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Monitor**



A Summary of the
Oregon State Survey of Mental Defect,
Delinquency and Dependency

CONDUCTED IN 1920

BY THE
UNIVERSITY OF OREGON

Under the direction of the United States Public Health Service
at the request of the Legislature of the State of Oregon,
Dr. Chester L. Carlisle, U. S. P. H. S., Director

(Condensed and edited by Earl Kilpatrick, director,
Extension Division.)

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and furnished free to all who register.

TABLE OF CONTENTS

.....		3
HUGH S. CUMMING, Surgeon General, U. S. P. H. S.		
I. Origin, Object, Scope and Methods in Oregon		4
By CHESTER L. CARLISLE, M.D.		
CHAPTER II. Nature and Extent of Social Inadequacy in Oregon		5
By CHESTER L. CARLISLE, M.D.		
Results of Citizen Survey (Table No. 1)		5
Individuals in Institutions (Table No. 2)		5
Inmates of Institutions—Source by Counties (Table No. 3).....		6
Poor Farms and Outdoor Relief (Table No. 4)		7
Summary of Social Liabilities (Table No. 5)		7
Dependency the Key		9
Dependency Due to Physical Handicap		9
The Deaf (Tables Nos. 6 and 7)		11
The Blind (Table No. 8)		13
Sex Offense		13
State Aid to Institutions		13
Dependent Children		14
Dependency and Tuberculosis (Table No. 9)		15
Other Dependents		15
CHAPTER III. The Cost of Social Inadequacy in Oregon		16
By CHESTER L. CARLISLE, M.D.		
Introduction		16
Cost of State Institutions (Tables Nos. 10 and 11)		17
Cost of Dependency to Counties (Table No. 12)		18
Cost per Capita to Citizens of Oregon (Table No. 13)		19
Additional State Figures (Table No. 14)		19
Costs in Two Representative Counties		19
CHAPTER IV. Special Supporting Studies and Contributions		20
Teachers' Referendum on Retardation (Table No. 15)		20-21
By CHESTER L. CARLISLE, M.D.		
Causes and Cost of Retardation		22
By L. C. DOUGLASS, B.A.		
Dependents with Special Handicaps		23
By RUTH MONTGOMERY, B.A.		
The Mentally Defective Child in Industry (Table No. 16)		24-25
By MILLIE R. TRUMBULL, Secretary of Industrial Welfare Commission		
Intensive Studies in Juvenile Delinquency		26
By RUTH MONTGOMERY, B.A.		
Oregon State Industrial School for Girls (Table No. 17)		26
Oregon State Industrial School for Boys (Table No. 18)		26
Study of Delinquency—State Penitentiary (Tables Nos. 19, 20, 21, 22 and 23)		27-30
By C. A. GREGORY, Ph.D. and MOZELLE HAIR, B.A.		
Court of Domestic Relations, Multnomah County		31
By JUDGE JACOB KANZLER and S. C. KOHS, Ph.D.		
Population of Military Age in Oregon (Table No. 24)		31-33
By CHESTER L. CARLISLE, M.D.		
Mental Deficiency in Oregon		34-37
By RUTH MONTGOMERY, B.A.		
CHAPTER V. Suggestions for Desirable Legislation		38
By CHESTER L. CARLISLE, M.D.		

SUMMARY OF THE OREGON STATE SURVEY OF MENTAL DEFECT, DELINQUENCY AND DEPENDENCY

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At the Request of the Legislature of the State of Oregon

Dr. Chester L. Carlisle, U. S. P. H. S., Director

(Condensed and Edited by Earl Kilpatrick, Director, Extension Division)

NOTE.—The Extension Division of the University of Oregon greatly regrets its inability, because of lack of available funds, to print in full the valuable report prepared by Dr. Carlisle. The scope of the survey, and its most important findings, are presented herewith. Members of the legislature, and other persons especially interested, are heartily welcome to inspect the full manuscript report, which will be preserved in the University library until such time as a fuller printing becomes possible.

Foreword

By

HUGH S. CUMMING

Surgeon General, United States Public Health Service.

• • • • •

The United States Public Health Service, commissioned by Congress to study the diseases of man, has long been actively engaged in investigating all problems related to mental and physical hygiene. It was, therefore, with feelings of sincere pleasure and deep satisfaction that the United States Public Health Service accepted the invitation of the University of Oregon, endorsed by the State Board of Health, to act as director of the Oregon State Survey, for it is by active and enthusiastic cooperation of all Federal and State agencies for the protection of our public health that the ultimate ideals of community, state and national welfare may be more quickly and effectively reached.

In this spirit of friendly and disinterested cooperation the United States Public Health Service as director of the Oregon State Survey presents to the citizens of Oregon certain fundamental causes of subnormal conduct, inefficiency and delinquency, with suggestions as to ways and means for their relief, with the hope that the facts contained in the survey will assist the state government to advance its already high ideals of citizen health and community standards of living.

CHAPTER I

Origin, Object, Scope and Methods
in Oregon

By

CHESTER L. CARLISLE, M. D.

THE Oregon State Survey was initiated by the interest of the citizens of Oregon in promoting the public health. Through their representatives in the State Legislature in 1919, it took form as Senate Joint Resolution No. 28, which enacted "That the University of Oregon is hereby granted authority to make such survey, and . . . to report the result of its study with recommended legislation to the next regular legislative assembly, with the understanding that . . . the state will be asked for no appropriations for the purpose."

* * * * *

The University of Oregon, through the Extension Division, extended an invitation, endorsed by the State Board of Health, to the United States Public Health Service to act as director of the survey. Without funds for a paid staff and confronted by the task of covering 96,699 square miles, containing thirty-six counties, the director of the survey decided to enlist the aid of every public spirited citizen in gathering the information.

To the Honorable Ben W. Olcott, Governor of the State, the director of the survey begs to render the thanks and appreciation of the United States Public Health Service and of the University of Oregon for his constant interest in the survey and for his official permission to use the state seal. Certificates in the form shown on page 40, carrying the state seal and the seal of the University of Oregon, over the signature of the United States Public Health Service, were sent to over ten thousand citizens of special training in the state. . . .

Thus was "enlisted" the aid of every physician, judge, lawyer, clergyman, nurse, teacher, and other individual citizen known to be interested in community welfare and also the cooperation of every state, county, city, and village official and of many officers and members of social welfare and philanthropic groups including the local chapters and branches of the American Red Cross. To these special voluntary assistants were given cards (see p. 39) upon which to record the facts of mental or physical defect, delinquency, dependency or retardation in school work coming under their own observation. . . . The survey cards upon which the date was recorded were arranged by the director to take care of any possible combination of medico-psychological-sociological symptoms which might be found in any one individual.

The survey was further assisted by the voluntary contributions of time and labor by a number of especially trained observers, who have made intensive studies as to the incidence of mental defect in delinquents, dependents and retarded pupils in school. Thus was inaugurated the first state-wide, cooperative citizen survey in the fields of mental, physical and social hygiene in history.

CHAPTER II

Nature and Extent of Social Inadequacy
in Oregon

By

CHESTER L. CARLISLE, M. D.

[First below is given the tabulated, summarized result of the survey of the 36 Oregon counties compiled from the reports made to Dr. Carlisle by the vast army of voluntary assistants, commissioned by himself and Governor Olcott. The form of the commission issued to these helpers is shown on page 40, and the form of report card used is reproduced on page 39. It is to be regretted that space does not permit the publication of the summaries for the individual counties.]

Table 1.

OREGON—ALL COUNTIES—RESULTS OF CITIZEN SURVEY
Population, 1920, 783,285
Medico-psychological-sociological Findings.

Figures represent number of individuals discovered in the communities * * *. This chart does not show any person resident in any institution except dependents sick in general hospitals.

Types of Handicap.	Male.	Female.	Total.
Mental defect	354	251	605
Mental defect with delinquency	42	32	74
Mental defect with dependency, general	194	64	258
Mental defect with dependency and deafness	2	1	3
Mental defect with dependency and blindness	2	0	2
Mental defect with dependency and epilepsy	10	5	15
Mental defect with dependency and other crippling handicaps	13	6	19
Mental defect with delinquency and dependency	26	15	41
Insanity with dependency	78	55	133
Epilepsy with dependency	31	19	50
Other neuro-mental disorders with dependency	6	2	8
Tuberculosis with dependency	26	17	43
Blindness with dependency	36	18	54
Deafness with dependency	84	72	156
Crippling physical handicap with dependency	79	47	126
Delinquency	25,349	1,933	27,282
Delinquency with dependency	13	12	25
Delinquency with insanity	2	0	2
Delinquency with epilepsy	1	0	1
Delinquency with other neuro-mental disorders	1	0	1
Dependency from all other causes	15,219	11,432	26,651
Grand total of individuals	41,568	13,981	55,549

(Total number of individuals reported showing mental and physical defect, disease or disorder and individuals who are or recently have been delinquents and individuals who are dependents from all other causes, 55,549; 70 per 1,000; 7 per cent of the whole population.)

Table 2.

SUMMARY—INDIVIDUALS WHO ARE OR RECENTLY HAVE
BEEN MAINTAINED IN INSTITUTIONS

Type of Defect.	In State Institutions on State Funds.	In Private Institutions Receiving Public Funds.	Total Individuals.
Insane	3,859	A*	3,859
Mental Defective	656	B*	656
Delinquent	1,249	1,585	2,834
Dependent (exclusive of the dependent poor on poor farms)	540	1,985	2,525
Total Individuals	6,304	3,570	9,874

A* A small number of insane are known to be in private institutions but as details are lacking, they are not included. It is suggested that all private institutions caring for the insane should make regular monthly reports of admissions, deaths and discharges as well as

an annual or biennial report to the central State Board of Control; and, further, that all such private institutions caring for the insane should operate only after being licensed for such operation and care of the insane, by the central State Board of Control or other state agency functioning in matters relating to the public health, mental hygiene and public welfare generally, which board should have statutory powers to make all necessary and desirable "rules and regulations." * * *

B* About 25 mental defectives are known to be in private institutions but are included in this table under the head of dependents in private institutions as they are juveniles. There are also in various private institutions other juveniles and young adults wholly or partially dependent upon public funds, who are believed to be mentally defective. It would be a wise public policy if all institutions caring for dependents made special provision for those of defective mentality, and, where practicable, transferred them to the state institution caring for mental defectives. * * *

(With respect to individuals in institutions, Dr. Carlisle presents an interesting table showing the source of the population of these institutions by counties. This table does not include inmates of jails and county poor farms. Jail inmates are included in Table No. 1 and inmates of poor farms in Table No. 4. Dr. Carlisle remarks with respect to this table: "It is to be noted that the odd conduct commonly associated with psychoses (insanity) is more generally recognized by the public as needing specific care as a symptom of mental abnormality than is the odd or anti-social conduct of delinquency. It therefore follows that the number of insane for each county cared for in hospitals follows the ratio of county population much more closely than does delinquency or dependency.")

Table 3.

