Canadian Journal OF Mental Hygiene

VOL. III MONTREAL, OCTOBER, 1921 NO. 3

TABLE OF CONTENTS

PUBLISHED QUARTERLY BY

The Canadian National Committee for Mental Hygiene

PUBLICATION OFFICE: MONTREAL, Que.

EDITORIAL OFFICE: 207 ST. CATHERINE ST. W., MONTREAL, QUE.

Two Dollars a Year *Fifty Cents a Copy*

QUARTERLY MAGAZINE

OF

THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE

EDITORIAL OFFICE: 207 ST. CATHERINE ST. WEST, MONTREAL, QUEBEC

CANADIAN JOURNAL
OF
MENTAL HYGIENE

VOL. III MONTREAL, OCTOBER, 1921 No. 3

THE PRESENT DAY ASPECT OF CANADIAN MEDICAL JURISPRUDENCE*

PRESIDENTIAL ADDRESS BY E. W. RYAN, M.D.

Superintendent, The Ontario Hospital, Kingston, Ont.

I wish to offer to the members of the Association my profound thanks for the honor given me in electing me for the second time President of this very important scientific organization. This is a flattering testimonial which I feel more profoundly than I can express.

Looking back over the year that has passed I can but feel that already the Association has been productive of results lasting in their benefit to science and to the community. It has stimulated, possibly more than we can appreciate at the moment, study and research; increased our store of knowledge in the broad and important field of Neuro-psychiatry; and above all I think it has profoundly impressed the younger members of the Association with the beauty and nobility of the labour in which they are engaged. It has created in them an instinct for the work, cultivating the spirit of research and discovery to a degree that will not perish nor pass from the land.

In opening this, the second term of my presidency, I wish to say a word or two on a subject of rare interest to the medical profession and to the public at large. Possibly it is well that the discussion of this important matter should find its origin in the ranks of the Neuro-psychiatric Association, for, after all, it is with the psychic element that the subject finds its importance. I am referring to the present day aspect of Canadian Medical Jurisprudence.

Some years ago I was called to give evidence in a famous Midland case. The setting in this case was an unmarried man of 75, who was possessed of considerable property. It was considered by his relatives that an attack was to be made upon him by the friends of a young lady, with a view to matrimony; hence the relatives of this man placed

*Read at the Ontario Neuro-Psychiatric Association, Mimico, Sept. 16th, 1921.

guards in the house. The evidence showed that the guards were overpowered one night, the lady came on the scene with a minister, and the marriage was forthwith performed.

In my examination of this man it was clear that he was well advanced in the childish form of Senile Dementia. He stated that George the fourth was then King of England and Sir John MacDonald Premier of Canada. He declared that his brothers were alive and that he had seen them within the last two days, although they had been dead for many years, one having died in an asylum. He was positive that he was not married, had no wife, that he never was married, although his wife was in the next room and had been living in the house for some time; yet physicians, in the witness box, stated that the man was quite all right, in fact not only was he not senile, but mentally alert and with a capacity for business, thought and observation quite beyond the average man of his years. The judge of the Court of Appeal practically disregarded the medical evidence and paid a personal visit to the man's house to study his mentality. This case dragged from court to court and finally was settled by some form of compromise. The elements in this case are not unusual, more especially in the cases of the disposal of property. Indeed it is a difficult matter at the present time, due to conflicting medical evidence, to secure an unbiased scientific opinion, that would be a safeguard to a judge and jury, and that would form a sound, scientific precedent for medical jurisprudence.

The well-known New Brunswick will case, which forms the precedent for Canadian jurisprudence, is worthy of being brought to your attention. The man had made a will leaving his property to his wife and family. Subsequently a strong Paranoid trend appeared, with marked delusions. The man felt that his wife and son were in a conspiracy against him. He applied to his former lawyer to change the will, taking the property from his wife and family and giving it to a nephew. Upon being questioned by the lawyer the reason for this extraordinary act the man stated there was a reason and gave the reason as above. His lawyer refused to act further but the will was drawn by another member of the legal profession. This man died in an asylum a few years later. The will was contested by his wife, but it was upheld by the Court on the ground that at the time the will was made the man had testamentary capacity. You see that the law holds that a man may be insane on one subject and sane on all others. How a man can be insane and sane at the same time medicine cannot yet reconcile.

If it be important and necessary in the interest of justice that statutory changes be made in civil cases, how much more urgent is it in cases where the life and liberty of the subject is in question. In the

autumn of 1910 I was called to give special evidence in the case of G——, a young man not yet 20 years of age, who was held for the crime of murder. The evidence went to show that he was a defective from birth. Witness after witness gave evidence to this effect. Most remarkable was the evidence given by his old teacher, who declared that the defect was so pronounced that he could not imbibe the most rudimentary knowledge, that he played truant, had no sense of discipline or duty and in fact exhibited all the well known ear-marks of the congenital defective. So firmly was this impressed upon his teacher that often, for the boy's own safety, she would keep him with her after school and then walk home with him, fearing for his safety. His industrial life exhibited early the characteristics of the defective.

On the date of the alleged murder, this boy with two or three others was engaged to saw a quantity of wood. After being paid for sawing the wood they proceeded to buy beer, not a large quantity. After drinking it the boy became violently disturbed, went to his home, secured a rifle and began shooting indiscriminately through doors, windows and ceilings. The town policeman was called and on his appearance the boy ran into the garden. When the constable started to climb the fence the boy fired, missing the policeman but killing his mother. The boy then ran down the road and climbed a pier of the bridge, keeping on shooting until his ammunition was exhausted. He was then taken down and claimed that he had no knowledge whatever of what had happened during his disturbed period. At the trial the question of course was raised, did this boy know right from wrong. In a measure he did, but only in a measure. Even though knowing right from wrong his power of inhibition was wanting in a marked degree. At the time of the shooting he unquestionably had no control over his volition, due to the excitement caused by alcohol; yet this defective was sentenced to be hanged; the sentence afterwards being changed to life imprisonment. He remained at the Penitentiary until 1913, when he was given a ticket of leave, due to advanced tuberculosis, and died from this disease shortly after parole was granted. There is no doubt whatever that this boy should not have been sent to the Penitentiary. The question then arises should the case have gone to trial? Would not the ends of justice have been better served if this unfortunate individual had been sent to a psychiatric hospital, for observation and study, and a report of the findings by those qualified been submitted to the judge?

This is typical of many cases of defectives who are tried and sentenced because, in the eye of the law, they know right from wrong. They may even know the nature and quality of their act, and be able to advise their counsel with regard to the defence, though on account of

their mental condition they cannot, under the modern outlook of psychiatry, be held responsible for their acts which are the result of their congenital defect.

There is another class of cases possibly more pitiable still, as exhibited by the following example. J. T., aged 28, returned soldier, contracted syphilis in England in 1917. In the summer of 1919 this man was arrested for stealing a bag of sugar. The gaol surgeon recognized the presence of syphilis and the prisoner received three treatments of diarsenal. In August 1919 this man was convicted and sentenced to the penitentiary. On the 17th August he began his prison life. On November 15th the prison surgeon diagnosed him as a case of General Paresis. On November 22nd he attempted suicide. On the 26th the surgeon earnestly reported that he be sent to a hospital for mental diseases and on the 1st of December the man died of a Paretic convulsion. The crime for which he was committed was unquestionably the outcome of his mental condition. No attempt was made to have a specialist in mental diseases report on his case. He did not receive any specific treatment while in the Penitentiary. Of course this man should never even have gone to trial, he should have been sent to a hospital.

In the summer of 1915 I was requested by the Attorney General of Ontario, to examine a number of patients, some 50 in all, who were confined in the Department for the Insane at the Kingston Penitentiary. My examination extended over quite a period of time. A great number of these cases were congenital defectives. There were 10 cases of Dementia Praecox, and several cases of well marked Paranoia. It cannot be denied that the defectives were such at the time they committed the offence for which they were serving sentence. Without doubt several of the cases of Dementia Praecox antedated their trial and conviction, while in at least four cases of Paranoia the disease antedated the trial and commitment. No records were available as to how many, if any, of these patients were examined by specialists previous to trial. I have personal knowledge that one well marked case of Paranoid Dementia Praecox escaped the extreme penalty by the evidence of a specialist in psychiatry.

Let me now draw your attention to a rather important phase of the question of medical legal evidence. In 1910 I was asked to give special evidence in the case of G——, on trial for the killing of a neighbor without provocation. The man had been a very respected member of the community in which he lived. A favorite son had caused him considerable anxiety and expense. In the end he was induced to sell his farm to the son and move to another place. The man then became depressed and was, at the time of the tragedy, a well marked case of Manic-Depressive Insanity. In giving the evidence I endeavored to place before the Court,

in plain language, the history of the case from a medical point of view. The eminent Crown Counsel took me in hand and submitted me to a most extraordinary cross-examination. It became so protracted and so offensive that I had to appeal to the judge. The judge at once upheld my appeal and said that he entirely agreed with my evidence, that the man was insane when the act was committed, and if the jury thought so they might give their verdict without leaving the box. The jury gave their verdict without leaving the box, "not guilty" on account of insanity. The whole trend of this cross-examination was not so much to elicit the facts as to confuse the witness.

For all these reasons, both from the point of view of medicine and from the point of view of justice, it seems that the time has now arrived when a radical change should be made in medico-legal procedure.

It is true that British law and British justice is in a large measure founded on precedent, but, on looking over authorities on medical jurisprudence, one cannot but observe the great variety of opinion, the marked unrest and the grave doubt as to the wisdom or justice of the course now being pursued. This is not only evidenced in decisions respecting cases of testamentary capacity or incapacity, but is even more marked in cases of criminal responsibility.

In the High Court of Justice held in Glasgow in September 1902, a man was indicted on a charge of murder. The facts of the shooting were clearly stated. It was given in the evidence that a quarrel had arisen between the accused and the deceased, no word was said by the prisoner's counsel during the trial, either in cross-examining the witnesses or in the speech to the judge, or even hinted, that the prisoner was of unsound mind. Justice Young, however, in his speech to the jury suggested that the man must have been out of his mind when he committed the act, and after an absence of 25 minutes the jury rendered the verdict that the accused had committed the act of which he was accused, but that he was insane at the time. The Court then ordered the prisoner to be confined in an institution for the insane during His Majesty's pleasure.

In the High Court of Justice, held at Edinburgh, on September 15th, 1902, a man was tried before the Lord Chief Justice and a jury, for the murder of one of the Lecturers at Surgeon's Hall, and another man, by shooting them. The Counsel for the defence contended that the prisoner was insane at the time he committed the act. The Lord Chief Justice, in summing up the case, dealt with the alleged mental condition of the prisoner at the time he committed the act, and declared that the mere fact of a person suffering from a certain degree of mental alienation or mental delusion would not necessarily exempt him from criminal responsibility. In order to exempt from liability the prisoner's

insanity must amount to such an alienation of reason that the prisoner did not know the nature or quality of the act which he committed, or if he did know the nature and quality of the act, was in such a state of mind that he did not know it was wrong. If, however, the prisoner had the mental capacity to know that his act was contrary to law, and that he was breaking the law he was responsible. The jury returned a verdict of "culpable homicide" by a majority of one, and the prisoner was sentenced to penal servitude for life.

A leading Scottish newspaper (the Glasgow Herald) commented as follows:—"It is hardly possible to avoid comparing the verdict arrived at in the Edinburgh case with that in the Glasgow case. In the Glasgow case the counsel for the accused did not put in a plea of insanity, their contention being that the shooting was the result of an accident. In the Edinburgh case the counsel for the accused contented themselves with pleading insanity, yet the one was declared insane and was treated as a lunatic, and the other was found guilty and sentenced to penal servitude for life. When judges disagree how is justice to be obtained." (Claister's Medical Jurisprudence.)

In the celebrated Crippen case the medical evidence for the crown was given with a "scientific exactitude, lucidity, succintness and absolute fairness hard to improve." The evidence for the defence was also particularly able, and possibly not less scientific, yet the impression made at the time can possibly best be summed up in the words of the British Medical Journal, "The ethics of the question are of so difficult a kind that until they have been more thoroughly ventilated and discussed, no one is entitled, whether openly or in his own heart, to condemn another man for taking an opposite view to his own, whatever that may be, or for acting in accordance with that view. Meantime we merely deplore the conditions which allow such unfortunate conflicts between medical witnesses to occur, and do so not only because they tend to interfere with the dignity of medicine, but because, more important still, the underlying conditions may at any time easily lead to grave miscarriage of justice. We therefore hold, as has long been held by most medical men who have considered the subject, that it would be greatly to the advantage of the public, and to the administration of justice, if, in trials of a medical kind, the scientific evidence presented to the court were not that of an individual, but of a majority of medical men asked by the Crown to consider the medical points at issue."

It is interesting and valuable to note that in many nations statutory enactments have been passed giving effect to the modern conception of medico-legal jurisprudence. In the State of New York, Laws 1910, an act to amend the code of criminal procedure in relation to procedure when a person in confinement appears to be insane—"If any person

under confinement, under indictment, under criminal charge, etc., would appear to be insane, the judge of the court of the City or County shall institute a careful investigation calling on two legally qualified examiners in lunacy, neither of whom shall be a physician connected with the institution where the individual to be examined is confined, and other creditable witnesses, and if it be satisfactorily proven that he is insane the said judge shall discharge him from imprisonment and instead commit him to a state institution for the care, custody and treatment of the insane, where he shall remain until restored to his right mind. In the case of persons in confinement under sentence of death appearing to be insane, the Governor may appoint a commission of not more than three disinterested persons to examine him and report to the Governor as to his sanity at the time of the examination. Before commencing they must take the oath prescribed in the Code of Civil Procedure to be taken by referees. Article 638, extract from code of criminal procedure. When a defendant pleads insanity, as prescribed in section 336, the court in which the indictment is pending may appoint a commission of not more than three disinterested persons to examine him and report as to his sanity at the time he committed the crime. This commission must summarily proceed to make their examination, but before commencing they must take the oath prescribed in the act of Civil Procedure, etc.

In Germany, when a man under indictment pleads insanity he is sent to a Psychiatric Clinic or Mental Hospital, and is retained there until careful study of his case has been made, and until those in charge are able to report as to whether the man was sane or insane at the time he committed the act. The Psychiatric Clinic at Munich, under Kraepelin, has been especially prominent in its scientific attitude towards mental criminals. In these clinics prisoners are retained as long as they are of interest to science or to the course of justice. In Austria the same law holds for persons under indictment for criminal offences. If the question of insanity be raised either by the person himself or by his counsel the prisoner is referred to the Psychiatric Clinic or Mental Hospital for further study and examination.

Underlying the whole British system of Jurisprudence whether medical or otherwise, there stands one goal idea, that a man be tried by his peers, and judged accordingly. Trial by jury has been the mainspring, the bulwark of British justice. From the day that the Barons at Runnymeade compelled King John to sign the Charter of British liberties, this principle has prevailed throughout. The love for it is as strong to-day as it has ever been. This principle has never been questioned. It is not in question now. Does not, however, the element of justice admit, nay even demand, that the judge and jury should be instructed in every possible way as to the case in hand. Should not,

therefore, an independent medical commission of recognized Psychiatrists be appointed in all mental cases, to calmly investigate and lay the results of their investigation before the Attorney General, the judge and jury? Or, if on the other hand the case be of such a nature that science alone can determine the nature of it, no jury would be required, the trial judge alone would be advised. This does not in any way derogate from the ancient pledge of British justice, that a man be tired by his peers. For over forty years no change has been made in the enactments governing medico-legal jurisprudence with reference to the mental defectives, the insane, etc., in England or Canada. The science of Psychiatry has made wonderful advances during that time. Indeed this period practically covers all the great discoveries in mental medicine. No branch of medicine, I make bold to say, no department of science, has made such remarkable progress during these years. Psychiatry is now an exact science. It is no longer experimental. The findings are as scientific and as accurate as the findings of the Chemist, the Pathologist, the Engineer, or any other branch of science.

With profound reverence for law and authority I therefore make the suggestion that scientific medicine should be the hand-maiden of justice, arm in arm the two should go, down the road together. I suggest that the Attorney General, in the fullness of his time and judgment should, by legal enactment bring to pass that in all trials where the question of insanity is raised, whether these be testamentary or criminal so-called, whether relating to the disposition of property rights or to the life and safety of the citizen, a body of professional psychiatrists be appointed by the Crown, a permanent body if possible, who, after careful and extensive study, would advise the Crown, having in mind but one ideal, the dignity of medicine and the majesty of justice.

THE PROBLEM OF THE FEEBLE-MINDED IN SOUTH AFRICA*

BY J. T. DUNSTON, M.D., B.S. (LOND.)

Commissioner in Mental Disorders for the Union of South Africa

To make more clear to you the general position in South Africa as it affects the subject of Mental Disorders and Defects, I propose, if you will allow me, to begin my paper by referring briefly to matters outside its scope as indicated by the title.

Before the Union of the Colonies, we had a most excellent Act in force in Cape Colony, passed in 1897. It was taken over practically in its entirety by the Governments of the Transvaal and Free State in 1902 or thereabouts.

When the Union took place in 1910, the enactments in force in each Colony, which had now become a Province in the Union, continued to operate, and the need for a consolidating law very soon became apparent, to secure uniformity of procedure, to facilitate the transfer of patients from one Institution to another, and to bring all the laws into line with modern legislation, particularly regarding the care and treatment of the feebleminded.

