

other classes of abnormals in Canada have been quite inadequate and no other national organization in the Dominion was attempting to improve conditions. The second reason was lack of funds. It is true that for several years we had an annual budget of approximately \$40,000 but this money was absorbed largely in our efforts to improve and enlarge treatment facilities throughout Canada. We realized that we could not introduce a programme of prevention until we were in a position to conduct necessary preliminary research, and this latter activity would involve a heavy expenditure. In the realm of physical diseases we possess a considerable body of information, that can be utilized in putting into operation a programme of prevention, and the outstanding accomplishments of medical science during the last few decades have been in this field. We face different conditions, however, in the mental realm. Our knowledge concerning the causative factors of mental maladjustment is lacking in many particulars and, even in the case of principles that have already been discovered, we need more information to show how to make applications that will lead to the prevention of mental troubles. The third obstacle to the introduction of a programme of prevention was because of public apathy and lack of a developed point of view, particularly on the part of educators and the medical profession. The National Committee discovered that the prevailing attitude in Canada with regard to mental disorders was largely that of hopelessness. Mental defectives were considered as an incubus to society and needed wholesale segregation for the good of the community. The insane were thought of, for the most part, as incurable and a necessary evil that must be borne. The notion of prevention was scouted as a Utopian hope and not worthy of practical consideration.

At last we have arrived at the stage when we can contemplate the undertaking of actual mental hygiene work or preventive work. The three original obstacles to this programme have become sufficiently modified to make progress possible. In the first place, it is no longer necessary for our National Committee to devote primary attention to the increasing of treatment facilities for mental ailments. In the second place, we are securing a body of financial support that makes initial research a possibility. In the third place, public apathy toward preventive measures is disappearing. These points are worthy of a little detailed consideration.

It has been intimated that we need not devote major portion of our attention to securing additional and better accommodation for mentally sick or mentally defective individuals. This necessary activity can be delegated largely to local organizations that seek to improve social conditions. The National Committee can of course, stimulate these bodies in their endeavors and can conduct follow up work in connection with Provincial Mental Hygiene Surveys that we have already made. For this enterprise, however, a large budget will not be required.

With regard to the question of finance, we have been fortunate during the past year in many ways. In January there was launched in Montreal the Lady Byng of Vimy Fund for Mental Hygiene, and Montreal citizens subscribed approximately \$100,000. Arrangements have been