

beginning of the subject in most of our schools. *Yet it is in the schools, in the period of childhood, when this problem must be handled scientifically, hopefully, and from the standpoint of preventive medicine.* This in its turn raises the wider subject of causation—heredity, predisposing causes, mental conditions, brain poisons, social factors, and so on. Lastly, there are complex and intricate problems of amelioration and administration—of education, custody, and industrial colonies."

While I am convinced that the duty of the public authorities towards provision for the mentally defective is obvious and pressing, I am also of the decided opinion that there is a clearly defined and restricted area within which work will be effective, without branching out into inordinate expenditure either for buildings or for far-ranging activities.

I mean by this that while such things as survey and registration are needed and new institutions must be provided and others extended, the exact limits of these improvements in outlook and action should, and, in my judgment, can, be determined by a firm grasp of three things which may be taken as fairly well established:—

1. That early diagnosis and the recognizing, when quite young, of the mentally deficient, will enable that care to be taken which, if given just when it is needed, will carry them through the period when they are most subject to influence. This period ends for practical purposes with the arrest of their mental progress, so that all their useful training has to be compressed into it. It is during this period that they can be dealt with before they become social problems as well as medical problems.

2. That even those of the Moron type, whose disability discloses itself later, provided they have had proper training for their minds and hands at an earlier age and have not been exposed to bad environment, can be allowed to pass into the community, with every possibility of making good, if control and care can be given them, either at home or under the supervision of social workers. This type, if left to develop unwatched, furnishes the largest number of criminals, so that prevention in their case, entailing their safe return to ordinary life, is of the greatest value to the community.

3. That the results to the community will be in the exact ratio to the excellence and extent of the care and supervision which it is willing to supply and pay for.

Consideration of the present state of knowledge, based on experiment and study by those competent to judge, points to the reasonableness of these ideas. While it is true that they are correct when applied to the average mental defective I am bound to say that even here and there are exceptions. But upon the whole, any sane policy of dealing with existing conditions which is based upon the foregoing considerations, will, I believe, meet with success, and will also avoid excessive expense and the expenditure of much effort in directions less hopeful and secure. The prevailing opinion among those competent to speak on this subject is well expressed by Dr. Bernard Glueck, now of the New York School of Social Work, a leading psychiatric expert in relation to the mentally defective delinquent. He puts it thus: "The fact that so many cases in penal institutions are feeble-minded means only that they have come in contact with the law before they came in contact with the medical profession."

In a Province where there exists a Workmen's Compensation Act, well thought out and wisely administered, there should be much weight in the undoubted fact pointed out by Miss Edna B. Jathro, Field Worker, Philadelphia Committee on