

"THE FUTURE OF INSTITUTIONS OR  
INSTITUTIONS OF THE FUTURE"

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Why is it that the institutions for the mentally retarded in, this country, serving less than 5% of all the mentally retarded, some 200,000, is receiving so much attention? What are the influences in the past that have resulted in this emphasis on the institution? Has the institution indeed a mission or is it, as some have declared, society's retreat from failure. Should there be any institutions at all? If so, for whom and what kind? Is there a future for our institutions as they now are? What is it? Or are the changes described as necessary an impossible task, and shall we begin to think of a new concept entirely?

It is not my intention to review at length the flow and, ebb, of discovery and theory with regard to the mentally retarded and apply the effects of these waves as they beat against the institutions. There are some things, however, in this historical approach that should give us all pause and cause for considerable soul searching.

The 17th and 18th centuries saw the distinction made between merciful illness and mental retardation. Locke, in 1689, wrote, "In short herein seems to lie the difference between Idiots and Madmen; that Madmen put wrong ideas together and so make propositions but argue and reason right from them; but Idiots make very few or no propositions and reasons scarcely at all". So

Itard with his wild boy of Aveyron, Ireland, Seguin and many others in the 18th Century contributed to give the mentally retarded a body, an identity and hope.

As a result of these and many other discoveries, the institutions for the mentally retarded as such began. The first half of the 19th Century saw the withdrawing of the mentally retarded from the institutions for the insane. At the famous Salpetrie in Paris, Dr. Bellehomme withdrew the mentally retarded a part of the day for formal instruction. Ferrus also at the Bicetre in 1829. In 1839 separate, all day housing was provided for the mentally deficient at Salpetrie and here Seguin began his work in the physiological and sense training methods. What he did spread throughout the world and by 1890, 14 states had separate institutional facilities in this country, Gerinan 32 training schools, etc.

It is important to remember that these institutions were begun as educational institutions, as schools, based on the theory that the physiological sense training method would "cure" the idiot and the imbecile. As a matter of fact, in some state schools, only pupils of school age were retained, being discharged at the completion of school age and their discharge records frequently carried the word "cured" on them.

This emphasis on the institutions for the mentally retarded as educational in nature is well illustrated by the statement by

the great Samuel Gridley Howe, Superintendent of the first school for the feeble-minded opened in Massachusetts in 1848, "The School for the Feeble-Minded is a link in the chain of common schools, the last indeed, but still a necessary link in order to embrace all the children of, the state."

As a matter of fact," special state provisions for the retarded was introduced into the Legislature of New York State in 1846 by Dr. S.P. Backus, providing for the establishment of a State Asylum for idiots, but this was not enacted until 1851, and in October of that year a state school was opened in Albany, with Dr. Hervey B. Wilbur as its first superintendent. In 1854 this school was transferred to Syracuse where the first building in this country planned expressly for the education of mental defectives was erected. It is interesting to hear Dr. Seguin's remarks at the laying of the corner stone on that occasion. He said "God has scattered among us - rare as the possessors of genius - the idiot, the blind, the deaf-mute in order to bind the rich to the needy, the talented to the incapable, all men to each other by a tie of indissoluble solidarity". The old "bonds are dissolving; man is already unwilling to continue to contribute money or palaces for the support of the indolent nobility; but he is every day more ready to build palaces' and give annuities for the indigent or infirm, the chosen friends of our Lord Jesus. See that corner stone - the token of a new alliance between humanity and a class hitherto neglected - that, ladies and

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gentlemen, is your pride; it is the greatest joy of my life; for I,, too, have labored for the poor idiot." This bright beginning was not destined to continue very long. Many events and discoveries conspired during the latter part of the 19th Century and the early part of the 20th Century to pervert the nature and purposes of this movement. Perhaps foremost among these was the realization that Seguin's physiological method could not adequately prepare such individuals for community living. It became increasingly clear also that a social problem was involved in the case of those who were homeless or whose homes were unsuitable for them even after they were trained. All this was complicated by a number of discoveries, theories later disproved, waves of hysteria with regard to the mentally retarded and numerous social forces, which could not be controlled but had to run their course. But, before they ran their course they changed the whole face of institutions in the United States, buried almost permanently the first concept of the institutions as educational in nature, influenced the architectural trends, and created in society those attitudes of rejection and, indeed, fear and abhorrence the changing of which has been one of the most difficult tasks that we in the parents movement have encountered.