INMATES OF INSTITUTIONS—SOURCE BY COUNTIES

COUNTIES.	Both State Hospitals for Insane	State School for Feeble-Minded	State Training School for Boys	State Industrial School for Girls	State Penitentiary	State Tuberculosis Hospital	State School for Deaf	State School for Blind	Soldiers' Home	Private Institutions Receiving Public Funds	Totals
Baker	98	13	13	1	42	3	3	0	6	.....	179
Benton	40	15	6	8	9	3	3	0	4	.....	87
Clackamas	138	32	24	5	12	11	6	3	10	743	984
Clatsop	144	14	8	5	16	10	1	1	0	.....	199
Columbia	59	12	12	0	7	5	12	0	6	.....	103
Coos	94	21	20	1	11	16	3	0	6	.....	172
Crook	23	2	3	0	6	0	0	0	0	.....	34
Curry	16	0	1	0	0	0	0	0	2	.....	19
Deschutes	11	0	5	1	1	2	1	0	0	.....	21
Douglas	94	11	11	6	36	2	6	1	73	.....	240
Gilliam	17	1	0	0	8	1	0	0	0	.....	27
Grant	13	0	3	0	5	1	0	0	0	.....	22
Harney	17	1	1	0	5	0	0	0	2	.....	26
Hood River	15	8	3	1	14	2	1	0	0	.....	44
Jackson	88	15	11	3	11	8	2	2	26	.....	166
Jefferson	6	1	0	1	4	0	0	0	2	.....	14
Josephine	35	12	1	0	9	1	1	0	18	.....	77
Klamath	36	0	1	0	10	2	3	1	8	.....	61
Lake	15	0	1	0	8	0	0	0	1	.....	25
Lane	131	27	27	8	25	11	12	1	23	.....	270
Lincoln	12	8	2	0	10	1	3	0	2	.....	38
Linn	101	17	6	1	11	0	14	1	10	.....	161
Malheur	44	6	2	6	26	1	0	0	1	.....	86
Marion	381	51	27	14	20	49	27	12	14	.....	595
Morrow	15	1	1	0	2	0	0	0	0	.....	19
Multnomah	1,604	244	186	39	223	135	26	17	78	2,418	4,970
Polk	43	9	8	0	7	8	5	2	6	.....	88
Sherman	12	2	0	0	1	1	0	1	0	.....	17
Tillamook	26	4	0	2	8	1	1	7	4	.....	53
Umatilla	152	12	2	0	58	4	1	3	3	.....	235
Union	69	7	16	2	40	3	2	0	12	.....	151
Wallowa	25	3	1	0	6	3	2	0	0	.....	40
Wasco	78	11	10	1	27	7	3	0	2	.....	139
Washington	102	26	12	3	10	4	6	0	8	409	580
Wheeler	10	1	3	0	3	0	0	1	0	.....	18
Yamhill	95	14	9	1	15	5	2	3	8	.....	152
Unknown	0	2	0	0	0	0	0	0	0	.....	2
Waiting List	0	53	0	0	0	0	0	0	0	.....	53
Total	3,859	656	436	109	706	299	136	56	340	3,570	10,167

Table 4.
POOR FARMS AND OUTDOOR RELIEF
(Number Affected)

COUNTIES.	Number of Inmates			County Aid in Communities Av. per month.	Av. No. Widows' Pensions.	Total Av. No. Dependent Any Form
	Male.	Female.	Total			
Baker	11	0	11	10	28	49
Benton†	.....	.....	.....	13	14	27
Clackamas†	.....	.....	.....	33	56	89
Clatsop	19	3	22	14	9	45
Columbia†	.....	.....	.....	26	18	44
Coos	7	0	7	42	37	86
Crook†	.....	.....	.....	6	3	9
Curry†	.....	.....	.....	5	3	8
Deschutes†	.....	.....	.....	5	8	13
Douglas	7	1	8	19	12	39
Gilliam†	.....	.....	.....	2	4	6
Grant	6	0	6	12	6	24
Harney	2	0	2	12	9	23
Hood River†	.....	.....	.....	7	13	20
Jackson	14	1	15	38	23	76
Jefferson	.....	.....	.....	2	3	5
Josephine	12	0	12	33	21	66
Klamath	6	1	7	17	35	59
Lake†	.....	.....	.....	2	3	5
Lane	10	3	13	20	30	63
Lincoln†	.....	.....	.....	3	5	8
Linn	13	0	13	14	37	64
Malheur	.....	.....	.....	30	6	36
Marion	18	0	18	60	16	94
Morrow†	.....	.....	.....	2	7	9
Multnomah	232	46	278	20	141	439
Polk	5	0	5	*	19	24
Sherman†	.....	.....	.....	2	3	5
Tillamook†	.....	.....	.....	9	12	21
Umatilla	14	0	14	11	20	45
Union	5	0	5	24	31	60
Wallowa†	.....	.....	.....	6	9	15
Wasco	8	5	13	63	24	100
Washington†	.....	.....	.....	61	24	85
Wheeler†	.....	.....	.....	6	3	9
Yamhill	0	2	2	18	36	56
Total	389	62	451†	647	728	1,826

*Detailed information not available.

†These figures are an approximate monthly average for summer months. They increase approximately seven to eight per cent in winter. Of these 451, the survey shows 175 to have mental defect, disease or disorder.

‡Counties so marked do not maintain poor farms.

(Combining the above compilations and including all other figures available, Dr. Carlisle presents further)

Table 5.
SUMMARY—INDIVIDUALS WHO ARE OR RECENTLY HAVE
BEEN SOCIAL LIABILITIES EITHER IN COMMUNITIES
OR IN INSTITUTIONS

Type.	No. in the Communities Including Poor Farms.	No. in All Types of Public or Private Institutions.	Total Individuals
Insane	135	3,859	3,994
Mental Defectives	1,077	656	1,733
Delinquents	27,307	2,834	30,141
Dependents	27,030	2,525	29,555
Total Individuals	55,549	9,874	65,423

There are, in addition to the above, a few hundred more complete or partial dependents in general hospitals concerning whom no detailed reports were available. It is suggested as highly desirable legislation that all institutions, and homes, including general hospitals, caring for dependents of any type, should be required to publish an annual or biennial report showing the number and types of such complete or partial dependents cared for and to submit the same to the state central Board of Control.

* * * * *

Thus there was found by the survey a grand total of 65,423 individuals who were either potential or actual social liabilities. If we exclude one-half of the delinquents as unimportant petty offenders, and further exclude one-half of the dependents as being probably remedial cases, we have a total of about 45,000 persons. These 45,000 individuals are the ones who caused practically all tax expenditures in maintaining police, constables, sheriffs, courts of criminal jurisdiction, jurors, witnesses, jails, reform schools, penitentiaries, and all state, county and city institutions, homes, hospitals, free dispensaries, clinics and other agencies engaged in caring for, treating or otherwise assisting the mentally and physically handicapped, the delinquent and the dependent. These 45,000 individuals represent 5.8 per cent of the general population.

Excluding further the known cases of insanity, of which a large number will recover, and the known cases of gross mental defect now in the communities and in special hospitals or institutions, who by the fact of segregation will do little further damage to society, we find there is a total of approximately 29,800 individuals in the state who, as actual delinquents and dependents at large in the commonwealth, have shown themselves by their subnormal, inefficient, non-constructive conduct to be actual social liabilities. These are the unrecognized, inadequate personalities of the world. They are a constant drain upon the public purse. They are a constant menace to the orderly and successful progress of the state. These 29,800 delinquent and dependent individuals represent 3.8 per cent of the total population. Exclusive, therefore, of all types of remedial cases of social inadequacy and of all cases requiring lifelong segregation, we find that the great bulk of all public expenditures for the relief, care, treatment and training of the misfits of the state is caused by approximately four per cent of its inhabitants.

As fast as any of these inadequate social types appear upon public records, whether in the community, church, school, court, hospital, institution, prison or poor farm, let an accurate mental, physical and economic diagnosis be made, and the case legally disposed of upon the basis of what the actual fundamental causes of the delinquency or dependency may be.

Segregate the unfit. Treat the sick. Rehabilitate the handicapped. Educate and train the neglected and ignorant. Protect normal citizens from the inadequacy of the subnormal by adequate statutes which are enforced. Systematize and broaden the state's administration of all problems relating to public health and public welfare. Let the home, the church, the bench, the school, the physician, the store, the shop, the farm, the village, the city, the state, unite in a great campaign of eliminating the cause of sorrow, sickness, inadequacy, delinquency and dependency.

Dr. Carlisle includes in the complete survey some very interesting remarks on various types of social inadequacy, illustrated by Oregon figures, which throw some light upon extent and also upon cost to the state of the various types. It is quite impossible to include all the remarks or all the figures.

DEPENDENCY THE KEY

Whether the socially inadequate person is a mental or a physical defective, or whether he is a delinquent, does not alter the fact that he is at all times more or less of a complete or partial dependent. Dependency is, therefore, perhaps one of our best avenues of approaching the whole problem of public costs so far as they relate to the defective, diseased, inefficient and non-constructive types of citizens.

DEPENDENCY DUE TO PHYSICAL HANDICAP

The blind and the deaf form a special group in all problems relating to dependency inasmuch as the prevention of actual dependency as a result either of blindness or of deafness is a problem lying within the scope both of the medico-social field and of the public school system. . .

THE DEAF

Dr. Carlisle notes that deafness is ordinarily due to trauma (direct or indirect violence); to disease; or to heredity. Discussing diseases which result in deafness, he says:

Among the first of these stands scarlet fever. It is so prevalent as a disease of children that its dangers to hearing (as well as kidney function) are not sufficiently realized. Cerebro-spinal-meningitis is another disease, happily more rare, which is very prone to leave the organs of hearing (as well as others) permanently disabled. Epidemics of the diseases especially likely to cause deafness are largely preventable by adequate isolation and quarantine and approved methods of treatment and prevention. . . . The reports of the Oregon State Board of Health show that except for measles, scarlet fever is the most prevalent contagious disease among children.

* * * * *

Deafness is of particular social and economic importance in that congenital or early loss of hearing abolishes the possibility of "thinking" in terms of auditory symbols of speech (i. e. spoken language; the usual method of "thinking"). Hence it follows that the person handicapped by early deafness develops mentally with extreme slowness and to his limit of capacity only by special instruction and through particular methods which tend to develop and preserve, so far as may be, the auditory-image method of "thinking." This is because the deaf have to rely so largely

upon manual, written or printed expressions of speech imagery. Their "thinking" thus develops upon the more clumsy intellectual method of visual speech-images.

* * * * *

Discussing deafness due to heredity, Dr. Carlisle says in part:

So-called congenital deafness is particularly to be investigated from the genetic view-point. It is perfectly possible for offspring to receive heritable recessive unit characters which make for weakness in the auditory or auditory-speech apparatus. When two persons who are deaf, or deaf and mute, mate, they should first ascertain whether their own disorder is strictly an acquired disorder or whether there was deafness (partial or complete) with or without speech disorder in their ancestors. If they find that their ancestors had such auditory-speech defect or disorder, they should not mate as they would be almost certain to reproduce deaf offspring; and being deaf from birth, such offspring would never "hear" speech, hence would be lacking in auditory images for "thinking" and "speaking." This, briefly, accounts for mutism where no actual defect of the anatomical speech mechanism exists. However, there may be in addition an actual organic defect in the anatomical speech mechanism itself. All of this emphasizes the importance of preventing handicaps which are to a large measure preventable. It means the exploration of every possible field relating to causes. Researches made by the Oregon State Survey demonstrate that the deaf will always show two or more years of retardation in mental development.

* * * * *

Figures in the deaf institutions never cover the extent of the deafness in the state as there are always many cases to be found in the communities. . . . (On September 30, 1920, there were in the State School for the Deaf 82 pupils, 49 male and 33 female, whose homes were in the following counties:)

Baker	3	Lane	9
Benton	2	Linn	9
Clackamas	1	Lincoln	3
Coos	1	Marion	13
Columbia	2	Multnomah	17
Douglas	3	Polk	3
Hood River	1	Union	1
Jackson	2	Wallowa	1
Josephine	1	Washington	4
Klamath	2	Wasco	2
		Yamhill	2

It will be noted that not all the counties are represented. It is to be regretted that all the children who are handicapped by deafness are not given the opportunity for education and vocational training afforded by the state.

Table 6.

AGE OF PUPILS—SCHOOL FOR THE DEAF

Age	Present October 1, 1918		Received during Biennium		Total
	Male.	Female.	Male.	Female.	
6 years	1	1	5	5	12
7 years	1	1	5	1	7
8 years	4	4	1	2	11
9 years	3	3	1	1	8
10 years	4	4	3	1	12
11 years	6	3	3	—	12
12 years	5	2	2	1	10
13 years	3	4	—	—	7
14 years	6	3	—	3	12
15 years	5	2	1	1	9
16 years	5	3	—	2	10
17 years	6	2	—	1	9
18 years	2	2	1	—	5
19 years	1	4	1	—	6
20 years	3	—	—	—	3
21 years	1	1	—	—	2
23 years	1	—	—	—	1
Totals	56	39	23	18	136

The earlier a pupil begins to receive special methods of instruction, the better will be his chances for mental development.

Table 7.

