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FOREWORD.

A FEW years ago, the term "Mental Hygiene" was almost unknown; to-day it denotes a wide field of practical effort in dealing with some of humanity's most difficult tasks. The significance of the term is, in large part, due to the founding, in 1909, in the city of New York, of the (United States) National Committee for Mental Hygiene. The purpose of this Committee as stated in their Journal, "Mental Hygiene," was "to work for the conservation of mental health; to promote the study of mental disorders and mental defects in all their forms and relations; to obtain and disseminate reliable data concerning them; to help raise the standards of care and treatment; to help co-ordinate existing agencies, federal, state and local, and to organize in every state an affiliated society for Mental Hygiene."

We, in Canada, for many years have been confronted with problems similar to those in the United States, which led to the founding of the United States Committee, but it is only very recently that we have become aware of the importance of mental factors that must be considered in the solution of these problems. For years, we have been puzzled as to how to deal effectively with our criminals, our juvenile delinquents, our prostitutes and our moral degenerates. To-day, it is becoming generally recognized that mental factors play a great part in this problem and that human behaviour can be neither successfully studied nor effectively directed without taking into account the facts of mental life.

The judge, the school teacher, the employer, the social reformer and the parent have long been asking why certain individuals cannot adjust themselves to the laws of society. To-day, as a result of psychiatric clinics and trained social workers, considerable information has been amassed regarding this problem. True, much of the work done is tentative and most of it has been carried on

with poor equipment and slender means, but it implies that, at last, we are trying to find out in a scientific way the cause of our failures in life by the right method, namely, by the examination of mental ability.

For years, the cry of our country has been for increase of population, with the emphasis upon quantity rather than quality. Today, we are rudely awakened to the fact that immigrants from every country in Europe have been coming to Canada and admitted without adequate physical or mental examination, with the result that over fifty per cent. of our criminals are either of foreign birth or the children of foreign parents. The juvenile courts all over Canada, moreover, are emphasizing the fact that juvenile delinquents are largely recruited from the foreign population.

The problem of the insane in Canada has for years been a neglected one. We have been satisfied with placing cases under custodial care with little or no thought of classification or treatment. New ideas on the treatment of the insane are now beginning to make persons, who have friends or relatives in asylums, demand that they receive more than custodial care. Again, it is becoming recognized that, if persons afflicted with certain forms of insanity are treated early, they may, as in the case of the tuberculous, recover and be able to live a long and useful life. To ensure such an outcome it is necessary to have properly equipped psychopathic hospitals or wards attached to our general hospitals.

The problem of the abnormal child in the school has not been properly solved in our country. Teachers, parents, and school nurses have long been baffled in the attempt to do effective work with the child who is mentally or morally defective. Now they are beginning to realize that the only solution of their difficulties is the formation of special classes and the establishment of institutions for children of such a type.

When war broke out in August, 1914, a wave of patriotism swept over the country; militia regiments were hurriedly recruited up to strength, given a few weeks' training and rushed across the Atlantic Ocean. The examination of these soldiers was, even from a physical standpoint, unsatisfactory, while little thought was given to mental examination. Since early in 1915, many of these soldiers, who should never have been sent overseas, because they were either mentally defective, insane or epileptic, have been returned home and the problem of looking after them and giving them proper treatment is formidable.

All these problems have been confronting our country for some time and a rapidly growing number of public-spirited persons have

interested themselves in trying to solve them. As a result the Canadian National Committee for Mental Hygiene was organized in April, 1918, in its basis following closely that of the National Committee of the United States. It has already performed valuable work such as the compiling of statistics in various fields; the making of a survey in the Province of Manitoba; the helping of existing organizations to secure official aid and public support; and the initiating of work by the establishment of psychiatric clinics in some of the chief centres of the country.

In order to give impetus to the mental hygiene movement and bring it before the public, it was thought advisable to establish a journal in which the different phases of mental hygiene could be discussed and the results of the work undertaken by the Committee could be published.

The Canadian Journal of Mental Hygiene hopes to interest the general public, as well as the medical profession, in all the mental problems confronting the community, in their bearing upon the welfare of the individual and of society, and in the work which is being done towards their clearer definition and more adequate solution. The articles published will be non-technical in nature and reports will be submitted by recognized authorities. It will republish from time to time noteworthy contributions which have added to our knowledge of mental disorders,—contributions which would otherwise not be within the reach of the general public. The Canadian Journal of Mental Hygiene hopes it will be of use to the highly trained worker in psychiatry or psychology, to the physician who is interested in social problems, to the teacher perplexed by the problems of education, to the magistrate who is trying to get at the cause of criminality, to the parent with the abnormal child and to the social worker desirous of doing effective, scientific work.

The Editor of the Journal invites the co-operation of all social workers in the field of mental hygiene, of medical practitioners, psychiatrists, psychologists, the clergy, and everyone desirous of improving the conditions of the mentally abnormal class.

THE FUNCTIONS OF A PSYCHOPATHIC HOSPITAL.

E. E. SOUTHARD, M.D.

Director, Psychopathic Department, Boston State Hospital; Pathologist, Massachusetts Commission on Mental Diseases, and Bullard Professor of Neuropathology, Harvard Medical School.

IF one should fare forth into the world, like Charles Dickens, to determine the state of civilization by the technique of looking into all manner of institutions for the care of dependents, delinquents and defectives, one would discover in various parts of the world, e.g., America, spots of great enlightenment in the midst of a rather general greyness or obscurity. Nothing is more encouraging, should we limit our attention to a few foci in the American world, than the situation with respect to the mental group of defectives. The theory of professional institutions has yet to be written; but amongst professional institutions probably none exceed in idealism of plan and skill of management, facing the uttermost extremes of difficulty, institutions for the insane and allied groups.

In an extensive research we would find perhaps nine kinds of institutions for—I was about to say the *insanity group*, when I recollected myself and instead wrote down—the *mental hygiene group* of wards and patients.

We should find (1) institutions of what used to be called the *nursing asylum* sort, run on the plane of economy and on an easy, almshouse-like basis—institutions not unlike those which the first decades of the nineteenth century set up in place of the terrors of the time before Pinell, Conolly and the rest. However, we should find that most of these nursing asylums would disdain the name and would regard themselves as a kind of mental hospital for cases transferred from more active institutions.

Next we should find (2) institutions of the *district*, state or provincial *hospital* type such as were first constructed in numbers in the thirties of the nineteenth century and which still remain as the *sine qua non* and (unfortunately) the end and aim and final accomplishment of many states and provinces. Of course, the idea of cure exists, at least in theory, in these district hospitals, yet

for the most part they receive committed or certified cases of what we might term "judge-made" insanity, since not the medical profession alone but the judge of probate (or his equivalent) has the actual decision in his mind and hand concerning the institutional fate of these patients. The majority of them eventually die in the district institutions or return thence after various periods of extramural life.

The picture should not be painted too black as several (or shall we say many?) of these district institutions contain modern laboratories for diagnostic and therapeutic work, proper occupational therapy, and staff members who are stimulated by teaching internes and students, and the like. The *receiving wards* of these district hospitals are sometimes adapted to demands upon the highest level; and their differentiated per capita (that is, if budgets were so constructed that one could tell in detail how much these receiving wards comparatively cost) would make a very respectable showing alongside the per capita cost of good general hospitals. In short, there is evidently a striving on the part of district institutions to keep up with the times and treat their insane wards upon the best medical lines.

Pari passu with these idealized receiving ward developments, one finds that more and more patients resort to these district hospitals under the *voluntary relation* (for by this time in communities of so high a degree of civilization, the laws governing the resort of voluntary patients to the state institutions have become revamped and liberalized, perhaps even so devised as to permit indigent persons to put themselves voluntarily under the charge of the state—a potentiality which causes unwarranted theoretical fear on the part of certain guardians of the state purse, lest an impoverished crowd of shiftless persons be saddled on the state).

Nevertheless, concerning these district institutions, except in a very few regions, it cannot be said that the up-striving in mental hygiene is thoroughly successful.

But (3) we find that some of the district institutions develop *out-patient departments* for mental cases. Massachusetts and New York have accomplished much by this plan, largely because the mental hygiene level of these states (to mention for the moment no others) is high enough so that the citizens, the social workers and the patients themselves are more or less willing that the "nervousness" and "nervous prostration" and "nervous breakdown" problems shall be given, at least in part, to state officials. These out-patient departments, although now and then more closely connected, are for the most part (and this is as it should be) very

loosely connected with the state institutions from which they are off-shoots. Nor do these off-shoot out-patient departments differ in any great degree from similar out-patient departments developed in connection with general hospitals as portions of their dispensary work. Aside from a certain superficiality which generally affects these out-patient departments and from their general lack of proper social service and availability of routine psychological testing the out-patient departments may be regarded as one of the most fortunate developments in mental hygiene.

(4) Closely allied with the above-mentioned out-patient departments, will be found sundry so-called *psychopathic laboratories* or similar agencies developed in connection with the public service of courts, schools and the like. Such is the recent popularity (if I may allow myself the word) of feeblemindedness and the remarkable extension of the hypothesis that crime can largely be explained thereby, that these new units are often fain to promise too much. The psychopathic laboratories are greatly to be commended, despite the fact that most extraordinary stories transpire from some of them concerning the rapidity of diagnosis by their chiefs—beside which the exploits of Sherlock Holmes with his investigations of cigar ash pale into obscurity.

(5) So far we have enumerated institutions which are either paid for out of public funds or closely modelled after public service institutions. We should not omit from these latter another kind of institution which has its mental hygienic bearing. There are, I suppose, ten or one dozen privately endowed but actually *semi-public institutions*, often containing several hundred beds, which, owing to the wisdom of their management and the permanency of their funds, together with the high social level of their patients, have often been enabled to keep alight the torch of mental hygiene in their communities. These institutions are often off-shoots from great general hospitals; sometimes their erection has actually preceded in point of time the construction of the general departments themselves, for, indeed, no later than the days of Benjamin Franklin, wise men in the community saw the insane as amongst the very first problems to be attacked financially and institutionally. In those days, at least in this country, the plane separating public from private service was not so sharp as it has come since to be.

Although the development of the endowed institution for the insane often chronologically preceded general hospital developments by the same community group, yet it is doubtful whether there are many instances in which the interests of the insane have

remained logically and humanitarianly paramount over the interest of the unstigmatized general hospital victim of pneumonia or typhoid fever. Perhaps this gradual lapse of the insanity problem from the minds of the humanitarian community groups mentioned and the greater interest taken in the easier problems of general medicine are stages in our progress only to be expected. Out of sight, out of mind—and for the most part these institutions with all their beauty of rural surroundings and excellent upkeep have not hewn close to the line as could have been hoped.

It is safe to say that in instance after instance these privately endowed departments for the insane have been allowed to help financially the general hospital portions of their institutions. Perhaps I am wrong in making this claim; but one can go so far as to say that it is the general impression that departments for the insane in these privately endowed institutions have been allowed either to pay for themselves by high rates of charge or else to make good deficiencies in the budgets of general institutions.

I should not dwell on this matter so long, did I not believe that the situation is not at all irreparable. Many of the community groups which stand back of these endowed institutions with their left hands are pouring out money for university developments with their right hands. They are groups which have simply not been properly instructed in what ways the interest of the insane can be subserved other than by heat, light and power in their more obvious combinations. As one humanitarian belonging to such a group once said to me, "Of course, doctor, you can give the insane *more* treatment, but you cannot give the insane *better* treatment." It was to this man's mind an axiom that all that was ever to be known concerning the treatment of the insane was already in hand. Just as it is said that, if we added up all the knowledge in the world about the game of checkers (or let me say for Canadian readers, draughts!) we should find that all possible checker knowledge was already in some human book or mind, so, according to these humanitarians, we already know all that can possibly be known about the treatment of the insane. We are simply not applying all we know in the most intensive way to the insane all over the world. That the situation is quite unlike that in the case of draughts but is more like that in the instance of chess—namely, that no one yet knows or has ever known all there is to be known concerning chess or perhaps ever will know, such is the initial complexity of the game, and the infinite that is knowable about chess—is an idea rather difficult to put across the mental hygiene stage for many of our most humanitarian persons. Yet it is clear that many of the

finest research problems in mental hygiene will probably never be solved outside of these privately endowed institutions, since the human material needed to solve them can hardly be found elsewhere.

We are now ready to come to the point of the new type of institution known as psychopathic hospital. But first I must mention (5) specialized *institutions for the epileptic* and (6) specialized *institutions for the feebleminded* with possibly (7) special *institutions for dipsomaniacs.* The two former, namely, institutions for the epileptic and the feebleminded are sometimes still found under the same roof, although it is a well established principle of mental hygiene that not only should the feebleminded be treated outside of institutions for the insane, but should also be treated in separate institutions.

Whether specialized institutions for alcoholics can ever be in general maintained or will be needed in future is a question we do not here need to enter. I would make one point, however, namely, that alcoholics do not like to be called insane and the insane do not like to be grouped with alcoholics, so that a pretty skillful handling of the mental hygiene situation is necessary in doing social justice to the two groups under the same roof or from the same social or psychological or psychiatric desk.

We should then probably find (8) a number of *other special institutions* built up upon public, semi-public or private foundations which deal with local and special problems in particular and successful ways, and in the community we find, of course, a number of institutions which are frankly enough commercial in their aim but which give proper and adequate service for their relatively high charges.

That the state is the best boarding house keeper, can not be denied if we confine our attention to the budget and omit reference to invisible elements of the tax rate and also if we wink somewhat at the quality of the board and lodging provided. It ill behooves the publicist, however, to berate the commercial institution simply because he can show such excellent work in the course of accomplishment in *certain* state institutions; for in other state institutions far worse conditions are found in certain states (I will not say provinces) than are to be found in any commercial institutions, short of those immortalized by Mr. C. W. Beers in his book, "A Mind that Found Itself."

We come now (9) to the so-called *psychopathic hospital,* whose functions I hope to have in part explained in the course of the enumeration of other mechanisms for the insane just mentioned. In

more positively explaining the functions of a psychopathic hospital, I must dwell a moment upon its name.

The name psychopathic hospital is, I believe, an American contribution. It is possible that we should ascribe the term to the late Pliny Earle, of Northampton, Massachusetts, that distinguished man, who, beside erecting the monoliths over the Northampton State Hospital grounds, is entitled to enduring fame for having shown the fallacy of early statistical methods in insane hospitals all over the world by his famous, if now obvious distinction between the "case" and the "person." He showed how by enumerating "cases" of recovery and omitting to consider which *persons* were responsible for these *cases* the extraordinary high percentages of recovery claimed by sundry institutions of the highest grade must utterly collapse. Well, it also appears that he had something of modern developments in mind when he compared the psychopathic hospital for the future so far back as the year 1877, with hospitals of his own day, by saying that they would be as diamonds to coal!

The psychopathic hospital is often a university clinic, although this is not implicit in the idea. It is often a municipal or state affair, divorced from university control and contacts.

The term clinic is nowadays used for so many types of institution, even certain non-medical institutions, that its formerly accepted significance as a teaching opportunity is fast lapsing. On the whole, however, so long as teaching is subordinate, perhaps in many communities it will prove wiser to speak of hospitals than of clinics. But these subtleties of nomenclature alter from year to year and differ from place to place, so that whether we term an institution psychopathic hospital or psychiatric clinic, we may not (indeed we cannot) aspire to unanimity in name.

In America we speak, then, of the psychopathic hospital or psychiatric clinic group as that very small group of institutions led off by the foundation of the psychopathic ward at Ann Arbor in 1906 and followed in 1912 by the psychopathic hospital in Boston, and in 1913 by the Phipps Psychiatric Clinic in Baltimore.

In the New York state hospital system there exists a Psychiatric Institute upon Ward's Island which is another research centre. Enlarging the circle of consideration a bit to include the practical (but not especially research-adapted institutions) we should include the Bellevue psychopathic ward and the psychopathic hospital in Cook County, Illinois.

In Newark, New Jersey, and in St. Louis there are institutions or arrangements which look in the same directions.

Syracuse, New York, has a small psychopathic ward upon a sep-

arate footing.

There are no doubt a few other institutions which serve in part at least, some of the functions proper to the psychopathic hospital. Now in Winnipeg is being established another psychopathic hospital which from my information will, in the course of time, take its place amongst the true psychopathic hospitals.

What are the proper attributes of the psychopathic hospital in the sense of the Ann Arbor, Boston and Baltimore institutions? I fancy that many readers well posted in mental hygiene will have been astonished with the frequency with which in the early part of this paper I referred to the "insane." They rightly hold that *insanity, a legal concept, has been replaced with mental diseases, a medical concept.*

Now the psychopathic hospital is that type of institution which in the quintessential way exhibits the truth of this distinction. No institution is entitled to belong in this group if it does not deal with considerable numbers of patients who are not entitled to the designation "insanity," but are entitled to the designation "psychopathic." For the clarity of my own mind, I often place in an inner circle (1) the insane and medico-legal group of *judge-made cases* that are committable or certifiable to public institutions. About this inner circle I place concentrically (2) another group of persons who are perhaps the victims of *psychoses* (to which we might give fairly definite names) but are actually *not certifiable* and are such that no judge would risk committing them to a public institution, despite the fact that they may or may not deserve that proper medical treatment which could only be accorded them in public institutions or in institutional equivalents. Many of the persons in this circle would be appropriate voluntary cases, or cases for so-called "temporary care," which the laws of Massachusetts and of the City of New York have for some time provided.

Around this second circle of the psychoses not insane, I sometimes for the clarity of my own mind place a third circle of (3) *psychopathic persons* who cannot be given more or less definite diagnoses and are, however perturbing in the community, not committable.