There were other urgent needs, the most important of which was the necessity for more accommodation for patients. For many years previous to the Union, practically no additional accommodation had been provided in Cape Colony. Indeed, it was only in the Transvaal and the Free State that there were beds to spare, but after the Union these were practically immediately filled up by the transfer of patients from the other Provinces. Thus the position became really serious, and patients urgently needing mental hospital treatment were kept in gaols and other unsuitable places for lengthy periods until hospital beds could be allotted to them.

The Government fully realized the difficulties of the position, and in April, 1913, appointed a select Committee of the House of Assembly to enquire into the question and make recommendations. That Committee reported in May, 1913, and their report was the most important that had ever been made in South Africa upon this subject and gave us a fresh start, not only in providing accommodation for mentally afflicted patients, but also in further developing a healthy and keen public interest. Besides recommending that funds should be provided to relieve

*From the Journal of Mental Science London. Read before the Medico-Psychological Society of Great Britain and Ireland.

the existing congestion, as well as to secure a reasonable margin for future requirements, and further suggesting how this accommodation should be distributed, this Committee made certain important general recommendations. For instance, that at every Mental Hospital there should be an admission ward where recoverable cases could be treated without the necessity of their being admitted into the ordinary wards of the Institution; that there should be wards set apart in general hospitals where early and acute cases could be detained for observation and treatment, so avoiding the necessity for sending such patients to a Mental Hospital at all, if found recoverable; that an Act for the Union be passed as early as possible which should provide for the appointment of a Commissioner in Mental Disorders and local Mental Hospital Boards; that from that Act any terms calculated to offend the susceptibilities of persons requiring treatment in Mental Hospitals should be left out, and that the placing of patients within the precincts of prisons or Charge Offices should not be allowed when such a course could by any possibility be avoided. All the recommendations of the Committee were accepted by the Government.

In 1916 the Mental Disorders Act was passed, which realized to the full the wishes of the Committee. I think it would be interesting to this Association to draw attention to certain portions of that Act.

Sections 27 and 28 give Magistrates, Judges, or Courts power to commit for observation to a Mental Hospital any person who, while awaiting trial on arraignment or during trial, shows signs of mental derangement. These Sections have been coming more and more into general use, and I do not hesitate to say have very much improved the character of the medical evidence given in such cases, has materially helped the Courts and Juries when called upon to decide whether or not an accused person is fit to plead or would be better dealt with by care and treatment in a Mental Hospital or otherwise.

Chapter 7 of the Act provides for the treatment of incipient cases of mental disorder in general hospitals, but has not been used. Quite a number of cases have been treated in general hospitals, but without recourse to the provisions of this chapter, the real difficulty in the use of which has been financial stringency, caused by the War, which has prevented the Provincial Authorities raising the requisite funds for the building of special wards in the general hospitals. I believe and hope that this unfortunate state of affairs is about to be remedied, at least in Johannesburg, and plans are already being discussed for special wards to be erected at that centre, and a site has been selected for the building.

Another Section, which I feel sure will interest you, is Section 76, which provides that no person who does any act in pursuance of this Act has any liability in respect thereof if that act be done in good faith, and

further if the Court be satisfied that there is no ground for alleging want of good faith, or that the proceedings are frivolous or vexatious, the action may be stayed.

I do not know whether your experience has been the same as mine, but no single action has been brought in South Africa by a patient as far as I know, except by one who has not wholly recovered.

As I mentioned before, some legislative provision for the care of the feeble-minded was regarded as one of the most important reasons for passing a consolidated Act as soon as possible. As early as the year 1908 a Society for the care of the feeble-minded was established in Cape Town and was doing such propaganda work that public opinion throughout the country was being stirred to understand the importance sociologically of the care of the feebleminded. The Child Welfare Societies also took a great interest in the question, as the various Committees centred throughout the country discovered the important bearing feeble-mindedness had on their work. The Child Life Protection Society in Cape Town established a Clinic in their offices at whlch cases could be seen and advice given as to their care and treatment. I took these Clinics at first, on my various visits to Cape Town, but they are now regularly taken by one of the officers of the medical staff of the Valkenburg Mental Hospital. As a result of the various forces at work, it was felt and finally decided that Mental Hygiene Societies should be established. To prevent the multiplication of Societies, in most centres this work was undertaken by a Special Committee of the Child Welfare Society. By the election of certain delegates from these societies and the addition of certain Government nominees, a "National Council for Mental Hygiene and the care of the Feebleminded for the Union" was established last year, and its funds are being augmented by a Government grant.

Great benefit has already resulted from the work of the Council and the Societies and their sphere of usefulness is steadily expanding, so that the time is near when we shall be able to use their Inspectors and the visiting members of the Committees to do field work for the Mental Hospitals and Homes for the Feeble-minded.

In recent years in various Departments, such as the Department of Prisons, the Department of Education and others, the officers concerned have more fully realized how much their work was interfered with by the presence of feeble-minded persons in their institutions. Representations were made by the head of these Departments to Ministers, and a Departmental Committee was appointed by the Minister for Education to suggest a solution and propose a uniform procedure. The Committee met several times and finally recommended:—

That the Prisons Department should be responsible for the children falling under the Reformatories Act, 1911, and the Union Education Department for the children falling under the Children's Protection Act, 1913, and the Provincial Authorities for the rest of the children of School Age. (The Provincial Authorities are responsible for primary education in South Africa.)

That all children in reformatories and industrial schools should be regularly inspected by a mental specialist with a view to determine what children are mentally defective and require special care, treatment and control.

That the children in such Institutions should be classified as (a) normal, (b) backward and borderline, (c) feeble-minded, (d) moral imbecile and feeble-minded, with unpleasant traits of character or conduct, and (e) idiots and imbeciles.

That idiots, imbeciles and moral imbeciles and feeble-minded with unpleasant traits of character or conduct should be certified under the Mental Disorders Act, 1916, and sent to Union Government Institutions or placed under suitable care elsewhere as soon as the diagnosis be made.

That the backward, borderline and well-conducted feeble-minded children should at first be dealt with together in a special part of the Institution to be provided for them. In course of time the backward would make good and return to the normal classes, the defective remaining in the special part of the Institution provided for them until diagnosis is established, when they would be certified under the Act and either removed to a Union Mental Institution or placed under suitable care elsewhere.

To make the procedure uniform and co-ordinate the work in the various departments, the Commissioner for Mental Disorders should himself, or by deputy, carry out inspections of reformatories and industrial schools, and render such assistance as may be asked for in respect of schools in the Provinces.

These recommendations have all been approved by the Government and inspections have been carried out for the past three years.

By no means all of the Institutions have been inspected but I am able to give you a few figures which indicate the extent of the problem. They are, unfortunately, for the year 1918, as I have not brought with me the figures for the last two years. It may be possible, before this paper goes into print, to bring them up to date, but I can tell you more or less what the results were found to be.

In one Industrial School 12% of the girls were feeble-minded, and there were 17% who were in the border area. At another Industrial School for girls 12% were found to be defective, and including the border area 14%. In one Reformatory, 25% of the boys were found to be

mentally defective and 10% border area cases. In another Institution for girls, 10.5% were feeble-minded and another 16% border area cases. If I remember rightly, the figures since then have remained about the same, and it is pleasing to be able to report that though the investigations were made in different years by different medical officers, the results obtained in the individual cases were practically the same. The medical officer examining had not before him the result of the previous year's examination.

Work has also been done in other institutions, and in one of the Pretoria Rescue Homes 25% of the inmates were found to be feeble-minded. That Rescue Home and two others in South Africa have been licensed under the Mental Disorders Act, and each now forms a permanent refuge for such of its inmates as are diagnosed as feeble-minded. In the Pretoria Institution, a special house is set aside for these patients, but they are not rigidly kept to that part of the institution, being moved from time to time as seems most suitable, in the treatment of the case. It is hoped that in the course of time, all the Rescue Homes in South Africa will be licensed to maintain a certain proportion of feeble-minded girls.

I do not know whether your experience is similar to mine, but I have found that there is a stigma attaching to Rescue Home Girls, and so many people say "What is the good of employing these girls? They only get into trouble again " I feel that this is largely due to the fact that the feeble-minded have not been recognized in the past and consequently they were discharged to service or other work at the end of the year during which they could be legally detained. The normal girl who meets with misfortune generally can make good and give a good name to the Home. The feeble-minded girl or moral imbecile cannot, and gets into all sorts of trouble; this had not been understood, or that she was the girl who brought discredit on the work of the institution and the normal inmates as well. It is also my experience that what has been said of these girls applies "*mutatis mutandis*" to those leaving reformatories and industrial schools. It is surely a matter of fundamental importance to the institutions, their inmates and to the general community, that the feeble-minded should be sorted out, notified, and kept under proper supervision and control. If discharged from the Home it would only be to go to suitable guardians who would have full knowledge of the risks to be run and the steps necessary to avoid them.

More than 10% of the inmates of the Barberton Gaol, which is for prisoners sentenced as habitual criminals, were found to be seriously defective. Many of them were only medium grade imbeciles, and yet they have been sentenced time after time and indeed passed the greater part of their lives in prison. One man whose case I will cite has been in

prison thirty-eight times in the last ten years, and immediately on discharge on the last occasion had committed another obviously stupid offence. The barrister who defended him recognized his mental state and put up a plea of irresponsibility, but on the medical evidence—non-expert—the jury were not able to find him mentally disordered or defective. He was found guilty and the Judge gave him the indeterminate sentence. Tested both on the Binet and on the Porteous systems, his mental age was between four and five years. This unfortunate fellow could not give very much account of himself, but I think he was giving a true history when he said that he did not remember being out of gaol more than a few days since he was a boy.

I will only trouble you with one other figure, and that is in the year referred to above, out of 1,640 admissions to Mental Hospitals in the Union, 13.5% were admitted solely on account of mental defectiveness and another 8% on account of epilepsy. Some of the 484 admitted with Dementia Praecox were also suffering from congenital mental defect. I think it is perfectly fair to say that if feeble-mindedness could be climinated, the number of persons requiring care in our Mental Hospitals could be very largely reduced.

As I have indicated, it is the policy of the Government in South Africa to permanently supervise the feeble-minded who drift into such institutions as prisons, reformatories and industrial schools, rescue homes and so forth, but it is clearly understood that this policy alone would only be one of locking the stable door when the horse had been stolen. It is recognized by the Government that if real and permanent good is to be done, it can only be by discovering the feeble-minded at school, giving them special training and throughout life keeping them under such type of permanent care, supervision and control as may be necessary to prevent them from getting into trouble or becoming in any way a nuisance or danger to themselves or the community.

In September, 1918, advantage was taken by the Minister of the Interior at a Conference of the Administrators of the various Provinces of the Union to discuss this important subject with them. The following proposals were considered:—

1. That the Union Government should be responsible for the maintenance and care of idiots and imbeciles of school age, i.e., those falling under Classes 3 and 4 of Section 3 of the Mental Disorders Act, 1916.

2. That the Provincial Authorities should be responsible for the care and training of feeble-minded children of school age, i.e., those falling under Class V. of the same section of the Act.

3. That the Commissioner of Mentally Disordered and Defective persons should be notified and keep a register of all children diagnosed in the schools as being feeble-minded and that after school age the Union Government should be responsible for their care, treatment and control.

The principles were agreed to, and arrangements have already been made between the Provinces of the Transvaal and Natal and the Government, and regulations drafted. In these all the recommendations made by the Departmental Committee regarding children in industrial schools were accepted in so far as they applied to school children, and further regulations made the procedure more definite. The Director of Education was made responsible for notifying the Commissioner in Mental Disorders of all defectives, whether attending schools or not. (Information regarding those not attending school could be obtained through the various School Attendance Officers.) The Principal of the school was made responsible for drawing the attention of the School Medical Officers to the cases of children who were backward for more than a certain period without a reasonable cause. It was further agreed that where there was difficulty in regard to the diagnosis, members of the medical staff of the nearest Mental Hospital would be available for consultations.

Naturally, as soon as the defective patients began to be sorted out in all the institutions and schools as I have described, the shortage of accommodation for this class of patient became more and more serious. There were in South Africa at that time beds for the feeble-minded only in Mental Hospitals, in the Rescue Homes which had been licensed, and in a small home known as Adam's Farm, close to Cape Town.

With regard to the numbers of adult feeble-minded in South Africa, there are no figures except those I have already referred to, but in a very important report by Dr. C. L. Leipoldt and Dr. J. M. Moll on the Schools of the Transvaal, they state that about 8.4% of the children examined were feeble-minded, which means that in the Transvaal Province alone over 750 defective children were attending school. If that percentage holds good for the other Provinces, the total number of defective children attending schools in the whole Union would not be less than 3,000. Fortunately, the Union Government were able to buy from the Cape Provincial Administration the Alexandra Hospital which was opened on the 1st June of this year, and accommodates 800 patients. During the War this Hospital had been used as a Military Hospital and afterwards workshops were built for the training of discharged soldiers. These are now no longer needed for that purpose and have been taken over and are most suitable for the training of our feeble-minded patients in industrial pursuits. There is a good garden, well equipped laundry and workrooms, as well as excellent and well built wards, so that the

whole institution is well fitted for the treatment of these patients. This Home will receive patients mostly from the Cape Province. For the Northern Provinces and Natal it is probable that a Home will be established at Potchefstroom, where a suitable site and buildings exist for about the same number of patients. This home will be open it is expected within the next few months.

I feel that it is incumbent upon me to make some special remarks about the incidence of feeble-mindedness amongst the native population of South Africa, though I am afraid I cannot say very much of importance at present. From the facts that in all these generations the natives have made no progress in any of the arts of civilization of their own initiative and that though they have been for the last two or three hundred years in closer and closer contact with a white civilization their kraal life has been little influenced, it might be inferred that they are mentally an inferior race. Such an impression is further strengthened by many other facts—they are extremely childish and emotional—they lack initiative; they rarely display foresight or worry about the future. Bad years have given them poor harvests, and they have starved time after time, and yet they never seem to learn from experience to provide against such emergencies. Again, they are only orientated in time in the vaguest way, generally having no idea of how old they are and very little of the passage of time. Periods of time in their own lives are indicated by the size a particular member of the family had attained when some or other war had taken place in South Africa. They have no written language, the crudest of musical instruments, and very little idea of colour. In some native languages the same word is used to indicate green or blue.

With regard to the mental disorders found amongst the natives, I have never seen, and so far as I know, no single case of true Paranoia has been reported as occurring amongst them. It is not rare to find simple unsystematised delusion without hallucination. I have often wondered whether the fact that paranoia does not apparently exist amongst the natives is also significant of inferior mentality and that they have not reasoning power enough to become paranoics.

These and many other important considerations suggest the idea that the native, even of the best tribes, probably belongs to a mentally inferior race, as the lower tribes such as the bushmen certainly do. They suggest that there is such a defect of brain cells that neither education nor environment nor any other factor except a mutation could lead to their rising to the level of advancement of the higher races. But we do not yet know for certain; and there is just as much danger in underestimating their capacity to absorb higher civilization as there is in overestimating it. Time alone can show, but it is essential to realize

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

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

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

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

and making investigations in the various prisons, reformatories, industrial schools, and the community generally in their immediate neighborhood. Those Physician Superintendents and other members of the Medical Staffs with whom I have discussed the question, are unanimous in their approval, and say that it has added greatly to their interest in the work on the subject to get outside the old institution bounds, see for themselves, and help to solve the numerous social problems which mental disorders and defects bring in their train.

Psychological medicine is part of the curriculum of the Cape University medical course. The Physician Superintendent of Valkenburg has been appointed lecturer in this subject and the Mental Hospital becomes part of the teaching school of the University. It is probable that the Pretoria Mental Hospital will shortly be similarly related to the University of Johannesburg.

With regard to this matter, dealt with briefly in this paper, I hope you will agree that the lines on which the work is proceeding in South Africa are right and that the wider sphere of work for the Medical Staff in a subject having such great social significance, not only benefits them and gives them a better status, but leads to a broader view of their duties and makes their services progressively more useful and important to the community and the State.

The Government in South Africa has done very much indeed to help forward the work in this cause and it would be impossible to overstate what its progress owes to the work and never failing interest of the successive Ministers of the Interior, first the Hon. Abram Fischer, then Sir Thomas Watt and now Mr. Patrick Duncan, or to overestimate the value of the results achieved by the persistent energy, experience, breadth of view and understanding of Col. H. B. Shawe, the Permanent Head of the Department.

Mr. President, I am honoured more greatly than I express by the request you made to me to tell this Annual Meeting the position in South Africa as it affects those who have the misfortune to suffer from some or other form of mental defect or disorder—how South Africa is dealing with the question and how trending. I obeyed you, Sir, and with pleasure, as a member of the Association should, but I could wish that I were more worthy of the task. In conclusion, Gentlemen, I ask that you will render all that assistance which I know you can by your suggestions and helpful criticism.

THE MENTAL OUT-PATIENT CLINIC—WHOM DOES IT HELP?

BY E. STANLEY ABBOT, M.D.

Medical Director Mental Hygiene Committee, Public Charities Association of Pennsylvania

I

On the shores of one of the Great Lakes that serve as a boundary between the United States and Canada is a city of upward of seventy-thousand inhabitants in a county of somewhat less than twice that number. Until recently there has been in it no physician with special knowledge of mental or nervous disorders. The nearest was too far away to be easily available to persons with little or no means to pay consultation fees. Yet many persons and social agencies felt the need of such advice as only a psychiatrist could give.