ASSIGNED CAUSE OF DEAFNESS IN CHILDREN TABULATED
IN TABLE 6

Cause	Male.	Female.	Total
Accident	2	3	5
Congenital	35	22	57
Cold	2	—	2
Catarrh	3	4	7
Complicated illness	—	3	3
Bronchial trouble	1	—	1
Abscess	2	1	3
Adenoids, tonsillitis and throat trouble	4	4	8
Eczema	—	1	1
Gathering in head	—	1	1
Infantile paralysis	1	1	2
La grippe	1	1	2
Measles	2	3	5
Mumps	2	—	2
Pneumonia	3	—	3
Scarlet fever	3	3	6
Smallpox	1	—	1
Spinal meningitis	10	3	13
Typhoid	1	—	1
Unknown	5	5	10
Whooping cough	1	2	3
Total	79	57	136

• • • • •

The State School for the Deaf now cares for only 82 children (September 30, 1920). The Oregon State Survey found there were 109 public school children (not in the State School for the Deaf) out of a total of 9,742 included in the study who were retarded in their school work on account of complete or partial deafness or ear disorders. The cost of maintaining a deaf pupil in the Oregon State School is now \$341.65 per year. It is worth while in cost alone to prevent deafness. It is much more worth while to prevent unnecessary causes of deafness in order to diminish handicaps and unhappiness. . . .

THE BLIND

Any review . . . of blindness as a factor in dependency leads into the following fields. . . .

(a) Blindness due to trauma and, hence, touching all phases of community and industrial life from the standpoint of prevention and "safety first," certain trades presenting special hazards.

(b) Blindness due to acquired disease from specific infection by bacteria or "germs" of various kinds. The most notable disorder of the mother producing blindness in offspring by direct infection is gonorrhoea. This produces blindness from birth. It is preventable by using a one per cent solution of silver nitrate in the eyes of the newborn, as is required by law in Oregon and other progressive states.

Secondarily the problem of gonorrhoea in women, albeit innocently acquired after marriage, is one which reaches through the whole range of sex-health measures, prostitution and social hygiene.

(c) Blindness due to infection by the "germs" of syphilis. This disease . . . is capable of causing degeneration of the optic nerve and associated mechanism of sight. This means that all persons threatened with blindness should have a blood examination to ascertain possible syphilitic infection. Syphilis is a distinct causal factor in the problems of dependency due to blindness, as well as of certain other mental and physical disorders resulting in dependency, notably general paresis (a form of insanity) which . . . comprises approximately 25 per cent of all male admissions in metropolitan hospitals for the insane.

(d) Blindness due to other forms of acquired disease, local or constitutional.

(e) Blindness due to heredity, transmission of recessive unit characters which make for weakness in the apparatus for sight as a whole; for example, amaurotic idiocy. Research should be made in the fields of heredity, pre-natal, natal and post-natal disease or disorder in all cases admitted to institutions caring for the mentally or physically handicapped. It is by the routine search for and scientific determination of fundamental and specific causes that we shall learn how to eliminate preventable disorders making for individual, civic and social inefficiency. . . .

Dr. Carlisle presents figures to show that there were 35 pupils in the Oregon State School for the Blind on September 30, 1920, and that there were no pupils from the following counties: Baker, Benton, Crook, Columbia, Coos, Curry, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Josephine, Lake, Lincoln, Malheur, Morrow, Union, Wasco, and Willowa.

Table 8.

ASSIGNED CAUSE OF DEFECT, OREGON STATE SCHOOL FOR THE BLIND

(In all children cared for from October 1, 1918, to September 30, 1920.)			
Accident	10	Iritis	1
Atrophy of optic nerve	5	Interstitial keratitis	1
Blood disease	1	Keratitis	1
Buphthalmos	1	Myopia and choroiditis	1
Congenital*	23	Nystagmus and neuritis	1
Congenital cataracts*	10	Trachoma	1
Glaucoma	1	Ulcers in infancy*	1
		Total†	58

*Note the cases of blindness from birth. Very few of such cases are due to heredity. Most of them are due to preventable disease, notably gonorrhoea.

†Of the 58, 27 have no vision and 31 partial vision.

* * * * *

The yearly per capita cost for a pupil in this school is \$418.96, or \$77.31 more than the per capita cost for the deaf pupils. . . . It is worth while in tax costs and happiness to prevent blindness. The State School for the Blind is caring for 35 pupils. Approximately two and one-third per cent of all the retarded public school pupils in Oregon have serious eye defects, which need immediate attention to prevent the handicapped child from further school (and social) failure.

* * * * *

SEX OFFENSE

Nearly all the cases of blindness beginning in infancy are due to gonorrhoea and are preventable. . . . Thus we are led into consideration of the problem of dependency due to transmission of disease, defect and handicap to contemporaries and descendants, by sex offense.

* * * * *

STATE AID TO INSTITUTIONS

In 1913 the Oregon State Legislature passed a law whereby all charitable institutions approved by the State Board of Health receive public funds for the care and maintenance of inmates. . . . under the age of seventeen years. Institutions caring for such dependents may make application to the State Board of Health and if such application is approved, they are entitled to \$10 per month for each dependent child under five years of age, while for the dependent children between five and seventeen years of age \$8 per month is allowed.

Under authority of an act of 1917 the Oregon State Board of Control, by means of an authorized inspector, investigates the quarterly claim accounts of all these institutions, audits their account, and records the census of inmates. Institutions operating under direct appropriations from the state legislature are not entitled to benefits under this "state aid" law.

* * * * *

Dr. Carlisle gives figures relating to the institutions receiving this state aid in 1919, which, for lack of space, must be very much condensed, as follows:

Louise Home, Portland—

Received 138 girls during the year, of whom 95 were under 18 and 32 were under 16 years. They were received from 24 of the 36 counties of the state. Sixty-eight were committed because venereally infected; 39 were prospective mothers; and 31 were "wayward." The total expenses of the home for one year were \$11,810.43, whereof \$4,510.74 was paid by the state; \$4,203.15 was received in donations from the public and from parents and a deficit of \$3,096.54 was covered by the credit of the Pacific Coast Rescue and Protective Society.

Albertina Kerr Nursery, Portland—

Cared for 137 babies during the year, classified as follows:

Abandoned mothers' babies	37
Unmarried mothers' babies	58
Divorced mothers' babies	16
Mothers in asylum	3
Mothers in feeble-minded institution....	2
Broken homes	21
Total	137

The disposition of babies is shown to be:

Released to one or both parents or to guardians or grandparents, 50; to Feeble-minded School, 1; died, 5; adopted, 21, remaining in home on January 1, 1920, 60. These babies came from 25 counties.

The expenses, amounting to \$10,431.67, were met by \$5,906.86 from the state; a deficit of \$1,417.30 covered by the credit of the Pacific Coast Rescue and Protective Society; \$340 donated by parents; and the remainder mostly by public donations.

St. Agnes Foundling Asylum, Parkplace—

Cared for 157 children during the year, of whom 64 remained at the end of the year, at a cost of \$10,200, whereof \$9,621.27 came from the state.

Salvation Army Rescue and Maternity Home, Portland—

Began the year with 17 girls in the home; cared for 52 maternity cases, 12 wayward cases, and 66 children. Expenses were \$11,272.56, met chiefly by state aid of \$2,835.49; donations of \$3,036.30; \$5,000.00 from the home service fund of the Salvation Army, inmates' fees and baby board \$1,094.50; and by "home industry." Foodstuffs were donated to a considerable extent by merchants of the city.

House of the Good Shepherd, Portland—

Received 84 girls during the year; 89 left during the year; 74 remained at the end of the year. State aid received was \$3,704.96.

* * * * *

DEPENDENT CHILDREN

We come now to a group which makes an especial appeal to all of us, but here as elsewhere in considering the ever present query "Why are they in our public records?" we must search for the fundamental cause. Heredity will be found to play no small part.

The Baby Home, Portland—

Cared for 151 children during the year, of whom twenty were given out for adoption, 58 returned to their parents, 25 died in two epidemics, and 48 remained at the close of the year. Cost for the year was \$25,862.92, of which \$6,779.94 was from the state.

St. Mary's Home for Orphan Boys at Beaverton—

Census 124 at beginning of the year, registered 225 during the year and had 132 at the close of the year. One death occurred during the year. Expenses were \$17,852.25, of which \$8,902.95 was from the State Treasury.

The Boys' and Girls' Aid Society of Oregon—

Reports that 177 children passed through its receiving home during the year. The cash disbursements of this society were \$18,887.39, including a state appropriation of \$1,947.76.

Christie Home for Orphan Girls at Oswego—

Had 244 girls registered during the year. Expenses, \$15,364.53, were met by state allowance of \$12,020.83; supplies from farm, \$3,252.50; and other sources \$91.20.

* * * * *

DEPENDENCY AND TUBERCULOSIS

Dr. Carlisle presents the following table:

Table 9.

Oregon State Tuberculosis Hospital (Movement of Population for the two years 1918-1920).

	Male.	Female.	Total
Present October 1, 1918	58	21	79
Received during biennium	130	77	207
Readmissions during biennium	15	5	20
Total number cared for	203	193	396
<i>Discharged—</i>			
Improved, arrested or cured	66	29	95
Not improved	21	17	38
Died	53	28	81
Total number discharged or died	140	74	214
Present September 30, 1920	63	29	92

Average daily population, 80.5.

Dr. Carlisle shows that these patients came from 29 counties.

The total cost of maintenance was \$98,369.43. The per capita cost was \$610.63.

In 1920, a report from the Oregon Anti-Tuberculosis Association states that there were 561 tubercular patients being cared for in the state. Of these 216 were in institutions of some kind, and 232 were 100 per cent dependent upon the funds of relatives, agencies, or of the public treasury. In 1919 there were 661 deaths. In the first 6 months of 1920 there were 363 deaths from tuberculosis.

* * * * *

OTHER DEPENDENTS

At this point, limitations of space require the omission of detailed analyses of population statistics of the State Hospitals for the Insane; the State Institution for the Feeble-Minded; the State Training School for Boys; the State Industrial School for Girls; the Oregon State Penitentiary; and the Oregon State Soldiers' Home. We do wish, however, to reproduce one of Dr. Carlyle's comments concerning the last-named institution:

These old soldiers, all of whom have in previous years formed a part of the great bulwark for national defense, may rightly claim the consideration of the state for their past sacrifices. But is it not a pointed commentary on our social system that the state today is expending more per capita for the maintenance of burglars than it is for its age-worn soldiers. To be exact, each burglar is costing the tax-payers \$118 per year more than the old soldier.

CHAPTER III

✓ The Cost of Social Inadequacy in Oregon

By CHESTER L. CARLISLE, M. D.

FROM time to time various legislative bodies all over the country have asked that the cost of mental disease, mental defect, delinquency and dependency be ascertained for the information of the public. This request is in effect a confession that our system of keeping public records of expenditures has not been sufficiently systematized to produce a "perpetual inventory" of the number and cost of inadequate citizens. A glance at the usual financial report of the average county of any state will demonstrate two things. One is that all public expenditures may be divided into two classes, i. e. (a) expenditures made for constructive civic purposes (good roads, education, public health, industrial projects, heat, light and general maintenance of government); and (b) expenditures made on account of the inadequate, non-constructive citizen (the mental defective, the delinquent, the dependent, and the cost to the government in maintaining these subnormal types).

The second point to be noticed in the review of a published financial report is that in the case of the inadequate, delinquent and dependent types, there is not sufficient itemization to inform the public as to the actual per capita cost of all such inadequate types, including the total over-head costs of courts, sheriffs, police, jurors, witnesses and all the other avenues for expenditure which the inadequate conduct of the subnormal individuals entails upon the public treasury.