Of course the word psychopath etymologically ought to and does cover all sorts of mental diseases, definite and indefinite, stretching from the so-called psychopathic personality to the victim of general paresis itself. Psychopathology, the science of psychopaths or psychopathy is nothing but the science of mental disease as a whole; and one could do a grievous damage by trying to exclude the definite psychoses (committable or non-committable) to public institu-

tions, from the range of the science of psychopathology. Nevertheless, in practice when one uses the term psychopath, one does not have in mind the victim of the more definite psychoses (the committable cases) simply because one would better use the proper designation of the definite psychosis in question and has no use for the more generic designation psychopath. Accordingly, it is both etymologically, logically and practically justifiable for the psychopathic hospital to serve the needs of all sorts of psychopaths in the broadest and in the narrower usage of the term. But if such hospital does not serve the needs of the mild cases, of the acute, the curable and the incipient cases, that is, all psychopathies that are not yet defined and for that reason the more worthy of study, then such hospital would, it seems to me, not be entitled to the term psychopathic.

The psychopathic hospital must deal with psychopaths of all descriptions and if it does not deal with those psychopaths that masquerade under the same nervous prostration, nervous breakdown, and so on, then it will not do its plain psychiatric duty to a large class of mental defectives in the community.

I have gone a somewhat long way about telling the nature of the psychopathic hospital by means of discussing its name. Personally, I rather prefer the name psychopathic hospital to the term psychiatric clinic. In the first place, I regard the term hospital as for the moment a more welcoming and receptive term for the community which is not perhaps yet educated to the highest mental hygiene level. But dismissing the question of the relative values of the terms hospital and clinic, what is to be said concerning the value of the terms psychopathic and psychiatric? Both these terms are a little hard for some of the laity actually to pronounce, although the term psychopathic is less difficult than the term psychiatric. For this reason I fancy the designation mental was given to the analagous London institution which had been founded and was about to be opened just before the war, the Maudsley Mental Hospital. But the term "mental" it would seem is far too general for such a usage, as it would seem a term equally applicable to the nursing asylum, the district hospital, the hospital-school for the feebleminded, the hospital-school for the epileptic and the like. All these institutions should, in the developed phase of the mental hygiene of a community, be properly termed mental.

I think that one reason why I personally rather prefer the term psychopathic to the term psychiatric is that the term psychopathic, besides its Greek elegance, does not specify within itself the idea of practice, that is, diagnosis and treatment. The psychiatrist is

the mental healer, the practitioner of mental medicine. The specialist in psychopathy might not be merely a practitioner (which he must ever be) but also a theorist. Psychopathology and psychiatry are the complementary *science* and *art* of mental disease.

The true psychopathic hospital should contain within itself the mechanisms not only for the immediate diagnosis and treatment upon the highest lines of the mental patient, but should also contain the mechanisms of research and investigation which will yield scientific results of value in future practice. One may be too fond of this distinction between science and art, between theory and practice, although so great an authority as Marshal Foch makes enormously of the distinction and indeed points to the German methods (of Clausewitz and his ilk) as methods of science that in and for themselves used *as a science* must fail alongside the real practitioner of war, the warrior who regards war *as an art,* which uses science for its end but develops itself independently of science. The men of science have claimed so much for themselves, especially during the last century, that one cannot help sympathizing rather with those who would emphasize the practical side of such topics as mental disease. It is perhaps for that reason that the term psychiatry has taken root instead of the term psychopathology for this field of work.

In thus considering the respective merits of the term psychiatric and psychopathic, I do not wish to claim the one as distinctly superior to the other or as more appropriate than the other at a given time and in a given place. I hope only to make the point that institutions of this group that warrant public confidence are those in which not alone the art of mental healing but also the science of mental disease are given due weight in the budget.

By distinguishing science from art I do not wish to point to the laboratory on the one hand and the ward on the other. For instance, the detection of skull disease by the X-ray is no longer a matter of science. It is applied science or art, and every psychopathic hospital worthy of the name should have accessible to it such device as the modern X-ray laboratory contains: but this is not science, it is practice. Of course, new points with respect to the X-ray and the brain may well be established in such a laboratory, whereupon we should, properly speak of scientific work, that is of theoretical work going on in such a laboratory.

On the other hand, if one in the ward should discover by observation some new property of the pupil or some new symptom and should study such pupillary change or new symptom in a series of cases, here would not be psychiatric practice but here would be a

bit of psychopathology, that is of the science or theory of mental disease in the making. The distinction then between science and art, as I am here endeavoring to make it, is absolutely a cross distinction with respect to the ward and the laboratory. There is scientific ward work; there is practical ward work; there is scientific laboratory work; there is practical laboratory work. To be sure, the laboratory men see much of their work as rather recently applied scientific stuff, and may sometimes claim to be men of science when they are as a matter of fact purely men of practice. On the other hand, we may find the shrewdest and most theoretical clinician proclaiming how practical he is because his work is on a clinical basis. Of course, in the work-a-day world, practical men often get on by claiming more or less subtly to be theoretical, and theorists often—shall I say camouflage—their science by claiming to be practical: but the fact that in our daily lives we have to deal with persons who cannot distinguish (like the Germans indeed, according to Marshal Foch) between science and practice, and the fact that we sometimes have to claim to be scientific when we are actually practical, and *vice versa,* should not blind us to the real distinction. Perhaps enough has been said to show that every psychopathic hospital or psychiatric clinic of the group we have in mind should be equipped and active in both the science (psychopathology) and the art (psychiatry) of mental disease.

Now it may be asked: How has the plan for psychopathic hospitals worked out? It is all very well to say that every city of 100,000 inhabitants, or possibly every city of 50,000 inhabitants, should have such a hospital, developed at least upon its practical side with a scientific man or two on its staff. It is all very well to point to individual successes scored in the field, but how stands it with the total programme? We must acknowledge that it is yet too early to say. It is clear that the psychopathic hospital is never going to replace the majority of the other types of mental hospitals enumerated at the outset of this paper, for the psychopathic hospital has not actually diminished the intake of committable cases to the state institutions. Have they actually reduced the tax rate, or are they in course of doing so? Perhaps one should say roundly, no; no such reduction has been produced or is in sight. If, however, the amount of money saved to the families of persons rescued by the psychiatrists and social workers of psychopathic hospitals should be taken account of, then I am pretty certain that we could establish a good deal of community saving. The insurance is an invisible one, however. I assume that the state or province which deserves the name civilized is one which, regardless of its budget,

treats this general problem upon the highest lines on the basis of the ultimate benefit which will accrue to mankind.

I perceive that the phrase "regardless of its budget" will cause sundry persons to raise their eyebrows; for there are still those amongst us (though happily the war has reduced their number) who place economics ahead of happiness, who place physics ahead of ethics, as the ancients had it. But it is not that the execution of these suggestions would overwhelm a state or provincial budget. They would not. The total expenditures for the higher measures of treatment of the insane and allied classes, form, as anyone can see who attentively reads the budgets, but a vanishingly small portion of the total outgo. But it is not my place to discuss budgets and the budgetary mind: those matters are always attended to by the type of person known the world over as the watch dog of the treasury—a type of mind in which the acquisitive instinct has found its greatest development and in which the constructive instinct lies in a state of comparative atrophy.

Has the psychopathic hospital idea made good the promises of its propounders? The idea now has a history of some fifty years, and there may be a score more or less of institutions in the world which conform to the ideals of what Weir Mitchell terms "the art and its assistive sciences" that have to do with the psychopath taken in his most general sense. A recent account of psychopathic hospital achievements the world over would require a thick volume. I shall confine myself to a very few statements from American experience, the most of which will be borrowed from the institution record with which I am most familiar, namely, that of the institution in Boston.

One of the most striking achievements of the Ann Arbor institution is one scarcely reducible to statistics. My old friend and former colleague, the director of the Ann Arbor psychopathic ward, Professor A. M. Barrett, familiar as he is with the psychiatric levels of at least three states of the union, tells me that quite a remarkable improvement in the general level of acquaintance by general practitioners concerning mental disease has been produced in Michigan as the result of turning out year after year, since 1906, medical graduates familiar with the practical clinical features of the cases seen in their medical school courses at the psychopathic ward. This ward, it must be remembered, is an integral part of the University of Michigan Hospital which operates as a teaching institution for the medical school of the university.

If there were no other single achievement of the Ann Arbor plant, this raising of the general level of the ordinary practitioner's

knowledge of mental disease in the single state of Michigan would be worthy the expenditure. But in addition to this achievement, a number of men have contributed to the world of mental hygiene by the Ann Arbor institution. No doubt, without its existence the breadth of view and plan of attack of the present Director of the Massachusetts Commission on Mental Diseases, Dr. George M. Kline, would not have been so greatly in evidence. To mention only another instance of the permeating power of such a plan, I may speak of Major Frankwood E. Williams, the editor of the American journal called *Mental Hygiene,* and the accomplished manager of many of the war problems of the Division of Neurology and Psychiatry of the Surgeon-General's office.

To raise the general level of psychiatric knowledge upon the part of the practitioner and to contribute men like the two examples mentioned—these are sufficient achievements, if we leave out of account altogther the more technical matters of research and the matter of the expert practical handling of the curable group of cases indicated by Dr. Barrett's biennial reports.

One may speak in equal admiration of the work accomplished since 1913 by the Henry Phipps Psychiatric Clinic under its distinguished director, Professor Adolf Meyer. The clientèle of the Johns Hopkins University is such that no doubt the effects of psychiatric teaching there will be shown in a great many loci and not confined to a single state. It had long been the regret of many of us that the Johns Hopkins Medical School had not taken as advanced a position with respect to psychiatry as with respect to many of the problems of general medicine and surgery, and this despite the heroic efforts made by Dr. Stewart Paton to engage a local interest in the entire problem. However, in the end the Phipps clinic got a sort of Minerva birth fully panoplied.

The institution is distinguished for its high level of psychiatric nursing. It is one of the few institutions in which the general-hospital trained nurses apparently take an equal interest in the psychiatric side. In the long run the production of nurses capable of handling psychiatric cases upon modern lines will prove an essential and one of the most important links in the mental hygiene chain; for it is almost as true as it was 25 years ago when Dr. Weir Mitchell made his celebrated attack on the asylum situation that few or no properly trained mental nurses are in existence.

How to put sympathy into the ordinary trained nurse is a problem that has apparently not greatly engaged those who have swayed the course of nursing in general. It would be a simple and effective plan if every general hospital nurse could be forced to take

some work in a high grade psychiatric institution. Some of these women would prove especially efficient in psychiatry just as some of them now become good surgical nurses, and the public would be quick to grasp the opportunity afforded by the existence of these women.

One is struck in the work of the Phipps Psychiatric Clinic with this high standard of nursing and with the applications of occupation therapy and mechanotherapy and the like with the patients.

Again, of purely scientific accomplishments, I choose to say nothing. I need mention only the important work upon the relation of psychiatry to the child being carried out by Dr. MacFie Campbell.

As for the Boston institution, I can, of course, speak far more fully. A public institution like that of Ann Arbor, a metropolitan institution with a public metropolitan intake unlike that of either Ann Arbor or the Baltimore institution, the Boston plant had a number of problems to handle which might not necessarily belong to the province of a psychopathic hospital. For instance, though the institution was not designed for alcoholics (and the laws indeed forbade admitting delirium tremens) nevertheless there was a considerable alcohol problem, and we spent a number of years in a more or less fruitless campaign to teach general hospitals how *not* to treat the acute alcoholic psychoses. I will not go into the details of our proof that the very best general hospitals on the Atlantic seabroad were losing case after case of delirium through processes of tying-in-bed, alternate stimulation and depression by drugs, and the omission of proper facilities for isolation and for hydrotherapy. Of course, the proof of these matters had been already in the literature of some thirty odd years; but so low is the mental hygiene level in many countries that to this day archaic and barbaric methods of treatment of deliria are maintained in the very midst of palatial hospitals whose boards and superintendents might affect a pious horror if they should read these lines.

However, the power of alcohol in some parts of the world is said to be on the wane, and we may need to replace our interest in alcohol with an interest in certain drugs. In any event, the handling of delirium and excitement in general hospitals ought to be greatly improved by physicians who have seen the worth of prolonged baths and little or no drugs for these cases.

We had also a large syphilis problem to face; something like 15% of our entire intake are patients proved to be syphilitic, though perhaps in not all of these cases could we safely ascribe the mental disease to the syphilis. In the last seven years a most elaborate investigation has been developed of the effects of salvarsan, sal-

varsan substitutes and other anti-syphilitics upon the various forms of neurosyphilis.

The development of elaborate work in social service in this direction has been an indispensable accompaniment. Here again is work which might not be thought at first sight essentially the work of a psychopathic hospital. Nevertheless, we find that the psychopathic hospital group of neurosyphilitics comes to medical observation far earlier than the asylum group of neurosyphilitics. These earlier cases are much more accessible to treatment. We found that of 300 untreated cases of the psychopathic hospital group (that is, those coming relatively early to medical observation) there were not over 15 cases of so-called remission. In 200 cases intensively treated by salvarsan, cases of exactly the same provenience from the community and at the same stage of their disease, we were able to find 50 (or 25%) that were sent back to a condition of self-support. The end of this work is not yet: it will take another decade to determine the effects of this therapy. All the cases must be followed by social service methods.

All three of the institutions mentioned have proved the worth of psychiatric social work. For war purposes the whole thing came to a head in the summer course given at Smith College which attracted a new group of women into a special form of social work which stands to general social work as would psychiatric nursing stand to general nursing.

Some interesting developments in connection with industry and especially with unemployment have also been developed in connection with the social work at the Boston institution.

Mental hygiene appears to me to stand at the present day upon a sort of tripod composed of psychiatry, social work and psychology. It appears to me that no elaborate piece of mental hygienic work can be executed, whether it be the work of a psychopathic laboratory in a court, the work of a survey, the work of a dispensary or any kind of work in mental hygiene whatsoever, without the presence and co-operation of these three types of worker, the psychiatrist commanding the situation, the social worker using independently her technique under medical guidance and the psychologist contributing his scientific judgment concerning measurable mental capacity.

Dr. Yerkes developed at Boston his Point Scale, an endeavor to place the Binet method upon a somewhat more scientific basis, and the psychological work of the institution is so deeply imbedded therein that I believe we should be wholly at a loss in our practical work if we could not have our expert mental tests performed upon

practically every case of diagnostic difficulty. This matter of psychology is no routine matter. Although the steps, like most technical steps, can be learned by almost anyone, it is, nevertheless, true that an accomplished psychologist will succeed in an institution when a six-weeks'-trained person, capable merely of going through the motions of testing, will fail.

At one time the late Cecelio Rossy, who afterward went into industrial psychology, did some work at the hospital upon the choice of employees on the basis of psychological examinations. His endeavor seemed to be a very successful one. It is possible that civil service examinations, to say nothing of other examinations, may in the long run be replaced by the Binet tests or their equivalents.

I have thus far mentioned alcohol, syphilis, social work and psychology as important fields of work, to which intensive study of year-long duration has been made in the Boston institution. Again I omit to speak of pure researches. We had an enormous diagnostic problem to face, as will ever be the case with the institution whose intake is so large (about 2,000 patients a year flowing through a hospital operating less than 100 beds) and with an out-patient department handling some 1,500 cases a year. A number of officers of the institution have contributed to this diagnostic problem, and to their papers I would here make reference.

But the bigger achievement is the achievement in mental hygiene of an institution which succeeds in welcoming hundreds of voluntary cases per annum and over 1,200 temporary care cases that do not pass through the courts. Practically all our cases in Boston are cases of mental diseases that are not "judge-made" in any respect. We have then a practical exemplification of the ideal of having mental diseases handled almost in the manner of general hospital patients. It is no longer a question in a doubtful case of considering a man insane and remanding him to an asylum until proof can be brought that he is not insane. Of course, not many instances of this shameful process are a matter of record, but the contrary thing has often happened, namely, that case after case of more or less obvious disease has been allowed to run along in the community without hospital care until the performance of some overt act which would convince a judge or even a jury that the patient was certifiable.

I believe, then, that this extraordinary accessibility of the psychopathic hospital which has now taken in over 12,000 cases in its brief history, is the point to emphasize with respect to the Boston institution. We have tried to make and have succeeded in making the psychopathic hospital a highly permeable membrane

between general practice and the state hospital system. It is perhaps not yet fashionable to be psychopathic, but at all events, the state hospital system is no longer a forbidding one to the friends of the psychopath and even to some of the psychopaths themselves.

Here, then, I believe, is the greatest function of the new type of institution. Aside from pure researches, aside from medical teaching, aside from the establishment of high psychological and social service standards, aside from the syphilis and alcohol problems, we find looming largest upon the scene the capacity of the psychopathic hospital to draw to itself the unstable elements of a community. It is somewhat as if prisons should exert a sort of magnetism by which criminals would be unfailingly drawn into proper cells or custodianship. Perhaps that may indeed happen some day for those types of criminal that are psychopathic. But, aside from criminology, there can be no doubt that the psychopaths are now flocking toward their proper theatre of treatment much in the same way as at Gheel the victims of mental disease flocked to St. Dymphna's well centuries ago.

Here, then, I end an all too brief and general statement of the functions of a psychopathic hospital as I see those functions lying amidst the more general functions of the community with respect to the whole problem of the psychopath. The psychopathic hospital is not a panacea. Above all, it does not replace any one of the institutions enumerated at the outset of this paper, but it has a very definite and a somewhat novel function of determining to itself those who are most in need of treatment, the acute, curable and incipient cases of mental disease.

THE SCOPE AND AIMS OF THE MENTAL HYGIENE MOVEMENT IN CANADA.

BY C. M. HINCKS, B.A., M.B.,
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THE brains of a nation constitute its most important asset. No country can be truly great, and remain so, with a population possessed of mediocre mentality. Natural resources may be necessary for the success of a country, but alone they are not sufficient, and perforce must take second place to human resources.

While it is probable that no enlightened individual would challenge the above statements it is a fact that in Canada we have devoted more attention to things material than to things mental. In the past, governments have, in the main, given preference to railroads, canals, and public works, and have largely neglected the human beings for whom they were constructed. Indeed, there has been little concerted effort, government or otherwise, so to insure the nation, that Canadians will be well born, and well nurtured, and so equipped with brains that they will think, feel, and act as they should.

