

This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + Refrain from automated querying Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at http://books.google.com/

Classification standards to be followed in preparing data for the ...

United States.
Congress. House.
Committee on ...



HARVARD LAW LIBRARY

GIFT OF

Prof. Warner

Received January 3, 1945

CLASSIFICATION STANDARDS

TO BE FOLLOWED IN PREPARING DATA FOR
THE SCHEDULE "RACIAL AND DIAGNOSTIC
RECORDS OF INMATES OF

STATE INSTITUTIONS"

intermedly unstable behavior

Lefting to V

Diskurius

ショージョンとし

Empre, luce

Prepared b

EXPERT EUGENICS AGENT

COMMITTEE ON IMMIGRATION AND NATURALIZATION
HOUSE OF REPRESENTATIVES

WASHINGTON
GOVERNMENT PRINTING OFFICE
1922

COMMITTEE ON IMMIGRATION AND NATURALIZATION.

House of Representatives.

SIXTY-SEVENTH CONGRESS.

ALBERT JOHNSON, Washington, Chairman.

ISAAC-SIEGEL, New York.
J. WILL TAYLOR, Tennessee.
JOHN C. KLECZKA, Wisconsin.
WILLIAM N. VAILE, Colorado.
HAYS B. WHITE, Kansas.
GUY L. SHAW, Illinois.
ROBERT S. MALONEY, Massachusetts.
ARTHUR M. FREE, California.
JOHN L. CABLE, Ohio.

HARRY H. LAUGHLIN, Expert Eugenics Agent. ADOLPH J. SABATH, Illinois. JOHN E. RAKER, California. RILEY J. WILSON, Louisiana. JOHN C. BQX, Texas. L. B. RAINEY, Alabama.

P. F. SNYDER, Clerk.

PRACTICAL CLASSIFICATION STANDARDS FOR THE SOCIALLY INADEQUATE TO BE FOLLOWED IN PREPARING DATA FOR THE SCHEDULE "RACIAL AND DIAGNOSTIC RECORDS OF INMATES OF STATE INSTITUTIONS."

1. Purpose:

This pamphlet is prepared in order to aid the officers of institutions in compiling, in a uniform manner, the necessary statistics for filling out the above-named schedule, which the Committee on Immigration and Naturalization has sent to all State and Federal custodial and residential institutions for the socially inadequate in the United States and outlying Territories.

The racial and diagnostic classifications given in this pamphlet are designed primarily for practical use in securing uniformity in filling out the institutional schedule. These classifications do not pretend

to be exhaustive or complete from a technical point of view.

2. Examples of use:

The criminalistic.—On pages 3 and 6 of the schedule above referred to, the columns marked "Diagnosis and social type?" are meant to be filled with the classification of the criminalistic individuals given under "III. The criminalistic," on page 6 of this namplet

The feeble-minded.—If the institution be one for the feeble-minded, then, in filling out the schedule, the clinical types named under the heading, "I. The feeble-minded," page 5 of this pamphlet, should be listed under the columns headed "Diagnosis and

social type.'

3. Development of standards.

Institutional authorities and other persons concerned with the scientific classification of one or more groups of the socially inadequate are invited to submit outlines of their particular systems to Harry H. Laughlin, Expert Eugenics Agent, Committee on Immigration and Naturalization, House of Representatives, Cold Spring Harbor, Long Island, N. Y. All data thus submitted will be carefully considered in the future development of the accompanying set of standards, in the effort to find a common basis for the practical and scientific classification of the several types of the socially inadequate.

4. To the superintendents and trustees of State custodial and residential institutions:

The executive officers of institutions who have not yet had the opportunity of properly filling out the schedule "Racial and Diagnostic Records" are respectfully requested to make a special effort to supply the desired data at as early a date as may be convenient.

Up to the present time (December, 1921) 370 of the total of 671 institutions to which the schedule was sent have responded in a very

satisfactory manner.