For these reasons it has been found practically impossible to reach all costs of all individuals who were dependent because of mental or physical defect, disease or disorder, or who were dependent for economic reasons beyond their control, or who were delinquent, whether sentenced or committed or not. We can say, however, that in a word the total number of the grossly inadequate type of citizen in Oregon represents about 5 per cent of the total population of the state, while a further 5 per cent are border line cases of social inadequacy all of whom are forever potential social liabilities. Exclusive of all state expenditures made for constructive citizen purposes, we may say without fear of contradiction that practically every cent spent from public or private sources for the detection, detention, care, treatment and maintenance of the mentally and physically subnormal, the delinquent and the dependent, is expended on account of the social inadequacy of this small minority of the population. This illustrates how, if we hope ultimately to reduce such public costs, it is absolutely necessary to eradicate the fundamental causes of such social inadequacy and citizen failure. In such a program the segregation of the unfit, and the scientific rehabilitation of the potential failures upon a basis of individual developmental capacity must be systematically, adequately and

patiently carried out, one generation after another, and in the meantime we must be awake to the danger of having our social body reinfected by an unrestricted influx of those who have a social history of criminality, pauperism and crippling mental or physical disease or defect.

* * * * *

Dr. Carlisle presents detailed figures on the state institutions which cannot be quoted in full.

Table 10.
EXPENSES OF STATE INSTITUTIONS
1918-1920

Oregon State Hospital	\$ 921,167.69
Eastern Oregon State Hospital	271,289.28
Oregon State Penitentiary	302,308.97
State Institution for Feeble-Minded	331,056.95
Oregon State Training School	123,189.40
Oregon State Tuberculosis Hospital	134,053.14
Oregon State School for the Blind	38,660.52
Oregon State School for the Deaf	67,611.51
Oregon State Industrial School for Girls	41,868.72
Oregon State Soldiers' Home	64,674.23
Institutional Expenses of State Board of Control and unclassified	18,081.14
Total for biennium of 1918-1920	\$ 2,313,961.55
Total average for one year	\$ 1,156,980.77

Table 11.

COMPARATIVE TABLES AND STATEMENTS OF POPULATION
AND FINANCES—STATE INSTITUTIONS

Institution.	Biennium ending Sept. 30, 1920.	
	Aver. daily population.	Monthly per capita cost.
Oregon State Hospital	1,736.1	\$19.998
Eastern Oregon State Hospital	501.9	19.59
Oregon State Penitentiary	276.7	39.084
State Institution for Feeble-Minded	440.0	20.00
Oregon State Training School	140.5	32.845
Oregon State Tuberculosis Hospital	80.5	50.886
Oregon State School for the Blind	41.0	34.91
Oregon State School for the Deaf	100.0	28.47
Oregon State Industrial School for Girls	41.9	36.01
Oregon State Soldiers' Home	130.0	29.28

Next to the cost of the state institutions, the most impressive and easily obtained figures are those which relate to the cost of poor relief and dependency as paid by the several counties. The following table was compiled from official sources by Miss Ruth Montgomery:

Table 12.

COST OF DEPENDENCY TO OREGON COUNTIES
(Year ending June 30, 1920)

COUNTIES	Amount spent on De- pendency for the year ending June 30, 1920	Amount spent on Widows' Pensions for the year ending June 30, 1920
Baker	\$ 8,249.60	\$ 6,077.50
Benton	3,335.05	4,727.12
Clackamas	17,050.66	14,496.47
Clatsop	10,317.97	1,660.00
Columbia	7,270.12	6,496.50
Coos	22,705.02	9,467.50
Crook	4,393.90	1,145.00
Curry	937.50	278.00
Deschutes*	1,638.05	2,449.25
Douglas	5,703.00	2,930.00
Gilliam	1,600.00	700.00
Grant	8,807.14	1,148.00
Harney	8,942.60	2,370.00
Hood River	3,265.60	2,711.99
Jackson	14,538.90	6,762.50
Jefferson*	546.01	816.42
Josephine	9,221.46	5,277.50
Klamath	9,645.08	7,953.00
Lake*	728.02	1,088.55
Lane	6,552.19	9,797.00
Lincoln	1,092.03	1,632.83
Linn	16,662.49	6,442.50
Malheur	12,303.71	2,030.00
Marion	23,230.52	2,642.81
Morrow	789.66	1,382.50
Multnomah	235,228.33	37,885.72
Polk	6,290.77	6,344.00
Sherman*	727.02	1,088.44
Tillamook	6,375.00	3,030.25
Umatilla	17,654.00	5,072.50
Union	10,344.22	6,646.50
Wallowa*	1,869.20	2,799.10
Wasco	12,624.87	4,671.00
Washington	7,759.37	3,606.73
Wheeler*	4,403.57	574.00
Yamhill	6,221.85	5,941.50
Totals	\$509,032.48	\$ 84,642.68

*The figures for these counties are approximately based on findings in the remaining counties. Exact figures were not available at time of survey, a fact which illustrates the need for standardized bookkeeping.

* * * * *

Using the last two tables as a basis, and taking the population of Oregon to be 783,000, Dr. Carlisle makes the following interesting calculation:

Table 13.

Cost of State Institutions for one year	\$ 1,156,980.77
Cost per capita of state population, \$1.60.	
Cost of Dependency to Counties	593,675.16
Cost per capita of state population, \$0.71.	
Cost per person (man, woman and child) in Oregon per year of county and state dependents, exclusive of county costs for delinquents and city costs for police, \$2.31.	

Additional state figures, as shown by the Oregon Blue Book, 1919-1920, page 161 et seq., in list of legislative appropriations of the 1919 legislature, including items for state aided institutions, are:

Table 14.

Agents for apprehension of criminals	\$ 5,000.00	
Deficiency	2,311.82	
Rewards for arrest of train wreckers	1,200.00	
Florence Crittendon Home	7,500.00	
Support of Orphans and Foundlings	90,000.00	
Patton Home	12,000.00	
Support of wayward girls	20,000.00	
Return of fugitives from justice	15,000.00	\$143,011.82

To these figures should properly be added the total amount of philanthropic contributions by citizens of the state to the various private and state-aided agencies caring for social inadequates.

COSTS IN TWO REPRESENTATIVE COUNTIES

Dr. Carlisle continues:

It being impossible, owing to lack of systematized bookkeeping in all counties to get exact data as to the number, as well as the costs of inadequate dependents of all types over the state, it has been decided to present for brief review the county costs as found in the metropolitan district of the state and as found in a representative settled farming community. For this purpose extracts from the published reports of Multnomah and Lane Counties are appended.

(These tables, as given in the manuscript report, show the total expenses so chargeable in Multnomah County, not including any expenses paid by the City of Portland, to be \$623,629.67, a per capita cost for each inhabitant of Multnomah County of \$2.26; in Lane County, similarly chargeable expense was \$68,300, a per capita of \$1.88).

* * * * *

These examples of two representative counties merely point the way for further investigation as to costs, which must await the systematization of municipal, rural, county and state bookkeeping. . . . With such a system of auditing our citizen liabilities the public could have presented for regular inspection a consolidated report of all expenditures with the actual number of men, women and children causing such expenditures and the type of defect, delinquency or dependency. Thus would be inaugurated a constant or "perpetual" survey of the business of the state and of each of its subdivisions.

CHAPTER IV

Special Supporting Studies and Contributions

To the brief digest of the findings of the survey as given above, are added in this chapter excerpts and summaries giving the high lights of a number of special studies and investigations made in connection with the survey; also, similarly, brief digests of several important contributions from official sources. There can be no hope that these brief statements will do justice to the complete articles, all of which we would gladly publish, if possible. An idea of the condensation necessary may be gained from the statement that any one of several of these special studies and contributions, if printed in full, would require more space than this whole publication.

TEACHERS' REFERENDUM AS TO WHY PUPILS BECOME OVER AGE FOR GRADE

By

✓
CHESTER L. CARLISLE, M. D.

Authorized and Assisted by State Superintendent J. A. Churchill.

Representing a study of all over-age for grade pupils among 32,480 pupils, or 22 per cent of the total school enrollment in the thirty-six counties of Oregon.

IN SCHOOL life and school progress may first be seen the symptoms of inadequate, inefficient, unsuccessful conduct. If not recognized and adequately corrected during adolescence, such traits inevitably tend to develop into more or less fixed habits of thought and behavior which render the child incapable of attaining the fullest success both as a healthy, active individual and as a constructive citizen. . . .

The retarded pupil is over-age for his grade because of some specific cause which acts as a handicap to progress. It is the duty of . . . school authorities, including all teachers, to ascertain this cause. . . .

All over-age for grade, retarded pupils recorded by the teachers' referendum made for the Oregon State Survey were rated according to the following scale, which indicates the age-grade for normal, usual and expected progress in school grades.

A pupil to be at normal expected age-grade should be in:

Grade 1 when 6 to 7 years old
Grade 2 when 7 to 8 years old
Grade 3 when 8 to 9 years old
Grade 4 when 9 to 10 years old

Grade 5 when 10 to 11 years old
Grade 6 when 11 to 12 years old
Grade 7 when 12 to 13 years old
Grade 8 when 13 to 14 years old

A pupil is retarded in age-grade and consequently over-age for grade when he is one or more years older than he should be for the grade he is in (see table above). For instance, if he is 10 years old and is now in the second grade, he is 2 years retarded. If he is 16 years old and is in the seventh grade, he is 3 years retarded. If he is 14 years old and is still in the first grade, he is 7 years retarded.

Table 15.

TEACHERS' REFERENDUM ON WHY CHILDREN BECOME RE-
TARDED IN SCHOOL

OREGON—ALL COUNTIES—GRAND TOTALS

Causes.	Boys.	Girls.	Total
<i>Parental—</i>			
Heredity and constitutional inferiority	134	97	231
Loss of one or both parents (including divorce)	149	82	231
Indifference to child's welfare	56	42	98
Lack of home training	68	21	89
Child not kept in school	111	74	185
Irregular attendance	200	165	365
<i>Economic—</i>			
Poor home and living conditions	74	49	123
Parental poverty	15	5	20
Child had no opportunity	73	74	147
Child was kept at home to work	71	32	103
Moved frequently	280	233	513
<i>Environmental—</i>			
Child entered school late (various reasons)	264	262	526
Sickness in family	17	31	48
Foreign born (either parents or child); language difficulty	178	171	349
Lived long distance from school	43	60	103
Poor, dangerous or mountain roads	23	20	43
No school available	41	30	71
Lack of school advantages	61	61	122
Irregular sessions	26	20	46
Inadequate instruction	98	54	152
Lax enforcement of truancy laws	20	10	30
<i>Miscellaneous—</i>			
Indian blood	11	12	23
Cause undifferentiated	97	61	158
No cause assigned	519	334	853
<i>Temperamental—</i>			
Bad habits; bad conduct; lazy	112	9	121
Careless; indifferent; inattentive	98	23	121
Poor application; dreamer; other interests	108	42	150
Bashful; timid; self-conscious	22	16	38
Truancy	63	31	94
<i>Physical—</i>			
Undeveloped	77	34	111
Undernourished	56	34	90
Too rapid growth	10	3	13
Tuberculosis	16	13	29
Defective vision (eye disorders)	133	89	222
Defective hearing (ear disorders)	74	35	109
Defective teeth	15	5	20
Defective speech	55	26	81
Adenoids; tonsils; throat trouble	142	83	225
Crippled (various types)	78	47	125
Ill health, general	450	470	920
Bad sex habits	8	9	17
<i>Mental—</i>			
Mental dulling and mental defect	1407	849	2256
Affective deviation	93	31	124
Psychopathic states	55	34	89
Chorea, all forms	10	6	16
Epilepsy	23	12	35
All other neuro-mental disorders	65	42	107
Total	5799	3943	9742

NOTE.—Figures represent number of children over-age for grade on whom reports were received. School attendance includes 94 per cent of the children of school age in Oregon. The approximate percentage of pupil failures in classes is, for the whole state, 10 per cent.

Sixty-two boys, 40 girls feeble-minded; 15 boys, 8 girls blind; 41 boys, 34 girls deaf; 24 boys, 13 girls crippled; 3 boys, 1 girl had neuro-mental disorders to such an extent as to be unable to acquire an education and were so reported by 23 county school superintendents who sent in definite information on such cases in accordance with law. County school superintendents, teachers and all school officials should use great diligence in making a full and accurate report of the mentally and physically handicapped children in each school and school district in order that proper returns may be transmitted by the county school superintendents to the state department of public instruction. The consolidated reports of the county school superintendents should present a constant survey of all social liabilities in persons of school age. This census should be made to include all persons from 1 to 20 years of age inclusive, which are the ages of developmental possibilities.

