Relation of the Problem of Mental Disease and Mental Deficiency to Society."

## CHAPTER X CONCLUSION

By 1940, ten Southern states operated eleven public institutions designed specifically to house mentally retarded patients. These facilities cared for a multiplicity of individuals, from low-level "incompetent" idiots requiring constant care and supervision to high-level "deviant" morons in need of vocational training. Opened in a blush of progressive-era optimism about the efficacy of institutionalization, these facilities gradually devolved into custodial warehouses where maintenance rather than training became the watchword. "Our institution has become very largely a custodial one," a Florida Farm Colony Annual Report announced in the mid 1940s. "While this same situation appears to exist in varying degrees in all institutions of this type, it nevertheless creates a very real problem."<sup>1</sup>

The road to custodial care was neither straight nor well-marked. The optimism which signaled Southern institutional openings seemed legitimate. Institutions, so the logic went, would protect both society and feeble-minded individuals. The marriage of state intervention and scientific practice, embedded in the institutional ideal, would solve the problems of the feeble-minded and cure the

menace they presented, to the benefit of all involved. Continuing the rhetoric of nineteenth century moralism, institutional advocates waxed poetic about these new facilities. In 1915, Sarah Shaw, principal of the academic school at North Carolina's Caswell Training School, addressed the state legislature, requesting an increase in funding for the institution which had only opened the previous year. From Caswell, she reported, "comes a cry, a weak, pitiful cry, a Macedonian cry, from hundreds of throats, begging that they may have a chance of a home and an opportunity to grow, both in body and soul."<sup>2</sup>

While sympathetic observers such as Ms. Shaw viewed institutionalization as a benefit to all concerned, the opposite was too often the case. From the beginning, signs existed which pointed to problems with the institutional solution for feeble-minded individuals. Among the most prominent was an inability to define adequately the condition of feeble-mindedness itself. With varying definitions of the disorder, institutional leaders had no clear guide as to who could be admitted to their facilities. Even after the use of intelligence testing became widespread, the uncertainty caused by the tests' subjective bias and lack of predictive ability did not provide sufficient guidance to superintendents in whom they could properly admit.

Even if institutional leaders had cleared the definitional hurdle, they still faced the predicament of

fitting their facilities within the spectrum of state services. Viewed by some as a prison for low-functioning offenders, by others as a training school where retarded persons would learn life skills necessary for re-integration back into society, and still by others as a permanent home for those unable to function outside its walls, institutions never developed a coherent function. By attempting to fulfill all these roles, they did not succeed at any of them.

Institutional leaders also failed to differentiate between the various types of feeble-minded individuals who populated their facilities. Higher functioning morons usually ended up behind institutional walls because of their deviant behavior. These persons were not admitted to institutionals until their actions precipitated the move; otherwise they performed at the margins of society. Conversely, low functioning idiots proved incompetent to integrate into society at any level. They were institutionalized not because of their behavior, but by virtue of their inability to function. Institutions had to contend with varied programmatic and medical decisions based on the level of patients they served. All too often, institutions proved incapable of making those decisions and settled for a level of care appropriate for neither morons nor idiots.

States created public institutions to ameliorate the social problems caused by mentally retarded individuals.

However, once established, institutions often took on lives of their own and became more involved in self perpetuation and survival than in the solving of social problems.<sup>3</sup> In so doing, superintendents sought to make their facilities run smoother by limiting the number of problem inmates they admitted. Those who caused problems within institutions included both high level morons, whose retardation existed concomitantly with criminal and sexual deviance, and low functioning idiots, whose need for constant care and physical disabilities taxed the limits of staff. While seeking to limit problem admissions, superintendents simultaneously fought to keep physically productive patients under their institutional care. These patients then provided a pool of inexpensive labor to help maintain and run the facility. This practice, of course, ran counter to the avowed institutional purpose of training and then returning capable patients back to society. The desire for institutional stability, manifested in both admission and discharge decisions, placed superintendents at odds with community leaders concerned with the social aspects of mental retardation.