This need was felt more acutely following the close of the War, when the Home Service Section of the Red Cross had many cases of returned soldiers and their families to provide for. It became so pressing that in the summer of 1920, under the leadership of the local chairman of Civilian Relief of the Red Cross, a psychiatrist was induced to come to the city and give his services once a week to the Red Cross.

The value of this consultation service to the Red Cross was soon demonstrated, and other agencies wanted to share its benefits. The establishment of a free mental clinic was at first opposed by local physicians, who feared a loss of practice. But it was easy to show that poor patients would not contribute to their income in any event, and satisfactory plans were readily formed to meet the objection in the case of patients able to pay. In the end the County Medical Society itself became a sponsor and supporter of the new mental clinic, and appointed a committee of its members to give their services to it.

The State Department of Health gave the free use of the local State dispensary, and a psychiatric social worker who had recently come to the city contributed part of her time. The Red Cross contributed clerical work and such services as were necessary to look up family histories of patients and other data.

The clinic thus organized was opened in December 1920, and has been open once a week to residents of the county since then. To the first of September of this year an even hundred patients have been seen.

A brief general account of the disorders from which they suffered, of the auspices under which they came, and of what was done with or for them will give a fair idea of the immediate usefulness of the clinic to the community. The clinic is in no way exceptional in these respects, but is typical of the nearly two hundred that are in operation in the United States.*

*For the data regarding this clinic and its patients the writer is much indebted to Dr. W. W. Richardson, its psychiatrist, and Mrs. Morris S. Guth, the prime mover in its establishment in Erie, Penna.

II

The general types of disorder from which these patients were suffering, and their wide variety, are characteristic of those seen in almost all mental out-patient clinics, though the relative numbers of patients afflicted with each differ somewhat in different places.

In the hundred cases seen, twenty-two separate medical diagnoses were made, not including the category of "undiagnosed," under which heading seventeen patients were grouped. Twenty years ago, at the Boston Dispensary, Dr. Channing* reported 54 diagnoses in 372 patients, with 32 not diagnosed. Dr. Myerson† reported 106 diagnoses in addition to 55 "undiagnosed psychoses," 68 "deferred" diagnoses, and 303 with "no disease" in the 1577 patients that came to the Out-Patient Department of the Boston Psychopathic Hospital in 1919.

Of our hundred patients 47 were diagnosed as feeble-minded, 9 as mentally retarded, and 1 as a moral imbecile. This is a rather large proportion of defectives. There were a psychopathic child, a neurotic child, with aberrant tendencies, and three borderline cases. Nine frank psychoses were reported (an acute depression, 4 dementia praecox cases, a general paralytic and 3 syphilitic psychoses) and a probably symptomatic depression, one eccentric with mild mental symptoms, an old alcoholic with general nervousness and eccentricity, and a traumatic neurosis. There were two cases of chronic alcoholism and a drug addict. There was a case of cerebral lues, one with Meniere's syndrome, a spastic paralysis, and an old poliomyelitis. A neurological case not otherwise diagnosed completes the list.

The clinic is young and has treated only a small number of patients. There will unquestionably appear cases of other types of constitutional psychopathic states and psychoneuroses, other types of neurological cases, epileptics, and cases in which distinguishable disturbances of the functions of the endocrine glands and other bodily organs are found.

In considering these diagnoses it must be borne in mind that many are tentative and subject to change on further investigation or observa-

*Channing, Walter, Dispensary Treatment of Mental Diseases. Amer. Jour. Ins., July, 1901.
†Myerson, Abraham, Out-Patient Psychiatry, Amer. Jour. Ins. July, 1920.

tion. Besides, the medical diagnosis is always supplemented by a consideration of the personality and the environmental factors, which do not, however, enter into the medical diagnoses, but which are often fully as important, if not more so in many cases, as any medical condition that may be present.

III

A variable but not very large proportion of patients go to mental clinics on their own initiative, and a somewhat larger proportion is brought by relatives or friends. But most are brought or referred by various social agencies. In the clinic we are now considering it is at present required that patients be referred by a physician, and that they go through the Red Cross office, in order that the family history and other data may be secured before the patient is seen by the physician in charge. Hence none of the hundred patients are reported as coming on their own initiative or that of relatives. In most clinics this previous reference by a physician is not required, but the agency referring the patient is expected to have the desired information at the time of bringing the patient.

Various school officers, such as a school superintendent, a school nurse, a teacher, an attendance officer, and the student counsellors, referred 14 children to the clinic, many of whom were difficult to diagnose. In some places more use is made of such clinics by the schools, in others less. Where mental as well as physical examination of school children is required by law the mental clinic is more likely to be largely used by school authorities.

The Red Cross itself referred 11 patients, the Social Hygiene Committee 8; the Associated Charities 5, a Home for Girls 4, the Mothers' Assistance Fund 3, and three other local social welfare agencies 4, making a total of 35 referred by organized social welfare agencies. The number and character of such societies or associations, and their appreciation of what such a clinic can do to help them in some of their problems, depend on the organizations existent in the community, and the enlightenment of those who conduct them.

The probation officer is credited with having referred 22 cases to the clinic. This is a gratifying large number to come through such an agency, whether the initiative came from the Court or from the officer in question. In another quite comparable clinic in the same State, only 7 were referred by courts or court officers. The more the Court or its officers turn to the psychiatrist for aid before offenders are sentenced, the less injustice will be done to many a prisoner. Those Juvenile Courts that conduct their own mental clinics, as at Chicago, Philadelphia and Boston, are demonstrating this fact daily.

Physicians on their own initiative referred 16 cases to the clinic. Perhaps some of these patients would have gone on their own initiative or that of their relatives, if it had not been for the requirement above referred to. In the other comparable clinic 4 patients themselves applied and parents on their own account brought 26 children.

Public Health Nurses referred 5 patients, a community nurse 2, a social worker in an industrial plant referred 3, and another social worker, a settlement worker, and a Sister of Charity each referred 1.

Child-caring agencies often take newly received children to such mental clinics for a mental examination, even though no abnormality is suspected; and child-placing agencies often do the same before placing children out to board or for adoption.

The above account points to some of the uses that are made of mental out-patient clinics.

IV

The disposition made of these hundred cases indicates to some extent not only the resources of that particular community, but the kind of help that was given to the patients themselves and to the persons and agencies that were trying to help them.

Of the 47 feeble-minded patients, six have already been admitted to institutions for such cases, and 20 more have been recommended for such admission. Some of the latter are actually on the waiting lists of the institutions, for the institutions of the State are greatly over-crowded. Meanwhile, these and most of the remainder of the 47 are still in the community under the supervision and guidance of the social worker of the clinic.

Practically all of the frankly psychotic cases were sent to the State hospital for mental diseases of that district.

Three patients have been sent to a reformatory and three more were recommended for such disposition. Two were sent to their own homes outside the county, accompanied by an abstract of their records and the recommendations of the physician; one was sent to the County Almshouse; one was sent to a home for girls; two were recommended to have special education, and one moved away.

A full half, 52, are being treated in their own homes. These include several undiagnosticated cases, several feeble-minded, and practically all of the miscellaneously diagnosed neurological, neurotic and psychopathic cases.

The number who were cared for at home is unquestionably larger than it would be in connection with some clinics, because of the trained psychiatric social worker whose services were available for follow-up

and family case work. On the other hand, in States where institutional provision for mental cases is larger per capita than in this particular State, a larger proportion of those who would benefit by institutional care would have been sent to the appropriate hospitals or schools. Those patients, however, who are having to wait their turn are less of a menace, or inconvenience, or expense or other kind of burden to their families or the community than they would be without the guidance of the clinic.

V

Who then is helped by such a clinic?

Through its agency some patients were placed in an environment to which they could adjust themselves better; some were placed in an environment which was distinctly remedial, or corrective; some were helped to adjust themselves to the environment in which they had been living; for some the environment was made more favorable for them to adjust themselves to, without removing them from it. Those who needed medical attention got it. It is needless to elaborate on the fact that the patients themselves were helped.

But the benefit does not stop there. In an address to social workers last spring Dr. Strecker* called attention to some of the larger benefits. He showed that as a result of the illness of twelve average patients in his out-patient clinic at the Pennsylvania General Hospital "eight families were directly affected by the inefficiency and disability of the main source of reliance. Twenty-four children were neglected. One of these, an infant, was physically endangered through exposure; five children were constantly in the presence of syphilis in a dangerous stage. One woman was a public menace because of threatened violence; one psychopathic inferior who had already given birth to four illegitimate children furnished a constant source of danger to the community, as her husband was passing through a virulent phase of syphilis; and a feeble-minded girl with an illegitimate infant was permitted to be at liberty at the beginning of the child-bearing period." He characterizes as still more insidious and more dangerous the indirect effects on "the morale of civilization both for this and succeeding generations."

He shows that by means of the clinic three patients recovered, improving the physical and economic status of five dependents upon them; an insane patient and a mentally defective girl were sent to appropriate institutions, and some psychopathic inferiors were kept under supervision. By making proper provision for these patients one

*Strecker, Edward A. A Practical Viewpoint for the Social Worker. Hosp. Soc. Service, Vol. IV, 1921.

child was separated from a mentally abnormal mother, another from an imbecile parent, and five were removed from hopeless and dangerous surroundings; the health and environments of fourteen children were improved; the public was protected from possible violence and from at least one source of venereal disease.

These benefits go far, but they can be shown to go much farther, by taking two or three of the cases from the mental clinic in one Lake Shore city, and following some of the details a little way.

A man, J. S., is 27 years old, did not learn at school, never worked; has loafed on the streets at night, slept in box-cars and on doorsteps, has stolen milk and small sums of money from neighbors, and has many times been arrested and kept over night or longer at the police station for these and other petty offenses. He had a violent temper and was a source of great anxiety and distress to his family. It was an officer of the Humane Society that took him from the jail to the mental clinic. There he was found to be an imbecile and was sent to the school for the feeble-minded.

From being maladjusted, coming more and more often into conflict with the laws and getting into the way of being a confirmed and repeated offender, he is now content and orderly, being in an environment which is adjusted to his limited capacities, and is neither an annoyance nor danger to others. Thus he benefits.

His parents are relieved of a great burden of anxiety; they no longer dread his tantrums of temper and their actual or possible consequences; the atmosphere of the home is better for his absence; his parents are not having to settle for his petty thievery and other misdemeanors. They benefit therefore.

The neighbors from whom he stole or whom he annoyed in other ways are saved from future losses and annoyance by him; and those whom he might have injured, perhaps seriously or even fatally, have been saved from that fate. His repeated arrests and discharges show that nothing better than a continuation of such treatment was to have been expected, with increasing risks to neighbors. Those who have been saved this annoyance or loss have benefitted.

The police and the courts have been saved the necessity of handling this case over and over, lessening by just so much the work they have to do. The Court made a more just and effective disposition of at least that one case. It fulfilled its function in the community better. Thus they benefit by the clinic.

The Humane Society found a place where one of their difficult problems was solved. It benefitted.

The peace of the neighborhood and the good order of the city have been better by the removal of that one disturbing element.

Though the tax-payer may have to support him in the school for feeble-minded for the rest of his life, it is the consensus of opinion that it costs the tax-payer less in the end. This, however, is a long and complicated story which I shall not undertake to tell here.

Another case was that of L. B., a moderately young woman, unmarried, solitary, peculiar, hypochondriacal, continually "picking on" her fellow employees. She had worked in a laundry for the same kind-hearted employer for seven years; many a time he had pulled her from behind boxes and barrels where she had hidden, to send her home at closing time, and he had often had to patch up her quarrels with the other girls. He was finding it harder and harder to keep other employees on account of the trouble she made, and he did not want to discharge her because she threatened suicide if he did. She had been to nearly all the physicians in the city without avail to get relief from her various hypochondriacal symptoms. She lived alone, and had no relatives who would assume any responsibility for her.

At the mental clinic, where she had been referred by a physician she was regarded as a case of arrested dementia praecox, and efforts were made to help her to better adjustments, or to go voluntarily to the State hospital for mental diseases. As these were unsuccessful and the trouble she was making for her employer and the other employees grew greater, she was finally committed to the hospital.

Who was helped? She herself was probably no better satisfied or happy, perhaps she was more resentful; yet even if so, she was at least in an environment in which her maladjustments were understood, and she was saved from the necessity of competing at a disadvantage and under the certainty of failure, with more normal-minded persons. She is really better off in the hospital, though she may not think so.

Her employer was benefitted, not only by relief from the anxiety that her behavior had long caused him and from the loss of time and diversion of energy caused by his having to settle quarrels between the patient and other employees, but by saving of expense due to lessened labor overturn and more efficient work by his employees when they were freed from the frequent annoyances by the patient.

The physician who referred her was benefitted by the advantage of consultation with a specialist in a field with which he was not familiar, and by learning of the value of such help to him in the solution of a difficult problem.

The boarding-house keeper where the patient lived was possibly saved the undesirable notoriety and attendant troubles which might have come to her if the patient had carried out her threats of suicide.

A third case was that of L. F., a school boy, who was giving trouble at home, at school, and in the neighborhood. He was referred to the clinic by an attendance officer of the school. He had a step-father at home who was not very sympathetic with him, often beat him for trivial matters. He was disorderly in school, lied, stole, ran away from home and played truant from school, and was getting more and more under the influence of a boy who had once been sent to a reformatory. No definite diagnosis was made at the clinic, but he was regarded as having some psychopathic traits. As a result of several visits of the boy to the clinic and of the social worker to the home he improved in his conduct and school work at home and at school, and now for several months no bad conduct has been reported from him.

The boy was headed for a delinquent career. One cannot say that he would have continued in that direction, nor how far he would have gone, or that some other influence than that of the clinic might have directed him to better ways of adjustment. It looks at present as though he had been saved by the clinic from at least the possibility, if not the probability, of such a career. He has certainly been helped.

His step-father treats him better, and to the extent that he is less irritated by the boy, and himself behaves better to him the step-father has been helped.

The home atmosphere has been improved by the boy's better behavior, and thereby his mother and normal brothers and sisters have been helped.

The school teacher and the other pupils in the rooms where he was misbehaving have been helped; the morale of the whole school is better.

Just as he was adversely influenced by another boy, so he in turn might easily have been an evil influence in the life of some other child or children. They have been helped.

Those from whom he would have stolen had he continued in his maladjustments have been saved from the loss and annoyance. They have been helped.

The attendance officer, who has one less refractory boy to look after, has been helped.

The courts before whom he would in time have been brought in all probability, and the reform school to which he would have probably been sent, have been helped by having that one less case to handle.

The general orderliness of the neighborhood and the city have been improved by just the amount of misbehavior in which he would have indulged.

The tax-payers of the city and county have probably been saved the expense of the arrests, convictions and support in a reformatory

or jail of that one case, and of whatever suits for damages or other expenses they may have been liable to on account of his misdoings.

These are not exceptional, but average, cases. If one should follow the actual details of any other of the hundred cases, one would find similarly radiating benefits arising from the mental clinic. And they do not stop where the descriptions left off. There are still further radiations which diffuse into the whole surrounding region. The physicians who send patients to the clinic get a little better understanding of the needs of some of their patients, and that understanding spreads in time to other physicians and the laity. Especially if the clinic is connected with a state institution, there is a gradual lessening of the popular notions that insanity is a disgrace, that it is incurable, that the patient is one to be feared or "put away," and that the hospital is a place full of mysterious horrors, to be avoided as long as possible. Such age-long, wide-spread fallacies are replaced by a better understanding of patients and the hospitals, a greater sympathy for them, a more intelligent attitude toward them. Within the past decade such changes have made appreciable growth in Massachusetts, for example, with its more than forty clinics.

All the social welfare agencies, public and private, including the schools and courts, have one more resource in the mental clinic to aid them in their respective fields, and the community is the better for it. As a community it can handle some of its difficult problems more intelligently, more scientifically, more humanely, usually more economically.

The mental clinic is able to take care in the community, through its own social worker or those of the co-operating agencies, of some patients who would otherwise have to be resident in institutions. The cost of care in the community is comparatively slight. Institutional care varies greatly but may be said to average from $2.50 to $5.00 per week. Every tax-payer in the State benefits by the difference, whenever patients are saved from going to the institution or can be removed earlier from them because of the mental clinic.

By as much as one of its integral parts functions better, by so much does the State as a whole function better. The more effective functioning of one part serves as an example and a stimulus to other parts.

Although these benefits may seem to spread out pretty thin when we get beyond the patient and those immediately concerned with him, and may seem hardly worth considering, they are none the less real and existent. When, as Dr. Strecker suggests, the benefits to one patient are multiplied by a hundred or a thousand (more than 3,000 patients attended mental clinics in New York State in 1918, and a somewhat

smaller number, but still more than 3,000 in Massachusetts in 1919) the sum of these seemingly negligible amounts becomes by no means inconsiderable.

VI

What one clinic can do, many clinics can multiply. The services they can render to social welfare agencies, schools, courts, industrial plants, and individuals themselves make it inevitable that in the course of time every considerable community will have one or more. The time will come when the State will regard the mental out-patient clinic as one of its essential agents in promoting, protecting and preserving the mental health of its citizens.

