

## CHAPTER 52.

## HOMES FOR THE FEEBLE-MINDED.

52.01 Northern Wisconsin Colony and Training School; Southern Wisconsin Colony and Training School.	52.02 Feeble-minded, epileptic; commitments, examinations. 52.03 Discharge of inmates, transfers. 52.04 Post mortem examinations.
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52.01 Northern Wisconsin Colony and Training School and Southern Wisconsin Colony and Training School. (1) The purposes and objects of the "Northern Wisconsin Colony and Training School," located near Chippewa Falls, Wisconsin, and the "Southern Wisconsin Colony and Training School," located near Union Grove, Wisconsin (formerly respectively known as the Wisconsin Home for the Feeble-Minded and the Southern Wisconsin Home for the Feeble-Minded), are to care for, train and have the custody of mentally deficient and epileptic persons.

(2) Each of said institutions shall maintain the following departments, to wit: A school department for the educable grades or classes; a custodial department for the helpless and lower types; such other departments or colonies as the welfare of the inmates may require. The board of control shall establish therein such vocational training as is adapted to the several departments.

52.015 [Repealed by 1927 c. 178 s. 1]

52.02 Feeble-minded, epileptic; commitments, examinations. (1) Except that the rate for the maintenance, care and treatment shall be computed at the rate of four dollars and eighty cents per week, sections 51.01 to 51.11, inclusive, 51.14, 51.16, 51.17 and 51.19 of the statutes shall govern the examination, commitment and custody of mentally deficient and epileptic persons; but commitments of such persons shall be to one of the institutions named in section 52.01. In cases of alleged mental deficiency, the examination may be made by a clinical psychologist and a licensed physician skilled in mental diagnosis; but no person shall be recognized as a clinical psychologist unless he has received the doctorate degree in psychology, with work in neurology and psychiatry, and has had not less than two years of successful experience in clinical psychological work.

(2) The appointment of the physicians to examine any person alleged to be mentally deficient shall be in writing and substantially in the following form:  
The county judge of . . . county, Wisconsin, to . . . . ., M. D., and . . . . ., Ph. D.,  
or . . . . ., M. D.

You are hereby appointed to make personal examination of . . . . ., who is alleged mentally deficient, or an epileptic, and by such examination and by inquiry to satisfy yourselves fully as to the mental condition of the said . . . . ., and report the result of such examination and inquiry to me at the earliest practicable time. The report of the examining physicians shall consist of answers to the following questions and suggestions, so far as the facts can be reasonably obtained:

- (a) Name of person alleged to be mentally deficient or epileptic, report of whose examination follows:
- (b) Present place of residence.
  - (c) Place and date of birth.
  - (d) Sex. Race. Nativity. Religion.
  - (e) How many living brothers and sisters, including half-brothers and half-sisters?
  - (f) How many deceased brothers and sisters, including half-brothers and half-sisters?
  - (g) Name and address of father.
  - (h) Name and address of mother.
  - (i) Maiden name of mother.
  - (j) Birthplace of father. Of mother.
  - (k) Occupation of father. Of mother.
  - (l) If father and mother are not living together, state reason.
  - (m) If either, or both, father and mother are deceased, state age at time of death and cause of death.
  - (n) State father's age and mother's age when this child was born.
  - (o) State relationship if parents were blood-relatives.
  - (p) What was health of mother during this pregnancy?

(q) Specify any instances of feeble-mindedness, insanity or delinquency in family, including father, mother, brothers, sisters, uncles, aunts, cousins and grandparents, living or dead.

(r) Specify any instances of epilepsy, tuberculosis, goitre, heart disease or syphilis in family, including father, mother, brothers, sisters, uncles, aunts, cousins and grandparents, living or dead.

(s) If female, state age menstruation began. Also date of last menstruation.

(t) Was she ever pregnant? Is she now pregnant?

(u) State general health of this person.

(v) State particulars if this person has any contagious disease or has been recently exposed to any such disease.

(w) Indicate when this person had any, and which, of the following diseases, to wit: Meningitis, whooping cough, tuberculosis, encephalitis, measles, infantile paralysis, scarlet fever, chorea and syphilis.

(x) Describe any physical deformities or abnormalities this person exhibits.

(y) Describe any defect in sight, speech or hearing.

(z) When was mental abnormality first noticed?