 $\mathsf{Digitized}\,\mathsf{by}\,Google$

3

It will greatly enhance the value of the present investigation if the records asked for be provided in full by each institution.

Your further cooperation is respectfully solicited and will be greatly appreciated.

Very sincerely,

ALBERT JOHNSON.

Chairman Committee on Immigration and Naturalization of the House of Representatives.

JANUARY 1, 1922.

CLASSIFICATION STANDARDS FOLLOWED IN PREPARING DATA FOR THE SCHEDULE "RACIAL AND DIAGNOSTIC RECORDS OF INMATES OF STATE INSTITUTIONS."

A. THE RACIAL CLASSIFICATION.

The racial classification followed is, in the main, that given in the "Dictionary of Races or Peoples' (vol. 5 of the Report of the Immigration Commission, Government Printing Office, 1911). In the present study the races listed are as follows:

- 1. Canadian.
- 2. French-Canadian. 3. French.
- Australian (white).
 Danish. 6. Norwegian.
- 7. Swedish. 8. Icelandic.
- 9. German. 10. Holland (Dutch). 11. English.
- 12. Scotch.
- 13. Irish.

- 13. Hish.
 14. Welsh.
 15. German Jew.
 16. Polish Jew.
 17. Russian Jew.
- 18. Spanish.
- 19. Spanish-American (Indian).
- 20. Spanish-American (White).21. Mexican Indian.
- 22. Mexican Spanish.
- 23. Portuguese.
- 24. Greek.25. North Italian.26. South Italian.
- 27. Flemish.
- 28. Lithuanian.
- 29. Russian. 30. Polish ("Polack")
 31. Bohemian.
- 32. Moravian.
- 33. Serbian.

- 34. Croatian.
- 35. Montenegrin.
- 36. Slovak.
- 37. Slovenian. 38. Ruthenian. 39. Dalmatian.
- 40. Herzegovinian.
- 41. Bosnian.
- 42. Albanian.
- 43. Armenian. 44. Rumanian.
- 45. Hindu. 46. Gipsy.
- 47. Arabian.
- 48. Syrian. 49. Finnish.
- 50. Magyar (Hungarian).
- 51. Bulgarian.
- 52. Turkish (Cossack, etc.). 53. Japanese. 54. Chinese.

- 55. Indo-Chinese.
- 56. Pacific Islander (Hawaiian).
- 57. East Indian (Malay).
- 58. American Negro.59. West Indian Negro.

- 60. American Indian. 61. "Mountain White."
- 61. "Mountain White."
 62. "American Yankee."
- 63. "American Southerner."
- 64. "Middle West American."
- 65. Other races.

B. THE DIAGNOSTIC CLASSIFICATION OF INMATES OF CUSTODIAL OR RESIDENTIAL Institutions.

(a) PRIMARY CLASSIFICATION.

- Feeble-minded (including the mentally backward).
 Insane (including the neurotic and the psychopathic).
- 3. Criminalistic (including the delinquent and wayward).
- 4. Epileptic.
- 5. Inebriate (including drug habitués).

- 6. Diseased (including the tuberculous, syphilitic, leprous, and others with chronic infectious segregated diseases).
- 7. Blind (including those with greatly impaired vision). 8. Deaf (including those with greatly impaired hearing).
- 9. Crippled (including the deformed and the ruptured).
- 10. Dependent (including orphans, old folks, soldiers, and sailors in homes and institutions).
- (b) SECONDARY CLASSIFICATION.
- I. THE FEEBLE-MINDED.—Basis of classification: Clinical type and etiology.
- 1. Moronic (simple functional).
- 2. Microcephalic.
- 3. Epileptic.
- 4. Amaurotic idiotic.
- 5. Cretinic.
- 6. Mongolic.
- 7. Other endocrinopathic types (thymic, gonadic, adrenic, parathyroidal, etc.).
- 8. Anæsthetic (resulting from defective sight or hearing).
 9. Toxic (resulting principally from disease, including the hydrocephalic type).
 10. Traumatic (resulting from injury).
- 11. Idiot savant (in memory, mathematics, chess playing, music, etc.).
- 12. Other types.

