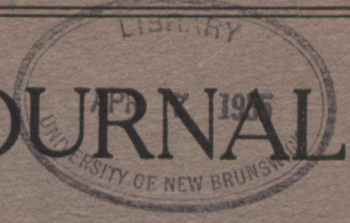


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CANADIAN JOURNAL OF MENTAL HYGIENE

VOL. II

TORONTO, APRIL, 1920

NO. 1

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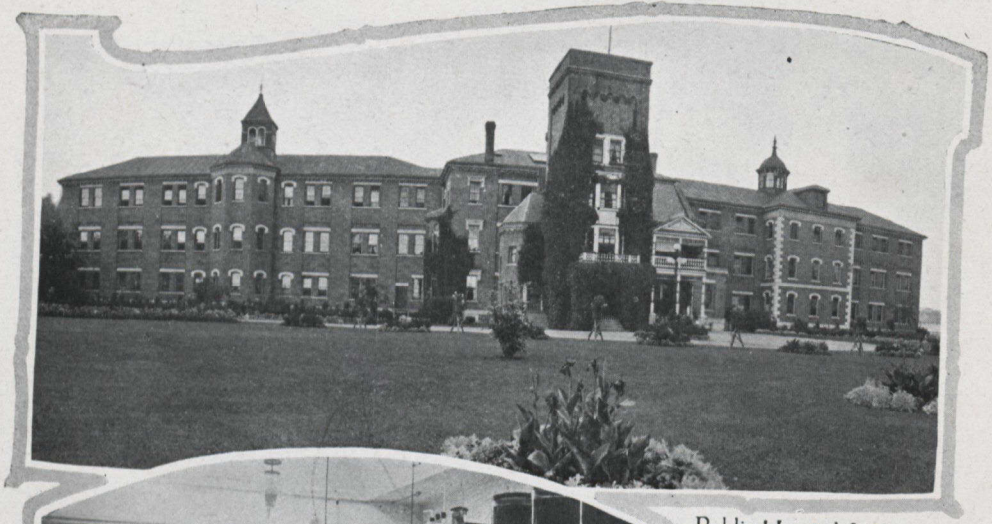
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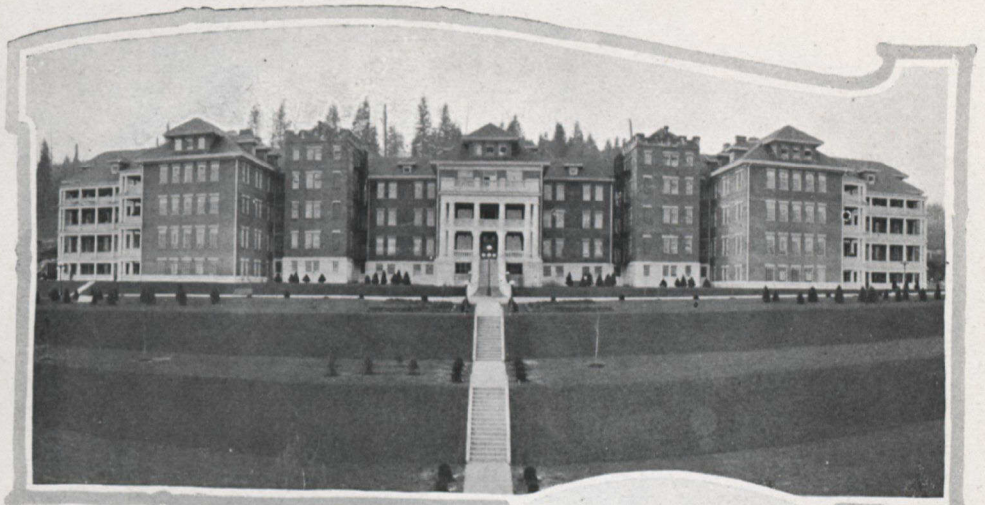
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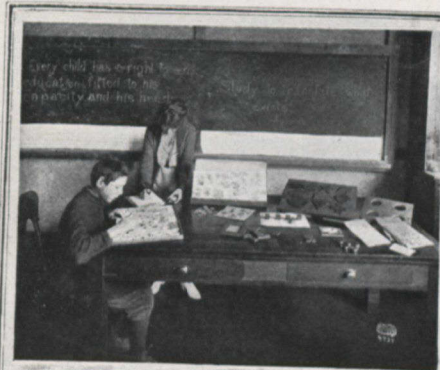
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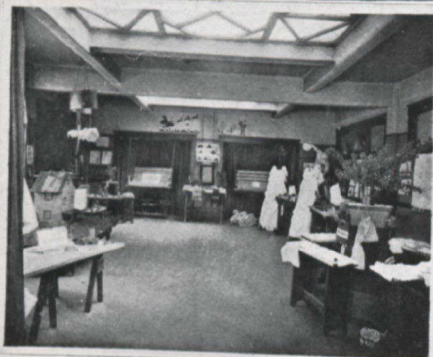
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EXHIBITION OF WORK
OF SPECIAL CLASS FOR BACKWARD
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CANADIAN JOURNAL OF MENTAL HYGIENE

VOL. 2

TORONTO, APRIL, 1920

No. 1

MENTAL HYGIENE SURVEY OF THE PROVINCE OF BRITISH COLUMBIA.*

CONDUCTED BY THE CANADIAN NATIONAL COMMITTEE FOR MENTAL
HYGIENE IN 1919.

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*This report is published with the consent of the Hon. Dr. J. D. MacLean, Provincial Secretary of British Columbia. The original document was presented to the Provincial Secretary in October, 1919, and many of the recommendations were immediately put into effect. The following commendable progress should be noted—provision for the establishment of a training school for mental defectives on the Essondale property; arrangement for a new building at Essondale for acute cases of mental disease, and for the erection of a nurses' residence at New Westminster; abandonment of the present building used as an Industrial School for Boys; extension of the Special Class system in Vancouver Public Schools, etc., etc.

MENTAL HYGIENE SURVEY PROVINCE OF BRITISH COLUMBIA.

FOREWORD.

AT the request of the Honourable Dr. J. D. MacLean, Provincial Secretary of British Columbia, the Canadian National Committee for Mental Hygiene, undertook a survey of the Province of British Columbia in the month of June, 1919. The study included an examination of conditions in connection with the insane and mental defectives, and was conducted with care and thoroughness.

In a sense, a good deal of well known territory was re-covered as the medical director had made an inspection of the hospitals for the insane during December, 1918, and was also familiar with the conditions existing some years prior to that time, having been requested by the British Columbia Government to make a report on the New Westminster Hospital for the Insane.

During the present survey, while much attention was devoted to affairs connected with the care and treatment of mental disease, yet, as has been stated, an intensive study of defectives in schools and institutions was also made.

Before presenting the formal report it might be stated that everywhere we received a cordial invitation to inspect the management of each institution visited, and the wish to co-operate with us in every way possible was apparent. This made the task easy of accomplishment, and we felt that the people of British Columbia were fully alive to the importance of making social reforms wherever it is possible to institute them. The Province generally is to be congratulated on the progress made in the care and treatment of the insane, and on its recognition of the fact that defectives, whenever possible, are to be cared for and educated along lines that stand for the betterment of the individual, and the protection of the public. The industrial classes in the Vancouver schools in particular, are an object-lesson to be studied. Nowhere in Canada have similar advances in the development of certain grades of defectives been made, and while the final stages of the problem have not yet been worked out, it is apparent that the provincial and municipal authorities will not be satisfied until British Columbia is beyond reproach in these matters.

Among those to whom we were particularly indebted for many kindnesses and attentions are the following: Hon. J. D. MacLean, Dr. C. E. Doherty and staff, Dr. J. G. MacKay, Dr. H. E. Young, Mrs. Moody and members of the Board of Education, Vancouver, members of the Board of Education, Victoria; Mrs. Helen G. MacGill, Judge Shaw, Superintendents of institutions visited; Inspector Gordon, Miss Dauphinee, Miss Lindley, Principals and staffs of schools visited; Miss Winn, Local Council of Women, Victoria; members of Rotary Club, Vancouver; Dr. McEachren, members of the Canadian National Committee resident in Vancouver, and others.

THE INSANE OF BRITISH COLUMBIA.

We must congratulate the Government and the able psychiatrists under Col. C. E. Doherty, for the progress made, and although the war has impeded advance, just as has happened everywhere in Canada, the outlook for the future is hopeful. It is true that custodial care has been the goal aimed at to a great extent in the past, but after reading the admirable reports furnished the Government by their chief psychiatrist, Dr. Doherty, it must be admitted that the adoption of the schemes proposed would result in a satisfactory condition of affairs at an early date. The West has the advantage of not being hampered by a host of traditions which often impede progress, and the people show an initiative and desire to make advances that must inevitably lead them to success. They are not wedded to the idea that they are beyond criticism in their institutions, and so, are prepared to accept modern dictums regarding the care of the classes in whom we are interested. With the opening of the psychopathic hospital in Winnipeg, and the development hoped for in British Columbia, it may truly be said that the West is setting the pace for the East to follow as best it may.

The chief hospitals for the insane in British Columbia are those at New Westminster and Essondale. These institutions are, to all intents and purposes, under one management—New Westminster receiving nearly all of the cases admitted, while Essondale is entrusted with the care of chronics (males) who are transferred from New Westminster.

Theoretically the arrangement is admirable, although it does not accomplish all it sets out to do. New Westminster Hospital for the Insane is splendidly situated on a hill overlooking the Fraser River, but has never been a satisfactory institution from the structural standpoint, and at the present time is far too small to furnish

the accommodation required. For example, many of the rooms designed to be occupied by one patient have two beds assigned to them. The housing of two patients in one room is a direct contravention of the rules laid down in any well regulated hospital for the insane. Bitter experience has often shown that the custom is dangerous, and is the cause of many serious accidents, that are indefensible. Even the history of Canadian hospitals will furnish incidents illustrating the tragic nature of the events likely to be the outcome of such an arrangement. The insane when left to their own devices, no matter how harmless they may appear, often develop impulses and actions that cannot be foretold. If the condition at New Westminster is the outcome of lack of room for the applicants for admission, the remedy is to furnish further accommodation. We were told that the selection of patients for these rooms was most carefully made, and no doubt such is the case, but we can find no justification for the continuance of a custom so fraught with danger.

Admirable as the management of New Westminster is, yet those in charge have a task imposed on them that is unfair. They are forced to accept all mental types, from idiocy, and acute insanity, to senile dementia, and while they run the whole gamut from defect to far advanced disease, they have no means of making a proper classification. Owing to conditions of overcrowding, and want of space, the staff is asked to do the impossible. The demands of the modern hospital for the insane are quite as exacting as those of the general hospital, and until this fact is recognized no real progress can be made. It cannot be said that British Columbia has been penurious in making expenditures for the care of its insane; indeed, Essondale might be classed as having adopted too elaborate a type of construction. However, if a mistake was made it was on the right side of the account. Too frequently the tendency is to run to the opposite extreme, and many structures of cheap and shoddy construction are inadequate for the purpose designed.

Just before the war began, a training school for psychiatric nurses was established at New Westminster, but was necessarily disorganized during the absence of so many of the staff. It is now doing excellent work. A two-year course is provided—the instruction being given by Drs. Doherty, Steeves, Crease, McAllister and Ryan. The value of training schools for nurses has long since been established. Not only has the trained nurse justified herself in hospitals for the insane, but no institution without a training school should be called a hospital. The male wards should, in our

opinion, be placed under the control of women nurses. In no profession has woman shown her genius more than in that of nursing, and while few would argue that in the men's wards a certain proportion of male nurses should not be found, on the whole, the more important part of the care of the insane hospital population should be left to women. They do the work with intelligence and have a humanizing influence that is of especial value in the care of the insane. In other words, the hospitalization of institutions for the insane should mean exactly what it says, and experience has proved that the woman nurse is admirable in such hospitals.

The question of the housing of the nurses in suitable homes should be taken up both at New Westminster and Essondale. It is preposterous to think that those who are caring for the insane should not be free from the worries incidental to their work for some period of the twenty-four hours. When they are required to sleep in rooms connected with the wards it can easily be seen that conditions are far from ideal. One of the first additions made to existing institutions should be in the form of homes for nurses. The schools for nurses should be so organized that they will attract the best types of young women. Whenever this is done the result is to establish even institutions for chronics, on a new basis. The public appreciates such an advance and the friends of patients admitted to hospitals for the insane realize that intelligent and skilled treatment is to take the place of mere custodial care. It has become the habit to regard all mental maladies as incurable, and to relegate the patients suffering from those diseases to the scrap heap. This seems like a strong statement, and yet many of the so-called hospitals for chronics cannot by any stretch of imagination be placed in any other category.

Many admirable features exist at New Westminster, and although the medical staff is far too small, yet there is evidence that the scientific part of the treatment of patients has not been neglected, and the physicians are full of enthusiasm for their work. They cannot, however, work twenty-four hours in the day, and when it is remembered that in modern hospitals devoted to acute cases, a staff of one physician to each hundred patients is regarded as desirable, New Westminster is not to be called over staffed. Without time for investigation, hampered by a mass of routine and clerical work, assistants are apt to lose their zeal for investigation and research, and eventually become fossilized and useless. Nowhere is this tendency to be combated so much as in hospitals accumulating a large proportion of chronics who cease to be interest-

ing if allowed to sink into ruts where individuality is lost. In other words, the moment the individual is forgotten in a herd, his chance of improvement has practically gone. During the war it was not possible to provide assistants in sufficient numbers in any of the Canadian hospitals; that argument no longer applies, and the young men who saw numerous cases of the neuroses and psychoses at the front, should prove almost invaluable as assistants, but care should be taken to stimulate them to their best efforts.

An excellent pathological laboratory at New Westminster furnishes opportunity for a qualified specialist to develop this important side of the work, and he should be placed in such a position that research may be regarded as being a necessity as much as mere pathological examination. This point of view evidently appeals to the New Westminster staff, and already their investigations regarding the prevalence of syphilis among their patients furnishes some facts of striking significance to those who are anxious to know how great a part this particular venereal disease plays in the development of insanity. When it is learned that 12% of the admissions proved to be syphilitic, the inference regarding the prevalence of this disease in the province is plain, and when it is further learned that 80% of the males and 20% of the females, who gave what is known as the Wassermann reaction, were found to be suffering from general paralysis of the insane, the importance of prevention is emphasized. This information is all the more valuable, because it was the only accurate statement we could get in British Columbia regarding the prevalence of venereal disease—a disability that is apparently quite common. The attitude of the British Columbia medical profession, as a whole, in regard to these things, was probably a little more apologetic than is the case in the East, but if the figures gleaned in the New Westminster Hospital have any significance, the sooner the complete facts in regard to conditions generally in the province are laid bare, the sooner will remedies, educational and restrictive, be applied. This reference to syphilis is merely introduced to show the value of research work in psychiatric medicine.

The records at New Westminster, in view of the smallness of the staff, are excellently kept, and the photographic records the best we have seen. Even these play an important role in the realm of research and furnish a mass of invaluable material, illustrating as they do so graphically the different phases of mental disease.

The form of admission is not satisfactory, as theoretically at least, the majority of insane people have to suffer the indignity of

having to appear before a magistrate upon somewhat the same plain as a criminal. A proportion, by no means small, must suffer incarceration in jail. No provision for voluntary admissions apparently exists, but one excellent and much to be commended provision is to be found inasmuch as the medical superintendent must receive every properly certified patient, whether there is a vacant bed or not. This feature is one that saves friends and patients much unnecessary suffering when the superintendent is one of the type, sometimes encountered, demanding the execution of a thousand and one technicalities before condescending to receive the patient who is, in the meanwhile, suffering for want of treatment. We can understand the necessity of the law in force, particularly in British Columbia, where travelling is so difficult and distances are so great.

The jail system, except in extreme cases, should be done away with, and provision made for voluntary admission. In other words, why should acute mental illness be put on a different level than is the care of physical disability in general hospitals? The remarks made on a similar situation in Manitoba apply here. Writing of the form of admission there, we said, "The whole system of admission to the hospital for the insane in Manitoba should be revised, and an effort made to remove the stigma undoubtedly placed on anyone who has to be sent to such an institution under the present law. The only argument we heard urged in favor of the system in vogue is that it provides a proper safeguard against sane persons being improperly placed in confinement. The argument is a fallacious one, as magistrates are just as prone to make mistakes as physicians. After all, what does practical experience teach us in communities where the services of a magistrate are not required? Theoretically scandals might be possible in private sanatoria, but in public institutions they are practically unheard of. Occasionally a patient suffering from acute delirium, such as that connected with fevers or meningitis has been sent to a hospital for the insane by mistake, but the deliberate incarceration of a sane person for improper and dishonest reasons is almost impossible. In the first instance, the magistrate would not be able to make a fine medical diagnosis; in the second, his usefulness would be doubtful, and the officers of the hospital would be persons to correct the abuse. Such cases, however, exist largely in the minds of a credulous public. Now, the intelligent method of admissions seeks to remove the suspicions of the public in regard to institutions and to recognize that insanity is a disease, not a crime."

The methods employed in the Province of Ontario as a whole, are simple and satisfactory, and might be adopted with some modifications and improvements.

First of all, voluntary admissions properly safeguarded, should be provided for and employed as frequently as possible. The form attached works out very well indeed in every-day practice, and is a comfort to patients who have some insight into their mental condition. This does away with a certain amount of publicity and criticism dreaded by the hyper-sensitive sufferers from various forms of depression, or even mild excitement.

The ordinary admissions should be made on the certificates of two properly qualified physicians, after the superintendent of a hospital for the insane has made an examination of a preliminary form of history to be filled in by the physician in attendance.

The preliminary form of history need not require the elaborate details which should be obtained subsequent to admission. This useless delay in obtaining admission in some provinces takes place during the gathering of facts to fill in the cumbersome forms supplied. The information asked for is invaluable after the patient has been admitted, but not necessary when admission is urgently required.

Such a form as the following might be used in granting admission to voluntary patients.

FORM OF APPLICATION

For the Admission of a Voluntary Patient

To the Hospital for Insane at

I, of the of
in the County of being request the
Superintendent of the Hospital for the Insane at to
admit me as a voluntary Patient and I hereby pledge myself to re-
main in the said hospital at for a period, not exceed-
ing one year, which the said Superintendent may deem necessary
to effect a cure in my case, and I further pledge myself to give at
least ten full days' notice in writing to the said Superintendent of
my intention to leave the said Hospital for the Insane; and I fur-
ther pledge myself to submit to the rules and regulations of the
said Hospital now in force, or which may hereafter be enacted, and
to carry out, or assist in carrying out, all the directions which the
said Superintendent may give for my treatment.

Signed this day of A. D. 19.....
at in the County of in the presence
of

I hereby testify that the above-named person
 is as stated in the above application a and that
 he is a reasonably hopeful subject for treatment with a view to
 effecting a cure of his malady.

..... M. D.
 Dated at A. D. 19..... Address

During our visit in June the wards of the hospital were, to all intents and purposes, emptied of patients, and a majority of these were to be found in the beautiful park at the rear of the institution, an ideal spot for the purpose. Owing to the mild climate it is possible to keep the wards empty for many months in the year, and as suitable recreation is provided, the airing court feature, so depressing at many institutions, is avoided. This was, of course, regarded as admirable and desirable, and yet an investigation showed that the hospital was without adequate resources in the way of providing suitable occupation for a large proportion of the inmates. While it is true that a number are employed, this number is far too small to meet the modern requirements, but if occupational therapy were adopted as a policy to be followed consistently, the results would be gratifying. The war has produced a host of well qualified teachers, whose services could be secured with the greatest benefit to the patients in hospitals for the insane. The management are fully alive to the importance of this development, and merely require the financial aid necessary to institute this commendable reform. This aid would consist largely in providing qualified teachers and well equipped shops. Occupation is not only a substitute for restraint, but is also a therapeutic measure of value.

The necessity of a well organized Social Service Department in connection with New Westminster and Essondale is freely admitted, but up to the present nothing has been done to organize such a department. Social service has long been recognized as a "*sin qua non*" in general hospitals, and is of equal importance in hospitals for the insane. It is always well to avoid having patients develop the hospital habit, if possible, but it is impossible to avoid this without the assistance of well trained social workers who can exercise intelligent supervision over the patients who might win their way to improved health and freedom under the intelligent supervision of social service workers. The Province of British Columbia is peculiarly in need of such a social service organization on account of the character of the country and its scattered population. Trained workers

are now easily available, and their employment would in reality mean an economy to the government, as it would relieve them of the burden of maintenance while the individual was on probation.

At New Westminster and Essondale the absence of mechanical restraint was commendable, and with the development of occupational therapy on an extensive scale, the result will no doubt be the complete disappearance of this objectionable feature of hospital management.

The question of the treatment of acute cases is not lost sight of at New Westminster, and the hydro-therapeutic equipment, which we regard as of the greatest importance, is fairly adequate. This brings us to the most glaring need in British Columbia, and no matter what ultimate policy is adopted in regard to the treatment of recent cases of insanity in the public institutions, the question of their immediate care, without the hamperings of red tape and routine, should be first considered. We looked over the University buildings in connection with the General Hospital and find that at least two will lend themselves admirably to the purpose of providing a psychopathic hospital containing thirty or more beds with the best types of modern equipment for suitable treatment. The day has passed when it is necessary to draw attention to the importance of psychopathic wards in connection with every general hospital, and with conditions for their establishment as ideal as they appear to be in Vancouver there can be no excuse for delay in providing them.

Insanity has generally been relegated to the "impossible" column by general practitioners in medicine because clinical studies were neglected, due to the lack of material for the student and interne in hospitals, and because the subject of psychiatry was forgotten for the great part in medical schools. Progress is now being made, and more and more has the importance of psychiatry been forced to the front by the developments of the war. Not only must the rights of the insane to early scientific treatment be recognized and provision made for this in connection with general hospitals, but physicians and students must be put in the position of seeing and learning more of the disease and its treatment. In this connection psychopathic wards at the Vancouver Hospital would not only prove a boon to the community, but would form a clearing house for many cases before being sent on to the Hospital for the Insane.

Of course, psychopathic wards would not meet the wants of the whole Province, but should be supplemented by the erection of a

Psychopathic Unit either at New Westminster or Essondale, as the Provincial psychiatrists think best. This should contain everything necessary in the way of equipment, to bring it up to the most modern requirements, and should also have provision for extensive research work. It must be remembered that in no branch of medicine is research more necessary than in psychiatry, and Canada has her part to play in the advancement of knowledge. This aspect has been practically neglected in the past, and now that this country has established its name among nations it has assumed many new obligations.

CONVALESCENT HOME.

A convalescent home, situated on one of the delightful sites available on government properties, is not only desirable, but in our opinion necessary. As the number of patients convalescing at one time is never large in psychopathic hospitals, such a home would not be an expensive place to build, but would soon pay for itself by the reduction of overhead charges in the case of patients cared for in it. Those who are familiar with hospital life realize how difficult it is to treat patients recovering from mental diseases in a hospital, and often there is a period when they are well enough to go to a convalescent home of the right type. It would not be safe to send them to their own residences, because they would be at once subjected to conditions that were prominent factors in the development of the psychosis. However, the arguments in favor of this plan are obvious, and it is unnecessary to elaborate them.

SAANICH.

We found a small number of male patients (chronics) occupying a part of the jail building at Saanich, on Vancouver Island. Generally speaking they were comfortably housed in dormitories apart from the jail proper, and as a temporary expedient, until the crowding at New Westminster is relieved from its unduly large proportion, no exception can be taken to the arrangement. The question, could Saanich be converted into a satisfactory institution for the care of chronics, was asked. The reply is, that to do so would require an enormous expenditure of money without justification for such expenditure. The buildings in their present condition are impossible; they are of such a character that it would cost as much as the price of a new building to reconstruct them, and finally, there is no reason for the addition of a new hospital for the insane at the

present time. The overhead charges would be in addition to the annual budget, quite uncalled for and inadvisable as a reduplication of staffs already existing at New Westminster and Essondale would be inevitable.

ESSONDALE HOSPITAL FOR THE INSANE.

This hospital is established some 24 miles from Vancouver, and is devoted practically to the care of the chronic insane. Essondale is a comparatively new building, and is only part of a scheme to be developed when the parent institution at New Westminster is abandoned. It is magnificently situated on a bench overlooking the Fraser River, and has a splendid farm of 1,300 acres. The building is a very modern structure of the so-called fire-proof type, and has an appearance of comfort unknown in the majority of Canadian hospitals for the insane. It houses men only, and is a sort of glorified farm colony for chronic cases of insanity, and, as such, has much to commend it—that is, if custodial care alone is the one thing aimed at.

The dormitories are large, having 50 patients in each. If it were not for the fact that an excellent Plenum system of ventilation is employed one would suspect that these dormitories might easily become unpleasant if the fans were not running.

At the time of the medical director's first visit 635 patients were in residence. A special farm building provides accommodation for one hundred or more working patients. The herd of 150 Holsteins, kept to a certain extent by patient labor, is probably the finest on the continent, and many of the world's champions are to be found there.

The young men on the staff have scientific zeal, and are doing excellent work. The patients are well cared for and clean, and there is little criticism to make of the institution. What it lacks outside of scientific equipment is the humanizing influence of women nurses. Its wonderful flowers and nurseries for trees, its unique surroundings, and its many beauties, make Essondale one of the interesting chronic institutions on the continent.

PUBLIC SCHOOLS.

AIM OF INVESTIGATION.

THE public school study was conducted to determine, among other things, the following:

- (1) Proportion of mentally abnormal children in school population needing special attention.
- (2) Present facilities for diagnosis and special training.
- (3) Needed improvements.

IMPORTANCE OF STUDY.

This investigation was deemed important for several reasons. The determination of the proportion of mentally abnormal children throws an interesting side light on the larger question as to the percentage of abnormals in the general community. Of still greater importance is the fact that most criminals, prostitutes, paupers, and inmates of hospitals for the insane pass through the public school during childhood, and many of these charges of the state can be detected during school days. In other words, mentally abnormal school children may, in later years, recruit the ranks of the "ne'er do wells," and the social misfits, and it is important, to discover them during childhood, so that suitable training can be inaugurated at an early age. When viewed from this angle it becomes apparent that the public school offers a splendid opportunity for the prevention of the development of some of our most acute social problems.

Quite apart from the above considerations is the fact that mentally abnormal children constitute one of the chief sources of primary school inefficiency as far as the education of normal children is concerned, and, in addition, are factors in the spread of moral contagion. This statement has been found to hold true for those schools wherein abnormals are not segregated in special classes. It is therefore a prime importance to discover the proportion of children needing such segregation and to examine the present facilities for diagnosis, training, and treatment.

SCOPE OF INVESTIGATION.

It was the aim of those conducting the investigation to study a sufficiently large number of school children in the province so that reasonably accurate deductions could be drawn for the remainder. Arrangements were therefore made for a routine examination of 2,273 children. In addition special examinations were

made in connection with certain groups of children—those in special classes, pupils in the Detention Home of the Juvenile Court, cases referred from New Westminster Schools, etc.

Care was taken to select for study, typical schools that would be fairly representative of the entire Provincial System. The list of schools investigated is given below, and a scrutiny of parentage and home conditions shows that the children examined came from all walks of life. Their parents were laborers, artisans, trades people, professional and business people.

School—McDonald (Vancouver); attendance, 412; parentage and home conditions: from laboring class homes. Children were, for the most part, untidy, poorly nourished, and showing evidences of poverty.

School—Henri Hudson (Vancouver); attendance, 535; parentage and home conditions: approximately one-third from homes of laboring people, the other two-thirds from homes of professional and middle class citizens.

School—Laura Secord (Vancouver); attendance, 376; parentage and home conditions: good homes. Parents Canadian born, for the most part, belonging to professional and better class trades people.

School—Central (Victoria); attendance, 950; parentage and home conditions: fairly good homes of professional and middle class citizens.

School—New Westminster; attendance, 28; parentage and home condition: (a selected group of children from various schools in the city).

Investigation of special classes:

In addition to the study outlined above, an investigation was made of the special classes for retarded children in Vancouver and Victoria, and an estimate was made of the value of this type of work.

RESULTS OF SCHOOL SURVEY.

(1) *Proportion of mentally abnormal children in school population needing special attention.*

A routine examination of 2,273 children revealed the fact that 81 or 3.56% were mentally abnormal and required attention in separate classes.

The percentage of mental abnormality by schools is herewith presented:

School.	Atten- dance.	Mentally abnormal chil- dren requiring special training.	Per- cent- age.
McDonald (Vancouver)	412	23	5.58
Henri Hudson (Vancouver).....	535	21	3.91
Laura Secord (Vancouver).....	376	8	2.12
Central (Victoria)	950	29	3.05
	2,273	81	

(While 2,273 children were given consideration, a mental examination was only given to those who were markedly backward in their school work, who were difficult to teach, or who presented conduct or emotional disorders or peculiarities.)