The Mental Hygiene Movement in Canada aims to correct many of these mistakes of the past. It has been launched for two purposes: first, to emphasize to the people and to their governments the fundamental need of putting first things first, of realizing that human brains are our greatest resource, and therefore deserving of primal consideration as to their conservation and improvement; and secondly, to indicate how the latter can be accomplished.

Although the Mental Hygiene Movement is a comparatively new development in Canada, it has already commended itself to many thoughtful citizens, because it is not only lofty in aim, but eminently practical in its methods. With the purpose of telling something of its scope, its aims, the nature of its problems, and its achievements to date, this article is submitted.

Scope of Movement.

The Mental Hygiene Movement is directing its energy towards an attempt to solve problems connected (a) with individuals of so-called normal or supernormal mentality; (b) with individuals of

abnormal mentality. The work can therefore be outlined under these two captions.

Work Among "Normals" and "Super-Normals."*

It is unfortunate that the work among "normals" and "super-normals" has been limited in Canada to date. There are many reasons for this state of affairs, but chief among them is the fact that mental abnormality has been largely neglected until recent times, and has thus been allowed to gain such headway that it now assumes alarming proportions, and constitutes an acute national problem of the first importance. On this account, the attention of mental hygienists has of necessity been unduly absorbed by the problems in the realm of the abnormal, and, in consequence, those connected with the normal and the supernormal have been somewhat neglected. This undesirable state of affairs will be righted in the near future, because an ever increasing number of trained workers is becoming available, and some will undoubtedly be attracted to this promising field of endeavour. The nature of future work among normals and super-normals would be difficult, if not impossible, to predict at present. It is probable, however, that education, industry, and recreation will, among other things, be given careful study, and a word or two about each will be hazarded.

(1) *Educational Psychology*: A study of educational problems from the psychological standpoint. The present educational system needs revision because it does not accomplish in a satisfactory fashion its primal function—the training of our youth to think, feel, and act in such a way that they will become first-class citizens. Psychological and other investigations will, it is hoped, point the way to a sane educational system. If, for example, it is proven by such studies that the emotional and volitional life is certainly of no less significance than the intellectual, and if it is found to be a practical procedure to develop in our children such emotional and volitional factors as enthusiasm, industry, initiative, leadership, etc., then educationalists could be materially helped in revising a wornout system. Again, a psychological estimate of every child might enable teachers to know their pupils better, and might therefore assist them in instruction. From such considerations it must be apparent that the time has come for psychology to exert a real influence in this most important field.

* "Super-normals" should not be confused with "precocious" individuals since the latter are often psychopathic.

(2) *Industrial Psychology*: An attempt to apply psychological methods to industrial problems. Limited work in this field to date has yielded splendid results in classifying individuals according to their suitability for certain tasks; in introducing the element of interest in previously humdrum, uninteresting occupations, and in bringing employees and employers together with a greater appreciation and better understanding of one class for the other.

(3) *Psychology of Recreation*: A study of the effect of recreation on individuals. It is believed by many, that various forms of harmful excess cannot be stamped out successfully in the community unless there is substituted something in the form of healthy recreation. A careful investigation of the whole question from the biological and psychological standpoints would be most useful, and might furnish invaluable data as a starting point for reconstructive measures.

Psychology of the Super-Normal.

There is need for an investigation into the capacity of supernormal individuals, and for a systematic attempt to educate such cases in a satisfactory manner. It has been pretty well demonstrated that for every backward child there is one who is supernormal, but it is unfortunate that many of our brilliant children have been allowed to drift into secondary vocations, because there has been no serious attempt to give them opportunity and wise direction. The Mental Hygiene Movement of the future will take these children into consideration and will thus assist the nation in conserving and developing a most precious asset.

One could mention many other fields in the normal and supernormal realms which the Mental Hygiene Movement of the future will probably cover. Enough has been said, however, to indicate some of the possibilities in this regard. As previously stated, the Movement has given more attention to abnormals, and we will proceed to give this phase of the subject our attention.

Work Among Mental Abnormals.

Types of Mental Abnormality: Before discussing the approved methods of dealing with mental abnormality, it may be of interest to refer to various outstanding types of this condition, and to outline the scope of the problem, and its effect upon our national life.

The graver mental disorders may be grouped under the following three headings: (a) Mental Deficiency, or Feeble-mindedness;

(b) Mental Disease, or Insanity; (c) Psychopathic conditions. This is not the place to give any detailed or accurate definitions of the above groups. Indeed, accurate definition of any type of mental abnormality is a matter of great difficulty. In passing, one might say, however, that mental defectives are individuals who are afflicted with stunted brain development, and who, on this account, cannot conduct themselves with ordinary prudence, or earn an independent living. Mentally diseased people are those who suffer from brain disease or disorder, on account of which they are rendered more or less socially unfit, while a psychopathic individual is one who is afflicted with such disorder of personality that he often becomes a social problem, but for certain reasons is not classed as feeble-minded or insane.

Scope of the Problem of Mental Abnormality.

Number of Mental Abnormals. In attempting to outline the scope of the problem of mental abnormality it would be of interest to present, among other things, information concerning the number of abnormals in Canada, but unfortunately accurate information is not obtainable at the present time. Our ignorance in this regard is due to the fact that few comprehensive surveys have been made in the Dominion. If, however, we take into consideration certain facts that have already been gleaned in the United States and Canada, we may arrive at some estimate that is probably not very far from the truth.

Probably the most comprehensive survey of mental conditions ever conducted was the recent mental examination made by the Department of Neuro-Psychiatry and Department of Psychology of the United States army. This study of some two and a half million American troops revealed the fact that approximately 56,000 were suffering from mental and nervous disorders,—in other words, between two and three per cent. If these figures hold true for such a general population as we have in Canada, there are in the Dominion at the present time, upwards of 160,000 mental and nervous unfits.

Surveys conducted in Canada would lead one to believe that the large figure presented is probably not an over-estimate. In Toronto, for example, there have been discovered at one out-door mental clinic, over 3,000 abnormals, who were, for the most part, resident in that city of half a million people. On the basis of such a finding, the mentally abnormal population of Toronto would constitute .6 per cent. When, however, it is realized that the out-

door clinic, referred to, has been in operation for only five years, and that, therefore, it has not had the opportunity of telling the whole story, it can reasonably be surmised that the actual percentage will eventually prove to be higher. In this connection we can take into consideration the fact that mental studies in Toronto public schools have demonstrated that at least 2 per cent of the children examined were so unfit mentally, that they could not successfully cope with the ordinary curriculum. The writer was given an opportunity to study over 10,000 school children from the psychiatric standpoint, and found that slightly over 2 per cent. should be placed in the abnormal class.

In making an estimate of the unfits in a community, hospital for the insane statistics are of some value, In Ontario in 1913, there were 6,931 patients in hospitals, and if this represents the proportion to population cared for in other provinces of the Dominion, there were in 1913, 20,000 insane in the whole of Canada. This estimate is, of course, much too low, because we know that in Ontario, for example, a considerable proportion of the insane are living outside of institutions.

Cost of Mental Abnormals.

The cost of mental abnormality to Canada has never been accurately computed. In the United States, Dr. Abbott of Belmont, Mass., attempted to estimate the cost of insanity in 1910 in that country. The expense incurred in caring for 200,000 patients suffering from mental disease—(the number in institutions in 1910) —cost the United States $33,000,000. The economic loss due to their being unable to work was estimated at more than $130,000,000 annually—the total cost of insanity being actually equal to the value of the combined United States exports in 1910 of wheat, corn, tobacco, dairy and beef products, nearly $163,000,000. If such a basis can be taken for Canada, our annual loss in the Dominion, due to insanity, is over $13,000,000. When we take mental deficiency and psychopathic conditions into account, the total cost of mental abnormality would probably be more than double that attributed to insanity—in other words, more than $26,000,000.

Mental Abnormality and Social Disorders.

Information regarding the number of mental abnormals in Canada and their cost to the country gives us only a partial picture of a serious situation. To appreciate its tremendous significance it is necessary to consider mental disorders in relation to such social disorders as the following:—Crime, juvenile delinquency, illegiti-

macy, prostitution, spread of venereal disease, pauperism, unemployment, industrial unrest, and inefficiency in educational institutions. A brief reference to these conditions will be made.

Crime.

It is probable that about 60 per cent. of our criminals belong to the mentally abnormal group. In the Province of Manitoba, for example, the inmates of the gaols in October, 1918, were studied from the psychiatric standpoint. Over 60 per cent. were found to be either mentally deficient, insane, or psychopathic. This finding corresponds closely to the published results of Dr. Bernard Glueck's work at Sing Sing Prison. After a study of 600 odd consecutive admissions to Sing Sing, Dr. Glueck reported that 12 per cent. of the prisoners were insane, 28.1 per cent. intellectually defective, while 18.9 per cent. were psychopathic.

Juvenile Delinquency.

As far as juvenile delinquency is concerned it can be stated that upwards of 30 per cent, of all chronic cases are abnormal, Such were the writer's findings in the study of a consecutive series of cases appearing before the Winnipeg Juvenile Court, and a scrutiny of the inmates of a Manitoba Industrial School for Delinquent Boys, Dr. C. K. Clarke's article on "The Work of the Toronto Psychiatric Clinic," tells the same story in more detail.

Prostitution.

That mental abnormality, and mental deficiency, in particular, plays a prominent role in prostitution is a well-proven fact. Recent studies conducted in Canada and the United States show that upward of 60 per cent. of all prostitutes are of defective mentality. Since a considerable proportion of these women suffer from venereal disease, the dire effects on the community can be imagined. A case in point furnishes a startling side-light in this connection. A feeble-minded prostitute suffering from gonorrhoea and syphilis was recently treated in the Toronto General Hospital. At the time she was being cared for, no less than five men were receiving treatment for syphilis in the same hospital, and they gave a history that indicated that they had contracted the disease from this one woman.

Illegitimacy.

With regard to the relationship that exists between illegitimacy

and mental defect, recent studies conducted in Toronto and Winnipeg tell an astonishing story. In over 300 cases that received a mental examination in hospitals in those cities, over 80 per cent. were found to be feeble-minded. It may be that such a large percentage does not obtain for unmarried mothers obtaining obstetrical treatment outside of institutions. Unfortunately no statistics are available in this regard. That mental deficiency, however, plays a major role in illegitimacy is undoubted. The seriousness of the situation is made more apparent when we take into consideration the fact that a considerable proportion of the unfortunate children so born are handicapped mentally.

Educational Problems.

The effect of attempting to teach abnormal children in regular classes of primary schools has had many untoward results. From the educational standpoint it has been proven time and time again that efficiency is sacrificed by such a system. Defective children absorb an undue proportion of the teacher's time at the expense of the other pupils, and benefit little themselves from the instruction given. Since many are of a restless disposition they are a disturbing element, and often throw the whole class room regime out of gear.

While the mental defective in a primary school hampers educational efficiency it is in the realm of morals that probably the greatest harm ensues. Feeble-minded children readily fall victims to bad habits, and they frequently poison the morals of their classmates. In one school the writer discovered that in a group of fifty children, sexual immorality of various forms was being practised. A study of the situation pointed to the fact that the ringleaders in evil practices were a feeble-minded boy and a defective girl. Unfortunately such a condition of affairs has been discovered in the same city on several occasions.

Pauperism, Unemployment, Etc.

When pauperism is studied by the psychiatrist it is found that mental abnormality plays a leading role. Cases like the B. family of Winnipeg, are frequently encountered in Canada. The B. family consisting of father, mother, and eight children, cost relief organizations of the city of Winnipeg well over one thousand dollars in the year 1917. At the end of the year the family was in as great a state of destitution as at the beginning. The reason lay in the fact that all the B.'s were mentally deficient.

In a longer treatise than the present it would be appropriate to consider such social maladjustments as chronic unemployment, vagrancy, alcoholism, and certain phases of industrial unrest. In all of these conditions clinical evidence could be adduced to demonstrate the important part played by mental abnormality.

Programme of Mental Hygiene Movement in Connection with Mental Abnormality.

Enough has been said to show that mental abnormality is a veritable cancer on our social life in Canada. How, it may be asked, are we going to cope with this menace? What programme has the Mental Hygiene movement adopted to meet the situation?

Workers in this realm are attempting to deal with the problem (a) from the standpoint of society, and this can be designated "Social Treatment," (b) from the standpoint of mental abnormality itself, which might be called "Control and Prevention of Mental Disorders."

Social Treatment.

It is obvious that society must be protected from the ravages of mental abnormality. How can this be accomplished? Several approved measures are herewith submitted: (1) The establishment of mental clinics throughout the country attached to adult and juvenile police courts, general hospitals, boards of health, public schools and philanthropic organizations. It is important that all individuals who give concern to the state should receive a mental examination to determine the status of their social and mental fitness. (2) The establishment of treatment centres for mental abnormals. There must be provided in Canada a sufficient number of hospitals for the insane, training schools for mental defectives, and auxiliary classes for backward and peculiar children in primary schools. These measures are of paramount importance for society, because segregation of the mentally unfit constitutes the best means in most cases, of materially minimizing the social disorders previously enumerated in this article.

Control and Prevention of Mental Disorders.

Mental disorders can best be controlled and prevented in Canada by adopting some such programme as the following:—

(a) Careful selection of immigrants. In the past Canada has been careless in the matter of selecting immigrants. In fact no

adequate measures have been adopted to prevent the importation of mental unfits. As a result, probably more than half of our insane and feeble-minded population has come from countries outside of Canada. There is, therefore, urgent need for reform, and in this connection the reader is referred to articles by Major J. D. Pagé and Professor W. G. Smith in the present issue of the Journal.

(b) Prevention of mental unfits rearing families. Since over eighty per cent. of the feeble-minded, and a somewhat lower percentage of the insane spring from unsound stock it is necessary to control the sex life of these classes. This can best be done by segregating disordered individuals in institutions, with male and female patients in separate buildings.

(c) Early and efficient treatment of mental disease. It is probable that insanity would not so often be a hopeless condition, if early and scientific treatment were provided for all cases. In Canada our medical men have received scanty training in psychiatry and are, for the most part, unable to diagnose incipient cases of mental disease. Under such conditions the mentally afflicted generally become chronic before treatment is attempted, and the prospects of cure or alleviation are thereby prejudiced. To make matters worse there are many hospitals for the insane in Canada that, for the most part, provide only custodial care. One institution recently visited in this country had but one physician in charge of seven hundred patients. It is needless to say that active treatment in that asylum was impossible under such conditions. That a somewhat similar state of affairs obtains in other parts of Canada is a tragic fact. There is therefore urgent need for an awakening of the medical profession to the necessity of early diagnosis, and a need for the stimulation of governments to provide institutions that can give hospital rather than asylum care.

Work of the Canadian National Committee for Mental Hygiene.

An outline of the Mental Hygiene movement in Canada should refer to the work of the Canadian National Committee for Mental Hygiene. This society was organized in Ottawa in April, 1918, to deal with the various problems under discussion. Already it has achieved notable success in the realm of mental abnormality. One provincial survey was made by the Committee in Manitoba, with the result that that province will adopt a comprehensive system of dealing with mental defectives and the insane. Another survey will be made by the Committee in the near future in British Columbia.

In addition, valuable work has been done in co-operation with the Federal Government in connection with the problem of returned soldiers suffering from mental and nervous diseases, and in connection with immigration.

The Committee desires to enlarge the scope of its activities to include work in the normal and super-normal realm. As has been previously intimated industrial psychology, educational psychology, etc., need attention. The Committee is prepared to undertake a programme covering these fields if sufficient funds become available. Patriotic Canadians could not do better for their country than by subscribing to a budget that would make possible such needed work.

CONCLUSION.

According to such an eminent Canadian educationalist as Sir William Peterson, the Mental Hygiene Movement is one of the most important social developments in Canada in recent years. It is the hope of the writer that Canadians will realize the importance of the movement and will support it in a worthy way.

THE STORY OF THE TORONTO GENERAL HOSPITAL PSYCHIATRIC CLINIC.

BY C. K. CLARKE, M.D., LL.D.

Medical Director, Canadian National Committee for Mental Hygiene.

IN 1909 when Superintendent of the Toronto Hospital for the Insane, I felt that something should be done to establish an Outdoor Clinic for psychiatric cases. It was only too evident that patients would be reluctant to seek help in a hospital for the insane, so permission was asked of the Board of Trustees of the General Hospital to establish a clinic in one of their buildings in the centre of the city. Dr. J. N. E. Brown, the Superintendent, approved of the scheme, interested the Trustees and obtained the necessary permission, placing at our disposal a room in what was known as the Ward Clinic, a little house on the corner of Chestnut and Christopher Streets. These details are given as it was the first Clinic of the kind to be established in Canada. Dr. Ernest Jones, the well known psychiatrist, who was at that time Associate Professor of Psychiatry, and also doing duty as Pathologist at the Toronto Hospital for the Insane, was assigned to the duty. This Clinic did excellent work for a time in spite of the fact that it was difficult to make people understand its aims and intentions. With the building of the new General Hospital, the Clinic house had to disappear, although it was maintained until the last moment possible. Dr. Jones returned to England, I assumed the superintendency of the new General Hospital, and so great was the pressure of work that the thought of establishing a new Clinic on a different basis was not entertained until Dr. Helen MacMurchy suggested that it should be resurrected, especially with the idea of helping the Juvenile Court to develop a special psychiatric study of many of its cases. At that date Drs. C. M. Hincks and O. C. J. Withrow were endeavoring to assist in the examination of the court cases, but were working under great difficulties and without proper equipment. I was anxious to co-operate, consequently these young physicians came under our wing and transferred their energies to the newly formed Clinic in April, 1914, which was most modest in its first endeavors. We were given the services of a social service nurse, Miss E. DeV. Clarke, whose training had been acquired in New York, and who

was long familiar with cases of mental disease and defect. There were a good many who laughed at the possibilities of what they called a "Nut Clinic," and even some of the good ladies who were loyal supporters of the Social Service Department, looked askance at the venture, feeling that the innovation was of little importance and extremely likely to interfere with what they believed to be the really serious problems of their organization. I had always felt that the greatest work of any Social Service Department was that of discovering the defectives in a community and providing proper care and treatment for them. It was soon evident that we had underestimated the importance of the movement, and it was not long before every one in the Social Service Organization realized that we had unearthed a gold mine as far as the community was concerned. In a short time one nurse found it impossible to make the necessary home investigations, and we had to have the co-operation of school nurses, juvenile court investigators, city nurses, and nurses in training. Even with all these helping it is scarcely possible to keep pace with the necessary investigations.

