

**THE IMPACT OF EUGENICS ON SPECIAL EDUCATION
IN 1930s SAN FRANCISCO**

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Abstract

In the 1930s, about 2% of San Francisco's children were diagnosed as intellectually disabled and placed in special education or institutionalized. Most of the children were of Italian descent. Teachers, physicians, psychologists and social workers authorized their placement in San Francisco's special education classes, specified the training that the children were to receive, and on occasion, referred children to Sonoma State Hospital for institutionalization. As professionals, they followed State mandates for compulsory education and were influenced by the prevailing philosophies of the time -- eugenics and social Darwinism. Pupils who fell behind in school were sent to a psychologist for individual testing; the child's 1916 Simon-Binet IQ test score was an important part of the diagnosis. The school psychologist, Olga Bridgeman and the head of special education, Louise Lombard had been trained to use the IQ test by Henry Goddard of Vineland School. The Sonoma State Hospital was headed by Fred Butler who took great pride in his sterilization program. A question asked in 1964 was where did they all go as adults? They were no longer considered intellectually disabled. A follow up study in 1984 partially answers that question.

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In 1964, the **White House Conference on Mental Retardation** noted that far fewer people over the age of twenty were identified as "mentally retarded" than there were in the 1930s; its report called them the "disappearing retardate." (U.S. Dept. of Health, Education, and Welfare, 1964) How did this happen? In San Francisco, these disappearing retarded adults were children in the public schools of the 1930s. How they as children were diagnosed and educated in their special education classes may provide some insight into their disappearance.

In the 1930s, about 2% of San Francisco's children were diagnosed as intellectually disabled and placed in special education or institutionalized. Teachers, physicians, psychologists and social workers authorized the placement of children in San Francisco's special education classes, specified the training that the children were to receive, and on occasion, referred children to Sonoma State Hospital for institutionalization. As professionals, they followed State mandates for compulsory education and were influenced by the prevailing philosophies of the time -- eugenics and social Darwinism,.

Prior to the 1937 intelligence test revision by Terman and Merrill, 1916 Simon-Binet IQ test scores were an important part of the diagnosis. Pupils who fell behind in school were sent to a psychologist for individual testing. However, from the beginning of intelligence testing, professionals were faced with the problem of stigma. The terms used by Henry Goddard and Lewis Terman were *idiot*, those with IQ of below 24, *imbecile*, 25 through 49, *moron*, 50 to 69, *borderline* from 70 to 79, and *dull*, 80-89. (Terman, 1919) When tests were used in the school setting, teachers found it difficult to tell parents that their child was an imbecile or to obtain parents' consent to place a child in a class for morons.

From the 1870's on, euphemisms were developed to soften the diagnosis. These were, in rough chronological order, dullards, laggards, pupils of poor scholarship, the motor-minded, more suitable for manual training, not book-minded, hand-minded, motor types, feeble-minded, backward, abnormal, subnormal, atypical, mentally defective, mentally deficient, oligophrenics, opportunity pupils, ungraded pupils, special, over-age, exceptional, mentally handicapped, mentally retarded, and now, intellectually and developmentally disabled. The American Association on Mental Retardation changed its name to the [American Association on Intellectual and Developmental Disabilities](#) (AAIDD) in 2007 and soon after changed the diagnosis in its scholarly journals and general usage to intellectual disability.

San Francisco children in the 1930s attended a city school system that was proud of its modern methods and its provisions for children who fell above and below the norm in mental ability. Psychologists, social workers, teachers and other professionals believed that they were using the most advanced methods for diagnoses and treatment, methods conforming to the most progressive and enlightened standards of the day.

I. EARLY CARE FOR THE INTELLECTUALLY DISABLED.

Care for those with intellectual disability in the 1930s was founded in events of the latter half of the nineteenth century. Moral treatment developed for the humane care of the insane in the 1800s was

thought also applicable to the intellectually disabled. Its advocates believed that patients had a better chance of recovery if treated like a human child rather than like an animal. (Carron, 2012)

In 1848, the first institution in the United States for training “feebleminded indigent youths” was established in Massachusetts at the inspiration of Dr. Samuel Gridley Howe who had visited moral training institutions in Europe. California founded its first “institution for the feebleminded” in 1883. By 1917, all but four states were making some institutional provision for those with intellectual disability. (See Noll and Trent, 2004) The new moral educational techniques held great hope as a treatment and even a cure for intellectual disability; in any case, the person was protected from abuse by society.

However, by the end of the nineteenth century, disappointment in the failure of moral treatment to cure intellectual disability and new discoveries based on the science of the period changed the rationale for their isolation and treatment. Instead of protecting the intellectually disabled from society it became necessary to protect society from them.

II. THE RISE OF SOCIAL DARWINISM AND EUGENICS

Darwin's theories of biological evolution and survival of the fittest were widely disseminated in the latter part of the nineteenth century. (Stern, 2015) In 1883 Sir Francis Galton in England took the concepts of biological evolution and survival of the fittest and applied them to the human race. On the basis of Darwinism applied to humans, that is, Social Darwinism, he proposed to improve the genetic quality of human populations by eliminating genetic groups judged to be inferior and increasing genetic groups judged to be superior. He coined the term *Eugenics* to name this new science of controlled human breeding. Social Darwinists thought that the "unfit," of human society were paupers, criminals, the insane, prostitutes, and those with intellectual disability. Curiously, Galton deemed English aristocracy as the most superior. (Haller, 1963)

Several advancements in science seemed to support the need for eugenics. Rediscovered in 1900, principles of heredity based on Mendel's study of peas were used to show that undesirable traits in humans passed from one generation to the next in permanent, irrevocable genetic design, a claim that was substantiated by Henry Goddard's *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness*, 1912, and *The Hill Folk; Report On a Rural Community of Hereditary Defectives* by Danielson and Davenport, (1912)

In 1906, a test for measuring intelligence developed by Theodore Simon and Alfred Binet in France was brought to the United States in 1912 by Henry Goddard. He arranged for its translation into English and used it at the New Jersey Training School for Feebleminded Boys and Girls at Vineland, New Jersey. (Ayres, 1911)

The 1916 Simon-Binet test was quickly accepted by many as a "real" measure of an individual's inborn mental capability. Experimental testing of special groups, such as immigrants, paupers, criminals, prostitutes and the insane and those with intellectual disability as well as army recruits during the First World War led to the revelation that there were far more people with below “normal” intelligence than previously suspected, with a much higher proportion of them among society's "unfit" than in the general population. In the scientific community and the press, the relationship between cause and effect was soon established: the “unfit” were so because of their inferior intelligence. (Gregory, 2004).

