

and 10 Scotch; 15 came from the United States; the immigration from that country now being an important factor in the increase of population. Other countries account for thirteen, thus showing that the immigration requiring the most careful scrutiny is that from the British Isles, especially that coming from the cities, in the slums of which degeneracy and crime find a suitable soil for development. Forty-six of the admissions had been resident but a brief period, and no less than thirty patients were deported during the twelve months. If the Deportation Act had been a little broader in its provisions and made the residence rule extend to three years, the number to be deported would have been larger. We would suggest a residence rule of four years as advisable, as this would enable us to weed out defectives pretty thoroughly, as well as discover those whose former history cannot be learned at the time of landing.

It is a common experience to find that a patient admitted has had an asylum residence in the old land and has emigrated to get away from the history of this thing. One has deep sympathy for the sufferers, but after all should sentiment sway us when dealing with a subject that means the very life of a nation?

An analysis of the admissions proves most strikingly the importance of carefully scrutinizing those who come to our shores.

How some of them can pass any thorough system of inspection is a mystery, the general paretic, the precocious dement, the obvious degenerate all slip by and reach us in a surprisingly short time. Surely it would be wisdom and good economy on the part of the Federal authorities to have some of their medical inspectors trained in psychiatry; even a mere tyro in the study of psychiatric problems would be able to detect the weak spots in many of those who at present safely run the gauntlet of port of arrival inspection.