Note.—If, in addition to this classification based on clinical types, the officers who fill out this schedule care to make a second classification on the basis of mental level or mental age, the data would be very valuable; but for the particular purpose in hand, the classification on the basis of *clinical variety or type* is the essential one.

- II. THE INSANE.—Basis of classification: Clinical type and etiology.
- ¹1. Traumatic psychoses:
 - (a) Traumatic delirium.(b) Traumatic constitution.
 - (c) Post-traumatic mental enfeeblement (dementia).
- (d) Other types.
- 2. Senile psychoses:

 - (a) Simple deterioration.
 (b) Presbyophrenic type.
 (c) Delirious and confused types.
 (d) Depressed and agitated types.

 - (e) Paranoid types.
 - (f) Pre-senile type.
 - (g) Other types.
- 3. Psychoses with cerebral arteriosclerosis.
- 4. General paralysis.
- >5. Psychoses with cerebral syphilis.
- 6. Psychoses with Huntington's chorea.
- △7. Psychoses with brain tumor.
- >8. Psychoses with other brain or nervous diseases:
 - (a) Cerebral embolism.
 - (b) Paralysis agitans.
 - (c) Meningitis, tubercular or other forms (to be specified).
 - (d) Multiple sclerosis.
 (e) Tabes dorsalis.

 - (f) Acute chorea.
 - (g) Other diseases (to be specified).
- Alcoholic psychoses.
 - (a) Pathological intoxication.
 (b) Delirium tremens.
 (c) Korsakow's psychosis.
 (d) Acute hallucinosis.

 - (e) Chronic hallucinosis.
 - (f) Acute paranoid type.

 - (g) Chronic paranoid type.(h) Alcoholic deterioration.
 - (i) Other types, acute or chronic.

79918-22---2

10. Psychoses due to drugs and other exogenous toxins:

(a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined (to be specified).

(b) Metals, as lead, arsenic, etc. (to be specified).

(c) Gases (to be specified).

(d) Other exogenous toxins (to be specified).

11. Phychoses with pellagra.
12. Psychoses with other somatic diseases:

(a) Delirium with infectious diseases.

(b) Post-infectious psychosis.
(c) Exhaustion delirium.
(d) Delirium of unknown origin.
(e) Cardio-renal diseases.

(f) Diseases of the ductless glands.

(g) Other diseases or conditions (to be specified).

13. Manic-depressive psychoses:

(a) Manic type.(b) Depressive type.

(c) Stuporous type.

(d) Mixed type.

(e) Circular type. (f) Other types.

14. Involution melancholia.

>15. Dementia praecox:

(a) Paranoid type.

(b) Catatonic type.

(c) Hebephrenic type. (d) Simple type.

(e) Other types. 16. Paranoia or paranoid conditions.

→ 17. Epileptic psychoses.

(a) Epileptic deterioration.
(b) Epileptic clouded states.

(c) Other epileptic types (to be specified).

18. Psychoneuroses and neuroses:

(a) Hysterical type.

(b) Psychasthenic type.

(c) Neurasthenic type.(d) Anxiety neuroses.

(e) Other types.

19. Psychoses with psychopathic personality.

20. Psychoses with mental deficiency.

21. Undiagnosed psychoses.
22. Without psychosis:
(a) Epilepsy without psychosis.
(b) Alcoholism without psychosis.

(c) Drug addiction without psychosis.

(d) Psychopathic personality without psychosis.
(e) Mental deficiency without psychosis.
(f) Others (to be specified).