A. The Menace of the Feebleminded

These newfound theories were the impetus for a wave of alarm to sweep the country. The press and the public expressed fear that the quality of the genetic pool of the United States was being lowered by the indiscriminate “allowing of foreign elements to immigrate to our shores -- immigrants who did not represent the average type of mental ability even in their own countries” (Inskeep, 1926). The reproduction rate of the “moron” group -- paupers, immigrants, criminals, and so on was believed to be far greater than the reproduction rate of the middle and upper classes, and it was feared that they would eventually far outnumber the others (Popenoe, 1938). “Unchecked feeble-mindedness,” the root of social evils, would soon become the burden of civilization. These views were popularized by a publicity campaign of the **National Committee on Provision for the Feeble-minded** in 1916, during a period later called “The Alarmist Stage.” (Doll, 1928)

In 1912, when people from many parts of the world were entering the United States in great numbers, Henry Goddard sent a team of specialists to Ellis Island to determine how many were “feeble-minded.” On the basis of a visual screening and the Simon-Binet intelligence test administered with the help of interpreters of varying ability, he determined that about 3% of the immigrants from northern Europe were “feeble-minded,” compared to 7-9% of the southern European (Goddard, 1912)

To address the menace of the feeble-minded, the research committee of the Eugenics section of the American Breeders' Association (later the American Eugenics Society) proposed ten ways to cut off defective germ plasm in the American Population. These were life segregation or segregation during the reproductive period, sterilization, restrictive marriage laws and customs, eugenical education of the public and prospective mates, systems of mating purporting to remove defective traits, general environmental betterment, polygamy; euthanasia, Neo-Malthusianism (birth control), and laissez faire (natural selection). (Holmes, 1930)

The need for protecting society from the menace of the feeble-minded led to the implementation of eugenic sterilization laws passed to permit the sterilization of “confirmed criminals, the insane, idiots, imbeciles and recidivists.” Residential institutions were expanded to accommodate more of the intellectually disabled. (Stern, 2015; Trent, 2017) Special classes were established in the larger cities for the training and supervision of “subnormals” as well as for their segregation from regular classes where they “slowed the progress and mingled with normal children.” (Kanner, 1964)

The Immigration Act of 1917 passed by Congress barred those “likely to become a public charge and mentally, physically and morally undesirable persons” from entering the United States, (Bernard, 1950). Southern and eastern Europeans were prevented entry into the United States by the Quota Act of 1921. In 1924, Henry Goddard testified to Congress on the need for immigration restrictions citing the inferior mental nature of southern Europeans. Reformers of the latter half of the nineteenth century who sought to alleviate the dire social conditions of the working class by improving their environment were drowned in the tide of Darwinism. Poverty, low social class and social status, differing life styles and exposure to disease became secondary to the forces of heredity and the survival of the fittest (F. Cahn, 1936). After the Immigration Act of 1914 was passed, over 55% of those returned to their native lands because of “mental deficiency” were Italian, mostly from southern Italy.

The “high grade moron, or borderline case,” was deemed the most dangerous type of feeble-minded menace in the community as he or she was most likely to cause havoc with idleness or crime, and propagate. At President Hoover’s **White House Conference on Child Health and Protection** in 1930 it was estimated that 2% of pupils enrolled in the elementary grades had intellectual disability to such a degree that they required special education, and the failure of schools to provide special education would put a heavy burden of misery, dependency, inefficiency and crime on society (White House Conference, 1930).

By the second decade of the twentieth century, the United States formulated most of the legislation and social policy that supposedly restricted the number of "unfit" among its people. After that, according to Edward Doll, Director of Vineland School, "agitation about the feebleminded became lost in the shadows of the Great War" (WWI). (Doll, 1928). Kanner designates the period of 1910 to 1935 as "The Great Lull," when more institutions were constructed, more special classes were added, and the Simon-Binet as well as other tests were invented and administered to thousands of children. (Dolson, 1964)

B. Progress in Training and Treatment

As time passed, the experience of those working with the intellectually disabled proved to be at variance with accepted theory. When placed on parole from institutions to farm, industrial and domestic positions, the intellectually disabled "did not proved to be inclined to crime and promiscuity as purported." In 1919, Dr. Walter Fernald of the Massachusetts Institution for the Feebleminded wrote that in a twenty-five year follow-up study for the few persons paroled to that time "it was fairly well demonstrated that the average male moron, without naturally vicious tendencies, properly trained in habits of obedience and industry and protected from temptation, could be safely returned to the community when he has passed early adolescence, if his family was able to look after him and give him proper supervision. Many females, too, led moral, harmless and useful lives after their return to the community, with surprisingly few of them marrying and becoming mothers." (Fernald, 1919)

The new idea of parole was conceived partly in the realization that it would be financially impractical to institutionalize for life the estimated 15% of the population with below 58 IQ, that institutions were becoming hopelessly overcrowded, and that the intellectual disabled in experimental programs in various cities were making successful adjustments in the community.

Findings from the innovative follow-up study of Fernald led to a plethora of follow-up studies in the succeeding decades. They reaffirmed the conclusion that the successful adjustment of the "high grade moron" in the community was not only possible, but could be expected under certain conditions. The follow-up study was also used to measure the success of education as treatment. As late as 1980, a 40 year follow up study of men and women who were diagnosed as intellectually disabled when children found 68% of the 79 subjects were employed and living in the community as normal adults. (Ross, 1985)

C. New Research on Intellectual Disability

By the mid 1930's, discoveries in psychology, criminology and medicine challenged the old view that intellectual disability was the prime source of social ills and largely due to hereditary causes. Evidence accumulated to show that the IQ score was not a fixed indicator of an individual's mental capacity and that disease, emotional disorders and deprivation as well as the immediate environment, such as the test setting, affected mental test scores.

Most important, it was realized that more sophisticated scientific research techniques could shed new light on intellectual disability. Longitudinal growth studies demonstrated that the IQ score of individuals could change over time and these changes could be dependent on environmental factors. Healy and Bronner reported that mental test scores of delinquent children were shown to fall into the same distribution as those of the non-delinquent (1936). The Skeels and Dye study of 1939 found that orphanage children of low IQ measured within normal ranges as adults when they received individual care and attention.

Mental treatments developed by Freudians exposed emotional roots of human behavior. Their concepts of blocking and repression were thought to effect responses to mental tests. For a while, in the late 30's, it was assumed that psychiatry and psychoanalysis could help a wide spectrum of mental conditions including intellectual disability and childhood schizophrenia. (United States Children's Bureau, 1934). Birth defects were looked at for the first time in 1928. The capstone to the era was the discovery in 1934 of a medical cause of intellectual disability, the metabolic imbalance PKU (Kanner, 1964).

By the late 1930s it was also no longer acceptable to attribute mental inferiority to certain racial groups. Racial discrimination was a target of new unionism. Democratization, the awakening of class-consciousness and the inclusion of certain ethnic groups into the mainstream of economic and civic activity were part of the New Deal (Writers Project, 1939). In educational circles, this was expressed by a de-emphasis on ethnic stereotypes and appreciation of ethnic arts and festivals. The National Society for the Study of Education yearbook for 1937 was entitled **International Understanding Through the Public School Curriculum**.

Inskeep, in 1926, could say freely that a great many foreigners were not of average mental stock. By 1935, Ingram was more concerned with social class and deprivation as a contributor to intellectual disability, while in 1940, Heck described behavior only, with no mention of social class or ethnic derivation as a cause of "feeble-mindedness." Heredity and ethnicity as major causes of intellectual disability was seen, by then, as too naive an explanation.

Those concerned with intellectual disability in the Bay Area exchanged views and information through the Northern California Council on the Education of Exceptional Children, organized in 1930. Its annual proceedings indicated that local application of the principles and theories of the time were generally in accord with the national scene. San Francisco was a progressive city, and applied new techniques in the sciences with alacrity. However, Social Darwinism and eugenics continued to influence policy.

III. COMPULSORY EDUCATION AND ITS PROBLEMS

In the early years of the 20th century, San Francisco along with other large cities began to face problems that accompanied implementation of compulsory education--the legal requirement that all parents send their children to school. Thanks to Horace Mann and his campaign for common schools, most states passed compulsory education acts by 1904; California's first law was in 1874; its 1921 Compulsory Education Act required children of ages eight through sixteen to attend school. In 1927 the age was raised to eighteen.

Compulsory education facilities in the 1890's taught children in large classes of seventy to eighty students. Teachers required pupils to achieve an average grade or above to pass a course of study. The curriculum was standardized for the normal pupil who was expected to complete a year's work in the nine months from September to June. (Deffenbach, W.S., and Keesecker, W.W., 1935)

A. Retardation, Over-Ageness, Acceleration and Elimination

It was assumed that under normal conditions children entered the first grade at age six or seven, finishing the six-year elementary school at age twelve or thirteen. According to the 1929 San Francisco Public Schools Annual Report, the course of study was designed so that the normal child made average progress.

