It is a little more than fifty years since we began to give special attention to the feeble-minded child.

Seguin gave the first great impetus to the training of such children.

During these fifty years views and methods have fluctuated, swinging now to the view that marvellous things could be done by training and now to the opposite view, that there was nothing to be done but make them as comfortable as possible.

In all this the emphasis has been laid on the environment. It has been tacitly assumed that environment was the cause of this condition and therefore an improvement of environment might be expected to cure or at least to alleviate the condition.

We are still trying to account for the condition as due to malnutrition, adenoid, a fall, a fever, etc. etc.

We have seldom thought to ask why did fever leave this child defective when most children have fever and fully recover.

We have almost never asked, "Has this dull child any dull ancestors?"

Here and there a voice has been heard, crying out against allowing imbecile persons to marry, but no strong feeling that heredity was a potent factor in the production of feeble-mindedness has manifested itself.

The controversy between heredity and environment still goes on. Some day we shall probably recognize that each is of vital importance and must not be neglected.

In the present paper I shall present some data and argument to prove that heredity not only cannot be neglected but that once recognized, it helps in the removal of many of our difficulties.

Perhaps Galton's work on Eugenics may have led to a consideration of heredity in the feeble-minded. At least the English Royal Commission has stated clearly the fact of transmissibility of the condition, and has proposed permanent custodial care of imbeciles as the solution of the problem.

Two years before this Commission reported, an institution for the feeble-minded in Vineland, New Jersey, opened a laboratory for the study of feeble-mindedness, its causes and methods of prevention.

Many things turned our attention early to the question of heredity.

As a preliminary measure we sent out "After Admission Blanks" to be filled in by parents or guardians and another set to be filled in by the family physician. These asked for information about defect, disease and bad habits in all members of the family.

The returns from these blanks were so surprising in their revelations and so promising in their indications of much that had been left unsaid, that we at once
put into effect our further plan which was to employ carefully trained investigators in the capacity of field workers.

We soon had two able women (three at present) visiting the homes of our children and ascertaining the complete family history of each child.

I can present here only a few typical families out of seventy-five that we have so far studied.

Explanation of Charts.

Squares represent males: circles females; the two, superposed mean sex unknown. When striated they indicate some condition worthy of note in connection with the family history, e.g. with A. added means the individual was alcoholic: T., tuberculous; S., syphilis; D., deaf; Par., paralysis; Cr., Criminal. With no letter = died in infancy.

Unlined circle or square with N. in it means Normal Person; without any letter means no data.

All black means Feeble-minded. Circle with black center means miscarriage; m. = married; d. = dead.

Chart 1. The child represented on this chart is a very good illustration of the theme of this paper: namely that a very high grade child often has a bad ancestry. This boy, now about twenty years old, has been very highly trained and is an excellent institution helper. He is a teacher in the school, and trains the younger and over grade children with most excellent results. He would be entirely incapable of taking care of himself out in the world, and if he were turned out today, he certainly would land in the almshouse, or in jail.

As will be seen from the chart, he has a feeble-minded sister, and a feeble-minded brother. There were two other children that died as babies, while one sister has a normal and has a normal daughter daughter. The father was of good family but degenerate. The mother was feeble-minded and had three feeble-minded brothers, one sister that was tuberculous. This sister married a normal man and they had three children, one of whom died as a baby; the other two are feeble-minded. The grandfather was feeble-minded.
We have then twelve feeble-minded individuals in this family in four generations.

*Chart 2.* The girl whose family history is represented here is the daughter of a feeble-minded woman and an alcoholic father. The father’s family however is very good, nearly all the individuals being normal, with the exception of the father

who is alcoholic. The mother has a sister who is feeble-minded. She married a man who was alcoholic. They had two feeble-minded children, two others that died in infancy, and three that are unknown.

*Chart 3.* Shows us two feeble-minded parents having five feeble-minded children. The paternal grandfather, however, seems to have been the one that transmitted the defect on the father’s side.

*Chart 4.* Is particularly interesting as showing the mental defect running through four generations, and through the mother’s family in three of these, altho there is defect on the male side also in the third generation.
The tuberculous maternal grandfather of our child had a feeble-minded sister she married and had nine children of whom four were feeble-minded, one died in infancy, one was tuberculous, two unknown and one normal.