Of the 9,742 children over-age for grade on whom reports were received, 23.15 per cent showed signs of mental dulling or mental defect.

Heredity.—Exclusive of the 4395 retarded school children in Multnomah county, it was found that the remaining 5347 retarded children (out of a total of 9742) show the following facts relating to heredity:

	Boys.	Girls.	Total
Child has brother, sister or other relative in school who is also over-age for grade	975	704	1679
Child has relative in community with neuro-mental disorder	261	148	409

The survey showed the number of children entitled to relief under Crippled Children's Law as follows: Boys, 323; Girls, 197; Total, 520.

Causes and Cost of Retardation of School Children

(In the City of X, Oregon, 10,000 Population.)

By

L. C. DOUGLASS

Instructor in Education, Extension Division, University of Oregon.

THE following data are the results of an intensive study of 258 over-age for grade children in the elementary schools of the city of X, Oregon, the majority of whom by some special deviation of conduct have attracted attention. In practically every case the child has spent almost all of his school life in Oregon, so whatever school influences have been for or against his retardation have arisen in this state.

* * * * *

MENTAL DEFECT AND DULLNESS

Eighty unselected children from the group were given mental examinations. The results follow:

	Per Cent.
Feeble-minded (heritable trait. Offspring almost always feeble-minded)	14.8
Dull or borderline cases (the latter probably feeble-minded)	38.3
Normal mentality (poor mentality not a cause of retardation in this group)	46.9

Applying the above proportions to all over-age for grade children, we find that approximately 4.44 per cent of all children enrolled in the city will probably never have intelligence greater than that of a 12 year old child.

DISEASE AND PHYSICAL DEFECT

Disease and physical defect caused the retardation of 30 per cent of all the cases studied. In many other cases they were contributing causes. There were reported 96 cases of physical defect. Physical examination of 214 children showed that they had suffered from disease an aggregate of 529 times.

EMOTIONAL INSTABILITY

Thirty-one and eight-tenths per cent of the cases studied were emotionally unstable in some respect. These children are unable to adapt themselves to ordinary conditions of life, not having normally adequate interpretations of ideas. Their attitude is often antisocial. Of 37 children whose conduct is more or less delinquent (truants, liars, etc.) 70 per cent are emotionally unstable and show affective deviation.

(Summing up) the basic causes of retardation are shown to be:

	Per Cent.
Mental defect and dullness	32
Disease and physical defect	30
Poor heredity and improper home conditions	23
Economic and other causes	15

The emotional instability mentioned above is not counted as one of the basic causes but rather as one of the most important contributing causes.

* * * * *

COST

Each child was, on the average, over-age for grade 1.89 years. This is equivalent to 488 children being retarded one year each. Before the war it cost the city of X \$52.50 per pupil to run the elementary schools one year. Therefore, the approximate extra cost of these retarded children to the taxpayers of X may be said to be \$25,620.

An Intensive Study of Dependents With Special Handicaps

By

RUTH MONTGOMERY, B. A.

Graduate Assistant in Education, University of Oregon.

OREGON STATE SCHOOL FOR THE BLIND

(Census of blind children in the institution at time of survey, 33).

IT IS found that the blind have no difficulty in interpreting and responding to psychometric tests so far as the blindness itself is concerned. This is due to the fact that so long as hearing is intact their mental processes are normal in the sense of being carried on through the medium of the usual auditory spoken-word-symbols. The children take ordinary grammar school studies and have the same social relations as children with sight. Scholastic training goes up to the 10th grade. Vocational training includes, among other things, piano tuning and instruction on piano, pipe organ, chorus work and voice culture.

Results of psychometric examination (Stanford scale):

Superior intelligence, intelligence quotient over 110	4
Normal intelligence, intelligence quotient 90-110	14
Subnormal intelligence, intelligence quotient 80-90	5
Borderline intelligence, intelligence quotient 70-80	8
Mental defect, intelligence quotient below 70	2*

*Note.—This is 6 per cent of the school census.

The results of studies made by the survey, and others, indicate that complete or even partial deafness in children is a handicap much more likely to produce a definite and regular degree of retardation in mental development than blindness. Deafness (ear trouble) in school children is a very powerful factor in making the child over-age for his school grade. We note also that these blind children who are not delinquents and are dependent only because of a special physical handicap, show only a small percentage of individuals who are actually mentally defective. This fact is in great contrast to the much higher percentage of mental defect found in children who are both dependent and delinquent.

OREGON STATE SCHOOL FOR THE DEAF

Census of deaf children in institution at time of survey, 113, 64 boys and 49 girls. Psychometric examinations were made on 93; 58 boys and 35 girls.

It has been definitely determined that the mental development of deaf children is not as rapid as that of children with normal hearing, owing to the great handicap of having no auditory experience, i. e. they cannot "think" in terms of auditory word symbols or "words" as we hear them spoken. Rudolph Pintner, *Psychological Monographs*, Vol. 24, in a study of deaf children found them to be about three years retarded when they were compared with hearing children. Our studies would seem to confirm this and three years' developmental retardation may be looked upon as the fairly constant mental handicap of all deaf children.

Results of psychometric examination:

	Census	No. Examined.	No. Showing Mental Defect.	Percentage of Mental Defect
Boys	64	58	10	17
Girls	49	35	3	8.8
Total	113	93	13	14*

*This 14 per cent shows actual mental defect in addition to the normal retardation due to deafness.

* * * * *

The Mentally Defective Child in Industry

By

MRS. MILLIE R. TRUMBULL

Secretary Industrial Welfare Commission of Oregon.

SOME day the employers of the United States will awaken to a sense of the great economic loss sustained through the mentally defective worker. In no place is the mental defective a greater menace than in the field of industry. Seen through the eyes of the Child Labor Bureau in Portland he presents one of the biggest factors in the labor turnover, on the accident list, and in the great mass of irresponsible workers which tries the soul of every employer. He is no sooner taught the beginning of a process than he decides to change his employment. Back to the Bureau he comes and the pathetic performance is repeated until he is past the

permit age. He then becomes the incompetent adult worker. . . . Some day employers will demand psychological examinations of workers so that time, effort and their cost in money will not be wasted.

* * * * *

The juvenile hobo is almost always a boy of low grade mental caliber. He goes from one lumber mill or logging camp to another mixing with mental derelicts among the adults. He becomes physically contaminated and the degradation of the race goes on unchecked.

In the files of the Child Labor Bureau in Portland can be found the record of almost every youthful criminal who has been sent to the State Training School and later to the penitentiary during the past fifteen years. The typical case is found to be low grade in school work and pronounced a difficult child by the teacher. Probably he was turned out of his classes to go to work because he was a nuisance in school. He then became a greater nuisance in industry and the line of least resistance attracted him with the State Training School for delinquents at the end of it.

When the epidemic of auto stealing broke out, we could go regularly to our files and find the accused boy's card. Invariably he was one of the retarded children. . . .

Two years ago we tabulated the commitments to the Training School as shown on our files:

65 per cent to 70 per cent were boys who had gone to work on a child labor permit.

Of these 50 per cent were shown by a later psychological examination at the State Training School to be mental defectives.

Table 16.

Following is a list, issued by the Portland office, of children between 16 and 18 years of age who have gone to work on low grade (part time or night school) permits from September 1, 1919, to December 20, 1920.

		1919							Total No. of Cases
	Age.	No. of Cases.	Grade Attained in School						
Boys	16	99	3	4	5	6	7	8	193
	17	94	1	3	5	28	68	88	
Girls	16	81	0	0	4	21	55	73	153
	17	72							
		1920							Total No. of Cases
	Age.	No. of Cases.	Grade Attained in School						
Boys	16	121	3	4	14	35	136	219	409
	17	288							
Girls	16	89	0	1	3	23	77	132	236
	17	147							
Total number of cases for both years									991

We have been in the work long enough to have seen the inadequate workers in industry multiply (and inadequacy usually means mental defect). We have applicants today of the same (or lower) grade of men-

tality as the parents who were among our first working children in 1903. The same struggle multiplied as to numbers, intensified as to problems, goes pathetically on.

We will remain helpless unless the employers develop insight, take a hand and insist upon:

1. A psychological chart for each employee to show intelligence capacity.

2. A demand on the State Legislature that segregation must be established for all those below a certain grade of mentality and, to prevent further propagation, sterilization of all mental defectives in the communities.

There is work which the mental defective can do but it is not where there is dangerous machinery. Either in our schools or in our Child Labor office the mental and physical analysis must be made if we would relieve industry of its most expensive incubus.

Intensive Study in Juvenile Delinquency

By

RUTH MONTGOMERY, B. A.

Graduate Assistant in Education, University of Oregon.

(Scale used: Stanford-Binet, U. S. Army Type)

Table 17.

OREGON STATE INDUSTRIAL SCHOOL FOR GIRLS

Census, at time of survey	55
(Twelve on parole, 10 out of institution, leaving 33 available for psychometric and special examination.)	
Results of psychometric examinations:	
Normal intelligence capacity, intelligence quotient above 90	2
Subnormal, intelligence quotient between 80 and 90	8
Borderline, intelligence quotient between 70 and 80	15
Mental defective, intelligence quotient below 70	8
Total	33

(Of the total cases examined, 8, or 24.2 per cent show definite mental defect.)

Table 18.

OREGON STATE TRAINING SCHOOL FOR BOYS

Census at time of survey	168	
(Psychometric examinations made on 146.)		
Results of psychometric examinations:		
Supernormal intelligence	3	Per cent
Average normal intelligence	27	2
Subnormal intelligence	37	18.5
Borderline intelligence	43	25.3
Mental defective	36	29.4
Total	146	24.6

(Of the total cases examined, 116 boys, or 79.4 per cent show mental dulling or mental defect, while 36 boys or 24.6 per cent show actual mental defect.)

Intensive Study of Delinquency

By C. A. GREGORY, Ph.D., Professor of Education, and MOZELLE HAIR, B.A., Secretary of Extension Teaching, University of Oregon.

PSYCHOMETRIC and school achievement tests were given to 200 delinquents, inmates of the Oregon State Penitentiary, by permission of the warden. At the time the survey was made there was a total of 270 prisoners, of whom one was a woman, but it was not possible to give the tests to all as some were on the grounds or in the shops or for other reasons were not available.

Two psychometric tests and three school achievement tests were given. The psychometric tests were the Army Alpha and the Terman Group Test of Mental Ability. The school achievement tests were the Curtis Arithmetic Test, "a test in the four fundamentals of arithmetic," the Monroe Silent Reading Test, and the Gregory Language test. The tests given in reading and language were the regular tests designed for the sixth, seventh and eighth grades.

The tests were given in the dining room where the men were seated in about the same way they are seated for their meals. Before the test papers were passed out the men were assured that the scores made would in no way influence their condition or future at the penitentiary and each was encouraged to do his best. Owing to the crowded condition, it was impossible to prevent absolutely all conversation. The men were aware of the fact that they did not have to take the tests and some did not respond. The figures below are based on the number that actually took the tests. It was impossible to tell whether or not the work represented the man's best efforts in every case, but it is believed that the papers turned in represent the best efforts of most of the prisoners who tried the tests. The percentage of mental defect is, therefore, all the more striking.

PSYCHOMETRIC TESTS

A. The Army Alpha Test.

The results of the Army Alpha are for convenience stated here in terms of the Terman Intelligence Quotient, which indicates the individual's mentality, with due consideration for his actual age.

Table 19

	Men
Superior mental ability	
Intelligence quotient above 110	
Psychometric scores from 112 to 120	10
Normal or average mental ability, intelligence quotient 90 to 110; psychometric scores from 90 to 110	50
Subnormal mental ability, intelligence quotient 80 to 90; psychometric scores from 80 to 90	24
Borderline mental ability, intelligence quotient 70 to 80; psychometric scores from 70 to 80	12
Mental defect or feeble-mindedness, intelligence quotient below 70; psychometric scores from 70 to 53	27
Total	123

Of these 123 men it is seen that:

50 individuals or 40 per cent are of average intelligence.

10 individuals or 8 per cent are above the average.

63 individuals or 51 per cent show distinct mental dulling.