NOTE.—This is the official classification of mental diseases adopted by the American Medico-Psychological Association on May 30, 1917. It is published in this form on pages 16-18 (second edition) of the "Statistical Manual for the use of Institutions for Mental Diseases, by the National Committee for Mental Hygiene, 1920." In the same manual (pp. 19-36) Dr. George H. Kirby supplies a series of "Definitions and explanatory notes."

III. THE CRIMINALISTIC.—Basis of classification: Age of offender and type of crime

I. JUVENILE TYPES.

(Classification to be used by institutions for juvenile delinquents.)

Causes of commitment.

(A.) Offenses against chastity:

- 1. Lewd and lascivious conduct.
- 3. Other offenses against chastity.

2. Fornication.



(B)	Offenses	against	persons:

- 1. Assault.
- 2. Assault and battery.
 - (C) Offenses against property:
- 1. Trespass.
- 2. Malicious mischief and destruction of property.
- 3. Larceny.
- 4. Breaking and entering.
 - (D) Offenses against parental authority and public policy:
- 1. Being a stubborn and disobedient child.
- Idle and disorderly habits.
- 3. Incorrigibility and visciousness.4. Drug using.5. Cruelty to children or animals.

- 6. Gambling.

- 5. Breaking and entering and larcenv.
- 6. Forgery.
- 7. Unlawful use of automobiles.

3. Assault and robbery. 4. Other offenses against persons.

- 8. Setting fires.
- 9. Other offenses against property.
- - 7. Begging. 8. Vagrancy.
 - 9. Truancy.
- 10. Running away.
- 11. False alarm of fire.
- 12. Other offenses against parental authority and public policy.

II. ADULT TYPES.

(Classification to be used by prisons and reformatories for adults.)

Types of crimes.

(A) Crimes against chastity:

- 1. Adultery.
- 2. Fornication.
- 3. Bigamy and polygamy.
- 4. Incest.
 5. Prostitution.
 - (B) Crimes against persons:
- 1. Slander.
- 2. Assault.
- 3. Extortion.
- 4. Robbery. 5. Rape.
- 6. Abandoning child.
 - (C) Crimes against property:
- 1. Malicious mischief and trespass.
- 2. Petty larceny.
- 3. Fraud.
- 4. Embezzlement.
- Forgery.

(D) Crimes against public policy:

- 1. Breach of peace.
- Disorderly conduct.
 Drunkenness.
- 4. Narcomania.
- 5. Gambling.
- 6. Vagrancy.
- 7. Begging.
- 8. Cruelty to animals.9. Perjury.
- 10. Coercion.
- 11. Rioting.
- 12. Carrying concealed weapons.13. Public nuisance.
- 14. Driving recklessly.
- 15. Illegal liquor trade.

- Seduction.
- 7. Pandering.
- 8. Sodomy.
- 9. Bestiality.
- 10. Other crimes against chastity.
 - 7. Cruelty to children.
 - 8. Nonsupport.
 - 9. Homicide.
 - 10. Suicide.
- 11. Other crimes against persons.
- 6. Grand larceny.
- 7. Burglary.
- 8. Arson.
- 9. Other crimes against property.
- 16. Selling narcotic. 17. Counterfeiting.
- Sedition.
- 19. Rebellion.
- 20. Treason.
- 21. Conducting business under assumed name.
- 22. Receiving stolen property.
- 23. Peddling without license. 24. Keeping disorderly house.
- 25. Bringing alien (illegally) into United States.
- 26. Smuggling.
- 27. Other crimes against public policy.

Note.—The present classification based upon type of crime is recommended for use in filling out the schedule "Racial and diagnostic records of inmates of State institutions."

The great practical difficulty in classifying criminals is to prevent the fusion of two standards—first, the classification of crime, which has a legal basis, and second, the classification of criminalistic persons, which has a biological basis. Criminalogists have long known that definite types of persons are prone to commit definite types of crime, and thus there is a relation between the two bases of classification. criminal laws become more scientific, the two schemes of classification will tend to become unified on a common basis.