A metaphor derived from the industrial revolution was that public schooling was like an assembly line

with normal children moving along at a regular pace, slow children were “retarded” and bright children were “accelerated.” The pupil who did not complete a course of study within the required time was held back for a year or more to repeat the grade until he evidenced the knowledge that would permit his promotion to the next grade. "Retardation" led to another problem, "over-ageness," the pupil who was older than the other children at his grade level. The over-age or retarded child who did not do well in school may be "eliminated," that is, encouraged to leave school at age sixteen and given a work permit, employed and sent to Part Time or Continuation School. Continuation School fulfilled compulsory education law requirements by providing classes for employed students for four hours a week until they reached the age of eighteen. Schools hoped to prevent a child from leaving too soon; this was called the school's "holding power" (San Francisco Public Schools Annual Reports, 1917-1935).

One cause of retardation and over-ageness was non-promotion, the failure of a child to be promoted to the next grade. This was not a simple matter of a child failing to do the work, but was complicated by the fact that in many schools, six-year-olds entered the “junior primary”, a grade between kindergarten and first grade for children who did not speak English or who were too immature to enter first grade. Children who stayed in the junior primary class entered first grade already older than their peers. Three percent of those who entered the junior primary stayed for three terms. They were often suspected of being mentally deficient and were frequently referred for individual testing by the teacher (San Francisco Public Schools Bulletin, 1930-38).

B. Homogenous Grouping

In the language of the educator, the educational treatment for individual differences was homogeneous grouping. Retardation, non-promotion, over-ageness and acceleration were problems solved by grouping children of like ability together as measured on mental and achievement tests. Children with similar characteristics or problems were placed in the same classroom.

Tests of mental age and achievement were considered to be the best and most efficient way of classifying students homogeneously. The San Francisco Public Schools inaugurated its testing program in 1925. Its Department of Research and Service was responsible for mental and achievement surveys, test construction, the training of teaching staff in the administration of objective tests and their utilization as well as curriculum construction and revision (San Francisco Public School Annual Report, 1931).

San Francisco was proud of its progress in homogeneous grouping. In 1930, the director of the Department of Research, Robert F. Gray, reported on the education that San Francisco provided for pupils who did not profit by regular classroom instruction. The deaf attended the Oral School for lip reading instruction, sight conservation classes were maintained for those with vision problems, children with lowered vitality (cardiac cases, pre-tubercular, anemic, asthmatic, or malnourished children) were given rest and fed two meals a day at Open Air Schools. Ethan Allen Day School provided care for incorrigible boys (until 1932), and Jesse W. Lilenthal Twenty-Four Hour Adjustment School was for Juvenile Court wards. The intellectually disabled were taught in fifty-five ungraded classes located in the elementary schools as well as in an ungraded school devoted to the problem (Gray, 1930).

As in many large cities, a school for the orthopedically handicapped was established after the polio epidemic of 1916. Classes for speech correction, hospital classes and home teachers were provided. The Diagnostic School was opened in 1928 to provide special study and placement of pupils considered "unadjusted" in their regular school relationships. This school was staffed by social workers and teachers, and had the cooperation of the Board of Health psychologist, psychiatrist,

"mental tester," physician, and nurse. Children usually were referred for a period of three weeks.

IV. SAN FRANCISCO IN THE 1930'S

San Francisco in the 1930s was a had a population of 634,394 and was the tenth most populous city in the United States. It was the West Coast terminal of the transcontinental railroad, and second only to New York in sea trade, mainly to Asia and South America. It was fifth in the nation in banking and finance, the locale of the western offices of many printing and publishing firms, and the market place for agricultural produce and manufactured goods to be distributed throughout the West and Pacific.

Known as the Paris of the West, it was a center of culture and intellectual life, the home of opera, theater and fine restaurants, as well as several institutions of higher learning, Stanford, the University of California, Mills College, San Francisco State Teachers' College, and the University of San Francisco. (F. Taylor, 1929). The San Francisco Department of Public Health was founded in 1850 after a cholera epidemic; the first public schools were founded in the same year.

A. The Great Depression

But the city experienced periods of boom and bust. Because of continuous construction and trade expansion after the 1906 earthquake and fire, San Francisco had experienced prosperity from 1906 to 1913. In 1913, unemployment problems developed as migrant farm workers and workers from other states wintered in the city. (Cross, 1937) By 1920, state sponsored programs of public construction were begun to relieve the problem; the Hetch-Hetchy Water Project and San Francisco harbor improvement were funded. School bonds were passed in 1921 to replace the schools lost in 1906. By 1930, fifty new schools were completed. By 1930 the portion of the city that was devastated by the fire and earthquake of 1906 was completely rebuilt

Unemployment in San Francisco during the Great Depression of 1929 affected everyone. Unemployed teachers were helped by the Emergency Educational Program under the United States Office of Education. In 1934, 165 teachers were conducting 424 classes for adults throughout the city, primarily as morale builders for the teachers. Many held degrees from leading universities (San Francisco Public Schools Annual Report, 1934).

The children attending Lincoln and Rincon Elementary schools were usually from low income and transient families. Many were not English-speaking or had come from the rural South. They did not stay at one school very long as "their families moved often to look for work and to avoid the bill collector or social worker." At Rincon School (K-6), in 1931, 40% of the pupils were not promoted to the next grade (San Francisco Public Schools Annual Report, 1932). There were 5,884 children of migrant families in San Francisco between 1930 and 1939 (Parker, 1949).

B. Ethnic Communities

San Francisco was one of the five most cosmopolitan ports on the globe, comparable to London, Marseilles, New York and Shanghai. The city had large populations of families of foreign extraction as well as seamen from all parts of the world (Woon, 1935). Over 20% were foreign born. Like most large cities, it was geographically sectioned according to social class and ethnic group.

Ethnic communities of Chinese, Japanese, Filipinos, Italians, Russians, Greeks, Mexicans, and African Americans experienced the restrictive conditions of the time that prevented social and economic mobility. The ethnic composition of some neighborhoods made some public schools

ethnically diverse, but most schools were homogeneous as to social class.

Italian, Greek, Chinese and Spanish-speaking residents of San Francisco lived in the poorer section of the city and supplied large numbers of children to the special education classes in the public schools

African Americans were not segregated in San Francisco schools as there were only about 3,500 living in the city. A special survey in 1927 counted 674 African Americans children in public schools, 1.1% of the total enrollment (P. Taylor, 1933-34). According to the school district, their few numbers did not warrant the expense or educating them separately. In the 1930s, African American children were not found in special education classes in large numbers across the United States because they were usually educated in separate school systems. On state and national levels, data on this segregated system is found under the heading **Negro Education**.

• **ITALIANS.** Italians were the largest immigrant group in San Francisco. In 1935, 58,000 Italian-born and their American children lived in the city, mostly in North Beach (French, 1937). Railroad companies in the 1890s had recruited Italians to immigrate California to farm in its Mediterranean climate and to provide produce for them to transport.

Rampant racism characterized discourse on Italians in the United States and in San Francisco. Common stereotypes found in the news and in the movies were Italian gangsters; they were closely associated with rum running during the Prohibition and were "secretive by nature" (Radin, 1935). At the time, there was some discussion as to how these mentally inferior Italians produced Leonardo Da Vinci and Michelangelo.

Eugenicists in particular perceived distinctions between northern Italians and the Italians from the south, the northern being generally regarded as more educated and progressive (L. Cahn, 1946). According to Woon (1935) About 54% of the Italians in San Francisco were from northern Italy, 35% were from southern Italy, and about 10% were from Sicily (Radin, 1935).