As time went on we succeeded in getting the Department of Psychology at the University interested, and eventually Professor Smith, Dr. Bott, Dr. Pratt, and Mr. Freemen, undertook many of the psychological investigations, leaving the purely clinical work to the psychiatric examiners, who thus found time to go into the medical aspects of each case with thoroughness and exactitude. In addition to that, minute psychological investigations of especially interesting cases were undertaken at leisure in the psychological laboratories of the University of Toronto.

Eventually it was learned that a great deal of the work was peculiarly medical, as a goodly proportion of the children proved to be suffering from mental diseases in the early stages. Believing that changes in metabolism play a certain role in the production of early psychoses, studies in metabolism are now being undertaken in the Department of Chemical Pathology. In this way a most complete study of patients may be made, covering family history and environment, a study of the individual from the psychological, psychiatric and chemico-pathological standpoints,—all interesting and important. The greatest difficulty experienced has been that of providing proper treatment for each case, as the Juvenile Court is, in particular, hampered by not having necessary resources at its disposal when faced with the problem of dealing with the many delinquents of the moron class—children who are not only out of place in industrial schools for normals, but a menace where the population is of the mixed variety as far as mentality is con-

cerned. Ontario has not yet faced its responsibilities in this particular, but the work of the Clinic has brought home to the community the necessity of prompt action at the earliest moment possible. All social workers in the city, nearly all school teachers and nurses, have been aroused to an intelligent interest in the doings of the Clinic, and we have behind us a host of workers who keep those in charge busy at every session. At first one day a week was all that was necessary—now two days a week are required to meet the demands for attention, and before the end of the year it will be necessary to give three days a week to do the work properly.

The mass of information gathered has already thrown sidelights of the greatest value on all sorts of problems such as prostitution, illegitimacy, juvenile delinquency, venereal disease, immigration, etc., and we know exactly what the requirements of the community are. In looking over the reports the remarkable growth of the work of the Clinic is striking, and no one seems to have anticipated the development that has occurred. In the third Annual Report of the Toronto General Hospital, Social Service Department, Dr. Withrow wrote as follows:—"The Clinic has been enabled to do good work and has met a real need. Two hundred and seventy-six cases have passed through our hands in the nine months, and twenty-nine of these have been placed in institutions where they will be well cared for, trained to a degree, and, in some instances, taken from a community to which they have been a menace. Not only have the Juvenile Court, the Board of Education, and various charitable institutions sought our advice and help, but many private individuals have come to us for assistance in their perplexity over one of their immediate family. We are hoping great things for this Clinic."

This hope lies in three directions:—

1. That the Government of Ontario and the Municipality of Toronto may speedily establish the proper kind of institutions for the segregation and efficient training of these types of humanity, and further increase the efficiency of existing institutions. When we have put a label upon a patient and know his proper destination we should like to have that destination assured.

2. That our Clinic may be used more and more as the clearing house for all such cases as are found in the City of Toronto.

3. That those with money to spare, may become so interested in this important and basal work, that generous financial assistance be given. If this be received we may reasonably hope to have one of the finest Psychiatric Clinics on the North American Continent.

What was hoped for happened, and in 1915 the interest in the work increased, as the Social Service Department—sceptical at first—began to see that after all the Clinic was really the backbone of the Social Service Movement, was accomplishing true reforms and gathering facts with which to convince the general public. The war, of course, interferred with progress, and the Clinic lost the services of Miss Clarke, who had done so much to organize the work along advanced lines. She felt the urgency of war needs, but left in her place Miss Marjorie Keyes, who had shown great aptitude for the work while acting as a nurse in training. The mantle fell on worthy shoulders and the Clinic developed apace. 473 new cases came under observation in this year and 692 of all classes attended. The activities included no less than 804 home investigations.

In 1916 the importance of the Clinic was recognized and publicly acknowledged by Miss Jane Grant, the head of the Social Service Department, who, when writing of the work of the Psychiatric Department said: "It is to this centre that all branches of hospital social service or general social service must look for its salvation. Eliminate the feeble-minded and insane from our communities and all social work would be a joy. We should give to this Clinic an unstinted support, knowing that its failure to achieve success would handicap all other social effort." Coming from one who had been brought up to believe in other social service ideals, this was high praise indeed, and a most welcome admission that the importance of the Clinic was recognized by a leader.

In 1916 no less than 643 new cases attended, 885 old and new came under observation, and Dr. C. M. Hincks pointed out in graphic language what had been accomplished, writing in part as follows:—"Toronto is roused at last! The terrible menace of the feeble-minded has shocked the community. The Board of Education considers the present state of affairs intolerable, and is seconded by the Board of Control and the citizens at large. At the present time there is being demonstrated a determined resolve to provide immediate care for the feeble-minded of this municipality. Whence has come the dynamic power bringing about such an upheaval of public opinion? Many forces have been at work, but chief among these has been the Psychiatric Clinic. Facts concerning the feeble-minded of this city have been accumulating at the Clinic since April, 1914. The data collected was of an astounding character. It was well known by the Clinic staff that if the Provincial and Municipal Governments continued in Dr. Clarke's terms to play 'battledore and shuttlecock' with the problem, then the airing of the facts could effectually put a stop to this pastime. The psychological mo-

ment for disclosing our findings arrived, when the Academy of Medicine devoted an evening to a consideration of the question of feeble-mindedness. It was pointed out that 1,455 cases had been examined at the Toronto General Hospital—that of this number a large proportion were feeble-minded; that 285 were habitual thieves; that 120 had attempted to commit murder; that 59 delighted in setting fire to buildings; that 178 were prostitutes of the worst type and for the most part afflicted with venereal disease; that 201 cases were incorrigible in school, and 53 of the latter were found guilty of immorality of the most shocking nature. Dr. C. K. Clarke stated that 54 per cent. of the defectives examined at the Clinic were of foreign birth. The newspapers published these startling statements and Toronto was convinced that the problem needed immediate solution."

In 1917 the work of the Clinic developed enormously and 1,549 cases were examined, the Juvenile Court funrishing no less than 662 of these. Of this number 489 were diagnosed as defectives, clearly illustrating the intimate connection between feeble-mindedness and juvenile delinquency. As usual the proportion of foreign born showed how badly supervised immigration had been, and how necessary it was to inspire the Federal Government, if possible, to adopt a wiser inspection of the immigrants than had been the case in the past.

In 1918 the work again developed and 1,660 cases came under observation, in spite of the fact that some thought we must have completed the survey of the local defectives. As usual the Juvenile Court contributed its large quota, gradually the type of patient began to change, and we received more of the high grade inbeciles owing to the fact that the community is becoming educated in regard to the importance of detecting the moron at the earliest moment possible.

During the early part of 1919 the numbers coming under observation have steadily increased, and evidently when the end of the official year has been reached the average attendance will surpass that of other years. At the time of writing no less than 5,388 cases have passed under examination since April, 1914. This in itself indicates the magnitude of the problem in one locality and incidentally proves that the most pessimistic of the prophets in Ontario have far underestimated the number of defectives in the Province. A government report placed the probable number at 7,000, but apparently Toronto alone must possess more defectives than that. However, it is only by patient delving such as is done in the Clinic that the true facts can be arrived at,

Statistics have been compiled giving accurate diagnoses regarding 4,347 cases, which appeared at the Clinic between April 4th, 1914, and September 1st, 1918, and the results are most interesting as showing how intricate and far reaching the problem is. Dealing with the defectives alone, they made up practically 50 per cent. of those examined or including the so-called backward, who in nearly all instances were feeble-minded, almost 60 per cent.—the insane numbered more than 14 per cent., and as probably half of these were children, it is seen that the prevalence of psychoses in childhood is comparatively common. The supposedly normal only numbered 509 all told, and of course, in many of these the diagnosis will have to be revised later on, as the higher grade of morons are not always easily picked out in a Clinic where the time for examination is necessarily limited. At all events it is now made evident that when a complete survey of this community has been made, it will be found that almost the most serious problem to be dealt with is that of the proper care and treatment of the defective and insane classes in our midst. A striking fact when an analysis of the cases from the standpoint of nationality was undertaken was encountered when it was found that Canada could only claim 55 per cent. of some 4,134 cases investigated, Great Britain claiming 31 per cent., and other nations being credited with 14 per cent. This points most clearly to the fact that immigration, as has already been said, must be far more carefully supervised than has been the case in the past. If we were to take into account the number of children born in Canada of recently arrived immigrants the proportion of those who should be classed somewhat differently would bring the percentage of Canadians far below the figure quoted. Unfortunately that was not done, so we must base conclusions on facts which make the recent immigrants give a much more satisfactory showing than they are really entitled to. As the majority of the patients are children of tender years the truth of this argument is abundantly evident.

Coming now to an analysis of the reasons why patients were sent to the Clinic we find much food for thought. Taking 4,134 cases available at the moment of writing the following were the reasons why we received them:—

Theft	1,049
Truancy	562
Vagrancy	347
Environment and bad home conditions	79
Immorality	292

Immorality among school children	86
Shopbreaking	50
Setting fire	74
Illigetimate children	262
Backwardness	332
Bodily violence	122
Helpless	98
Epilepsy	76
Private cases	110
From military authorities	183
Referred from other clinics or institutions for routine examination	329
Attempted suicide	1
Incorrigibility at home	82

In brief, the common causes were theft and immorality, and if we include the vagrants among the immoral figures we readily discover that these two classes furnish almost 50 per cent. of the total figures, not at all surprising to those who are working in the Clinic, as the various forms of delinquency are always prominent among the Juvenile Court cases.

In penning this article no attempt has been made to go into a minute analysis of what has been done or is being attempted, because to do so would be to take up one or two complete numbers of the journal. What it is hoped to accomplish is to direct the attention of the readers to an intelligent conception of the scope and aims of a psychiatric clinic. The establishment of such clinics is imperative in all communities of ten thousand or more inhabitants and the institution of travelling clinics in smaller centres, as it is only by persistent and well planned surveys of each district that the greatest good will be accomplished. In subsequent issues more detailed studies of the individual problems encountered in the Clinic will be undertaken. The Clinic is to be congratulated on the devotion of its present social workers, Miss Kniseley, Miss Moss, Miss Grant and Mrs. Dewey, who have the most advanced ideas in connection with the aims and endeavours of this branch of Preventive Medicine.

To Mrs. D. A. Dunlap, so many years the generous President of the Social Service Department, much of the clinic's success is due, as she not only provided a great deal of the money required to keep it alive, but was always an ardent believer of the importance and significance of the movement to care for the defective classes.

Nationality of 4,134 patients attending Clinic from April, 1914, to February 1st, 1919:—

Canada	2,299
England	929
Russia	216
Scotland	287
United States	112
Ireland	84
Italy	64
Poland	27
Roumania	16
Austria	15
West Indies	9
France	9
Wales	6
Germany	5
Greece	5
Malta	5
Galicia	5
South Africa	4
Finland	4
Holland	3
Newfoundland	2
India	2
Belgium	2
Serbia	2
Denmark	2
Australia	2
South America	2
Norway	2
Iceland	1
Sweden	1
Unknown	11
Bermuda	1

SOME REMARKS ON THE NEUROSES OF WAR.

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THE story of functional disturbances during the great war is interesting. Early in 1914 cases were evacuated from the Field Units, Ambulances, and Casualty Clearing Stations with no diagnosis at all, or possibly one of concussion. On arrival at the base, according to army tradition, it became necessary to give these cases a name, and they seem to have been universally called "shell shock." Mott in his Lettsonian Lectures in February, 1916, refers to them by this name. In all probability many of the original sufferers, in stating their complaints, honestly said that they had been shocked by the effect of high explosives. In no previous war had high explosives of such enormous capacity been used, neither had they been employed in such quantity. In the early days of the war the great cry was shells, shells, and more shells. Lloyd George can almost be said to have become Prime Minister of England on this cry.

Many theories were deduced as to the causation of this so-called "shell shock." Mott in the article referred to above expressed the opinion that the condition was caused by the gases liberated by the explosion of high velocity shells. This opinion seemed to have been formed because of the similarity between the post mortem findings in a case of Carbon Monoxide poisoning and one of so-called "shell shock." Towards the end of 1916 there seemed to have developed a general feeling of dissatisfaction with the term. People were settling down to the idea of the war. More and more men were being conscripted. Every man that went to France was still a hero, but it was beginning to be recognized that the strain of active service conditions was as important an etiological factor in the causation of so-called shell shock as the concussion resulting from the explosion of a particular shell or shells.

In the spring of 1917, while working at the Granville Canadian Special Hospital under Lieut.-Col. Colin Russel, I read a paper entitled, "Suggestions for the Further Classification of Cases of so-called Shell Shock." An attempt was made to divide these cases into four groups:—

I. Concussion.
II. Hysteria.
III. Neurasthenia.
IV. Malingerers.

A few months later (most emphatically, not because of my paper, but because of this aforementioned widespread feeling) the army authorities divided shell shock into two groups:

I. Concussion.
II. N.Y.D.N. (Not yet Diagnosed Neurasthenia).

They, in addition, established special shell shock centres for each of the five British armies. This plan had previously been adopted by the French with great success. All cases of definite traumatic concussion were so marked on the F.M.C. (Field Medical Card), by the M.O. (Medical Officer) of the Battalion or M.O. of the A.D.S. (Advanced Dressing Station) of the Field Ambulance. Cases that they were unable to diagnose definitely were called N.Y.D.N., this standing for "Not yet diagnosed neurasthenia." The men themselves came to regard N.Y.D.N. as meaning "Not yet dead, nearly." On arrival at one of the army advanced shell shock centres, if there were any doubt in the mind of the attending M.O., the O.C. (Commanding Officer) of the Hospital wrote direct to the O.C. of the unit from which the man had come and asked for a written report. A special army form was printed for this report, and it contained a short account of the incidences leading up to the development of the concussion or N.Y.D.N. Many of the cases labelled as N.Y.D.N. eventually became marked up as Neurasthenics, and consequently the cases of neurasthenia in military hospitals increased.

At this time there were two distinct opinions in England—the one represented by Mott and his followers, who regarded shell shock as a definite organic entity, and the other represented by the Maghull Military School, which regarded the neuroses from the psychological point of view. In the spring of 1917, the Americans began to arrive in England. They were detailed for duty in different hospitals in England and France. The Neurological Clinic of the 4th London General, under Lt.-Col. Mott, F.R.S., received their quota. Many of them were psychiatrists, and approached the problem from the psychological point of view. They were young men, away from their own country, and not dependent for their futures on the goodwill of the chiefs of the British service. They were, in addition, coming fresh to the problem after the disease had become well established.

Towards the end of 1918, Mott began to publish articles which showed that he accepted a great deal of Dejerine's ideas, who was

undoubtedly one of the world's greatest psyschotherapists, and so psychotherapy came into its own in England. But this does not mean that the methods of treatment in the different hospitals conformed,—far from it. Broadly speaking, there are two methods of attack through psyschotherapy.

I. Suggestion and persuasion.
II. Psychological analysis.

Before proceeding to discuss these two forms of treatment, it would seem wise to draw a distinction between the terms functional and psychological. Functional is a term which is entering more and more into the parlance of medical men, and in the various specialties of medicine it seems to have different meanings. In neurology psychological should be regarded as entirely different from functional. The Maghull School employed the term psychological for those conditions which they considered had resulted from a definite psychic experience, e.g.:

X ——, while in the front line trenches, had his chum killed. This chum was standing beside him at the time, and as a result of the injury some of his brains were scattered on X's. left shoulder. A few hours later he discovered the brain tissue on his shoulder. This was a fresh psychic shock. He always dreamed of the experience at night. A few weeks later he was evacuated with paralysis of the left arm (psychological).

Another case, M ——. He and his next door neighbour enlisted in the Canadian Road Transport on the same day, and after pretty well parallel experiences arrived in France. One night he was detailed in charge of a squad laying down a certain piece of track near the front line. They had received strict orders that they were not to smoke. After a bit he had a very strong desire to smoke. He therefore asked his chum to take charge of the party, and, contrary to orders, made his way to a little bush about 20 yards distant. He then lighted his cigarette. In about five minutes the Germans sent over a salvo of shells, and his friend, whom he had left in charge of the working party, was killed. A few days later he was evacuated with the diagnosis of N.Y.D.N. Some weeks later this man was seen by me at Taplow, when he complained of severe pain in the back and inability to walk. I saw at a glance that there was something on his mind and asked him what he dreamed about. He replied: "Nobody but God will ever know that, Sir." To make a long story short, he told me all about it a few days later. He thought that the flare from his match had been observed by the Germans and consequently they had shelled that part of the line and that therefore he was indirectly responsible for the death of

his best friend. Naturally, he was a very difficult case to treat, as he had a good many arguments on his side, but in a short time he was walking about and the pain in his back had disappeared.

These two cases might be said to have had a definite psychological cause, and they are the type of functional cases which will react to psychotherapy. Other functional nervous diseases, in which there is no psychic trauma, will not, on the other hand, respond to psychotherapy. E.g., it is perfectly ridiculous to attempt to treat a case of "constitutional Psycasthenia" by psychological analysis. In this class of case the condition is largely hereditary, and the only way to treat this disease is to become the director and give explicit directions. Epilepsy not very long ago was regarded as a functional nervous disease. Eventually one might imagine the pathology determined of all this latter group of functional diseases, and then psychological and functional would mean one and the same thing to the neurologist. This is, in my opinion, a very important point, because without accepting it as a working hypothesis no uniform success can be obtained by psychotherapy. This is the point of view adopted by the Maghull School, and the results obtained by them were sufficiently good to permit them to institute short courses, of three months' duration, under the authority of the British War Office.