A more detailed account of the result of the survey in each school follows:

MCDONALD SCHOOL, VANCOUVER, B.C.

Principal—Mr. Hemsworth.

Attendance, 412. Canadian Born, 60% plus; British born, 20% plus. A few Russian Jews and Austrians.

Home conditions, poor. No great distress at the present time. Children from laboring class.

General Notes.

Children attending this school were, for the most part, untidy, poorly nourished, and below par intellectually.

Results of Psychiatric Examination.

Low grade moron	3
Medium grade moron	7
High grade moron	12
Probable psychosis	1
Markedly backward	17

Percentage of mentally abnormal (not including pronounced backwardness) 5.58.

Note.

The high percentage of mental abnormality in McDonald School is probably accounted for by the fact that the children come from very poor homes, and no doubt an investigation of the mentality of the parents would demonstrate a fairly high incidence of mental defect.

HENRI HUDSON SCHOOL, VANCOUVER, B.C.

Principal: Mr. Wilson.

Date of Examination June 11th and 12th.

Attendance: 535.

Nationality of Parents.

The great majority are British, Scotch, and Irish born, many Canadians, and a sprinkling of Orientals.

Home Conditions, etc.

Approximately one-third of the children come from homes of laboring people. The other two-thirds come from the homes of professional and middle class citizens. For several years there have been few cases of actual distress in the neighborhood.

Results of Psychiatric Examination.

Every class room in the school was visited, and those children were selected for investigation who were either retarded in school work or who, in the opinion of the teacher, were mentally below par or peculiar in their moods or conduct. By such a system there was selected 37 cases for examination.

Imbecile	1
Medium grade moron	8
High grade moron	8
Psychosis	1
Backward (deafness)	2
Markedly neurotic	1
Markedly backward	14
Normal	2

In other words, there were in this school of 535 children, 21 who were mentally abnormal and who, on this account, required special class training. The percentage of mental abnormality was 3.91—rather above the ordinary public school average.

LAURA SECORD SCHOOL, VANCOUVER, B.C.

Principal: Mr. Ramage.

Attendance: 376.

Nationality of parents: Canadian born for the most part.

Home conditions: Good.

Results of Psychiatric Examination.

Medium grade moron	2
High grade moron	6
Pronouncedly backward	8
Percentage of mentally abnormal in the school 2.12% (not including backward).	

CENTRAL SCHOOL, VICTORIA, B.C.

Principal of Girls' Central School: Miss Wilkinson.

Principal of Boys' Central School: Mr. J. A. Cunningham.

Home Conditions, etc.

The children come from fairly good homes; indeed, the Central School can be considered a representative Victoria Public School. It is divided into 2 sections—one building, with its own Lady Principal, for the girls, and another building for the boys. In addition, there is a special class for backward children. In this special class, conducted by Miss Winn, approximately 14 children gathered from various parts of the city are given special training in handcrafts, school subjects, games, etc.

Psychiatric Examination (Children in the special class not included.)

Low grade moron	2
Medium grade moron	5
High grade moron	16
Epileptic	1
Distinctly neurotic	2
Borderline	3
Markedly backward	29
Percentage of mental abnormality, 3.05 (not including backward).	

NEW WESTMINSTER PUBLIC SCHOOLS.

Through the kindness of Dr. J. G. MacKay, 28 children were referred from the New Westminster Public Schools for examination. These children were classified as follows:

Low grade moron	4
Medium grade moron	1
High grade moron	9
Neurotic	1
Borderline	7
Markedly backward	6

PRESENT FACILITIES FOR DIAGNOSIS AND SPECIAL TRAINING.

A most creditable beginning has been made in Vancouver and Victoria in connection with the diagnosis of mental abnormality in schools, and with provision for the training of those who are retarded or defective. An outline of the accomplishments along this line in Vancouver will be of interest not only to British Columbians but to Canadians generally, because the work, while not unique in the Dominion, has nevertheless been more highly developed in that city than in any other Canadian center.

VANCOUVER.

Several years ago the Board of School Trustees established two special classes for low grade feebleminded children. The experiment was watched with interest, and the satisfactory results obtained seemed to justify an extension of the work to include the training of higher grades of mental defect. In February, 1918, Miss M. Lindley, a former assistant to Dr. H. H. Goddard, of the Vineland (New Jersey) Training School, was appointed school psychologist, and since then rapid strides have been made. Credit for recent accomplishments must be given not only to Miss Lindley, but to Miss Dauphinee, supervisor of special classes, and to the entire staff of fourteen who are carrying on the work. It would be difficult to find a more alert and energetic staff, all thoroughly interested in the problems presented and keen to employ most enlightened methods. A review of the work for the last year and a half is given in a recent report by Miss Lindley. It reads in part as follows:

"In February, 1918, I was asked to open a department in the Vancouver City School that would take care of the backward and defective children. For several years previous to this they had had two low-grade feebleminded classes. The teachers of these classes (one of whom is now our supervisor of special classes, and the other an assistant in the clinic) were women of vision who recognized that the problem of the moron is far more important than that of the low-grade defective. It was largely through their efforts that the Board were brought to see the necessity of an early survey and an organization along broader lines.

"In our organization we have followed to a great extent the plan so well worked out in the Seattle schools. We have a central clinic in which is an Observation Class. I make preliminary examinations in the schools and then have prospective special class subjects report at the Observation Class for a week. Here we make as careful a study as is possible of each child, finding specific abilities or specific defects and determining his pedagogical standing. The results are then given in a detailed report to his special class teacher, who is thus enabled to begin constructive work with him at once. We have an excellent medical department where our children receive careful attention and where an extra effort is made to correct their physical defects.

"At the end of June, 1919, there are in our department, 14 workers, with a strong possibility of five more being added in the fall. Our staff will then consist of 14 special class teachers, two manual training teachers, a supervisor of special classes, an assistant in the clinic, a field worker (who will do our family history work and also follow up our special class graduates as they leave us), and myself.

"In our course of study for the special classes most stress is laid upon manual work, and our recent exhibit of the children's work was a pleasant surprise to us all. Our manual training teacher has the right idea, viz., that the real value of the work is not the finished product, but the growth of the individual child. All our teachers are capable and enthusiastic and practically all are taking special training for the work this summer.

"It has been our endeavor to serve the whole public school system as much as possible. With that in view we have made a number of special surveys: they include a survey of the public school for the deaf, an orphanage whose children all go to public school, and the Girls' Industrial Home, a corrective institution for delinquent girls.

"The school connected with the Juvenile Court Detention Home is now one of our special classes, and that gives us all the work of the Children's Court. We have also examined the primary classes of a school in which the foreign element is very great. When you realize that we found 15 nationalities in these classes, and that in only 33% of the homes is English spoken, you will understand of what our foreign problem is.

"British Columbia has as yet no Training School for the Feeble-minded, but Parliament last session voted the land and money, and we expect the ground to be broken very soon. This will relieve us of many low-grade children and increase our capacity for the higher grades.

"Looking to the future, we expect to enlarge our scheme to include all kinds of deviate children: this will mean the crippled children, those with speech defect, preturbercular, etc. We hope to permanently segregate those who are a menace to society, and provide more specific training for those who will be able to live in the world; this will mean the opening of a trade school for our older boys and girls.

"Canada has now a National Committee for Mental Hygiene, and they have recently made a survey of the province. Their visit to us was indeed helpful. Their hearty co-operation and practical suggestions have given us a new impetus, and we look forward much more hopefully, since we feel that we are linked up with a larger field.

"It is impossible to pay sufficient tribute to Vineland for her part in the work here; with myself, of course, she has been my greatest inspiration. I have felt that the only way to show my appreciation is to infuse into my work the 'Vineland spirit,' and because I have such responsive and enthusiastic assistants, this has been easy."

FACILITIES FOR DIAGNOSIS AND SPECIAL TRAINING IN VICTORIA.

The Board of School Trustees of Victoria have provided one special class for retarded and defective children. Miss Winn, the teacher of this class, has had considerable psychological training and experience. In addition to her class room duties Miss Winn visits all the public schools in the city twice a year and gives a mental examination to those children who are referred to her by principals, teachers and nurses. An account of this special work is contained in a report entitled, "Special Class of Victoria Public Schools." Interesting extracts from Miss Winn's account are submitted.

Purposes.

"The Special Class was opened:—

"1. To provide a highly specialized training for such children in the Public schools as were not able to profit by the instruction of the ordinary class room.

"2. To afford an opportunity by means of laboratory methods, to make an intensive study of dull, backward, retarded, and mentally deficient children with reference to the peculiarities of their physical and mental development, and to the causes, care and treatment of subnormality.

"3. To offer all assistance possible to the regular teachers in connection with 'exceptional' cases in learning and discipline.

Housing and Equipment.

"The Special Class is housed separately in one of the old McGill Buildings. There is a class room, manual training room, office and two separate toilets. In the class room, desks and seats are arranged at one side only, leaving free space for games and exercises, and the placing of tables and chairs for kindergarten and hand work. In this room are two cupboards, one containing ordinary school room supplies, the other Montesori material, blocks, toys and games. In addition, there is a large rack containing individual spaces where each child may keep his handwork.

"The Manual Training room is equipped with 12 benches, each with a complete set of tools. Besides there are 10 complete coping saw outfits.

"For laboratory use we have a wet spirometer, an awdiometer, sight testing cards, some boxes and much testing material, such as is used in all modern laboratories.

"For the midday lunch, one warm dish is provided always on cold days, and milk for warm days. A fireless cooker (home made) makes it a simple matter to provide soup, stews, cereals, and boiled rice pudding. Hot cocoa is provided almost every day, and the children are encouraged to bring fresh eggs, which are prepared for eating at the school.

Selection and Number.

"In the Special Class we admit only the high grade imbecile and the moron, and of these only such as possess no marked physical stigmata or gross malformations. Parents who would never dream of complaining of the presence of any type in the regular

school, object most strenuously to sending their children to a Special Class if any member looks 'silly' or 'idiotic.' Since we are equipped for taking care of only a limited number, we resort to the delicate, even though sometimes cruel, practice of entering those who are unobjectionable in appearance.

"The Special Class teacher calls at each school twice a year and at any other time she is requested to. The Principal sends to her for examination all pupils who present problematic cases, and who are not making progress in their work. They are given the Binet test and many additional ones calling for an exercise of perception, judgment, common sense, memory, observation, attention, industriousness.

"The Nurse and School Physician are consulted to see what deterrent factors are removable. The home is visited by the teacher or principal to ascertain the conditions under which the child is living.

Method and Subject Matter.

"The instruction is mostly individual, as the variation in mental traits and mental development is so great. The awakening of the senses is the first and foremost necessity and for this purpose many special methods are introduced, many materials made use of, games, rhythm exercises, singing, dancing, are employed, both for motor training and for sense stimulation. Matching and sorting of colors, forms and textures; grading of forms of the same size, but differing in weight; exercises in tasting, smelling, touching are given frequently; in short, any and all sense training that will bring the child into closer contact with the world in which he lives . . . the world which, to the mentally deficient child, is largely one blurred and blustering confusion. The Montessori materials are of invaluable assistance in a Special Class, and the Montessori method of making the children responsible for the care and order of all materials used is a most excellent one. It costs a tremendous effort to instil the habit of orderliness into any child, and this is much more true in the case of the mentally deficient. Here habits are established at an enormous expense of time and energy, but the results are all repaying. We count no time too much to spend in explaining to each child just where everything belongs, and in insisting that the instructions be carried out. Habits of personal cleanliness and order are also emphasized, and exercises calculated to develop independence and responsibility are given much attention. For it is the 'unadaptiveness' of these children that consti-

tutes their chief weakness, and we must seek constantly to make them conform consciously to the customs and demands of normal people. All deficient children are anti-social in the sense that they never cease to be dependent upon others for their direction and control. The well-being of the group is an impossible idea with them, and co-operation and companionship are experiences to them unknown. While this condition is rarely, if ever, overcome, we can do much in a small way to promote a sense of fellowship and pleasure that comes from united effort. Projects are introduced which require the efforts of all, and each child is made to feel that his contribution in the way of work is indispensable. The social life of the Special Class must be made a prominent feature and many occasions must be furnished for the exercise of unselfishness and thoughtfulness. Each day, certain pupils are detailed to serve the others at luncheon, and parties are given often for the practice of good manners and quiet behavior, and to give each child a chance to play host or hostess.

"In the Special Class one-half of the time is given to formal or academic work, and one-half to handwork. It is the opinion of experts that with children who are really deficient the time spent in trying to teach them reading, writing and arithmetic is absolutely wasted, for the results achieved are in no way commensurate with the effort either of teacher or pupil, and the level of performance reached is so low, that they will never make any use of this knowledge. At present the practice is retained simply and solely as a compromise to the parents who never give up the idea that their children can somehow be 'brought on' to be normal. The case is entirely different with children who are merely dull or backward, though even here experts agree that mental development can be induced much more rapidly by forms of manual training that call for exercises of judgment, discrimination and foresight.

Cost and Maintenance.

"The Special Class is a part of the regular public school system, and as such comes under the same rules and regulations with respect to maintenance, no extra assistance being given. The teacher is usually paid from \$10 to \$25 a month more than she would be under the regular schedule, and in cases where she has high academic qualifications for the work, she receives the same salary as those in whose rank she belongs academically.

"The cost per pupil is from 3 to 4 times that of one in the regular classes. But wherever the experiment has been tried, School

Boards and Superintendents have felt well repaid for the money expended, not only by the specific results achieved in the education of these children, but by the relieved condition of the rooms where these 'misfits' were always a source of worry to the teachers and pupils."

RECOMMENDATIONS.

VANCOUVER.

The facilities provided for the diagnosis and training of mental abnormals in Vancouver public schools must be commended. The work, however, should be extended and, after talking over the situation with Mrs. Moody and various other members of the Board of School Trustees, it was gratifying to learn that such a policy meets with hearty approval. At present there are ten classes for retarded children. Many more will be needed as time goes on to keep pace with the problem. The fact that nine new classes were established in the space of one year is a good indication that dilatory tactics are not employed in extending a system that has proven valuable. Aside from the needed establishment of special classes in every school community where twelve or more abnormals are in school attendance, the following recommendations are made for the improvement of the work:

(1) *Appointment of Psychiatrist.*

In the past the task of mental diagnosis has been entrusted entirely to a psychologist with the assistance, of course, of the medical inspection staff. The work has been well done from the psychological standpoint and the prolonged study of a case over the period of a week in the observation centre cannot be too highly commended. Experience has taught, however, that there are in attendance at public schools a considerable number of children who suffer from beginning mental disease, many children with character defects other than those of intellectual retardation, many neurotic, high strung, peculiar children, and other types that require for their understanding psychiatric experience (experience in all forms of mental disorders).

It is of fundamental importance that all abnormal children be diagnosed and properly treated during their school days. Up to the present the retarded and the defective have received special attention, but if we hope to cut down the high rate of insanity in

the community our efforts must embrace a regard for those children who may in later years develop mental disease. As has been said a mental specialist is needed for this special task.

It is therefore recommended that the part time services of a psychiatrist be secured by the Board of School Trustees. This appointment would in no way curtail the duties of the psychologist who would still employ psychometric tests. In Toronto excellent results are achieved through the co-operation of psychologists and psychiatrists in the study of cases.

In another part of the report a recommendation is made for the establishment of a Psychopathic Hospital in Vancouver. The director of that hospital might, in addition to other duties, give part time to school work.

(2) *Appointment of Social Worker.*

A social worker with mental hygiene training, would be of great assistance to the special class system. Such an appointee could with advantage make home investigations and the information gathered would be helpful in the making of diagnoses, and in securing the co-operation of parents and guardians as well.

It should be ever kept in mind that the function of the special classes consists not only in training, but in observation. A certain proportion of the pupils will eventually prove to be institution cases and their final disposal will depend upon a consideration of characteristics noted in school, and what is quite as important, noted in the home. The careful observation of children outside of school would, as has been stated, come within the scope of the social worker's duties.

Experience has taught that the particular type of home investigation required for this special work cannot be done satisfactorily by a school nurse unless she has had a training in social psychiatry (mental hygiene). The elucidation of a family history, for instance, with the aim of discovering the truth concerning mental and nervous characteristics of the family involved is highly specialized work and requires not only tact, but wide psychiatric experience.

The advisability of appointing a social worker was discussed with Mrs. Moody, Chairman of the Board of School Trustees, and the proposal met with her entire approbation.

(3) *Trade School.*

In her recent report, Miss Lindley expresses the hope that a trade school for older boys and girls be organized, so that provision will be made for the specific training of those who will be able to live in the general community. This proposal should meet with hearty endorsement.

It is well known that many adult feeble-minded are now in need of institutional care, largely because of the lack of early vocational training. The expenditures connected with a trade school will therefore save the city and the province much money in the end, and will make possible the social liberty of many who otherwise might need custodial care.

VICTORIA.

The recommendations made for Vancouver apply in a large measure to Victoria. There is need, among other things, for the organization of one or two additional special classes. Again, Miss Winn could, with advantage, utilize an assistant, to enable her to devote more time for psychological examination in the city schools and for home visits. By such an arrangement it would be unnecessary at the outset to appoint a psychiatric social worker. The supervision by a mental specialist of all children receiving special training is to be recommended, and much work might be done by the medical staff attached to the Colquitz Mental Hospital.

RECOMMENDATIONS CONCERNING PUBLIC SCHOOLS OF PROVINCE (NOT INCLUDING VANCOUVER AND VICTORIA.)

(1) *Diagnosis of Mental Abnormality.*

All the schools of the province should be visited from time to time by a psychiatrist for the purpose of conducting mental examination of those children who are either pronouncedly backward or peculiar. It is recommended elsewhere in this report that an itinerant psychiatric clinic be established in connection with the New Westminster Mental Hospital, and this organization might then be available for school work. At the outset it would be a large undertaking to investigate the mental status of every school child, although such a procedure is eminently desirable. The itinerant clinic could, however, make a most useful beginning by giving consideration to pronounced cases.

(2) *Special Classes.*

There should be established throughout the province special classes for backward and defective children in all school communities where there are registered from twelve to fifteen abnormals. To foster the organization of these classes it might be well for the Provincial Legislature to offer financial assistance to local school boards for the work.

JUVENILE DELINQUENCY.

ONE of the most useful studies conducted by the Committee in British Columbia was in connection with juvenile delinquency. Considerable time was spent in an endeavour to glean information concerning the following:

- (1) *Proportion of mental abnormality among juvenile delinquents.*
- (2) *Nationality of offenders.*
- (3) *Present facilities for diagnosis and treatment.*

Investigations included a study of the following organizations: Vancouver Juvenile Court and Detention Home, Provincial Industrial School for Boys (Vancouver), and the Girls' Industrial School (Vancouver).

(1) *Proportion of Mental Abnormality Among Juvenile Delinquents.*

A mental examination was given 155 juvenile offenders, and of this number 91 were discovered to be mentally abnormal. This constitutes a percentage of 58.70. A more detailed account of the investigation appears in the following tables:

TABLE I.

Organization.	No. examined	No. abnormal	%
Detention Home and Juvenile Court	19	16	84.21
Prov. Industrial School for Boys.....	88	40	45.45
Girls' Industrial School	48	35	72.91

TABLE II.

Examination of 19 children in Detention Home.

Normal	3
High-grade moron	10
Medium " "	2
Low " "	2
Imbecile	1
Dementia Præcox	1
Mental abnormal 16 —	84.21%

TABLE III.

Examination of 88 Boys in Industrial School.

Apparently normal	28
Backward	11
Primitive (undeveloped intelligence).....	3
Borderline (diagnosis not determined)	2
High-grade moron	20
Medium " "	15
Low " "	4
Moral imbecile	1
Mental abnormal 40 —	45.45%

TABLE IV.

Examination of 48 Girls in Industrial School. (Investigation conducted by Miss Lindley, Psychologist, Vancouver Schools.)

Normal	8
Dull normal	5
High-grade mental deficiency (requir- ing careful supervision, but not necessarily prolonged institutional care)	24
Mental deficiency requiring constant custodial care	11
Mental abnormal 35 —	72.91%

(2) *Nationality of Offenders.*

The nationality of 140 juvenile delinquents was determined, and it was found that 62.86% were Canadian born (the Canadian born population of B.C., according to 1911 census, was 43.14%).

The following chart indicates nationality according to the institution studied:

	Detention Home	Girls' Industrial School	Boys' Industrial School
Canadian	12	25	51
English	2	4	10
United States	5	4	10
Scotch		3	5
Maltese			1
Irish			1
Newfoundlanders			1
Russian			1
Chinese			2
Italian			2
Norwegian			1

(3) *Present Facilities for the Diagnosis and Training of Abnormal Delinquents.*

Diagnosis: Cases passing through the Juvenile Court, and those committed to the Detention Home and Girls' Industrial School, are given a psychological examination by Miss Lindley. While this work is to be commended, it should be stated that since there is a limit to human endurance, the school psychologist can hardly be expected to cover the field of juvenile delinquency in addition to canvassing the public school problem in a city the size of Vancouver.

When there is established a training school for defective delinquents—a need that will receive consideration shortly—there will develop an added significance to the mental examination of these cases. It will then be found advisable to secure a thorough medical, psychological and psychiatric investigation of each child. The latter study might well be conducted by the staff of the proposed Psychopathic Hospital.

Training: There is no institution in the province especially designed to afford training for mentally abnormal delinquents. This unfortunate condition of affairs should be rectified at an early date. British Columbia, like the other provinces of Canada, has apparently proceeded on the basis that the problem of juvenile delinquency was one involving only normal children. This preconception has led to the time honored system of placing offenders on probation or in reformatories with the hope of a successful issue.

Failure, instead of success, has frequently been the result after painstaking and conscientious efforts along this line. Why should this be the case? A scrutiny of the Committee's findings in connection with the mental examination of 155 juvenile offenders in the province no doubt provides an answer. The study referred to demonstrates that 91 children of the entire 155 were mentally abnormal—the great majority being feeble-minded. With this information in mind we could not expect the ordinary parole system or the industrial school to be effective reformatory agencies—certainly not for the 91 abnormal children in question. We would also be fearful that perchance the industrial schools might be hampered in exerting a good influence on their normal charges since they are called upon to deal with a mixed population of normals and abnormals.

These comments are not intended to belittle the value of the probationary system or the industrial school. No doubt both are useful for selected cases. The point, though, should be urged that the chief problem of juvenile delinquency is connected with those children who do not benefit by the agencies mentioned. Therefore the necessity of providing specialized facilities for their training and supervision.

Before making definite recommendations along this line a few notes will be submitted concerning the Juvenile Court, Detention Home, Industrial School for Boys and Industrial School for Girls.

JUVENILE COURT, VANCOUVER, B.C.

Judges: H. C. Shaw, Esq., Mrs. Helen G. MacGill.

Chief Probation Officer: N. W. Collier, Esq.

The Vancouver Juvenile Court made a most favourable impression. We found the court chambers well adapted for the work and quartered in the same building as that used by the Detention Home at 2532 Pine Street.

It was noted with interest that the Court met twice a week and that the girls received attention at the hands of a capable woman Judge, Mrs. MacGill, while Judge Shaw dealt with the boys. Each case is thoroughly investigated by Mr. Collier, chief probation officer and his assistants, before judgment is passed. As in all well regulated Juvenile Courts, the disposal of the children is determined quite as much by the careful consideration of environment and other factors as by a scrutiny of the nature of the delinquency itself.

The Court is conducted with due regard to legal formalities as far as the taking of evidence is concerned, and it was noted with pleasure that both Judges dealt with each case in a common sense parental fashion. Mrs. MacGill always took occasion before making the final disposal of a girl, to set forth the dangers of bad conduct and to urge the adoption of good habits.

The strong arm of every Juvenile Court consists in its probation system, and this part of the work is well developed in Vancouver. Mr. Collier makes it his business to obtain an intimate knowledge of all the facts pertaining to each case, and frequently settles matters out of court that are best handled in this way. When children are placed on probation, an earnest attempt is made to secure wise supervision, either through the officers of the court or through the agency of churches, philanthropic organizations or suitable individuals. It was pleasing to learn that good results are often the reward for these painstaking efforts. Information was given though, to indicate that the mentally abnormal child did not react well to ordinary probation methods.

Mr. Capon, one of the probation officers, makes a nightly round of the down town section to discover those juveniles who are walking the streets late at night, and those who attend theatres and pool rooms unaccompanied. A curfew law is in force in Vancouver prohibiting children under 16 years of age from walking the streets after ten o'clock unless in company with adults.

Members of the Committee took occasion to spend two hours with Mr. Capon on his nightly vigil. We saw many young girls on Granville Street openly soliciting men, but learned that the Juvenile Court had no control except in cases of girls under 16 years of age. It is a pity that such should be the case—there seems to be no good reason why the age limit could not be raised to 18.

DETENTION HOME OF JUVENILE COURT, VANCOUVER, B.C.

Superintendent: H. W. Collier, Esq.

Matron: Mrs. Collier.

Accommodation: 15 Boys, 5 Girls.

In Residence, 13.

The Detention Home is located, as has been said, in the same building utilized by the Juvenile Court. It serves as a clearing house for many of the Court cases. Children may be detained for observation for limited periods and for training and supervision.

None of the cases are kept for more than a few weeks. Adequate precautions are taken in the arrangement of the dormitories, etc., for the segregation of the sexes.

A school room is attached to the Home and is designated Room 14 of Fairview School (a nearby school) to avoid stigmatization of pupils. All the inmates of the Home are in school attendance, and, in addition, certain other children under court supervision, who live at home, attend the class.

When not in school the children play games, or are occupied in scrubbing, polishing floors, washing dishes, etc.

The teacher of Room 14, attached to the Vancouver Public School staff, intimated that a large proportion of her children were difficult to teach and were, in her opinion, probably mentally deficient.

The Detention Home forms a most useful link in the chain of organizations which deal with juvenile delinquents. It is of particular value as an observation centre, and this value will be enhanced when psychiatric, as well as psychological, examinations are employed.

PROVINCIAL INDUSTRIAL SCHOOL FOR BOYS, VANCOUVER, B.C.

Superintendent: Mr. Donaldson, 10 assistants.

Capacity: 100; present number: 88.

The Provincial Industrial School for Boys was built in 1902 on the outskirts of Vancouver on seventy acres of land (twenty-five of which are cleared). The building is now out of date, in a very poor condition of repair, and is a veritable fire-trap. There is practically no accommodation for the boys when the weather is inclement, other than in their dormitories. There is no equipment for suitable industrial training for the inmates. The carpenter shop has not been in operation for the last two years. There is, however, a boot making department and this, in addition to farming, provides the only facilities for out of school occupation. There is one class room in the main building and one teacher. An arrangement is made by means of which all the boys attend the school for half of each day.

The Provincial Industrial School is in urgent need of immediate re-organization. It was originally constructed for the purpose of reforming normal delinquents. Since, however, half of its population belong to the mentally defective class, it has been largely un-

successful in its attempt. The normal have suffered through their association with the abnormal, and the latter have not been given training suited to their needs.

The time seems ripe for the adoption of a new principle in dealing with the whole question of juvenile delinquency in British Columbia. There is immediate necessity for the abandonment of the present dilapidated building for delinquent boys. It would be eminently unwise to build afresh on the old lines of training or attempting to train normals and abnormals under the same roof.

The policy advocated by the Committee consists in providing an institution in connection with the proposed training school for mental defectives, for the care of defective delinquent boys. This matter will receive further consideration later on in the report. The problem of dealing with normal delinquents may necessitate the organization of a small industrial school, but experience in Massachusetts and elsewhere leads to the conviction that the boarding out system meets the needs of the situation. At any rate, a custodial institution for normals, if such is deemed necessary, need not be elaborate or extensive.

GIRLS' INDUSTRIAL SCHOOL, VANCOUVER, B.C.

Superintendent: Miss Bayne.

Accommodation: 48 (28 in residence).

Grounds: 14 acres of land.

Situation: On the outskirts of Vancouver.

The Girls' Industrial School was opened in 1914. The building is of modern construction and of most attractive appearance. It cost \$85,000. A well-kept lawn with flower beds, adds to the beauty of the institution. Miss Bayne, the Superintendent, is well suited by temperament and experience for her responsible duties. She realizes the nature of the problem of juvenile delinquency, and deals with her charges in a most kindly and intelligent fashion. She is assisted by a matron—Miss Menzies.

Girls are committed to the institution on account of delinquency, and are detained for not less than two years. An honour system is, however, in vogue, by means of which girls, for good conduct, may shorten their term by five days a month. The ages of those admitted are between 8 and 18 years, and they are generally received through the Juvenile Court. Girls over 18 are committed to Oakalla Jail. There is a routine examination for Gonorrhoea, but

no routine Wassermann is taken. Girls suffering from venereal disease are not isolated, but are kept out of the kitchen. At one time 50% of the inmates were receiving treatment for venereal disease.