Textbooks written in the 1920's and 30's for teachers of "dull and retarded" children generally labeled their case examples as "Italian." In 1926, Inskeep at the University of California wrote that the same techniques for teaching "backward children" should also be used for children from the "lower immigrant families." Lillie Lewin (who was eventually to head the Bureau of Research for the San Francisco Department of Education) wrote in her master's thesis in 1925 that in the case of the Southern European, "retardation was due to a low mentality based on racial standards." Italian children were examined by the Harvard Growth Study and other psychologists as a "group known for their inherent retardation" (Wheeler, 1932; Lewin, 1925).

In San Francisco, the first "school for backward children" was located in Little Italy, a "poor and foreign section of the city", although it accepted children from throughout the city (Bridgman, 1929). In 1930, although Italians numbered only 9.3% of the total population of San Francisco, 22.8% of the children in special classes were of Italian descent. The principal of the Ungraded School for low IQ children described these children as "not mentally retarded, but as the sons of fishermen, descended from generations of illiteracy, by necessity more interested in fighting the elements to make a living than learning to read and write." (Soetart, 1955)

Dessary in her master's thesis at the University of California in 1921 tried to discount prevailing myths regarding the genetic inferiority of Italians, attributing the adjustment problems of southern Italians to poor economic and social conditions, such as subsistence farming, poor nutrition, economic oppression and other environmental deprivations in their native land (Dessary, 1922).

Three public schools were located in North Beach and attended mainly by Italian children in 1930: Garfield, Jean Parker, and the Ungraded School.

THE SPANISH SPEAKING. Spanish-speaking San Franciscans lived in the Latin Quarter and Mission Districts of the city. They came from Mexico, Central and South America and Spain at various times in the city's history, usually to fill the demand for unskilled labor in railroad construction and agriculture. Some, of course, were part of San Francisco's population because of Spain's 400-year rule of California.

1930 Census data did not distinguish Mexican Americans from Mexican nationals. According to the U.S. Census, San Francisco housed few of the Mexican population of California. Mexicans, in the 1930 census, were included in the non-white population rather than the white for the first time, and numbered 7,922 in San Francisco. Mexican children enrolled in the San Francisco public schools numbered 782, or 1.3% of the total enrollment as enumerated in a special survey in 1927 (P. Taylor, 1933-34). They were not usually mentioned in the literature on classes for the intellectually disabled.

• **THE CHINESE.** Chinese men were imported as laborers to build the transcontinental railroad and lived in California since the 1880's. They settled in San Francisco when the railway was completed. By the 1930s, Chinatown had the largest population of Cantonese outside of China, and was known for its "quaint shops, excellent restaurants and charming customs." The Chinese in San Francisco were not counted as a group in the 1930 census. Various writers around 1940 estimated their numbers as between sixteen and twenty thousand; a special door-to-door census by the California Emergency Relief Administration in 1934 counted 12,311 Chinese, mostly living in Chinatown (SERA, 1934).

In 1930 there were 394.7 men to every 100 women; foreign-born Chinese were not permitted to obtain citizenship, vote, or to own land because of the Chinese Exclusion Act of 1880. The Act prohibited Chinese from entering the United States, becoming citizens or owning land and was considered insulting and demoralizing to the Chinese community. The Magnuson Act of 1943 continued the ban against the ownership of property and businesses by ethnic Chinese until it was repealed by the [Immigration and Nationality Act of 1965](#). (Shih, 1937)

China town was crowded; few families had more than one room to live in (W. Taylor, 1943). The crowded conditions were the result of an agreement prior to the 1906 earthquake between the Chinese elders and Municipal authorities: no Chinese would occupy a house outside of a specified area. In the meantime, the population of Chinese increased from 9,000 to 20,000 with no increase in territory until the Depression years.. Medical care was insufficient in Chinatown and the tuberculosis rate was three times that of the rest of San Francisco (W. Taylor, 1943).

Among Caucasians, the Chinese were put down for their lack of adaptability to American ways. Antagonism toward Chinese, their segregation from the mainstream of American life and an almost compulsory attendance of Chinese children at Chinese school every day served to preserve the ethnicity of the group (Y. Ma, 1945). Most Chinese children attended language school after public school as they needed to know Chinese in order to earn a living.

In 1934, 2,400 Chinese children attended seven San Francisco elementary schools. Commodore Stockton Grammar School was all Chinese with about 1,000 pupils. Hancock, Jean Parker and Washington Irving had about 800 Chinese pupils in all. The remaining children attended church schools sponsored by Catholics, Baptists and Presbyterians. About 500 children were in junior high schools, mostly at Francisco Junior High, and around 340 students were in high school. Francisco Junior High School was known for being poorly designed, had unsatisfactory buildings and shacks on

a cramped and small site, "a condition that existed because of racial feelings" (W. Taylor, 1943). About 3% of the children in San Francisco's schools were of Chinese ancestry.

According to the Relief Administration report, only a few Chinese attended college and did so mainly for economic reasons. In 1928, the director of Stanford's placement service said that they had no success in placing their Chinese graduates in business, industry, or government because of the prejudices against them (Sung, 1967).

In summary, San Francisco of the 1930's was the industrial and trade center of the West Coast, and one of the most cosmopolitan cities in the world. It was heterogeneous in every dimension. The city was the home of the extremely wealthy and the extremely poor, Bohemian artists and Italian fishermen, the most educated and the most illiterate.

V. SAN FRANCISCO PUBLIC SCHOOLS

The president of the San Francisco Board of Education complained in 1900 of the unyielding graded system of the city schools. He noted that differences between students in a grade increased over the period of the school year, and proposed the establishment of ungraded classes, "not for the abnormal or dull child, but for the bright child or pupil who, for some reason or other, was behind in his work and needed some special help." By 1908 there were ten such classes in the San Francisco schools (Caine, 1943).

In the city as a whole, 14% of the first graders were not promoted, while only .8% of the eighth graders were not promoted. Part of the large number of non-promotions in the first grade were accounted for by the junior primary class; also, repeating the lower grades when necessary was considered beneficial to an education, as the policy was to provide pupils with the fundamental skills of reading, writing, and arithmetic in the earlier years.

A. Children Behind Their Grade Level

It was common knowledge that "retardation," or children in classes behind their proper grade level was the result not only of the rigidity of the requirements of the school system but of social factors in the community. Some children did not speak English when they entered school. Others came from rural schools or from communities that provided no education for some children. Some children were required to work at home or in street occupations such as boot-blackening (polishing shoes) or newsboy in order to help support their families. Some families did not think formal schooling was important, while other families were migrant workers who followed the crops, never settling in one place long enough to provide schooling for their children. In these years before antibiotics, an illness such as pneumonia, influenza or mastoids could keep a child out of school for a semester or even a year. (Sharp, 1934).

In 1929, one third of the children in the San Francisco elementary schools were "retarded," that is, behind their grade level, and, hence, over-age. Junior high schools in particular were plagued with the problem; 46% of the students were "retarded." Seventh grade children, normally twelve years old, ranged in age from ten to nineteen years because of acceleration, retardation, and over-ageness.

Some schools had a high non-promotion rate because of the large numbers of foreign born in their student bodies; some schools were 95% foreign. Garfield School, in the Italian North Beach area, did not promote 17.6% of its students in 1929, while Argonne School, in the middle-class Richmond District, promoted all but one percent of its students.

The San Francisco Public Schools Bulletin in 1932 said that "foreign pupils contributed to the upper end of the chronological scale and the lower end of the ability scale" in the schools. In 1943 the principal of predominantly Chinese Francisco Junior High School said that forty-nine of his students were seventeen years old, thirty-five were eighteen, and twenty-two were nineteen or older; a total of 106 pupils, or 10% of his pupils, were overage, that is, over sixteen years old. The oldest was twenty-eight. The IQ of his students ranged from below 70 to over 120; 15% of his students were below 70 IQ, 34.5% were below 81 IQ. The principal felt that the IQ score did not give an exact picture of his pupils' mental ability, because of their serious language handicap; he was sure that they had higher ability than the scores indicated (Wallace Taylor, 1943).