Chart IV. This is a good border-line case. This girl is nearly fourteen years old. She has an older sister who is mentally defective. She had an older brother who was feeble-minded, died at the age of twenty-two. Four other children died in infancy, and one boy is doubtful. These are the children of two alcoholic parents. With the exception of this and more or less of disease in the mother's family, there is nothing to account for the mental defect. There is a slight possibility that this child may prove to be only very much backward.

Chart V. The feeble-minded paternal grandmother of our two children married an alcoholic and immoral man;—result, four feeble-minded children. One of
these became alcoholic and syphilitic and married a feeble-minded woman. She was one of three imbecile children born of two imbecile parents. The result here could, of course, be nothing but defectives. There were two still-born, and three that died in infancy. Six others lived to be determined feeble-minded. One of these was a criminal. Two are in the institution at Vineland. The mother's sister also has a feeble-minded son.

Chart 7. Perhaps adds nothing new for heredity, mainly emphasizing what we have already seen. However, for a social study, it is perhaps the best of anything we have yet found. Here we have a feeble-minded woman who has had three husbands, (including one "who was not her husband," ) and the result has been nothing but feeble-minded children. The story may be told as follows:

This woman was a handsome girl, apparently having inherited some refinement from her mother, altho her father was a feeble-minded, alcoholic brute. Somewhere about the age of seventeen or eighteen she went out to do house-work in a family in one of the prominent towns of this State. She soon became the mother of an illegitimate child. It was born in an almshouse to which she had fled after she had been discharged from the home where she had been at work. After this, charitably disposed people tried to do what they could for her, gave her a home *
for herself and her child in return for the work which she could do. However, their confidence and help were misplaced,—she soon appeared in the same condition. An effort was then made to discover the father of this second child, and when he was found to be a drunken, feeble-minded, epileptic in the neighbourhood, it was thought that they should be married. The good friends saw to it that the ceremony took place. Later another feeble-minded child was born to them. Then the whole family secured a home with an unmarried farmer in the neighbourhood. They lived there together until another child was forthcoming which the husband refused to own. When finally the farmer himself acknowledged that it was his child, the same good friends interfered, went into the courts and procured a divorce from the husband, and married the woman to the prospective father of the fourth feeble-minded child. They have since had four other feeble-minded children, making eight in all. There has also been one child still-born, and one miscarriage.

As will be seen from the chart, this woman had four feeble-minded brothers and sisters. These are all married and have children, but we know nothing of any except two of them. One of these is feeble-minded and the other died in infancy. The mother had three other sisters that died in infancy.

Chart 8. Is in some ways the most astonishing one we have. There are in the Institution at Vineland five children representing, as we had always supposed,
A sister of this woman married a feeble-minded man, and the result of that union was six feeble-minded children, one is a criminal, and one an epileptic; three are married. This feeble-minded epileptic woman married a man who is one of a fairly good family. As the result, however, of this marriage, we have six feeble-minded children, four others that died in infancy and there were two miscarriages.

Chart 9. The boy whose family history is shown here is nearly twenty years old. He is the only mental defective among the children, altho there were four miscarriages in the family and one paralytic. The father is neurotic and syphilitic. He had several brothers and sisters who died in infancy. Two sisters normal. The mother is feeble-minded. She had a brother who was feeble-minded, a sister who was diseased, had a son who was feeble-minded. The grandfather on the mother's side was alcoholic. Altho there are only four cases of mental defect, the distribution of them shows rather clearly that it is hereditary.

Chart 10. This is an excellent illustration of the points made in this paper. This girl is sixteen years old, rather pretty and attractive, altogether the kind of
child that makes the teacher work hard to develop her to the normal standard. Nevertheless, as it seems, she had a sister who was feeble-minded and the two are the children of two imbecile parents. Furthermore, the mother had a brother who was deaf and had a feeble-minded child.

It would seem that these cases, taken, as they are, at random from our 380 inmates, are sufficient to substantiate some conclusions.

