

Larger staffs must be provided to bring institutional work up to standards already set by scientific workers in allied fields. May I quote in this connection some inspiring lines, each of which I would mentally underscore, from a 1915 report of Dr. Geo. F. Edenharter to Board of Trustees of the Central Indiana Hospital for the Insane.

"The State should not yield to any influence or persuasion that would attempt to found a new institution, or a new division for any existing institution for state care or isolation of any class of mental defectives, no matter under what guise or system that does not contemplate, include and provide as an integral and component part of its organization, a complete and competent medical service for continuous medical observation, medical supervision and medical and surgical treatment of all of the individuals committed thereto."

It is rather surprising that 220 autopsies were made on feeble-minded in State institutions in 1916-17. One wonders what studies were made on the cases by the 9 institutions reporting them, especially as 25 of 28 institutions stated they did no neuropathology. It would help a long way toward a better understanding of the mental deficiencies if the wealth of material that annually becomes available in institutions could be adequately worked up along the various pathological lines. For complete neuropathological work the solution seems to be state laboratories rather than individual institutional ones.

Private grants or the large foundations have in this field a great opportunity for service in view of existing conditions, their aid really is necessary to inaugurate and foster neuropathological investigation and research on an adequate scale.

Finally may I summarize the foregoing into "fourteen points," based on this questionnaire survey.

1. There should be no restrictions as to age in institutional care. In this respect, age and mental deficiency have no relation. Nor should there be any restriction as to sex.

2. Adequate commitment laws are necessary but the process of commitment should be easy, with a minimum of red tape. Judicial commitment should always be available where required, but should not be the only means of admission to a State Institution.

3. Epilepsy is essentially a different problem and should be cared for in a separate institution.

4. The Superintendent should be a physician and the more training he has in psychiatry, psychology and sociology, the better.

5. The resident medical staff should number at least 1 for every 200 patients.

6. An active consulting or visiting staff is a necessary adjunct.

7. Clinical medicine, pathology and psychology are essentials and