B. Testing and Homogenous Grouping

Over the years, schools tried to overcome the problems of over-ageness and retardation by homogeneous grouping. If the child was three or more grades behind, over-ageness was resolved by placing the child in an ungraded class, or the opportunity room if only tutoring was required. (However, when ungraded classes were established for the "mentally deficient," former remedial classes became known as opportunity rooms and did not accept "subnormals.") Students in junior high school who were sixteen or over were "eliminated," that is, encouraged to enter Continuation School and seek employment. Vocational education was provided for those not academically inclined at a high school for trade and the manual arts, or the High School of Commerce. (San Francisco Public School Monthly Bulletin, 1931).

In 1933, San Francisco had 181 schools in 102 buildings. There were seventy-four kindergartens, eighty-four elementary schools, ten junior highs, seven senior high schools, and the continuation school. Five evening schools were provided for adults. (San Francisco Public Schools, 1927)

C. The Change to Junior High Schools

San Francisco public schools converted to a junior high school system in the 1920's and 30's partly as a result of the 1906 earthquake which destroyed most of the city and rendered many schools unsafe. In 1921, a bond issue was passed to build new schools. At the same time, the school system was restructured to include separate junior high schools that fed into the various high schools.

As new schools were completed, many schools changed their grade levels and were reassigned to feed into different high schools and junior highs. By 1932, 55% of seventh, eighth, and ninth graders were in a separate junior high school. Ethan Allen School for Incurable Boys was abandoned that year, partly as an economy measure and partly because "truancy was not as much of a problem under the expanded curriculum of the new junior high schools" (San Francisco Public School Annual Report, 1932). The new junior high schools persisted in the segregation of the sexes, with separate schoolyards for boys and girls, segregation that prevailed from kindergarten through high school. (Ferrier, 1937)

VI. SAN FRANCISCO'S PROGRAM FOR THE INTELLECTUALLY DISABLED,

Programs for the intellectually disabled in San Francisco during the 1930's were the testing services provided by the Division of Mental Hygiene, the ungraded classes in the public schools, and institutionalization and sterilization at Sonoma State Hospital.

The educational placement of children began when a child entered school. If a teacher thought the child intellectually disabled, the child was referred for testing to the Department of Mental Hygiene. After testing, the child could stay at home, remain in regular school, or be referred to Ungraded

Classes or Sonoma State Home. When they became adults, those who were diagnosed as intellectually disabled when children could remain sheltered at home, live in a sheltered environment, work in a sheltered workplace, or live out their years at Sonoma State Hospital. Some entered the labor force and disappeared into the adult population.

Programs for intellectually disabled children in the 1920's and 1930's in San Francisco were founded on the premise that psychological tests were an accurate gauge of an individual's mental capacity.. The Ungraded School program was aimed at preparing the pupil for a routine job in an industrial society and to make the intellectually disabled self-supporting, if possible-- not an economic burden. Reading, writing, and arithmetic were considered necessary, but, on the whole, a futile effort. The measure of the ungraded pupil's success in the community was the length of time he stayed at one job; a change in employment indicated a problem. (Hilleboe, 1930)

In San Francisco, three people had a profound effect on social policy regarding the intellectually disabled during the first half of 20th century. There was a direct connection between them and Henry Goddard and Arnold Gesell, the most eminent figures in the fields of psychology and education in the nation. Dr. Olga Bridgman headed the Department of Mental Hygiene, Louise Lombard was principal of Alta Vista Ungraded School, and Dr. Fred O. Butler was superintendent of Sonoma State Hospital. Dr. Bridgman tested children and diagnosed the intellectually disabled. Lombard was in charge of ungraded classes, and Dr. Butler supervised the institution that trained, sterilized, and paroled them to the community.

A. San Francisco's Division of Mental Hygiene

The Division of Mental Hygiene in the San Francisco Department of Public Health was started in 1918 by Dr. Olga Bridgman who was its head for 34 years until she retired in 1952. A native of Michigan, Olga Bridgman received her undergraduate and medical training at the University of Michigan at Ann Arbor graduating in 1910. She then served as resident physician at the State School for Girls in Geneva, Illinois until 1912.

While in Illinois, she was trained in the use of the new Simon-Binet tests by Henry Goddard, and she carried on an extensive correspondence with him for many years. She earned her doctorate psychology at the University of California, in 1915, and immediately received a teaching appointments at the University at Berkeley and at the University of California medical school in San Francisco. (Morrow and Bridgman, 1912)

In 1918, Dr. Hassler, head of the San Francisco Department of Public Health, started a Department of Mental Hygiene by asking Dr. Bridgman to test and evaluate a ward of syphilitic women at San Francisco General Hospital who were detained and treated as a war project during World War I to prevent the infection of soldiers. After the war was over, Dr. Hassler invited her to stay and do some children's work. By 1930, fifteen women were employed as psychologists and social workers in the Department of Mental Hygiene. Dr. Bridgman never hired a man as she felt that a woman could better establish rapport with children. She said that psychology was a woman's profession, and it remained that way until it became lucrative in the late 1930's. (In Interview)

• Mental Testing

Several mental tests were used by the psychologists under her direction. The original Simon-Binet was used until the Stanford-Binet revision of 1916, and after 1937, the later revision was used. Other tests in use at the Division of Mental Hygiene were the Merrill Palmer test, the Sequin form board, the Porteus Maze, and the Arthur Point Scale. The Kuhlman-Stanford test was used for the lower age

ranges, before the Stanford-Binet was developed to test at the two-year level. If the subject did not speak English, he would be given a battery of performance tests, such as the Arthur Point Scale and the Ontario Scholastic Ability test for the deaf.

She said that a child in whose home a foreign language was habitually spoken would probably fail to use the English language as readily as the child from an English-speaking household, and hence would appear less capable, if tested without taking this fact into consideration. (Bridgman, 1919). Dr. Bridgman relished the finding that a troublesome child was of normal mentality. She felt that some teachers wished to remove some of their discipline problems to another class by referring them to ungraded classes.

The educational age of a child was based on achievement tests that compared his score to that of a normal child at each school grade level. These scores were compared to see if a child were working at his full potential. It was not uncommon, according to Lewin, to find the achievement quotient higher in the mentally deficient children than in normal children, "as the mentally deficient child was constantly being forced to his maximum capacity and the normal child was not" (1925). The validity of the mental tests was not questioned.

• Evaluation

Dr. Bridgman, as far as can be determined, did not categorize races as to their mental inferiority or superiority but was more inclined to evaluate the home environment as to its care of the child, the housing of the family, and whether the home was English-speaking or not (Bridgman, 1920). She found that some "dull children came from simple homes of the peasant type, where standards were not high and where the parents often had less mental capacity than did the children." (Bridgman, 1920) Apparently, however, she had no compunctions against referring children and adults to Sonoma State Hospital where they would be sterilized.

Dr. Bridgman's Division of Mental Hygiene accepted referrals from social agencies, schools, courts, and clinics for the testing and diagnosing of children. From 1918 to 1939, the division had tested 9,527 persons; 7,200 of these were of school age, between six years and eighteen years. Sixteen percent of the total were classified as feebleminded, and 844 were tested for admission to Sonoma State Home (Bridgman & Geiger, 1939).