Notes Concerning Buildings.

The building is so sub-divided as to make room for offices, reception room, dining-room, and kitchen, on ground floor; dormitories, amusement hall, and school room on the second floor; laundry, fruit cellar and cells, etc., in the basement.

There are 12 beds in each dormitory. The bathroom facilities are hardly adequate—only two tubs and five basins for 24 girls.

Occupation, School, etc.

The girls are given instruction in sewing, cooking, and laundry work. Those of higher mentality may take a commercial course. At present 10 are availing themselves of this latter opportunity. All the girls go to school for a half day. Public school instruction is given.

Punishment.

If a girl proves to be unruly, she is taken from the regular dormitory and given sleeping quarters by herself in a room in the basement. In this room there is placed an iron prison cell of the same type as that utilized at Oakalla Jail. The first night the girl sleeps in a bed outside the cell, but is told if her behaviour does not improve she will be placed in the cell itself. This threat has worked out so successfully that it has been unnecessary to date to actually employ the cells.

The honour system works well, according to the superintendent. Marks are given for honesty, punctuality, orderliness, courtesy, spirit toward work in institution, effort, good influence and efficiency. There is little doubt that by recognizing merit according to this system that the behaviour of the girls in the institution is improved.

Amusement.

Amusements are provided in the form of dancing, singing and concerts.

Discharge.

At the expiration of the period of incarceration in the institution, cases are sent back home or are located in suitable homes. Vancouver cases received through the Juvenile Court, upon discharge report periodically to Mr. Collier, the Chief Probation

Officer. Such organizations as the churches, and philanthropic institutions of the province are also called upon at times for after supervision.

Note.

Attention has been drawn to the fact by the superintendent, that Victoria girls have always been much in evidence in the school. This statement has been corroborated by the Warden in Oakalla Jail and others, and deserves investigation.

It has been stated earlier in the report that 35 of the 48 inmates were mentally deficient, and of this number 11 were in definite need of constant custodial care in an institution. This is another argument for the erection of a training school for mental defectives. It would be quite unfair to society and to the girls concerned, to return these 11 cases to the general community.

The work of the school psychologist in the Girls' Industrial School has been admirable, but should be supplemented by psychiatric examination.

RECOMMENDATIONS IN CONNECTION WITH JUVENILE DELINQUENCY.

(1) *Mental Examination of all Delinquents.*

Every case passing through the Juvenile Court should, before disposal, be submitted to a psychiatric and psychological examination. The psychiatric investigation might well be intrusted to the staff of the proposed psychopathic hospital.

(2) *Training School for Defective Delinquents.*

There should be established a training school for defective delinquents, with provision for segregation of sexes at the proposed training school at Essondale.

In connection with this recommendation one could quote the opinion of numerous authorities to show the need of special provision for defective delinquents. The New York Committee on Feeble-mindedness canvassed the situation thoroughly and came to the following conclusion: "Defective delinquents form a class for whom the usual reformatory methods, or treatment in institutions for the feeble-minded, effects little or no benefit and who cause constant disturbance in both correctional and custodial institutions. Authorities and experts agree on the need of discovering and segregating these feeble-minded criminals and of special restriction and training in institutions established for them. The magnitude of the problem and the prevalence of this class of mental defectives

is shown by numerous studies and surveys. The elemental needs of the defective delinquent and the relief of the institutions for the feeble-minded and for the mentally normal delinquents require the provisions listed above."

(3) *Legislative provision enabling institutional authorities to retain defective delinquents indefinitely.*

Experience in other provinces demonstrates the value of legislation along this line.

DEPENDENT CHILDREN.

TWO institutions caring for dependent children were visited—The Home of the Children's Aid Society, Vancouver, and the British Columbia Protestant Orphanage, Victoria. It was evident that both organizations could do better work if all their charges were given a psychiatric examination and if the abnormals were transferred to specialized institutions. The following notes are worthy of consideration:—

HOME OF CHILDREN'S AID SOCIETY, VANCOUVER, B.C.

Superintendent: Mr. C. J. South.

Accommodation (approximate): 150.

Present number: 125.

Function, Etc.

The Home of the Children's Aid Society acts as a clearing house for dependent children, where they may remain from a short time to several years. It is under the auspices of the Children's Aid Society and managed directly by the Superintendent, Mr. C. J. South. Mrs. Locke acts as matron.

Building, Location, Etc.

The building is a commodious wooden structure beautifully located on the outskirts of Vancouver. There are several acres surrounding the building and this is utilized as playgrounds, garden, etc.

General Impressions.

The children were apparently well cared for, and presented a picture of happiness. Great interest was shown in the garden, which was tilled by the children.

Mentally Deficient Children.

In the last annual report the President, Mr. A. B. Erskine, wrote as follows:—"Your directors are heartily in accord with the various organizations in the province, who are working so hard to secure a home for defective children. We know how detrimental it is to have this class of children in the home. We have had three there for some time, and it is not fair, either to the defective child or to the more favoured child in any public or private home. We trust action will be taken."

The three children referred to above were seen, and found to be imbeciles. One boy of low-grade mentality was of a vicious type and had recently thrown a saucer at the head of another child. Another case was that of a girl of 14 years of age, with a mental age of less than half her physical age. She was well developed physically, and was in urgent need of institutional care in a home for defectives.

In addition to the three children mentioned above, 17 children were given a mental examination—children referred by the Assistant Matron because of backwardness in school work and inability to cope with the tasks meted out to the other children. Fifteen of these were of the mentally defective type, and were in need of specialized training and custodial care.

A general survey was made of the other children, and it was quite evident that a fairly large proportion were mentally defective. An estimate of 25 per cent. defective is probably well within the truth. The inclusion of mentally deficient children with the normal is to be deprecated, since both suffer with such a system. There is therefore urgent need for the transference of these unfortunates to a training school for the feeble-minded.

It would be advisable to have a routine mental examination made of all children cared for by the Children's Aid Society, and facilities should be provided for this important work.

Nationality of cases cared for by the Children's Aid Society during the last year (1918):—

	Total	%
Canadian	129	= 70.87
British	46	= 24.72
Sweden	3	= 1.64
Austria	2	= 1.10
United States	1	= .54
Germany	1	= .54

BRITISH COLUMBIA PROTESTANT ORPHANAGE, VICTORIA.

Superintendent: Mrs. Johnston.

Capacity: 75 Children. Present Number: 68.

General Notes.

The building used by the Orphanage is a rather old structure and is not particularly attractive in appearance inside. In addition to offices, dining-room, kitchen and dormitories, there is a school-room. Protestant children only are admitted, and Orientals are excluded. The children attend school daily, and the teacher expressed herself freely on the subject of mental deficiency, and stated that it was a grave problem in the Orphanage. Children are received from the age of two to 14 years.

Psychiatric Examinations.

A mental examination was given to nine children referred by the teacher. Of these, four were mentally deficient—two being low-grade imbeciles, four backward and one normal.

Summary.

It would be prudent to place the Orphanage on a more up-to-date scientific basis. It is unwise for the Orphanage to care for defectives along with normal children, and certainly the two imbeciles seen should be removed to another institution at an early date.

GAOLS.**VANCOUVER GAOL.**

THE Vancouver Gaol was visited for the purpose of inquiring particularly into vice conditions in the city of Vancouver. Information was obtained chiefly from Mrs. L. D. Harris, a member of the Police Force. Mrs. Harris stated that she and three other police women pay particular attention to the problem of immorality. It was her opinion that the Chinese contributed to immoral practices through the sale of drugs and the enticing of white women. With regard to drugs, it was stated by Chief McRae that a large percentage of those arrested were addicted to their use, and that delinquency was often a natural consequence. Immorality

is apparently practised extensively by lower grades of the Greeks, who do a large restaurant business in the city. It is the belief of the Police staff that the Greeks seek out girls for employment, with immoral purposes in view. There is a provincial law against Greeks employing white women, but this does not affect the city of Vancouver. It was also learned that vice was carried on extensively in hotels and rooming houses. Soliciting on the streets is liable to punishment, and the police women warn soliciting girls, obtain their names and addresses, and visit their homes.

Nationalities of those Arrested.

Since 50 per cent. or more of the chronic offenders against the law are mentally abnormal, it is interesting to learn the proportion of criminals of foreign birth. The figures for 1917 for the Vancouver Gaol give the nationality of those arrested, as follows:—

Canadian	744
English	361
Irish	241
Scotch	274
United States	447
German	27
Japanese	30
Chinese	598
Hindoo	58
Indian	273
Other Nationalities	665

During 1918, 5,071 individuals were arrested, and 547 of these were women.

Gaol Statistics and Nationality.

British Columbia had in 1911, a population of 392,480, and these figures are no doubt sufficiently accurate to furnish us with data comparison.

Canadian	43.14%
British	29.24%
Foreign Born	17.21%
U. S. A.	9.56%

Of 3,718 cases passing through the Vancouver Gaol in 1917, only 20 per cent. were of Canadian birth, while the Chinese supplied 16 per cent., United States nearly 15 per cent., British more than 23 per cent. If we add to the Canadian figures 7 per cent.

of Indians, the sum total goes to prove that, as in other parts of Canada, the foreign born element furnished far too large a proportion of defectives and delinquents. It is difficult to get the immigration authorities to realize the seriousness of such a state of affairs, but the more we delve into the question of nationality the more we are convinced that a complete reconsideration of the immigration policy of the Federal Government is due.

The drug habit seems to be far more common on the Pacific Coast than it is in the East, and the prevalent opinion is, that the Chinese are responsible for this condition of affairs, but no actual proof of the opinion could be produced. Again a careful study of thousands of individual cases will have to be made before the truth or falsity of the theory is established. The fact remains though, that morphia, opium and cocaine are resorted to far more commonly than in the East. The following paragraph from the 1918 Annual Report of the Chief Constable of Vancouver is not without interest in this connection.

"I would respectfully recommend to the Board that steps be taken through the proper authorities for compulsory medical treatment of persons addicted to the use of drugs, or afflicted with venereal disease. Unfortunately a number of young boys, and even girls are in the habit of using drugs, and early and effective precautions might be the means of preventing the ruination of their lives and of making them criminals, as well as preventing the habit amongst their associates. In this connection I would strongly recommend an institution in a country place, preferably an island, where suitable employment and out-door exercise could be provided."

OAKALLA GAOL.

Warden: Mr. Campbell.

Situation: A few miles from Vancouver.

Accommodation: 382.

Present number of prisoners: 152 men and 15 women.

The Oakalla Gaol is a comparatively new institution, having been developed about four years ago. The building is well lighted, airy, sanitary, and clean, and has attached to it a farm consisting of 189 acres. This gaol is conducted largely on old fashioned lines that are being relegated to the past in many countries, and will probably be deserted by British Columbia in due course. In other

words, the farm colony system is not in vogue, and the idea of punishment, rather than reformation, is the one prominent.

The Warden, Mr. Campbell, is an intelligent, well-informed official, and if given opportunity, would no doubt develop and make successful a more modern plan of treatment of the gaol population.

The farm furnishes an excellent opportunity for such a development, since it will take some years to bring the whole of it under cultivation.

Mental Examination.

A mental examination of a number of the male inmates was made, and it was found that the usual high percentage (approximately 50%) were mentally abnormal. This fact in itself, is conclusive that the proper treatment of the prisoners is not being followed, if reformation, rather than punishment alone, is the goal aimed at. It is self-evident that the mixing of all classes, normal and abnormal, is not the way to develop a system that will discourage the development of the recidivists, restore the normals to confidence and decency, and remove the abnormals from society, where they are a menace both to themselves and the community.

A brief study of the fifteen women serving sentences confirmed this opinion. We found that eleven were mentally deficient, two were of inferior intelligence, and two probably normal. Of the fifteen, ten acknowledged that they were prostitutes, and nine users of drugs. Surely facts such as these warrant the most earnest scrutiny when the question of the ultimate disposition of the group is considered, and yet Oakalla has nothing to offer in the way of a solution of the problem. It seems absurd to argue that the thirteen defective women should be liberated at the expiration of their sentences only to return to society where they have already demonstrated their inability to do otherwise than to act as vultures and distributors of contagion. It is not an intelligent way of dealing with the question. To illustrate the inability of these women to rise superior to their mental hamperings it may be said they evidenced little or no conception of moral worth, and showed a callousness that would appear unbelievable to people not accustomed to dealing with these classes. Never before have we met with types more hardened, than these. They not only discussed their prostitution, but showed no evidence of shame and boasted of the numbers of men with whom they had immoral relations daily (in some cases 30 to 40). The most degenerate had been living in the Chinese quarter in Vancouver. The prevalence

of the drug habit, too, was impressive, and evidently played an important part in submerging the defectives to the lowest depths of vice; indeed, we have nowhere seen demonstrated so clearly the intimate relation existing between the drug habit, defect and delinquency. Many of these defective and dissolute women were recent arrivals from the United States, and no doubt, came to Canada to escape from the severe drug laws in force in the United States.

Occupations:

The men are occupied in gardening, washing, mending, carpentering, and cooking. There is no systematic attempt to teach them a trade.

Nationality of Inmates for previous year (1918):

Canadian	58
United States	21
English	14
Irish	3
Scotch	6
Welsh	1
Chinese	19
Japanese	1
Swedish	2
Norwegian	1
Greek	1
Hindoo	4
German	2
Italian	1
Denmark	1
Austrian	1
French	1
Belgian	1
Russian	3
Australian	1
Montenegro	1

RECOMMENDATIONS.

British Columbia will no doubt find it advisable to treat gaol prisoners along modern gaol farm lines, having a careful mental estimate made of each prisoner at the time of conviction with the idea of having the proper treatment prescribed in each case.

Provision should also be made for a careful physical examination, including an endeavour to discover the existence of specific diseases among the inmates. When venereal or other diseases are discovered appropriate methods of treatment should be instituted at once.

PROSTITUTION AND ILLEGITIMACY.

With the purpose of discovering the relationship existing in British Columbia between prostitution, illegitimacy, and mental abnormality, a number of organizations were visited. Studies were made at the Vancouver Jail, Oakalla Jail, Central Mission, Vancouver; Salvation Army Home, Vancouver; Presbyterian Home and Provincial W. C. T. U. Home, Victoria. In another part of the report, reference is made to findings in jails. In the other institutions visited, 29 cases were examined—women who had either given birth to illegitimate children, or who admitted sexual immoral relations—and it was found that 28 were mentally abnormal. It is not possible to make any sweeping generalizations from this limited study, because of the comparatively few cases investigated. The findings indicate, however, that mental abnormality and immorality are closely related. In this connection it is interesting to consider results obtained in investigations in other localities. The American Social Hygiene Association, after considering all available data connected with investigations pertaining to this subject in the United States, arrives at the conclusion that at least 33% of all prostitutes are feeble-minded. The Association quotes authorities who have found the proportion to be as high as 80% in some localities. Findings in Grace Hospital, Winnipeg, and in the Toronto General Hospital show the percentage to be over 60%.

A short account of three British Columbia organizations caring for immoral women will be given:

CENTRAL MISSION.

Rescue and Protective Society, 2144 Pender St. E., Vancouver.

Superintendent: Mrs. E. M. O'Hara.

Accommodation: 14 girls. Present number: 5.

Function, etc.

The Central Mission is a Home for friendless, indigent, or immoral girls. It was established 8 years ago, and, while maintained chiefly by private subscription, it receives a small city grant. Girls

are sent from the Juvenile Court, Police Station, social organizations and relief societies. It is undenominational. The Superintendent is a bright, intellectual woman with an appreciation and adaptability for her work. A review of the cases for the last year reveals the following:

Reasons for Commitment.

Venereal disease and pregnancy	1
Immorality	3
Pregnancy	17
Venereal disease	2
Dependency	2
Prostitution	1

Nationalities and Cases.

English	3
American	3
Canadian	9
French	1
Norwegian	2
Japanese	1
Welsh	1
Scotch	4
Dutch	1
Irish	1

Occupation of Cases.

Housework	22
Lithotypist	1
School girl	2
Selling papers	1

Ages of Cases.

1-13 years of age	1-25 years of age
1-14	1-28
2-16	1-29
5-17	1-31
3-18	1-35
2-19	1-36
2-20	1-37

Length of Residence in Institution, etc.

Girls are detained for an indeterminate period. When they leave positions are found for them, and follow up supervision is provided by Miss O'Hara as far as possible.

Occupations.

The girls sew, mend, cook, and do general housework. Indeed, the Mission strikes one more as a private home than as an institution, and is to be commended in this regard.

Summary of Mental Examinations.

(1) ———, born in U. S., 18 years old. Had a child by her own father. Occupation: housework. Diagnosis: low grade moron.

(2) ———, aged 14. Canadian. Sr. II book in school. Committed because of bad home conditions. Mother is a drunkard; sister is syphilitic. Diagnosis: low grade moron.

(3) ———. Canadian, 18 years old. Reached IV reader. Was adopted out by the Children's Aid Society four years ago. Girl gives the history of having a baby 2 years old, by foster father. She states that she was encouraged by both foster mother and father to lead an immoral life. Diagnosis: inferior intelligence, but not definitely mentally deficient.

(4) ———. English. In Canada five years. Left her husband one year ago, and is now pregnant by another man. Reached VII Standard in England. Diagnosis: medium grade moron.

(5) ———. Aged 20. Australian. Married soldier two years ago, after one week's acquaintance. Has since lived with other men, and is now pregnant and syphilitic. She hopes for a divorce to enable her to marry a man much older than herself. Unless constantly watched she runs the street with immoral intent. Diagnosis: high grade moron.

Summary and Conclusions.

The five cases investigated indicate that mental deficiency and immorality among girls is closely associated. With the exception of one girl, all are mentally deficient, and all but one have been given to immoral practices. While the Mission endeavours to keep its inmates for as long a period as possible, when such is needed, nevertheless, there is urgent need for an institution for mental defectives, that will provide suitable supervision and training for a much longer period of time than can be given by this institution. Without such a training school, four of the girls referred to will

be sent out again into the world, doubtless to lead lives of immorality, and it should be remembered that one of the girls is syphilitic. Attention should be drawn to the case of number 3. If her story that she had a baby by her adopted father is correct, it would lead one to believe that the homes of adopted children need more careful supervision and inspection.

SALVATION ARMY HOME, VANCOUVER, B.C.

Superintendent: Miss Bond. Capacity: 19.

General Notes.

This institution is a maternity home and hospital. For the most part unmarried mothers receive attention. In the last year 85 women and 107 children passed through the organization. There is no regulation by means of which a mother is induced to nurse her baby for nine months. A large number of the babies born in the Home are eventually adopted.

Psychiatric Examination.

Eleven cases were referred for mental examination, and all of these were mentally deficient, although some were of the high grade moron type. It is apparent that many of the cases handled by this organization need prolonged supervision in a specialized institution for defectives. If such is not provided, many cases will repeat past practices.

PROVINCIAL WOMEN'S CHRISTIAN TEMPERANCE UNION HOME,
VICTORIA.

Superintendent: Mrs. Andrews.

Accommodation: 20. Present number: 6.

This Home was originally organized for rescue work, but is now a home for friendless women—the majority of cases cared for being unmarried mothers. The institution is maintained through an annual Government grant of \$1,700, and a monthly city appropriation of \$50. Babies of unmarried mothers are, as a rule, adopted when very young. During the past year 13 of these unmarried mothers were cared for. Eight were Canadian, three Irish, one English, and one American.

IMMIGRATION.

The following figures demonstrate the fact that poorly supervised immigration is adding burdens to the Province. Among the insane it is found that while Canadians should, theoretically, supply 43.14% of the admissions to the Hospitals for the Insane, yet they only furnish 27.28%. In other words, the foreign born constitute 72.72% of the admissions, a showing that is quite out of proportion to that expected.

POPULATION OF BRITISH COLUMBIA, 1911.

English	133,186	
Irish	40,642	
Scotch	74,493	
Others	4,362	
French	8,907	
German	11,880	
Austria-Hungary	7,015	
Belgian	938	
Bulgarian	219	
Chinese	19,568	
Dutch	1,255	
Greek	810	
Hindu	2,292	
Indian	20,134	
Italian	9,721	
Japanese	8,587	
Jewish	1,265	
Negro	473	
Polish	561	
Russian	6,896	
Scandinavian	15,968	
Swiss	796	
Unspecified	22,512	
Total	392,480	
Canadian	169,322	43.13%
British	114,760	29.24%
Foreign born	67,549	17.21%
U. S. A.	37,548	9.56%

NATIONALITIES OF PATIENTS NOW IN NEW WESTMINSTER HOSPITAL
FOR THE INSANE, SEPTEMBER 1, 1919.

	Males.	Females.	Total.	%
Aleutian Islands .....	.....	1	1	.17
Austria	10	5	15	2.59
Barbadoes .....	.....	1	1	.17
Brazil	1	.....	1	.17
China	12	1	13	2.24
Cyprus	1	.....	1	.17
Denmark	2	.....	2	.34
England	27	107	134	British 37.54
Finland	3	7	10	1.72
France .....	.....	1	1	.17
Germany	4	5	9	1.55
Greece	1	.....	1	.17
Holland .....	.....	1	1	.17
Hungary	1	.....	1	.17
Iceland .....	.....	1	1	.17
India	1	1	2	.34
Ireland	5	23	28	
Italy	2	3	5	.86
Japan	2	2	4	.69
Mexico	1	.....	1	.17
Newfoundland .....	.....	5	5	.86
Norway	2	2	4	.69
Poland	2	.....	2	.34
Russia	4	6	10	1.72
Scotland	12	37	49	
South Africa .....	.....	1	1	.17
Spain .....	.....	1	1	.17
Sweden	11	5	16	2.76
Switzerland .....	.....	1	1	.17
U. S. A.	15	44	59	10.27
Wales	3	3	6	
West Indies .....	.....	1	1	.17
Yukon .....	.....	1	1	.17
Unknown	4	2	6	1.03
Canada—				
Alberta	1	3	4	
British Columbia	17	41	58	
Manitoba	1	7	8	
New Brunswick	1	5	6	
Nova Scotia	6	10	16	31.83

	Males.	Females.	Total.
Ontario	16	49	65
P. E. I.	1	1	2
Quebec	3	21	24
Saskatchewan	1	.....	1
Totals	173	405	578

NATIONALITIES OF PATIENTS NOW IN RESIDENCE IN ESSONDALE
HOSPITAL FOR THE INSANE, SEPTEMBER 1, 1919.

	Total.	%
Australia	3	.41
Austria	48	6.63
Belgium	2	.27
Canada	171	23.92
China	45	5.22
Denmark	5	.69
England	150	British 33.30
Finland	17	2.35
France	6	.82
Germany	16	2.21
Greece	1	.13
India	2	.27
Ireland	39	.....
Italy	27	3.73
Japan	9	1.23
Norway	14	1.95
New Zealand	4	.55
Poland	2	.27
Portugal	2	.27
Roumania	2	.27
Russia	3	.41
Switzerland	2	.27
Scotland	44	.....
Sweden	27	3.73
Serbia	1	.13
Syria	1	.13
U. S. A.	44	6.08
Wales	8	.....
West Indies	4	.55
Unknown	24	3.32
Total	723	

GAOL CASES.

The figures for gaol cases are even more convincing. An analysis of the records of 3,863 cases shows that only 21.53% are Canadian born, while 78.47% are foreign born.

PATIENTS IN BRITISH COLUMBIA GAOLS.

	Oakalla.	Vancouver.	Total.	%
Canada	58	774	832	21.53
United States	21	447	468	12.11
England	14	361	375	British 25.91
Ireland	3	241	244	
Scotland	6	274	280	
Wales	2	.....	2	
China	19	598	617	15.97
Japan	1	30	31	.80
Sweden	2	.....	2	.05
Norway	1	.....	1	.02
Greece	1	.....	1	.02
India	4	273	277	7.17
Germany	2	27	29	.75
Italy	1	.....	1	.02
Denmark	1	.....	1	.02
Austria	3	.....	3	.07
France	1	.....	1	.02
Belgium	1	.....	1	.02
Russia	3	.....	3	.07
Montenegro	1	.....	1	.02
East India .....	.....	58	58	1.50
Others .....	.....	665	665	17.21
Total			3,893	

RECOMMENDATIONS.

THE INSANE.

I. *Establishment of Psychopathic Hospital.*

Reference has previously been made to the advisability of establishing a Psychopathic Hospital in connection with the Vancouver General Hospital. The chief arguments* in favour of its establishment may be summarized as follows:

*Arguments formulated by Mental Hygiene Committee of New York State Charities Aid Association.

(a) Such a hospital is an integral part of a complete provincial hospital system, and without it the system goes lame.

(b) Such a hospital will help check the present rapid increase in the number of the insane by heading off the stream at its source.

(c) Such a hospital, by preventing and curing cases of mental disease in incipient and early stages, will prevent their becoming chronic insane patients, and will save the state the expense of continuous care of chronic cases for a long term of years in regular provincial hospitals.

(d) This hospital, by receiving and caring for recent and acute cases of insanity, will diminish the number annually committed to the other provincial hospitals, and so relieve the overcrowding in these hospitals.

The utilization of one or two buildings at present occupied by the University of British Columbia would prove excellent for the purposes of a Psychopathic Hospital.

The staff could be utilized, in addition to other duties, for survey work in Vancouver public schools, and for the mental examination of juvenile and adult court cases.

II. *New Building for Acute Cases at Essondale.*

The hospital organization at Essondale will be incomplete without the erection of a building for acute cases. This new unit would provide needed active treatment for patients who are considered to be recoverable or improvable. Facilities should be provided for occupational therapy and hydrotherapy.

The Committee can heartily endorse the following recommendation made by Dr. Doherty in a recent report:

"There is urgent necessity for a modern hospital building at Essondale for the reception, proper examination, and scientific care and treatment of acute cases. Such building should have accommodation for two hundred cases, and should contain the best features of a modern Psychopathic Hospital."

III. *Nurses' Home at New Westminster.*

For reasons already outlined it is advisable at an early date to erect a Nurses' Home.

IV. *Voluntary Admissions.*

In order that a patient suffering from mental disease might secure as easy an access for treatment as a patient suffering from a physical disability, it is prudent to place on the Statute Books provision for voluntary admissions to mental hospitals.

V. *Convalescent Home.*

There is need for the building of a Convalescent Home in connection with the Mental Hospital at either New Westminster or Essondale. It would be inexpensive to erect and maintain, and would materially facilitate the more rapid recovery of patients.

VI. *Social Service in connection with New Westminster and Essondale.*

The employment of one or two social workers in connection with the mental hospitals of the Province would, among other beneficial results, make possible the placing of an increased number of patients on parole.

In New York State during the year 1913, 975 patients were placed upon parole from the thirteen State hospitals, but during 1917 it was possible to increase this number to 1,504. This result was due in large measure to the establishment of Social Service, and saved the state many thousands of dollars in connection with upkeep. It is apparent that the growth and development of the parole system depends largely upon its proper supervision, and this can best be obtained through Social Service and Out Patient Clinic work.

VII. *Travelling Psychiatric Clinic attached to New Westminster Hospital.*

A travelling Psychiatric Clinic would make possible the mental examination of paroled patients, of public school cases and others who are resident at a distance from Vancouver. The value of such a clinic has been well stated in a recent report submitted to the Hospital Development Commission of New York State. The report is as follows:

THE EFFECT OF THE MENTAL CLINICS.

(A) On the Hospital.

1. They provide a means whereby the hospital can supply medical supervision to its patients even when they live at a distance.

2. They provide an inconspicuous place to which sensitive patients are willing to come when they would hesitate to return to the hospital.

3. By giving parole patients an opportunity to see regularly and frequently a physician who understands them, the hospital is able to keep patients on parole who would otherwise have to return.

4. They furnish the hospital with its best weapon for combating prejudice and superstition in the district.

5. They are the greatest means the hospital has for carrying on educational and preventive work; the only method of decreasing the number of commitments.

(B) On the Hospital Physician.

1. They furnish a new and stimulating field of work for the hospital physician.

2. In so far as they undertake to do preventive work, they bring the hospital physician in contact with the beginning stages of mental disease and with the milder forms which rarely reach the hospital.

3. They bring the physician face to face with the concrete social problems which have to be solved in connection with the mentally ill.

4. They make the physician realize the importance of the hospital as a social force.

5. They make the physician realize the importance of the hospital as a preventive medical agency.

(C) On the Community.

1. They are of direct value to every social agency in the community, since every such agency has problems involving mental conditions.

2. They are the means of bringing the community into friendly relationship with the hospital which thus definitely gives its services to aid the community in its mental health problem.