Institutions did not exist in a social vacuum. Decisions concerning location, staffing, funding, and control were often made with little concern for the feeble-minded patients located at these facilities. Local, state, and even national political considerations often impinged upon the running of institutions. Superintendents walked a

tightrope between the internal needs of their facilities and the external demands of the wider world. All too often, they subsumed patient needs to institutional political survival.<sup>4</sup> Institutions proved susceptible to economic vagaries as well. The Great Depression of the 1930s had devastating effect on state facilities. First, it forced states to slash public expenditures to a minimum, straining already overburdened budgets to the breaking point. It also destroyed the fabric of many families, forcing them to place retarded family members previously cared for at home in institutional facilities. The combination of reduced expenditures and increased admissions forced many institutions to retreat into custodial care.

These problems existed in institutions nationwide; indeed, the pages of the Journal of Psycho-Asthenics are filled with the protestations of superintendents concerned about the fate of their facilities.<sup>5</sup> Yet, Southern institutions faced even greater challenges. They operated in a region that had little experience with institutional solutions to social problems. Legislatures created institutions, often with great fanfare, but rarely supplied the funds necessary to keep them operating at a level that would provide adequate services to the patients placed there.<sup>6</sup> On a more basic level, even if legislatures had the foresight to allocate monies for better institutional care, this money was unavailable in the poorest region of the United States. The Great Depression forced Southern states

to reduce already meager social welfare appropriations to miniscule levels. In the 1930s, only the beginnings of federal intervention into the public health field prevented the situation from becoming even more disturbing.

Southern institutions also suffered from an almost blind reliance on the example set by the rest of the country. In the 1910s and 1920s, progressive Southerners looked explicitly northward for solutions to their social problems. Northern social workers and philanthropists seemed only too ready to export their institutional models to the South. The social surveys initiated by these individuals showed Southerners the extent of the feeble-minded menace in the South and provided an institutional means for solving the problem.

Both Northern survey-takers and Southern respondents, however, overlooked the demographic and social characteristics of the South that precluded the success of a Northern model of institutionalization. Southerners picked up the cry that urbanization and modernization were root causes of the increase in the number of feeble-minded persons. They also railed about the correlation between foreign immigration and the feeble-minded increase. These relationships impacted upon the South, of course, but not to the extent they did in the urban metropolises of the Northeast and Midwest. In cities such as New York and Chicago, leaders in the retardation movement found feeble-mindedness both a cause and consequence of poverty,

dislocation, and criminality. Southern social problems centered more upon the existence of a racial caste system. The racially bifurcated society in the South, however, did not allow white Southerners to concern themselves with the problems of African-American feeble-mindedness. By not addressing the Southern racial issue, and the relationship between white oppression, black poverty, and feeble-mindedness, Southern institutional leaders ignored the major environmental and social issue facing their region.<sup>7</sup>

In the first forty years of the twentieth century, leaders in the mental retardation movement opted for an institutional solution to the perceived problems caused by the feeble-minded population. The class, gender, and racially based assumptions of these individuals underlay their desire for an institutional answer. It is easy to categorize these men (and the few women who reached a position of influence in the retardation movement) as agents of repression and social control. The reality is, however, more complex. By the mid-1920s, an increasing number of leaders in the retardation movement understood that many of the intellectual presuppositions undergirding institutionalization rested on fallacious assumptions.<sup>8</sup> In spite of this knowledge, institutional leaders continued to struggle with the dilemma of protection for and from the feeble-minded. This inability to rectify these two goals doomed institutions. The unique regional problems of the South exacerbated the situation there and added to

institutional woes. In 1932, South Carolina Training School superintendent Benjamin Whitten wrote that "in a moderately poor state, isolation from all-weather highways, railroad sidings, influential visitors, the State Capitol where lawmakers assemble, newspaper contacts, etc. can be fully overcome only by considerable time and effort."<sup>9</sup> Southern facilities never overcame these and other obstacles. The Southern institutional solution to the problems of mentally retarded individuals failed to protect either society or the feeble-minded. Understanding neither deviancy nor incompetency, institutional leaders left a legacy of custodial care.