B. Ungraded Classes for Atypical Children

The first class for children designated as intellectually disabled was established in 1910. As the intelligence test was not yet in use, the pupils for ungraded classes were placed there on the recommendation of principals and teachers with the consent of their parents. It was housed in a temporary building on the littered and rubble-strewn site of Garfield School which was destroyed by the fire and earthquake of 1906. There were no specially trained teachers for this work at this time, and the staff changed frequently.

The rationale for having ungraded classes was based on eugenics: the expense of training these youth was less than caring for the potential future criminal or helpless individual. Special classes also contributed to teacher efficiency. According to Dr. Bridgman, the intellectually disabled child in the regular grade used a great proportion of the teacher's time, and, as a result, other children who were later to become responsible, self-supporting citizens were neglected; this was foolish and extravagant, and unfair to normal children and their parents (Bridgman, 1920).

In 1913, Louise Lombard was put in charge of atypical classes for the San Francisco school system,

a position she held for 27 years until she retired in 1940 at the age of seventy. At that time, the "feeble-minded menace" issue was addressed by the San Francisco school system with a child's placement in the ungraded school, a first step toward dealing with the problem (San Francisco Public School Annual Report, 1929).

Lombard had a profound influence on the education and training of the intellectually disabled in the San Francisco public schools. When the Michigan State Home and Training School for the Feeble-minded was opened in Lapeer, Michigan, she enrolled as a cadet teacher in their training program and in 1904 became its principal. While there, Henry Goddard instructed her in the use of the Binet Intelligence Test. On a visit to California in 1912, she gave the first demonstration of the Simon-Binet test in the Bay Area to the staff of the University of California Medical Clinic. She attended a summer session at New York University in 1913 and received further training in testing from Dr. Goddard, Dr. Meta Anderson and Dr. Arnold Gesell (Caine, 1943).

Louise Lombard selected, trained, and supervised the teachers of ungraded classes in San Francisco and student teachers from San Francisco State Teachers' College. She hosted large groups of students and their instructors from the University of California, Stanford, and the Teachers' College. Social workers in groups were sent from hospitals and other social agencies to observe the program.

When Lombard began her teaching career the care of the intellectually disabled was "still a humanitarian concern, and this philosophy predominated in the program under her supervision" (Caine, 1943). In 1929 Harr Wagner of San Francisco, publisher of the *Western Journal of Education*, wrote that "there are teachers who, in a spirit of self-sacrifice, will teach a Negro class, a tubercular class, or a subnormal class and be happy." Lombard was known as "the feeble-minded teacher," and considered a devoted person of good will and an inspiring teacher (Caine, 1943).

• Testing and Teaching

Lombard's program began in 1913 with one class of twenty "misfits" at Garfield School in the Italian sector of San Francisco. Upon testing the children, she found several in the class were of normal intelligence on the Simon-Binet, and she returned them to the regular grades. Two boys were sent to the institution for the "feeble-minded" at Sonoma, along with one "motherless girl with immoral tendencies and decidedly subnormal." One child was deaf and was sent to the Oral School for the Deaf, and three boys of "dull normal intelligence" were sent to the day school for incorrigible boys (Annual Report, 1917). Nine pupils were of "low mental age" on the Simon-Binet, and they stayed in the Ungraded School.

Lombard began testing school children in different parts of the city. By 1916, there were three ungraded classes for fifty-three children; in 1930 there were 839 pupils in fifty-six classes. In 1935, the ungraded school was in its present location, and was renamed the Alta Vista School. This school is now named Louise Lombard School. In 1931, over 95,000 tests were administered in the San Francisco public schools.

In 1926, Nell V. Eager, Assistant Director of the Atypical Classes in San Francisco, stated that "a child could not be enrolled in an atypical class unless his re-actions (sic) were definitely subnormal and his tests showed a mental retardation of at least three years, with an intelligence quotient of less than 75%. Psychopathic cases, epileptics, and other phases of mental disorders were exceptions to this rule, as, in many cases, they had higher intelligence quotients, but their re-actions were such as to warrant their segregation from the normal grades." The parents of the child had to consent to his placement, and transportation to the special class had to be feasible. In some cases parents consent was not given. (Eager, 1926).

Few clinical types of intellectual disability were found in the ungraded classes. In 1925, Lewin mentioned that “microcephalics, mongolian types, and an occasional cretin” were pupils there. However, most children in special school at that time were of Italian descent. She commented that it was difficult to “test with accuracy the mental ability of Orientals,” implying that without a test they would not be placed. She found the classes mixed as to social status and said that the children’s mental age ranged from three to twelve years, boys predominating.

There were fifteen to eighteen pupils in each ungraded class. Children in the ungraded classes were grouped, whenever possible, into kindergarten, the lower primary (grades 1 and 2), the high primary (grades 3 and 4), and the low elementary (grades 5 and sometimes 6). The ages of the pupils ranged from six through eighteen years, and the mental age from three to ten years.

Opposition to ungraded class came from two sources: parents often resented the classification of their children as intellectually disabled and school executives frequently objected to the expense of caring for pupils of “low mental ability” (Byington, 1930; San Francisco Public School Annual Report, 1936). The cost per pupil for the atypical classes was \$292.94 in 1930, whereas the normal child received \$111.86 that year.

• **The Older Ungraded Pupil**

Because of the scarcity of employment, the age of compulsory education in California was raised from sixteen to age eighteen in 1927. This increased the number of older ungraded pupils. In 1932 the total number of ungraded pupils was 1,402, and the majority were between thirteen and eighteen years. Because of the Great Depression and the dire economic situation, fewer teachers in all of the public schools were teaching more children in larger classes, which underscored the problem of the intellectually disabled in the regular classroom and increased the number of those referred for testing..

In these Depression years, the problem of stigma increased for the older intellectually disabled child. After the 1906 earthquake, ungraded classes remained attached to elementary schools. Children in the regular grades of elementary schools were twelve years of age or younger. The children in ungraded classes were often aged thirteen through sixteen; they stood out noticeably among the younger children. According to Lombard, they suffered from feelings of humiliation and inferiority. Some junior high schools accepted ungraded pupils, but “made no special provision for them, which resulted in problems of truancy after their transfer to the crowded junior highs” (Lombard, 1933).

In 1932, Lombard felt that the best solution to the problem would be to bring the older children to a “Center” for ungraded classes, later moved to Alta Vista School. Although the Continuation school would take children over the age of sixteen, many parents wanted the older youngsters to continue in the ungraded school until eighteen. Thus, most of the classes at Alta Vista School in the 1930’s were children of ages thirteen through eighteen.

In 1938 and 1939, ungraded classes were added to the junior high schools and high schools, and Alta Vista School became the Center for the more intellectually disabled children, as well as the ones who did not fit in the classes of the other schools.

• **Curriculum**

The question remains, what did the diagnosed intellectually disabled learn in Ungraded Classes in the 1930s? Did their education enable them to become subsumed into the normal population as adults?

Louise Lombard's philosophy was to provide training and education that would "enable the pupils in the ungraded classes to progress according to their ability and to adjust mentally, morally, and industrially to a simple scheme of life" (Annual Report , 1934). She said that even "low grade children with the characteristics of politeness and courtesy could often make their way in the world." Her school had provisions for showers, and she made sure that the children bathed at least once a week if they could not bathe at home.

Activity programs utilized statewide in the 1930's were the implementation of John Dewey's philosophy, and the ungraded classes in San Francisco used this method in their classes. Lombard mentioned that "One year, the activity for an ungraded class in one of the elementary schools was to participate in a school wide program on ' The Home', ...and their assignment was the living room. The educational value of the project varied, as some of the children came from modest but comfortable homes, while others had almost no standards for comfort or beauty, much less cleanliness."

The manual arts were taught in a wood shop twice a week, and emphasized wood carving and the activity method. Some of the boys did superior work at wood carving, and went on to follow it as a vocation. There were no power tools in the shop (Thompson, 1936).