A full appreciation of how a point of view may develop and the circumstances leading up to it is essential before undertaking to treat a psychoneurotic.

Conversion hysterics are invariably cured, some more readily than others, but all are cured. The term conversion hysteria means, that an idea has become objectivized. For example, a man gets an idea that he can not talk, and, when the idea becomes strong enough. he becomes aphonic. As soon as the idea is got rid of, the man will talk. These conditions, which to-day are termed "conversion hysteria," were called by Sir James Paget "Nervous Mimicry," on which he gave a course of six lectures in 1875, and from which the following is an extract:—

"It is seldom that patients with well-marked nervous mimicries have ordinary minds—such minds as we may think average, level, and evenly balanced. You may, indeed, find among them some commonplace people, with dull, low-level minds; but, in the majority, there is something notable, good or bad, higher or lower than the average—something outstanding or sunken. This something is, in different cases, so various that it is impossible to classify or even to enumerate the diversities. But be clear that these patients are not all silly, or fraudulent. . . . It will be safest if you be-

lieve only that, in any case of doubt whether a local disease be organic or nervous, it adds something to the probability of its being nervous if the patient has a very unusual mental character, especially if it be unusual in the predominance of its emotional part; so that under emotion, or with distracted attention, many things can be done or borne which, in the quieter mental state, are felt as if impossible or intolerable. And this probability of mimic rather than real disease will be much increased if the symptoms seemed to follow any great or prolonged mental tension, or if the patient's mind be set, in much more than the ordinary degree, upon the real or supposed disease. In all the well-marked cases of nervous mimicry, and in the less marked in only a less degree, the malady determines the general current of thought, and often of the whole life. Egotism has its keenest life at and about the supposed seat of disease. If the malady be not always uppermost in the thoughts, it seems always in an undercurrent, rising at every interval between the distractions of work or play. . . . (1).

"(L.) He writes to Sir Henry Acland, in 1866, of a patient—'What unsatisfactory and hardly manageable cases these are. This clever, charming, and widely known lady will some day disgrace us all by being juggled out of her maladies by some bold quack, who by mere force of assertion will give her the will to bear, or forget, or suppress all the turbulences of her nervous system.'"

The term "conversion hysteria," however, suggests a working hypothesis, and, although the theory in connection with it may be wrong, it is well to remember that many theories have outgrown their usefulness and been discarded. The human mind demands a theory—some explanation, however feeble or illogical. It seems ridiculous in the light of our present day knowledge to think that for years eminent physicists and chemists thought that rays of light, during their passage through certain crystals, had their molecular contents altered, and that this was the theory by which polarization of light was explained. But it took a Pasteur to correct this theory. Theories were made to serve man, not man to serve theories. If at times one feels impatient with some of the theories of psychology, it is well to remember that they are just submitted as tentative working hypotheses.

The methods employed by the suggestionists and persuasionists are too well known to require discussion. Dejerine and Dubois are the two leaders of thought in this field, and of the British neurologists Mott and Hurst are the two most prominent of those who have advocated this form of treatment for the war psychoneuroses. Last spring, at a meeting of the Neurological Section of the Royal

Society of Medicine, Major A. F. Hurst showed some moving pictures of the quick cures wrought in war hysteria. The audience was amused and quite impressed by the results obtained by Major Hurst, but it was noticeable in the discussion that took place after his paper that very few questions were asked about hysterics. All the physicians who were treating war neuroses seemed more concerned with the class of case that evidenced no objective symptoms, but produced a long string of subjective symptoms, i.e., the war neurasthenic, and Major Hurst was not able to claim very brilliant results with this class of case.

Dr. Henry Head also referred to the difficulty of treating the neurasthenic, and emphasized the amount of patient investigation that was required before making any recommendation to the patient. As an illustration he recalled the knowledge of his engine that an engineer must have before he can control it, and stated that the position of physician and patient was analogous to that of the engineer and his engine. This implies that the mentality or point of view developed by the individual is of importance. What are the thoughts that make up the idea that have produced the symptom? For instance, in a case of functional aphonia, the mutism is the symptom. The idea that he can not speak has produced the dumbness, but why and how has he developed the idea that he can not talk? To a psychologist the idea of treating the mutism as though it were the disease would be almost parallel to treating the secondary rash of lues locally and leaving the Treponema Pallidum to roam about at will in the body.

In a soldier at war there are two primary instincts predominating in his personality:

I. Self-preservation instinct.
II. Herd instinct.

The first is an instinct that army training tries to minimize; and the second, one that a great part of the training is devoted to developing. Patriotism in all its various stages, from a platoon esprit de corps to the national one, is but a form of herd instinct. Eventually the conflict between these two instincts becomes too severe and the self-preservation one holds sway, if not in the conscious mind, at least in the unconscious one, and a way out has to be found. So the psychoneurosis develops,—each case different, but yet all resembling one another in many ways, and each one a problem in itself. The conditions of life and the ideals necessary to a victorious army develop a habit of thought quite contrary and in conflict with that of the previous peaceful civilian. The war neurasthenic has many mental conflicts, which he cannot rid from his field of con-

sciousness because of their strong emotional element.

After having treated the cause of the psychoneuroses, there still remains the necessity of creating new habits, and the creation of these new habits is a most important part of the treatment. The problem of the rehabilitation of the soldier is the problem of the formation of new habits after the natural habit-forming period has been passed. "Habit is ten times nature," the Duke of Wellington is said to have exclaimed, and William James says, in part, of habit:

"Habit is thus the enormous fly-wheel of society, its most precious conservative agent. It alone is what keeps us all within the bounds of ordinance, and saves the children of fortune from the envious uprisings of the poor. It alone prevents the hardest and most repulsive walks of life from being deserted by those brought up to tread therein. It keeps the fisherman and the deck-hand at sea through the winter; it holds the miner in his darkness, and nails the countryman to his log-cabin and his lonely farm through all the months of snow; it protects us from invasion by the natives of the desert and the frozen zone. It dooms us all to fight out the battle of life upon the lines of our nurture or our early choice, and to make the best of a pursuit that disagrees, because there is no other for which we are fitted, and it is too late to begin again. It keeps different social strata from mixing. Already at the age of twenty-five you see the professional mannerism settling down on the young commercial traveller, on the young doctor, on the young minister, on the young counsellor-at-law. You see the little lines of cleavage running through the character, the tricks of thought, the prejudices, the ways of the 'shop' in a word, from which the man can by-and-by no more escape than his coat-sleeve can suddenly fall into a new set of folds. On the whole, it is best that he should not escape. It is well for the world that in most of us, by the age of thirty, the character has set like plaster, and will never soften again.

"If the period between twenty and thirty is the critical one in the formation of intellectual and professional habits, the period below twenty is more important still for the fixing of *personal* habits, properly so called, such as vocalization and pronunciation, gesture, motion, and address. Hardly ever is a language learned after twenty spoken without a foreign accent; hardly ever can a youth transferred to the society of his betters unlearn the nasality and other vices of speech bred in him by the associations of his growing years. Hardly ever, indeed, no matter how much money there be in his pocket, can he even learn to *dress* like a gentleman-born. The merchants offer their wares as eagerly to him as to the

verist 'swell,' but he simply *cannot* buy the right things. An invisible law, as strong as gravitation, keeps him within his orbit, arrayed this year as he was the last; and how his better-bred acquaintances contrive to get the things they wear will be for him a mystery till his dying day."

Consider the men of war who have had to give in, the men who have had experiences which were too much for them, the men who have been evacuated with a diagnosis of N.Y.D.N., gastritis, or myalgia, and have later been labelled neurasthenics. These men have temporarily been knocked out and mastered by their experiences instead of remaining master of those experiences. They have very often lost their self-respect, and have invariably lost confidence in themselves and developed bad habits of thought. These are the men that require help and encouragement and wise directive sympathy. The rehabilitation of the returned men is difficult, but the rehabilitation of the soldier who has developed a war neurosis is many times more difficult. The psychological analyst claims that he endeavors to study the complex mental processes and to direct the patient so that he knows his own mind and again becomes orientated and adapted to the environment in which he is likely to spend the balance of his life.

Just one last word in regard to the prevailing opinion toward functional nervous conditions. Unquestionably, when one comes to deal with cases showing practically no sign on physical examination, the average medical man begins to flounder. He is getting in beyond his depth. The average Tommy has some inkling of this fact, and some unquestionably simulated nervous disease. The longer the war lasted, the greater became the number of lead swingers. Many of them eventually became labelled as Neurasthenia or Hysteria. Some of them were discovered and treated in such a way that they were cured. A knowledge of the history of their cases unfavourably prejudiced many medical men against all war neurasthenics and hysterics, and, as is so often the case, the decent chap, who has broken down, as a result of too trying experiences has had to eat the dessert which was meant to be served out to the malingerer.

Bibliography.

1. The effects of High Explosives upon the Central Nervous System. F. W. Mott, F.R.S.
2. Medical Diseases of the War. A. F. Hurst.
3. The Psychology of Insanity. Bernard Hart.

4. Memoirs and Letters of Sir James Paget.
5. Psychology. William James.
6. The Instincts of the Herd in Peace and War. W. Trotter.
7. Phychic Treatment of Nervous Disorders. Dubois.
8. Psychoneurosis and Psychotherapy. Dejerine.
9. The Psychoneurosis of War. Roussy and Lhermitte.

IMMIGRATION, PAST AND FUTURE.

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THE history of Canada is in a large measure the history of Immigration. From the day when to the astonishment of the red men the pale faces began to arrive from the East and press their way forward toward the West, to the present day, when the results of the labour and endurance of the hardy pioneers are manifested in "the star of Empire,"there has been the ceaseless movement of the immigration tide from the shores of Europe to those of the St. Lawrence and the Great Lakes and the illimitable lands of the west. For the days of Cartier and Champlain, and those intrepid explorers who looked forward to conquest rather than settlement, were but the pioneer days preparatory to the full movement of that spirit of colonization, which has so long marked the Empire of Britain. The plains of Abraham witnessed the decision that in the New World British laws, customs and institutions should be dominant, but just as the soil of those plains embraced in common mother-earth the gallant dead of both sides who had so nobly fought for supremacy, so also did the soil of New Canadian life take into itself French and English characteristics that were prophetic of a still more composite population fused into the unity of a nation "extending from sea to sea and from the river unto the end of the Earth." The struggle for empire decided in 1760, and ratified by the treaty of Paris, 1763, brought under the British Flag about sixty thousand people gathered mainly around Quebec, Three Rivers and Montreal, and scattered along the shores of the St. Lawrence and the Richielieu. In the regions beyond lay a few scattered forts buried in the wilderness, and serving as trading posts for the fur-trade with the Indians. Detroit had a population of about a thousand, and Quebec seven thousand inhabitants, while Montreal, after a hazardous growth, had attained to nine thousand. Such was the nucleus of the Dominion of Canada.

While England's success in The Seven Years' War gave her undreamed of territory, her failure with the Thirteen Colonies gave an influx of loyalists into her new domain—one of the early immigration waves. It is quite probable that the settlement of the new

lands would have gone on rapidly had not the internal political strife connected with the struggle for responsible government been a strong deterrent to those in Great Britain, who were turning eager and inquiring eyes to the lands beyond the sea. And yet despite the fact of the untold hardships involved in redeeming the wilderness, despite the fact of bitterness between Upper and Lower Canada, despite the dreadful inconveniences, distresses and sometimes the horrors connected with long voyages from England, there must have been a steady increase in the population not only by birth rate, but by immigration, for when the Act of Union in 1867 formed the four provinces of Quebec, Ontario, Nova Scotia, and New Brunswick into one Dominion, the population of these provinces in 1861, upon which the Act of Union was based, was 3,090,561. Of these Quebec had 1,111,566; Ontario, 1,396,091; Nova Scotia, 330,857; and New Brunswick, 252,047. From the small number of 60,000 inhabitants in 1763 when Canada passed under the British Flag the population had grown in just 100 years to over three millions—i.e., about doubling itself every 20 years. While it seems clear that in the Province of Quebec the major source of increase was in the natural birth-rate, since there was not a considerable influx of French-speaking people, it is equally clear that the major source of increase in Ontario was not so much the birth rate but immigration from the British Isles, and parts of Europe. In fact it was the steady increase in the population of Upper Canada which rendered more and more acute the internal strife between "the Canadas," which issued in the report of Lord Durham in 1838, urging the union of the two provinces, "for while the present state of things is allowed to last, the actual inhabitants of these provinces have no security for person or property, no enjoyment of what they possess, no stimulus to industry." But that report is not only significant for its political insight, but also for the light it throws on the conditions of immigration at that period. One of the most interesting side lights on the character of the immigrants, the nature of the voyage, the conditions meeting the new-comers, is given by the evidence incorporated in that report. Of the numerous difficulties that beset the immigrant in the new lands, volumes could be written, but the scantiness of population, the consequent lack of roads, the blocks of land reserved for the clergy and for the crown, the acres granted to U. E. loyalists, militiamen, officers and others—lands which were frequently unimproved and left wild—made the task of the settler well nigh hopeless in the outlook for schools, post-offices, mills, churches, markets. An illustration of some of the difficulties due

to the absence of roads is given in the statement of the Chief Agent for Emigrants in Upper Canada, appended to Lord Durham's report. "In 1834 I met a settler from the Township of Warwick, on the Caradoc Plains, returning from the grist mill at Westminster, with the flour and bran of 13 bushels of wheat; he had a yoke of oxen and a horse attached to his wagon, and had been absent nine days, and did not expect to reach home until the following evening. Light as his load was, he assured me that he had to unload wholly or in part several times, and, after driving his wagon through the swamps, to pick out a road through the woods where the swamps or gullies were fordable, and to carry the bags on his back and replace them in the wagon. Supposing the services of the man and his team to be worth two dollars per day, the expense of transport would be twenty dollars. As the freight of wheat from Toronto to Liverpool (England) is rather less than 2s. 6d. per bushel, it follows that a person living in this city could get the same wheat ground on the banks of the Mersey, and the flour and bran returned to him at a much less expense than he could transport it from the rear of Warwick to Westminster and back—a distance of less than 90 miles." From the vantage point of to-day with its fairly good roads and the agitation for better, one can more easily imagine than describe the conditions facing the settler who endeavoured to wrest a living from the primeval wilderness. And it is not to be wondered at that only those of hardihood and physical stamina successfully achieved the task. Then as ever the weak went down in the struggle. But the conditions of hardship and distress did not wait for the immigrant to settle on the land. They found him on his voyage from Europe. The passage occupied on the average six weeks, and frequently extended to eight or nine weeks, the ships were overcrowded, more emigrants being taken than the space and provisions warranted, and than the law allowed. Vessels were chartered for emigration by persons whose sole object was to make money, and who made a trade of evading the provisions of the Passengers' Act. This was the case in many vessels coming from Ireland, the number of persons on board being greater than that allowed by the Law. The captain, of course, explained to the authorities on this side that the extra numbers smuggled themselves, or were smuggled, on board, and were only discovered after the vessel had been several days at sea. The obvious expedient of examination of the ship and its passengers was not enforced, although the Imperial Act required that the names, ages, sex and occupation of each passenger should be entered in a list, certified by the customs officer at the outport, and delivered by the

captain with the ships papers to the officers of the customs at the port of landing. Lists, of course, were always delivered to the tide surveyor, but they were not infrequently wholly incorrect as to names and ages. The purpose was to defraud the revenue by evading the tax upon immigrants—for the tax was paid not by the emigrant but by the ship's owners. The simple expedient of mustering the passengers and comparing them with the printed lists would have detected the errors, and also provided some work for the emigrant officials to do. If overcrowding was bad, provisioning was, if possible, worse. Poorer immigrants frequently did not have a sufficiency of provisions for the voyage, though that they should have was a regulation that could be enforced under the Passengers' Act, which authorized the inspection of provisions by the outport agent for immigrants. This being neglected the passengers with insufficient provisions became dependent on the humanity of the Captain or the charity of fellow-passengers. An overfondness for criticism would lead one to ignore the possibility of any Captain having any grain of humanity. But that becomes a libel. No doubt many a humane man was then, as now, sailing the seas. Yet the man who would allow the sailing list to be falsified, and who would shut his eyes to the evils of overcrowding on his ship, would not be averse to employing means for supplying the necessities of the poorer immigrants who might have a few shillings left. A stock of provisions would be laid in for this purpose, prices would be increased anywhere from 100 to 400 per cent., and the unfortunate immigrant mulcted of his last shilling would be landed in Quebec to face a new and untried world. Parish emigrants, and they were many, were generally at the mercy of the Captain, and frequently were put on short allowances soon after departure from port. Then, the provisions were always coarse and quite often bad. Rations of biscuit and beef, or pork, of poor quality would be impossible for sea-sick people, and especially for women and small children, who had little or no stores of tea, sugar, coffee, oatmeal, etc. The inevitable debility left them an easy prey to Typhus and other contagious diseases, and, in the words of one Medical Inspector, "the mortality during the voyage was dreadful." Nothing else could be expected in ships ill-found, ill-provisioned, overcrowded, and ill-ventilated. Sometimes ships were compelled to obtain food from other vessels with which they had fallen in, and quite frequently there was insufficient supply of water. The casks were insufficient in number, very many of them were old casks, made up with pine heads, which leaked, and often fell to pieces. In one ship the loss of water by leakage was computed as 800 gallons during the first three days,

and in another ship about the same amount. When these two ships arrived in port one had enough water for no more than half a day, and the other was quite without water. Yet these two ships together carried 776 souls. Insufficient space was allotted for the berths which were sometimes badly constructed, two ships being specially mentioned as defective in this respect, for the berths came to pieces with the first heavy sea, causing the death of two children and severely injuring many others. Sometimes the ship itself was unseaworthy, wrecks occasionally occurred, and where a ship was unseaworthy it could not carry much sail, and so necessitated a long and dangerous voyage.