It had not been intended, indeed, when the schools for the mentally retarded were first organized that the state should assume indefinite custodial care for the mentally retarded. But when this bright hope for a "cure" by use of Seguin's methods

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faded, the institutions found themselves in a very precarious position. First of all, the parents of the children who had completed the regular course of training begged that these boys and girls (now young men and women) be retained in the institution because of their dependency. On the other hand, there was an even greater demand from all sides for the admission of new cases of all ages and all types so that it became more and more apparent that the state was squarely face the large and less hopeful problem of providing indefinite care for a growing number of retarded. Although the Syracuse institution continued its policy of receiving the retarded, of school age capable of being benefited by instruction, in 1870 New York City organized its own hospital and school on Randalls Island where, it received all types of cases. In 1878 the State opened a separate branch of Syracuse institution at Newark to meet the problem of custodial care for subnormal women of childbearing age. In 1885 the institution at Newark was separately incorporated. In 1894, the Rome State Custodial Asylum was opened to further the needs of custodial care for all ages and both sexes and especially for low grade and delinquent cases. And thus an almost full circle was accomplished, but not alone because of the realization that, these youngsters could not be "cured" by Saguin's methods.

In 1865 Sir Francis Galton coined the word "eugenic" and defined it as "the science which deals with all influences that improve the inborn qualities of a race," Heredity began to loom

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large on the horizon and studies of family histories of certain supposedly defective stocks made their appearance. One of these was "The Jukes" first published in 1877 and reprinted in 1910. Originally written to show the combined influence of heredity and environment in the production of crime, it was brought to light and reviewed from the standpoint of mental deficiency.

In 1888, "The Tribe of Ishmael" by the Rev. O.C. McCullough in Indiana, made its appearance adding further data in support of the role of heredity in multiplying degenerate and mentally deficient stocks. In 1910 Dr. Henry H. Goddard, read a paper before the American Breeders Association, "Heredity in Feeble-Mindedness" in which he presented charts of the family-histories of a number of patients of the Vineland institution showing the presence of mental defect, generation after generation. These charts presented without comment & conclusion in themselves strongly suggested the transmission of defect in the typical Mendellian way. In 1911 Dr. Charles B. Davenport, in his work "Heredity in Relation to Eugenics" accepted these charts and stated, "Two mentally defective parents will produce only mentally defective offspring. In 1912 Dr. Goddard published his history of the "Kallikak Family". It is interesting to note that the authorities now accepted this concept as inviolate. Such giants as Tredgold in England agreed with these American findings and his estimate of the proportion of hereditary cases was placed at 90%,

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exceeding the American figure. Coupled with this was the alarm  
that the fecundity of the retarded threatened to overwhelm  
civilization.

Said Dr. Tredgold in 1910, "It is quite clear, therefore, that the  
number of children born of feeble-minded women throughout the country must  
be very considerable, and when we remember how strongly hereditary this  
condition is, and how exceedingly probable it is that these children will  
grow up, if not actually mentally defective, at any rate, paupers,  
prostitutes, criminals  
or ne'er-do-wells we see how serious must be the consequence of  
this propagation upon the future of the nation...as is well known,  
the birth rate of the country is steadily declining; but this  
decline is not general, it is selective, and unfortunately the  
selection is in the wrong direction." The British Royal Commission  
reached the same conclusion.