Notes

1. 13 A.R. of the Superintendent of the Florida Farm Colony, 1943-1945, p. 9.
2. Sarah Shaw, "An Appeal to the Appropriations Committee of 1915 for the North Carolina School for the Feeble-Minded-Raleigh, February 12, 1915," p. 15, N.C.C.-U.N.C.
3. For the classic example of this phenomenon, see Erving Goffman, Asylums: Essays on the Social Situation of Mental Patients and Other Inmates (Garden City, New York: Anchor Books, 1961), pp. 1-125. See also Bernard Farber, Mental Retardation: Its Social Context and Social Consequences (Boston: Houghton Mifflin Company, 1968), pp. 180-222.
4. See Bernard Farber, Mental Retardation, especially pp. 202-204. Farber maintains that, although the ideal institution "has been described as a completely authoritarian and isolated social system" (p. 202), "the outside world is ever encroaching upon the institution" (p. 203).
5. See, for example, Frederick Kuhlman, "The Part Played by State Institutions in Care of the Feeble-Minded," J.P.A. 21 (1916-1917), 121-125; Walter Fernald, "State Programs for the Care of Mentally Defectives," J.P.A. 24 (1919-1920), 114-125; Thomas Haines, "Community Service of State Institutions for Mental Defectives," J.P.A. 28 (1922-1923), 38-50; and Benjamin Whitten, "Opposing Forces in Construction, Organization, and Operation of Institutions," J.P.A. 37 (1931-1932), 271-282.
6. See, for example, the 1928 observation of Louisiana State Colony and Training School superintendent G. M. G. Stafford that "your institution prospers and progresses just to the extent of your influence with the legislature and no further." Stafford, "Some of the Problems Encountered in an Institution for the Feeble-Minded," J.P.A. 33 (1927-1928), 228-234. Quote is from p. 230. See also W. H. Dixon, "Institutional Administration," J.P.A. 34 (1928-1929), 62-68. Dixon, the superintendent at North Carolina's Caswell Training School, reported that "Caswell Training School has never been able to do paroling with any degree of success compared with those [sic] in New York, New Jersey, New Hampshire, and Massachusetts because our Legislature has not had the vision the above mentioned states have had" (p. 63).

7. Some Southern officials did recognize the racial situation as problematic, but this rarely led to any concrete action. In 1924, for example, C. Banks McNairy, superintendent of North Carolina's Caswell Training School wrote that "the social relations between the different races give a troublesome problem." McNairy, "Some Phases of Construction, Organization, and Administration of an Institution for the Feeble-Minded in the South," J.P.A. 29 (1923-1924), p. 271. McNairy's recognition led to no steps to integrate North Carolina's institution; Caswell Training School remained all white until after World War II.

8. See, for example, Thomas Haines' 1925 article in the J.P.A.. In it, Haines concluded that "it has been too easy to assign feeble-mindedness as the general cause of poverty." Haines, "Mental Defect and Poverty," J.P.A. 30 (1924-1925), 136-145. Quote is from p. 137. See also Benjamin Baker, "Administrative Policies, Past and Present," J.P.A. 42 (1936-1937), 149-159.

9. Benjamin Whitten, "Opposing Forces in Construction," p. 272.

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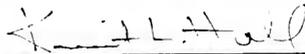
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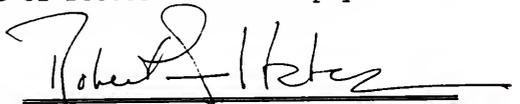
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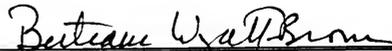
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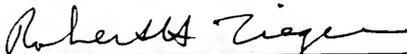
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This dissertation was submitted to the Graduate Faculty of the Department of History in the College of Liberal Arts and Sciences and to the Graduate School and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

August 1991

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