

MR in 25 years.

Not one problem, but a 'state-of-mind' about the whole fringe of human performance. Therefore depend as much on the state of our social organization and industrial machinery as on medical progress.

Positive expectations--

If current research effort continues

1. we will understand most of the serious developmental failures well enough to classify most cases. Preventive hygiene may reduce incidence by 50 to 90%, and some therapeutic mitigation of the unavoidable cases may be developed. We will have some perplexing questions of preventive eugenics and reproductive control.
2. Mild retardation is more perplexing, since there will always be a marginal ~~5%~~ 3%. Technological advance will probably outpace medico-educational, the margin of under-trainable increasing. The retarded will then remain a problem until there is a profound change of attitude, and an accomodation to residual human skills. But intellect is not the only human value-- perhaps the less so in the eventually automated society. Interpersonal skills likely to become the most important values. Merging of mental retardation with general psychiatric problems.
3. Probable paradoxes of medical progress--hormonal control of prenatal brain development. (Today's Wash-Post). Responsivity to control override normal potentiality as figure of merit.
4. Increasing automation does allow more play for individual training and use of special skills.
5. Social insurance can isolate the burdens of occurrence of retardation in a family.

*sent to Eunice Shriver 10/31/66*