For a scientific classification of criminals and delinquents for institutional purposes on the basis of mental status and institutional administration, see the "Report of committee 'J' (Horatio Pollock, chairman) of the Institution of Criminal Law and Criminology," journal of the institution for November, 1920.

If, in addition to the present classification of the criminalistic on the basis of type of crime, the collaborators desire to provide an additional classification of their charges on the basis of mental level and personality-complex the data will be appreciated. However, for the present studies, the accompanying listed classification on the basis of type of crime will supply for scientific analysis comparable data from institutions for criminalistic persons.

IV. THE EPILEPTIC.—Basis of classification: Prevailing motor, sensory and mentul manifestations.

Persons showing habitually:

1. Motor convulsions:

(a) Grand mal attacks.

(b) Petit mal attacks:

Jacksonian.

Myoclonic. Procursive.

Other forms.

(c) Reflex convulsions.

Infantile.

Uremic. Tetany.

(d) Other motor types.

2. Sensory seizures:

(a) Vertigo. (b) Hemicrania.

(c) Narcolepsy.

(d) Other sensory types.

3. Frank mental accessions, accompanied by:

(a) Excitement.

(b) Stupor.

(c) Wandering.
(d) Mental deterioration. (e) Epileptic dementia.

(f) Other frank accessions.

4. Masked mental accessions:

(a) Poriomania.(b) Dream states.

(c) Pavor.

(d) Dual personalities.

(e) Somnambulism.

(f) Other masked accessions.

5. Epileptic mental make-up or character.

Note.—This outline is based principally upon the data supplied by Dr. E. C. Fischbein, surgeon, New York (Med. Rec., vol. 90, No. 10).

- V. THE INEBRIATE AND DRUG ADDICTS.—Basis of classification: Kind and amount of poison used, time and history of use, and psychiatric type of the user.
- A. The inebriate or alcoholic:

1. Regular drinkers-

(a) Daily consumers.

(b) Physical defectives, craving stimulants.

(c) Dissipated, morally deficient.

2. Periodic drinkers-

(a) Dipsomania—periodic insanity.

(b) Moral cowards.

(c) Unstable character with bad environment.

The narcomaniac:

Persons showing greater or less health and character-destructive addiction to any of the following habit-forming drugs:

Opium and its derivatives-

- (a) Opium.(b) Morphine.
- c Heroin.
- d) Codein.
- (e) Laudanum.
- f) Paregoric.
- g) Other opium derivatives.
- 2. Cocaine and its compounds.

3. Other habit-forming drugs: Sodium, chloral, chloroform, ether, hashish, arsenic, mercury, trional, antipyrin, ginger, cologne, gelsemium, sulfonal, paraldehyd, lavender, capsicum, tobacco, coffee, tea, etc.

Note.—The data used in this classification were secured primarily from two sources: Dr. T. D. Crothers, "Morphinism and narcomania from other drugs," and from a letter dated September 9, 1921, from Dr. Charles E. Terry, committee on drug addiction, New York, N. Y.

- VI. THE DISEASED.—Basis of classification: Contagious pathological ailments at present institutionalized.

 The leprous.
 The tuberculous.
 The syphilitic.
 Note.—The above special diseases are the principal contagious pathological ailments which are at present institutionalized in the United States. Any subordinate classifications which the directors or superintendents of any of the institutions, primarily for the above types of individuals, may care to supply, will be used in the final analysis of the data which are turned in.

- VII. The Blind.—Basis of classification: Causes of blindness (a) Hereditary eye or nerve defects, (b) Idiopathic eye diseases, (c) Sequelx of diseases primarily of other organs, (d) Injuries, (e) Senility.
- A. Hereditary forms of blindness or eye defect:

Blue sclerotics.

2. Degeneration of the cornea.

3. Albinism.

Aniridia (including coloboma).
 Cataract (lamellar, zonular and polar).