27 individuals or 22 per cent show actual mental defect.

None of this last group has a greater mental ability than a child of 12 years or under, and being now of adult years, will never reach an adult mental level of development.

In the investigation of these prisoners no attempt was made to ascertain or to include those cases of affective deviation which so often is found to account for odd, anti-social, or delinquent conduct, particularly among individuals of average or even superior quantitative intelligence where it is obvious that the delinquent conduct was not dependent upon mere feeble-mindedness as usually considered. Neither has any attempt been made to study the delinquent conduct of the 123 prisoners in the light of possible psychoses (insanity), psychoneuroses (including hysteria), constitutional inferiority or epilepsy. This study demonstrates the one outstanding fact that in the state penitentiary (a specific group of delinquents of all types) about *one-fourth* of the men examined show gross mental defect while over one-half show mental dulling or mental defect and are distinctly below the average of mental capacity. Odd, inefficient, anti-social, delinquent conduct (crime) usually means an individual who is suffering from a specific form of handicap.

B. Terman Group Test of Mental Ability

Eighty-seven inmates took the Terman Group Test of Mental Ability. The median score was 81.9. The tentative median scores made on the Terman Test up to the time this test was made are as follows:

Table 20.

School Grade Child Is in:	7	8	9	10	11	12
Children's Scores	66.1	85.9	91.4	119.5	131.7	143.2
Penitentiary Scores		81.9	(lower than 8th grade).			

Comparing the scores made by the inmates of the penitentiary with the scores made by school children as reported by Dr. Terman, we note that the ability of the delinquents examined ranks a little below that of the eighth grade. It must be remembered, of course, that we are no doubt getting the reports of the brighter ones of the group. If all the 200 prisoners had taken the test, the median score would no doubt have been lower. Viewed from either the capacity to learn or the capacity to live usefully, the delinquent shows himself to be definitely handicapped.

SCHOOL ACHIEVEMENT TESTS

C. The Curtis Arithmetic Tests

One hundred and four of these same delinquents took the Curtis Arithmetic Tests in the four fundamentals of arithmetic. In these tests they were graded both on the number of problems attempted and the number

solved correctly. The following are the grades made by the inmates of the State Penitentiary on the Courtis Tests.

Table 21.

	Median attempted.	Median per cent right.
Addition	8.75	48
Subtraction	7	32
Multiplication	5.3	0
Division	3.4	0

Courtis Standard Scores in Arithmetic:

	Per Cent.
Addition.	
Grade 3, 4; Grade 4, 6; Grade 5, 8; Grade 6, 10; Grade 7, 11; Grade 8, 12;	Accuracy 100
Subtraction.	
Grade 3, 5; Grade 4, 7; Grade 5, 9; Grade 6, 11; Grade 7, 12; Grade 8, 13;	Accuracy 100
Multiplication.	
Grade 4, 6; Grade 5, 8; Grade 6, 9; Grade 7, 10; Grade 8, 11;	Accuracy 100
Division.	
Grade 4, 4; Grade 5, 6; Grade 6, 8; Grade 7, 10; Grade 8, 11;	Accuracy 100

A comparison of the scores made by the delinquents in the penitentiary with the standard scores in the Courtis Tests shows the delinquents to have ability in arithmetic between the school grades of three and five. They, as adults, average little better than fourth grade children in the four fundamentals of arithmetic.

D. Gregory Language Test

The language test was one devised by Dr. C. A. Gregory and has been used in testing several thousand school children in Oregon. The test used was designed for school grades six, seven and eight, and tests the pupils' ability to use the proper language forms. 67 adult delinquents in the penitentiary took the test. The median score made, together with the scores made by Oregon school children in the sixth, seventh and eighth school grades are reported in Table 22 below:

Table 22.

Scores Made by Oregon School Children in the Gregory Language Test.

School Grade Child Is in:	6	7	8
Children's Median Score	18.7	23.8	30.7

Median score made by the inmates of the State Penitentiary, 16.6.

This shows very clearly, and confirms other tests, that the delinquents of the penitentiary rank *below* children in the sixth grade in the State of Oregon in the matter of being able to use correct language forms. Delinquents have a distinct handicap in the sphere of mentation and mental ability.

B. The Monroe Silent Reading Tests

The Monroe Silent Reading Tests are divided into three divisions: Test I is designed for school grades three, four and five; Test II is designed for school grades six, seven and eight; and Test III for the high school. Test II was used to test the inmates of the penitentiary. This test covers both speed in reading and comprehension. Table IV below shows the standard scores made by children in the sixth, seventh and eighth grades.

Table 23.

Tentative Standard Scores in the Monroe Silent Reading Test.

School Grade Child Is in:	6	7	8
Children's Comprehension	20	23	26.4
Rate (of speed)	88	99	106
Comprehension of delinquents in penitentiary	20.25		
Median rate of reading of delinquents in penitentiary	66.67		

The Monroe Reading Test shows that *the 69 delinquent inmates* who were examined by this test, have about *sixth grade ability in reading*.

Sixth grade ability in an adult means a mental age level of not over 12 years: the high grade moron.

From both the psychometric tests made for intelligence capacity and school achievement ability, we must conclude that the delinquents found in the Oregon State Penitentiary are:

(a) Somewhere between the sixth and seventh school grades so far as their mental capacity relates to school achievement.

(b) The normal, expected mental age level of development for properly carrying forward sixth-grade school work is 12 mental-age years. These delinquents, therefore, represent a median achievement ability corresponding to that of a high grade moron in their ability for silent reading.

(c) These delinquents rank below the mental-age level of a child in the sixth school grade (high moron mental-age level in adults) in their ability to use correct language forms.

(d) These delinquents rank with the mental-age level of a child in the fourth grade (medium moron mental-age level in adults) in their ability to solve the four fundamentals of arithmetic.

(e) Fifty-one per cent of all these delinquents examined show distinct mental dulling or mental defect.

Twenty-two per cent show gross and definite mental defect.

(f) We cannot help but conclude that the constitutional deviation or peculiar handicap which determines delinquent conduct in an adult lies to a very considerable degree directly in the sphere of lack of native intelligence capacity, with failure to develop mentally to expected levels of adult normality.

(g) These conclusions seem warranted by the results of psychometric tests made from varying angles of approach including educability and achievement possibilities as well as native intelligence capacity in correlation with chronological age development.

Court of Domestic Relations, Multnomah County

By

THE HONORABLE JACOB KANZLER, JUDGE

The survey includes a contributed article from Judge Kanzler and S. C. Kohs, Ph.D., Psychologist, wherein, among other interesting figures, is set forth that this court handled in one year ending September 30, 1920, a total of 1925 child cases, whereof 1300 were cases of delinquency, 500 were cases of dependency, 125 were cases of adoption. It appears that 1675 of these children were left with their parents or guardians; 125 were adopted; 125 were committed to institutions; 200 were otherwise disposed of or pending. Of 306 children examined in the psychological laboratory of the court in the year ending July 31, 1920, 123 were found to be feeble-minded and 120 more below average normal.

Findings Regarding Male Population of Military Age in Oregon

By

CHESTER L. CARLISLE, M. D.

ALL facts relating to defects, diseases or disorders found in the population of the State of Oregon subject to military duty are taken from official reports prepared by the War Department. The Oregon State Survey is particularly indebted to the report "Defects found in Drafted Men" prepared under the direction of the Surgeon General, M. W. Ireland, Major General M. C., U. S. A.; Albert G. Lore, M. D. Major, M. C., U. S. A.; and Charles B. Davenport, formerly Major S. C., U. S. A.

"Oregon. This State is divided into two sections (West and East). Section 1 includes the northwestern corner of the state and section 2 the remainder. Section 1 has a density of about 30 inhabitants per square mile, over half of whom are native whites or native parentage. Germans, Scandinavians, Russians, and English Canadians make up a large part of the remainder. Section 2 is sparsely populated and consists chiefly of native whites of native parentage with a reduced percentage of the above-named peoples. Section 1 is on the Pacific coast and well watered, while section 2 is semi-arid. Section 2 shows the higher defect rate (729 per 1,000), while section 1 has a rate of only 681 per 1,000.

"There is slightly more pulmonary tuberculosis in section 2, probably because persons with incipient tuberculosis have gone there for their health. The venereal rate is very low in both sections, somewhat higher in section 2. Simple goiter has a high rate (26 per 1,000 in section 2). Combined with exophthalmic goiter, the rate is about 30 for both sections. Monoplegia is much commoner in section 2 than in section 1 and epilepsy and mental deficiency and the psychoses are likewise commoner. On the other hand, there is more defective vision in section 1, but on the contrary otitis media and defective hearing are much higher in section 2 than in section 1. Hypertrophic tonsillitis is relatively commoner in the desert section and the same is true of the valvular diseases of the heart. Tachycardia is commoner in section 1. The teeth are somewhat more defective in section 1 and hernia is decidedly commoner there. Also, the

mechanical defects are for the most part commoner in the desert section, except that flat foot is more frequent in section 1, which contains the large cities. More of the inhabitants of section 1 are underweight and under-height than of section 2."

Table 24.

DISEASES AND DEFECTS FOUND IN POPULATION OF MILITARY AGE FOR OREGON AND FOR THE WHOLE UNITED STATES

Name of Disease, Defect or Disorder	Ratio per 1000 Oregon.	Ratio per 1000 Whole U. S.
Pellagra	0.	.09
Tuberculosis, actual and suspected	24.44	24.86
Syphilis (second million men)	2.01	10.47
Chancroid (second million men)	0.	1.50
Gonococcus infection (second million men)	20.26	44.72
Grand total (venereal diseases) (second million men)	22.28	56.69
Alcoholism	0.	.31
Drug addiction	.37	.54
Grand total, venereal (all) alcohol, drugs, (second million men)	22.65	57.58
Curvature of the spine	6.31	5.63
Diabetes mellitus	.69	.27
Goiter, exophthalmic	6.37	3.14
Goiter, simple	26.31	4.35
Obesity	1.94	1.80
Hemiplegia and apoplexy, facial paralysis, paraplegia and monoplegia	2.74	2.55
Epilepsy	3.94	5.15
Chorea	.12	.22
Neurasthenia	.81	.54
Neurosis	.06	.12
Hysteria	.25	.23
Total neurasthenia, neurosis, hysteria	1.12	.89
Speech defective	1.37	1.08
Total deaf, dumb, and mute	.75	1.00
Total deafness	2.31	1.22
Total defective hearing	7.06	5.47
Total deaf and dumb; mute; deaf; defective hearing	10.12	7.69
Constitutional psychopathic state (total rejections)	.52	.44
Mental deficiency (total rejections)	8.59	12.06
Dementia praecox (total rejections)	.31	.65
Psychasthenia and psychoneuroses (total rejections)	.95	.51
Psychosis, manic-depressive (total rejections)	.05	.18
General paralysis of the insane (total rejections)	.84	1.24
Total constitutional psychopathic states, mental deficiency, dementia praecox, psychasthenia, psychoneuroses, manic-depressive psychosis and other psychoses (total rejections)	11.26	15.08
Myopia (near-sightedness)	1.75	2.85
Defective vision (cause not stated)	28.62	30.07
Total myopia and defective vision, astigmatism and hyperopia	30.37	32.92
Trachoma	.69	1.37
Amblyopia	1.19	1.07
Eye enucleation, blindness in one eye, blindness in both eyes	9.44	7.81
Grand total for myopia, defective vision (cause not stated), astigmatism, hyperopia, eye enucleation, blindness in one eye, blindness in both eyes	39.81	40.74
Otitis media, perforated ear drum (total)	8.06	8.57
Deviation of nasal septum, hypertrophy of turbinate (total)	.75	.28
Sinusitis	.62	.52
Tonsillitis, hypertrophic	30.06	23.09
Endocarditis, valvular diseases of the heart	34.76	26.26
Cardiac hypertrophy, cardiac dilation	6.49	4.65
Myocarditis, myocardial insufficiency	.37	.72
Total for organic diseases of heart (total rejections)	39.00	30.74
Arteriosclerosis and hypertension	.37	.37
Cardiac arrhythmias	2.43	1.80
Tachycardia	5.12	4.45