3. In cities, they make the psychiatrist accessible to the middle-class citizen who cannot afford to consult the high priced specialist, and in consequence goes without advice or treatment for mental disease, or resorts to quacks.

4. In the country districts, they constitute as a rule the first and only source of diagnosis and treatment of mental conditions.

5. They provide the most promising instrument for removing popular prejudice against the State hospitals and for raising the general level of intelligence in the State with regard to mental disease.

6. They give to the community its first real opportunity to organize preventive mental health work.

VIII. *Appointment of Pathologist at New Westminster.*

A qualified pathologist should be appointed at New Westminster for laboratory work.

IX. Increased Medical Staff at Mental Hospitals.

At New Westminster Hospital there are three physicians in charge of over six hundred patients. This is not a sufficient number to conduct efficiently all the medical work that is required in a hospital of this size.

X. Occupational Therapy.

Since mental deterioration is curbed, and since recoveries are more frequent when patients are usefully occupied, it is desirable to still further increase facilities along this line.

XI. Visits to Other Institutions.

Arrangements should be made to send annually one of the medical staff of the Mental Hospitals for a period of two months to places outside the Province, for psychiatric study. This measure will tend to keep British Columbia in touch with recent advancements in other parts of Canada and the United States.

THE FEEBLEMINDED.

Facts have been disclosed in this report that give some indication of the proportions and seriousness of the problem of feeble-mindedness in British Columbia. The data presented shows that mental deficiency lies at the very root of such conditions as crime, juvenile delinquency, prostitution, and pauperism, and that it is a significant public school problem. Certain measures have already been adopted by the province to cope with the situation. but much remains to be done. There are measures of urgency that should be immediately undertaken, and these will receive consideration in some detail. Before discussing particular recommendations, however, it should be pointed out that an efficient programme for the care of mental defectives must of necessity be elaborate. One could not do better in this connection than quote from a recent article written by Dr. Walter E. Fernald, the eminent American authority on feeble-mindedness, in a recent issue of *THE CANADIAN JOURNAL OF MENTAL HYGIENE*. Dr. Fernald thus outlines an effective state (or provincial) programme for the care of mental defectives: "It includes the mental examination of backward school children, the mental clinic, the travelling clinic, the special class, directed training of individual defectives in country schools, instruction of parents of defective children, after-care of special class pupils, special training of teachers in normal schools, census and registration of

the feeble-minded, extra-institutional supervision of all uncared-for defectives in the community, selection of the defectives who most need segregation for institutional care, for such care, increased institutional facilities, parole for suitable institutionally-trained defectives, permanent segregation for those who need segregation, mental examinations of persons accused of crime, and of all inmates of penal institutions, and long-continued segregation of defective delinquents in special institutions."

Definite recommendations concerning the feeble-minded are as follows:

(1) *Facilities for Diagnosis.*

Arrangements should be made for the diagnosis of the mental status of school children, juvenile and adult delinquents, prostitutes, and unmarried mothers. This work could best be carried out through the agency of Mental Clinics. At the outset it would be advisable to establish a Psychopathic Hospital connected with the Vancouver General Hospital, and to utilize the staff of this organization, in addition to other duties, for the mental examination of all Vancouver cases. In order that the rest of the province might be served, it is recommended that a travelling clinic be attached to the New Westminster Mental Hospital. It has been found that a travelling clinic can cover considerable territory, and it is probable that much valuable work outside of the city of Vancouver could be accomplished through such an agency.

(2) *Facilities for Training.*

1. Training School for Mental Defectives.

There is urgent need for the establishment of a Training School for Mental Defectives in British Columbia. The present survey has demonstrated that there are a large number of feeble-minded in the province requiring prolonged treatment in such an institution. Many of these cases are to be found in the schools, in the jails, reformatories, in such philanthropic organizations as maternity homes, Children's Aid Societies, and in the general community. Wherever they are found they constitute a serious menace, and therefore the urgency of providing a separate institution.

It is proposed that a training school on the farm colony plan be organized on the Essondale property owned by the Government. There are many reasons to put forward for the site recommended. In the first place, it is an ideal location for such an institution—splendid surrounding country, and of easy access. In addition, the utilization of this property would result in saving a considerable

financial outlay. This saving would be realized not only in connection with initial expenditure, but also in connection with maintenance charges. The latter would be materially reduced through centralized management—the medical control being in charge of the Superintendent at Essondale—and the product of the labours of the feebleminded utilized to a degree for the upkeep of the nearby Mental Hospital. The institution would enter largely into agricultural pursuits, carpentering, the making and mending of clothes, etc., and there would be a surplus of production over and above the training school's needs.

The Committee believes that there would be no serious public objection to the erection of the institution on the Essondale property because of the proximity of the Mental Hospital, when it is known how extensive the Government property really is. The training school could occupy large grounds at such a distance from the Mental Hospital that the two organizations could be kept entirely distinct.

The type of training school suggested should be constructed along the lines of the institution at Waverley, Massachusetts. At Waverley provision is made for the segregation of defectives according to sex, intellectual development, and behaviour. An attempt is made to train all cases to the limit of their capacity. The higher grades are educated in public school subjects, and boys are given industrial training in agriculture, carpentering, boot making, weaving, while the girls receive special instruction in the household arts.

While a considerable number of the feebleminded to be cared for in such a training school as is suggested will be permanent institutional cases, still it will be possible to discharge some who have passed early adolescence. In this connection a statement by Dr. Fernald is significant. He says: "It has been fairly well demonstrated that the average male moron, without natural vicious tendencies, who has been properly trained in habits of obedience and industry, and who is protected from temptation and evil associations during the formative years, can be safely returned to the community when he has passed early adolescence, if his family are able to look after him and give him proper supervision. The after-care of the female morons who have received training in the institution were not so favourable, but many of these, too, led moral and harmless lives after their return to the community. The study of discharged female cases at Waverley showed a surprisingly small number who became mothers or who married."

Attached to Waverley and the institutions for the feeble-minded at Rome and Vineland are farm colonies where selected cases are sent to clear the land and develop it. These colonies form an outlet for the growing institutional populations, and are practically self-supporting. It is recommended that this colony system be adopted in connection with the training school at Essondale.

Mention has been made in an earlier part of the report of the need of providing segregation for male and female defective delinquents. Separate buildings might well be erected contiguous to the training school proper, for this purpose.

(3) *Extension of Special Classes.*

The advisability of providing more special classes for the backward and defectives in the schools of the Province cannot be too strongly urged. The provision of these classes would materially diminish the number of feeble-minded who would otherwise require prolonged institutional care. The system in Vancouver and Victoria should be extended as previously outlined, and provision made for other cities, towns, and outlying districts.

The advisability of organizing a Trade School in Vancouver, and of securing a Psychiatric Social Worker, has previously been mentioned.

FURTHER RECOMMENDATIONS.

I. *Boys' Industrial School.*

For reasons already outlined the present building utilized as an Industrial School for Boys should be abandoned.

II. *Mental Hygiene Commission.*

It is strongly recommended that there be appointed a Mental Hygiene Commission in British Columbia. The function of such a Commission would consist in making a careful study of the problem of mental abnormality in the Province, and of developing a suitable plan for its solution. It should have as its head a well-trained and competent man of high character, in whom the people have confidence, and associated with him should be a well-trained psychiatrist. The latter might with advantage be the General Superintendent of the Mental Hospitals of the Province. A third member of the Commission might well be chosen from the legal profession, as so many points of law keep coming up from time to time in connection with all institutions. In addition, there should of course be a Secretary.

This Commission should be an independent body, free from political control, but in the confidence of the Government and responsible to it. It should be empowered to inspect the activities of all institutions supported by Governmental aid.

The value of such a Commission is well exemplified by the history of the State Commission in New York State. In this connection we can quote with advantage from the Manitoba Survey of the Canadian National Committee for Mental Hygiene:

"The New York State Commission was founded in 1889, and revolutionized the affairs of hospitals for the insane in the State. Of course, the Commission was unpopular at first, because it interfered with the patronage which had been largely controlled prior to its establishment, by petty politicians, but it more than justified its existence from the standpoint of economy, humanity, and general progress. Almost immediately after its development, it effected a gross saving of \$408,000 in one year, and that was done without any perceptible lowering of the high standard of care which had always been maintained in the hospitals for the insane for New York State. Before its advent, the neglect of many important things from the standpoint of efficiency was only too apparent, and wonders have been accomplished. The medical service of the hospitals for the insane in New York State is of the best character possible, and the appointments made are from those who reach the high standard demanded, by competitive civil service examination. Training schools for nurses have been established, a psychiatric hospital instituted at Ward's Island, where, in addition to the work done in pathology and clinical psychiatry, special courses of instruction are arranged for the benefit of the medical officers of the various hospitals."

CONCLUSION

It is not to be expected that all recommendations made in this report will be carried into effect immediately, but it is felt that the desire for progress in British Columbia is so great that many suggestions will be adopted in the comparatively near future.

Signed on behalf of the Canadian National Committee for Mental Hygiene.

C. K. CLARKE, *Medical Director.*

C. M. HINCKS, *Associate Medical Director and Secretary.*

THE MESSAGE OF EDUCATIONAL PSYCHOLOGY TO PARENTS AND TEACHERS.

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THE far-reaching changes in the political, social and industrial life of the past decade have impressed every active and alert mind. Thrones have crumbled into dust, states have been shattered in pieces, power has changed hands, wealth has been redistributed. These startling phenomena have arrested the attention of the civilized world so that the minds of men have been concentrated upon them to the exclusion of the less dramatic forces that silently shape human destiny. In the heyday of Napoleon men watched with eager eyes the fluctuating fortunes of that great adventurer, seeing in their rise and fall the changing fate of Europe. Yet far from the pride, pomp, and circumstance of the battlefield and remote from the solemn sessions of the council chamber was being enacted the Industrial Revolution, which was to change the foundations of social life. So at this moment, while the eyes of men are turned on the readjustments of political power caused by the Great War, a revolution fraught with greater significance to humanity is slowly taking place unnoted. I refer to the down throw of opinion and the rise of science in the schoolroom, which has been made possible by the development of Educational Psychology. It is no exaggeration to say that since 1909, when the first pedagogical measuring scale was published, there has begun a movement which marks a turning point in the history of mankind. In the application of measurement and the experimental method to mental functioning as it proceeds in the schoolroom, we have a new departure as remarkable as the birth of physical science. The latter gave men increased control over the material universe; the former has given control over human learning. This factor in efficiency, the human factor, which is the latest to come within the compass of scientific measurement, is likely to yield the richest harvest of all. Few, however, realize that this most significant event has taken place. The majority of parents and teachers now are like their predecessors in the Fifteenth Century, who failed to sense the magnitude of the occasion when clairvoyance and divination were replaced by the inductive method of experimental science.

That changes in our public educational institutions are desirable is, of course, generally admitted. Even to the untrained observer it is clear that existing educational procedure is not uniformly successful. It is not generally realized, however, that such advances have been made in Educational Psychology, that the efficiency of American education could be greatly increased, if only such scientific knowledge as we have were put in application. We all know that it takes long for new information and improved methods, which have been established by experts in medicine to be applied by the general practitioner; nevertheless, public opinion and professional pressure exercise potent influence in that direction. In the field of education, on the contrary, the first step has still to be won, namely, to convince the public and the profession that education has at last been emancipated from the domination of opinion and has taken to the highway of science. The urgent task that confronts us is to persuade the teachers that their work has altered and is altering in character, and that rule-of-thumb workers in education will shortly be regarded with the disdain that is bestowed upon the quack doctor.

Not that all teachers need this information: far from it. One of the most inspiring things in this country is the fact that there are in every State of the Union eager and earnest teachers, who, in spite of their being by far the poorest paid of public servants, have devoted their meagre savings and over-taxed energies to the mastery of the latest knowledge and skill in the science and art of changing children from what they are to what we would have them be in the light of our ideals.

That we in Baltimore are as grievously in need of expert guidance and scientific enlightenment as other parts of the country is only too manifest, when we confront the facts as presented in the Annual Report of School Commissioners. The statistics of the amount of retardation among the school children of Baltimore should be seriously studied by every citizen.

What are the facts? In order to avoid confusing the issue, let us consider the conditions as regards the white children separately. In the elementary schools of this city the percentages of white children above the normal age for the various grades are as follows:

Apparently 42½ per cent. of the white children of Baltimore attending the public elementary schools are over-age for the grade in which they are, while only one per cent. are below the normal age for their grade. One child out of every two approximately is over-age for the grade in which he is.

TABLE I.

<i>Grade.</i>	<i>Percentage above age.</i>
1	25
2	35
3	45
4	52
5	55
6	49
7	37
8	33
Ungraded	61

There will at once arise in your minds good reasons for this state of affairs and some will very rightly urge that the statistics of retardation found elsewhere throughout the country are high. In a very thorough investigation made by Professor Strayer¹ of the amount of retardation in 132 cities, having a population of more than 25,000, it was found that 38 per cent. of boys and 32 per cent. of girls were over-age, while only 4 per cent. of boys and 4 per cent. of girls were under-age. Approximately one child in three was retarded and only one in twenty-five accelerated, although we know from many investigations of mental capacities that they are distributed throughout the population in such a way that the proportion of superior children is numerically equal to the proportion of inferior children. It should be remarked that Professor Strayer computed the amount of retardation on a very liberal basis. A child was considered to be making normal progress, if in the First Grade and not yet 8 years old; if in the Second Grade and not yet 9 years old, and so on.

But even if we grant that there is an astonishing amount of retardation all over the land, nevertheless Baltimore is comparatively badly off, since only one child in a hundred is accelerated. In an investigation conducted by Ayres¹, it is stated that of 31 cities in which the amount of retardation was determined, Baltimore stands 25th in the list, a list in which the amount of retardation varied from 7.5 per cent. in Medford, Massachusetts, to 75.8 per cent. in Memphis, Tennessee. Baltimore had 46.3 per cent. Apparently at least forty per cent. of the children attending the public schools

¹Strayer, G. D. Age and Grade Census for Schools and Colleges. Bull. 451, U. S. Bureau of Education, 1911; pp. 144.

¹Ayres, L. P. Laggards in Our Schools. Chapter IV. 1909. Russell Sage Foundation.

of this city will leave school at the legal age limit without completing even an elementary school education. Yet the safety of a republic depends upon the trained intelligence of its citizens.

It will be urged that these figures need occasion no anxiety as regards the efficiency of our schools, since there are obvious causes for them, for which the schools are not responsible. Embarking upon a school career late is a possible reason for children being over-age—and it does account for a certain amount of retardation in Baltimore; but it is relatively a very small amount. We find the number of children who have repeated the work of a grade once or more often is very great.

TABLE II.

<i>Grade.</i>	<i>Percentage of Retarded.</i>
1	26
2	43
3	56
4	62
5	63
6	59
7	49
8	41

The percentage of children who are behind where they would have been, had they been promoted year by year, is for those who are retarded one year or more 50 per cent.; and for those retarded two years or more 21 per cent. Approximately every other white child we meet has at some time in his brief school career repeated the work given in one of the grades, and every fifth child has had repeated work for two years. It is surely a serious matter that 10 per cent. of the cost of tuition in the United States should be for repeated instruction. If we bear in mind the most discouraging effects of non-promotion and the unfortunate mental attitude towards work that it engenders in the pupil, we shall realize more adequately the detrimental influence that is at work in our schools. For the past year 17 per cent. of the elementary school population was not promoted, and thus had to repeat the year's work a second time, and 5 per cent. failed of promotion, being the second, third or fourth time in succession.

There are other partial and probable causes for the large number of non-promotions, which are practically beyond the control of the school authorities. Physical defects and illness, for example,

are cited as causes for over 1,000 of the 12,316 cases of non-promotion during the past year. The mobility of the American people, their tendency to move from city to city and district to district of the same city is likewise a cause that would swell the numbers of retarded. Unfavorable home conditions act in the same direction, and irregular attendance, late entrance and early leaving, which are partly caused by these adverse home conditions, are held responsible for 3,227 of the 12,316 non-promotions during the past year. Still another cause to be attributed to the same source is difficulty with the English language, which confronts the children of the foreign-born. But when all these factors have been enumerated, there still remain the two most influential of all—the mental retardation of 10 per cent. of the children, and the inefficiency of the treatment of the rest. Until we remove the latter reproach, many of the previous causes cited—irregular attendance, physical defects and illness will be attributed to the school conditions themselves, rather than to inimical home surroundings.

Studies made in several parts of the country, notably by Terman¹ in California, and by Dr. Macfie Campbell² in Baltimore, show that—3 per cent. of children in our elementary schools are feeble-minded. These children, many of whom are still to be found side by side with the normal and superior children are so inferior mentally that their ability to direct their own lives is very questionable. Such children do, for the most part, come from poor homes, since their parents are themselves often feeble-minded, and for similar reasons they frequently change from place to place. Again, such children often enter school late; but the ultimate cause of their retardation is their mental incompetence, and from such children efficiency demands that the ordinary class room should be relieved.

It has also been found that in addition to the one-to-three per cent. of very subnormal children, approximately 7 per cent. of the children of elementary school age who are not doing work up to the average are also *mentally* retarded. Such children cannot profit by the ordinary class room instruction, although they can and ought to be given useful training preparing them for their future occupations. The ordinary class room should similarly be relieved from the hindrance of their presence.

¹Terman, L. M. *The Intelligence of School Children*. Houghton, Mifflin Co. 1919.

²Campbell, C. Macfie.

When we have deducted the 10 per cent. of children, who lack the mentality to master the tasks required by the elementary school curriculum, we have still to account for the situation that over 30 per cent. of the white children have had to repeat at least a whole year's work. The causes given for non-promotions with the percentages of failures due to each for the past year are stated in the Annual Report to be the following:

TABLE III.

<i>Causes.</i>	<i>Percentage.</i>
Irregular attendance	21½
Late entrance or early leaving	5
Personal illness	7
Physical defects	2
Indifference	21½
Low ability	42½

It is noteworthy that 2,650 cases are said to be due to indifference, and 2,657 are held to be due to irregular attendance, which perhaps is to be attributed also, to some extent, to indifference. Moreover, many of the cases assumed to be the result of low ability may *not* be so caused and may likewise be due to lack of application. In a survey made recently in a Baltimore school by Dr. Thompson¹ of 172 children said to be doing inferior work in their class, 41, roughly a quarter, were in fact above the average in mental capacity.

It is illuminating to see in which subjects failures are most frequent. The percentage of the total failures made in the various studies is as indicated in Table IV.:

TABLE IV.

<i>Studies.</i>	<i>Percentage of Failures.</i>
English branches	42
Mathematics	41
History	7½
Geography	8½
Science .....	.02 (less than 1/10 of 1%)
French or German.....	.09 (less than 1/10 of 1%)
Latin .....	.07 (less than 1/10 of 1%)

¹Thompson, C. B. *Adjusting the School Work to the Child.* Publication No. 3. The Mental Hygiene Society of Maryland, 1919.

Over 80 per cent. of the failures in the Elementary Schools are, as we would expect, in English or Arithmetic; but it is important to remember that our psychological knowledge of efficient methods of mastering these subjects is unusually thorough and complete.

These significant facts lead us to the conclusion that there are serious but remediable defects in the elementary education that we provide. It requires no special training to understand that with poor school buildings and antiquated equipment we are bound to find not physical defects and illness alone, with ensuing retardation, but a school situation so unfavorable and unattractive to children that it is certain to bring in its train late entrance, irregular attendance and profound indifference.

The indifference, however, from which a considerable number of children unmistakably suffer is not to be attributed to an unfavorable physical environment alone. The lack of application which one in every five of those failing is said to exhibit is in part to be attributed to the absence of intrinsic interest in much of the activity that goes on in the class room. There is, indeed, a tragic waste of human spirit taking place in too many schools through our failure to utilize the dynamic interests of children in an educative way. The school largely fails to apply the facts psychology has disclosed with regard to the innate interests of man and the ways in which he acquires new interests, and it ignores the great individual differences in both original and acquired capacities, which *must* be recognized, if education is to proceed economically and efficiently. Thus it is not so much that we have too high a standard that so few children are *below* age for their grade, it is rather due to lack of flexibility in methods of promotion. While steps are being taken in some quarters to provide adequate facilities for bright children as the great asset of a nation, not a tithe of what might be accomplished is even attempted. One of the most crying needs of the day is that special arrangements should be available for superior children, by which they might find it possible to progress at their own rate, instead of being trained to form habits of idleness and day-dreaming, while waiting for their less gifted fellows to attain the mastery desired by the teacher. In the school system their existence is for the most part ignored.

There is the equally large group of normal children, who are not retarded mentally, but who are failing to make progress in school. In the case of these children two main causes are at work preventing their advancement. Frequently the root of the trouble is an unfavorable mental attitude. A concrete case of this kind reported

by Strong¹ will serve to show a very fertile source of poor school work.

"Margaret had just failed of promotion from the low-fourth grade. She was eleven years old, and tested at eleven by the Binet scale. With average normal ability, according to the test, her school work was nevertheless described by her teachers as 'hopeless.' Her work in arithmetic and geography was especially poor. From January until May a small amount of work was given her by one of Dr. Strong's students. Although the special instruction in arithmetic extended over only five months and amounted to a total of only a few hours, Margaret's advancement was from third-grade work to fifth-grade work, as shown by the Curtis tests. The trouble seems to have been largely one of emotional attitude. When the special instruction began she was afraid of everything; she could do very little, she knew nothing positively. She held her eyes down, carried herself shrinkingly, was a typical 'fraid cat'—we started with a thoroughly disheartened child, whose enthusiasm and hope were about dead, and who was being taught many things in school without knowing facts and principles, which should have preceded these things. We taught her the fundamentals of arithmetic, thus filling in all the gaps in her knowledge of that subject up to the work in her class. In doing so, we allowed her to see her learning curves. The unmistakable objective fact that she was learning made her realize that she *could* learn, aroused her interest, gave her fresh enthusiasm, and presently there resulted a transformed child. The transformation affected not only the arithmetic, but all her studies, her carriage and walk, her social attitude toward others, her entire character. From being hopelessly at the bottom of the class she now has a settled determination to lead that class. From every indication, it appears that the actually brighter children will have to work hard to keep abreast of Margaret."

It requires superior psychological insight as well as training to unravel the causes for unfavorable mental attitudes in certain children and oftentimes the subtlety of the serpent almost to remove them, once they are discovered. This is not invariably the case, however, and teachers with a background of psychological knowledge are even now accomplishing much in the direction of substituting advantageous attitudes towards school activities for trends of feeling inimical to learning. The most difficult cases, however, demand the skill of an expert psychologist.

¹Terman, L. M. *The Intelligence of School Children*. 1919. pp.108-110. Quoted from Strong, E. K. *The Development of Proper Attitudes Towards School Work; School and Society*; Vol. II. pp. 926-934.

Too little attention is given to this most important part of a child's education. The development of right attitudes to one's work, to one's fellows, and to oneself are the most important elements in personal growth, because, upon them depends not merely the personal happiness of the individual, but his contribution to the good of the community. In our zeal to make sure that children shall master the rudiments of learning, we frequently are blind to these fundamental habitual attitudes. We can see when a child is able to add correctly, to write legibly and to read intelligently; we cannot always discern what his attitudes are to the adding, writing, and reading, or to his fellows. Eager as we are to see at least some result of our labor, we insist on the reading, writing and arithmetic, and tend to ignore his developing personality. If we could only secure his co-operation, the three R's would present much less difficulty.

The second main source of failure in pupils of average mental capacity is to be found in the *specific* disabilities of children and the lack of training in teachers to locate these highly specialized intellectual weaknesses, and to differentiate their teaching emphasis in accordance with the varying needs of the children. Only increased training in psychological analysis will ensure the presence of sufficient skill to discover the many possible intellectual ills, from which children may suffer. Practice in the use of the measuring instruments of mental capacities which we already possess and knowledge of the mental processes involved in the mastery of the skills or ideas inherent in the particular study in which the student has failed, are essential for the successful treatment of such problems. The serious wastage that is taking place owing to the lack of adequate training in Educational Psychology is abundantly revealed in the results obtained in adjustment classes that are supervised by trained experts. I cannot do better than bring to your notice one or two concrete typical cases which are taken from the First Annual Report of the Director of the Division of Psychology of the Los Angeles City Schools.¹

Case 1.—A. H., boy from Lower Grade, aged 8 years, 5 months; American; lad never been in school. In adjustment class 10 weeks; began at the beginning in reading, writing, numbers and spelling; entered lower Second Grade at the end of the term, thus doing 50 weeks' work in 10 weeks. Regular teacher reports him as "doing well."

¹Ungraded Rooms in Los Angeles City Schools. First Annual Report by Division of Psychology. School Publication No. 24. 1919.

Case 2.—B. G., a girl aged 9 years, 6 months; middle class Mexican parentage; had been handicapped by very poor education in a denominational school and by poor attendance because of sickness; was enrolled in the lower Third Grade, but when tested was found to lack arithmetic foundation. She could not do Upper Second Grade, lower Second Grade or even Upper First Grade number work. Her reading test was almost up to Lower Third Grade standard, but her written work was only up to lower Second Grade. Although educationally retarded she showed promise of improvement. At the end of 8 weeks it was thought best to put her back into a lower Third Regular Grade, leaving no promotion apparent in her register.

Her actual gain in the adjustment room was 60 weeks' work in number and 40 weeks' work in written expression in 8 weeks' time.

Case 3.—S. L., girl aged 12 years, 2 months; American, from lower Fourth Grade; grew up with deficient brother; was considered defective until measured by the Binet scale; had imitated brother's mannerisms, and had a very poor opinion of her own ability. Her reading *speed* measured up to a lower Sixth Grade rate, but she needed greater familiarity with certain phonetic combinations, and training in reading for comprehension. Her written work was below upper Third Grade standard, while in the lower Third Grade Numbers she was very slow. Beginning at her educational level in these two subjects, she learned first that she could do well what she had been considering impossible. With constant encouragement from teacher and class she has in 70 *days* reached Upper Fifth Grade standard in all her work. This covered 80 *weeks'* work in written expression and numbers.

These three types of cases could be duplicated fifty or more times. The two following cases are unusual, but are given for the purpose of showing the possibilities of this method of education.

Case 4.—A. V., boy aged 14 year, 6 months; from lower Fourth Grade; Mexican parentage; educational foundation good except that he had no geography whatever, and he was unable to do lower Fourth Grade arithmetic because he had not learned all the multiplication tables; in class 63 days; recommended to lower Seventh Grade at mid-term, having covered 6½ terms school time or 130 weeks' work in 63 days.

Case 5.—A. R., girl aged 14 years, 4 months, Roumanian parentage; from Upper Fourth Grade, where she was failing a second time. When tested it was found that she did not know how to bridge tens in column addition (learnt generally in the Upper Sec-

ond Grade)., nor was she able to do Third Grade reading. In the adjustment class she began work at these two points and has completed all work up to Upper Sixth Grade standards. She was in this class 19 weeks, covering the work of 4 grades (80 weeks) according to register classification, or 6 grades (120 weeks) according to actual progress.

What is the secret of these remarkable results? Dr. Sutherland states that it is the purpose of the adjustment class to conserve all the real abilities of children, who are now failures and to encourage them to reach a higher educational level before leaving school. In order to do so the method adopted is not a "teaching" plan, but a "learning" plan. While a few short class exercises are necessary, the greater part of the day is used as individual learning time. To provide a course of study by which each pupil can advance at his own pace, the essentials of the grade curriculum are divided under three heads in accordance with the type of mental activity involved. A progress outline in natural educational steps has been arranged from the simplest to the most difficult projects in Upper Sixth Grade work. These outlines group the minimum essentials for a grade, and they thus put before the pupils definite successive goals.

The teacher devotes most of her time to supervision of individual learning. She has never more than 20 pupils under her care. Many of the teachers have had courses in educational and experimental psychology. Indeed, it is essential that the teacher be expert in diagnosing educational difficulties and familiar with many methods to apply as remedies. Her task would be hard unless she had a command of modern educational tools, such as a familiarity with standard tests, educational measurements and individual learning curves. It is a great advantage, too, if she has been trained in the method of measuring general intelligence such as the use of the Binet-Simon Scale.

The clue to the remarkable progress made by these children, therefore, is the recognition of individual differences and the discovery of specific weaknesses by means of educational tests and scales and by means of the psychological information about school subjects which has been accumulated and the application of proper methods to overcome these. I refrain from prophesying what the probable results would be from the other children, the average and the superior pupils, if equally intelligent methods were used in their case. There is no escape, however, from the thought that at present in our schools the waste due to inefficiency in our teaching is immense.