6. Ectopia lentis.

7. Glaucoma.

8. Retinitis pigmentosa (including hemerolopia).

9. Color blindness.

10. Atrophia nervi optici. (Leber's disease). 11. Microphthalmus (including anophthalmus).

12. Megalophthalmus.

13. Ametropia (near and far sightedness and astigmatism).

14. Heterotropia (including ptosis and squint, which latter is also called strabismus or cross-eye).

15. Nystagmus.

16. Other hereditary forms.

B. Acquired blindness or eye defect due to injury, accident or disease: (a) From idiopathic diseases of the eye-

17. Ophthalmia neonatorum.18. Trachoma and blennorrhea of adults.19. Diphtheritic conjunctivitis.

20. Diseases of the cornea.

21. Iridochoroiditis, cyclitis, iritis.

22. Choroiditis myopica.

- 23. Choroiditis, choroido-retinitis.
- 24. Retinitis pigmentosa, acquired.

25. Retinitis apoplectica.

26. Neuroretinitis.

27. Detachment of retina.

28. Glaucoma.

- 29. Idiopathic optic-nerve atrophy.30. Tumors of the eye and its surroundings.

31. Unclassifiable.

- (b) Injuries-
 - 32. Direct injury of the eye. 33. Unsuccessful operations.

34. Injuries of the head.35. Traumatic sympathetic ophthalmia.

(c) The eye disease being in consequence of disease of the body—

- 36. Diseases of the eye from syphilis. 37. Gonorrheal conjunctivitis.
- 38. Scrofulous diseases of the eye.

Iridochoroiditis with meningitis.

B. Acquired blindness or eye defect due to injury, accident or disease—Continued.

(c) The eye disease being in consequence of disease of the body—Continued.

40. Atrophy of optic nerve, cerebral.

41. Atrophy of optic nerve, spinal.
42. Atrophy of optic nerve, or neuritis following hematemesis.

43. Atrophy of optic nerve, after vomiting, not blood.

44. Atrophy from hemorrhage from piles.

45. Atrophy after facial erysipelas.

- 46. Atrophy with insanity. 47. Atrophy with epilepsy. 48. Atrophy with dysentery.

49. Retinitis nephritica.

- 50. Diseases of the eye from typhus.
- 51. Diseases of the eye from measles.52. Diseases of the eye from scarlatina.
- 53. Diseases of the eye from variola.
- 54. Diseases of the eye from exanthemata (?).
- 55. Diseases of the eye from heart disease.
- 56. Diseases of the eye from childbirth and pregnancy.57. Intoxication amaurosis.
- 58. Blindness from disease of the orbit.

Note.—the classification of hereditary blindness (class A 1-16) is supplied by Dr. Lucien Howe, Buffalo, N. Y. The list of types of acquired blindness (classes B, a, b, and c, above) are taken from James L. Minor's article on blindness in the Reference Handbook of the Medical Sciences, Volume II, page 106.

VIII. THE DEAF.—Basis of classification: Causes of deafness (a) hereditary ear or nerve defect, (b) sequelie of diseases primarily of other organs, (c) mechanical injuries, and impactions, (d) old age.

A. Hereditary causes of deafness:

1. Rudimentary development of tympanic cavity.

2. Absence of tympanic membrane.

3. Absence of ossicles.

4. Absence of lamina spiralia.

- 5. Displacement of Reissner's membrane.6. Mucus vegetation of connective tissue.
- 7. Absence of organ of corti.
- 8. Too few ganglionic cells in spiral canal.
- 9. Too few nerve fibers in modiolus.
- 10. Atrophy or failure of auditory nerve.
- Ankylosis of ossicles.
- 12. Obliteration of tympanic cavity by bony exostosis, mucus or connective tissues.