Hemorrhoids .....	.56	1.20
Varicocele	3.00	3.25
Varicose veins	5.37	4.14
Total for hemorrhoids, varicocele, varicose veins	8.93	8.59
Bronchitis .....	.75	.73
Asthma	3.44	2.45
Defective and deficient teeth, with dental caries	16.44	13.54
Hernia	25.12	20.83
Enlargement of inguinal rings	90.99	18.99
Total hernia, and enlargement of inguinal rings	116.11	39.82
Nephritis .....	.94	.80
Hydrocele	1.56	1.14
Total fracture, malunion of upper and lower extremity and other shortening of lower extremity	9.69	7.75
Upper extremity, loss of whole or part of	1.69	1.93
Lower extremity, loss of whole or part of	2.94	3.19
Arthritis	4.00	2.31
Ankylosis, bony or fibrous	11.25	6.75
Total arthritis, ankylosis, bony or fibrous	15.25	9.06
Total hammer toe and hallux valgus	5.44	6.79
Flat foot	159.05	109.35
Pronated foot (a condition of flat foot)	1.56	6.31
Total, flat foot and pronated foot	160.61	115.66
Foot deformity, not specified; pes cavus	4.56	4.03
Metatarsalgia (pain in arch—foot)	2.37	2.24
Total for tables—foot disorders	172.98	128.72
Total for hand, deformities of, injury or infection, fingers, loss of one or more	9.69	7.50
Total for deformity, location not given; upper extremity deformity; lower extremity deformity; trunk, deformity of; head, deformity of; chest, deformity of	10.92	9.34
Total for atrophy of muscle of upper extremity and lower extremity	3.37	2.59
Defective physical development	2.50	2.66
Defective chest measurements	1.31	.87
Underweight	19.62	26.50
Underheight	3.75	2.91
Total for tables defective physical development	27.18	32.93
Malnutrition .....	.37	.28
Total, anorchism, monorchism, cryptorchidism	3.55	3.10
Cleft palate, hare lip .....	.37	.53
Bullet or other recent wounds .....	.25	.51
Mechanical defects (curvature of spine, arthritis, hernia, enlarged inguinal rings, results of fracture, amputations, akylosis, defective feet and hands, general deformities of appendages and trunk and muscular atrophies)	348.95	215.43

* * * * *

. . . . the ratio of mental deficiency in the men of the state compared with the average ratio for the whole United States is as 2.7 compared with 5.2. This means that the problem of actual mental deficiency in Oregon is only about one-half the size of the same problem in the whole country.

These figures leap out from the drab columns of statistical tables and assume a new and dazzling significance when we see them marching as an army before our eyes: actual units of a strong, active and virile citizenry, voluntarily enlisted in the patriotic service of their country. For it was the State of Oregon wherein the clogging, hampering effect of mental deficiency was so small that it topped all the other states of the Union in its ratio of enlistment credits to its gross draft quota, this ratio being 90.11, while that for the whole United States was 40.42; the ratio of actual enlistments to the gross quota being 158 for the first draft as compared with 64 for the whole United States. (Report of the Provost Marshal General to the Secretary of War on the first draft, under the selective service act, 1917, pages 16 and 18).

* * * * *

Oregon with a low rate of mental and physical handicap among its citizenry was just about two and a half times as ready to fight for Old Glory as the average. This is proved by the official voluntary enlistment record. With the first call to arms "The following Banner Communities filled their entire gross quota by voluntary enlistments and therefore did not need to contribute any men under the selective service act;" Benton, Coos, Crook, Douglas, Hood River, Jackson, Josephine, Lane, Linn, Marion, Multnomah, Polk, City of Portland, Tillamook, Yamhill. (Report of Provost Marshall General, in the first draft, page 17).

Poor Relief in Oregon

By

RUTH MONTGOMERY, B. A.

Graduate Assistant in Education, University of Oregon.

NOTE.—It may be possible later to print more fully the valuable intensive study made by Miss Montgomery. In this brief summary of the Oregon State Survey only a few of the outstanding findings can be given.

Poor farms of one kind or another are maintained in 18 of the 36 counties of Oregon: Baker, Coos, Clatsop, Douglas, Grant, Harney, Josephine, Jackson, Klamath, Lane, Linn, Marion, Multnomah, Polk, Umatilla, Union, Wasco, and Yamhill. The population of these farms at the time of the survey totalled 451, of whom 89 were women. Number of inmates varied from two each in Harney and Yamhill, to 278 in Multnomah. Of these 451, it is stated that 175 showed mental defect, disease or disorder.

The causes of dependency are resolved into several classes. No single case of dependency found in any poor farm may be assigned to merely one of these causes. In many cases investigated the lack of information and case records made it impossible to determine a definite cause. Verification of the statements of the inmates as to family and their own life history was practically impossible through research in communities because of the fact that the majority of these dependent individuals are not native Oregonians but people who have come here from other states and whose families are scattered throughout the United States. The outstanding precipitating cause of total dependency as found in the Oregon poor houses is old age. The physiological decay, however, is often seen combined with economic inefficiency during early life.

* * * * *

. . . . Large numbers of the dependent individuals surveyed in poor farms are men now too old to work, but the interesting point is that they have never made more than enough to live from day to day. They are unskilled laborers for the most part, or laborers of low skill. . . . The miners are perhaps a separate group and present an interesting study in genetics. They are the adventurous wandering type who year after year go back into the mountains with the hope that they will make their big stakes. It would seem that they carry certain dominant characteristics of make-up. Some of them have made stakes and lost them again in gambling or speculation. Very few of this class of dependents have any families who can care for them in their old age.

The majority of the average type of dependent old man is found to be suffering from senile deterioration. Decline of intellectual ability is shown by lack of memory, tendency to exaggerate greatly, hallucinations and a general dilapidation of the former personality.

Passing from the senile we find the next causal group according to size is that composed of dependents who are suffering from easily demonstrable mental defect or insanity or epilepsy. This group includes the morons and imbeciles. No mental defective of a lower grade than these was found. There are mental defectives who for various reasons have never been committed to the State School for the Feeble-minded. These moron-imbecile types of mental defect form the majority of this second group and the mental subnormality may be looked upon as a primal cause of the dependency. The insane who are found in the poor farms were for the most part cases of ordinary senile deterioration, the psychosis being merely part of the picture of senile decay although the possibility of other intercurrent factors must not be forgotten. Very few cases of epilepsy were found and in those observed the occurrence of convulsions seemed infrequent. The removal of the insane and the epileptics from poor farm to properly equipped institutions is a matter which should be expedited by all possible means.

Next in size is the group of individuals who are dependent because of a definite physical disability which in some cases is only temporary dependency. Influenza is the outstanding cause of temporary physical disability among poor house inmates during the past two years, while tuberculosis is always the enemy of the dependent poor.

The fourth group comprises those whose dependency is caused by alcoholism. This is not a very large group from the standpoint of primal factors but accompanies a large majority of all cases of moral degeneracy and is usually accompanied by physical deterioration. This lowering of the general vital index is probably due to the fact that excessive alcoholism is usually an expression of constitutional mental and physical inferiority. Alcoholism, and indeed ordinary drug addiction, is frequently an expression of a substitutive reaction of an inferior personality who is unable to meet the requirements of reality. Their use is often merely a symptom of plain mental defect. For these reasons it is doubtful if alcohol should be given a role as a fundamental cause of delinquency.

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Individuals representing all these different groups of fundamental causes are found in the same institution. Furthermore, this results in a complicated problem of administration to provide suitable care for each group and adequate treatment for each individual if any advance as to rehabilitation is to be made.

All dependent poor persons should be diagnosed and sent to the institution best fitted to treat the condition they show in order to eventually lower the per capita cost of dependency by a restoration of the individual to a constructive position in his social group. Institutional care for de-

pendents should have the object in view of social rehabilitation in the modern sense and attitude which the term implies.

It is obvious that sparsely settled communities having a relatively small number of dependents cannot maintain such institutions and therefore it is probably desirable that some system of collective county care be arranged with an institution adequately equipped to properly care for all such dependents after it has been ascertained that they do not belong in any other institution by reason of insanity, or mental or physical defect.

* * * * *

Such a system of institutions throughout the state would provide a much more modern and scientific care of Oregon's total dependents. Such a plan should eventually lower the per capita cost in the individual counties and insure adequate care of dependents for the reason that if all cases of mental or physical defect, disease or disorder were removed from the poor farm type of institution and committed to the appropriate type of hospital, home, institution or training school for social rehabilitation there would be relatively few cases left to county care as ordinary types of dependent poor. Thus the definitely handicapped would be given proper care and treatment in state institutions where the per capita cost is lowered, due to lessened overhead charges; and with the advent of such care would come the elimination of many county poor farms, the inadequacy of which at the present time is only too apparent.

Just a few of the outstanding facts concerning each county will be excerpted from Miss Montgomery's study. The figure given in each as the cost of dependency includes widows' pensions and care of old soldiers as well as the cost of relief at the farm and outdoor relief and is given next to the population figure in order that the ratio of this cost may be evident.

Baker County—

Population, 1920, 17,929; cost of dependency, \$14,327.10; no segregated account on county books; farm of 120 acres, 55 acres under cultivation, owned by county and rented to supervisor at \$20 per month. County pays contractor \$5 per week for keeping each dependent inmate and furnishes bedding, clothing, tobacco and fuel; building occupied by inmates inadequate, dirty and full of vermin; fire risk high with no protection apparatus; inmates in poor condition from physical and sanitary points of view; records not well kept.

Clatsop County—

Population, 1920, 23,030; cost of dependency, \$12,277.97; farm of 12 acres, all cultivated; concrete buildings well kept and well adapted to purpose; fire risk low with adequate protection; adult males and females separated; bed linen and all clothing worn by inmates laundered weekly; records in case history well kept; an exceptionally fine county farm.

Coos County—

Population, 1920, 22,257; cost of dependency, \$32,172.52; farm of 160 acres of which 40 are cultivated; wood building fairly well adapted; records since February 1, 1920, on case history basis, which was not the case before; considerable fire hazard with good protection; whole institution clean; inmates well cared for.

Douglas County—

Population, 1920, 21,332; cost of dependency approximately \$12,800; farm of five acres, all cultivated; wood buildings well adapted; no separate account of financial costs; records inadequate; no great fire risk, but no protection apparatus; institution clean and sanitary and inmates well cared for.

Grant County—

Population, 1920, 5496; cost of dependency, \$9,955.14; farm not owned by county and inmates cared for by contractor at \$1 per day per inmate, county furnishing tobacco, clothes and some other items; two buildings, poorly built; no case records of any kind; not clean.

Harney County—

Population, 1920, 3992; cost of dependency, \$11,318.60; no county farm; total dependents are boarded with a woman in Burns, the county seat; no records; county pays contractor \$1.50 per day for care of those who are not bed-ridden and \$2.50 per day for those who are; inmates live in little shack resembling woodshed, but contractor intends to take them into her house in winter; room clean and patients well kept.

Jackson County—

Population, 1920, 20,405; cost of dependency, \$21,301.40; farm of 31 acres, of which 21 are cultivated; wood buildings suited to purpose; records fairly adequate; fire protection provided; well kept and clean.

Josephine County—

Population, 1920, 7655; cost of dependency, \$14,398.96; farm of 28 acres, of which 15 are cultivated; wood buildings poorly constructed and poorly adapted, with high fire risk; records not entirely adequate; some of the inmates and the quilts and blankets very dirty.

Klamath County—

Population, 1920, 11,413; cost of dependency, \$17,598.08; farm of 86 acres, 20 being under cultivation; wood buildings well adapted; records not adequate nor accurate; no adequate fire protection.

Lane County—

Population, 1920, 36,166; cost of dependency, \$16,349.19; farm of 100 acres, of which 90 are cultivated; wood buildings, well adapted, but needing paint and repairs; records neither adequate nor accurate; grand jury in October, 1920, reported vermin in all rooms; fire risk great; fire fighting apparatus provided; sanitary provisions inadequate.

Linn County—

Population, 1920, 24,550; cost of dependency, \$23,104.99; farm of 120 acres, all cultivated; wood buildings fairly well adapted; records not adequate nor accurate; good fire protection; repairs needed.