What is the significance of these facts for us? What should be our plans for the future in the light of these conditions? I shall assume that the material basis for satisfactory education must be provided. Surely it is self-evident that adequate buildings, equipment and service must be furnished. The great need that then demands emphatic statement is that a Bureau of Educational Research be established as an integral and essential part of the public school system. It should be directed by a psychologist, highly trained in Educational Psychology and Experimental Education. He should be provided with an adequate staff and his task should be to aid the teachers of this city in the fulfilment of their duty, the conservation and development of the real abilities of the citizens of to-morrow. Not only would individual children be studied, but a systematic attempt to raise the standards of accomplishment in our schools by evaluating existing methods of teaching would be made.

This would be no unprecedented step. At the present moment in many cities such bureaus have been established and their accomplishment is widely recognized as of great value. In Cincinnati, for example, there is such a bureau where expert advice can be obtained as regards any of the city's educational charges. Similarly in Los Angeles remarkably fruitful work is being done. There two experts are in charge, one devoting his entire time to the selection of the pupils for the ungraded and adjustment classes and to their supervision, the other spending his whole energy in the effort to raise the standards of achievement in the schools by the improvement of methods of teaching in the ordinary class room.

There can be no doubt whatever as to the value of such expert supervision. If proof were needed, the fact that progressive private schools have such an expert attached to their staffs would be sufficient. Certain schools absorb the full time of a psychologist. They regard this expenditure of money as most profitable and necessary. There is no good reason why the children in the public schools should be deprived of such scientific care.

There must needs be born a new attitude to the art of teaching and to the teaching profession, and not only in those without, but in those within its ranks. There is now a tide in the affairs of men bearing richest argosies, if we only have the vision and the open-mindedness to appreciate their value and to go out to welcome them. Human learning can now be guided and controlled in a scientific fashion, so that it can proceed economically and efficiently. Are not the vague dissatisfactions that our schools arouse in us due to the

fortunate awakening of our minds to the vast potentiality of children now neglected, which psychological science has revealed to us?

While we must improve school buildings and provide a proper physical environment for children, let us beware of resting satisfied with these. Is it not equally incumbent upon us if we are to attain our goal and develop in the children of Baltimore the best that they have it in them to be, to take further steps? The first should be the foundation of a department of research. The second should be the improvement of the teachers now in service, so that they may have an opportunity to equip themselves with recent knowledge of the science of education. This will mean that every encouragement should be given them in their efforts to secure higher training. This encouragement should frequently take a financial form. Promotion should be rapid for those with scientific training. The third step should be that the status of teachers should be raised not by richer monetary rewards alone, but by largely increased opportunities for intellectual and spiritual growth, by added responsibility and by greater freedom in their work. Only by such reforms shall we win into the ranks of the profession the finest manhood and womanhood that effective teaching demands.

Our welfare as members of a democracy depends upon these changes. An autocratic ruler may govern without science, a bureaucracy may dispense with science, but no democracy can survive unless its education is sound, unless its educational policy is based upon the achieved science of its time, unless scientific research is constantly encouraged. This is the challenge of the hour. Shall we have the wisdom, the self-sacrifice and the courage to strike down ignorance and to arrest human wastage with zeal and enthusiasm equal to that with which we marched to overthrow the enemies of the state on the field of battle?

IMMIGRATION AND DEFECTIVES.

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IN the October, 1919, issue of this journal Dr. J. Halpenny, of Winnipeg, contributed an instructive and interesting article to the discussion of the problem of Immigration by pointing out "One phase of the Foreign Invasion of Canada." That "phase" consisted in the large number of aliens scattered through the provinces, and the addition made by them to the burden of criminality and insanity—and the addition appears at first sight altogether too great. This, however, is in agreement with a general belief which sometimes finds verbal expression, vocal and written, that the river of our national life has been polluted by the turbid streams from immigrant sources. The causes for this are sometimes declared to lie in the degenerate character of the immigrants, sometimes in the defects of immigration laws and regulations, sometimes in the inadequacy of the sifting process on the part of immigration officials, and sometimes in all three. While there may be some foundation for all these assertions, it would very much clarify the situation if the concrete defects should be indicated and the remedy declared. Reports from Psychiatric Clinics and Hospitals for the Insane are definite and statistical, and the classification of defectives and diseased is based on definite diagnosis established by comparison of performances and scrutiny of symptoms. In addition, in the majority of the cases, definite information may be obtained regarding nationality and race, and the burden of defect placed where it actually belongs. But even then it does not necessarily follow that one race or people is particularly more defective than another, unless the comparison be made on an approximately equal basis. When one reads a statement in a newspaper quoting from some public speaker that there are 25,000 mental defectives in Canada, and 6,000 of them in the Province of Quebec, there is no inclination to combat or uphold the assertion, but one wonders how such precise figures have been obtained. Since the population of Quebec in 1911 was 2,003,232, then approximately 29 persons per 10,000 were mentally defective. The balance of the defectives, 19,000, must be assigned to the rest of Canada with a population of 5,203,411, or a ratio of 36 persons per 10,000. While the advan-

tage though slight appears to be with Quebec, it is offset by the fact that scarcely 4 per cent. of the population are foreign born. (The census of 1911 gave a population of 2,003,232, of which 74,421 were foreign born.) But now, in the Western provinces, the percentages of foreign-born amount up from 20 to 40 per cent. of the population, and since the proportions of defectives between Quebec and the rest of Canada were 29 and 36 per 10,000, respectively, the advantage seems altogether with the "foreigner." Curiously enough about the time that the statement was published regarding defectives in Canada, another statement was quoted from another person to the effect that in the United States a recent census revealed the fact that there were 46,000 feeble-minded in the United States. Apart from the colossal task of taking such a census—a task which has never been performed—the information of 46,000 feeble-minded for a population of about 110 millions, and 25,000 for a population of about 8 millions, might well give us "serious pause," if not, indeed, panic, about Canada's degenerate state. Relief comes when we are assured that perhaps mental defective and feeble-minded are not identical terms.

In fact, such affirmations in these broad numbers with three zeros are the merest guesses—not wild guesses necessarily, but large generalizations made from too narrow observations. For so far as Canada is concerned there has not been any census of the mentally defective among eight millions of people, and if such were undertaken it could not be performed by the simple process of counting noses, but by a rigid and careful technique, whose operation and conclusions would manifestly be open to scrutiny. Such a technique is in operation in psychiatric clinics, and what may be gathered from the results, as a support of the claim that foreign immigrants are specially defective, is a matter open for discussion. Thus of 3,083 cases reported from the Psychiatric Clinic of the Toronto General Hospital, there were 862 morons, 818 imbeciles, 114 idiots, 497 insane, 75 epileptic, 385 backward, 3 cretin, 7 deaf and dumb, and 322 apparently normal. But of the patients coming to the clinic, for the period to which the above figures apply, only 45.33 per cent. were Canadian; the greater part were, therefore, foreign, about 55 per cent. Since, however, Toronto showed (1911) a population of 376,538, of which 33,131 were foreign-born, then about 8.8 per cent. of the population was furnishing 55 per cent. of the above clinical cases. Were all these feeble-minded? The answer can be neither affirmative nor negative. For 10 per cent. of the foregoing cases were apparently normal, about 16 per cent.

were insane, and 12 per cent. were backward, and the foreigner may have fallen in some cases under these categories rather than under feeble-minded which does not appear at all as a distinct category, but probably is synonymous with the three groups of moron, imbecile and idiot, *i.e.*, synonymous with mentally defective. One can scarcely say that the case is definitely against the foreigner.

Of 12,000 pupils examined in a number of Public Schools in Toronto under the direction of the Canadian National Committee for Mental Hygiene during 1919, there were 173 children found mentally defective with an intelligence quotient (ratio of mental age to natural age) of 75 and less, that is, 1.5 per cent. of the school population examined. Since in these schools some very retarded children were not examined because of their absence, it may be allowed that approximately 2 per cent. were defectives of the above specified degree. That would mean, if the same percentage prevailed throughout the 80,000 children in the Public Schools of Toronto, a total of 1,600 mentally defective children, struggling under the conditions of the regular curriculum. Since in the Public Schools of Ontario there were 527,610 pupils enrolled in 1916, it would look as if, on the same percentage, there were the possibility of 10,000 defective or feeble-minded children in that province. Since of the 173 children diagnosed as mentally defective 60 per cent. were reported to be of non-Canadian birth, the burden on the province seems considerable.

Turning now to the figures quoted by Dr. Halpenny, in the article already referred to, there were 5,241,591 people of 16 years of age and over registered in Canada in the special census of June, 1918. Of these about 350,000 were aliens, and Manitoba had 30,801. The six assize courts of that province in 1919 showed in the southern district the cases of 2 Scotch, 3 Canadians, 1 Russian and 1 English, but none were found guilty. Though in that district there is only a small foreign population the case for the foreigner is not severe, 6 British against 1 non-British. In the Dauphin Assize—a district where there is a large foreign population tributary—there were English 3, Russian 1, Austrian 8, American 1, Canadian 9, a contrast of British 12 to non-British 10. While the 1 Russian in the southern district could read and write, and 4 of the Austrians in the Dauphin district could not read and write, it is not specified what they could not write, though it may be presumed that like the Canadian they could not write anything. At Minnedosa 9 of the 10 cases were Galicians, and they knew no or insufficient English,

hence required an interpreter. That may be regarded as unfortunate rather than vicious. Taking the Eastern Judicial district, including the city of Winnipeg, and considering the total of 238 cases for a period of two years from January, 1917, to the Spring Assizes of 1919, there is the following situation:

	Totals	Per cent.
Scandinavian—		
Icelandic 1, Norwegian 2, Swedish 2, Danish 1	6	or 2.5
Western Europe—		
Belgian 3, French 2, Swiss 2, Spanish 1, Hollandish 1....	9	or 3.7
American	9	or 3.7
Southern Europe—		
Italians 6, Greek 1, Roumanian 3	10	or 4.2
British—		
English 11, Irish 4, Scotch 4	19	or 8.0
Slavic—		
Ukranian 2, Russian 35, Ruthenian 1, Galician 2, Polish 7	47	or 19.7
Canadian	58	or 24.3
Central Europe—		
German 1, Austrian 79	80	or 33.6
	238	

The situation for the Austrian looks bad, but without minimizing the danger an extenuating circumstance may perhaps be found in the years 1917-19. If for the time being we neglect that deplorably heavy percentage and group the Canadian, British and American (because of "Springing from Common stock") they total 86. Add the Scandinavian and French (who are "quickly Canadianized") and we have 94 cases compared with 64 for all the rest of foreign speaking people from Europe—a ratio of about 3 to 2 in favor of the aliens who are supposedly the most "unenlightened." If we include the unusually large number of Austrians the proportion becomes 94 to 144, or almost 2 to 3, which, considering the facilities of knowledge of British Institutions and Law, familiarity with the English language, and a considerably less handicap in adjusting oneself to new conditions on the part of the Britisher and the Canadian, presents a by no means hopeless picture for the future of the alien, and may take a little off the sharp edge of Dr. Halpenny's statement, while admitting its formal correctness, that "our criminal class, with all the attendant evils, to say nothing of the expense, is drawn all too much from our aliens."

But what of the question of insanity which is so closely associated with crime? Taking again the figures of Dr. Halpenny for the province of Manitoba and grouping the Canadian and British they constitute 58.5 per cent. of the population; while all the rest, including the French, constitute 39.95 per cent. Of the total num-

ber of 954 insane inmates in the Brandon and Selkirk Asylums the Canadians contributed 338 and the British 273, a total of 611, a percentage of 63.73; while all the rest of "alien" Manitoba, including the French, contributed 343, or a percentage of 35.77. That is to say, the British-Canadian being 58.5 per cent. of the population contributed 63.73 per cent. of the insane, and the "alien" being 39.95 per cent. of the population contributed only 35.77 per cent. of the insane.

It is by no means desirable that a bad or a good case should be made out for the immigrant, but rather that the facts of the case should as far as possible be ascertained in order that an adequate judgment may be reached. To say, therefore, that the immigrant is responsible for furnishing us with the greater part of our mental deficiency, insanity and crime may or may not be true; but the interesting thing is to discover the basis on which such a declaration was made. In this connection a Toronto newspaper some time ago quoted a statement that more than half of the insane and feeble-minded in Canada had been imported from outside countries, but failed to give the evidence in support of such a judgment. If now one would be allowed to use the census of 1911 as a field of search, would the data there justify the above statement, and if not, where could one look for the necessary evidence? The statistics for that year gave the number of Blind, Deaf and Dumb, Insane, and Idiotic as 28,611, of whom 23,083 were born in Canada and 5,528 were from outside. On this basis the "more than half" in the above statement should become "less than a fifth." This is such an extraordinary change that one wonders if the figures can be correct.

But it may be that it is not so much a matter of birthplace as of racial origin that is the source of such defective persons. In this respect the foregoing 28,611 showed that 11,488 were British, including Canadian, 16,791 were foreign and various, and 322 were Indian, that is, 40 per cent., 58 per cent. and a little more than 1 per cent. respectively. In an investigation of some hospitals in Manitoba by the Canadian National Committee for Mental Hygiene it was found that of 269 unmarried mothers who were cared for in one year, 44.23 per cent. were of British birth, and 25.76 of Canadian birth. That left 30 per cent. for all other races in Manitoba. Is that an excessive proportion compared with British and Canadian? Again, of 400 consecutive admissions to jails in the Western provinces the Canadian National Committee found that 23 per cent. were of Canadian birth, 33 per cent. were of Austrian birth, and 11 per cent. were of Russian birth. This was regarded as an

altogether too great disproportion since it was held that while the Austrians gave 33 per cent. of the above jail population, they should only have contributed 8 per cent., and the Russians 1 per cent. instead of 11. But it seems evident that of the 449,443 foreign-born in the three prairie provinces, this large proportion of misdemeanors on the part of the foreign-born may not be altogether due to innate viciousness or defect. For of the Ukrainians, who have been frequently included under the designation Austrian, 39.8 per cent. were unable to speak English, while 35 per cent. of the Austro-Hungarian, 27.2 per cent. of the Poles, and 27.1 per cent. of the Russians were in the same plight. It may be that of the 400 admissions to the jails the high percentage of the foreign-born may be, in part at any rate, due to ignorance of Canadian language, laws and institution, rather than to any inherent mental defect.

This problem, then, of how far the alien immigrants contribute to the total of mental deficiency, insanity and criminality is an intricate and even a delicate one if injustice would be scrupulously avoided. The general impression is that a contribution all too great is made by the foreigner, and that if immigration of foreign-speaking peoples were prohibited entirely, or if they were more rigorously examined at the port of entry a number of these difficulties would be eliminated. The policy of absolute exclusion would no doubt be effective if it could be carried out, but a number of other things would also be eliminated along the lines of industry and production. Prohibit the entrance of the foreigner and thousands of acres of the virgin soil remain untouched, railways must remain as they are, if indeed they do not deteriorate, and the wealth of many mines abides in the earth. The more rigid examination of incoming immigrants becomes, then, not only a necessity but a court of last resort, and the question arises, are our immigrant officials being given time and adequate facilities for the examination of all immigrants and the exclusion of those whose entrance is prohibited by law? And how does Canada compare with the United States in this policy? Now, both countries exclude the idiot, the imbecile, the feeble-minded, and the insane. Yet in 1913-14 out of a total of 1,197,892 immigrants entering the United States, there were rejected 18 idiots, 537 imbeciles, 198 insane, a total of 753, or a ratio of 1 to 1,590. In Canada for the same year there were 384,878 immigrants, and there were rejected 2 idiots, 21 imbeciles, 15 insane, a total of 38, or a ratio of 1 to 10,127. If the type of people had been approximately the same, and the methods of examination the same, and the ratio the same, Canada should

have excluded 114 instead of 38—though it is at least theoretically possible that 38 constituted the total number for the period specified. Whatever leniency on the part of Canada is indicated by such comparison it tells nothing as to respective merits or demerits of the different nationalities or races. If we turn to the deportations for the same years there were in all 1,834 persons deported for the following causes: Accompanying patients 10, bad character 159, criminality 376, medical causes 570, non-compliance with regulations 4, public charges 715. But who constituted this large number of 1,834 persons? There were 952, or nearly 52 per cent. British, 405, or about 22 per cent., American, and 477, or 26 per cent., belonged to the rest of the world. This does not speak so adversely against the non-English-speaking foreigner. How would he fare in the matter of rejections? During the same period there were 1,827 rejected, namely, 76 for accompanying patients, 102 bad character, 3 criminality, 994 lack of funds, 76 likely to become a public charge, 398 medical causes, 178 non-compliance with regulations. Of these total rejections only 171 were British, 12 were American and 1,644 from other countries. This is certainly against the foreigner who was not allowed to come in, and if the sifting process of examination works favorably at all it is on behalf of the British and American. With deportation the case is reversed, though that may be in small measure due to the greater facilities for deportation. Of the 570 deported for medical causes 207 were for insanity; of the 398 rejected for medical causes 15 were for insanity, and 22 for mental deficiency. Now, since the greater proportion of rejections were foreigners, it is not without significance that insanity is so rarely the reason, only 4 per cent. of the medical causes, while with deportations in which British and American preponderate insanity constitutes nearly 40 per cent. of the medical causes. The advantage is again with the foreigner.

For the year 1918 there were examined at the Psychiatric Clinic of the Toronto General Hospital 1,455 persons, about half of them under 16 years of age. Of the total number the Canadians were 803, English 291, Scotch 56, Irish 25, and American 39, that is, 1,214, or nearly 84 per cent. of the whole. The 86 Russians, 34 Italian and 121 from other foreign countries totalled 241, or about 16 per cent. of the whole. The Attorney-General of Alberta reported that for 1917, of the official dependents of the province 402 were Canadian and 503 were immigrants. Since the foreign-born, in 1911, constituted 33 per cent. of the population, this more than 50 per cent. of the dependents is against them, though no doubt many of the 503 were not "foreign." Of the 525 cases dealt with

by the Juvenile Courts of Alberta for the same period, 205 were Canadian and 320 were immigrants, or the children of immigrants. The Charities' Organization Society of Montreal reported that for 1916 the number of person assisted included 51.3 per cent. immigrants and 48.7 per cent. Canadian, though the foreign-born constituted less than 10 per cent. of the population. But to whom was this charitable aid extended? The classification of a thousand cases shows 130 Canadian-born and English-speaking, 357 Canadian-born and French-speaking, British 370, American 43, and all others 100. This time, perhaps, the non-English-speaking immigrant has the advantage.

All these various data lead naturally to the enquiry as to how much immigration does contribute to the number of "infirm" persons in the population. In the statistics of the census of 1911 the word infirm designates blind, deaf and dumb, insane, and idiotic persons. The proportion per 10,000 of the population for the various provinces turns out to be P. E. Island 53, Nova Scotia 50, Ontario, 49, Quebec 47, New Brunswick 41, Manitoba 39, British Columbia 27, N. W. Territories 27, Saskatchewan 9, Alberta 9, Yukon 6. That is to say, the provinces with the greatest proportion of "foreigners" have the smallest ratios of infirm. These infirm persons totalled, in 1911, no less than 28,611. Whence did they come and of what origin were they? The following table gives some indication:

TABLE OF INFIRM IN CANADA IN 1911, BY BIRTHPLACE AND ORIGIN

Birthplace	Number	By Origin	Number	Males	Females
Canada	23,083	French	9,051	4,870	4,181
England	1,380	English	4,869	2,713	2,156
Ireland	637	Irish	3,649	1,967	1,682
Scotland	476	Scotch	2,970	1,641	1,329
Russia	202	German	944	519	425
Austria Hungary	170	Indian	322	193	139
Germany	156	Austro-Hungarian	211	130	81
Sweden	69	Scandinavian	174	112	62
France	41	Russian	169	114	55
Italy	37	Italian	61	45	16
Norway	30	Various	561	330	231
Wales	21	Not given	5,620	2,896	2,724
Asiatic	44				
Other European	85				
Various	2,180				
Total	28,611	Totals	28,611	15,530	13,081

	Sex	Totals	Canada	United Kingdom	Europe	Asia	Various
Insane	Males	7,688	71.39	10.70	3.66	.50	13.72
	Females	7,014	77.85	9.72	2.15	.01	10.25
Idiotic	Males	3,501	91.77	4.25	1.39	..	2.57
	Females	2,596	91.87	4.33	1.50	.03	2.24

Leaving aside the 2,180 designated as "various," since they would probably be scattered throughout the list, the factor of birth-place gives 23,083 Canadian, 2,514 British and 834 alien. Now the population of Canada in 1911 was 7,206,643, and the total number of foreign-born was 752,732, or about 10 per cent. They furnished scarcely 3 per cent. of the infirm. But it may not be so much a matter of the contingency of birthplace as of inborn characteristics of races. Then the right side of the table shows where the burden lies, for the English, Irish and Scotch furnish 11,488, or 40 per cent., the French 9,051, or nearly 32 per cent., while all central and Eastern Europe by the aid of the Indians contributed 1,891, or only 6 per cent. Even a minute examination of the details of infirmity does not destroy this evident advantage. Of the 1,850 males who were blind, those born in Canada constituted 78.64 per cent., those born in the United Kingdom 15.54 per cent., and those born in Europe 3.45 per cent., and those born in Asia .05 per cent. But since blindness may be a misfortune rather than an indication of constitutional weakness, the case may be worse with insanity and idiocy. Then consider the following analysis from the same source:

INSANITY AND IDIOCY
Percentages of same Totals by Origin

	Sex	Totals	English	Irish	Scotch	French	German	Austro-Hungarian	Italian	Scandinavian	Russian	Indian	Various	Not Given
Insane	Males	7,688	13.77	9.54	7.58	27.06	1.69	.82	.44	.70	1.02	.29	1.70	35.34
	Females	7,014	13.14	10.03	7.28	28.27	1.41	.49	.15	.51	.49	.27	1.09	36.81
Idiotic	Males	3,501	21.62	17.96	14.51	33.70	4.82	.48	...	.34	.22	.65	2.34	3.31
	Females	2,596	21.73	20.14	14.19	31.36	5.41	.46	.11	.30	.23	.54	2.32	3.17

On this mode of analysis the advantage lies very clearly on the side of the alien. A glance at the tables is sufficient to show that but few perhaps will be prepared for the remarkable rise in the fig-

ures for Scotch, Irish, English, French, and then the more remarkable drop for European peoples. The contrast is so striking that anyone selecting as a foundation the mere constituent proportions of "Infirm" by birthplace or by origin, or by both, must abide by the issue, unexpected as it may be; or discover some data other than the official census on which the argument may be based. But even with the data of the census as a foundation the analysis into constituent factors tells very little regarding the weakness or the strength of particular races or nationalities in Canada. Indeed, there are several fallacies underlying this mode of treatment of the problem of the immigrant. It is assumed that if the immigrant were excluded our burden of mentally defective, idiotic and insane would be reduced by more than half; or it is assumed that if the defectives were rigorously excluded at ports of entry and only the healthy and normal allowed to enter many of our problems due to insanity and feeble-mindedness would disappear; or, it is assumed, that we are too much overwhelmed by the floods from degenerate Europe. All these assumptions may be considered in the light of the foregoing tables, and they will all be disproved, whereupon it may be found that there is a great fallacy in the tables themselves. For by these tables the alien stands far superior to the British and the Canadian, and so much superior that a suspicion arises as to the accuracy of the basis. And the basis is manifestly wrong. For it should not be a question of absolute constituents of a class, as an extreme illustration may show. Each of five persons is insane—English, Irish, Scotch, French, and Russian. According to constituent proportions all are on the same footing, but in the community from which they come, there are 100 English, 50 Irish, 25 Scotch, 10 French and 1 Russian, and that one Russian is the insane one of the above 5—*i.e.*, 100 per cent., while the English have furnished only one per cent. of their number. Yet it is on just such basis as the latter that a comparative estimate of the various races should be made. For the question is, What proportions of the various nationalities in our midst are insane or idiotic or defective? That question cannot be answered with anything like accuracy unless a complete survey be made, and even then would be only a sort of approximation. But if the statistical data of the census be used, one can ask what is the percentage of the various peoples who manifest these features of infirmity? And the comparison of the percentages may then furnish a basis for judging the "quality" of the nationality.

The number of Canadian-born males who are blind form a definite percentage of the total Canadian-born males, the insane another percentage of the same total, and a similar situation prevails for the different nationalities. In other words, the comparison must be relative not absolute. Now, of the 1,850 blind males in Canada 1,443 were born in Canada, *i.e.*, 78 per cent. of the whole. But there were no less than 2,849,422 males born in Canada, and the 1,443 who fell to their share, formed only 5.1 per 10,000 of that total. Similarly of the total 7,688 insane males, those born in Canada were 71.39 per cent. of the whole, but on the basis of proportional contribution Canada gave only 19.26 per 10,000 males. At the risk, therefore, of compiling a compendious and bulky table the following figures afford a basis of comparison per 10,000 of the population, and will show, perhaps clearly, what nationalities manifest definite weaknesses according to the features designated by the word "infirm."

Blind	Deaf and Dumb	Insane	Idiotic
Irish	Canadian	Irish	Canadian
Scotch	Irish	Canadian	Irish
Welsh	Scotch	English	Welsh
Canadian	English	Welsh	Scotch
English	Welsh	Scotch	English

From the foregoing table there arise a different situation from that which has hitherto been the case. Except for the particularly bad showing made by Ireland there is not a great divergence between the British Isles and Canada, though Canada shows up badly in the matter of deaf and dumb females and idiotic males. A comparison of the first and second parts of the table shows that between the British Isles, Canada, and Europe, the last-mentioned can scarcely be blamed for "furnishing us with more than fifty per cent. of our defectives and insane." The Austro-Hungarians who have come in for a good share of condemnation make, on the contrary, a fairly good showing, while the Italians have, in these respects, at any rate, a really estimable record. On the whole, the foregoing figures furnish food for reflection in a variety of aspects. Take, for example, the question of the Blind. The situation for Ireland is puzzling since the ratio is about three times that of the other British Isles and Canada. The European nations, with the exception of Germany, are in this respect somewhat superior, Austro-Hungarian, Italian and Russian having a considerable advantage. The high rate of blindness among the Indians is, however, a sad commentary on a neglected race, for which "the red

man" may not be entirely to blame. In the case of the deaf and dumb there is not a great divergence, the superiority going to the Welsh and Italian, and the heaviest burden falling upon the French. Regarding the insane, Ireland is the greatest contributor among all European countries, but they are not at all "inferior" to Canada in that respect, and actually "superior" in the small proportion of idiots. Comparing the order of "demerit" by peoples the British-born show the following.