The condition of the Emigrants upon arrival need not be detailed. The inspecting physician at Quebec found himself often at a loss for words to describe their state. But, he declares, "with few exceptions, the state of the ships was quite abominable, so much so, that the harbour-master's boatmen had no difficulty, at the distance of gun-shot, either when the wind was favourable or in a dead calm, in distinguishing by the odour alone a crowded emigrant ship. I have known as many as from 30 to 40 deaths to have taken place, in the course of a voyage, from Typhus fever on board of a ship containing from 500 to 600 passengers; and within six weeks after the arrival of some vessels, and the landing of the passengers at Quebec, the hospital has received upwards of 100 patients at different times from among them. On one occasion I have known nearly 400 patients at one time in the Emigrant Hospital of Quebec, for whom there was no sufficient accommodation. . . . The mortality was considerable among the emigrants at that time, and was attended with most disastrous consequences; children being left without protection, and wholly dependent on the casual charity of the inhabitants of the city. As to those who were not sick on arriving, I have to say that they were generally forcibly landed by the masters of vessels, without a shilling in their pockets to procure them a night's lodging, and very few of them with the means of subsistence for more than a very short period. They commonly established themselves along the wharfs and at the different landing-places, crowding into any place of shelter they could obtain, where they subsisted principally upon the charity of the inhabitants. For six weeks at a time from the commencement of the immigrant season I have known the shores of the river along Quebec, for about a mile and a half, crowded with these unfortunate people, the places of those who might have moved off being constantly supplied by fresh arrivals, and there being daily drafts from 10 to 30 taken to the hospital with infectious disease. The

consequence was its spread among the inhabitants of the city, especially in the districts in which these unfortunate creatures had established themselves. Those who were not absolutely without money, got into low taverns and boarding-houses and cellars, where they congregated in immense numbers, and where their state was not any better than it had been on board ship. This state of things existed within my knowledge from 1826 to 1832, and probably for some years previously." Another inspector reported the same sort of conditions: "Upon the arrival of emigrants in the river, a great number of sick have landed. A regular importation of contagious disease into this country has annually taken place; that disease originated on board ship, and was occasioned, I should say, by bad management in consequence of the ships being ill-found, ill-provisioned, over-crowded, and ill-ventilated . . . the mortality during the voyage has been dreadful." Another inspecting physician reported: "The poorer class of Irish, and the English paupers sent by parishes, were, on the arrival of vessels, in many instances, entirely without provisions, so much so, that it was necessary immediately to supply them with food from shore. This destitution, or shortness of provisions, combined with dirt and bad ventilation, had invariably produced fevers of a contagious character, and occasioned some deaths on the passage; and from such vessels, numbers varying from 20 to 90 on each vessel, had been admitted to hospital with contagious fevers immediately on their arrival."

The query naturally arises: What sort of Emigrant was this that he could in any way tolerate these conditions? So far as the pauper emigrant was concerned he was described by the Deputy Inspector-General of Hospitals as follows: "On his arrival in the province he is generally either with nothing or with a very small sum in his pocket; entertaining the most erroneous ideas as to his prospects here; expecting immediate and constant employment, at ample wages; entirely ignorant of the nature of the country; and of the place where labour is most in demand, and of the best means by which to obtain employment. He has landed from the ship, and from his apathy and want of energy has loitered about the wharfs, waiting for the offer of employment; or, if he obtained employment, he calculated upon its permanency, and found himself, at the beginning of the winter, when there is little or no employment for labour in this part of the country, discharged, and without any provision for the wants of a Canadian winter. In this way emigrants have often accumulated in Quebec at the end of summers, encumbered it with indigent inhabitants, and formed the most onerous burden on the charitable funds of the community." If blame be placed

at all on this condition of affairs, it cannot be laid exclusively at the door of these unfortunate people, but more so at the doors of the charitable organizations and parishes that provided the means for it and the Governments that tolerated or ignored it. Describing the situation and suffering of the emigrant Mr. Stayner, the then Deputy Postmaster-General, for British North America, said: "Many of these poor people have little or no agricultural knowledge, even in a general way; and they are all ignorant of the husbandry practised in the country. The consequence is, that, after getting into the 'bush,' as it is called, they find themselves beset by the privations and difficulties which they are not able to contend with, and giving way under the pressure, they abandon their little improvements to seek a livelihood elsewhere. Many resort to the large towns in the provinces, with their starving families, to eke out by day labour and begging together, a wretched existence." Of course the more enterprising and vigorous, disgusted at the conditions, moved out to the United States, where "the reported high wages and more genial climate" was the great attraction. One observant official expressed the conviction that 60 out of every 100 emigrants from Britain for a period of years went to the United States. It is not to be imagined that all the emigrants were of the unfortunate type described. If they had been it would have been a dreary outlook for the provinces of Lower and Upper Canada. But the poorer classes of emigrant, in the words of the Deputy Inspector-General, above mentioned, "the emigrants with families, from the south of Ireland in particular, as well as the pauper emigrants from England, those emigrants sent by parishes, in large proportions, arrive in a state of great poverty. I should say that the majority of the voluntary immigrants from England, and from the north of Ireland, do not generally arrive in a state of actual destitution, since they generally possess a little money, unless their families are very large. We have had occasion to remark upon the manner in which pauper emigrants have been sent from England, and to recommend that funds for their location should be furnished by the parishes, and entrusted to authorized agents here for their benefit. The observations apply, in some degree, to pauper English emigrants, but to a far greater degree to those from Ireland, and particularly from the south of Ireland."

This is quite sufficient, perhaps more than sufficient, to indicate the conditions surrounding immigration in the period from 1830 to 1850. But despite all these hardships the tide was moving westward in great strength. In 1831, 50,254; 1832, 51,746; 1833, 21,752; 1834, 30,935; 1835, 12,527; 1836, 27,728; 1837, 22,500; 1838, 4,992;

for the eight years a total of 222,704, an average of over 27,000 per annum. The distracted state of the country evidently accounts for the small number in 1838, but both before and after the report of Lord Durham things began to improve. The Passengers' Act was amended, a quarantine station was established at Grosse Isle some miles below Quebec, The Quebec Emigrant's Society was formed, an emigrant tax was imposed for the destitute sick and the totally destitute, Grosse Isle was made public property and the whole establishment placed under the direction of the executive Government, all emigrant ships were obliged to stop there, examinations were made by competent and responsible officials, and when the union of the provinces took place in 1867, the population had increased to over three millions.

With the next forty years there came great expansion. The political unrest finally subsided, industry grew, agriculture developed and the last quarter of the 19th century was one of unprecedented progress. As a matter of fact the words of Lord Durham were being fulfilled in a promising manner. Expressing his dissent with the view that "some parts of the conduct of emigration should be entrusted rather to charitable committees than to an ordinary department of the Government," he wrote these significant words. "I can scarcely imagine any obligation which it is more incumbent on Government to fulfil, than that of guarding against any improper selection of emigrants, and securing to poor persons disposed to emigrate every possible facility and assistance, *from the moment of their intending to leave this country* to that of their comfortable establishment in the colony. No less an obligation is incurred by the Government, when, as is now the case, they invite poor persons to immigrate by tens of thousands every year. It would, indeed, be very mischieveous if the Government were to deprive emigrants of self-reliance, by doing everything for them; but when the state leads great numbers of people into a situation in which it is impossible that they should do well without assistance, then the obligation to assist them begins; and it never ends, in my humble opinion, until those who have relied on the truth and paternal care of the Government, are placed in a situation to take care of themselves."

This utterance is profound enough, but it was not unique; the necessity of a systematic and responsible management of emigration had been repeatedly urged upon the Government for some years, and the improvements mentioned above leave room for inference as to an earlier unregulated and practically lawless situation. But the consummation of confederation made the way clear for the fuller organization of a Department by which the regulation and

promotion of Immigration could be more easily achieved than heretofore. The discovery of the immense and unimagined resources for agriculture and other industries, showed quite clearly that in these lands beyond the seas there was the possibility of a great and powerful population. The tremendous agricultural possibilities of the country led the Government to encourage settlers who would engage in agriculture, and, conversely, discourage prospective settlers whose occupation, or lack of it, would contribute mainly to the congestion of towns and cities. This encouragement was made by an elaborate propaganda in countries from which emigrants were regarded as desirable. In leading cities of Europe and the United States officials were established to encourage suitable persons to emigrate. Circulars were printed in the language of the country in which they were distributed, giving glowing accounts of the great opportunities in the new country. Newspaper advertisements, agricultural exhibits, pictorial representations, lecture tours were supplemented by bonuses paid to steamship agents who acted as booking agents directing people to Canada. Emphasis was laid especially on obtaining persons who had some experience in agriculture, or experience in domestic work. That such propaganda cost money may be seen from the fact that for the fiscal years 1898-1908, inclusive, Canada's immigration expense was $6,798,832.00, an average of $677,983.00 per annum, and 36.8 per cent. of that amount was spent in Canada for regulating, with 63.2 per cent. spent abroad for promoting. This does not at all mean that free passages were scattered broad-cast and all doors thrown wide open, nor were bonuses paid on all who desired to see the new country. Bonuses were to be paid on British subjects, "who have for at least one year been engaged in the occupation of farmer, farm-labourer, gardener, stableman, carter, railway surface-man, navy, or miner, and who signify their intention of following farming or railway construction work in Canada." A similar regulation applied to domestic servants.

The result of this was that during the years 1901-1909, inclusive, the number of immigrants into Canada totalled 1,244,597. Taking the population of 1901 as 5,371,315 there is, through the agency of immigration alone, an increase of 23.3 per cent. Of that great tide of people 502,264 came from the United Kingdom, 393,908 from the United States, and the balance mainly from Europe. Compared with immigration into the United States the influx into Canada was proportionately greater. From 1900 to 1909, the number of people entering as immigrants into the United States was 7,753,816, more than six times the number entering Canada for approximately

the same period, but the percentage of increase for Canada is 23.3 per cent., against 10.2 per cent. for the United States. It goes without saying that the task of assimilation was greater and more difficult for Canada, and in a large measure has not yet been achieved. While it was fortunate that of that vast influx of people the majority, or about 70 per cent. were English-speaking, yet 348,425 were non-English-speaking, and of these 21,495 were Chinese, Japanese, and Hindu. Such a polyglot population intensifies on every side the task of assimilation and makes the hope for one uniform and national language recede into the distant future.

Although it was the express intention and advice of the Dominion Government, through the Immigration Department, to prefer farmers, farm-labourers and female domestic servants, and although any other intending immigrants were urged either to get definite assurances of employment in Canada before leaving their home country, or to have sufficient money to suffice for a probable period of disappointment, and although bonuses were paid only on the special kinds of immigrants desired, yet, taking the years 1907-08-09, as typical, when over half a million immigrants came to Canada, only 206,104 or 36.8 per cent. were farmers, or farm-labourers,—and that number included the women and children accompanying such. And of that number, again, the United States supplied more than half. On the other hand, for the same period, 26 per cent. of the total immigration consisted of mechanics, traders, and clerks. Moreover, while 206,104 immigrants upon entering declared their occupations as farmers, or farm-labourers, it did not follow that after landing they entered upon these occupations, but rather that they had fulfilled the condition laid down by the Government of having spent at least one year in agricultural labour. This inference is borne out by the data for homestead entries which during the decade 1900-09, numbered in the Western provinces 235,690. Of that number more than 60 per cent. were immigrants. During the same period the total immigration was 1,244,597. Thus the number of immigrant homestead entries made only 18 per cent. of the total immigration, and of these the number from the United States almost equalled the United Kingdom and the rest of Europe. Of the immigrants coming from the British Isles and Continental Europe, only a comparatively small number were engaging in agricultural life. The great majority were entering into industrial and urban life, swelling the population of the cities with all the complicated problems connected with a rapid development.

Encouragement was also given to the emigration of poor and homeless children in Britain, though the expense connected there-

with was borne by charitable agencies. There has been during these years a steady demand for these children and a constant stream toward Canada. The report of the Superintendent of Immigration in 1909, estimates that during the preceding 50 years nearly 60,000 juvenile immigrants have come from the British Isles. As an indication of the extent of this source of immigrants there were 19,034 juveniles admitted during the period 1901-09, but there were nearly seven times as many, 130,825, applications received. Whatever may be said for or against this type of immigrant, and many, perhaps, most of them, have "made good," less can be said in favour of immigrants who were sent out yearly to Canada by private charity or State aid. Evidence of the scope of this "philanthropic" work may be seen in the fact that for the year 1907, there were 12,336 persons sent to Canada by London Charitable Societies alone. Add to these the number of state-aided and rate-aided immigrants, and the suspicion seems well founded that in the attempt to seduously follow Mr. Kipling's advice of "Pump them in," selection was not as active as benevolence, and Canada was becoming a dumping ground for misfits and undesirables. No strict supervision of an official character was exercised over these immigrants. They were products of the distress committees and of the work-houses, and the distress committees provided the money for transportation, while the booking agency was supposed to provide the employment on the Canadian side! To offset these decided disadvantages an Order-in-Council was passed in 1908, prohibiting the landing in Canada of any person whose passage had been paid wholly or in part by any charitable organization, or out of public moneys, unless the emigration to Canada of such persons had been approved by the Canadian Immigration authorities in London. That approval had to be made on definite grounds and involved an enquiry by the Canadian Immigration authorities into the previous character of the family of the proposed immigrant; a medical examination of such immigrant; assurance that arrangements had been made for the reception and employment of the individuals concerned; and finally, it was required that every immigrant, male or female, 18 years of age or over, arriving in Canada before February 15, should have in his or her possession money to the minimum of $50, or if arriving after February 15 and before April 1, a minimum amount of $25, in addition to a ticket to his or her destination in Canada, unless satisfactory evidence is furnished that the immigrant is going to some definite employment, or to relatives or friends already settled in Canada, who will take care of such immigrant.

(To be continued.)

IMMIGRATION AND THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE.

BY J. D. PAGÉ, M.D., MAJOR, C.A.M.C.
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WHEN a year or more ago, it was proposed to organize in Canada a committee for Mental Hygiene, of the various reasons advanced to justify the "raison d'etre" of such a body the one which, above all, appealed to me most, was the work that could be undertaken by the committee in connection with immigration.

If the population of this country is going to be doubled within the next ten years, as predicted by certain optimistic persons, I venture to predict that without a better control than has existed in the past the standard of the physical and mental health of the inhabitants of Canada will be materially lowered, while the provinces had better hurry and make provision to take care of such specimens and their products, as were found in an over proportion to the native population, by the experts of the Committee in their recent survey of the Province of Manitoba.

It is remarked by a few people who have had the courage to make repeated statements relative to undesirable immigration and its causes, before the various Medical, Health and Social Congresses that the research work and the publicity given to its results by the Committee for Mental Hygiene, has done more to stir up public opinion during the last few months than all the protests and resolutions passed by the above agencies for many years, especially as regards the menace of the mentally abnormal.

It is also gratifying to note that the value of the work done by this Committee has received official sanction by the fact that it was asked by the Government Public Welfare Commission of Manitoba to make a survey of the public institutions of that Province and that British Columbia has now made a similar request.

While I am not authorized to speak in any way of the importance of the Manitoba survey, from what I know I venture to say that the proportion of mentally defectives and insane born outside of Canada, who are inmates in the institutions of Manitoba, is a startling revelation of a danger to the race which is as threatening as was the German menace to the world not long ago, although many people who think themselves wise are still quite blind and

deaf on this subject.

It occurs to me that the reproduction here of the picture made by Sir James Barr, of the conditions existing at the nearest source of some of our troubles, on the other side of the water, might start them thinking.

It was in 1910 that the above distinguished English surgeon, who was invited to deliver an address before the Canadian Medical Association, under the title of "Medicine of the Future," among other things, said:—

"You have, here, a virgin soil and you should see that it is peopled with a vigorous and an intellectual race. You should shut out all degenerate foreigners as you would exclude a mad dog."

As if he had wanted to create such an impression as would give more effect to this general warning he added:—

"During the last fifty years, the insane population of England and Wales has increased 250 per cent., while the whole population has only increased 81.6 per cent., and in Ireland with a falling population the increase has been about 100 per cent. The ratio of the insane to the general population is in England and Wales, one in 278, in Ireland, one in 158, and in Scotland, one in 256. This is not all, as there is even a greater number of defectives in the three countries. As to the idiots he stated, that there are some 150,000 (estimated) of these defectives in England and Wales and for every defective there are from six to a dozen of his relatives only a shade better than himself. Practically the same holds for insanity."

The following extract from an address by Lord Shaughnessy, before the Calgary Board of Trade, and reproduced in the Montreal Star of the 22nd September, 1916, will leave no doubt as to what we must expect when immigration resumes its course, if the old policy continues to be adhered to:—

> "The immigration of the country is of vital importance to every citizen. We do not want as Immigration Agents in Europe, the United States or elsewhere, men who receive such position for political services performed. The work should not be left in the hands of the Steamship Agents, whose only interest in the business is the five dollars per head and the Agent's commission they receive."

From the above it would appear that the booking agents were pretty well at leisure to pump into the country almost anything they saw fit and with the chronic weakness of our system of inspection which, fifteen years after its conception, is still in an embryonic stage, seemingly awaiting a Foch to operate its transformation. It is no wonder if a surplus stock expensive to keep and for

which there is no demand, is stored up in many of our institutions which are rather short of space to take more cases having the same trade mark. As I happened to converse with representatives of the Western Provinces in course of recent travels, I received the impression that through the work and propaganda of the National Committee for Mental Hygiene some people out there, at least, are beginning to think better, feel better and expect to act better in the future for problems that have not until now been conspicuous before their eyes. The West seems particularly concerned about those connected with immigration; in fact, it seems the liveliest issue at the present time in Western Canada.

They desire some new policy in this respect and it occurs to me that, if comprehensive legislation is enacted during the present session, the carrying out of the details will present some difficulties which the Committee might be in some way instrumental in solving by studies made, not so much at the ports of arrival, perhaps, but in England and on board the ships.