As the mental examination of recruits kept inefficients out of the Army, and thereby not only promoted the Army's efficiency but greatly lessened the expected amount of delinquency, so in peace times and in civilian life, the mental clinic, rightly constituted and rightly used, may become in time one of the great and powerful forces that operate for the betterment of the mental health and social adjustments of the citizen, and hence the betterment of the community, the State and the nation.

MENTAL DISTURBANCES OF CHILDHOOD*

BY H. B. MOYLE, M.A., M.B.

Assistant Physician, Ontario Hospital, Mimico

In an attempt to discuss briefly some of the chief abnormalities in the mental life of children, there are one or two preliminary observations that seem to be in order. First of all the very inclusion of the topic in a section devoted to child welfare seems to the writer to indicate a recent and happy development in the point of view both of those interested in child welfare and in that of the Specialist in mental disease. It is no longer felt by the former that good physique alone is a sufficient goal in a child's development. It is recognized that it is no less important that parallel with the physical there shall be a symmetrical unfolding of the intellectual and emotional powers. In short, it is not merely a healthy animal but an efficient and self-supporting personality which should be the crown of healthy childhood. And on the other side the psychiatrist has come to see that the key to many of the problems of abnormal psychology and abnormal conduct presented by his adult patient, lies in the understanding of the variations of the process of mental development in children. Genetic Psychology has thus contributed not a little to the fuller understanding, both of childhood and of mental disease—an understanding which supplements and fits into the data furnished us by normal physiology.

It is important to remember secondly, that not only do the physical and mental powers of a child develop more or less together, but that each side constantly interacts upon the other, and in consequence any marked disturbance in either sphere is bound to show results in the other. One need only mention the effects of various organic nervous diseases such as hereditary, neuro-syphilis or the after effects of a meningitis to make this obvious. But the result of disturbances which are less apparent, such as endocrine, insufficiency or hyper-activity, or of the lesser degrees of toxemia, are frequently not recognized. But that the condition of the physical functions of a child is a fundamental point in estimating its mental reactions is a truism which cannot be too often reiterated or too constantly kept in mind.

Again it has been well stated that the one word which sums up the whole physical and mental life of childhood is "organization." His physical activities are gradually organized into abilities which will finally make him a producing and self-supporting individual. His mental activities in a parallel way become organized along certain more or less

*Read at Child Welfare Section, Ontario Medical Association, Niagara Falls, June 3rd, 1921.

definite lines so that he collects not only the necessary fund of information in regard to the world around him but also special knowledge along lines determined by his interests or economic necessities. There must also be of course, the ability to use this knowledge with some measure of judgment and foresight in connection with the activities referred to above. Not least in importance, if the individual is to have a balanced and well rounded life, there must also be an organization of the emotions around certain centres, varying in strength of attraction corresponding to their importance in the life of the individual. This whole complex process of organization goes on then through a constant stream of activities of many sorts which are the expressions from time to time of the child's desires and in a real sense of his personality. One may say indeed that the child's whole life is one long effort at self-expression through activity and that thus only does his personality develop.

This thesis though somewhat crudely stated provides what seems to the writer a useful classification of the disturbances met with in practice in the mental life of children. Let me say just here what I do not propose to include in this brief resume. Firstly, no mention will be made of the defective child, not because he does not provide difficult and important problems, but because having attracted considerable attention for some time past, there is already a considerable body of literature dealing with these conditions. Also these do not quite fall within the category we are at present discussing, which is abnormality rather than deficiency in function. Neither has there been any attempt to touch on the frank or fully developed psychoses as these are but very rarely met with before adolescence, and when such do occur hospital treatment is of course essential. Thirdly, we have intentionally excluded mental conditions which are incidental to the course or are a sequence of such organic nervous diseases as epidemic encephalitis and the deliria connected with the various infectious fevers. These would seem to be merely incidental to the particular physical disease, to be more or less transient in duration, and usually to have but slight effect on the general current of the child's mental life and development. Our present interest then is in the early disturbances in this current which recognized may often be satisfactorily adjusted but when allowed to go unchecked may and often do become the prelude to serious psychoses later on, and perhaps cause years of inefficiency.

Leaving these aside it seems to the writer that the conditions we are now considering fall under two main heads,—on the one hand that of hindrances or inhibitions of various sorts to the child's self-expression and on the other distorted lines along which this process may occur. If one for a moment may compare the child's mental life to a stream, the first type of disturbance would be comparable to a dam or other

interference with the flow, while the second type would be illustrated by influences which would turn the stream from its normal course. And as concreteness is usually conducive to clearness, I have thought we could best visualize the problems met with in each of these types by brief case histories of children presenting more or less typical symptoms.

Considering first then the hindrances to self-expression, any physical deficiencies or inabilities which interfere with the child's social life and activities may be so considered. Perhaps stammering is as typical as any of these groups. It is probably rarely realized, except by those who have known pronounced victims of this functional disability, to what a really great degree it becomes an obstacle to a child's communication with others. Because the individual is so constantly reminded of his difficulty he is very apt to become extremely self-conscious and to lose confidence in himself in his efforts at self-expression. This naturally results in a tendency to seclusiveness, and through a restriction of the social intercourse so essential to childhood, the individual gradually drifts into a state of more or less marked mental isolation. This we all recognize to be unfortunate in any individual, but in a child its effects in marring the social development are even more accentuated than in an adult and can hardly be too strongly emphasized.

CASE HISTORY.—These characteristics were seen in a rather marked degree in a boy who had developed this disability in later childhood and only came to the writer's knowledge at about seventeen years of age, when he himself had given up hope of regaining his normal powers of expression. He told the writer that he had a number of times attempted to break himself of this habit and once or twice had been for a time successful. The most significant element in the situation was the fact that he himself felt that all the members of his home circle quite expected that he would stammer and that he was constantly conscious of this attitude on their part. At an early period he had been thoughtlessly ridiculed by one or two older relatives and this ridicule had made him the more conscious of his difficulty. And as like many children, he was extremely sensitive to the opinions held by those around him he came to shrink more and more from the notice of others, although he enjoyed their society and craved greatly to be able to mix with them on equal terms. When about fourteen years of age, he was for a time away from home entirely among strangers. At that time as he told the writer, "I made up my mind that as they did not know I had ever stammered, I could start over again, and made up my mind I would attempt to overcome the habit. For a time I was quite successful and became greatly encouraged. Then suddenly one day when some occurrence greatly excited me, I began to stammer. Then I felt that it was all no good and I gave it up." As time went on patient became a recluse,

talked with other members of the family only when absolutely necessary, and avoided meeting strangers as far as possible. He felt keenly his almost isolated state but did not know how he could break down the barriers that prevented his mixing freely with others.

In talking over the matter with him it was sought to emphasize that his essential difficulty lay in overcoming his own pre-occupation with his embarrassing disability, and that if his attention could be directed to the particular thing that he wished to express rather than to the act of speech, there would probably be much less difficulty. It was also pointed out to him that other people noticed his speech very much less than he thought they did, that he was by no means unique in his difficulty, and that many had overcome handicaps of this sort when of even longer standing. He showed considerable encouragement but it was very difficult for him to break away from the habit of thought into which he had grown regarding himself.

This case it may be thought hardly comes under the head of a childhood trouble, but its beginning was, as I have stated, considerably before the onset of adolescence. It is too, a good example of a type of disturbances in which cure might have been quite easy at any early period, but which not being so dealt with, produced results which were a serious bar to the later efficiency of the individual, and by the very habit of nervous reaction which developed became most difficult to remedy.

Any other physical defect which acts as a bar to a child mixing on equal terms with other children may of course produce much the same sense of inferiority with similar unfortunate results in the individual's social relationships. Indeed a case comes to mind where the basis of a long continued depression in a soldier, which totally unfitted him for service, lay in his reaction through childhood to being the victim of the chest deformity called a "pigeon breast." He had been so ashamed of this that he would not undress before other boys, would not even attempt to learn to swim and finally gave up any attempt to mix in their games. Later on he became ashamed even to roll up his sleeves before fellow-workmen because of his poor muscular development.

A somewhat different type of inhibition but showing much the same results is to be seen in the various "phobias" from which children suffer more often than is commonly realized,—probably because they are ashamed to speak of them and are not usually understood when they venture to do so. These are of the most various sorts, and examples will probably occur to all of us, but, as the tendency is to assume that the child will soon outgrow them we commonly fail to appreciate the frequency with which they cause what are practically "anxiety neuroses" in sensitive children. Many of these have their root in an early inability to deal with purely physical situations and often are overcome in a

comparatively short time. Others, however, are of a more strictly mental origin and not being understood by the child himself and regarded as silly by parents, they are simply more or less repressed only to give trouble later on. Such neuroses often emerge as various physical or mental symptoms including tremors, emotional crises or other phenomena which apparently have no adequate discoverable cause.

In this connection, the writer will not soon forget his own acute anxiety at eleven or twelve years of age lest he go into a trance and be buried alive. This came on, by the way, after a call at the house of an intimate friend, whose brother had just died—and before the funeral. This for a time made it very difficult to go to sleep at night, but fortunately he confided this to his parents and was assured that this was practically impossible of occurrence. Other cases are not so easy to reach, such as an unreasoning fear of going on the water, of crowded buildings, etc. But without going into further details it would seem obvious that the causes of all such symptoms should be carefully sought when symptoms first appear and by explanation and moral support the child helped not to repress the fear but to develop the proper attitude toward the cause.

The second and more intractible type of mental disturbance is that in which the child tends to exhibit an unusual and often antisocial sort of activity or when the emotional responses to the ordinary social relationships such as the family, are lacking or uncontrolled, or where ideas develop which are founded on an imagination uncontrolled by experience,—in short, where the normal Organization of activities, emotions and ideas referred to above does not occur. In this category, come those children showing morbid impulses, those who have ungovernable fits of temper, who show great irritability and excitability without adequate cause, those who are seclusive and apparently unable to make friends and those whose day dreams are more real to them than the concrete world around them. There are, of course, all grades of these conditions and perhaps most children show at times, or for a time, some of these characteristics with little or no obvious bad after-effect.

But this is simply to emphasize the fact that in childhood as in maturity there is no mechanical standardized "average individual" and especially that childhood is the time of moulding of the personality and of gradual integration of the physical, emotional and intellectual reactions. This being a process of infinite complexity depending on many physical and social factors varying in strength according to the child, the result must necessarily be a constantly varying total. But, notwithstanding the emergence at times of some or many of these traits in children who go on to develop without any serious incident, the extent to which any such traits become dominant means a real dis-

turbance in the mental life of the child and if ineradicable often are the basis of true psychoses later on.

Here too, one or two brief case histories may help to visualize the problems which these children present and indicate what seem the most hopeful lines of management.

CASE HISTORY No. 2. E. M.—This case is an example of one in which the child was seen when the difficulty was not of long standing and where adjustment was comparatively easy. E. M., a boy about eleven years of age was brought by his parents to a Children's Clinic because of constant complaints of his teacher that he was unmanageable at school and because his conduct at home was becoming a matter of considerable anxiety. A report from the teacher states that, while the boy was quick to learn if he wished to do so, he was often disobedient, sullen and defiant, and that she had not seemed to be able to do anything with him. His mother, who was a woman of good average intelligence, stated that it was almost impossible to get the boy to do anything around home, that he would not stick to anything he started and that he did not seem to feel any affection for his parents. There was no history of any physical or mental defect in the family of any sort and the boy had not had any serious illness which might have had any bad after-effects. The father, who came with the boy, was an alert business man of about middle age. The mother was somewhat fussy and to her the task had chiefly fallen of dealing with the child because of the father's absence at business. Physical examination of the boy showed him to be fairly well developed for his age and with no physical defects. His nervous reflexes were all quite brisk. A psychometric examination also showed him to be quite the equal, or slightly superior to the average boy of his age according to the result of the Binet tests. All through this examination the boy showed himself alert and interested in everything done and gave his co-operation quite willingly.

Finally, he was frankly told by the writer that his parents had brought him to the Clinic because of the constant difficulty which had occurred at school. He himself, had apparently been quite puzzled as to the reason for the visit. He was also told that continual complaints from the school had caused his parents much worry and he was frankly asked wherein lay all the trouble. He then just as frankly replied that he had never had any trouble with any other teacher but the one he had at that time, that her methods of punishment were not fair, that she took no trouble to find out whether he was really responsible for things for which she blamed him, and her punishment made the others laugh at him. He then went on to say that usually when he was sent home from school after any trouble he was sent to bed by his mother and this he regarded with indignation, as he felt it was treating him as a little boy.

He had consequently greatly resented these actions, and it was apparent that on the mother's part there was a tendency to nagging and fussiness which kept up his irritability and made his management more difficult.

It became apparent that the difficulty was neither neurological nor intellectual, but that his attitude both in the school and in the family had been caused by unwise methods of discipline which had aroused his opposition, because it outraged his sense of fairness. It so happened that he was looking forward to becoming a Boy Scout and an approach was made along the line of emphasizing the application of the Scout Laws of obedience and helpfullness. It was also pointed out to him that if he would settle down to work in school instead of trying to oppose a teacher whom he disliked, he could soon pass out of the room, and, at the same time, as he was improving his position, he would remove the cause of worry to his parents. He was also told that the teacher who seemed to him so unfair was probably trying to do the best she could. He was assured that he was quite able to do as well as any other boy at school and to make his parents proud of him instead of anxious in regard to him.

His response was a most friendly one and he appeared to grasp the point of view and to begin to understand how he was making much of his own trouble. He promised to adopt a different attitude and to do the best he could both at school and at home.

Inasmuch as it was felt in this case that the attitude of the parents and the teacher was fully as important as that of the boy, it was suggested that somewhat different methods be used both at home and at school. The mother was asked to talk things over with him rather than to scold, to punish when necessary by methods which would not leave a rankling sense of injustice, and it was suggested that she should set small definite tasks requiring them accomplished before he was allowed to do things that he wished. A note was also sent to the School Principal, who had written in regard to the boy, suggesting that the teacher be asked to use different methods and that it be assumed that he was going to make a different record. A few weeks afterwards the writer received a letter from the boy's parents and from himself as well, reporting that the situation had entirely cleared up, he was doing quite satisfactory work at school and that the home relationships had become much happier.

CASE NO. 3.—This boy exhibited peculiarities of a much more marked sort and for a much longer period of time than the last, but as will be seen a certain amount of control was established. H. W. was first seen by the writer (who was at the time acting as Probation Officer in a Juvenile Court), when he was arrested, charged with setting fire to some buildings. This he denied, but because of his obvious hyperactivity and lack of control he was taken to see a neurological consultant

who pronounced him definitely psychopathic. He was then twelve years of age, and it was stated by his mother that for a long time he had been showing peculiarities which made trouble constantly. He was extremely restless, very fond of doing dangerous things for the excitement of doing them and incidentally annoying his mother. He would fly into ungovernable rages on the least opposition and would give way to any erratic impulses that might happen to come into his mind. His teacher at school was actually afraid of him when he went into these tantrums and his mother feared greatly that in one of these he would sometime attack someone with serious results. He admitted that he was very fond of watching fires and seeing animals killed and would stay away from school to go to an abattoir for the latter purpose. His uncontrolled activity and imagination is illustrated by the following incidents. He had on one occasion thrown a glass of water on a baby resting quietly in its carriage in the hall on the flat below. When asked why he did this he responded first that "It's not our baby," and then, "I wanted to see what it would do." Again when told that his tantrums and his truancy would be a serious bar to his getting on later he responded, "I do not need to go to school any longer, I am an inventor. I have made one invent already." He went on to say that this was an arrangement for keeping one warm in bed by passing electric wires through the mattress. This invention, by the way, seems in the last few years to have been a practical one. At that time (1908) the writer had seen no mention of such and it appeared to be merely the result of uncontrolled imagination. Aside from great motor hyper-activity and general trigger-like reactions, the patient showed no obvious physical abnormalities. On the other hand his heredity and home relations were very unfortunate. His mother was a well-meaning woman, very anxious for his welfare but rather apt to nag at him, and would fuss and plead instead of giving a definite command or refusal. His father was a pronounced victim of periodic alcoholism and in consequence he treated the boy with alternating slackness and undue severity. It was felt that his greatest need was a steady and firm discipline, but unfortunately this was impossible at home and there seemed to be no other place where it could be obtained. After a short time patient was lost sight of for two or three years and then suddenly the writer met him one day when visiting the Provincial Industrial School where he had been sent because of incorrigibility. Here he was frequently spoken of by the other boys as "nutty." He would frequently do erratic and foolish things for which he would give no reason, and it was generally thought that sooner or later he would have to be sent to a Mental Hospital. His mother at this time stated that the chief difficulty when at home had been his habit of doing foolish and sometimes dangerous things the moment

the ideas came into his head. The father had deserted them since the family first were seen and the boy had been much easier to manage after his going. His mother, however, was afraid to have him at home because she was in constant dread of the result of some of his impulsive actions. For instance it was a common thing for him to place a lighted lamp by his bedside and several times there had been a narrow escape from a dangerous fire when he would knock this over. He himself realized the fact that many of his actions were peculiar and told the writer that sometimes he "just had to do" a particular thing which he knew afterwards was foolish and for the doing of which he could give no reason. Contrary to the expectation of the writer and the Officers at the Industrial School this boy developed sufficient control to enlist in the army, finally went overseas and while he achieved no special distinctions, he apparently passed through the ordinary ordeals of Active Service as well as the average. He was known, however, to be a good bit of a joke to the others with whom he served and was constantly telling stories in regard to himself which were known to be considerably embroidered. He has, however, shown enough control of his impulses so that he has avoided any contact with the law and has been able to make a living for himself. In this connection it is probable that the firm discipline of the Industrial School was very valuable and indeed the only thing which saved him from serious disaster.