13. Formation of bone in tympanic cavity.

- 14. Vestibular windows filled with bone or connective tissue.
- 15. Formation of bone or connective tissue in aqueductus cochlea.
- 16. Atresia by bone or connective tissue of external canal.
- 17. Otosclerosis, metaplasia of the bony labyrinth.

18. Other hereditary causes.

- B. Deafness resulting from injury or disease:
 - (a) External ear-

 - 19. Impacted cerumen.20. Foreign bodies in ear.
 - (b) Middle ear-
 - Suppurative-
 - 21. Scarlet fever.
 - 22. Measles.
 - 23. Influenza.
 - 24. Other diseases.
 - Nonsuppurative—
 - 25. Catarrh.
 - 26. Colds.
 - 27. Other ailments.
 - (c) Internal ear-
 - 28. Malarial fever and quinine.
 - 29. Meningitis.
 - 30. Other ailments.

- C. Unclassified-
 - 31. Falls or blows.
 - 32. Old age.
 - 33. Other causes.

NOTE.—This classification of the deaf is based upon two sources: First, group A, hereditary causes of deafness, given in Bulletin 10-A of the Eugenics Record Office, groups B and C, deafness resulting from injury and disease, Edward A. Fay's article on deaf-mutes in the Reference Handbook of the Medical Sciences, Volume III, page 433.

IX. THE CRIPPLED, INCLUDING THE DEFORMED AND THE RUPTURED.—Basis of clussification: The anatomical type of defect or injury.

The deformed, congenital, or heriditary types (orthopedic defects):

- 1. Dwarfs:
 - (a) Ateleiotic.
 - (b) Rachitic.
 - (c) Cretinoid.
 - (d) Other types (specify).
- 2. Giants:
 - (a) Geants infantiles.
 - b) Acromegalic.
- (c) Other types (specify).3. Sex deformities:
- - (a) Hermaphroditism.(b) Male hypoplasia.
 - c) Female hypoplasia.
 - (d) Other types (specify).

- 4. Deformities of the head:
 - (a) Microcephaly.
 - (b) Cleft palate.
 - (c) Absence of teeth.
- (d) Other types (specify).5. Deformities of the trunk:
 - (a) Spina bifida.
 - (b) Other types (specify).
- 6. Deformities of the arms:

 - (a) Club hand.(b) Polydactylism.
- (c) Other types (specify).7. Deformities of the legs:
- - (a) Club foot.
 - (b) Other types (specify).
- B. The crippled, resulting from disease or injury:
- 1. Back or neck:
- (a) Wry neck.(b) Pott's disease.
- (c) Scoliosis. (d) Other types (specify).
- 2. Arms:
 - (a) Specify type.
 - C. The ruptured (hernia):
- 1. Inguinal:
- (a) Direct.(b) Indirect.2. Femoral.
- 3. Umbilical.
- 4. Ventral.

- (a) Hip-joint disease.
 (b) Infantile paralysis.
- (c) Other types (specify).
- Obturator.
- 6. Ischiatic.
- 7. Pelvic. 8. Diaphragmatic.
- 9. Other types (specify).

Note.—This classification is based largely upon that given in Bulletin 10-A of the Eugenics Record Office and in Joseph A. Blake's article on hernia in the Reference Handbook of the Medical Sciences, Volume V, pages 213-228.

X. THE DEPENDENT.—Basis of Classification: Age of subject and personal and family helplessness.

- 1. Orphans-
 - (a) Children under 5 years of age.
 - (b) Children 5 to 10 years of age.
 - (c) Children over 10 years of age.
- Aged and infirm.
- 3. Soldiers and sailors in homes.

Note.—This class of social inadequates is due largely to the economic and family exigencies of childhood and old age.

In the newer sections of the country the institutions for the dependent are often receivers of unclassified social inadequates of all kinds, but as the general social life of the State develops its institutions generally specialize, thus leaving the institutions for the dependent devoted largely to the otherwise normal victims of economic family misfortune.