It does not seem unlikely that, if an initiative of this kind received the sanction of the Federal Government, the results of the enterprise might have an important bearing in the exclusion of many mentally unfit.

The following remarks taken from the report of the Surgeon-General of the U. S. Public Health Service are of particular interest with regard to prospective immigration.

"A review of the immigration work performed during the past fiscal year tends to a belief that a demand has already been created for a more rigid inspection of arriving aliens to determine their exact mental and physical status. It is also believed that the necessity for increased efficiency along those lines will not lessen with the end of hostilities in Europe, at which time the students of the subject predict that even if the tide of immigration does not markedly increase, the percentage of mental and physical defectives will be much larger than ever, for the reason that in the scheme of reconstruction in the countries at war the main object will be to dispose of, through the avenues of immigration, those persons who will be least useful at home." . . .

"The policy of assigning the medical inspection to an increasing proportion of officers specially trained in psychiatry has been a big factor in determining the results. More attention each year is being devoted to this phase of immigration inspection and the increasing percentage of mentally abnormal immigrants discovered has demonstrated the value of the work."

We have not yet any psychiatrists employed for the examina-

tion of immigrants in Canada. The fact that for the three years preceding the war, 1911-1914, only 20.2 immigrants per 100,000 were rejected for mental causes, while for the same period 60.1 per 100,000 were certified for rejection in the United States demonstrates that unless we change our methods we are not practising intelligent economy.

In as much, as a large proportion of the financial support of the Committee has been given on the basis that it could be helpful in connection with immigration, I shall conclude in inviting expression of views to the Editor of the Canadian Journal of Mental Hygiene, regarding the wisdom and advisability of attempting extension work across the Atlantic Ocean.

SOCIAL SERVICE AND MENTAL HYGIENE—A NEW COURSE OF TRAINING.

By R. M. MacIver, D.Phil.

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An old and long-neglected need, which has been brought home by the war to the public consciousness, is that for special treatment and care of the mentally feeble and abnormal. The National Committee for Mental Hygiene has focused this need and provided a great new organization for meeting it. In doing so it must provide also institutional workers who will be specially trained to deal with the conditions and problems, not only of feeble mindedness, but of all those mental abnormalities which, for the welfare of the whole country, need curative treatment. The ordinary training in nursing and the ordinary curriculum of such few schools of Social Service as now exist are not adequate for this purpose. Special provision has to be made, and the Department of Social Service of the University of Toronto, at the suggestion and with the support of the National Committee, is undertaking to provide this spring a first course of training for that purpose. While it is primarily the particular need of the returned soldier which has directed attention to this work, the course is designed for any, and particularly nurses who are likely to devote themselves to the care of those who, whether soldiers or civilians, require treatment for mental trouble. The Department of Soldiers' Civil Re-establishment is preparing to send social workers from all over Canada to take the course, and, besides this, there is already evidence that other institutions will send workers to add the necessary element to their previous training. The Department of Social Service has already considerable evidence of the general interest which is taken in a development along these lines.

As to the nature of the course, the training which it provides falls into three parts, the first consisting in lecture courses, dealing with the fundamental principles, in the light of which practical problems of mental deficiency must be met. These courses are:

1. *Psychiatry*: in which the various forms of mental defici-

ency and disease, fallacial sense perception, etc., are explained, and the relation of social work to psychiatry by way of clinical demonstration, examination and case taking, outlined.

2. *Social and Economic Problems*: a course in which some of the underlying economic conditions which bear so directly upon problems of mental health and disease are discussed.
3. *An Introduction to Psychology*: in which the primary concepts of psychological analysis are defined, followed by a special application to mental tests, such as the Binet-Simon scale, with revisions.

The second part of the training consists of a series of courses dealing with the methods by which the problems of mental health and disease are treated in practice, together with such associated courses as are the necessary equipment of the social worker. Accordingly, there is a course on Case Work, dealing with the whole question of family rehabilitation and social diagnosis; a course on Social Institutions, in which the worker is initiated into the character of the many and varied institutions which take some share in community work; a course in Occupational Therapy, divided into two parts, one concerned with the principles and practice of occupational therapy and the proper application of various methods developed to meet various forms of disability, the other a class in handicraft, dealing practically with those crafts which can be carried on in institutions or at home. Besides these, a course in Child Welfare is provided; one in Home Economics, and one in Recreation. It is obvious that the social worker who is required to superintend the home life of a family, where mental treatment is required, should be equipped by knowledge of these latter subjects.

The third part of the training consists in Field Work and visits of observation. All through the course the practical end is being kept directly in view, and, accordingly, for all students entering upon the work a minimum of ten hours per week is required in direct practical experience in the activities of various institutions, such as the Psychological Clinic, Public Health Department, the Invalided Soldiers' Commission, and other welfare institutions. Visits are also arranged to a considerable number of institutions which are not in the position to provide definite field work for the students.

Various members of the staff of the Department of Social Service, including the Director; Dr. C. K. Clarke, Dr. C. M. Hincks and Dr. G. S. Mundie, of the Committee; Dr. E. A. Bott and Dr. E. J.

Pratt, of the Department of Psychology; Mr. N. L. Burnette and Miss Scott, of the Department of Civil Re-establishment; and a number of other experts in such fields as Case Work, Child Welfare, Home Economics, Recreation, etc., are to take part in the work.

The Department of Social Service provides excellent facilities for carrying out both class work and the practical work of the course. It is in close touch with a large number of institutions in the City of Toronto. It has its own separate building, well equipped for the purpose, including also a library, which is the best of its kind in the country.

The fee for the full course, which extends from April 22nd to June 20th, is $10.00. Applications should be made to the Secretary of the Department of Social Service at the University, from whom a special bulletin dealing with the course and any further information can be obtained. A special certificate will be issued to all who, having taken the full time work of the course, shall have qualified themselves by attendance, field work and such other tests as the Department arranges.

In conclusion, we have here a new experiment in the way of training, nothing of the same kind having hitherto been provided in this country, and little in any country. The interest which is being taken augurs well for the success of the scheme, and its success should lead to the further development of one of the most important aspects of social service.

SUBNORMAL INTELLIGENCE AS AN EDUCATIONAL PROBLEM.

BY PETER SANDIFORD, M.SC., PH.D.

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THE problem of subnormal intelligence is a part of the greater problem of mental variation in general. Subnormal intelligence causes permanent mental retardation just as supernormal intelligence, under favourable circumstances, causes permanent mental acceleration. It must not be assumed, however, that all mental retardates are of subnormal intelligence; environmental factors may cause even those of supernormal intelligence to become retarded. In the latter case the retardation is permanent, no amount of education sufficing to overcome nature's defect.

The task of helping successive generations of students to a comprehension of the significance of mental variation I have found to be almost an insuperable one. Modern schools seem to be run on the erroneous assumption that all children are alike in intelligence. All children must write alike; all children must get four sums right out of four; all children must write compositions without errors in spelling. The system of promotion in classes, whereby all are promoted at the end of a given period, also emphasizes the misconception. The fact that intelligence in any unselected group of children is distributed according to the normal surface of frequency is realized by few. Some students have a vague conception of children as brilliant, normal, or dull, but that is all. And what is true of students is true of the public at large. Nothing but good can come of serious attempts to teach people that intelligence is exhibited in a continuous gradation; that the lines of demarcation between groups such as idiots, imbeciles, morons, and backwards are difficult to draw, are artificial and decided only by convenience; that intelligence is innate and cannot be increased by teaching or diminished by the lack of teaching; that individual differences in traits or groups of traits are of greater importance to the community than individual likenesses.

Intelligence is easy to discern, hard to define, and very hard to test. Stern defines it as "the general capacity of an individual consciously to adjust his thinking to new requirements; it is general

adaptability to new problems and conditions of life." Binet's conception of intelligence emphasizes three characteristics of the thought process: (1) its tendency to take and maintain a definite direction; (2) the capacity to make adaptations for the purpose of attaining a desired end; and (3) the power of self-criticism.

Whether we regard intelligence as a combination of many minor special intelligences in close correlation (Thorndike), or as a common central factor of cortical energy which may be directed at will into any given channel (Spearman), the fact remains that in testing it, tests of many varieties must be given, and that in estimating it the achievements of pupils of the same age must be the standard of measurement. These two criteria the Binet-Simon tests fulfil. If, however, we say that a child testing three years below age is feeble-minded, our mental diagnosis cannot but be crude. Who can say positively that the three years from four to seven are the exact equivalent of the three years between ten and thirteen?

The introduction by Terman of the Intelligence Quotient defined as the ratio of the mental age, as discovered by intelligence tests, to the chronological age of the child is an important modification. Here normal intelligence has an I.Q. of 100. Shading away in both directions are the increasing I.Q's. of the supernormals and the decreasing I.Q's. of subnormals.

An I.Q. of 70 or less is that of a feeble-minded person; an I.Q. of 140 or more is that of a "near" genius or genius. The continuous range of the I.Q. corresponds to the continuous gradation of intelligence.

It should be noted, however, especially now that intelligence tests are being used by anybody and everybody, the judicious and injudicious, that although intelligence is native and does not vary with age, its exhibition under testing may vary. Coaching in intelligence tests is very easy and may lead to erroneous diagnosis. This difficulty may be overcome by using a variety of standardized alternative tests. The difficulty of language, so prominent in the Binet-Simon tests, may also be overcome by the substitution of standardized performance tests in which language plays no part.

The use of intelligence tests has shown that teachers invariably overestimate the intelligence of dull pupils, and underestimate the intelligence of bright pupils. There is a crowding, as it were, of pupils into a narrower compass for intelligence than the facts justify. In the same way teachers are more prone to keep bright pupils back than they are to advance them. They are sceptical of genius. If the contention that intelligence is distributed according to the normal surface of frequency be true, there ought to be just as

many pupils accelerated in grade as there are pupils retarded in grade, but on the North American continent there are ten pupils below grade for every one above.

In an M.A. course for teachers held during the present session at the University of Toronto these permanent biases of teachers were illustrated again and again. A boy of fourteen with an I.Q. of 58 was found to be in the Junior Third. He ought to have been in the Junior Second or lower. Another boy of ten, when tested, obtained an I.Q. of 140, that is, his true mental age was fourteen. He could do the work of first or second year High School with comparative ease, yet his principal thought he was doing remarkably well by the boy in allowing him to be in Senior Third. There is no doubt that the extension of knowledge of mental tests will lead to a more scientific grading of pupils in the future.

Subnormality in intelligence creates an educational problem that, proportionately, is much greater than the number of pupils exhibiting it would seem to warrant. To say that at least one to two per cent. of the school population is feeble-minded is simply to state a fact. But it should never be forgotten that these one to two pupils out of every hundred cause more trouble than the remaining 98 to 99. They are the ones who break teachers' hearts and cause grey hairs to come prematurely. They are, unfortunately, only too frequently the moral as well as the intellectual sore spots of the class.

Before passing on to describe the kind of education which should be given to the feeble-minded, their mental and physical characteristics will be summarized.

Feeble-minded children often show the physical stigmata of degeneration—defects in the size and shape of the head, deformities of the external ear, deformities connected with the eyes, palate, and jaws—but these are not invariably present and normal children may exhibit them also. They tend to be undersized (Lapage) and Norsworthy found that their body temperature was, on the average, below normal. This latter defect, which has been confirmed by many observers, may have an important bearing upon their mental capacity.

With regard to mental characteristics, the feeble-minded exhibit poor memory powers, a general sluggishness, and a lack of delicacy in sensory discrimination. They love to live a life of mental torpor since mental activity is difficult for them. The higher forms of reasoning and judgment are beyond them; they cannot make tools of ideas. Though they are inferior in movement, many can be taught certain dexterities with comparative ease. The power of

attention in the feeble-minded is very weak. From the apparent interest in stories which they exhibit this does not always appear to be the case, but subsequent questioning will prove the truth of this statement. In ordinary schools the tendency towards wool-gathering tends to increase since the mental tasks are hopelessly beyond them and they are so far outstripped by their fellows that they lose all interest in school tasks. Knowledge therefore is acquired with great difficulty by the feeble-minded and is soon lost. These general statements do not preclude the possession of some special power like drawing, music or even rote-memory in a few exceptional cases.

Since the feeble-minded are chronically immature any scheme for their training and education must take account of this condition. A good plan provides first of all for a graded training of the sensory powers; secondly, for a large amount of manual work; and, thirdly, for a vocational training (which can only be fully developed in residential schools and colonies) to fit them eventually to earn their own livings, partially if not entirely. Experience has shown that the efforts made to bring up the mentally defective children to standards acceptable in ordinary schools in reading, writing, and artihmetic, are not only unprofitable, but are not suited to their needs. Some work in the three R's may, of course, be undertaken, but the emphasis should be placed upon nature study and observation work, physical exercises and games, drawing and manual work. The methods employed vary with the individual undergoing the training, but the concrete should predominate. To prevent the flagging of interest continual re-classification is necessary even in the elements of mental tasks. In drawing, crayon and brush-work much greater success can be achieved. Where industrial training is added for older children great benefits are derived. The girls may be taught needle-work, laundry-work, and cookery. The boys may be taught carpentry, boot-making, metal-work, tailoring, gardening, and agricultural work, including the care and management of horses, cows and poultry. For pupils who cannot make headway with the three R's the manual and industrial elements in the curriculum should be increased, providing that it is possible to make them industrially useful. Continuous supervision of the pupils is essential, since the feeble-minded are frequently so unreliable morally as well as mentally.

If such educational facilities are provided the most will be made of the feeble intellectual powers of the subnormals classed as feeble-minded or morons. The educational problem will, in a large measure, be solved, but it must never be forgotten that the larger social

problem still remains, namely, that of cutting off the natural increase of this class at the source. And until the latter problem is solved the educator's task will be simply that of Sisyphus—a never-ending and unprofitable one.

THE FIRST YEAR OF THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE.

ORGANIZATION.

The Canadian National Committee for Mental Hygiene was organized in Ottawa on April 26th, 1918.

PURPOSES.

In the Constitution adopted at the Organization Meeting the purposes of the Committee were outlined as follows: "To work for the conservation of mental health and for improvement in the care and treatment of those suffering from nervous or mental diseases or mental deficiency, and for the prevention of these disorders; to conduct or to supervise surveys of the care of those suffering from mental diseases or mental deficiency; to co-operate with other agencies which deal with any phases of these problems; to enlist the aid of the Dominion and Provincial Governments and to help organize and aid affiliated Provincial and local Societies or Committees for Mental Hygiene."

SALARIED STAFF.

The Committee realized that it was necessary to employ a salaried staff for the proposed work, and therefore secured the services of three mental specialists, four social workers, four stenographers, and a bookkeeper. An office was opened at 143 College Street, Toronto, and another at 121 Bishop Street, Montreal.

WORK ACCOMPLISHED BY THE COMMITTEE.

(1) *Survey of the Province of Manitoba.* At the request of the Public Welfare Commission of the Manitoba Government the Committee conducted a survey of that province in the autumn of 1918. The study included such considerations as the following:

(a) The number of insane, feebleminded, and epileptic in the province.

(b) The present method of treatment and care of such cases.

(c) A scrutiny of the laws pertaining to mental abnormals.

(d) The effect of mental abnormals on society.

(e) Recommendations concerning improvement in the methods of dealing with the whole problem of mental abnormality.

At the conclusion of the study, the Committee made an elaborate report, and presented it to the Public Welfare Commission, with the result that enabling legislation was passed at the last session of the Legislature to put the Committee's recommendations into force.

(2) *Other Provincial Surveys.* A request has come from the British Columbia Government for the Canadian National Committee to make a survey of that province similar to the one conducted in Manitoba. Arrangements have been made to begin the study in British Columbia in June, 1919.

(3) *Psychiatric Studies in Toronto.*

*(a) Psychiatric Out-door Clinic attached to the Social Service Department of the Toronto General Hospital. A Psychiatric Out-door Clinic is being conducted by the Committee at the Toronto General Hospital. This Clinic is under the direct supervision of Dr. C. K. Clarke, Medical Director of the Committee, and has studied over five thousand cases. Valuable data has been collected concerning the prevalence of mental abnormality in Toronto, and its relationship with such social problems as crime, juvenile delinquency, prostitution, etc. One of the practical results following this work has been the decision of the Toronto City Council to make provision for several hundred feeble-minded children in a training school on a farm, within a few miles of the city limits. One hundred and fifty thousand dollars has already been voted for the purpose. It is interesting to note that the staff of the Clinic consists of three psychiatrists, three psychologists, one bio-chemist who is making studies in metabolism, two social workers, and three stenographers. The number of cases studied weekly is between thirty and sixty.

(b) Mental Survey of Toronto Public and Separate Schools. During the last two years twenty thousand Toronto school children have been studied from the psychiatric standpoint by two members of the Committee attached to the Department of Public Health. Arrangements have just been completed for Dr. C. K. Clarke and two social workers employed by the Committee to re-examine suspected cases of mental abnormality in Toronto Schools. This work

*The Clinic was inaugurated in April, 1914, but has been directed by the Canadian National Committee since April, 1918.

will be under the auspices of the Canadian National Committee, and will include not only a mental examination, but a careful investigation of environment, family history, pre-school history and school history of each case.

(c) Study of such Toronto institutions as the Alexandra Industrial School for Girls, the Victoria Industrial School for Boys, Industrial Refuge, Children's Aid Shelter, etc. The various Toronto institutions caring for delinquents and dependents are receiving the attention of the Committee. In several of these organizations every inmate has received a mental examination. As one result, the Provincial Government is now considering ways and means of providing more adequate accommodation in separate institutions for mental abnormals.

(4) *Psychiatric Studies in Montreal.*

(a) Psychiatric Out-door Clinic at the Royal Victoria Hospital. The Canadian National Committee has been instrumental in organizing an Out-door Mental Clinic at the Royal Victoria Hospital. This Clinic is modelled somewhat after the Psychiatric Clinic of the Toronto General Hospital, and is being conducted by Lieut.-Col. C. K. Russel, chairman of the Executive of the Canadian National Committee; Dr. Gordon S. Mundie, Associate Medical Director of the Committee; Dr. A. G. Morphy, a member of the Committee; a social worker and stenographer in the Committee's employ.