In all these things discussed above one common point will have been noted—that of more or less marked nervous hypersensitivity and instability which made control difficult and which tended to an explosive activity of the psychomotor mechanisms. The bearing of this in determining the child's reactions in many of its social relationships is obvious, as is also the need for more careful training in self control.

In conclusion may I offer just a word of caution in regard to a procedure much in vogue just now—that of the use of the various "mental tests"—introduced by Professor Binet of Paris in 1908 and revised by Goddard and Terman for use in America. It is now coming to be recognized that even when done under the most favourable conditions, these merely give us information of a child's intellectual or school acquirements and are of little use in understanding the infinitely complex mass of impulses, desires, imaginations and strivings that go to make up the child's personality.

In view then of both the inaccuracy of fixing a diagnosis of "mental deficiency" to a child still in process of development, and still more of the stigma which attaches to this and the sense of personal discouragement when it is known to the child—as is too often the case,—the writer feels that such a "label" should not be lightly given. This is especially true after a single examination is made by one who knows the child only

slightly and perhaps without an adequate physical examination as well. Indeed the writer often feels we are in general rather too fond of fixing labels and too little observant of the complex processes which go on in an individual's mental life.

The writer realizes only too well how crude and sketchy are the foregoing remarks on a complicated but vastly interesting and important subject. But he will feel his temerity justified if they may have suggested to anyone a helpful point of approach in a difficult problem, or helped if ever so little to emphasize the importance of the all-round study of our younger patients. For here, as in perhaps no other realm is the old adage true, "The child is the father of the man," and, "As the twig is bent so the tree will grow."

NOTE; Those interested in these conditions will find two little books quite helpful, both in the "Oxford Medical Series". 1. Functional Nervous Diseases in Children, Guthrie. 2. The Nervous Child, Cameron.

THE RELATION OF GENERAL MEDICINE TO MENTAL MEDICINE*

BY ALVIN T. MATHERS, M.D.

Director, Psychopathic Hospital, Winnipeg, Man.

These are strange, uncertain times. We look about us at a world in flux. Unrest, distrust and discontent are rampant. We seem none too sure of what we want, and are disturbed. Doubtless we are passing through one of the great transition periods that have marked the world's history heretofore, but, bearing in mind that "it is not in his goals, but in his transitions that man is great," we may, perhaps, be somewhat comforted and believe that these uncertainties do but constitute a physiological epoch.

Nor has the profession of medicine been immune to the disturbances mentioned. We, too, feel this discontent, we see in ourselves peculiar contradictions—a constant reaching towards the new and radical, albeit with more than a passing glance at old traditions and customs. The "old perfections of the earth" still hold a place in our hearts. And strange to say, some of the things that we would feign believe glitter like new gold, are found on close examination to be but some old metal reburnished. In the past decade, medicine came its nearest to being an exact science. Exact in the sense that we were taught and expected to find in each sick individual a specific cause and a specific ear-mark in the form of diseased structure. Medicine demands facts based on things seen, felt, heard. The individual patient was, as it were, gone over with a fine-toothed comb, our desire being to demonstrate some bacterium, some change in blood, secretion or tissue that would explain completely that patient's distress. The methods of precision have been worked hard and had we not grown to depend too much upon them, all would yet be well. But the seers of Medicine cry out that in our mad rush for scientific data, we have forgotten that there is an Art in Medicine, that there is in it an intensely human factor that microscopes, colorimeters, etc., can never touch. One sees unmistakable signs of some discontent with the results of "laboratory medicine." We must grant that the laboratory has done much but we know that it can never be all of medicine. You may ask what all this has to do with Mental Medicine and I answer that I believe it is in this heretofore unfortunately isolated division of Medicine, more than in any other division, that the whole individual

* Read at the Annual Meeting, Canadian Medical Association, Halifax, July 5-9 1921

patient is being considered. Up to date Psychiatry is making full use of the data of scientific medicine, but it has not forgotten that body and mind are inseparable and that disorders in one almost invariably set up reverberations in the other. It is an appeal for the consideration of this fact that I wish to make. The fair flower of medicine at this moment is surrounded by a variety of noxious weeds. Our would-be rivals, representing at best half truths make use, unconsciously often enough, of that keen understanding of the whole individual that should rightly be the most blessed attribute of Medical Art. These "Masters of Effrontery" have stolen and continued to steal a considerable portion of our most valuable possessions. Cults that still the fear of the sick by absolute denial of the existence of disease, or, by direct promise of cure, do seem to supply something that many patients must have. Medicine seems to have lost sight of the sick man while busying itself with running down gall-bladders, hearts or what not. Need we say that Medicine must regain her own?

Let us look closely at the relationship of General Medicine to Mental Medicine. The latter finds itself to-day almost an exiled specialty and this is not as it should be.

It is said that "Specialization is unquestionably essential for the rapid advance of knowledge in any new direction, but there is danger of a specialty being split off permanently by centrifugal action from the sphere in which it originated. This is apt to leave the specialty an isolated body revolving in a narrow orbit around its own subject, from which it ultimately ceases to draw much light or heat. For when the specialty gets very far removed from Greater Medicine, no matter how bright its original flame, it rapidly cools to the loss no doubt of both Medicine and Specialty." In the present condition of temous relationship between General Medicine and Mental Medicine, General Medicine has no doubt been the greater loser. For while Psychiatry, and by this I mean the treatment of mental symptoms whenever, wherever and in whatsoever degree they occur, is making use of practically all that General Medicine has to offer, General Medicine has woefully neglected the investigation and treatment of the mental elements in disease. It has failed, generally speaking, to realize that "mind is the most intimate and personal of our possessions," that it "constitutes an organic structural part of our being." "If it requires healing, if it has a definite relation to body," then can we deny that the physician must take it into account." We have been taught the embryology, anatomy and pathology of organs and tissues, but we have heard next to nothing on that of ideas and feelings. Three hundred years ago Burton, it is true, wrote his celebrated "Anatomy of Melancholy" and I crave your indulgence while I quote, for there is no more striking passage in that work

than this "For that which is but a flea biting to one causeth insufferable torment to another, and that which one by his singular moderation and well composed carriage can happily overcome, a second is no whit able to sustain, but upon every small occasion of misconceived abuse, injury, grief, disgrace, loss, cross or humour, yields so far to emotion that his complexion is altered, his digestion hindered, his sleep gone, his spirits obscured, his heart heavy and his hypochondries mis-affected; wind, crudity on a sudden overtake him and he himself is overcome with melancholy."

"The classical conception of disease as set forth in text books is entirely based on a materialistic pathology. Altered function, in other words symptoms, receive a physical, a bio-chemical or no explanation at all, treatment is confined to chemical reagents and drugs." And can we expect anything else when medical students receive practically no instruction in the detection and treatment of the mental elements in disease. They hear the advice to treat the patient and not the disease, but they pay little attention to this since they are not told how it is to be done. Most of them, slowly, perhaps painfully, and almost certainly unconsciously, discover a hint of it for themselves as they pass on through their professional lives. One looks in vain through text books in Medicine and Diagnosis for anything suggesting that a great field in the investigation of each individual patient lies beyond the scope of laboratory method. I looked through six standard books on diagnosis and found that on an average they devoted half a page to the discussion of mental factors in disease. Students come to their final examination with little notion of personality or the tremendous part it plays in the practice of medicine. Students certainly, and the majority of practitioners I fear, approach their patients determined to find "one specific and definite thing as a cause for a most complex condition."

"In Internal Medicine intensive study is directed toward the individual organ or system. It is frequently necessary to pay attention to the way in which the organs are linked together by the Central Nervous system or by the glands regulating the bio-chemistry of the body, but no higher integration is attempted. The actual individual is seldom reconstructed for the purposes of the internist; much less the surgeon. Personality is a category that he does not use." "So far as the study of personal factors is omitted, the study of the function of the individual organs is incomplete." Campbell, whose words these are, has shown well the part instinctive reactions, emotions and personal factors play in the genesis of some heart disorders. War-time experience brought this home to many. Many gastro-intestinal cases arise on a similar background and the myriad of so-called psycho-neurotics going from physician to physician, demonstrate the supremely important position

that psychic elements occupy in the genesis of symptoms of disease. We may see in these, if we but look, the devastating effects, both physical and mental, or maladjustments of mind to surroundings. Theirs are minds not readily affecting that rapport with circumstances and environment that alone makes life normal, yes perhaps even possible.

This neglect of consideration for mental factors is in part the result of lack of training, in part due to lack of guidance by the recognized leaders in medicine, and in no small part, doubtless due to indolence, impatience and hurry. "The mention of psychic factors is so likely to bring down on one expressions of disapproval and irritation from one's brother practitioners, that strongly opposed views and radical attitudes are engendered." "Those recognizing the psychic factors, are almost forced to be extreme because of the necessity for defending their stand against those who ridicule the idea that certain mental and emotional attitudes towards life can ever interfere with health." We have seen as the result of this the gradual drifting apart of General and Mental Medicine. The ties have grown more and more feeble until they are all but broken. General Medicine spurns Mental Medicine and Mental Medicine has no doubt become seclusive as the result. What we urgently need is a home coming, not as a prodigal but as of a child, who through former misunderstandings, gradually withdrew and lost contact with its patient.

In days to come "Mental Medicine's great contribution to medicine generally will be recognized as the longitudinal section method of surveying the patient instead of the cross-section method—the survey of the whole individual, the mental and nervous as well as the obviously physical." We must know that contrary to a frequently heard dictum, all men are not created equal. Daily experience makes it plain that men differ greatly in their mental, moral and physical attributes, and yet we, in treating a sick man, have seen no reason to inquire into and allow for inherent instinctive tendencies, emotional disorders and volitional defects. Aside from the increased confidence and comfort that complete investigation gives to the physician, there is the strong practical value to be considered. A careful, even if not too prolonged, searching of family and past history may reveal constitutional traits and environmental mal-adaptions that can conceivably, and may actually, modify or initiate present complaints or symptoms. The physician or surgeon brought face to face with an odd group of indefinite complaints, gains valuable insight into the case when on inquiry he discovers that the patient's life is shot through with evidences of abnormal sensitiveness and emotional instability. He will not lightly embark on radical procedures in treatment without further probing and without satisfying himself on the whole question of "What is this individual trying to do?"

Has he actual solid pathology that will account for all of his complaints? Has he no solid pathology at all or, as most frequently happens, has he a moiety of structural and functional change with a large cloud of abnormal mental reactions surrounding it?

So much then for the general appeal for a more thorough and searching consideration of the mental factors in disease.

We may refer for a few moments to yet another aspect of the question, and that is the presence of definite mental symptoms in cases of Somatic Disease. The occurrence of delirium in acute infections need not detain us. Everyone meets cases of this kind. But just in this connection we may mention an important type of mental disturbance which seems, as time goes on and facts accumulate, to be definitely and closely related to infection. I refer to the psychotic episodes of the puerperium. In the Psychopathic Hospital we have a very fair opportunity to observe such cases. There has not been a single puerperal case committed to the Provincial Hospital in Manitoba since the Psychopathic Hospital opened. We have noted, in every case seen by us, such signs of infection as fever, purulent discharge or leucocytosis. In looking back over the History of Medicine we find that as the technique of mid-wifery has improved and sepsis grown less frequent, the acute mental disturbances have also grown less frequent, these are facts that point their own moral.

Few physicians recognize the fact that pernicious anaemia may be characterized or indeed ushered in by a mental upset. In one year four such cases have come to our notice and not all of them had the spinal chord signs that we are accustomed to think of as the contribution of the nervous system to the symtomatology of the disease. Delusions of persecution and ideas of influence and reference are the outstanding mental features of such cases, and they apparently rise and fall with the well known remissions of the disease.

Epidemic Encephalitis has contributed a very fair number of cases, some of them decidedly atypical, the true nature of the condition only becoming apparent after careful investigation or prolonged observation.

There seems just now to be danger of the endocrine glands being considered guilty too often, but I am convinced that we regularly miss the significance of disorders of these organs in many obscure mental conditions. During the past year I published in the Journal the report of a case of Myxodema that for a time "got away" with the diagnosis of Dementia Praecox. A more recent case showed with her psychosis evidence of pituitary and thyroid disorder. All symptoms disappeared under appropriate treatment, only to recur when through carelessness the treatment was neglected. The symptoms again disappeared with

the recommencement of treatment. We know enough of the functions of the Endocrine Glands to be assured of the fact that they work together rather than separately and that they are closely connected with our emotional lives. In fact, one feels at times that they take part in vicious circles, pernicious activity being engendered by abnormal emotional demands and this same dysfunction acting toward keeping up or aggravating these same genetic conditions. Future investigation in this field holds much promise.

A few moments ago I spoke of the patient's personality as something to be seriously considered. Will you bear with me for a moment while I remind you that the physician's own personality is also an important factor. Scholastic attainment and technical proficiency do not make a complete physician. We too often see the dismal failure that comes when these are felt to be the only requisite for practice. The truly great physician is, as I think Dr. Rudolph has said, "he who, consciously or unconsciously, holds within himself and utilizes that "Gift of healing, the mystic personality that inspires faith in a sick man, who as he lies a crumpled wreck, maybe longs for the kindling spark of happiness, a ray of hope to light his darkness." "A cheerful heart doeth good like medicine," applies to doctor as well as patient.

"As servants and medical advisors of the public, it seems then our duty to study carefully all the facts of both individual and disease, and to base our opinion on these facts unbiased by the habit training of a specialty or the conservatism of tradition." Not only must every physician be a real physician, but in very truth, he who would be a physician must be something of a psychiatrist. We may indeed believe that the towers of Eldorado, though distant, gleam brightly for those who with inexhaustible hope and inflexible resolution, base their faith on the Art as well as the Science of Medicine.

And when we say Art, we remember that "all Art (including that of Medicine) is long and life is short and ultimate complete Success seems very far off. And thus, doubtful of our strength to travel so far, we talk a little about the Aim of All Art, which like life itself is inspiring, difficult and often obscured by mists. It is not in the clear logic of a triumphant conclusion, it is not alone in the unveiling of one of those heartless secrets which are called the Laws of Nature. It is not less great—but only more difficult."

THE GIFTED CHILD

BY WILLIAM D. TAIT, PH.D.

Department of Psychology, McGill University

Hygiene may be defined as the art of promoting health whether it be bodily or mental, whether it be individual or community health. This art is dependent for the formulation of its rules upon the discoveries of science. Mental hygiene is the art of promoting mental health and is therefore dependent upon the science of the mind,—psychology, or, as some would define it, the science of human behaviour, for we can only judge as to the state of the mind by the manifestations of mind. It cannot be emphasized too strongly that when we speak of mental hygiene we mean all aspects of mind—the normal as well as the abnormal. All manifestations of mind are subject to the same laws and there is no more chance in the mental world than there is in the physical. The diseased mind must be restored to health and the normal and super-normal mind must be maintained in a state of health by obedience to mental laws. In the proper sense, therefore, mental hygiene is not limited to the consideration of the subnormal. This false impression which has been going abroad is due to several causes. First, the medical profession and Social Workers have directed their efforts mainly towards the attempted reclamation of the subnormal. There are good reasons for so doing but such activities are merely protective, in fact, it is not protection that is required but elimination, not in the Spartan sense but by some equally efficient method. There has been a too literal interpretation of the brother's keeper idea. Society must protect itself rather than protect these people, and it must do this by elimination, not by futile half-way measures. In the second place, the medical man receives his training in mental diseases by a study of the caricatures of mental life and he is therefore inclined to consider only the subnormal. The physician should approach the study of the abnormal mind by its relation to the normal, that is, through psychology. The present training gives a false emphasis and an inverted perspective. Only by such a procedure will our medical men, and through them the general public, realize that the proper care and education of the supernormal is of infinitely more benefit to society than the segregation and elimination of the unfit. The former is constructive the latter merely protective.

The whole matter of mental hygiene is further evidence of what science is doing to raise the standard of living by creating and establishing ideals. Medical science, if such a term is admissible, is nothing more

or less than the application of the discoveries of the various sciences towards the healing of the human organism and prevention of disease. It is applied science, and one sometimes fears that some of our medical brethren are occasionally inclined to ignore the debt. If there had been no modern science, there would have been no modern medicine. The barber and the curé would still be plying their trade.

All of our social problems are ultimately and fundamentally child problems. The solution of them lies with education in the wide sense of the term. Now it is a matter of common sense verified by science that all children and adults can be placed in two classes—Normal and Abnormal. The Abnormal can be further subdivided into two classes—the subnormal and the supernormal. From such a classification it is easy to see that abnormal does not mean, as many seem to think, below par. It literally means away from the normal or general rule—either *above* or *below*.

It is important that we have some notion as to what we mean by normal, subnormal and supernormal because of the prevailing misconceptions. What constitutes a normal individual is difficult to define in so many words. We acknowledge that there are certain mental qualities which are somehow or other deemed essential to a well balanced person. If these qualities are carefully analysed it will be found that they are of such a character as enables the individual to meet his environment in a capable and satisfactory manner. Normality, then, is indicative of a certain amount of adjustment. This is somewhat relative, for a child or adult may pass for normal in the quiet of country life while under the more complex conditions which hold for the city he would be classed as subnormal. Human environment is becoming more and more intricate, for inventions and discoveries instead of making life simpler are really making it more involved and thus raising the standard. This is the evolution of the human mind and it is brought about by the efforts of the supernormal individual, the one who makes the real additions to the store of human knowledge and who should, therefore, be the object of more educational effort.