(za) State in what manner such mental abnormality has become and is manifest, that is, whether by way of mental disorder (insanity) or mental deficiency (feeble-mindedness).

(zb) Did this mental abnormality first become apparent before or after the age of puberty?

(zc) In your opinion is this mental abnormality a congenital or an acquired condition? If acquired, to what ascribed?

(zd) At what age did this person begin attending school? How long in attendance? How many grades completed?

(ze) Did, or does, this person, taking physical handicaps into consideration, show average progress in school?

(zf) If this person has ever earned wages, state amount of same; also kind and regularity of employment.

(zg) If this person has history of delinquency, state particulars as to offenses committed, number of times arrested and number of convictions with sentences given.

(zh) If mental tests have been applied, state method used, by whom given and with what result.

(zi) In your opinion is this person capable of competing on equal terms with normal persons, or of managing himself, or his affairs, or herself, or her affairs, with ordinary prudence?

(zj) State any other facts having a bearing on the mental condition of this person.

(zk) If this person has ever had spasms, convulsions, fits, spells, attacks, "falling sickness," or epileptic seizures, describe the manifestations.

(zl) State age at which such manifestations first appeared.

(zm) State date of last seizure.

(zn) If this person has sustained injuries or has injured others preceding, during or following a seizure, state facts briefly.

(zo) Is this person mentally deficient? Is this person epileptic?

(zp) Have you given notice to the patient that application has been made for an examination into his or her mental condition and of the opportunity of a hearing? If not, state fully your reasons for withholding such notice.

(zq) Does the patient desire a hearing in person?

(zr) Do you recommend that this person be committed to an institution for the care, custody and training of mentally deficient and epileptic persons?

(3) Whenever it shall reasonably appear to the supervisor of any town, city, village or ward in which any mentally deficient or epileptic person resides that the welfare of said person, or of society, requires the commitment of such person as mentally deficient or epileptic, such supervisor shall take measures to have such person brought before the county judge for examination according to law.

(4) All persons under commitment to any state or county institution under the jurisdiction of the state board of control, who shall upon determination of said board of control acting as a commission in lunacy as provided in section 51.11, be found to be mentally deficient or epileptic, may by order of said board be committed and transferred to either aforesaid institution for mentally deficient and epileptic persons. [1933 c. 140 s. 3]

**Note:** Under 51.01 (1), and 52.02 (3), local supervisor, where nearest relative or application for judicial inquiry into mental condition of alleged feeble-minded person may be made upon application of any three citizens, including as one of these citizens friend or person with whom alleged feeble-minded person resides refuses to join in such application. 27 Atty. Gen. 117.

**52.03 Discharge of inmates, transfers.** (1) The board of control shall make all necessary regulations to govern the temporary or final discharge of all inmates in said institutions.

(2) Whenever any person shall be committed to either of said institutions, and such institution shall be filled to its capacity, the board of control may transfer such person to the other institution, or, if both institutions are filled, to a county asylum for the chronic insane.

(3) The superintendent of each institution, with the approval of the state department of public welfare, shall have power to discharge inmates, but no epileptic inmate shall at any time thereafter be sent or returned to any county home. In county asylums said discharge may be made by the superintendent with written consent of the visiting physician thereof.

(4) In case any person shall be sent to either of said institutions through mistake in the diagnosis of his mental condition or disease or from any other cause, to be determined by the board of control acting as a commission in lunacy, such person if insane shall be transferred to a state hospital for the insane, or if a resident of Milwaukee county, to the Milwaukee hospital for the insane; and if found neither insane or mentally deficient such person shall be returned to the county from which committed. In all such cases of transfer or return the expenses of such shall be borne by the county of commitment. All such charges shall be adjusted as provided in section 46.10.

(5) Should an inmate of either of said institutions become insane he shall be sent to the state hospital for the insane from the district of which he was a resident just prior to his admission to the institution, in the manner prescribed by law. [1941 c. 74]

**Note:** Re release from county asylums, see note to 51.13, citing 29 Atty. Gen. 442.

**52.04 Post mortem examinations.** It shall be the duty of the superintendent of each home, whenever any properly committed inmate of said home shall die, to cause an examination to be made in said home, by the physician in charge, upon the brain of such inmate if in the judgment of said superintendent such post-mortem examination may prove of benefit to scientific research and investigation.