Blind	Deaf and Dumb	Insane	Idiotic
Germany	Germany	Germany	Germany
Sweden	Russia	Sweden	France
France	France	Norway	Sweden
Italy	Austro-Hungary	Russia	Russia
Russia	Sweden	France	Austro-Hungary
Austro-Hungary	Norway	Austro-Hungary	Norway
Norway	Italy	Italy	Italy

Here the Irish and Canadian alternate in obtaining "first place" in demerit. Of the European-born the order is:

Blind	Deaf and Dumb	Insane	Idiotic
Indian	French	Russian	Irish
French	German	French	French
Irish	Scotch	Irish	Scotch
German	Russian	Scotch	German
Scotch	Irish	English	English
English	Indian	Italian	Indian
Scandinavian	Austro-Hungarian	Scandinavian	Russian
Italian	English	Austro-Hungarian	Austro-Hungarian
Russian	Scandinavian	German	Scandinavian
Austro-Hungarian	Italian	Indian	Italian

Of European nations, therefore, Germany furnished Canada with the greatest proportion of "infirm," and the persons who declare that illiteracy and "infirmity" go hand-in-hand will have, as best they may, to square accounts with Germany in the unenviable first place and Italy in the last. But when transplanted to the soil of Canada the descendants may show signs of change either of improvement or deterioration. Then by *origins* the case stands as follows:

NUMBER OF INFIRM PER 10,000 OF EACH NATIONALITY OR CLASS IN THE POPULATION

Birth Place	Population		Blind		Deaf and Dumb		Insane		Idiotic	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Female
Canada	2,849,442	2,770,240	5.10	4.11	7.42	66.20	19.26	19.71	11.27	8.57
England	310,780	199,894	4.24	4.00	3.50	4.15	15.79	16.95	2.67	3.15
Ireland	51,171	41,703	15.43	12.46	5.47	5.27	36.74	49.15	6.25	7.43
Scotland	100,428	68,963	5.47	5.22	4.58	2.75	13.54	19.57	3.18	2.46
Wales	5,800	2,927	5.17	6.83	1.72	3.41	13.79	10.24	3.44	3.41
Austria-Hungary	77,562	43,868	1.28	.91	3.99	4.55	7.60	7.29	1.41	.68
France	10,940	6,679	2.74	2.99	4.57	2.99	10.96	14.97	1.82	7.48
Germany	23,403	16,174	9.82	6.80	6.83	6.18	19.22	18.54	5.12	5.56
Italy	28,968	5,771	2.07	....	.34	1.73	7.59	8.66	.34	1.73
Norway	14,354	6,614	....	1.51	2.78	....	12.54	6.04	1.39	1.51
Russia	61,001	39,970	1.31	3.75	5.24	4.50	11.80	8.75	1.47	3.25
Sweden	19,827	8,399	3.02	3.57	3.02	1.19	14.62	23.81	1.51	1.19
Other										
European	28,908	15,363	2.76	1.30	4.15	5.20	8.64	9.76	3.11	3.90
Asia	41,419	4,018	.24	2.48	....	2.48	9.41	2.48	....	2.48
Various	197,992	154,065	3.08	2.53	4.29	4.73	53.28	46.66	4.54	3.76
Origins										
English	974,028	849,122	4.02	2.88	5.18	5.02	10.87	10.85	7.77	6.61
Irish	540,279	510,105	5.44	3.56	5.73	5.39	13.58	13.80	11.64	10.21
Scotch	525,986	471,894	4.50	3.77	5.95	5.78	11.08	10.82	9.65	7.77
French	1,041,381	1,013,509	5.81	5.59	9.63	8.09	19.98	19.56	11.33	8.00
German	206,455	186,865	4.60	3.31	6.05	6.63	6.29	5.29	8.18	7.49
Austro-										
Hungarian	78,543	50,560	1.14	.59	5.22	6.13	8.02	6.92	2.16	2.37
Italian	34,651	10,760	2.02	....	1.15	1.85	9.81	10.23	....	2.78
Scandin-										
avian	66,741	40,794	2.99	1.71	3.89	2.69	8.09	8.82	1.79	1.96
Russian	35,935	22,704	1.67	1.76	5.84	4.40	21.98	15.41	2.22	2.64
Indian	53,561	51,931	21.84	16.36	5.60	4.04	4.29	3.65	4.29	2.69
Various	180,347	113,147	2.60	3.53	3.88	4.77	7.26	6.80	4.54	5.30
Not given	84,088	63,257	2.37	2.37	5.11	7.11	323.114	408.17	13.79	12.96

Here a number of interesting puzzles arise to afford opportunity for expert diagnosis on the part of hygienists. Why does the Indian stand at the worst in the matter of blindness and least in the matter of insanity? Why does the Italian make such a comparatively good showing in the matters of deaf and dumb and idiotic? Why do the French and the Irish show such undue prominence in

all four defects, especially since the great majority of the French are Canadian? If high intelligence and insanity are usually associated why do the Germans appear next to the Indians with the least amount of insanity? Why, on the other hand, do the Russians show such a preponderance in the proportion of insane males, and why do the French surpass all other peoples in the high ratio of insanity? Why is it that Sweden, with its excellent educational system, has furnished the highest ratio of insane females, nearly three times the proportion for Italy?

But one must bear in mind the popular saying about fools asking questions which wise men cannot answer, and be content with pointing out that on the data used the case against the alien is not at all so bad as popular impression would intimate. It may not be a well-founded statement that our immigration policy is a complete failure, or that the foreigner is characterized by degeneracy. Nor does it appear that, on the basis of comparison used, he is contributing more than his "share" to the sum total of "infirmity" in the corporate body of Canada. It may be that in the body of this youthful giant there are indeed too many toxins working against its sovereign strength, but it is not at all apparent that these toxins have their origin in "alien" infection. Of course that *may* be their origin, and if the native stocks had been allowed to develop unhampered by the presence of the foreigner, the "sere and yellow" lines of degeneracy would not have made their appearance, at least not so soon. But until the evidence is adduced on which such a conclusion is based the statement must be regarded as unproved, though not unprovable. British justice has been wont to regard a man innocent until he is proved guilty, and guilt can scarcely be established by general impressions, or the somewhat panicky spread of assumptions. But all this does not prove that the immigrant is either supremely pious or extremely healthy. If the foregoing basis of comparison be accepted it only proves that the alien is but of like passions and failings as the rest of folk, and the country into which he comes has a duty to discharge as much as he has a labor to give. And if, on the other hand, the foregoing basis is utterly erroneous and inadequate, then until a new and better basis be found judgment must be suspended. It may be that the danger zone lies not in his infirmity, but in his criminality, but the discussion of that problem would unduly extend an article already too long and must be reserved for a future issue.

PSYCHOLOGY AND MEDICINE.

BY WILLIAM D. TAIT, PH.D.,

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PSYCHOLOGY is now recognized as a science; it has followed the example of sister disciplines and has become emancipated from philosophy. Because it is a science one looks for applications. In this respect some have made extravagant claims for the new science, not only with regard to medicine, but also with regard to other aspects of life. It is intended here to outline in a very brief manner some general reasons why the physician should become acquainted with the facts of psychology and why some time should be spent on the study of mind.

Medicine after all is applied science. The discoveries of physics, chemistry, philology, psychology, etc., are used for the purpose of healing the human organism or in a hygienic sense the prevention of disease. Now one aspect of the human creature, as we know him, is mental. This much is certain, whether we call ourselves interactionists, psycho-physical parallelists, or what not. If that is the case, if mind is a part of man, it is a most important feature of his being, if it is sometimes diseased, if it requires healing, if it has a definite relation to the body, then it would appear essential that the medical student should know something about mind. He should know what mind is, the laws of mind, the evolution of mind, the hygiene of mind, the abnormal and special manifestations of mind and their relation to the normal mind.

In other fields of medical study it is customary to begin the instruction by imparting a knowledge of the normal structure. In physiology, for example, the student first becomes aware of the structure and functions of the normal body. This is his guide and standard when he comes in contact with the abnormal or pathological. The same principle and procedure should be followed with respect to instruction in the realm of the mental. In the past, the method here has been to give the student some lectures and clinics on the more exaggerated aspects of the abnormal mind. He is thus left entirely in the dark as to what the term abnormal mind may mean and this cannot but give a wrong perspective of mental life in general, and is "putting the cart before the horse." Rather than

this the student should approach the study of mind by a consideration of its normal manifestations, that is, by a general course in psychology.

Of course, some will say that psychology is merely a branch of physiology. There is no doubt that the relation is a close one, but after many years of investigation, physiology is unable to throw much light on many of the psychological processes. We say that every psychosis presupposes a neurosis, but when we are asked to fill in the details the plea of ignorance must be entered in many instances. For example, what is the physiological correlate for the feelings of pleasantness and unpleasantness, to the emotion of wonder, to the sentiment of reverence, the laws of memory, the span of attention? All of these are matters of investigation for the psychologist whether a science of physiology existed or not.

Further, many of the facts of psychology do not depend on introspection, and the old idea that psychology is a subjective science must be cast aside. Intelligence tests certainly do not depend for their validity upon introspection. The relation between physiology and psychology is much like the relation between chemistry and physiology. In a sense, all psychological facts are open to a physiological explanation or even a chemical or physical one, just the same as all physiological facts are open to a chemical explanation or interpretation. Psychology is interested in the study of integration behavior: physiology more in the behavior of each unit of the organisms. Each science is hoeing its own way in the field of knowledge, but it is not the only row and the field is big.

Briefly, then, psychology should form a part of the medical curriculum for the following reasons:

1. It is imperative that the physician know the mind as well as the body, and he can only obtain this knowledge by a study of normal and abnormal mental life, or, in other words, by taking courses in both normal and abnormal psychology.

2. At present, the medical student obtains his information by means of a few lectures and clinics on abnormal manifestations of mental life. These caricatures, so to speak, can only be placed in their proper perspective and orientation by relating them to the normal.

3. The facts of mind are useful to the physician as he goes in and out among his patients. A skillful use of suggestion, for example, is of great worth even in the treatment of the so-called organic disturbances. Why should the matter be left to haphazard methods as at present?

4. Psychology, although a young science, has already been able to furnish the physician and psychiatrist with some valuable data. A very evident instance of this are the Intelligence Tests. These tests are largely the results of work by psychologists and are an example of what scientific method will accomplish. The tests are reliable, but very few doctors in Canada are qualified to use them because, until recently, during their medical course, they have spent comparatively little time on psychology or its methods.

Further, at present, and for some time past, psychologists have been interesting themselves in psycho-pathology, and there is no doubt but that scientific method here as in the case of mental defect, will result in bringing the study of insanity out of a rather indefinite state, and tests will be devised which will help to differentiate the various type. Just as the physician is now able to measure feeble-mindedness with certainty and accuracy, so will he have further aid to diagnose and classify insanity and other psychopathic manifestations.

As an example of another kind of contribution, consider the great use which has been made of the doctrine of repression or as some would prefer, the doctrine of disassociation, in the treatment of what is misnamed shell-shock.

5. Mental symptoms are often useful in making diagnoses of organic ills. Many such are accompanied by typical mental disturbances. The mistake is sometimes made of considering the case purely mental.

6. Many physicians treat mental diseases too much in the same way as physical, that is, there is a little too much of the rule of thumb method. As study of psychology will reveal to the student the vital importance of recognizing individual differences, and among these the existence of certain correlations. There are no two functional cases alike, and each one requires personal and individual consideration.

7. No doubt due to the fact that medical students are only instructed in the subnormal side of mind, the term mental hygiene has almost come to mean the subnormal. Just as there is hygiene of the normal body, so there is hygiene of the normal mind; there are rules for the mind as well as for the body. Especially in its educational aspect, psychology offers an immense amount of information which should be available to the school physician. Instance the rules of attention, the laws of memory, the causes of repression, the development of perception and ideational life with reference to studies. It is the physicians duty to know all this, for

it is the preventive side of psychological medicine with regard to our schools.

8. A great amount of investigation into questions of psychological medicine is necessary, and this can only be done by the physician trained in the methods of psychological research. At present, the training of the medical student is merely clinical. That is good in so far as it goes if we are interested in nothing but the making of practitioners. The point is that if our knowledge of mental states is to progress, research must be provided for and therefore a training in and scientific methods is imperative. One sometimes fears that some of the training is merely for the purpose of demonstration, and we forget that the real training in any science is method.

Admitting that mind is the highest part of man, and that man is controlled by his mind, that the structure of mind is most intricate and complicated, that during the last twenty-five years immense progress has been made in the study of mind, that much of this data is now available for the physician, then why is adequate provision not made for the study of mind in our medical schools?

THE FEEBLEMINDED IN CANADA.

BY COLIN K. RUSSEL, M.D.,

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MANY communities are now sufficiently enlightened to spend large sums of money on various projects recognized as necessary or contributory to public health, for example, in procuring a good clean water supply. It has taken, in some cases, many years and a great deal of often times discouraging work on the part of an enlightened few in these communities to accomplish this. Scarcely less important to the welfare of the community is, I venture to say, the question of the Mentally Defective.

Typhoid Fever—the greatest scourge to a community which insists on drinking unclean water—costs that community the lives of a certain number and renders a very much larger number unproductive for a matter of on an average 10 weeks. Without considering the sentimental side of the question, the actual loss to the community arising from these deaths and this period of unproductiveness, repeated year after year, is calculated to amount to such a large annual sum as to justify the heavy expense of installing and maintaining huge filtration plants. I wish to try and show you that the subject of Mental Deficiency in Canada is no less worthy of enlightened attention. In order to do this it is necessary to consider the subject from all sides.

The term "Mental Defective" is applied to an individual who, by reason of mental or physical defect, is unable to benefit normally by instruction or the lessons of experience. In other words these individuals do not grow up mentally, although they may reach adult years and stature. Some remain as idiots, helpless, mentally infants; others develop to the extent of a normal child of 3 to 7 years, and this group are termed imbeciles. A far larger group—the so-called "feeble-minded or "morons"—are those whose mental development has not passed that of a normal child of 12 years. When one realizes that approximately 2% of any average community comes into the category of Mental Deficiency, one might well enough leave the matter here and let your imaginations picture what a disastrous effect such individuals might have; but it is to

be doubted whether the uninitiated, even with the most vivid imagination, would more than begin to draw the actual conditions.

In a very carefully worked-out survey of the school children numbering 1,281 of a district in Baltimore, Dr. McFie Campbell discovered 22 who showed a pronounced mental defect which eliminated any prospects of their becoming self-supporting. Besides this, there are 12 children who might well have been included along with these 22, but the grouping was made as conservative as possible, so that in this district also the percentage of Mental Deficiency in school population amounts to a little over 2%. On this basis, then, one must calculate on at least 170,000 mentally deficient individuals in Canada. In the Manitoba survey, made by Drs. C. K. Clarke and C. M. Hincks, under the auspices of the Canadian National Committee for Mental Hygiene, it was estimated that 2.06% of the total school population of Manitoba numbering 100,294 were found to be mentally deficient, a total in all of 2,075 cases, and such indeed is the average in all statistics carried out by well trained reliable workers. The results of a School Survey in British Columbia, made by the same authorities, in a routine examination of 2,273 children, revealed the fact that 81, or 3.56%, were mentally abnormal and required attention in separate classes. Again, a survey of the public schools in Guelph, Ontario, by the same authorities, showed that 3.34% of the whole public school population of Guelph, that is 2,245 pupils, had an intelligence quotient of 75% or less.

In such an assembly it is hardly necessary to refer to the Kalikak family published by Godard, of Vineland, or the familiar family of "The Jukes" of past generation, as described in the classical work of Robt. L. Dugdale, of 1875, except that it might be interesting to refer to a later investigation of this latter family carried out in 1915 by Arthur A. Estabrook, of the Eugenics Record Office. Since Dugdale's time, the Jukes have left their original habitat and now there is not a single Juke living in the ancestral area, and only ruins of their abodes remain. The descendants of to-day are to be found in various localities in at least 14 States of the Union. 1,258 individuals descended from the 5 original Juke sisters are living in 1915. This latter study of the Juke family was made possible by the chance discovery of the original manuscript Juke record of Dugdale in the fall of 1911. Mrs. O. F. Lewis, wife of the General Secretary of the Prison Association, New York, found this valuable paper in Dugdale's handwriting, and Dr. Lewis kindly gave the Eugenics Record Office permission to copy the names and other data not found in the Juke publication. With the names as

the foundation this study has resulted. Of the 1,258 individuals mentioned above 186 are under the age of six, 324 are between the ages of six and fifteen. The school record of 227 of these has been studied. The record of 31 was good, 113 fair, and 83 poor. At least 39% of these children then are probably mentally deficient. Of 625 grown-up individuals, including all men over the age of 19, and all women over the age of 15, investigated with reference to social reaction, 65 are classed as good citizens, 255 as fair and 305 as poor, that is, anti-social in their behavior, being prostitutes, criminals and drunkards, etc. The new conditions brought about by alteration in their environment, exposure to new influences and the chances of introduction of other blood, and the various corrective efforts exerted, have evidently not brought about much improvement in the Jukes.

The economic damage inflicted upon the State of New York by the progeny of the 5 Juke sisters in 75 years was estimated at more than \$1,300,000, to say nothing of diseases and other evil influences which they helped to spread. When it is appreciated that in the second 75 years the damages must have increased in almost geometric proportion, it is suggested that quite a large capital sum would have been well expended in the first instance in dealing with this family.

When one appreciates the fact that a mentally deficient is an individual who, by reason of his mental deficiency, is unable to benefit normally by the lessons of experience, one is naturally not surprised when we are told that a very large percentage of delinquents come under this heading, and especially will their delinquency be noticeable where it is, as it were, due to inspiration of the instincts. Thus, Glueck, in his study of 608 admissions to Sing Sing prison, has shown that prisoners whose intelligence is on a lower level are most frequently guilty of crimes against the person and sex crimes, thus in 60 cases of sex offenders, 41.7% were intellectually defective, 16.7% were mentally diseased or deteriorated. In both cases there was a loss of intellect. In crimes which had their impulse in the instinct of pugnacity and in the instinct of acquisitiveness, there was an unduly large proportion of mentally deficient among the offenders.

In the survey of the Juvenile Court Detention Home at Winnipeg, at the time of the survey made by Drs. Clarke and Hincks, there were 49 children studied with the result that 69.38 were found to be mentally deficient. In the Juvenile Court itself 65 consecutive cases were given a mental examination in October, 1918—10

girls and 55 boys. Twenty-three per cent. of the children examined were mentally deficient. Besides this, 21 of these children were classed as border-line cases. They were not actually mentally deficient or insane, but were of non-stable irresponsible make-up. It is interesting to note that over 55% of the 65 consecutive cases examined were children of foreign birth.

The report of the Special Committee of the New York State of Prisons, prepared with the assistance of V. V. Anderson, M.D., who is the Psychiatrist in charge of Special Work in Mental Deficiency of the National Committee for Mental Hygiene, U. S. A., shows that of the inmates in prisons throughout the country where studies have been made, 27.5% are found to be feeble-minded, and 31.4% of the inmates of reformatories, training schools, workhouses and penitentiaries are found to be feeble-minded. The cases of 100 feeble-minded delinquents were studied by this Commission, *the case histories were taken from the court files alphabetically, no other selection being required than that each individual should have been diagnosed feeble-minded.* The 100 prisoners in this particular court were arrested 1,825 times; record cards dating further back than five years were not gone into, though many of the 100 had had earlier court records. One can estimate roughly that these 100 individuals cost the State a good deal of money.

Of 100 drug users:—18 were said to be normal; 20 dull normal; 28 feeble-minded.

Of 100 immoral women:—20 were said to be normal; 32 dull normal; 30 feeble-minded.

Of 100 shoplifters:—22 normal; 12 dull normal; 25 feeble-minded.

Of 100 drunken women:—11 normal; 21 dull normal; 32 feeble-minded.

Of 100 vagrants:—2 were normal; 8 dull normal; 36 feeble-minded.

The other members of these groups were suffering from epilepsy, alcoholic deterioration, drug deterioration and psychosis of various kinds. In fact, one is very strongly of the impression that in all type of anti-social vice, mental deficiency is responsible.

In the Illinois Training School for Girls, Olga Bridgmen in 1913 found 97% out of the 104 prostitutes examined to be feeble-minded.

The Hon. Chas. M. Goodman, Judge of the Morals Court in Chicago, found 85.8% mentally deficient of the 126 prostitutes examined, and after examining 639, found 62% mentally deficient.

The report of the Massachusetts Commission for the Investigation of White Slave Traffic, so called, in February, 1915, pronounced 51% of 300 cases examined mentally deficient.

In the Canadian National Committee Survey of the Grace Hospital and Misericordia in Manitoba, 73.68% were defective, 15.52% borderline cases, and 10.52% insane. It is instructive to note that only 25.76% of these 269 were Canadian-born, while 44.3% were British-born. It is somewhat surprising to find such a proportion of British-born among these unmarried mothers of illegitimate children, and these results from Manitoba might well be compared to the report by Dr. Clarke, of one Ontario hospital for unmarried mothers where 40% of the cases were British-born.

Surely, enough has been said to impress upon you the importance to the welfare of the community of taking some steps to meet this great evil. One great cause of feeble-mindedness, and the source of two-thirds of it, according to Dr. Godard, is heredity. One can see that in the Juke family to which we referred earlier. The birth rate among the mentally deficient is approximately twice that of the normal population.

In the very interesting studies carried out by Miss Ina W. Cole, under the auspices of the Montreal Local Council of Women, and which were inspired by Professor Derick, who was probably one of the first in Canada to call our attention to the evils and dangers of feeble-mindedness, Miss Cole examined the inmates of Hervey Institute—which was regarded as one of the best institutions for dependent children in the Province of Quebec. In June, 1918, there were 120 inmates. Of these 80 were studied; 26 proved to be normal; 34 were undoubtedly feeble-minded, and 20 were retarded, but the diagnosis was held in abeyance. Since several of this last group were brothers and sisters of the feeble-minded, it is probable that they will eventually be found among the number of mentally deficient. That is at least 28.13%, and possibly more of these dependent children are mentally deficient. The 34 feeble-minded children occurred in 24 families. One family furnished five cases within and two without the institution. In addition to these cases, a study was made of 82 persons referred to the Committee by the Charity Organization Society and the Social Service Department of one of the city hospitals. In all 162 persons were examined; 80 were found to be definitely feeble-minded; others being doubtful border line cases; 5% were idiots; 24 imbeciles; 51 morons whose mental ability at maturity would be that of average children of between 7 and 10 years of age. Of these 80 defectives, 29 were emi-

grants; that is, 31.25% of the feeble-minded were imported into Canada, and of these, 96% were born in the British Isles.

In order to study the influences of heredity in these cases as many relatives as was possible were examined, and in the families of these 80 feeble-minded people the following cases were found: 3 were epileptics, 3 were insane, 28 were of a very low grade mentally, 30 were illegitimate, 27 were grossly immoral, 44 members of 28 families were alcoholic, 10 were delinquents, 9 undoubtedly had venereal disease, 2 were beggars, 1 was a drug habitue, etc.

Enough has been said to show that mental deficiency must cost the country a perfectly enormous sum in actual money, and in loss of money by inefficiency.

There is no question in my mind that mental deficiency is increasing out of proportion among our population. Fortunately, the Immigration Department, largely through the efforts of the Local Council of Women and the Canadian National Committee for Mental Hygiene, are now alive to the subject and are taking some steps to prevent the importation of new cases. It cannot be urged strongly enough that these methods should be most stringent, but even if brought to a state of perfection, immigration is only a part of the question. The promulgation of laws leading to segregation when still young are also necessary, and for this the co-operation and united efforts of lawyers, law-makers, physicians, educators and social workers is necessary to promulgate some method which will remove from society a menacing shadow which grows every day and every hour during which we ignore its existence.

AFTER-CARE STUDY OF THE PATIENTS DISCHARGED FROM WAVERLEY FOR A PERIOD OF TWENTY-FIVE YEARS.*

BY WALTER E. FERNALD, M.D.

EARLY in 1916 the following circular letter was sent to the friends of all patients discharged into the community from Waverley during the twenty-five years 1890-1914, inclusive:

"We are reviewing the last twenty-five years' work of the School and are especially studying the influence of the School upon the boys and girls who have been with us during the period in the hope that our future work may be of more help to the boys and girls who come to us.

"For this reason we are anxious to know all that we can of our former pupils,—whether they are now living, where they are now living, how they have occupied themselves, whether they have been useful and helpful at home, or are able to wholly or partially support themselves by work at home, or for wages, whether they have been able to look out for themselves, their problems, trials, experiences, etc.

"We especially want to know whether their stay at the School was of benefit to them, and as to what part of their training was most beneficial, whether the school work, the manual training, etc., and especially as to how they might have been better fitted to take care of themselves.

"We should very much appreciate a little note from you telling us these facts in regard to Perhaps you would be willing that we should call upon you some day to talk about these matters. I need not tell you that we should be very glad to be of service to our former pupils in any way. I am enclosing a stamped, addressed envelope, and shall be grateful for a reply."

This letter elicited a cordial and friendly reply from the relatives of a majority of the living and accessible patients. Those who did not reply were evidently pleased at the attention, and graciously welcomed the social worker who visited them a few days after the letter was received. This visitor talked with the family, the pastor, local officials, the police, etc. The information obtained was checked up from several sources in each case.

*Reprinted from *UNGRADED*, Vol. V, No. 2, November, 1919.

The total number of discharges for the period was 1537. Of this number 891 were not considered in this inquiry for the following reasons:

- 187 were directly transferred to other institutions for the feeble-minded,
- 153 were directly transferred to hospitals for the insane,
- 89 were directly transferred to hospitals for epileptics,
- 8 were directly transferred to other custodial institutions,
- 175 from other states had been sent to those states,
- 279 could not be located.

This left 646, 470 males and 176 females, whose history in the community could be obtained. Of this number 54 males and 24 females had died, and 68 males and 33 females had been re-admitted to the School.

The relatively small number of discharges for so long a period, with an average number present ranging from 640 in 1890 to 1660 in 1914, shows that the policy of long-continued segregation was consistently followed during the entire period. We honestly believed that nearly all of these people should remain in the institution indefinitely. Some were allowed to go because they seemed to have no vicious tendencies, and their friends were intelligent and able to look out for them, but the majority were dismissed under protest. Not a few of the males took matters into their own hands, and ran away. Those who could not be located were largely the children of recently arrived immigrants in the large cities.

Of the 176 female cases where the history could be obtained, 27 had married, and there were 50 children; 17 children had died and 33 were living. The social worker saw nearly all of these children, and was not sure that any of them were defective. Seven of the married women had no children. Nearly all of the women had married men whose social status was rather above that of their own parents.

Eleven married women were living useful and blameless lives; had neat and attractive homes, bore good reputations in the community, went to church, and apparently were making good in every way. All but one of the married women were morons. One was an imbecile, and her marriage had, of course, turned out badly. These 11 women had 34 children, all of whom seemed normal. Of the 11 successfully married home-makers, 3 were discharged without protest, at the request of responsible relatives; 8 of the group seemed so unpromising that they were not allowed to go from the School until their discharge was ordered by the Supreme Court on a writ

of habeas corpus; all of the group of 11 were apparently definitely feeble-minded. All had been immoral before admission, and at first, after their admission to the School, were troublesome on account of their active sex interest. After their discharge and previous to their marriages, they had apparently behaved themselves and had earned their own living.

Of the 16 married women who are behaving badly, every one was discharged against our judgment, and only after a long contest and the use of powerful political influence; in 9 cases, the Courts ordered the discharge. In these 16 unsuccessful marriages, the women turned out about as we had predicted, with a record of sex promiscuity, alcoholism, thievery, etc. Four women had syphilis. None of them conducted a decent home. In all, they had 24 children,—one woman had 10 children; one married moron, who had 2 children, and 1, who had 6 children, were subsequently returned to the School. Both had been taken away from the School by town authorities under strong protest.

There were 11 unmarried mothers among the 176 discharges, and there were 13 illegitimate children in all. Of these mothers, 8 were morons and 3 were imbeciles. Eight of these women were returned to the School after child-birth. Every one of these women was exceedingly troublesome while at the School, and all were discharged only after a long contest. Not one of them had relatives with sufficient intelligence to give any assurance that they would be able to protect the defective daughter or sister, and none were closely supervised.

There were 48 females with a history of known sex immorality after discharge including 16 married women, 11 unmarried mothers, and 14 subsequently committed to other institutions. Five girls were promptly returned to the School because of immorality. Three women were known to be occasional prostitutes for hire before commitment to other institutions. Three women were known to have syphilis, all in the married group. We did not find any record of other venereal disease. Apparently the discharged female patients have not contributed largely to the sex and venereal problem. Patients with active sex proclivities or with unsuitable relatives were not willingly discharged. The discharged cases had received years of habit-training and education, and the relatives themselves had come to realize the possible sex proclivities of the patients. Apparently the women who had friends capable of understanding them, and of properly protecting them, did not have illegitimate children, and did not become sex offenders.

Twenty-nine women drifted into other institutions after discharge,—4 to hospitals for epileptics, 10 to hospitals for the insane, 1 to prison, and 3 to girls' reformatories. In 25 years only 4 out of 176 women had been sentenced to penal institutions.

As to the economic status of the 176 women, aside from the 11 successfully married women, only 8 were fully and independently supporting and maintaining themselves in the way of getting their own jobs and paying their own bills as ordinary working women do. Of these 8, 1 was earning \$6 per week as a nurse maid, and had been four years in the position; 1 was earning from \$3 to \$7 per week, and had been out 15 years; 1 received \$4 per week in a candy factory, another \$5 per week in a candy factory, 1 \$9 in a cotton mill, and another \$20 per month and living in housework. All of them were morons.

There were 32, helping with the housework and not being a burden, although not earning regular wages away from home, but capable of doing ordinary housework at home or for neighbors; some earning wages but not a living wage, carrying a share of the burden of the home. One was in the illegitimacy group, and had two illegitimate children, 3 had active sex tendencies, and 8 were disobedient and troublesome, but 20 had splendid records, and there was no reason why they should not continue to live at home. They were of the low moron and high imbecile group, as a rule. These cases had friends able and willing to protect and care for them.

There were 23 cases of the imbecile and idiot group grade at home, not capable of self-support, or of doing anything but the most simple housework; 2 were unmarried mothers; 2 were troublesome sexually; 6 were noisy and troublesome; but the others seemed to be well cared for and protected by their relatives, without annoyance to the neighbors or the family. The character of the home and the intelligence of the family largely determined the result.