From the above definition it can be inferred that normality is not a question of the majority but the ability or fitness to meet the conditions of life and cope with them successfully. Supposing that the majority of persons were afflicted with some disease, we should not regard them as the standard but rather the minority who were healthy. Further, some are of the opinion that the mental processes in the abnormal individual differ in kind from those in the normal person. This is not so, for the mental life of the insane is made up of the same elements as are present in the mind of the sane. The insane have perceptions, memories, ideas, emotions, states of attention, etc. The difference, then, cannot be one

of constitution of elements but one of proportion or balance among the various constituents. In the normal, the various aspects of mental life are balanced, whereas a lack of the proper proportion spells inability to meet environment.

Recognizing that the school is a vital factor in social progress and improvement and that the salvation of the race depends upon the salvation of the gifted child and the elimination of the defective, let us consider the matter from the point of view of mental hygiene. Briefly, our schools should recognize three grades of children—Subnormal, Normal, Supernormal.

The Subnormal children may be divided into two main groups:

A. Retarded Children
   1. Weak Body.
   2. Normal Body

B. Defective Children
   1. Borderline.
   2. Morons.
   3. Imbeciles.
   4. Idiots.

In class "A (1)" the retardation is consequent upon a weak body, including the central nervous system. This is due to such causes as poor food, slum conditions, defective vision or hearing, diseased tonsils, adenoids, bad teeth, insufficient clothing, unsanitary home or school conditions. These can be remedied and when done a decided improvement is often noticed in the majority of cases.

In class "A (2)" the body is apparently healthy and the mental condition may be attributed to improper functioning of the neural processes which correspond to the mental processes. Some of this kind of retardation is due to emotional disturbances of childhood or perhaps to the prenatal period. The children in these two classes are not mentally defective and their condition in many instances can be improved by attendance at special classes after the physical defects have been remedied.

The children in class "B," however, are regarded as defective and are represented in the tables in a descending order of intelligence. Sometimes the whole group is called feebleminded.

"In regard to the subnormal child a fair amount of excellent investigation has been done in a few years, but little has been accomplished in the way of understanding the supernormal child. Most educators think that it is unnecessary, as the clever one will take care of himself no matter what are the conditions in which he is placed. On account of a lack of material our discussion of him will be rather superficial, for in

this, as in all other cases, we must wait for the facts as revealed by experiment, and not allow ourselves to be led away by philosophical theories prior to investigation.

At present psychologists divide the supernormal into two classes—a more or less common-sense division: 1. Those specifically endowed; 2. Those universally endowed. In the first class some one mental characteristic is specially developed, while the other aspects of mental life may be no more than normal. This gives the individual so equipped a special talent or aptitude in some one direction. To this class belong the musical, mathematical, or other prodigy. In all these instances we find an overdevelopment in some one direction and a normal development in other functions.

In the second class are included all those who show an over-development in all mental functions, so that they are capable of doing exceptional work in many different occupations. The one-sided genius often becomes ill-balanced on account of loose educative methods. It is most important that they receive proper consideration. It is to this class that the great intellects of the world belong—those who are great in many realms of knowledge, not by mere knowledge, however, but great by way of actual contribution."*

A warning must be issued with regard to the use of intelligence tests. Some medical men are inclined to use them in routine manner. All results of the age-level tests must be viewed with due consideration to the social perspective, education, environment, temperament and family history. All of these play a part in the child's responses and must be considered in making any diagnosis. To-day, these tests are being applied by persons, some of them doctors, who do not understand even the rudiments of the psychological foundations of the tests. This can only spell failure.

There is no absolute or complete correlation between intelligence and morality. No doubt a large proportion of the actions usually designated as immoral or criminal are attributable to a lack of general intelligence, but not much over 50% on the average, and so far science has found no infallible rule for detecting immorality in the remaining 50%. Some of the actions called anti-social often presuppose a relatively high degree of intelligence and the faddists who claim that all crime and immorality can be removed by eliminating the feebleminded are wrong. It would indeed be a great benefit if all incipient profiteers, grafters and boodlers could be caught young but at present that is asking too much. It is only in the lower or simpler forms of crime that the lack of intelligence comes into evidence.

* The Exceptional Child, Journal of Public Health, 1913.

It is unnecessary in this article to discuss the ways and means of dealing with the mental defective. That on account of the crime, prostitution, the waste of the time and energy on these unfortunates something should be done is evident. But after all the eliminating and segregation of this class is merely negative. This negative side is the dark side and if it were the only one the prospect would be dark indeed. "There is a bright side, but the actuality of it depends on the manner in which we educate the supernormal child. The segregation of the subnormal is merely protective and negative, while the selection of the supernormal is constructive and positive. In order that the world may profit to the fullest extent by their work, the individuals of this class must be nurtured and disciplined. If this is not done, then society and civilization are the losers, because of a false conception of human freedom. Under the present system of instruction, both in school and college, the supernormal individual is handicapped and prevented from finding his full strength by the presence in the same class of those who are beneath him in mentality. He finds the work absurdly easy and merely entertaining—sometimes not even that. The result is that there is no call for any effort or exertion on his part, hence he receives no discipline and forms bad habits of attention and inhibition from which in after life he cannot recover. This lack of care is specially destructive to the one-sided genius. There is no doubt but that the failure of those who promised much, judged by the little they did, could have been prevented by proper education. A few individuals survive this treatment at the hands of society, but it is to be feared that we have lost many of what otherwise might have been great men, because the positive habits of effort and inhibition were not brought into activity during youth.

The statement that conspicuous talent will succeed is not true of all environment. We know only of the great who have become great because of chance favourable environment. If we control the environment in education it does not follow that the result will be a hot-house plant. It does not mean that the product will be a weak and sickly individual, or that he will be pampered and life made a path of velvet for him. It does mean that he will be disciplined and developed in such a way that he will become a worthy product of conscious selection. It is the lack of the proper attention that produces the weak individual. The consequence is that we lose much of the best talent potentially given to us. Some of us have the courage to believe that the world can make use of a few more giant intellects than those given to us by mere chance.

If our schools and colleges are to be effective in promoting the good of the world and in producing a constructive culture and civilization, then all institutions of learning should take full cognizance of at least

three grades of intelligence. The bright children and mature student should not be held back by those below them—the normal—and the normal should not be retarded by those below them—the subnormal. For the same reason the standard of university entrance should not be made so low or of such a character as to admit those who cannot but fail to profit by college instruction. Very few, if any universities, make any test of intelligence. The usual entrance examinations are merely tests of what information the candidate possesses, and therefore no real criteria as to his intellectual ability.

Such a psychological division will aid us in solving another problem. It is always a question how far our ordinary schools should train for the business and trades of everyday life. So far we have not reached any satisfactory answer, and, as a consequence, our schools are a hybrid between vocational training and higher education leading to constructive study. The older countries solve this difficulty in two ways—by the caste system and by the examination system. Both are to be condemned for very evident reasons. It is very probable that if the supernormal were selected by mental tests, and the normal and border-line cases likewise, that we could bring about a more satisfactory condition than at present. It would then come about that those who are mentally qualified to enter into the life of scholarship and research—including the higher business activities—would be selected and given special training in order to fit them more efficiently for their work. It would mean, too, that much of the effort wasted in attempting to make scholars and geniuses out of ordinary clay would be saved, and the same energy directed towards making the ordinary mortal more fit for ordinary work. It would mean that our colleges and graduate schools would have a smaller enrollment, but they would give greater results at a much less expense.

Such a division of our schools would place each child in the kind of school and class for which he would be best fitted, and he would thus be able to do all that his endowments provided for."*

Educational environment should be of such a nature as to give each child the opportunity to develop his full capacity for the benefit of the race. It is the duty of the race and in particular the duty of each community to see to it that the opportunity is not only presented but that such a child makes use of the opportunity.

The supernormal or gifted child is not receiving his just recognition in our school systems, partly because of the efforts on behalf of the defective child. On the basis of reliable tests there are nearly as many children above the average as at the average, that is, there are three

* The Exceptional Child, Journal of Public Health, 1913.

well marked groups in our schools, yet the instruction is set for the average. If it is necessary to have special classes for defectives (and this is now admitted) in view of the above facts, it is not only necessary but vital and urgent that the gifted children should receive the best which educational experience can offer them. Society will be repaid a thousandfold. Some recent investigations concerning the gifted child have brought out some interesting facts: (1) They are generally underestimated by teachers. (2) They are, on the whole, morally superior. (3) They give very little evidence of pathological symptoms so often associated with superior children by the public. (4) They are usually the children of superior parents. By giving greater attention to the unfit and allowing them to propagate we augment the tendency to submerge and to hinder the development of society by the efforts of the more gifted. Greece fell from her high pedestal of art, literature and philosophy because the superior type was gradually replaced by the inferior. That came about notwithstanding their lack of child welfare and their primitive hygiene. Losses by war among the better class and exodus were not counterbalanced and the Greece of fame disappeared. The lesson is this, that if our social workers and thinkers on social problems are not historical and scientific in their attitude and method, then we will follow the same course as Greece. We must not think of the social problems of to-day as absolutely new, but as rather the same old problems in a new setting. The problems are old because the human mind is the same old mind, but finding expression in other ways. We should have perspective in dealing with these problems set by the nature of our mind, and the only perspective is racial and historical. Our brother is often best looked after by preventing the necessity of calling him a brother.

Consider the manner in which we carried on the war as an example of how little is realized concerning the importance of building up a high grade racial stock. The method was most detrimental to our race and to those ideals for which we were supposed to fight. We permitted, nay encouraged, voluntary enlistment for a long time which simply meant that the higher type consented to have themselves killed. Higher type produces higher type, and therefore by reducing the number of such we increase automatically the proportion of the less desirable, thus we were voluntarily committing race suicide in the real sense of the word. This combined with the efforts of social workers to save the unfit cannot but lead to an effete civilization. If we frustrate the law of natural selection and substitute nothing in its place we must pay the penalty of extinction.

To keep up the tone of our race it is not only right and just and holy to save, educate and train the gifted child, but it is necessary to

our existence. The welfare of the world depends upon a hardy education of the supernormal. The superior child should not be rushed through his grades but given more difficult work, finishing about the same time as the normal individual but having completed a more complicated course of study rather than merely more study.

It is said that mental defect is increasing. That may well be and the reasons are not far to seek. (1) Greater care of infants by the establishment of homes and the non-recognition of mental defect by social workers, educators and medical men. (2) Protection against some of the means of elimination such as alcohol, which has a decided tendency to put away those unable to control its use, that is, those lacking in will power. (3) Greater educational efforts on behalf of defectives as compared with the supernormals. (4) A sort of patch work kind of social philosophy which deals with symptoms rather than causes. (5) The importance of the group as compared with the individual, by reason of which the weakling is further nourished.

Barring exceptional conditions such as epidemics, there is always a low mortality rate amongst the intelligent portion of the population and a high death rate among the less intelligent. A lowering of the infant mortality rate means a saving of the less intelligent who multiply more rapidly than their more brainy brothers. We are striving after quantity and getting it in other ways besides immigration, but neglecting quality which is far more important.

Let it be repeated then. Save, educate, train and discipline the gifted child for only by such a policy will we obtain racial stability, sanity, social hygiene, culture and high survival value and the worth while things of life. The solution of social problems is a solution of child problems, but the end is not attained by attempting to bring all to one level. Too much of our efforts are being directed towards an attempt to raise everyone up to the same status, not realizing that when they are temporarily there they are unfitted for that stage of life and, after the supporting hand is withdrawn, fall back into a worse condition than they were before, for now they are dissatisfied. Instead of reaching forward for a best civilization we seem to be reaching forward to an average type. We should aim at the best, not at the average, for even then we shall fall short of what is really the best. An average implies two processes. The worst gets the benefit of the best and the best is brought down to meet the worst.

To Canada the lesson is worth while. We cannot allow our brains to be exported to other countries and then hope to make up the deficiency by importation. If it is necessary to protect our natural industries then it is a thousandfold more necessary to protect in the sense of cultivation our native born brains with which to develop those industries. A nation

must produce its own leaders from the soil. They are never too numerous, for great men have always been scarce. We lack them in Canada, and we lack them because Canadians have been allowed to go abroad (not always from choice) and then the attempt has been made to make up by importation. The exchange has not infrequently been against us. It is a hurtful trade policy to have imports exceed exports. It is suicidal from the educational, racial and cultural viewpoint. In this regard it is well for Canadians to ponder over the following facts:

Population of Canada in 1901	5,200,000
20% natural increase in ten years—1901 to 1911	1,100,000
Immigration, 1901–1911	2,000,000
Population in 1911 should have been	8,300,000
Actual population in 1911	7,100,000
Difference	1,200,000

The question arises what happened to the 1,200,000, for the immigration alone more than accounts for the increase. There is one answer and that is that we are losing a considerable amount of our native born people (the better type on the whole) and filling the country with inferior types and then expect to have a great country. It cannot be done for even many of the English speaking immigrants are far from desirable as the statistics of deportation will prove. Greatness, intellect, leadership, art and culture must be bred in the country. Such qualities cannot be bought and they cannot be imported. Love of our native land, loyalty to our institutions, national morale, is not to be expected from those who have no stake in the country, and whose sole purpose in coming here is to make a living, who contribute as little as possible and who never regard Canada as their home.

In a word, national existence, the building up of a distinctive Canadian character, the moulding of our citizenship, is mainly a matter of mental hygiene—the recognition of the gifted child and the retaining that child in Canada to beget his kind. A country is great not because of national resources or opportunities, but because of the kind of men who inhabit it and who make proper use of those resources and opportunities.

JUVENILE COURTS IN CANADA

BY GORDON S. MUNDIE, B.A., M.D.

Montreal

Juvenile Courts have been established in a number of cities for sufficient length of time to warrant a review of their methods and progress in the handling of juvenile delinquents.

The Juvenile Court of Montreal according to law has two standing committees to assist the Judge in the disposition of all cases brought before the Court. During the last year the Non-Catholic Juvenile Court Committee, which is composed of prominent citizens interested in the problems of juvenile delinquency, has been making a special study of the best methods to handle the juvenile delinquent. In order to find out exactly the position of the Juvenile Courts in Canada, a questionnaire was sent to the Courts in the following cities: Toronto, Ottawa, Winnipeg, Edmonton and Vancouver.

The purpose of this questionnaire was to gather facts of the Juvenile Courts in the leading cities of Canada, so that the Non-Catholic Committee of the Montreal Juvenile Court might effect improvements in their Court.

The questionnaire, with a summary of the answers received will be found on the following pages.

A general survey of the answers to this questionnaire reveals the fact that generally speaking the importance of the Juvenile Court to the community is not recognized by the Provincial legislatures or city councils. In the cities of Ottawa and Edmonton no direct appropriation is made for the Juvenile Court; in Ottawa the Court is not recognized as a separate institution, apart from the Children's Aid Society and its work. In Vancouver, Winnipeg and Toronto, the appropriation is considerable, but not adequate for the amount of work involved. In Montreal the amount appropriated is totally inadequate.

3. *Have you a special Juvenile Court Judge?* All the cities written to said they had a special Juvenile Court Judge, but when this question is combined with the one as to whether the Judge presides only over the Juvenile Court, we find that Toronto is really the only city which has a special Judge for this Court. It is recognized that the duties of the Juvenile Court can fully occupy the time of one Judge, but only Toronto fulfills this condition.

5. *Salary of Judge?* Here again we see the tendency to make the Juvenile Court simply a side issue. In three cities the Judge of the

	MONTREAL	TORONTO
1—Population of city?	700,000	500,000
2—Appropriation made for the Juvenile Court by the city, Provincial Government, or both?	$6,000 by city, balance by Provincial Government	$26,500
3—Have you a special Juvenile Court Judge?	Yes	Yes
4—Does the Judge preside only over the Juvenile Court?	No	Yes
5—Salary of Judge?	Nothing	$4,000
6—Number of Probation Officers?	Four	Five
7—Salaries of Probation Officers?	$600 to $800	$2,500, $1,500 to $1,800
8—Number of cases handled last year?	1692	2206
9—Amount of follow-up work done?	Very little	A great deal
10—Provision made for Detention Home?	Fair one—for boys only	Yes—poor
11—Percentage of cases sent to institutions?	4.6%	1.81%
12—Percentage on probation?	75%	32.71%
13—Extent to which other Social Agencies assist in Juvenile Court work?	A great deal	A great deal
14—Is physical and mental examination made of each case?	Only Non-Catholic cases.	Yes, when necessary.
15—Psychiatrist attached to the Juvenile Court?	No	Yes
16—Attitude of community towards the Juvenile Court?	Fair	

VANCOUVER	OTTAWA	WINNIPEG	EDMONTON
125,000	110,000	282,818	65,000
$20,000	None	Provincial Government—$35,150	None
Two—one for girls, one for boys	Yes	Yes	Yes
No	No	No	No
$1,200	Nothing	$1,500	Nothing
Three full time—one part time	Three	Three and school attendance officers	Four
$1,740	Chief P.O. nothing—$900	$1,800 and $1,500	
295	201	1289	
A great deal	Considerable	A great deal	
Separate Detention Home	Splendid one	Yes	No
8.8%	4½%	2.6%	
	50%	28%	
Not a great deal	Very fully	Fully	Children's Aid Society
Large percentage	No	Repeaters only	No
No	No	Yes	No
First class	Favourable	Good	Appreciative

Juvenile Court receives no salary as such, and in the other three cities only in Toronto does he receive an adequate remuneration.