Marion County—

Population, 1920, 47,117; cost of dependency, \$25,873.33; farm of 30 acres, all cultivated; wood buildings well adapted; records not adequate nor entirely accurate; fire hazard considerable with protection; inmates well cared for.

Multnomah County—

Population, 1920, 275,898; cost of dependency, \$273,114.05; it must be borne in mind that this county expense is completely overshadowed by the cost of dependency to the city of Portland; farm has brick buildings well adapted; records adequate; supervisor is graduate nurse. (In most counties mentioned, supervisor has previously been farmer, in one case a sawmill man); good fire protection; cleanliness exemplified by fact that sheets and pillow cases are laundered daily.

Polk County—

Population, 1920, 14,181; cost of dependency, \$12,634.77; totally dependent poor are boarded with contractor who owns farm of two acres; house fairly clean, but not well adapted; contractor receives from county \$18 per month per inmate and county furnishes tobacco and clothing; no reports other than bills, which are not kept segregated in county records; no case records whatever; beds and inmates fairly clean.

Umatilla County—

Population, 1920, 25,946; cost of dependency, \$22,727.39; farm of 160 acres, all cultivated; wood buildings fairly adapted; no records until May 1, 1920, and records since then meager; fire risk high with chemical extinguishers; buildings and some inmates very dirty.

Union County—

Population, 1920, 16,636; cost of dependency, \$16,990.71; poor farm of 40 acres, of which 35 are cultivated; wood buildings fairly well adapted; records meager and not entirely accurate; fire protection with considerable fire hazard; everything clean, neat and well kept.

Wasco County—

Population, 1920, 13,648; cost of dependency, \$17,295.87; farm of 55 acres, of which 35 are cultivated; buildings stucco over wood frame and fairly well adapted; adult females live in same building with adult males; records not wholly adequate; fire protection provided; creature comforts of inmates well looked after; two mentally defective inmates should be committed to state institution and child taken from imbecile mother for eventual disposition through proper state agency.

Yamhill County—

Population, 1920, 20,529; cost of dependency, \$12,163.35; supervisor rents the farm from the county for \$200 per annum and is paid \$31 per month for board of each of the two inmates who live in same house with him; inmates evidently comfortable.

Included in Miss Montgomery's complete report but necessarily omitted here are complete case histories, as far as obtainable from records and her own investigation, of most of the inmates of the poor farms of most of the counties except Multnomah. Throughout the study, Miss Montgomery emphasizes, in the case of almost every county, that even where creature comfort is well conserved, little or nothing is being done to rehabilitate the inmates and thus remove them from county expense. The whole report is on file at the University and is of course open to inspection, in whole or in part, by any one interested, and especially by responsible officials of any of the counties. The total figures for county expenses for dependency, covering all counties, are shown in Table No. 12 on page 18. Of course it is understood that general administrative costs properly chargeable, all city costs, all of the share of the county in the state costs for dependency are not included.

CHAPTER V

Suggestions for Desirable Legislation

Dr. Carlisle includes in the complete survey recommendations at length concerning desirable legislation. Complete copy of these recommendations went to every member of the Oregon legislature before the close of the legislative session of 1921. All that can be done in this brief publication is to summarize some of the more important recommendations.

EDUCATION AND SCHOOLS

Dr. Carlisle puts first his recommendations touching education and the schools because of his appreciation of the fact that the problems with which this survey deals can be solved ultimately only through adequate attention to the rising generation. His recommendations in this respect include:

1. That reports be required from teachers, through county superintendents to state superintendent of schools, of all pupils in the state who are over-age for grade. Detailed suggestions for setting up this reporting system are given in the complete survey. The purpose is of course to locate all cases of retardation in order that the reasons therefor may be promptly discovered and the proper action taken.

2. That annual reports be required from all teachers and clerks to the county school superintendent of all handicapped children between one and twenty-one years of age—whether the handicap be total or partial deafness or blindness, epilepsy, a crippled condition, or mental defect—with reference to the county judge for action of all cases which come under the provisions of the "Crippled Children's Law."

3. That legislative attention be constantly directed toward securing the right of every child to receive the benefits of education. Some of the suggestions are: To strengthen the operation of the truancy law; to abolish distance limits and provide for necessary transportation; to hasten consolidation of school districts; to make the local school authorities responsible for seeing that all handicapped children are put in the way of receiving specialized education in state institutions or elsewhere, as may be appropriate; to encourage by legislation medical inspection in the schools and the employment of county school nurses; to provide for psychiatric examination of all children three or more years over-age for grade and of all children showing evidence of mental defect and to authorize the school authorities to make necessary petitions to the county court for commitment of mentally defective children; to encourage the establishment of local and community health clinics; to place the supervision and curriculum of all training of defectives, delinquents and dependents anywhere in the state under the office of the state superintendent of public instruction; to encourage the teaching of English to foreign speaking citizens because the speaking of a foreign language exclusively in the home is a major cause of pupils' becoming over-age for grade.

DELINQUENCY

1. That provision be made for competent psychiatric examination of all juvenile delinquents with appropriate action thereafter. This recommendation is made because delinquency is so often the result of mental defect, mental disease or mental disorder.

2. That every county provide at least one place of detention for juvenile delinquents entirely separate from the place of detention of adult delinquents; and that therein the sexes be kept separate at all times and that none but women be in charge of girls and women at any time, including transportation to and from court and institutions.

DEPENDENCY

1. That provision be made for competent psychiatric examination of all dependent persons seeking relief from public funds with appropriate action in case of those mentally defective.

2. That a system of accurate record and cost keeping with respects to the cost of dependency throughout the state be inaugurated and so installed as to make possible the publication of a complete summary in the biennial report of all counties and in the report of the State Board of Control.

3. That the State Board of Control be empowered to cause the return of non-resident dependents to the state or country whereof they are legal residents.

4. That a penalty be established for the misdemeanor of bringing into the state any non-resident or alien who is or has been a mentally defective delinquent or who is known to be partially or wholly dependent because of any mental or physical defect, disease or disorder.

5. That uniform blanks and records, arranged and approved by central state authority, be used and required in all matters touching maintenance, care, treatment and training of all delinquents and all dependents, complete or partial, whether cared for by public or private funds. Dr. Carlisle outlines a plan which would result in complete, uniform and orderly records and statistics in the locality or institution, the county and the central state office, and points out the great need for some such arrangement.

FOR MALES

State of Oregon—Survey of Mental Defect, Delinquency and Dependency

THE UNIVERSITY OF OREGON, directed by the U. S. PUBLIC HEALTH SERVICE, requests your cooperation in filling out this card for any case of mental defect, dependency or delinquency which comes under your observation. Please return promptly to Extension Division, University of Oregon, Eugene, Oregon

NAME: Surname _____ Given name _____ Birthplace _____ Occupation _____ Alias, if any _____ Reaction to sex matters _____
 (Specify county _____ if in Oregon) _____ Married _____ Divorced _____ (or that of father _____ if under 14) _____ Widowed _____ Common Law _____

Legitimate _____ Illegitimate _____

Address, street or R.F.D. _____ Village, town or city _____ How long _____ How long _____ Citizen of what _____ Race _____
 (Specify county _____ if in Oregon) _____ in U.S. _____ in Oregon _____ state or country _____

PHYSICAL STATUS _____ Specify physical _____ How long _____ How long _____ Citizen of what _____ Race _____
 (Specify diseases) _____ handicaps, as: _____ in U.S. _____ in Oregon _____ state or country _____

EMOTIONAL FIELD _____ Stable _____ Unstable _____ Periodic upsuts _____ Over-valuation of ideas _____ Shut-in or _____ Other types _____
 (Temperament) _____ (Traumas) _____ (Variation of moods) _____ Enthusiasms _____ exclusive type _____

PERSONAL HISTORY _____ (Check known facts) _____
 Truant _____ Liar _____ Attended school (check where) _____ Steady worker _____ What _____ Weekly wage _____ Self-supporting _____
 Cruelty—Animals _____ City _____ Village _____ Rural _____ Present GRADE _____ How many school grades _____ Prepared for age? _____ Grades in grades 3, 4, times _____ No progress in grades _____ Education: _____ None _____ reads _____ High school _____ Grammar school _____ College _____
 Homosexual _____ Ungovernable child _____ Family deserter _____ Illicit consorts _____
 Does this person show symptoms of MENTAL DEFECT (feeble-minded) _____ Check—Idiot _____ Imbecile _____ Moron _____ Subnormal _____
 If Psychometric tests were made specify findings _____ (Diagnosis) _____
 Is he Alcoholic? (regular) (irregular) _____ Epileptic _____ Insane _____
 Mother's maiden name _____
 Birthplace _____ Has he first naturalization papers? _____
 Temperament _____ Successful _____
 Father's mentality _____ Temperament _____ Anti-social record _____
 Mother's mentality _____ Successful _____ Anti-social record _____
 The family of this subject is composed of _____ brothers and _____ sisters, of whom _____ males and _____ females are living _____
 Specify all mental and nervous disorders ANY relative of the family ever developed _____

CAUSES: State what you believe to be the cause of the subject's trouble _____

SUGGESTIONS as to needs: _____

DATE OF THIS RECORD _____

REMARKS: (Write additional information on the back of this card) _____

REMARKS: (Write additional information on the back of this card) _____

STATE OF OREGON



HEADQUARTERS OF THE OREGON STATE SURVEY OF MENTAL DEFECT, DELINQUENCY AND DEPENDENCY

Reposing special confidence in the discernment, integrity and patriotism

Benjamin Franklin

he is hereby requested to act as Special Voluntary Assistant to the

State Survey of Mental Defect, Delinquency and Dependency

*serving without remuneration from a sense of high citizenship and patriotism in
accordance with Senate Joint Resolution No. 28:*

Be It Resolved, by the Senate of the State of Oregon, the House of Representatives jointly concurring:
Whereas, there is in Oregon, as in every other state, a large number of dependent, defective and delinquent people of whom only a small percentage of the most extreme types are cared for in institutions; and

Whereas, the experience of draft boards has shown the members of these groups who are at large to be not only a source of weakness but a positive liability to the state and nation on account of their incapacity for exact and limited ability for work; and

Whereas, the experience of relief agencies, juvenile courts, poor farms, jails and all other agencies caring for dependents, defectives and delinquents shows that, whether in institutions or at large, these classes are a constantly increasing drain on the finances, health, morals and every other resource of the state; and when inadequately cared for contribute to social and political unrest; and

Whereas, it is the duty of the state to be just and merciful to its unfortunates and at the same time to promote the best interests of the state as a whole by preventing as far as possible the increase in numbers of dependents, defectives and delinquents; and

Whereas, the University of Oregon has indicated its willingness to serve the state by making a survey of dependency, delinquency and delinquency, including public and private institutions and agencies dealing with such classes, in order to determine the extent and causes of said dependency, defectiveness and delinquency and to suggest ways and means for reducing the state's burden from these sources; therefore, be it

Resolved, That the University of Oregon is hereby granted authority to make such survey, and is requested to report the result of the study with recommended legislation to the next regular legislative assembly, with the understanding that the University will conduct this study according to its own plan, and that the state will be asked for no appropriations for this purpose.

Filed in the office of the secretary of state February 21, 1919.

As Special Voluntary Assistant to the State Survey of Mental Defect, Delinquency and Dependency you are requested to write to the Headquarters of the State Survey, Extension Division of the University of Oregon, Eugene, Oregon, for instructions and statistical data cards for recording cases of mental defect, delinquency and dependency which come under your personal observation; such cards to be returned to the Headquarters of the Survey when completed. Headquarters for Multnomah County, Room 652 Court House, Portland; Headquarters for all other counties of the State, Extension Division, University of Oregon, Eugene, Oregon.

Issued at the Headquarters of the State Survey of Mental Defect, Delinquency and Dependency, Extension Division, University of Oregon, Eugene, Oregon, this fifteenth day of April, nineteen hundred and twenty

Chester L. Carlisle, M.D.

UNITED STATES PUBLIC HEALTH SERVICE

Director Oregon State Survey of Mental Defect,
Delinquency and Dependency

