THE STATE HOSPITAL PHYSICIAN
IN RELATION TO CLINICS FOR
MENTAL DEFECTIVES

—BY—

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The question of mental defect can no longer be regarded as limited and of little practical importance to State hospital physicians or other neuro-psychiatrists. There is, in the first place, a legislative tendency to bring together under one commission, the supervision of the insane, feebleminded and epileptic, which will sooner or later mean the necessity for increased familiarity with the problem of mental deficiency. Moreover, there is a close relationship between both mental defect and mental disease, and crime, delinquency and dependency. These questions are more and more frequently being brought to the attention of psychiatrists and in general are regarded as fields for their special investigation.

Mental deficiency is prevalent in the general community to a startling degree. In the Army, about one-third of the neuropsychiatric cases were mental defectives. Based upon the army statistics, it has been estimated that there are in New York State over 40,000 mental defectives outside of institutions, there being institutional accommodations for about 5,000. Mental deficiency is at present, therefore, mostly an extra-institutional problem and it will continue so to a large extent, for, provided cases are identified early, trained and kept under supervision, a considerable percentage may continue in the community.

Clinics are one of the most important activities connected with the care of mental defectives because through the clinics measures for their early identification, classification and disposition can be best initiated. This is clearly seen in the increasing scope of the joint mental clinics established during the past year through the cooperation of the State hospitals and the Commission for Mental Defectives. As a
result of an understanding between the State Department of Education and the Commission for Mental Defectives, the joint mental clinics are expected to become more and more the official centers of examination and advice for the schools of the local and surrounding communities in cases of backward, delinquent or apparently psychopathic children. In several localities, judges have referred for mental examination persons held under criminal charges but suspected to be psychopathic or mentally defective. An increasing number of charitable organizations are utilizing the joint clinics for advice in their difficult cases.

In reviewing the activities of the joint mental clinics during the past year, it is gratifying to observe the successful cooperation between the different agencies represented and the increasing interest in mental deficiency. There has been found in many localities, however, a considerable lack of appreciation of the possibilities in cases of mental defect and a feeling that there is only one thing to be done—segregation in institutions and custodial care of all the feebleminded. Were such a solution possible, it would be contra-indicated. Many mental defectives are of the higher grades and are susceptible of training and capable of getting along in the outside world more or less successfully if under supervision. Such mental defectives have certain rights of freedom and are qualified after training to render service to the community along lines in which it is becoming extremely difficult to secure sufficient workers.

Clinics, therefore, should not be regarded as receiving stations for the admission of mental defectives to institutions. On the contrary, commitment to an institution should be a last resort, only to be utilized after all other plans have been found unsuitable. One must bear in mind the possible presence of a remediable physical condition as a basis for the retardation or apparent mental defect. In the clinics will be seen any number of cases of malnutrition, mouth breathing with enlarged tonsils and adenoids,
defective vision or hearing, victims of a faulty dietetic or hygienic routine, sufferers from a bad home environment, any of which might result in retardation in school work and the appearance of feeblemindedness, with decided improvement under proper treatment. The various endocrine cases present a most hopeful field for therapy, likewise those with signs of congenital or acquired syphilis.

Cases alleged to be feebleminded but upon examination found intellectually normal and presenting temperamental defects of such a degree that it is difficult or impossible for them to adjust themselves to ordinary life are surely of interest and importance to State hospital physicians. These are the “social defectives” described by Dr. Pearce Bailey, the potentially psychoneurotic, psychopathic and psychotic, associated with various problems of delinquency, all in need of the application of the principles of mental hygiene.

In short, in most if not all considerations of alleged mentally defective persons, it is essential to study the physical condition, the personality, behavior or type of reaction, in other words the neuropsychiatric aspect as well as the educational and psychological phases. The experienced psychiatrist is peculiarly well fitted for determining the final recommendations in such cases.

After the possible application of medical therapy and other psychiatric treatment, there are still further procedures available before resort to institutional commitment. Where children of school age are found to be decidedly backward or definitely feebleminded, their educational opportunities should be modified to meet their requirements. Children who appear to have educable possibilities and are not of the type requiring immediate custodial care, should be recommended for special classes. By this is meant not merely segregation as is so often the case, but actual manual or vocational training such as weaving, carpentry, sewing, cooking and the like. In well-conducted classes of this type, also, attention is paid to
physical culture and such special features as correction of speech defects. In view of the importance of these facilities, it is deplorable that there is such a lack of special classes throughout the State, especially in rural communities. Medical consultants at clinics by recommending favorable cases for assignment to special classes will do much to stimulate the establishment of such classes by local authorities.

Mental defectives, sixteen years old and over, and no longer subject to school supervision, or other cases deemed qualified, may, after investigation, be returned to their own homes or placed out in other homes. At the present time, there are no well organized State-wide parole facilities so that the clinic physician is only able to recommend supervised parole, leaving to those personally interested in the mental defective the actual working out of the plan. In this way, mental defectives may be given a chance to make good as workers under circumstances in which many become partially or sometimes wholly self-supporting. The ability of mental defectives in suitable industry has been repeatedly demonstrated. During the labor shortage incident to the world war, many mental defectives, especially of the moron grade, were effectively employed in simple factory and ordinary manual work. Forms of labor calling for little skill but much repetition are peculiarly suited to mental defectives. There is an increasing demand for workers in domestic service, farm labor and the like, occupations in which mental defectives are often successful under proper supervision. The finding of suitable forms of employment, therefore, is not only extremely important for the welfare of the mental defective but also valuable in meeting an economic demand in the community at large.

Those cases which are most urgently in need of custodial care, or training of a sort that cannot be otherwise provided may be recommended for admission to the State schools. Continued delinquency and uncontrollable anti-social behavior, improper guardianship that cannot be corrected,
or extremely low grade mentality are among the reasons for custodial care.

In order to carry out the above procedures in the clinics, there must, in the first place, be a correct understanding of the relation between the different workers, especially the medical consultant and the psychometric examiner, and second, a well established clinic method and routine. There are persons who are still of the opinion that the intelligence test is the only procedure necessary in determining the status of an alleged mental defective. The psychometric examiner's report, however, should be regarded in the same way as that of any expert laboratory worker, e. g., X-ray, blood examination, and so on, to be interpreted by the medical consultant in connection with and perhaps modified by other findings. A medical consultant should therefore see every case of alleged mental deficiency and reach a diagnosis, if possible, always making recommendations.

An adequate clinic routine will include a full family and personal history; a statement of the circumstances necessitating a consultation, (the anamnesis being fully as important as in cases of mental disease); the psychometric examination by a psychologist; a physical and mental examination by the medical consultant, who concludes with his estimate and recommendations based on all findings; the transmission of a clinic card in each case to the State Commission for Mental Defectives for the purpose of adding to the census in the central office, the correlation of supervision and the collection of data of value as research material; and the keeping of a complete card index of all cases coming to the clinic.

The extra-institutional work with mental defectives is largely new and in the formative period; now is the time to make it thorough and to standardize methods so that the results will be worth the efforts put forth.