6 and 7. *No. of and Salaries of Probation Officers?* The modern treatment of juvenile delinquency consists in a careful investigation of the child's personal and family history and of his environment, and then attempting to adjust the child's physical and mental make-up to his environment. In order to do this properly, trained probation officers are essential but in every city to whom the questionnaire was sent the replies indicate that this condition has not been fulfilled. In every city, when we consider the number of cases handled, there are few probation officers and in some cities the probation officers employed have not been sufficiently trained. When we are told that these officers only receive from $600 to $800 a year in Montreal, we realize that the Government in the Province of Quebec does not realize the importance of the work accomplished by the Juvenile Court.

9. *Amount of follow-up work done?* All the answers to this question were more or less vague and Edmonton did not attempt to answer it. It seems probable that this question is more or less linked with the number of probation officers—When there are insufficient of these officers the follow-up work is neglected, and of necessity left to outside agencies. Therefore, it is difficult to estimate how much follow-up work is really being done, and until the number of probation officers is increased, the follow-up work will naturally suffer.

10. *Provision made for Detention Home?* The question as to whether a detention home attached to the Juvenile Court is necessary or not is a debatable one. Dr. Healy, of Boston, considers that their method of placing the children in homes is the better one. The majority of Juvenile Courts do have detention homes, however. In Canada, the detention homes in Vancouver, Ottawa and Winnipeg seem satisfactory; in Edmonton there is none, while in Toronto and Montreal the homes are absolutely inadequate.

11 and 12. *Percentage of cases sent to institutions on probation?* The number of children sent to institutions and the number put on probation correspond very closely in every Court, and also to figures submitted by Courts in the United States. It is easily seen that each Court is striving to readjust the child without sending him or her to an institution.

13. *Extent to which other Social Agencies assist in Juvenile Court work?* In every city except Vancouver other social agencies seem to actively co-operate with the Juvenile Court. In Vancouver they prefer to handle all the cases themselves without assistance.

14. *Physical and mental examination made of each case?* Two of the six Courts answer that there is no physical or mental examination

made of the children. In Montreal, with great difficulty, the Non-Catholic children are examined at the Psychiatric Clinic, Royal Victoria Hospital, but without legal permission. In Winnipeg, Vancouver and Toronto this part of the Court's work seems to be fairly well carried out.

15. *Psychiatrist attached to the Juvenile Court?* To-day the mental condition of juvenile delinquents is considered very important. When we know that from twenty to forty per cent. of juvenile delinquents are mentally deficient, it shows the importance of a psychiatric examination.

Apart from mental deficiency and definite psychoses, it has been shown by Dr. Healy and others that the study of the child's mental make-up is most important in adjusting him to present social conditions. In Canada this fact has not been recognized. Only Toronto and Winnipeg report that a Psychiatrist is attached to the Juvenile Court.

16. *Attitude of community towards the Juvenile Court?* It appears that in all cities questioned, the general community has not yet awakened to the importance of the work done by the Juvenile Court.

MANITOBA'S PROGRESS IN MENTAL HYGIENE

The Canadian National Committee made a mental hygiene survey of Manitoba in the autumn of 1918, and presented a report to the Public Welfare Commission of the Province. Many recommendations were given, and now that three years have elapsed it is interesting to note the developments that have taken place.

Although Manitoba has been hard-pressed financially during the last few years—as indeed have other provinces of the Dominion—nevertheless, more than $2,300,000 has been spent since 1918 on capital account for the insane and feebleminded. When it is remembered that Manitoba has a population of only half a million, and that prior to 1918 she possessed two mental hospitals; accommodating 1200 patients, this added expenditure takes on a greater significance. Before detailing the way in which money has been expended, reference should be made to the fact that great progress has been made in enlarging hospital staffs and in securing individuals of the highest type and training. In 1918 two full-time physicians were in charge of 1200 insane patients at Brandon and Selkirk. Arrangements were made for the part time assistance of two other men. What is the situation to-day? There are no less than ten fully qualified whole-time mental specialists on active duty. Indeed, during the summer months, the number was augmented to twelve. Two social workers are employed for mental hygiene duties in Winnipeg, and in connection with paroled patients from Selkirk. Five trained Occupational Workers serve the Psychopathic Hospital and the Provincial Hospitals at Brandon and Selkirk. A technician is employed at Brandon for laboratory duties—a trained nurse who received instruction in the laboratories of the Psychopathic Hospital at Ann Arbor, Michigan. The latter individual is competent to perform post mortems and to make such delicate tests as the Wasserman, etc. In due course a fully qualified medical pathologist will be added to the staff.

Expenditure of $2,300,000 in three years.

It is of great interest to note the way in which the Government of Manitoba has expended monies on capital account for the insane and feebleminded. One million, four hundred thousand dollars was apportioned to the Brandon Hospital. Of this amount $750,000 was set aside for a fully equipped building for acute cases of mental disease. This modern Psychopathic Hospital will be occupied next year, and promises to be the last word in construction and equipment. In addition to accommodation for one hundred patients, there are ample quarters

for laboratories, occupation rooms, library, staff quarters, etc. A mile from the main building, 20 acres were set aside for a colony for chronic dements. This was done in accordance with a definite recommendation made by the National Committee. One unit, with accommodation for 80 males has been built at a cost of $150,000. The complete plan for the colony calls for four units with accommodation for 250 patients. A nurses' home has been built at a cost of $500,000. This latter hospital unit is believed to be the finest home for nurses in connection with any mental hospital on the continent.

At the Provincial Hospital, Selkirk, a new building for acute cases will be occupied by December next. It has accommodation for 65 patients, and contains occupational quarters for the whole institution. In addition, there are laboratories and living quarters for certain members of the staff. This hospital unit has cost $750,000. Plans are under way for the building of a residence for the Superintendent and a home for nurses.

The report of the National Committee emphasized the need of a training school on the farm colony plan, for feebleminded individuals. The first unit of such an institution has been built at Portage la Prairie at a cost of $150,000. There is accommodation for 50 inmates and attention will be given primarily to low grade defectives, although there will be separate quarters for a limited number of girls of a higher intellectual type, but who have demonstrated marked immoral tendencies. It is planned to build eventually 15 buildings, and units will be added when they can be financed.

In the above statement information has been given concerning the expenditure of $2,300,000 during the last three years for mental hygiene activities. Other enterprises have been undertaken that would run the amount up to a considerably higher figure. In 1918, for example, construction work was commenced on a small Psychopathic Hospital in Winnipeg. This institution cost approximately $75,000 and cares for a changing population of 40 patients. A further expenditure might be noted in connection with the establishment of a Prison Farm. The National Committee recommended the development of such an enterprise. It is now in actual operation and has proven to be successful. There is accommodation for over 30 prisoners in a district where land is being cleared for agricultural purposes. The prisoners themselves are erecting the necessary buildings.

SUMMARY STATEMENT OF MENTAL HYGIENE PROGRESS IN MANITOBA DURING LAST THREE YEARS

1. *Organization of Psychopathic Hospital at Winnipeg*

Cost: $75,000. Accommodation: 40 patients. During the first year there were 400 admissions, with an average length of hospital residence of 31 days. Less than 10% of the cases were committed. Over 90% came voluntarily. During the first year 62% of all admissions were returned to the general community, although for the most part patients had suffered from the more severe forms of mental disease. The cost per diem per patient was $4.70.

The Psychopathic Hospital has proven a great boon to Manitoba. There is little reticence on the part of relatives and friends to send patients for treatment, and the institution virtually acts as a clearing house for all mental cases of the Province. It is utilized as an instruction centre for medical students attending the University of Manitoba. Students have clinics twice a week.

It is interesting to note that pupil nurses from the General Hospital secure two months training tn the psychopathic division. This is a point of great importance because we have in operation in Winnipeg a system that has been advocated for many years in Canada, but never previously put into practice. A nurse's training in a General Hospital does not fit her for the nursing of mental patients, and therefore the value of the Winnipeg plan.

Attached to the Psychopathic Hospital are two social workers. They have proven themselves invaluable in securing definite information concerning the previous history of each case admitted, and providing follow-up supervision to those who are returned to the community. There is an occupational officer who has done such splendid work that she will be elevated to the position of Supervisor of Occupational Therapy for the Province.

2. *Co-operation with Courts, Schools, etc.*

Dr. A. T. Mathers, Director of the Psychopathic Hospital, places his services at the disposal of courts, schools and social agencies. Numerous cases are referred from the juvenile and adult courts. In other provinces, juvenile court cases are seen by psychiatrists, but Manitoba seems to be leading the way in connection with adult court cases. An arrangement is now being made for the organization of an itinerant mental clinic to visit the fifteen school inspectoral divisions twice a year. The clinic staff will include a physician, social worker, and clerk. Again Manitoba is demonstrating leadership because it is the first province to have a travelling mental clinic performing school work—a clinic sustained by the Government.

3. *Training School Provision for the Feeble-minded*

As previously stated, the first unit of a fifteen building organization has been constructed at Portage la Prairie at a cost of $150,000, with accommodation for 50 inmates.

4. *Improvements at the Provincial Hospital, Brandon*

(a) Appointment of a well-trained alert Superintendent in the person of Dr. Baragar.

(b) Appointment of three Assistant Physicians. (Five full time men during the summer months.)

(c) Appointment of two occupational workers (formerly S.C.R. Aides).

(d) Appointment of Laboratory Specialist.

(e) Construction of building for acute cases, costing $750,000.

(f) Organization of one unit of a colony for chronic dements at the cost of $150,000 with plans for three more units.

(g) Building of Nurses' Home at a cost of $500,000.

(h) Regular staff meetings in connection with all new cases.

5. *Improvements at the Provincial Hospital, Selkirk.*

(a) Appointment of a capable superintendent—Dr. Barnes, formerly of Homewood Sanitarium, Guelph, Ontario.

(b) Appointment of three full time Medical Assistants. It is interesting to note that Selkirk is served with four full time physicians, although the patient population numbers 400.

(c) Appointment of two Occupational Workers. The products of the occupational shops are bought by the T. Eaton Company, Winnipeg.

(d) Organization of building for acute cases at cost of $750,000, with quarters for occupational therapy, laboratories, etc.

(e) Arrangements for the erection of a Nurses' Home and a residence for the Superintendent.

(f) Regular staff meetings in connection with all new cases.

6. *Appointment of Medical Director of the Mental Hospitals of Manitoba*

Dr. A. T. Mathers, after a training in Psychiatry received in various medical centres of the continent, was given the post of Medical Director of Mental Hospitals. No doubt much of the progress that has been made has been due to his conception of the needs of Manitoba and to his vigorous and convincing personality in his dealings with the Government. There is no question that a man of mediocre ability in the position which Dr. Mathers occupies would have failed to foster the progress that has been accomplished.

Conclusion

Developments that have been related above with regard to mental hygiene activities in Manitoba should be of profound interest to the members and supporters of the Canadian National Committee for Mental Hygiene. When the latter society undertook a survey of Manitoba, conditions were depressing. The making of the survey, however, proved to be the turning point in this western province, and we now have the spectacle of what might be described as unprecedented progress. Manitoba has resolutely decided to deal with the mentally handicapped along the most approved lines, and in a short space of time has spent approximately two and a half million dollars on capital account. It is the opinion of the Executive Officers of the National Committee that future history will reveal the wisdom of the steps that have been taken, and that it will be demonstrated as time goes on that the present expenditures were justified. At any rate, Manitoba is conducting a great humanitarian and health experiment, and results will be watched with the keenest interest.

BOOK REVIEWS

THE MORPHOLOGICAL ASPECT OF INTELLIGENCE. By Sante Naccarati, M.D., D.Sc., Ph.D., New York, Columbia University. Contributions to Philosophy and Psychology, 1921.

This little book of less than fifty pages devotes itself very seriously to the question as to whether there is a definite correlation between bodily and mental traits.

In the opening chapter the author points out very clearly the absurdity of the manner in which some investigators have endeavored to correlate height and intelligence. He shows plainly that intellectual traits vary in much greater proportions than do those of a bodily nature. Further, he demonstrates that such correlations cannot be formed with one physical property only, such as height, weight or cephalic index. The correlative must be complex because intelligence itself is complex.

Chapter two contains a brief but very enlightening description of the method employed by Viola in formulating his "law of deformation of the ethnic type," and the measurements which he used in determining the proportional value of the limbs and the trunk.

The author then explains his "morphological index" as being the ratio of length of the limbs to the value of the trunk. By this means he can include Viola's microsplanchics and macrosplanchics under both tall and short subjects.

He next indicates that intelligent subjects are more likely to be found amongst microsplanchics, basing his decision on these three physiological facts:—

1. The relative independence existing in the growth of the two great systems, differentiated by Bichat, namely the nutritional or vegetative system, in which energy is stored up, and the animal system (mainly organs of locomotion) by which energy is transformed and utilized or wasted.

2. The physical hyperevolution of the microsplanchic type.

3. The correspondence of microsplanchics to the hyperthyroid types, assisting therefore in quicker solutions of problems, as being less fitted for sustained mechanical labour.

These facts he supports with very conclusive arguments, especially by showing that the morphologic type is the outcome of heredity and environment. By his method also the error due to bone and muscle influence is eliminated.

Naccarati does not insist that this morphological index provides a definite standard of intelligence nor that extreme microsplanchic cases

must be the most intelligent. These may border on pathological conditions and such are not included in his calculations. He adds that the best age for the calculation of the morphological index is about twenty-five, because, at younger or older periods, accidents of life such as disease, diet, marriage, employment, etc., tend to produce unnatural conditions. Finally he adds a warning against grouping individuals of various races under the index.

The remainder of the book is devoted to a number of tables which show that a higher positive correlation "is found when, instead of the ratio of height to weight, the morphological index is taken as the expression of the type of intelligence."

R. LeM.

HARVEY HUMPHREY BAKER, UPBUILDER OF THE JUVENILE COURT, BOSTON. The Judge Baker Foundation, 1920. 133 pages.

This book will be of especial interest to all persons who are engaged in Juvenile Court Work. It gives in a clear and concise manner the aims, ideals and methods of Judge Baker in his dealings with the juvenile delinquent. An analysis of the statistics of the Court for the first five years of its existence is of great value. An account of the actual work of the Judge Baker Foundation, by Dr. Healy, will be read with great interest by everyone who has followed the history of Juvenile Courts since their inception.

FOUNDATIONS OF PSYCHIATRY. By William A. White, M.D. New York and Washington. Nervous and Mental Disease Publishing Company, 1921. 136 pages. Introduction by Stewart Paton, M.D.

The latest monograph by Dr. White deals with the following subjects: The Unity of the Organism: The Biological Point of View— Integration — Structuralization — Individuation — The Dynamics of the Organism: The Canon of Physiology (The Conflict) —Ambivalency; The Stratification of the Organism: The Physiological, the Psychological, and the Sociological Level; The Region of Psychopathology; The Nature of the Neuroses and the Psychoses; Therapeutics: Action — Objectification — Transference — Resymbolization; The Social Problem: Elevation — Rationalization — Sublimation — The Socialization of Strivings.

Dr. White's plan is to impress upon the medical and the lay reader the importance of the psycho-biologic view in order that the essential

foundations of psychiatry may be grasped. The ordinary medical student's knowledge of psychology makes him consider the mind as being composed of so many separate processes or faculties—will, memory, attention, etc. Dr. White attempts to correct and change this viewpoint. He wishes the reader to study the mind as a feeling, knowing organism. He points out that all the activities of the mind cannot be added up to gain a proper conception of the body as a whole because new and unpredictable functions come into being in the successive evolutional levels of development. His order of study would be first, the integrated, synthesized organism, and afterwards the analytical and component parts.

This monograph can be thoroughly recommended to all who feel that the old method of teaching psychiatry is not built on the right foundation.

GENERAL PATHOLOGY. By Horst Oertel. Cloth, $5.00. Pp. 357. New York: Paul B. Hoeber, 1921.

The author has had in mind three objects: to approach the subject in the light of modern biology and to treat pathological processes as expressions of physico-chemical laws, to relate facts and present-day conceptions in their historic setting, and to visualize pathological changes as far as that is possible. To this end particular stress has been placed on the anatomical, histological and chemical alterations of the cell as the unit of processes of disease.

The first part of the book treats of pathogenic micro-organisms, the diseases they cause and the principles of immunity. Physical and chemical agents producing disease are next taken up and there is a separate section on disposition and heredity in which these topics are fully discussed.

The second part of the book deals with pathologic changes. The individual cells show such changes as atrophy and regeneration. Changes in the local relations of cells cause inflammation and tumors, while changes in the wider inter-relations of cells are illustrated by such generalized phenomena as oedema, shock and fever. The section concludes with a description of the pathologic changes in general somatic death.

Principles have been emphasized throughout. The style is concise and clear and the work will be of value both to university students and practitioners.

AN OUTLINE OF ABNORMAL PSYCHIATRY. By James Winfred Bridges, Assistant Professor of Psychology, University of Toronto. 8vo. cloth. Pp. 226. R. G. Adams & Co., Columbus, Ohio, 1921. Second edition. Revised.