1. It appears that feeble-mindedness (or a physical condition that results in feeble-mindedness) is truly hereditary.

2. Such families are prolific. They increase at double the rate of the general population.

3. Mental defect of a mild degree is much more prevalent than has been recognized.

Everyone of the children whose family histories I have shown you on the charts is such a child as is generally found in the Public School—the special class and Hilfsschulen. They belong to the group that is as yet little recognized except by experts.

Everybody knows how deplorable is imbecility. Few realize the danger to society of a higher grade of mental defective, sometimes called feeble-minded in a specific sense, but for which we propose the name moron. (Greek Moron = fool. Fool, (Century Dictionary) = one who is deficient in intellect: one who is deficient in judgment or sense; a silly or stupid person: one who manifests either habitual or occasional lack of discernment or common sense.)

"Experience is a dear school, but Fools (Morons) will learn in no other," Franklin, Poor Richards Almanac 1738.

They are the people who on the intellectual side are so lacking in judgment or common sense that they cannot successfully compete in the struggle for existence. On the moral side they are so lacking in self control that they cannot conform to the canons of a civilized and moral society. This being the case they must be cared for—or allowed to perish: and on the other hand society must be protected from them—or take the consequences.

The prevalence of such persons is little appreciated.

There are many indications that somewhere from 12 to 30 0/0 of criminals are of this class. Some believe that all voluntary prostitutes are of this sort.

Many paupers belong in this group and many so called "bad" people.

The writer personally examined eighteen girls in a State Reform School and found seventeen of them Morons.

Many of the incompetent, the unreasonable people with whom it is so hard to deal, are Morons. They have not mind enough to see what is for their own interest.

Many of the social problems confronting us have their roots in the problem of feeble-mindedness.

We complain that the cost of living has increased enormously in the past few years. One element in that cost is the increasing numbers of mental defectives yearly brought into the world, that we have to support. We not only have to feed, clothe, and house, but we also have to pay for the mischief they do.

These studies in family history seem to indicate that there has developed among men a stream of bad protoplasm which threatens to overwhelm us.

To discover the cause is to point the way to the cure.
If feeble-mindedness is hereditary, we can stop its transmission. How?

As already mentioned the English Royal Commission proposed permanent custodial care. That should be provided. Segregate, colonize all the defectives for one generation and the problem will be nine tenths solved.

And do not forget the Morons—the most dangerous group.

Five-sixths of the special class children in London and probably an equal proportion of the children in the Hilfsschulen in Germany are Morons.

It is a blunder little short of a crime to turn these children back into society at the age of fourteen or sixteen, to live as they like or can, to marry and beget more of their own type:

They should all be placed in permanent custodial care.

Permanent custodial care is the ideal method of solving the problem. But practically it is insufficient. We have waited too long. We must now resort to drastic measures.

One glance at our charts is enough to show that it is folly to think of permanent custodial care for all of these.

In the first stages of a disease one may go to the mountains or the seashore and recover, but when it has gone too far there is nothing for it but vigorous drugging or a surgical operation.

In America we probably have as many in custodial care as any country, but we are not stopping at that. We are beginning to enact laws forbidding the marriage of any mentally defective person.

We are also enacting laws providing for the asexualization of mental defectives, rapists, confirmed criminals and the incurably insane.

The marriage laws are the logical outcome of such facts as our heredity studies reveal. There can be no objection to them, but a sentimental one. The unsexing is a somewhat different matter. Yet as a temporary measure for the dealing with an intolerable condition society is driven to it.

If we recognize that feeble-mindedness is hereditary, we find further help in its bearing on the problem of education and training.

Some dogs can be trained to retrieve, but no trainer would waste time trying to train a bull dog to retrieve or to hunt. Similarly it is useless to try to train a child that has inherited a feeble-mind to do those things that were contrary to the nature of its parents.

E. G. We have a boy with defective speech. He can reproduce individual sounds, but he will not talk plainly. We have spent much time trying to improve his speech but entirely without success. Since we began our studies in heredity we have found that this peculiarity of speech is hereditary.

Our experience has only confirmed what we could have reasonably inferred at the beginning had we known his history.

Every child has a right to the best and wisest treatment that can be given him. But it is no more just to attempt to give him training that he cannot profit by than to deny him training that would be useful.

We must apply our child study, our genetic Psychology to the mental defective. When we understand him we shall treat him more wisely. And we shall not understand him until we understand his ancestry.

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