Principals at the elementary schools that had special classes were encouraged to include the class in the life of the school. These children attended assemblies and competed for banners for thrift, attendance, punctuality, and so on. The children assisted in the distribution of materials, and in the lunch rooms and cafeterias. In the "Center," later Alta Vista School, the entire cafeteria work, including the cash register, was carried on by the children, and was supervised by the cafeteria manager. The children were taught cleanliness and food handling. They were taught to answer the phone, take messages, and took turns as hostess and host for the numerous visitors to the school. Some children also learned to operate the audio-visual equipment and earned badges for this. It is amazing that truly intellectually disabled children could carry out these tasks.

Older ungraded pupils were given achievement tests in the spring of 1934, and it was found that with few exceptions, "the educational age was equal to and in many cases above their mental age. Of those whose educational age fell below the mental age, twelve were children with emotional disturbances that hindered persistence," twenty had been in ungraded classes less than a year, and several had special reading disabilities that had not been reached. Again, the validity of mental tests was not questioned.

• **After-Care for Employed Pupils**

In 1920, an "after care" department for ungraded pupils was established, following a national trend, to find work and supervise the ungraded pupil who reached the age of sixteen and was employable. Nell V. Eager said in 1936 that when a pupil was sixteen years of age or over and had reached his limit as far as the work offered in an ungraded class was concerned he was ready for a trial in unskilled labor. (Eager, 1936).

In 1925, the United States Children's Bureau made a study of the work histories of approximately 1,000 young persons who had previously been in classes for mental defectives in seven large cities; San Francisco was included. This survey found that "the great majority of the young persons were middle grade morons, although some were only slightly subnormal and others were high grade imbeciles." Most were employed in unskilled or semi-skilled labor that required little preliminary training. The majority were semi-skilled operatives in factories, teamsters, truck and taxi drivers, and telegraph and special delivery messengers. They also had jobs on delivery wagons and trucks, in

jobs classified as trade. Girls were engaged chiefly in personal and domestic service, as household servants, nursemaids, restaurant workers, laundry operatives, and sales girls. Clerical work comprised 6.5% of the former pupils' occupations. On the whole, the intellectually disabled held these jobs longer than the person of normal mentality. This was accounted for by the excellence of their training in the special classes and the "after care" provided by the school systems (United States Children's Bureau, 1925).

Toward the end of the 1930's, many young men went from ungraded classes into the Civilian Conservation Corps, a national program established by the New Deal to provide employment for young men during the Depression; it operated from 1933 to 1942. Enrollment dropped after the WWII started, and Congress abolished it in 1942. (Gower, 1967).

• Referrals to Sonoma State Home

In some cases, the ungraded class was viewed as an interim placement prior to institutionalization. Lombard mentioned in her reports that she placed a large number of "defective delinquents and the lower group of imbeciles in Sonoma State Home before society was made to suffer through them." According to Nell Eager, the After Care supervisor, the pupils whose "extremely difficult personality make up or whose mental status made them a social menace" were institutionalized. In this way, the percentage of ungraded class pupils who had court difficulties were surprisingly low--only 31 of over 3,000 former pupils on the after care list in 1935 had come before the adult courts.

Lombard also recommended institutionalization for those pupils who reached the age of sixteen, who were not employable, and who did not have adequate home supervision. The family of the older intellectually disabled sometimes requested institutionalization if he was difficult to control. The Division of Mental Hygiene commented in 1939 that many of the older persons that it tested were applying for admission to Sonoma as their parents wished to make some permanent arrangement for their care.

From these descriptions of testing, curriculum and referral to Sonoma, one may infer that not all those who were diagnosed as intellectually disabled were necessarily those whom one would call intellectually disabled today. Some children benefitted from special education and after-care and moved into the general population. Others who did not do well in school were "eliminated" --they attended Continuation school or dropped out of school and entered the labor force. Some families ignored the school system entirely and cared for their disabled child at home, or had their children enter the labor force without schooling. And some children were left on their own to make their own way.

C. Sonoma State Home and Eugenic Sterilization

In the 1930s two institutions were maintained for the intellectually disabled and epileptic of California: Sonoma State Home and Pacific Colony. Sonoma State Home was founded in 1883 and for many years was the only institution of its kind in the state. In 1935, it had 3,325 patients and only accepted patients from Northern California. Pacific Colony in Costa Mesa was opened in 1927; in 1935 it had 784 patients and served patients from Southern California. The program at Sonoma is of interest to us, as this was the institution for patients from San Francisco County.

Dr. Fred O. Butler was superintendent of Sonoma State Home for 31 years, from 1918 to 1949. He was a leader in the eugenics movement, a founding member of the Human Betterment Foundation along with Dr. Paul Popenoe. His philosophy of training and treating the intellectually disabled and epileptic was important not only to the patients at Sonoma, but throughout the state and

nation.(Simmonds, 2006) He served on state legislative committees in the field of mental hygiene, was State Director of Institutions (1942-43), was active in the Western Hospital Association, the American Medical Association, and on the National Board of the American Association on Mental Deficiency. He was a firm believer in placing patients out of the institution whenever possible, and he thought that sterilization was necessary to help the intellectually disabled and epileptic make a successful adjustment in the community. (Butler, 1945)

California passed an eugenic sterilization law in 1909; in 1945, California accounted for 39.9% of the sterilizations in the nation. Between 1919 and 1943, 4,310 patients had been sterilized at Sonoma; 21% of these had been admitted sterilization only. Dr. Butler was the surgeon in charge of the surgery department at Sonoma, and performed many of the operations himself. (Stern, 2015; Simmonds, 2006; Laughlin, 1922)

• **The Application Process**

Referrals to Sonoma State Hospital from San Francisco came from Dr. Bridgman's Division of Mental Hygiene, established in 1930. A psychological examination was used to discover the level of intelligence, a social and developmental history was taken to determine the need for custodial care, and if deemed necessary, an application was made for immediate admission to Sonoma State Home. Sonoma provided custodial care for the extremely limited intellectually disabled and training for the "moronic, borderline and dull person," who was viewed as the most likely to create problems for society. (Bridgman, 1931)

When the Division of Mental Hygiene received notification of acceptance from Dr. Butler, the superintendent, Mary Scally, the psychologist, arranged for a hearing before the California State Lunacy Commission and a judge of the Superior Court. (Department of Public Health/Department of Mental Hygiene Report, 1930). There was always a waiting list to get into Sonoma; placement might take several years if the case was not urgent. However, if there was a severe problem, the process could be hurried..

In the 1930's, Sonoma also accepted "post-encephalitics, psychopathic personalities, the psychotic, and the defective delinquent." Although the latter may have had IQs in the normal range. Dr. Butler and those in the Division of Mental Hygiene thought that, they would benefit from the training program at Sonoma. (Butler, 1937)

• **The Program at Sonoma State Home**

In 1937, Dr. Butler reported to the Northern California Council on the Education of Exceptional Children about the program at Sonoma, as the Council was having its annual meeting at the hospital that year. The hospital had 3,363 patients on its books, 2,659 were residents of the institution, 620 were on parole, and 84 had escaped. There were 1,655 persons on the waiting list to enter. The institution had 350 employees, and 4,000 acres of land, including a farm and a separate colony for epileptics.

Sonoma was always overcrowded, understaffed, and was subject to epidemics of influenza and diarrhea which took their toll. According to Dr. Butler, the high death rate for patients under ten years of age was more related to the severity of their defect rather than to their care. Parents who visited Sonoma when considering placement had mixed reactions that were probably related to their own social class. One middle class mother commented that she found Sonoma like a stable. In 1936, there was a period of several months when no new patients were accepted because of an epidemic.

