

that there is the question and it is one of such fundamental importance to the future that we should rush to no rash conclusions, but carry out most careful psychological investigations. Not having been able to decide the mental status of the native, it is impossible to say anything about the higher grades of defectiveness amongst them, but the coarser forms of mental defect, idiocy and the lower grades of imbecility do not appear to be so common as they are amongst the white population. This may be explained, perhaps, partly from the fact that certainly in many tribes it was the custom, before the white man interfered, to destroy defectives and most of those who were suffering from chronic mental disorder. So keen were they on physical perfection that in certain tribes if a woman gave birth to twins, both the mother and children were destroyed, as they apparently thought no woman should give birth to twins as they were never likely to be strong.

It seems to be true also that until the advent of the white man, neither Tuberculosis, Syphilis, nor *Chronic* Alcoholism was known amongst them, and the absence of these destructive agents in their heredity may also explain the fewer grossly defective individuals amongst them.

Investigations have been started to determine how far the various intelligence tests apply to natives. I have not had the opportunity of applying the tests to those who have been educated at such Colleges as Lovedale, but amongst the natives generally, the Binet tests are not applicable, though I have found several who are able to do all the Porteus maze tests. Some of my colleagues in South Africa are taking a great interest in this side of the work, and I have no doubt before long we shall have some useful information and interesting results. My observations have been mostly made in the Transvaal, and my remarks therefore apply more particularly to the natives met with in that Province.

I have tried to indicate what the problem of the feeble-minded is in South Africa, and it seems to me from what I have read, to be almost identical with that in other countries. Results and enquiries so far made closely correlate with those found in the report of the Royal Commission, 1908. You will have seen that the policy of the Government has been to bring all persons, whether suffering from defect or from disorder of mind, under one control—at the present time that of the Minister for the Interior. The Commissioner of Mental Disorders under the Act of 1916 and in the regulations, has been made responsible for keeping a register of all mentally disordered and defective persons and for seeing that they are under proper guardianship or care. In practice this means that the Physician, Superintendents and Medical Staffs of the various Mental Hospitals have had the opportunity of going outside their institutions.