

of mental deficiency. This seems appalling, and perhaps the most important lesson we can learn from it is the necessity of our dealing with the question *now* while we have nothing like that number. If we let this time pass and defer and delay to face the question, the number will inevitably increase until we lose the present opportunity and come to feel, as they do in England, that the problem is so utterly overwhelming that it cannot be dealt with successfully. From the statistics now before me, I have reason to think that the number of mentally defective children of school age in Ontario is somewhere between three and five per thousand, that is, .3 to .5 per cent. of the total population under 14. But it is difficult to form a correct estimate at present. We need very much a better enforcement of our Truancy Laws. It seems to be generally agreed that there are many children of school age who are not in school, and, of course, one cannot wonder that the backward and mentally defective children, who feel they are not wanted there, and for whom nothing much is attempted to be done in our schools at present, are the first to stay away. It is very important to differentiate between a child who is only backward, and one who is mentally defective. 'A mentally defective child would be abnormal for any age, whereas a backward child is merely abnormal for its own age.' A child is often backward because he does not see well, or does not hear well, or does not breathe or develop well on account of adenoid growths almost closing the breathing passages and thus preventing the purifying of the blood. He may be backward because he works long hours out of school, or because he is not properly fed, or because he is not well. The School Doctor, when Medical Inspection of Schools, now permitted and advised in this Province, is carried out, will save and help many backward children and mentally defective children. But while skilled medical aid to sight or hearing or breathing may, and often does, change a backward child into a normal child, no skill, no knowledge, no training—nothing—will ever change a mentally defective child into a normal child. What can be done is to make the most of the powers and capacities the mentally defective child has—to train the bodily powers, the hand, the eye,—the power of working, and place the child who will always remain a child in mind, though not in body, in the society of its equals, in a sheltered corner of the world, that is, an Institution, where conditions are adapted to it. The life history of the mentally defective children in our Public Schools to-day may be written down in outline just as soon as their mental defect has been accurately recognized, or, to speak medically, diagnosed."

From what sources comes the demand for Medical Inspection?

1. Such work is a strong ally of Boards of Health. Unless