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And so we had the eugenic and social alarms arouse the nation and  
swell the call for custodial institutions where they could be put away for  
the protection of society, the report of the British Royal Commission and  
other developments found their echo in the United States. One of the  
earliest studies in New York City in 1910 by Dr. Ann Moore published by the  
State Charities Aid Association stated, "My study of the situation in New  
York convinces me one, that the horrors attendant upon feeble-minded have in  
no way been exaggerated? Two, that the condition is neither circumscribed or  
local;...three, that there is a crying



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need for a concerted action looking toward control of the situation." Feeble-mindedness became "the mother of crime, pauperism and degeneracy". Even the great Dr. Walter E. Fernald in 1912, giving an address on the subject, stated, "Social and economic burdens of uncomplicated feeble-mindedness are only too well known. The feeble-minded are a parasitic, predatory class, never capable of self-support or of managing their own affairs. A great majority ultimately become public charges in some form. They cause unutterable sorrow at home and are a menace and danger to the community. Feeble-minded women are almost invariably immoral and...Usually become carriers of venereal disease or give birth to children who are as defective as themselves...every feeble-minded person, especially the high-grade imbecile, is a potential criminal needing only the proper environment and opportunity for the development and expression of his criminal tendencies."

All these alarms gave birth to movements to control the mentally retarded\* Many sterilization laws were passed and as recently as 1953, I heard a sociologist or social scientist from Sweden arguing vehemently for sterilization. The legal mind was no more enlightened and Mr. Justice Holmes on May 2, 1927 upheld the constitutionality of the Virginia statute on sterilization in language that would be laughed out of court today. It little mattered that later Popenoe reached the conclusion that sterilization of males is to little purpose. Red flags were up and the movement towards segregation gained momentum.

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Now let us see what happened in our State during that time. About 1910, many states appointed special investigating Commissions and legislative activity was directed towards the providing of institutional facilities sufficient to segregate all mental defectives. In 1910 the Public Education Association of New York began a study under the direction of Dr. Ann Moore on the status of retarded children who had gone out of New York City public schools. It said that the only way to deal effectively with the problem "is to provide supervision and care that will last during the whole lifetime of: the feeble-minded individual, certainly during the reproductive period". In 1914 the Legislature created a "State Commission to Investigate Provisions for the Mentally Deficient". This commission verified the inadequacy of the existing state institutions: which were then providing for not more than 3,000, whereas the commission had definitely learned of; 21,000 known mental defectives? In the State who were outside of institution Their attitude is embodied in their statement, "The Mentally Defective man or; woman at liberty constitutes a serious menace to the state... its danger is in turn aggravated by the well known propagating tendency of the feeble-minded, and because they are in most cases potential delinquents or criminals, peculiarly susceptible to the suggestions of evil-minded associates."

These are some of the influences that changed the face of the institution. The failure to cure mental retardation; the realization that most of the population was continuing to remain in the institution throughout their lives, apparent vulnerability

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of the high grade retardate brought to the fore by Goddard and the Binet-Simon tests, labeling the moron, all brought new assaults on the original concept of the institution. More and more were built and in 1930 there were 51 in the United States, an increase of almost 300% in 25 years. Furthermore the existing institutions were rapidly enlarged and ideas about 'optimum size' increased from hundreds to thousands. This black period brought positive results as well. As it became apparent that the institution could not segregate all the mentally retarded; that some new approach must be found, the community began to look to extra-institutional measures to deal with the problems of the mentally retarded. One result was the growth of special education. This, of course, had been stimulated by the Simon-Binet tests to measure intelligence and the refinement in the United States by Terman, Merrill and others. New studies Concerning the high grade retardate brought forth new areas in which to work, for the bodies the 17th and 18th centuries discovered for the mentally retarded, the 19th and 20th Century added minds and further gave the mentally retarded personality.

Another element that changed these concepts were scientific advances as to possible causation of mental retardation, giving us ever more medical reasons and consequently more hope, under

standing and less superstitious premises for action. The mongoloid was no longer a throwback to Mongolian ancestry. Many forms of mental retardation heretofore considered hereditary became explainable in other terms.