This little work is a distinct addition to psychiatric and psychological libraries, and will be of great practical value to the student who wishes to learn of the many theories held regarding the development of certain mental phenomena, and the facts regarding psychological manifestations in mental diseases.

Prof. Bridges has wisely abstained from comment on the various theories advanced by the different schools of thought and has not rushed in where angels fear to tread, thus proving that he is himself a psychologist of no mean order. In other words, the author has prepared a bibliography that should appeal to the rapidly increasing numbers of students in Medicine, Philosophy, and Psychology, and while it may be urged that some sections, such as those on Epilepsy and Neuroses in general are fragmentary, and by no means cover the whole ground, at the same time he was wise in leaving these boiling pots of controversy pretty well alone. Now that psychology has been willing to admit the place of psychiatry in the sun, and has emancipated itself from many of the swaddling cloths of philosophy, physics and speculation, the outlook is hopeful, as it is certain that the study of the abnormal will help enormously in the advancement of a true knowledge of mental manifestations. It is significant that modern medical courses in psychiatry give psychology an important place. To students in such courses the Outline of Abnormal Psychology will be of particular value.

C. K. C.

CURRENT BIBLIOGRAPHY

Abbot, E. S., M.D. Outline for a State Society of Mental Hygiene. *Ment. Hyg.* July, 1921.

Baragar, C. A., M.D. The Prevention of Mental Breakdown. *Can. J. Ment. Hyg.* July, 1921.

Barrett, A. M., M.D. The State Psychopathic Hospital. *Ment. Hyg.* July, 1921.

Burkhardt, Mary. Discipline and Class Management of a Class for Mentally Deficient Children. *Ungraded.* Feb., 1921.

Campbell, C. M., M.D. Mental Hygiene in Industry. *Ment. Hyg.* July, 1921.

Casamajor, Louis, M.D. The Social Development of Man and his Problems of Adjustment. *Neurolog. Bull.* April, 1921.

Cheney, C. O., M.D. The Significance of Spiritualism. *Ment. Hyg.* July, 1921.

Clark, W. W. Success Records of Prisoners and Delinquents. *Jour. of Delinquency.* July, 1921.

Clarke, C. K., M.D. A Study of 5,600 Cases Passing Through the Psychiatric Clinic at the Toronto General Hospital. Also a Study of 767 Cases of Illegitimacy. *Can. Jour. of Ment. Hyg.* July, 1921.

Cook, W. G. H., LL.D. English and Foreign Divorce Law in Relation to Mental Disorder. *Eug. Rev.* July, 1921.

Cornell, Wm. B., M.D. The Organization of State Institutions for Feebleminded in the United States. *Can. J. Ment. Hyg.* July, 1921.

Donaldson, Elsie. Syphilis as a Cause of Insanity. *U.S. Pub. Health Reports.* Jan. 21, 1921.

East, W. N., M.D. Need for the Early Diagnosis and Treatment of Potential Delinquency in Cases of Mental Disorder and Defect. *Stud. in Ment. Ineff.* April 15, 1921.

Fisher, Boyd. Has Mental Hygiene a Practical Use in Industry? *Ment. Hyg.* July, 1921.

Foster, E. K., and Burlingame, C. M. A Study of Children in Institutions in Los Angeles. *Jour. of Delinquency.* July, 1921.

Fuller, R. G. Child Labor and Mental Hygiene. *Survey.* March, 1921.

Furbush, E. M. Social Facts Relative to Patients with Mental Diseases. *Ment. Hyg.* July, 1921.

Grain, G. O., M.D. Our Attitude Towards the Mentally Diseased. *Can. Jour. Ment. Hyg.* July, 1921.

Jarrett, M. C. The Place of Psychiatric Social Work. *Hosp. Soc. Ser.* Aug., 1921.

Jarrett, M. C. The Educational Value of Psychiatric Social Work. *Ment. Hyg.* July, 1921.

Kelley, A. M., and Lidbetter, E. J. A Comparative Inquiry on the Heredity and Social Conditions among Certain Insane, Mentally Defective and Normal Persons. *Eug. Rev.* July, 1921.

Kenworthy, M. E., M.D. The Mental Hygiene Aspects of Illegitimacy. *Ment. Hyg.* July, 1921.

Lowrey, L. G., M.D. Notes on the Psychiatry of 1895 and 1915. *Jour. Nervous and Ment. Diseases.* Aug., 1921.

May, J. V., M.D. Laws Controlling Commitments to State Hospitals for Mental Diseases. *Ment. Hyg.* July, 1921.

Myers, G. E., M.D. Mental Health of Children. *Amer. Jour. Pub. Health.* Jan., 1921.

Oertel, Horst. Psychic Epedemics. *Can. Jour. Ment. Hyg.* July, 1921.

Payne, A. F. Vocational Education as a Preventive of Juvenile Delinquency. *School and Soc.* Nov., 1919.

Pollock, H. M. Records and Statistics in Occupational Therapy. *Ment. Hyg.* July, 1921.

Practical Problems of Mental Deficiency. *The Child.* May, 1921.

Reid, E. C., M.D. Relation of Psychiatry to Public Health. *Amer. Jour. Pub. Health.* May, 1921.

Richards, E. L., M.D. The Role of Situation in Psycho-Pathological Conditions. *Ment. Hyg.* July, 1921.

Ridgway, R. F. L., M.D. Recreation for Mental Cases. *Amer. Jour. Psychiatry.* July, 1921.

Rosanoff, A. J., M.D. What Can a State Hospital Do To Help in the Struggle Against Syphilis? *Can. Jour. Ment. Hyg.* July, 1921.

Sandiford, P., Ph.D. Critical Survey of Intelligence Testing. *Can. Jour. Ment. Hyg.* July, 1921.

Seeberg, Elizabeth. Need of a Psychopathic Hospital and Clinic from the Social Worker's Point of View. *Minn. Quarterly.* Feb., 1921.

Singer, H. D., M.D. Mental Health Clinics. *Ment. Hyg.* July, 1921.

Solomon, H. C., and Solomon, M. H. A Study of the Economic Status of Forty-one Paretic Patients and Their Families. *Ment. Hyg.* July, 1921.

Steeves, H. H., M.D. The Physician's Responsibility in Connection with the Insane. *Can. Jour. Ment. Hyg.* July, 1921.

Symposium on Mental Hygiene. *Amer. Jour. Pub. Health.* May, 1921.

Tait, W. D., Ph.D. Democracy and Mental Hygiene. *Can. Jour. Ment. Hyg.* July, 1921.

Wallin, J. E. W. Comparison of Three Methods for Making the Initial Selection of Presumptive Mental Defectives. *School and Soc.* Jan. 8, 1921.

Wisconsin Advisory Committee on Mental Hygiene. Report of the Wisconsin Mental Deficiency Survey, with Recommendations. *Mad.* 1921.

Wright, H. W., M.D. Social Aspect of Mental Defect. *Amer. Jour. Pub. Health.*

Wright, Wade. Industrial Hygiene. *Ment. Hyg.* July, 1921.

Members of The Canadian National Committee for Mental Hygiene

HON. GEORGE E. AMYOT, Quebec, P.Q.
DR. J. V. ANGLIN, St. John, N.B.
R. B. ANGUS, Montreal, P.Q.
DR. GEORGE ANDERSON, Toronto
HON. E. H. ARMSTRONG, Halifax, N.S.
ADJUTANT GENERAL ASHTON, Ottawa, Ont.
LORD ATHOLSTAN, Montreal, P.Q.
ADAM BALLANTYNE, Toronto, Ont.
J. N. BARSS, Shawbridge, P.Q.
CAPT. GORDON BATES, Toronto, Ont.
W. R. BAWLF, Winnipeg, Man.
E. W. BEATTY, Montreal, P.Q.
DR. GORDON BELL, Winnipeg, Man.
GENERAL H. S. BIRKETT, Montreal, P.Q.
W. M. BIRKS, Montreal, P.Q.
DR. A. D. BLACKADER, Montreal, P.Q.
HON. MR. JUSTICE P. E. BLONDIN, Ottawa, Ont.
DR. EDWARD A. BOTT, Toronto, Ont.
HIS HON. LIEUT. GOVERNOR BRETT, Edmonton, Alta.
DR. ELIZA BRISON, Halifax, N.S.
DR. HORACE L. BRITTAIN, Toronto, Ont.
DR. M. D. BROCHU, Quebec, P.Q.
DR. ALAN BROWN, Toronto, Ont.
DR. PETER H. BRYCE, Ottawa, Ont.
W. J. BULLMAN, Winnipeg, Man.
DR. T. J. W. BURGESS, Verdun, P.Q.
SIR GEORGE BURN, Ottawa
J. F. BURSTALL, Quebec, P.Q.
DR. A. D. CAMPBELL, Battleford, Sask.
DR. E. P. CHAGNON, Montreal, P.Q.
HON. THOMAS CHAPAIS, Quebec, P.Q.
DR. W. W. CHIPMAN, Montreal, P.Q.
DR. C. K. CLARKE, Toronto, Ont.
LINDLEY CREASE, ESQ., Victoria, B.C.
DR. A. L. CREASE, New Westminster, B.C.
MRS. P. D. CRERAR, Hamilton, Ont.
MRS. C. CROWE, Guelph
DR. WINNIFRED CULLIS, London, England
SIR ARTHUR CURRIE, Montreal
REV. DR. GEORGE B. CUTTEN, Wolfville, N.S.
PROF. J. A. DALE, Montreal, P.Q.
OWEN DAWSON, Montreal, P.Q.
RT. REV. A. U. DE PENCIER, Vancouver, B.C.
DR. A. H. DESLOGES, Montreal, P.Q.
DR. F. E. DEVLIN, Montreal, P.Q.
LT. COL. CHARLES E. DOHERTY, Victoria, B.C.
MRS. ARTHUR DRUMMOND, Montreal, P.Q.
D. A. DUNLAP, Toronto, Ont.
MRS. D. A. DUNLAP, Toronto, Ont.
W. P. DUTTON, ESQ., Winnipeg, Man.
LADY EATON, Toronto.
DR. E. M. EBERTS, Montreal, P.Q.
SIR ROBERT FALCONER, Toronto
MAJOR J. G. FITZGERALD, Toronto
MRS. J. G. FITZGERALD, Toronto
SIR JOSEPH FLAVELLE, Toronto
SIR AUCKLAND GEDDES, London, S.W. 1, England
SIR LOMER GOUIN, Quebec, P.Q.
LIEUTENANT-GOVERNOR GRANT, Halifax, N.S.
MRS. W. L. GRANT, Toronto, Ont.
WILLIAM GRAYSON, Moose Jaw, Sask.
J. J. GREENE, Hamilton, Ont.
W. D. GWYNNE, Toronto, Ont.
DR. J. HALPENNY, Winnipeg, Man.
D. B. HARKNESS, Winnipeg, Man.
HON. MR. JUSTICE HARVEY, Edmonton, Alta.
DR. C. J. O. HASTINGS, Toronto
DR. W. H. HATTIE, Halifax, N.S.
DR. C. M. HINCKS, Toronto, Ont.
ARTHUR HITCHCOCK, Moose Jaw, Sask.
J. B. HOLDEN, Toronto, Ont.
HIS HONOUR FREDERICK W. HOWAY, New Westminster, B.C.
DR. GOLDWIN HOWLAND, Toronto, Ont
MRS. A. M. HUESTIS, Toronto, Ont.
MISS E. HURLBATT, Montreal, P.Q.
DR. GEO. C. KIDD, Brockville, Ont.
GEORGE KIDD, Vancouver, B.C.
LADY KINGSMILL, Ottawa, Ont.
DEAN F. L. KLINCK, Vancouver, B.C.
MRS. J. B. LAIDLAW, Toronto, Ont.
SIR RICHARD LAKE, Regina, Sask.
P. C. LARKIN, Toronto.
DR. F. E. LAWLOR, Dartmouth, N.S.
SIR JAMES LOUGHEED, Ottawa, Ont.
DR. M. T. MACEACHERN, Vancouver, B.C.
DR. J. A. MACLEAN, Winnipeg, Man.
DR. HELEN MACMURCHY, Toronto, Ont.
PROF. R. M. MACIVER, Toronto, Ont.
DR. G. W. MACNEILL, Battleford, Sask.
REV. DR. H. P. MACPHERSON, Antigonish, N.S.
C. A. MAGRATH, Ottawa, Ont.
W. H. MALKIN, Vancouver, B.C.
MAJOR G. H. MANCHESTER, New Westminster, B.C.
LIEUT. COL. CHARLES F. MARTIN, Montreal, P.Q.
HON. W. M. MARTIN, Regina, Sask.
LIEUT. COL. VINCENT MASSEY, Toronto, Ont.
J. M. MCCARTHY, Quebec, P.Q.
J. O. MCCARTHY, Toronto, Ont.
MRS. NELLIE MCCLUNG, Edmonton, Alta.
GEORGE MCCRANEY, Saskatoon, Sask.
A. M. MCDONALD, ESQ., Edmonton, Alta.
DR. D. MCINTYRE, Winnipeg, Man.
DR. J. G. MCKAY, New Westminster, B.C.
DR. R. E. MCKECHNIE, Vancouver, B.C.
HON. J. D. MCLEAN, Vancouver, B.C.
FRANCIS MCLENNAN, Quebec, P.Q.
MRS. J. C. MCLIMONT, Quebec, P.Q.
MRS. W. B. MEIKLE, Toronto, Ont.
SIR VINCENT MEREDITH, BART., Montreal, P.Q.
LADY MEREDITH, Montreal, P.Q.
W. R. MILLER, Montreal, P.Q.
F. W. MOLSON, Montreal, P.Q.
DR. A. G. MORPHY, Montreal, P.Q.
H. H. MORRIS, Vancouver, B.C.
JUDGE H. S. MOTT, Toronto
A. MOXON, Saskatoon, Sask.
DR. GORDON S. MUNDIE, Montreal, P.Q.
HON. DENNIS MURPHY, Vancouver, B.C.
JUDGE E. F. MURPHY, Edmonton, Alta.
PRESIDENT W. E. MURRAY, Saskatchewan, Sask.
SIR AUGUSTUS NANTON, Winnipeg, Man.
W. F. NICKLE, Kingston, Ont.
SIR EDMUND OSLER, Toronto, Ont.
MAJOR J. D. PAGÉ, Quebec, P.Q.
A. PERCY PAGET, Winnipeg, Man.
SIR WILLIAM PETERSON, Montreal, P.Q.
DR. C. A. PORTEOUS, Verdun, P.Q.
DR. E. J. PRATT, Toronto, Ont.
SIR WILLIAM PRICE, Quebec, P.Q.
MAJOR A. P. PROCTOR, Vancouver, B.C.
REV. W. M. H. QUARTERMAINE, Renfrew, Ont.
MISS HELEN REID, Montreal, P.Q.
PROF. R. G. REVELL, Edmonton, Alta.
HON. DR. W. F. ROBERTS, St. John, N.B.
DR. ARMOUR ROBERTSON, Montreal, P.Q.
BISHOP ROPER, Ottawa, Ont.
FRANK W. ROSS, Quebec, P.Q.
GEORGE H. ROSS, Toronto, Ont.
JOHN T. ROSS, Quebec, P.Q.
C. W. ROWLEY, Winnipeg, Man.
LIEUT. COL. COLIN K. RUSSEL, Montreal
MRS. COLIN K. RUSSEL, Montreal.
CAPT. E. W. RYAN, Toronto, Ont.
PROF. PETER SANDIFORD, Toronto, Ont.
DR. M. M. SEYMOUR, Regina, Sask.
LORD SHAUGHNESSY, Montreal, P.Q.
DR. FRANCIS J. SHEPHERD, Montreal, P.Q.
MRS. ADAM SHORTT, Ottawa, Ont.
MRS. SIDNEY SMALL, Toronto, Ont.
HON. GEORGE P. SMITH, Edmonton, Alta.
MRS. RALPH SMITH, Victoria, B.C.
PROF. W. G. SMITH, Toronto, Ont.
CHRISTOPHER SPENCER, Vancouver, B.C.
DR. H. C. STEEVES, New Westminster, B.C.
HON. MR. JUSTICE STUART, Calgary, Alta.
REV. DR. HERBERT SYMONDS, Montreal, P.Q.
PROF. W. D. TAIT, Montreal, P.Q.
MADAME JULES A. TESSIER, Quebec, P.Q.
MRS. CHARLES THORBURN, Ottawa, Ont.
HON. R. S. THORNTON, Winnipeg, Man.
MAJOR JOHN L. TODD, Ottawa, Ont.
DR. THOMPSON, Regina, Sask.
HON. A. TURGEON, Quebec, P.Q.
REV. PRINCIPAL VANCE, Vancouver, B.C.
BRUCE WALKER, Winnipeg, Man.
MISS GRACE T. WALKER, Toronto, Ont.
DR. T. W. WALKER, Saskatoon, Sask.
MRS. H. D. WARREN, Toronto, Ont.
HON. SMEATON WHITE, Montreal, P.Q.
BLAKE WILSON, Vancouver, B.C.
DR. O. C. J. WITHROW, Toronto, Ont.
MAJOR H. P. WRIGHT, Montreal, P.Q.
DR. HENRY E. YOUNG, Victoria, B.C.

SOUTHAM PRESS LIMITED
MONTREAL