To sum up, for 176 discharged female patients, we have the following report:

Married (11 doing well)	27
Self-supporting and self-controlling, unmarried..	8
Working at home under supervision	32
Living at home, not able to do much work	23
Committed to other institutions	29
Died	24
Re-admitted to Waverley	33
Total	176

Of the 90 discharged females now at liberty, 52 are apparently giving no trouble, viz.:

Married, living at home	11
Self-supporting	8
Of those working at home	20
Of those living at home	13

In the following tables, some persons are counted in more than one classification, so the totals apparently do not check,—viz.: some of the unmarried mothers are in the immoral group, illegitimacy cases in the re-admitted group, etc. The following groups have behaved badly, viz.:

Married women, sex offenses	16
Unmarried mothers	11
Sex offenders not included above	21
Sent to other institutions	29
Of those working at home	12
Of those living at home	10
Re-admitted to Waverley	33

Of the 470 males, 28 were earning a good living, without supervision. All of these were morons. Their stay in the School had varied from 1 month to 20 years. They had been away from School from 2 to 23 years. Eight ran away from the School. Others went on trial because they seemed useful and harmless, and were very desirous of their liberty. Few seemed capable of self-support while at the School. Their weekly wages ran from \$8 to \$36. They were working as teamster, elevator man, city laborer, factory worker, farm laborer, soda clerk, tinsmith, carpenter, painter, chauffeur, machinist, etc. One is in business for himself as a sign-painter, a trade he learned at the School. In fact, many are following occupations they learned at the School. One had saved \$2,000; another had bought a house. Eleven of the group had married, and of these marriages there were 9 children. These 28 men seemed to have a blameless record in their community. They are good citizens, regarded as simple-minded men and recognized as such by their employers, and by their wives, for where they had married normal women (as they nearly all did), the wives spoke very kindly of the mental limitations of their husbands.

Thirteen men in all had married. As before stated, 11 were well behaved and industrious. Two married men were able to support themselves, but had been sentenced to the Reformatory for larceny. There were twelve children altogether,—6 had no children, 1 had 3 children, 3 had 2 each and 3 had 1 each. The in-

vestigator saw all the children, and none of them seemed abnormal. The children were clean and well-behaved, and the homes were neat and well-kept. The two men with a criminal record earned \$1.50 a day; the other 11 earned from \$12 to \$18 per week.

Eighty-six were steadily working for regular wages, living at home, closely supervised by their relatives. Nearly every one was a moron, although there were a few high imbeciles. A few were receiving as low as \$3 or \$4 per week, but the majority received from \$7 to \$16 weekly. The average wage was \$9.60 per week. They were employed in 39 different occupations, 13 in factories, painter, baker, laborer, printing pressman, freight handler, railroad brakeman, machinist, barber, etc. Only a few were doing simple manual labor. None of these boys or men had been troublesome sexually or shown criminal tendencies. They seemed contented and happy. These cases had been away from the School for an average of 9 years. They were at the School for varying periods. In no case would the relatives consider a return to the institution, although nearly all expressed gratitude for the training received there. This group shows the influence of a good home in modifying the after-life of institutionally trained defectives without innate character defects. The good home presupposes the absence of hereditary criminal or anti-social tendencies.

A group of 77 males of low moron and high imbecile grade and of various ages were able to do more or less work at home, but received no wages. Some were quite young, and have much of their lives yet to be lived out. Eight were attending public school, not keeping up, but learning a little slowly. These persons all seemed to be harmless and inoffensive. No record of sex offense could be ascertained. The males of this degree of mentality who had proved troublesome at home had evidently been returned to the institution. Where the members of this group lived on a farm or in a small village, they were evidently happier and did better in every way than those who lived in the cities. In this group also the lack of serious character defect and the fact that they were closely supervised were important factors in their good behavior.

Fifty-nine males of idiot and imbecile grade, unable to do any work, were living at home, and the families seemed able and desirous of continuing the home care of their permanently infantile offspring. No serious obnoxiousness was reported by the families or by the neighbors or by the police. As in the preceding group, evidently those of the group who had proved troublesome had already been sent back to the institution. Favorable home conditions

and the absence of disagreeable traits in the patients made home care possible.

Thirty-two males are known to have been committed to penal or reformatory institutions subsequent to their discharge. Of this number 22 adult morons and 2 adult imbeciles were sent to penal institutions. Their average stay at the School was less than 1 year. Eleven ran away from the School, 9 were taken away by parents, and 4 were discharged as unsuitable for the institution. Without exception, they were voluble, plausible, incorrigible, and apparently inherently criminalistic from early childhood. The crimes for which they were sentenced were as follows, viz.: 12 for larceny, 2 each for alcoholism, assault, and burglary, and 1 each for homicide, lewdness, sodomy, criminal assault, vagrancy, and highway robbery. Eight young boys were committed to juvenile reformatories for various offenses.

Twenty-three males had been arrested for crimes or misdemeanors, but had not been sentenced to penal institutions. Of this number 16 were morons and 7 imbeciles. One of them had been at the School for 10 years, five for 4 years each, and the rest for short periods only. Two ran away and the others were taken away by their parents. They were arrested for the following offenses,—viz.: 5 for larceny, 5 for breaking and entering, 3 for drunkenness, 2 each for felonious assault, danger to young girls, assault and battery and sodomy and 1 each for setting fires and incorrigibility. This group also showed distinct character defects from early childhood, and, as well as the preceding group, should never have been released except under strict parole. Both groups were typical "defective delinquents," and could not be adequately cared for or restrained in a school for the feeble-minded.

Seventy-five of the males were committed to other institutions after their discharge, viz.: 8 to juvenile reformatories, 24 to penal institutions, 26 to hospitals for the insane, 8 to hospitals for epileptics, 4 to schools for the feeble-minded, and 5 to various institutions. Few of these person were discharged without a protest and often a contest. Many were taken away because of proposed transfer to the very institution to which they were eventually sent. Nearly every one was incorrigible and troublesome at home. This group well illustrates the necessity of frequent reclassification of the wards of the State. This clearing-house function should be exercised in the institutions and not in the community.

Sixty-eight males were re-admitted to the School. The time at home varied from less than 1 month to 18 years. Seven were idiots, 42 were imbeciles and 19 were morons. None of these cases had been arrested or in serious trouble, but they did not get on well, or were a burden at home, or were not easily controlled.

Fifty-four died after they were discharged.

To sum up, for 470 discharged male patients we have the following report:

Earning a living without supervision	28
Working for wages, supervised at home	86
Working at home, no wages	77
Living at home, not able to work	59
Arrested but not sentenced	23
Sentenced to penal institutions	32
Committed to other institutions	43
Re-admitted to Waverley	68
Died	54
Total	470

Apparently the cases represented in the first four groups in the above table a total of 250, constituted no serious menace to the community at the time of the investigation.

The results of this survey should be interpreted with great caution. As a rule, the most promising cases are allowed to go home. They have received careful training. The parents have been properly instructed. Still many unpromising cases did well. There was a surprisingly small amount of criminality and sex offense, and especially illegitimacy. We may hope for a much better record when we have extra-institutional visitation and supervision of all discharged cases. Those with definite character defects, especially those with bad homes, should be discharged with great caution. The survey shows that there are bad defectives and good defectives. It also shows that even some apparently bad do "settle down." And it shows much justice in the plea of the well-behaved adult defective to be given a "trial outside" for apparently a few defectives do not need or deserve life-long segregation. It is most important that the limited facilities for segregation should be used for the many who can be protected in no other way.

NOTES AND NEWS

MEETING OF THE MEDICAL SUPERINTENDENTS OF THE INSANE ASYLUMS IN THE PRO- VINCE OF QUEBEC.

A VERY important meeting of the superintendents of the insane asylums in the Province of Quebec was held on the 24th October, 1919. The following persons were present: Mr. J. Simard, Assistant Provincial Secretary; Dr. A. H. Desloges, General Medical Superintendent of the Insane Asylums; Dr. E. Devlin, Superintendent of the St. Jean de Dieu Asylum; Dr. M. E. Brechu, Superintendent of the St. Michael Archange Hospital; Dr. J. W. Burgess, Superintendent of the Verdun Asylum; Dr. O. Noel, Superintendent of St. Julien Asylum at St. Ferdinand d'Halifax; Dr. M. E. Tremblay, Superintendent of Ste. Anne Asylum at Baie St. Paul; Dr. C. A. Porteous, Assistant Superintendent of Verdun Asylum, and Mr. M. C. Belanger, Secretary.

The following important questions were discussed:

FIRST—ADMISSION FORMS.

It was suggested that some addition should be made to the forms of admission at present in use in order to obtain more details of the history of each patient. These details were to include a more thorough social history of each patient, their real domicile, their place of birth, their financial position as well as of those who are responsible for them. If they are foreigners or belong to another province or the United States, information with regard to their deportation or repatriation to the country or province where they have their legal domicile should be obtained. The previous occupation of the patient was also thought important to be known, particularly in the case of an ex-soldier.

The Federal Department of Immigration must secure all the particulars in connection with the deportation, or the medical superintendent must get them in the interest of the province, and transfer them to the Department of Immigration in order to get quicker action.

As the Federal Department of Immigration does not assume any responsibility when the case does not appear to be strictly a

deportable one, the medical superintendent should try to repatriate it, and for this purpose they must gather all the usual data required for a deportable case.

The admission of patients should be authorized or refused by the medical superintendent after having had all the previous information. This refers particularly to public patients, but the medical superintendent should also have the responsibility for the admission or refusal of private patients without the interference of the board of directors. Final discharge, or discharge on trial of both public and private patients should follow the same rule.

All these phases of the admission of patients to asylums were thoroughly discussed, and it was resolved that in the interest of both the patient and the province, these suggestions should be carried out.

It was resolved that in order to be able to fully carry out this work and not to impose too heavy a burden upon the superintendents of the asylums, that a secretary be attached to each of the following hospitals: St. Jean de Dieu, St. Michel Archange and Verdun.

SECOND—DIAGNOSIS.

It was suggested that the diagnosis should be made immediately after the admission of the patient by means of laboratory work, complete physical examination, urine examination, blood examination, including Wasserman test, and that the personal observations should be systematically noted and filed. Each patient should have a general file where all particulars concerning him should be put under the same number which would greatly facilitate research work and save time.

These suggestions were unanimously passed, and it was also resolved to ask that two pathologists be appointed. One to do all the laboratory work and autopsies at the St. Jean de Dieu Hospital and Verdun Hospital in Montreal, and the other in the city of Quebec to do the work at the St. Michel Archange and the Ste. Anne Hospital.

THIRD—TREATMENT.

As occupational therapy is recognized as the most effective treatment of mental disease, it is recommended that it should occupy an important place in the asylums. The financial point of view of such treatment, although secondary, should also appeal to the provincial authorities. It was therefore resolved that the su-

perintendent of each asylum should see that this branch of treatment was enlarged and improved upon in his institution.

HYDRO-THERAPY.

The question of hydro-therapeutic treatment in the asylums was left to the discretion of the superintendent, and it was resolved by the convention to send a member of the medical service to study this whole question at some institution in the United States.

DRUGS.

It was recognized to-day that the use of drugs in asylums is decreasing rapidly, and it was felt that an exchange of views between the different superintendents on this matter would be very beneficial.

DIETETICS.

It was recognized by the convention that the diet of patients in asylums should be scientific and vary with the different types of disease. It was therefore decided that in all the hospitals the diet of each person should be approved of by the medical superintendent.

FOURTH—MEDICAL SERVICE.

It was recognized that the medical service of each asylum should be under the immediate direction of the medical superintendent.

It was also decided that the medical staff should give their whole time to the work in the asylums except for the work in universities and private consultations and at the courts.

It was, however, pointed out that several medical superintendents could not give up or abandon their private practice as the salary they received from the Government was so low. It was, therefore, decided to appraise the Government of these facts so that the salaries of these medical superintendents would be raised.

It was decided that the medical staff of St. Jean de Dieu Hospital should consist of six physicians and a secretary; that there should be four physicians and a secretary at the Verdun Asylum. There would also be a pathologist and a dentist to do the work of both these hospitals.

It was decided that there should be six physicians, a secretary and a pathologist at the St. Michel Archange Hospital in Quebec.

The pathologist attached to this hospital would also do the work at Ste. Anne and St. Julien.

As the co-operation and exchange of views between the different medical staffs was recognized as being very important, it was resolved to hold two meetings a year, when the different physicians could discuss the problems relating to mental disorders.

It was also decided that arrangements should be made, if possible, so that the physicians of each hospital in turn could spend a certain amount of time studying the methods of diagnosis, classification and treatment in the hospital of the United States.

HISTORIES OF CASES, CLASSIFICATION AND STATISTICS.

This important point was thoroughly discussed, and it was recognized that the history of each case, the classification and statistics, should be made uniform in all the hospitals. A committee composed of Doctors Devlin, Burgess and Porteous was appointed to study the question of a general classification and to draft a uniform blank or card for all the hospitals.

FIFTH—HOSPITAL FOR EPILEPTICS.

It was resolved to urge the provincial government to provide an institution for epileptics as soon as possible.

Besides these important subjects, other questions, such as the nursing staff, orderlies, employees, accommodation and segregation, were discussed.

This convention of the superintendents of the different asylums in the Province of Quebec marks an advance step in the mental hygiene movement in the Dominion of Canada. It is felt that from the semi-annual meetings of the superintendents that it will not be long before the treatment of the mentally abnormal will be greatly improved.

THE CANADIAN RED CROSS SOCIETY AND MENTAL HYGIENE.

IN attempting to fulfill the peace time obligations which Chapter 25 of the Covenant of the League of Nations has laid upon the National Red Cross Society of Canada, together with all other countries which were signatories to the Peace Treaty, the need of co-operation has at all times been evident to the Canadian Red Cross.

At the annual meeting of the Canadian Red Cross Society, held on February 4th and 5th, the following resolution was passed:

"Whereas under the terms of the Peace Treaty a League of Red Cross Societies was called into existence;

"And whereas the Canadian Red Cross Society, in accepting membership in the League, has hereby become responsible for carrying out the objects set forth in the Treaty, viz.: the promotion of health, the prevention of disease, and the mitigation of suffering;

"And whereas it is the policy of the Red Cross Society:

"(a) To carry on its peace time work in cordial and intelligent co-operation with other nationally organized and voluntary bodies, also engaged in the promotion of public health services, and

"(b) To assist in bringing about, by the voluntary action of such bodies, co-ordination, to the largest practicable degree, of their activities in order that the greatest good may be done with the most economical and effective use of all available resources;

"Therefore, be it Resolved:

"(1) That the Executive Committee be directed to arrange for the formation of a Committee to be called the Red Cross Advisory and Consultative Committee, to be constituted as hereafter provided for;

"(2) That the duties and powers of the Committee be (a) to advise its constituent bodies on means whereby, by their voluntary action, the largest measure of co-operation between and amongst them may be secured and the greatest degree of appropriate co-ordination of their activities may be arranged; (b) to take into consideration any suitable question submitted by any of the bodies represented on it, and to report the result of such consideration to all its constituent bodies;

"(3) That the Dominion Department of Public Health, the St. John Ambulance Association, the St. John Ambulance Brigade, the Victorian Order of Nurses, the Canadian Society for the Prevention of Tuberculosis, the Canadian National Committee for Mental Hygiene, the Canadian National Health Association, and other eligible bodies be each invited to appoint two representatives;

"(5) That the Canadian Medical Association, the Canadian National Association of Trained Nurses, and the Canadian Association of Public Health Officers, and the Association of Medical Officers of Canadian Militia, be each invited to appoint two representatives.

"(6) That the Executive Committee be directed to arrange for the calling and holding of the first meeting, and that thereafter the Advisory and Consultative Committee arrange the order of its own procedure."

At a combined meeting of the Executive and Finance Committees of the Canadian National Committee for Mental Hygiene, Mr. D. A. Dunlap, Dr. C. K. Clarke and Dr. C. M. Hincks were appointed as a sub-committee to consult with the Canadian Red Cross Society regarding co-operation. With the passing of the above resolution, there will be from now on active co-operation between the Canadian National Committee for Mental Hygiene and the Canadian Red Cross Society, and it is felt that with the support of the Canadian Red Cross Society, more active progress will be made along the lines of mental hygiene in Canada.

OFFICIAL CLASSIFICATION OF MENTAL DISEASES AND UNIFORM STATISTICAL REPORTS ON INSANITY.

PROGRESS along the lines of mental diseases has been seriously handicapped by the unfortunate absence of accurate scientific information which would warrant definite conclusions regarding many matters of far-reaching importance. We naturally turn to the published works of recognized authorities whose observations are based presumably on a wide experience with the subject under discussion. We soon find ourselves overwhelmed with theories and confronted with a startling absence of established facts. The text books are filled with unsubstantiated statements regarding the frequency of various forms of insanity and the recovery rate of certain psychoses. These are usually based upon the personal observations of the author in question or upon statistical data available from his own hospital. It is only by accurate statistical studies that we can arrive at conclusions of any great value regarding the matters upon which our fundamental conception of psychiatry largely depends.

Heredity is usually looked upon as one of the most important etiological factors of mental disease. However, how far is it responsible for dementia praecox or manic depressive insanity as compared with the various forms of mental deficiency or epilepsy? Can we rely upon the Mendelian theories relating to heredity sufficiently to warrant a complete revision of our views on this subject?

We now generally accept the importance of mental deficiency and mental abnormalities as related to criminality, prostitution, alcoholism and pauperism. However, further studies must be made if conclusions of any value are to be reached. The infrequency of clear-cut psychoses due to the use of any single drug is surprising. Statistics of nearly forty thousand committed cases of insanity show that psychoses, due to cocaine alone, for instance, are exceedingly unusual, morphine or some other factor almost always complicating the situation.

Again, if we turn to the epileptic psychoses, we are astonished at our ignorance of them. Nervous and mental diseases, feeble-mindedness and alcoholism are prominent in the family history of epileptics. L. Pierce Clark and others have called attention recently to the so-called "epileptic constitution." Is there such a thing? If there is, we must know definitely what percentage of cases show the characteristics of that mental make-up in order to show its relation to the disease itself. There is, unfortunately, no satisfactory classification of epileptic psychoses. The large majority of epileptics ultimately reach an advanced state of mental deterioration, but we do not know exactly what that percentage is. Many epileptics show preparoxysmal states; others are subject to post paroxysmal conditions, while some exhibit only interparoxysmal episodes. There are others in whom are associated psychoses, such as manic depressive insanity, which, however, have no definite relation to epilepsy. All these matters require considerable discussion, careful analysis, and much further consideration, which should be based upon trustworthy statistical information.

The Federal Government has recently recognized that the condition called "constitutional psychopathic inferiority" is an adequate reason for rejecting immigrants. What is the relation of this condition to the various psychoses?

At the present moment, with new ideas on mental hygiene and new legislation, especially in the western provinces, the cost of the care and maintenance of the insane is of vital importance. Unfortunately we are unable, in Canada, to get at the real facts. There is no uniformity regarding the cost of the care and maintenance of the insane in our asylums. All these conditions require reliable statistics if we are to arrive at a definite basis for treatment.

In the United States repeated efforts have been made to remedy this unfortunate conditions of affairs, but to-day, through the efforts of the American Medico-Psychological Association and the National Committee for Mental Hygiene, a plan for the compila-

tion of statistical data on the insane has been definitely decided upon. At the annual meeting of the American Medico-Psychological Association held in New York in 1917, a committee which had been appointed in 1913 submitted a report recommending the adoption of a classification of mental diseases to be used by all institutions.

The following classification of mental diseases was recommended and adopted by the Association:

1. Traumatic psychoses:

- (a) Traumatic delirium.
- (b) Traumatic constitution.
- (c) Post-traumatic mental enfeeblement (dementia).

2. Senile psychoses:

- (a) Simple deterioration.
- (b) Presbyopnrenic type.
- (c) Delirious and confused types.
- (d) Depressed and agitated states in addition to deterioration.
- (e) Paranoid types.
- (f) Pre-senile types.

3. Psychoses with cerebral arteriosclerosis.

4. General paralysis.

5. Psychoses with cerebral syphilis.

6. Psychoses with Huntington's chorea.

7. Psychoses with brain tumor.

8. Psychoses with other brain or nervous diseases. The following are the more frequent affections and should be specified in the diagnosis:

Cerebral embolism.

Paralysis agitans.

Meningitis, tuberculous or other forms (to be specified).

Multiple sclerosis.

Tabes.

Acute chorea.

Other conditions (to be specified).

9. Alcoholic psychoses:

- (a) Pathological intoxication.
- (b) Delirium tremens.
- (c) Korsakow's psychosis.
- (d) Acute hallucinations.
- (e) Chronic hallucinations.
- (f) Acute paranoid type.

- (g) Chronic paranoid type.
 - (h) Alcoholic deterioration.
 - (i) Other types, acute or chronic.
10. Psychoses due to drugs and other exogenous toxins:
- (a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined (to be specified).
 - (b) Metals, as lead, arsenic, etc. (to be specified).
 - (c) Gases (to be specified).
 - (d) Other exogenous toxins (to be specified).
11. Psychoses with pellagra:
12. Psychoses with other somatic diseases:
- (a) Delirium with infectious diseases.
 - (b) Post-infectious psychosis.
 - (c) Exhaustion-delirium.
 - (d) Delirium of unknown origin.
 - (e) Cardio-renal diseases.
 - (f) Diseases of the ductless glands.
 - (g) Other diseases or conditions (to be specified).
13. Manic-depressive psychoses:
- (a) Manic type.
 - (b) Depressive types.
 - (c) Stupor.
 - (d) Mixed type.
 - (e) Circular type.
14. Involution melancholia.
15. Dementia praecox.
- (a) Paranoid type.
 - (b) Catatonic type.
 - (c) Hebephrenic type.
 - (d) Simple type.
16. Paranoia or paranoic conditions.
17. Epileptic psychoses:
- (a) Deterioration.
 - (b) Clouded states.
 - (c) Other conditions (to be specified).
18. Psychoneuroses and neuroses:
- (a) Hysterical type.
 - (b) Psychasthenic type.
 - (c) Neurasthenic type.
 - (d) Anxiety neuroses.
19. Psychoses with constitutional psychopathic inferiority.
20. Psychoses with mental deficiency.

21. Undiagnosed psychoses.
22. Not insane:
 - (a) Epilepsy without psychosis.
 - (b) Alcoholism without psychosis.
 - (c) Drug addiction without psychosis.
 - (d) Constitutional psychopathic inferiority without psychosis.
 - (e) Mental deficiency without psychosis.
 - (f) Others (to be specified).

The following statistical tables were adopted by the Association on the recommendation of the committee:

1. General information.
2. Financial statement for the year.
3. Movement of population.
4. Nativity of first admissions and of parents of first admissions.
5. Citizenship of first admissions.
6. Psychoses of first admissions.
7. Races of first admissions classified by psychoses.
8. Age of first admissions classified by psychoses.
9. Education of first admissions classified by psychoses.
10. Environment of first admissions classified by psychoses.
11. Economic condition of first admissions classified by psychoses.
12. Use of alcohol by first admissions classified by psychoses.
13. Marital condition of first admissions classified by psychoses.
14. Psychoses of readmissions.
15. Discharges classified by psychoses.
16. Cause of death classified by psychoses.
17. Age at death classified by psychoses.
18. Duration of hospital life classified by psychoses.

At a meeting of the medical superintendents of the insane asylums in the Province of Quebec, held in October, 1919 (see report in this issue of the JOURNAL) a committee, composed of Drs. Devlin, Burgess and Porteous, was appointed to study the question of a general classification, and to draft a uniform blank or card for all hospitals. This was an important step in the history of psychiatry in Canada, and it is right that the honor of taking this step should fall to the oldest province in the Dominion. What we need, however, is a committee appointed from the superintendents of all insane asylums in Canada who would, like the committee in the United States, go carefully into this whole matter and recom-

mend a classification of mental diseases as well as a set of statistical tables. In this way the standard of hospital care of our insane in this country will be greatly improved.

MENTAL HYGIENE CONVENTION.

THE third convention of societies for mental hygiene under the auspices of the National Committee for Mental Hygiene in co-operation with the Mental Hygiene Committee of the State Charities Aid Association, was held in New York City February 4th and 5th, 1920.

The Canadian National Committee for Mental Hygiene was represented at this convention by its president, Dr. Charles F. Martin, Dr. A. H. Desloges, Medical Superintendent of the Insane Asylums in the Province of Quebec, Dr. G. S. Mundie, of Montreal, and Dr. C. M. Hincks, of Toronto, Secretary of the Committee.

The annual meeting of the National Committee for Mental Hygiene was held in the Russell Sage Foundation Building on the afternoon of February 4th. At this meeting the reports of the Medical Director, Dr. Thomas W. Salmon, of the Associate Medical Directors, Dr. Frankwood E. Williams and Dr. V. V. Anderson, and of the other different officers were read. Dr. Charles F. Martin, President of the Canadian National Committee for Mental Hygiene, addressed the meeting and spoke of the need of more mental hygiene instruction in our medical schools, and also of the importance of neuro-psychiatry in the training of our medical students. He said that although he was an internist primarily, he had come to appreciate the importance of these subjects in the education of the physician. Dr. A. H. Desloges gave a short account of what was being done along the lines of mental hygiene in the Province of Quebec, and expressed the hope that the idea of having International Mental Hygiene would soon be accomplished. Dr. Hincks spoke briefly on what the Canadian National Committee for Mental Hygiene had accomplished since it was founded in 1918. He mentioned that the Provinces of Manitoba and British Columbia, after having a survey made by the Committee, had formulated plans which eventually would place these provinces in the front rank regarding the treatment and care of the mentally abnormal.

Wednesday evening, February 4th, at the New York Academy of Medicine, an excellent paper on "Trade Unionism and Temperament, Notes on the Psychiatric Point of View in Industry," was

given by the late Dr. E. E. Southard, Director, Massachusetts Psychiatric Institute, Boston. Dr. Thomas W. Salmon, Medical Director of the National Committee for Mental Hygiene, gave a paper entitled "Psychiatry in Medical Schools." In this paper he emphasized the importance of the teaching of psychiatry to medical students, and he spoke of how very few medical schools to-day gave but slight attention to this important branch of medicine. He also spoke of the fact that New York City had hospitals for the treatment of every disease except mental disease.

Thursday afternoon, February 5th, was devoted to papers by Dr. John B. Watson, Johns Hopkins University, Baltimore, who spoke of "The Psychology of Infancy" with cinematographic demonstration; Doctors C. Macfie Campbell, of the Henry Phipps Psychiatric Clinic, Baltimore, spoke on "The Experiences of the Child, How They Effect Character and Behavior"; Dr. E. Stanley Abbott, Medical Director, Mental Hygiene Committee, Public Charities Association of Pennsylvania, on "Programme of Mental Hygiene in the Public Schools; and, lastly, an excellent paper by Dr. William A. White, Superintendent, St. Elizabeth's Hospital, Washington, D.C., on "Childhood, the Golden Period for Mental Hygiene."

On Thursday evening papers were read by Dr. Pearce Bailey, Chairman, New York State Commission on Mental Defectives on "Applicability of Neuro-Psychiatric Examinations in the Army and Civil Problems," and by Dr. Thomas W. Salmon, on "Some Mental Hygiene Lessons of the War."

All the meetings were well attended by the leading psychiatrists and social workers of the United States, and full discussions took place on all the papers. Besides these meetings, round table discussions took place every morning at which the various phases and activities of the mental hygiene movement were discussed by the leading men and women of the country. These discussions included "Financing Societies for Mental Hygiene"; "Problems in Connection with the Establishment of Community Clinics"; "Relative Values and Methods of Publicity"; "Problems of Legislation"; "State Society Problems Relative to Discharged Soldiers"; "Planning and Organizing Conferences."

The delegates from the Canadian National Committee for Mental Hygiene were enthusiastic over the reception given them at the convention, and returned to Canada impressed with the many mental hygiene problems which had to be faced in their country, but hopeful of a ready response as soon as the problems were placed before the medical profession and general public.

DR. ELMER E. SOUTHARD.

DR. ELMER ERNEST SOUTHARD, of Boston, Massachusetts, died in New York City, February 8th, after a two days' illness from pneumonia. Dr. Southard was forty-three years old. He was born in Boston. He graduated from the Harvard University Medical School in 1901, having previously received a degree in Arts from Harvard University. During his work in the University he specialized in philosophy under Professors William James and Josiah Royce, and for a period conducted Professor Royce's seminar. He always maintained his interest in philosophy, and his later writings on mental hygiene are replete with references to the work of James and Royce. The week previous to his death he had been invited by the University to collate and edit the works and manuscripts of the late Charles Peirce, an early associate of James and Royce, a piece of work to which he looked forward with great interest.

