

It is suggested that arrangements be made to conduct parallel studies in our two largest centres of population - Montreal and Toronto - and to have emanate from these centres activities that will benefit the Dominion at large. The research work in Montreal might with advantage deal with the question of mental hygiene clinic organization for children and special investigations could be made in the realm of juvenile delinquency. Montreal offers unusual facilities for this work because considerable progress has been made by Dr. Gordon S. Mandle and his associates in connection with clinical enterprises, and the Shawbridge Industrial School furnishes a laboratory, as it were, for the study of juvenile delinquency. Such questions as the following would present themselves for the study of Montreal workers; (1) What can be achieved by mental clinics in the treatment of abnormal conditions? (2) In what way can a psychiatrist, a psychologist and social workers co-operate to the greatest advantage in mental hygiene clinic work? (3) What community resources are needed to carry out treatment prescribed by a mental clinic? (4) How can a clinic be utilized as an educational centre in mental hygiene for medical students, teachers, the clergy and social workers? (5) How can mental clinics best serve courts, schools and social agencies? (6) In what way can mental hygiene be of use in preventing and treating juvenile delinquency? Etc. In addition to the research work in Montreal it will be necessary to make arrangements for members of the staff to tour Canada at stated intervals to encourage the development of mental hygiene clinics and to give an impetus to the incorporation of mental hygiene activities in dealing with delinquents.

The Secretary suggested that a group of investigators with headquarters in Toronto should make a special study of the problem of applying mental hygiene principles to children in school attendance. Questions such as the following might form part of the study: - (1) In an average school population what is the incidence of mental defect, of retardation and of nervous conditions that are in need of adjustment? (2) To what degree can mental hygiene measures be expected to assist those who are handicapped mentally or nervously? (3) Can selected members of the teaching staff be given sufficient psychological and psychiatric training in a limited period of time to make them useful in putting into practice a portion of a mental hygiene programme? (4) What is the value of mental hygiene in schools aside from the measures that can be taken in dealing with the problem of retardation? (5) Can special classes for retarded children be justified on economic grounds? (6) What are the minimum necessary facilities for carrying out a comprehensive mental hygiene programme in public schools? (7) How can a psychiatrist and a psychologist co-operate to best advantage in a mental hygiene programme in schools?

The study of children in public school attendance could be conducted in Toronto and followed by a demonstration in a public school system with a school population of approximately 2500. With this study and demonstration as a beginning the National Committee would then carry on a campaign throughout Canada for the inclusion of mental hygiene activities in the schools of the country.

The problem now facing the nation is the revising of ways and means of administering \$30,000 per annum for mental hygiene for children. Perhaps the best method of procedure would be the creation of a Division that would administer this phase of the Committee's work. Included in the Division there should be representatives from various parts of Canada with the addition of several of our American friends as consultants. Meetings of the Division might be arranged every six