THE PREVENTION OF MENTAL DEFICIENCY*

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All definitions of mental deficiency include social inadequacy as an important characteristic of the condition. This communication is therefore concerned with not only the prevention of intellectual defects per se but the peculiar social maladjustment of hypophrenia as well.

Preventive work among mental defectives has much to concern itself with in the social adjustment of such handicapped individuals and, like in other fields, childhood is the time for golden opportunities. All grades of mental defectives have what is for them a satisfactory level of adaptation. Even the idiot and imbecile can be prevented from exhibiting those sorts of maladjustments which make them problems in the home and in the institution. Early habit training and guidance in the molding of the personality has much to do with the ease with which they may be handled. Idiots and imbeciles, even as you and I, have an ego to be satisfied and the only difference is that we are so hard to satisfy. The satisfaction which springs from achievement, no matter how simple the task may be, provided it is consistent with the level of the ability of the individual, has great constructive value.

Among the higher grades, the moron and borderline levels, again the same psychological principle holds—the ego must be satisfied. Early recognition of such handicapped children, with proper parental attitudes, suitable facilities for schooling and wise guidance, will usually result in a socially well adapted defective.

Special classes, as they are constituted, vary in their efficiency. Much depends on the attitude of the school toward the special class and the versatility of the teacher in charge. Too often is the special class regarded as a dumping ground for a miscellaneous lot of problems throughout the school and it is not an unknown occurrence for some teachers to refer to the special class as a threat to the misbehaving or laggard child. However, the usual special class fails to secure the interests of the adolescent male or female moron; modified manual training and domestic science with a minimum of classroom work would be of much value. In teaching these higher

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grade children it must always be remembered that education has two dimensions—height and breadth. The curriculum may have definite limits as to height or grade advancement but it is almost unlimited as to breadth or scope at any one level of advancement.

Institutions, in order to justify the investment the State has made, should be regarded as a means to an end, not as ends in themselves. They are properly termed schools and if they are to serve their purpose, schools they must be. To this end much care and forethought is to be used in advising institutional care and training. Low grade cases that can be handled at home should not be sent to an institution. As a matter of fact many homes can handle the low grade case much better than most institutions can. Rehabilitation is the main function of the State school and the average State school is capable of returning to the community, in a socially much improved state, well over 50 per cent of all of those of a moron and borderline level admitted; 75 per cent of the cases who could be located after a period of several years following discharge, were found to have continued in a socially satisfactory level of adaptation. Thus our State schools may well be thought of as prevention agencies and should be used promptly for defectives exhibiting the first symptoms of a social maladjustment in which the environmental influences are difficult to modify and are fostering the development of unfortunate personality reactions.

On approaching the prevention of defects of intelligence per se it is important to keep before us that a defective intelligence is a symptom, and not an entity by itself. It may be stated without any reservations that a respectable number of intelligence defects are the end results of infection and trauma. Encephalitic and meningitic processes are complications of all infectious diseases including those not primarily involving the central nervous system as well as those affecting the central nervous system directly. There are unmistakable indications already on the horizon which lead us to expect that not a few defects of intelligence which now seem obscure in their pathogenesis, and are regarded as primary or constitutional in their nature, will prove on further investigation to be the end result of an infection. Thus we find cases in which a syphilitic parentage has preceded a widespread hypophrenia in