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movements were afoot in the 20th century in terms of rehabilitation and return to the community. Do not, think that New York State was backward in these movements in the institutions. The first colonies for the mentally retarded in the United States were begun at Rome in 1906 for boys and in 1914 for girls, with the great movement for family care, using the Village of Geel in Belgium as a prototype, family care plans were also instituted in the United States. The first American family care plan exclusively for the mentally retarded was begun in New York in 1933 by Newark State School. For a number of years the City of Rochester had boarded homeless children there so the idea of boarding homes was not new. Newark was then described as an "American Geel in miniature".

But by, this time the institutions, both architecturally in many instances, and in concept had become frozen into the molds produced by the misconception of social factors in the Late 19th and early 20th Centuries.

It is interesting to note, although facilities for the [mentally retarded in the community grew at a great pace, the populations of institutions are also growing. We must always bear in mind that it is a danger to oversimplify. It is a danger even to predict the population trends in the institution. To say that the institutions are having more and more custodial cases and less high grade retardates is but a passing fact, if it is indeed a fact today. It does not take into consideration the ebb and flow of high grade retardates in the institutions at other times

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We all know the great increase the upper level institutionalized patient, after World War I. We all know of the great increase in institutional population during the depression and we should be well aware that with automation and possible economic recessions in the future there is grave danger of a large influx of high functioning retardates once more to the institutions, unless other provisions are made for them in the community. This is a very long way around coming to grips with what I want to discuss what will the future of institutions be or should we not speak of the future of institutions at all, but speak of the institution of the future, discarding the almost impossible layer upon layer of program and lack of program that have made the peculiar shape of our institutions today, as a result of the pressure, movement, and social factors I have

It is difficult, indeed, to break away from old Government is notoriously conservative and it is unreasonable to expect that departments of government would be otherwise. It is questionable, in the last analysis, if these departments would survive if they did not subscribe to the conservatism of government. Nevertheless, it is disheartening when everybody speaks cottage life, the sanctity of the rights of the individual, of the importance of his privacy, the need for education and rehabilitation, etc., to see new institutions being planned on the "semi-cottage" type; indeed to see tens of millions of dollars appropriated for bricks and mortar when a fraction of that appropriated to a

community plan including the institutions as a resource would be  
re consonant with our modern thinkings

It is not difficult for us to write down what we want from institutions and it is interesting to note that as far back as 1877, - but then we were still under the influence of Seguin and others of a similar starry-eyed breed, - the principles of institutional care were formulated by Kevlin in a manner very, very reminiscent of modern thinking. For example, he suggested separate instruction for idiots and imbeciles; he emphasized small dormitories, small rooms for special cases, plenty of air space, bathrooms with liberal accomodations, an assembly hall capable of seating all, the best systems of ventilation, eating and sewerage, comfortable and "homey" buildings and large and convenient playgrounds. He projected industrial training adjusted to actual situations in community life and the improvement of the lower grade child through habit training, exercise, and medical treatment.

Recently I received a request from one of the consultants to the President's Panel on Mental Retardation to give him my ideas regarding the future development of institutional programs. He limited me to education, vocational rehabilitation and recreation.

how what I answered improved on Kevlin. I wrote that A) All institutions should have a physical plant attractive to parents and reproducing faithfully a home atmosphere. B} Each institution should be sufficiently staffed, meeting at least minimum A.A.M.D. and American Psychiatric Association standards with regard to number and quality of personnel. c) All education

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be made available. This perhaps should be done through demonstration,

pilot projects, etc., even though we know that such projects pose the danger of postponing action far into the future.

In any case, I see the institution at least for the present as a most necessary part of a total community planning. I see it necessary, perhaps, until all mental retardation is wiped out. But I see it also as a tool, a valuable instrument in lifetime planning for many of the retarded, not only in terms of the custodial care necessary for the bedridden, but for the provision of the social supervision necessary to so many of the retarded if they are to be kept in the community. This I see as a major function of the institutions of the future. This I see as a major function of the future of institutions.

To accomplish this we are pitting the parents' impatience against the inertia of the state.

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