• Parole for Patients

Parole was instituted by Dr. Butler (over much public opposition) and by 1929, 716 patients were on farm, industrial, and home parole. Those worried about the “menace of the feebleminded” considered the parole of high grade intellectually disabled patients a risk, as it was feared that they would become criminal or marry and produce more of their kind. Dr. Butler sought to ameliorate these fears by the program at Sonoma. Vocational skills were taught to patients in the institution's dairy, orchard, vegetable garden, and shop. Many attended the institution's elementary school to “absorb whatever academics they could master and were rounded out in the social amenities.” And finally, before they were permitted to go out on parole, most of the women and many of the men were sterilized .

Once patients were placed on parole in the community, the social worker helped them and their employers through an adjustment period. The employer was required to follow certain rules. In 1940, these rules were as follows:

1. State wards were not permitted to drive any motor vehicle, or to receive an operator's license.
2. State wards were not permitted to enter into contracts of any nature. Should any matter of this kind arise, it was referred to the superintendent through the social worker.
3. State wards were permitted to marry only with the sanction of the superintendent, which was given after a thorough inquiry into the circumstances. Without Dr. Butler' s permission, the marriage was not valid.
4. State wards could be returned to the institution at any time for any reason considered adequate by the social worker.
5. State wards were not allowed to work outside the employer's home without permission of the social worker; that is, they were not to be loaned out to friends, neighbors, or relatives of the employer.
6. The social worker was to be notified of any change of address (Holt, 1940).

Patient earnings and savings were managed by the institution. Normally, patients were supervised for three years and then discharged, although some patients were discharged immediately while others were supervised for life. There were 249 marriages of patients between 1934 and 1943, all sterilized, and Dr. Butler was proud that their divorce rate was far below that of the general population. He felt that the low divorce rates were because of the careful investigation of the mate before marriage and the supervision of the couple for two years after. Women were more likely to marry than men (Butler, 1937).

During World War II, Dr. Butler reported that 147 of his patients entered military service, and 339 were in war industries (Butler, 1945).

• Who Was Sterilized

In 1926, Dr. Butler stated that the chief types of patients that were sterilized were “mental defectives, epileptics, cases of chronic and recurrent insanity, cases in which insanity was due to pregnancy, demented cases who left the hospital for any reason during the child bearing period, cases with a definite history of hereditary taint, and those who already had more children than they could properly care for.” He would obtain consent for sterilization from the patient's relative or guardian, from the Director of the State Lunacy Commission, and the Secretary of the State Board of Health. These signatures legalized the operation. It was not necessary to get the patient's consent until a law was passed in the early 1950's, although it was done in some cases.

According to Dr. Butler, when they “learned of an intellectually disabled mother with many offspring, the majority of whom were defective, it was our policy to get her to an institution for the operation in order that she may return and care for her children and not propagate her kind.” He noted that several mothers in his institution had one to five children, also in his care. He had traced a family of intellectually disabled who had been in Sonoma, and quoted the Kallikak study. (Butler, 1926)

Some adults were sent to Sonoma for sterilization only. They were usually women referred by a social worker who, when finding a woman with many children who seemed to be unable to manage her home, would refer her for mental testing. If the woman scored low on a psychological test, she would be sent to Sonoma for sterilization. However, note that at this time, there was no other way for the indigent to obtain sterilization outside of commitment to Sonoma as most physicians were hesitant to sterilize at all. It was also difficult for the indigent to obtain contraceptives. (Reilly, 1991)

Sterilization of the insane and intellectually disabled was popularly accepted as a sensible program and was not questioned until 1936. In that year the wealthy debutant Ann Cooper Hewitt reached her majority, and her lawyer, while examining the papers of her extensive estate, discovered that she had been sterilized at the request of her mother while Hewitt was in her adolescence, without her knowledge or consent. Hewitt brought suit against her mother for mayhem (dismemberment), naming the doctor, a psychologist, and a family friend as co-defendants.

It happened that the family friend was a member of the California State Lunacy Commission, and the psychologist was Mary Scally of the Sonoma State Home Department of the Division of Mental Hygiene. Hewitt was an attractive young woman, although slow, and the San Francisco newspapers played up the poignancy of the situation in the flamboyant style of 1930's journalism calling her "The Sterilized Heiress." The case received publicity for years in the New York Times and the papers of other large cities and was often displayed on the same page with news items about Nazi Germany's program for sterilizing Jews. Scally was eventually dropped as a defendant in the case, one of the doctors died, and the mother went to live in New York and was never extradited. (Currell and Cogdell, 2006)

The case shattered the complacency of those who had been routinely administering eugenics laws in the various states. In their defense, articles by eugenicist Dr. Popenoe commended California for systematically enforcing its sterilization laws for the insane and feebleminded on 11, 484 patients to date. Popenoe had followed up patients who had been paroled after sterilization and found that only one out of seven had objected to the procedure and "in no instance was their objection based on rational grounds." In 1951, California legislated that physicians performing sterilizations must have full patient consent before a doctor could perform the surgery. Subsequently, there were far fewer sterilizations as it was difficult for physicians to obtain approval. In March 2003, Governor Gray Davis apologized in Sacramento to all those affected by the eugenics movement in California.

VI. SUMMARY AND CONCLUSIONS

If the premises of Social Darwinism and eugenics were correct, special classes today would be filled with the descendants of Italian and southern European immigrants, the majority ethnicity in special classes of the 1930s. This is obviously not the case. Special education classes now are filled with the offspring of this generation's poor and uneducated.

How did children diagnosed as intellectually disabled in the 1930s become “normal” adults? For some, it may be that the educational "treatment" they received was excellent; the careful selection of pupils for special classes, after-care, placement and parole led to their successful employment and

adjustment to society.

For others, it's possible that diagnostic procedures were faulty, particularly for poor immigrant children from illiterate families. The immigrant pupil may have needed help with literacy and his or her adjustment to an urban, English-speaking setting rather than placement in a special education class to treat intellectual deficiency. Migrant and poor children with limited schooling may also have been wrongly categorized.

Strong reliance on mental test scores for diagnosis may have been in error. Their validity was not explored until the 1940s. Some of the questions asked on the supposed culture-free Simon-Binet, seem dated and quaint. "We ask the child (test 7) to show us the thread, the cup, the thimble." How many children would recognize a thimble today? Furthermore, in the 1930s, schools did not have the tools for diagnosing learning and mental disabilities that we know of now—dyslexia, Aspergers, autism for starters.

If more professionals of that time had questioned their beliefs in eugenics and the "menace of the feeble-minded," they might have observed that schooling did not always adequately address society's needs; societies are elastic, resilient and acceptant of people with non-academic skills. Many people make their ways through life with other talents.

Full employment during World War II along with educational and training programs for adults may have helped some overcome educational handicaps. In the forty-year follow-up study of persons diagnosed as intellectually disabled in San Francisco in the 1930's, more than 67% of those were living normal lives, working and married with families and mortgages. The study found that 66% of them had participated in either vocational training, correspondent courses, military training, adult education or apprenticeships. (Ross, 1985).

For those who were not truly intellectually disabled and who were placed in ungraded classes or institutionalized, the non-academic emphasis of special classes might have left them educationally handicapped in the economic marketplace. In the forty-year follow-up study, even this premise was questionable; some individuals were earning more than adequate livings and residing in upper income neighborhoods. (Ross, 1985)

There are several lessons to be learned from this history. The premises of eugenics and Social Darwinism do not hold up under scrutiny. Children who do not well in the school setting are not condemned to criminality and failure. Ungraded Classes had valuable techniques for teaching not only the intellectually disabled child but other children who could not learn in the conventional classroom. Behavior in school or achievement at school is not always predictive of success in life or the future of an individual. Humans are resilient, they have talents that cover a wide range of abilities, and society has space for them.

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