On the completion of his work in the medical school, Dr. Southard went to Europe, where he studied at Senckenberg Institute, Frankfort-on-the-Main, and in the University of Heidelberg. On his return to the United States he became instructor in neuropathology at Harvard; later, assistant professor, and since 1909 Bullard professor of neuropathology. He was assistant visiting pathologist to the Boston City Hospital in 1904 and 1905; assistant physician and pathologist of the Danvers (Massachusetts) State Hospital from 1906 to 1909; pathologist of the Massachusetts Department of Mental Diseases in 1909, and Director of the Boston Psychopathic Hospital from its opening in 1912 to 1919. At the time of his death he was the Director of the Massachusetts Psychiatric Institute of the Massachusetts Department of Mental Diseases. He was chairman of the Section of Neurology and Psychiatry of the American Medical Association; president of the Boston Society of Neurology and Psychiatry; president (1918-1919) of the American Medico-Psychological Association; a director of the Eugenics Record Office, Cold Spring Harbor, New York; a member of the board of scientific directors of the Bedford Hills Laboratory, Bureau of Social Hygiene, New York; a member of the Committee on Psychiatry of the National Research Council; a director of the Massachusetts Society for Mental Hygiene; a member of the National Committee for Mental Hygiene, with membership on its sub-committees on War Work, the Smith College training Course for Psy-

chiatric Social Workers, and Education; and a member of the editorial board of the *Archives of Neurology and Psychiatry*. During the war, Dr. Southard was director of one of the United States Army Neuro-psychiatric Training Schools, and later a Major in the Chemical Warfare Service. The request of the chief of the Chemical Warfare Service, that he accept a commission in that branch of the Army, came as a surprise to Dr. Southard, but was a compliment that he appreciated. His services were desired not in his capacity as a physician or neuro-psychiatrist or pathologist, but as a philosopher and thinker. The problems to be put to him concerned broad policies of strategy. Dr. Southard was under overseas orders at the time the armistice was signed.

In his pathological work Dr. Southard had devoted particular attention to the study of dementia praecox and feeble-mindedness. He published a number of monographs on the subject of dementia praecox and, in collaboration with Dr. Walter E. Fernald, Superintendent of the Massachusetts School for the Feeble-minded, a large volume was published in 1918 containing an elaborate and careful study of ten feeble-minded patients. This volume was the first in a study planned of one hundred cases. The second volume was in the course of preparation at the time of his death. With Dr. Harry C. Solomon, he published in 1917, "Neurosyphilis," a case book on neurosyphilis. His latest book, "Shell Shock and Other Psychiatric Problems," a case book dealing with neuro-psychiatric problems of the war, was issued in 1919. The manuscript for a third book on psychiatric social service, written in collaboration with Miss Mary C. Jarrett, was about ready for the publisher at the time of his death. In June, 1919, Dr. Sutherland was given a commission by the Engineering Foundation, New York City, to study the mental hygiene problems of industry. His preliminary report on his work was made to the Foundation in December, and is published in the January (1920) number of *Mental Hygiene*.

Dr. Southard was taken ill while attending the Third Convention of Societies for Mental Hygiene, held in New York City, under the auspices of the National Committee for Mental Hygiene. His paper, Trade-Unionism and Temperament: Notes on the Psychiatric Point of View in Industry, read at the opening session, was one of the features of the convention. This paper will be published in the April number of *Mental Hygiene* and in THE JOURNAL OF MENTAL HYGIENE of the Canadian National Committee for Mental Hygiene.

Dr. Southard was a man of broad interests, and although in medicine engaged first as a pathologist, it was probably the general philosophical and social aspects of his profession and specialty that interested him most. He contributed much as a pathologist and as a leader in the development of the psychopathic hospital field and the field of mental hygiene, but one of his greatest contributions was his training and stimulation of younger men and women.

THE VALUE OF PSYCHOPATHIC HOSPITALS.

IT has been stated that the two departments of medical science which received the greatest impetus and stimulation during and as a result of the Great War were orthopædic surgery and neuro-psychiatry.

Canada, for many years, has been confronted with the problem of what to do with the criminal, the juvenile delinquent, the prostitute and the moral degenerate. To-day it is becoming generally recognized that mental factors play a great part in this problem and that human behavior can be neither successfully studied nor effectively directed without taking into account the facts of mental life.

Since April, 1918, when the Canadian National Committee for Mental Hygiene was organized, many facts in connection with these problems have been discovered. A survey of the province of Manitoba showed that the care and treatment of the mentally abnormal and mentally defective were very mediæval. The asylums were mere custodial institutions where the treatment was practically nil. There was no attempt at classification of patients, no laboratories were provided to aid in scientific diagnosis and every institution was greatly understaffed. The mentally defective were herded together with practically no attempt to improve their condition or to make them happy. It was shown that a large proportion of the criminals, juvenile delinquents, prostitutes and unmarried mothers were mentally defective. The recommendations for improving these conditions were drastic, but the government realized the situation, and to-day, Manitoba is in the process of having the most up-to-date system on this continent for caring for their insane and mentally defective. A psychopathic department in connection with the Winnipeg General Hospital has been established under the directorship of a thoroughly trained physician and now no case of mental abnormality can be admitted to or discharged from any institution without first being observed in the psychopathic hospital.

The province of British Columbia has also been investigated by the same committee and here practically the same conditions were found as in Manitoba. Its government, however, has also realized the position and plans are being made for up-to-date institutions to care for all individuals suffering from any mental abnormality or deficiency.

In the province of Ontario the mental hygiene movement has also made a great advance, although perhaps not in such a spectacular manner as in the western provinces. A reception hospital is being built in the city of Toronto for the admission of all patients suspected of suffering from any mental abnormality or deficiency. A report by the Hon. Justice Hodgins, chairman of the commission to report on the care and control of the mentally defective, is very conclusive. Mr. Hodgins in part says: "That if the cardinal fact could be assimilated, that the elimination of the mentally defective from the school and from the street, and from the agencies engaged in reforming character, would render the effort of teachers and social workers comparatively easy, and empty the jails of over half their inmates, and that if it were generally realized that these unfortunates can, if taken in time, be made comparatively happy and useful, there would be little time lost in bringing about the desired result. A survey of the jails, reformatories and other institutions is urgently needed in order to relieve them of all mentally defective. Feeble-minded females of child-bearing age, and feeble-minded delinquents who are 'repeaters' or show marked criminal instincts should be detained indefinitely." A survey of the public schools in Toronto and Guelph shows that there are a large number of mental defectives who are not only not able to advance themselves, but are retarding the normal children.

In the province of Quebec, progress is being made along the lines of improved mental hygiene. It is well known that the asylums in this province are largely custodial institutions privately owned. While this is the case we cannot hope for the proper care and treatment of the mentally insane. Every institution is understaffed, the physicians are poorly paid, there is not a sufficient number of attendants or nurses and laboratories are non-existent.

Practically no attempt has been made in the province of Quebec to care for the feeble-minded or the epileptic. What is needed is a state institution on the colony plan, with one department for the feeble-minded and one for the epileptic. As soon as possible also the present institutions for the care of the insane should be taken over by the government as has been done in all the other provinces of Canada.

The provinces of Nova Scotia, New Brunswick, and Prince Edward Island are very much behind the times in caring for their mental patients. However, New Brunswick has asked for a survey to be made by the National Committee for Mental Hygiene and it is hoped that when this is completed, the province will assume the proper care of the mentally abnormal. Nova Scotia also has shown a desire to grapple with this problem and find some solution for it.

What we need in Canada is an up-to-date psychopathic hospital in every large city. Such a hospital, where possible, should be an entirely separate institution and not attached to a general hospital, but in many cases this may not be practicable on account of the difficulty of obtaining a sufficient number of nurses and attendants. The duty of this hospital would be to diagnose every case of mental abnormality and to decide on treatment. Many patients who become insane and have to be sent to the provincial asylums and there become chronic cases, could be cured in a psychopathic hospital and returned to private life. One has only to inspect the hospital at Cobourg for military insane patients and observe their results to be convinced that many cases of insanity are curable.—Editorial, *Canadian Medical Association Journal*, Jan., 1920.

RED CROSS AIDS IN TREATMENT OF MENTAL PATIENTS.—For a long time it has been recognized that a knowledge of a patient's home life and family relations, as well as his family history, is necessary for the most effective treatment of a mental case. The American Red Cross, as a part of its activities in behalf of patients in the United States Public Health Service hospitals, is co-operating with the government in a special service for mental patients, by supplying this information to the hospital authorities.

Weekly lists of all cases of mental disease occurring among former army men under treatment in the Public Health hospitals, are sent to all divisions of the Red Cross. The division office in turn submits the names to the Red Cross Home Service secretaries in the soldiers' home towns. Information is gathered concerning each man's family connections, his surroundings before he joined the army, and the influence to which he was subjected.

This information is forwarded to division headquarters where the Bureau of After-care sends it to National Headquarters, and thence to the hospital, whose medical officers are thus enabled to obtain an insight into the man's previous life, and possibly his family history, and an understanding of the subjects most likely to

strike a responsive chord in his mind. The United States Public Health hospitals receive former service men who have been discharged from the army hospital apparently in good health, but who suffer a relapse or reversion after they have doffed the uniform but are no longer entitled to care in a military hospital.

In regard to the plan which has apparently been adopted to turn over to the U. S. Public Health hospitals all mental and nervous cases under the charge of the War Risk Insurance Bureau, we shall probably have some comments in a future issue.—*The American Journal of Insanity*, January, 1920.

A nation wide campaign is being launched as one of the first activities of the newly-created Federal Department of Health. The Dominion authorities, in granting \$200,000 to assist in combating venereal diseases, make the condition that the same amount be raised by the provinces. Each province will frame its own statute and evolve its own plans, but unity from coast to coast will, in educational matters, be given by a voluntary agency, the Canadian National Council for Combating Venereal Diseases, representing all the provinces. This organization will endeavor to enroll members in every community in Canada and impress on the public mind the gravity of the problem. It is probable that definite surveys will be made by trained investigators in police courts, reformatories and jails, to ascertain what can be done in a preventive way. Conferences have been called by the chairman of the Provincial Board of Health of Ontario, to consider means of strengthening the Act. Greater clinical facilities are required, and it should be less easy for victims of the disease to evade the compulsory provisions of the law, and become a public menace.—*Canadian Medical Association Journal*, March, 1920.

NEW YORK STATE.

More Accommodation for Insane and Defectives.

New York State is embarking upon a large programme for the care of the insane and mental defectives. Building projects involving expenditure of over \$10,000,000, have been entered upon, and of this amount over \$4,000,000 has already been appropriated.

In view of the difficulties in the way of extensive building at this time, the extension of the preventive and parole activities of

the institutions is being carried out. At the present time there are about 2,100 patients out on parole from the State hospitals, still under medical and social supervision, but living and being supported in their own homes.—*S. C. A. A. Bulletin.*

To Name Director of Prevention and After-Care.

At a meeting of the Hospital Development Commission it was recommended to the Legislature that there be created the position of Director of Prevention and After-care to be filled by a physician at a salary of \$4,500 per annum, whose duties shall be to direct, supervise and stimulate the out-patient activities of the State hospitals and the State institutions for mental defectives. Also, that the number of field agents, or after-care agents in the State hospitals be increased to the ratio of one agent for each 100 patients on parole, and the number of field agents in the institutions for mental defectives to be fixed for the present at the ratio of one to each institution.—*S. C. A. A. Bulletin.*

CARE FOR MENTAL CASES URGED IN MISSISSIPPI.—The Mississippi Society for Mental Hygiene in a recent bulletin urges the need of an institution for the feeble-minded, as an economic proposition to save lives and property destroyed by feeble-minded persons when allowed to be at large. The hospital mental deficiency bill to be considered by the next legislature establishes a Mississippi school and colony for feeble-minded individuals. The bill carries an appropriation of \$2,000,000.—*Social Hygiene Bulletin, Jan., 1920.*

WASTE—MENTAL AND FINANCIAL.

“With all our vaunted support of higher educational institutions, it is interesting, perhaps surprising, to find that there are more persons in the insane asylums in this country than in all the colleges and universities. It is also estimated that the former cost more to maintain than do the latter.”

A recent issue of the *New York Times* quotes Dr. W. S. Rankin, president of the American Public Health Association, to the above effect.

Statistics of the National Commission for Mental Hygiene show that 15% of all first admissions to the New York State Hospitals

for the Insane are traceable to syphilis. In Michigan a commission to investigate the extent of feeble-mindedness, epilepsy, and insanity reported (1915) "more than one-eighth of the cases of insanity admitted for treatment to the Michigan State Hospitals for the Insane are *directly* caused by syphilis." The figures given by other authorities range from 10% to 18%.

Adequate preventive measures would eliminate, to a great extent, this loss to the nation's mental and financial resources.—*Social Hygiene Bulletin*, Feb., 1920.

"The work of the Canadian National Committee for Mental Hygiene grows apace, and before long practically every province in Canada will avail itself of the services of their experts. Alberta, New Brunswick and Nova Scotia have all asked for surveys of their provinces with the idea of bettering conditions in connection with the insane and mental defectives. Quebec and Ontario should fall in line in due course, as recent developments have shown that a great deal of constructive work should be done in these provinces. British Columbia and Manitoba have not only had surveys made, but have adopted the suggestions of the committee very extensively."—*Extract from The Globe, Toronto, March 15, 1920.*

ABSTRACTS.

When is a Moron Not a Moron? C. T. Jones, *The Journal of Delinquency*, January, 1920. From analysis of the results of the tests applied to the men in the United States Army, Jones takes up the question of how to decide whether a person belongs to the feeble-minded group designated as a moron. As a result of this analysis he concludes that mental age rating taken alone is not sufficient for making a diagnosis of feeble-mindedness or normality in persons who test between 8 and 11 years mentally. There must be something which is the determiner for normality or feeble-mindedness which cannot be expressed in terms of intelligence level. The fact that the diagnosis of mental defect depends upon factors other than those of mental age, forces us to emphasize very much more strongly the social criterion as a part of our definition of feeble-mindedness. The Bureau of Juvenile Research, of which Dr. Jones is a member, has worked out a plan of differential diagnosis for the cases who have a mental age rating on the Binet scale of be-

tween eight and fourteen or fifteen years with appropriate recommendations for training for each form of diagnosis that is made. There are five groups, Deferred, Feeble-minded, Potential Feeble-minded, Insane and Psychopathic. Any one of the conditions described may be combined with any other so that the diagnosis in such cases is not easily made. The Bureau of Juvenile Research diagnoses as feeble-minded only those persons who have, after several trials, shown that they cannot earn their living, and that for their own protection and for the protection of society they must have institutional care.

A Statistical Study of Intelligence as a Factor in Vocational Progress. K. M. Cowdery. *The Journal of Delinquency*, Nov., 1919, 4, No. 6, 221-240. This paper presents a study of the relations of measurable general intelligence to the ability to make progress under vocational instruction in various occupations. The subjects are delinquent boys, most of them from 14 to 18 years of age. The intelligence ratings are made by the Stanford tests. The vocational-progress ratings are based upon monthly reports made by the trade instructors and recorded, after being analyzed, upon a five-point scale. So far as possible, increased proficiency and skill rather than attitude, spirit, or the like, are used as the measurable quality.

The result is that little definite correlation is shown in the totals. For 516 ratings (twenty-four occupations grouped together) there is a positive correlation of 0.113 between intelligence quotient and vocational progress. But when the correlations are computed for different trade groups, different results are obtained. Taking the expert trades—the mechanical and the garment trades—the coefficient of correlation becomes 0.304. A co-efficient of 0.705, found in the ratings for bindery work, appears to be the highest correlation found. In the culinary trades the correlation is -0.022 , and for the agricultural details -0.42 , which appears to be the lowest point reached. Although part of the results are based upon comparatively small numbers of cases, the author thinks that some general conclusions are allowable. Distinct correlations must be admitted and in some cases *critical levels* are clearly defined, but it cannot be said that intelligence level is anywhere a trade test, in the sense of indicating those who will succeed to the exclusion of all others. The conclusion is offered that degree of mental ability can be a definite, measurable, negative guide in vocation, and that boys of certain levels of intelligence can

properly be directed away from certain trades. The main need, finally, is for trade test which will mark out the positive factors that assure success in specific directions.

The Mental Status of Truants. Scientific investigations of truancy are of a comparatively recent date. In the study of 608 unsettled truants, 265 were over 14 years old. A valuable contribution on non-attendance was made in 1917 by Edith Abott and Sophonisba Breckinridge. The historical, legal and social aspects of the problem are worked out in compendious form. One short chapter is devoted to the relation of truancy and non-attendance to mental and physical defects. The relation between truancy and school retardation is worked out in the case of 1,092 boys. A comprehensive study of the mental, physical, and social facts of truancy in New York was made in 1915. There were 150 children tested, of which 67 per cent. were found normal, 8 per cent. borderline and 33 per cent. defective. A statistical study was made of 102 truants at the Whittier State School. Two were of superior intelligence, 16 were average-normal, 22 dull-normal, 25 borderline and 37 feebleminded. In comparing these boys with a group of unselected delinquents, it was found that the truant group had a higher percentage of mentally defective boys. It still remains an important matter to know whether the truants form a selected group. The present study included 608 unselected cases. The percentage of truants whose intelligence is above the normal median is about 15 per cent. In the graph it plainly shows that the truants form a subnormal group. The largest percentage of truants does not fall to the definitely defective nor to the normal, but in the questionable group. Placing the truants in an ungraded class can only remedy when an industrial training is included which will meet the individual need.

Louise E. Poull. Ungraded, V-1, Oct., 1919, pp. 1-8. (M. S. C.)

The Power to Exclude Defective Children from Schools. This article deals with the recent decision of the State Supreme Court of Wisconsin in regard to the action of a city board of education in excluding an objectionable child from School. The child, while normal mentally and able to keep up to grade, was severely hampered by a nervous and paralytic affliction which rendered him unsightly, required extra attention and caused him to speak in an extremely unpleasant voice. On the basis of these conditions, the child was excluded from the public schools. The Supreme Court,

in ruling against the boy's demand to be educated in the public schools, maintained that general welfare must take precedence over individual rights; and since his exclusion was essential to the best interests of the school, the School Board was acting within their legal rights in excluding him.

From the Journal of American Medical Association. Reprinted in School and Society. X-256, p. 613. (E. K. B.)

Vocational Education as a Preventive of Juvenile Delinquency. The lack of necessary equipment with which to earn an adequate living is apparently related to the production of juvenile delinquency. In a study of the school children of the United States, it was found that 90 per cent. of the school children between the ages of 14 and 16 were out of school, and that 50 per cent. of those have only a fifth grade education or less. The school work is abandoned for an industrial life, for which they are unfitted, and they drift from job to job or loaf and get their start for the juvenile court. Many school courses are made so uninteresting that they create a distaste for school work, and for this reason many children go to work. The need for vocational training for our young people is shown by the number of enrollments in private commercialized colleges, trade and correspondence schools. In Chicago alone, the money spent for instruction of this sort more than equals the amount spent on all the high schools. In two reform schools, it is shown that the average age of the boy is 14 years. These boys are given half time in vocational training and half time in elementary school training. About 77 per cent. of these boys make good. The question presents itself, would these boys have become delinquent if the public schools could have given them the same kind of training? This need for vocational training has been felt by social workers and criminologists for some time and the thing that its advocates need to do is to survey the whole field; psychology, pedagogy, sociology, economics, the histories of industries and labor movements and thus establish points of contact in all these branches. Hence we believe that the greatest results from a scientific standpoint is the reformation of the delinquent and the greatest good will come by establishing more practical institutions of learning known as manual and vocational training schools, where practical instruction of every day life can be had.

Arthur Frank Payne. School and Society, X-253, Nov. 1, 1919. pp. 509-513. (M. S. C.)

BOOK REVIEWS.

MILITARY PSYCHIATRY IN PEACE AND WAR. By S. Stanford Read, M.D., Physician Fisherton House Hospital, Salisbury, 168 pages; two charts. Price 10/6 net. Publishers: H. K. Lewis & Co., Ltd., 136 Gower St., London, W.C. 1.

Dr. Read, who had an opportunity to observe most of the mental cases which occurred in the British Army, discusses in an excellent manner the different aspects of psychiatry in peace and war. Dr. Read was in charge of "D" Block, Royal Victoria Hospital, Netley, through which all the mental cases from France and England were sent before being definitely placed in the various mental hospitals in England. He discusses the psychology of the soldier before and after enlistment, and shows how the cause of practically all cases of psychosis are due to a psychopathic make-up with contributing causes, such as alcohol, fatigue, worry and anxiety. His belief is that the main bulk of the psychoses are psychogenic in origin. Apart from the acute intoxications and those chronic states induced by many years of excessive imbibing, thereby producing a demential condition, he regards alcohol as only a contributory factor, working with and aiding mental conflict. He considers that mental conflict is the most important etiological factor in the production of the war psychoses. He divides the different psychoses into ten classes—dementia praecox, paranoid states, confusional states, manic depressive insanity and simple depressed states, mental deficiency, general paresis, alcoholic psychoses, epilepsy and epileptic psychoses, psychoses with organic brain disease and acute infective disease, psychoneurotic disorders. He discusses all the conditions from the etiological standpoint, course of the disease and treatment, quoting many German, French, American and Canadian authors. He concludes with a discussion of how the recruiting of the civilian population for the army might have been improved with the present day position of British psychiatry. He lays emphasis upon the fact that our medical students must be more thoroughly trained along the lines of neurology and psychiatry in the future, and that there must be more out-patient and in-patient institutions for the advice and treatment of psychopathic disorders which are not psychotic or certifiable. He points out the importance which social service must take in the treatment of all forms of mental abnormality.

The book is well written, in good English, and the author, as he says, takes no dogmatic stand, but freely discusses the different psychoses from all view points. The book should be read by every physician who is interested in the mental welfare of his patients and the community.

MIND AND ITS DISORDERS. A Text-Book for Students and Practitioners. By W. H. B. Stoddart, M.D., Lond., F.R.C.P., Lecturer on Mental Diseases to St. Thomas's Hospital, etc. Third Edition. Illustrated. Demy. 8vo. Publishers: H. K. Lewis & Co., Limited, 136 Gower Street, London, W. C. 1.

Dr. Stoddart's well-known book, "Mind and Its Disorders," of which the third edition is now issued, needs no introduction to the medical profession. It has always been considered one of the best text-books for students and practitioners of medicine printed in the English language.

In the preface to the third edition, Dr. Stoddart says: "Since the last edition I have fundamentally changed my attitude towards mental disease, having personally investigated very many patients by the psycho-analytic method, and thus being convinced of the truth of Freud's doctrines. Mental disease can only be understood by studying the psychology of the unconscious mind of the patient, and the physical manifestations of a functional nervous disorder must be regarded as secondary, not primary, as I taught in the first edition." Dr. Stoddart, like so many psychiatrists, has swung over to Freud's theories, and this is unfortunate. It is well recognized by every psychiatrist that the best way of looking at mental diseases to-day is from the individual psychological viewpoint, and in teaching us to take this viewpoint, Professor Freud has helped a great deal. There has, however, been too much of a tendency to think of and treat a patient from a purely Freudian viewpoint, with considerations of sex always in the foreground.

The anatomical, physiological and psychological divisions of psychiatry are well placed before the reader in this volume. The author discusses the different classifications of normal and abnormal psychology, giving the ideas of different psychiatrists. The third part of the book on mental diseases is well written, and covers the whole field of psychiatry in a modern and up-to-date manner.

SOCIAL WORK—Essays on the Meeting-ground of Doctor and Social Worker. By Richard C. Cabot, M.D. Boston: Houghton, Mifflin Co., 1919. Pp. xxvii. plus 188. \$1.50 net.

Diagnosis and treatment are the two essential complementary phases of all effective social work just as they are of all worthwhile medical work. Diagnosis is of little value, especially to the patient, unless it is followed by treatment. Treatment is only accidentally successful unless it is based upon correct diagnosis. Medical and social ills are frequently so closely knit together that both medical and social treatment are essential to the cure of those ills. Back of such treatment there must be correct social as well as correct medical diagnosis.

This is the platform on which Dr. Cabot bases his analysis of the social worker's task as a social diagnostician or a social therapist. Her role is that of an assistant to the physician. Through her he extends the range of his observations into the environment of his patient; likewise through her his treatment reaches more of the causes of the patient's malady.

Dr. Cabot's discussion of the equipment of the medical social worker is a timely contribution to a better understanding of a vexed question. Medical social service has reached that stage in its development at which it needs not only a clear formulation of its scope and function, but the realization as well that it is or must be a profession with a task distinct, calling for adequate and specialized professional training, and not an occupation open to any person possessed alone of normal intelligence and a desire to serve, valuable as those qualifications may be.

One point made by Dr. Cabot is his discussion of history-taking is so essential for successful social work, and is so frequently lost sight of by social workers that it seems worthy of special comment. He says that there are two ways of looking at the misfortunes of an individual. One is the right point of view, the "historic"; and the other is the wrong way, the "catastrophic" or accidental point of view. If the social worker is to make a correct social diagnosis she must view the maladjustments, she is studying, not as isolated conditions or events, but rather as having causes and consequences. In like manner, social treatment worth while must be curative and corrective rather than palliative. That this is almost always contrary to the beliefs and wishes of the patient makes the social worker's task that much the harder and her success that much the better earned.

THE ENGLISH CONVICT. A statistical study by the late Dr. Charles Goring. London: H. M. Stationery Office, 1919. Price 3s. net.

Some 3,000 criminals in Parkhurst prison were subjected to the most careful observation and anthropometrical tests, and the results subjected to scientific analysis. The conclusions arrived at would seem to be as authoritative as it is possible to attain to, and the report lately published furnishes a document of the greatest interest and importance. Stated broadly, the conclusions arrived at are that the criminal type, marked by physical and mental stigma as described by Lombroso, does not exist; that, as individuals, criminals possess no characteristics, physical and mental, which are not shared by all people. "Criminality is not a morbid state akin to physical disease which can be diagnosed and established by pure observation." On the other hand, the "criminal" man is to a large extent a "defective" man physically and mentally, and this "defectiveness," like many other human qualities, is determined more by nature than by nurture. The general result of the investigation points to the existence of what is termed a "criminal diathesis," that is to say, a composite of mental and physical defectiveness. This composite or "diathesis," like other constitutional characters, is subject to heredity. The tendency to be convicted and imprisoned for crime is inherited at much the same rate as are other physical and mental qualities and pathological conditions. The influence of parental contagion is on the whole inconsiderable in relation to the influence of heredity and of mental defectiveness, these two being the most important factors in the production of crime. All English criminals, except those technically convicted of fraud, are markedly below the general population in stature and bodily weight. Offenders convicted of violence to the person are characterized by an average degree of strength and of constitutional soundness above the average of other criminals and of the law-abiding class. Thieves, burglars and incendiaries, who constitute 90 per cent. of all criminals, are inferior in stature and weight, and are puny in their general bodily habit in comparison with other criminals, and with the law-abiding population. These are the sole facts on which the theories of criminal anthropologists rest.

First convictions show a predilection for the age period of 15 to 25, which Dr. Goring concludes to be significant. Comparing this fact with the age incidence of liability to various diseases, he is inclined to interpret the facts as evidence that a "mental constitutional proclivity is the primal source of the habitual criminal's

career." Alcoholism, epilepsy, sexual profligacy, and insanity in their relation to crime are accidental associations depending on a high degree of relationship between defective intelligence and crime. It cannot be assumed from the evidence that defective intelligence is correlated with the defective physique. English criminals appear to be selected from the non-criminal population by two independent factors—a mental constitution and a physical constitution, each, however, differing from that of the general population in degree and not in kind. Moreover, elaborate examination of the data show that crime, at least in England, is due only in a trifling extent, if any, to social inequality, adverse environment, or other manifestations of what may be comprehensively termed the "forces of circumstance."

HANDBOOK OF MENTAL EXAMINATION METHODS. By Shepherd Ivory Franz, Ph.D., etc. C. V. Mosby Company. 1919.

This, the second edition of Prof. Franz's well-known handbook, has been revised and brought thoroughly up-to-date, one entirely new chapter on mental tests being added.

Making no pretension to be other than a reference handbook, it is practical and concise, yet covers the ground in an extremely satisfactory manner.

One advantage not always present in books of this type is a clear, pleasant and easily readable style which should enhance its value considerably to the reader.

Prof. Franz's book may be considered completely to fulfil its purpose, that of being a useful and practical handbook for mental workers.

PSYCHIATRIC-NEUROLOGICAL EXAMINATION METHODS. By August Wimmer, M.D. Translated by Andrew W. Hoisholt, M.D., St. Louis. C. V. Mosby Company, 1919. 172 p.

In his psychiatric-neurologic examination methods, Dr. August Wimmer successfully attempts to offer the clinician a short and methodical guide to the examination of the nervous system, and to this end includes in his book both psychiatric and neurological examination methods.

The book is meant only to be a guide, and does not attempt more than a mention of the various signs and symptoms necessary to a diagnostic conclusion. These are numerically, fairly exhaustive and chronologically happily placed.

In the first chapter which deals with the "psychic state" examination, he has fittingly introduced some of the more appropriate mental tests, but not at such length as to detract from the original purpose of the book, namely, a compendium of the signs and symptoms of practical importance in a methodical examination of the nervous system as a whole.

Dr. Hoisholt has placed the book before the English-speaking profession, and his translation is at all times clear and complete.



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