(b) Social Service in connection with Longue Pointe Asylum, Montreal. The first demonstration of the value of social service in connection with a Canadian hospital for the insane is being made at the expense of the Committee at Longue Pointe Asylum. A trained social worker is being employed, and she will be under the direct supervision of one of the Committee's members—Dr. A. H. Desloges, General Superintendent of Hospitals for the Insane of the Province of Quebec.

(5) *Work for Returned Soldiers Suffering from Mental and Nervous Disease.*

Some five thousand soldiers have been returned to Canada suffering from mental and nervous disorders. The treatment of these men constitutes a most serious and difficult problem for such bodies as the Department of Soldiers' Civil Re-Establishment and the Canadian Army Medical Corps. Since its organization in April, 1918, the Committee has been rendering valuable assistance to the Federal bodies mentioned in connection with this problem.

On the recommendation of the Canadian National Committee, the Department of Soldiers' Civil Re-Establishment adopted the policy of inspecting all hospitals for the insane caring for military

cases. To date, the Medical Director of the Committee, and Miss Marjorie Keyes, one of the Committee's social workers, in co-operation with Capt. Farrar, inspected all hospitals for the insane in the Provinces of Manitoba, Saskatchewan, Alberta and British Columbia. In the near future the work will be extended to the other provinces. This inspection was inaugurated because it was known that hospitals for the insane in Canada were, for the most part, giving soldiers merely custodial care. Under such circumstances recovery was jeopardized. It is believed, however, that as a result of the present inspection, hospital conditions will be improved throughout the country. This, of course, will prove beneficial not only to military patients, but to civilian patients as well.

The Committee requested the Department of Soldiers' Civil Re-Establishment to employ social workers trained in the methods of Mental Hygiene, to follow up discharged military cases from hospitals for the insane. This recommendation was made because experience has demonstrated that intelligent social service of the kind described assists in the prevention of relapse, and materially aids in the rehabilitation of mental cases.

The Department adopted the recommendation of the Canadian National Committee with regard to the employment of social workers, on condition that the Committee would provide a course of training for their staff. The Committee met the requirements in this regard, and has instituted a two months' course that will commence on April 20th next. In addition to some thirty-four students that are being sent by the Department of Soldiers' Civil Re-Establishment, it is probable that many others will come from all parts of Canada to avail themselves of the opportunity of the course.

The Committee approached Surgeon-General Fotheringham and requested that the C. A. M. C. should employ trained mental hygiene social workers in connection with the various neurological units. This measure was urged because it was felt that such workers would be valuable in assisting examining boards, and because they could furnish needed information with regard to the previous history of military cases. Surgeon-General Fotheringham complied with the request, and at the present time two workers are employed, one in Toronto and the other in Montreal. These workers are primarily under the direction of the Canadian Army Medical Corps, but are supervised by the Canadian National Committee for Mental Hygiene. Such an arrangement was made at the express request of General Fotheringham. The work has proven so valuable that it is probable it will be extended to all parts of

Canada.

(6) *Work in Connection With Immigration.*

The Committee realized that the problem of mental abnormality in Canada could never be solved until there was instituted efficient machinery to bar out from this country immigrants who were mentally and nervously unfit. To demonstrate the results of a faulty immigration system in the past, the Committee is collecting significant facts in the various provinces of Canada. In Manitoba, where a survey was conducted, it was discovered that the feeble-minded, insane, and psychopathic of that province were recruited out of all reasonable proportion from the immigrant class, and it was also found that these individuals were playing a major role in such conditions as crime, juvenile delinquency, prostitution, illegitimacy, spread of venereal disease, pauperism, certain phases of industrial unrest, and primary school inefficiency. Such facts as these will no doubt demonstrate to the Federal authorities the need of reform in methods of immigration inspection, and the Committee intends to conduct studies in the other provinces of Canada in order that the true state of affairs may be revealed. This will be done because it is believed that the authorities at Ottawa are desirous of knowing the facts, to enable them to provide suitable measures that will overcome the defects of the past.

In connection with immigration, the Committee is prepared to make a careful study of the present methods of inspection, and to make recommendations to improve the same. In order that this may be done intelligently, the Committee will request the sanction of the Department of Immigration and Colonization to conduct studies in England and other European countries, on steamships, and at Canadian ports of entry. Such a service should be of immense value because the Committee will employ for the work skilled mental specialists, who, in addition, are familiar with the immigration problem.

It is probable that in any system of reform adopted by the Minister of Immigration and Colonization there will be an initial need for the employment of trained psychiatrists at ports of entry. To meet this need, the Committee is prepared, in conjunction with Canadian universities, to provide suitable courses of training for men chosen by the Department, and for those already in Government employ. This training will involve didactic lectures in psychiatry, demonstration of the various types of mental abnormality, and instruction in diagnosis and mental testing.

(7) *Work in Connection with Medical Education, Educational Publicity, Etc.*

Believing that mental abnormality will never be prevented and controlled in this country unless medical men are trained in psychiatry, and unless the general public is informed concerning the general principles of mental hygiene, the Committee has conducted a campaign in this regard. To date it has been possible to secure the co-operation of two medical schools, and in these institutions better training will be provided in psychiatry. The work will be continued until every medical school in Canada gives the study of mental disorders a fair place in its curriculum.

As far as educational publicity is concerned, the Committee is conducting an educational campaign through the press of Canada. The Medical Director is writing a series of articles for Canadian newspapers, and already a number of these have appeared. In addition, arrangements have been made for the publication of a quarterly journal, to be designated "The Canadian Journal of Mental Hygiene."

A mailing list has been compiled, consisting of the names of various leaders of public opinion in Canada who are interested in the subject of Mental Hygiene, and arrangements are being made to mail to these individuals, at frequent intervals, reprints of suitable articles pertaining to the subject.

(8) *Work Among "Normals" and "Super-Normals."*

It is the desire of the Committee to extend the Mental Hygiene Movement in Canada to a consideration of problems in the realm of the normal and super-normal. This will probably involve studies that might be designated Industrial Psychology, Educational Psychology, Psychology of Recreation, and Psychology of Super-Normal School Children. Arrangements have been made to begin at once investigations in the realm of Industrial Psychology, since a grant of a thousand dollars is available. It is probable that the other contemplated studies will be commenced in the near future.

Research in Industrial Psychology will include an attempt to classify individuals according to their suitability for certain tasks, the introduction of the element of interest in previously humdrum, uninteresting occupations, and an attempt, through psychological considerations, to bring employees and employers together with a greater appreciation and better understanding of one class for the other.

(9) *Library.*

The Committee has considered it prudent to establish a library containing literature pertaining to the subject of Mental Hygiene. An initial appropriation of two hundred dollars has been set aside for this purpose, and already much valuable material has been

secured. As time goes on the library will be enlarged, and will be at the disposal of students interested in the subject. Numerous requests for literature have already been made to the Committee, and the library service afforded seems to be appreciated.

(10) *Bureau of Statistics.*

A useful activity of the Committee consists in the collection of statistics pertaining to the insane, feeble-minded, and epileptic of Canada and the United States. Numerous requests come from all over Canada for information such as is being collected in the Statistical Department, and it is the hope of the Committee to still further extend this field of usefulness.

FINANCE.

The Canadian National Committee for Mental Hygiene has in the past been supported entirely by voluntary contributions. To date, approximately $60,000 has been subscribed by public-spirited Canadians—the subscriptions for the most part covering a period of three years, *i.e.*, one-third to be donated each year. This insures an annual budget of $20,000, but since the programme of the Committee requires for its accomplishment at least $40,000, it will be seen that an additional annual grant of $20,000 is urgently needed.

TYPE OF ORGANIZATION.

The Constitution of the Committee calls for a membership of approximately 120, with the stipulation that one-third must be recruited from the medical profession. The remaining two-thirds are chosen from recognized leaders in the Dominion and are thoroughly representative of all parts of Canada. Although the Committee assists Governments in dealing with the various problems of Mental Hygiene, it is in no way under Governmental jurisdiction.

SURVEY OF THE PROVINCE OF MANITOBA.

In July, 1918 Lieut.-Colonel Colin K. Russel, Chairman of the Executive of the Canadian National Committee for Mental Hygiene, received a letter from the Public Welfare Commission of the Province of Manitoba, requesting the National Committee to make a study of social conditions in that Province, with special reference to the insane and feeble-minded. It was indicated that the Committee would be given a free hand in connection with the survey, and that every facility would be placed at its disposal for the purpose. The Executive, when assured that the study would be undertaken with the full sanction and approval of the Manitoba Government, instructed the Medical Director, Associate Medical Director, and Social Worker, to visit Manitoba and begin the work immediately. Some time was lost in completing arrangements, but early in October the survey was commenced, and pursued diligently until finished.

It would be impossible in a limited space to present a complete report of the Manitoba study, but the following article—"Care of the Mentally Unfit"—gives a resume of some of the recommendations. This article was compiled by the Public Welfare Commission and presented to the Manitoba Government, with the result that enabling legislation was passed at the last session of the Legislature, to put it into force.

CARE OF THE MENTALLY UNFIT.

(Recommendations of Public Welfare Commission to Manitoba Government.)

THE problem of the insane, imbecile, idiot and defective classes has been considered by your Committee and much material obtained for information and perusal.

Attached to this report are sections of the report of the Canadian National Committee for Mental Hygiene, who made a thorough survey of the Province from a mental standpoint, and therefore should be read carefully in conjunction with this report. Based upon that report and other information your Committee desire to

make the following observations and definite recommendations:

THE INSANE.

1. Hospitals for the Insane should be regarded as being on the same plane as other hospitals and no longer as mere custodial institutions.

Hospitals for the insane in Manitoba are at present organized without regard to the demands of modern science. They have neither adequate staff nor equipment to make them anything more than custodial institutions. While the Winnipeg General Hospital, for example, has seventy-two attending physicians and surgeons, and eighteen internes in addition to that of the Laboratory and Pathological Departments, the Brandon Hospital for the Insane, of approximately the same size, has only one physician. His duties are practically all administrative. In view of the fact that the diseases treated at Brandon require exceedingly skilled and close attention this lack of staff is wrong. Therefore, in placing Hospitals for the Insane on the same plane as other Hospitals in the matter of equipment and staff we consider the following to be essential:—

(a) Adequate Laboratory accommodation with facilities for complete and thorough clinical investigation should be provided at Brandon as soon as possible.

(b) Provision for proper professional care of the patients, both medical and nursing, should be made.

(c) In both the Medical and Nursing fields there should be close co-operation with all the General Hospitals of the Province.

(d) Internes should be provided as in other Hospitals and the necessity of some psychiatric training for Medical Students in Manitoba should be emphasized. This training has not as yet been developed in this Province.

2. Diagnosis of all supposed cases of insanity should in future be made by competent Psychiatrists, either at the Psychopathic department of the Winnipeg General Hospital or at the reception department which is recommended as an addition to the Hospital for the Insane at Brandon. Commitment from these reception departments to the Insane Hospitals should be made direct, and not as at present by a Magistrate through the gaols.

In this connection we must express regret that the new Psychopathic Ward, now being erected at the Winnipeg General Hospital, is not of sufficient size to meet the requirements. The need of graduate nurses in the Psychiatric services has been pointed out.

A larger Psychopathic Department would permit of the training of a larger number of pupil nurses, who might subsequently engage in this work.

3. Once diagnosis is established all insane patients should be referred to the Hospital at Brandon.

The practice of sending insane patients to institutions obviously unfit for their care cannot be too strongly deprecated. Segregation and suitable allocation from the beginning is essential.

4. On arrival at Brandon there should be a further specialized segregation with a view to appropriate occupational treatment.

5. To provide facilities for the suggested changes, re-arrangements of the present space at Brandon with some additions should be undertaken. We suggest that these should be:—

(a) Re-arrangement of the present building to provide additional wards, recreation rooms, sun rooms, and laboratory facilities, having in view the removal of the dining quarters to a separate building.

(b) The erection of a separate reception ward.

(c) The erection of centralized dining and kitchen accommodation.

(d) Adequate quarters for the staff.

(e) Occupational buildings and equipment.

These buildings and equipment need not be complicated or expensive and would include a farm colony on the cottage plan, for from fifty to one hundred patients.

(f) Special accommodation for tuberculosis patients.

The matter of diversified occupation, both from a curative and economic standpoint, cannot be too strongly drawn to your attention. Mixed farming, as opposed to grain raising, provides suitable occupation for females, as well as male patients.

6. Convalescent patients should be discharged through a central clearing station. This should be situate in the outskirts of Winnipeg, and from it there should be a gradual return to normal life.

History shows a great number of recurrences are due to too abrupt return to unsuitable surroundings, together with the total withdrawal of the supporting agencies to which the patient has grown accustomed. The establishment of a competent Social Service Department in connection with this Clearing Station is so important as to be classed as a necessity. The discharge of patients should be controlled from the Psychopathic Ward of the General Hospital and the Medical Staff should be identical.

Having outlined a plan for the care and treatment of the insane on modern, humane, and scientific lines, based on the opinions of

leading experts on the subject, your Committee feel that the outlay required will be justified on economic grounds, apart altogether from the duty which the state owes to its less fortunate citizens.

Idiots and Low Grade Imbeciles.

1. *Humane custodial care.* The treatment of the insane is an entirely different proposition from the care of idiots and imbeciles, and the two present entirely different problems.

The one is a case of scientific treatment, the other simply a case of humane care. From the very nature of their unfortunate condition and their inability to complain, the supervision of the care of idiots and imbeciles should be continuing and thorough.

2. They should be cared for in a separate institution or in a completely isolated wing of an institution.

It has been suggested in the report of the Canadian National Committee for Mental Hygiene that a section of the present Selkirk institution could be used for this class, and we endorse this recommendation, in view of the fact that it is proposed to dedicate the balance of the institution to the care of girls of the moron type, and such of the domestic duties for the whole institution as could be done without bringing the two classes into any contact whatever, could be efficiently and economically performed by these girls, thus sustaining the principle of segregating the two groups.

Care of Defectives.

1. *Female Defectives.*

(a) These types, viz., female high grade imbeciles and morons could be effectively dealt with as one class, and a portion of the present Selkirk Institution used for their care, the other portion of the Selkirk Institution being used for idiots and low grade imbeciles, with a proper division of the institution to provide for segregation of the classes.

(b) Having provided for segregation we at once open the door for the intelligent use of the capabilities of these women.

In the past idiots, insane, defectives, and delinquents of both sexes have been indiscriminately herded together, thus making any sort of organized work or training impossible, and retarding rather than developing their capabilities by intelligent direction and occupation. The defective is a person who has definite powers of work and reason, and these powers can be directed and developed so that they attain some measure of self support. This idea has been given

great attention in many of the States, and the economic possibilities of this class demonstrated in a practical way in many institutions, notably at Faribault, Minnesota, and Waverley, Mass. The methods in vogue in these institutions should be closely studied and followed with whatever variation is required to meet the local conditions.

We feel confident that the installation of such a system of training and education will more than justify itself economically and effect a great improvement in the mental capacity of this class, and the present aimless harbouring of members of this class in the various institutions of the Province, to the detriment of both the Institution and the Defectives, would be done away with. This condition is one of the most serious deficiencies at present existing, and negatives the achievement of any result worth working for.

2. *Male Defectives.*

In the past male defectives have been quartered throughout various institutions. Delinquent boys have been placed in the Industrial Training School, whether defectives or not. Defectives have been placed with the insane, and idiots and defectives have been kept in the Home for Incurables. The treatment has been haphazard and unworthy of the times, and no progress has been made in bettering these unfortunates by helping them to help themselves. Provincial money has been wasted, and we have no doubt that apart from the improvement in the care of these people, money considerations alone will justify a change in policy. No more profitable investment could be made by the Province than by putting these people under controlled and intelligent management. It is in the interests of the defective as well as of society. Crime is reduced and the proportion of the defectives in the community gradually diminishes. Uncontrolled, the birth rate among defectives is fearfully high, and the influence of heredity is strong. The criminal class is largely recruited from this source.

In this connection representations should be made to the proper authorities looking to the careful and scientific examination of immigrants. From the immigrant class a surprisingly large proportion of our defectives have come.

The care of the defective class is a complicated problem with subjects of widely varied mentality and must be handled in a broad and comprehensive way.

Having already recommended that the female defectives be allotted a portion of the Selkirk Institution, it is equally necessary to control the male defectives in separate institutions suitable to the age and degree of defectiveness of the patients. The experi-

ence of the Institution for Defectives at Faribault, Minn., shows that it is possible to properly care for all classes of defectives from one administration centre, provided adequate and careful segregation is maintained.

We would, therefore, recommend:—

1. That the present Industrial Training School should be set aside for the care of juvenile male defectives properly classified.

2. That controlled from the same institution accommodation might be provided for juvenile delinquents adequately and completely segregated from the juvenile defectives, who are not delinquents.

3. A colony of adult male defectives should be established at a safe distance from the main building, but controlled from it, with suitable outlets for industrial energies and pursuits. Experience shows that such a colony could be maintained at a surprisingly low cost.

4. Activity should be provided for all these classes. The children should be taught up to the limit of their mental capacity. While mostly incapable of originating or planning work, many of this class acquire a high degree of manual dexterity. Facilities should, therefore, be provided for their training along certain suitable lines of modern industry. The adult defectives in addition to being capable of participation in industrial pursuits would also be fitted for agricultural and farming work in the colony. The importance of keeping these people regularly employed cannot be too strongly impressed upon you.

In the foregoing we have endeavoured to outline a programme for the adequate housing, classification, segregation, education and employment of the insane, idiot, imbecile, and mentally defective.

We must further point out that no matter how thoroughly this is done, nor how careful the installation of a proper system may be, the most important requirement follows after, and that is the employment of capable and efficient people for the conduct of the work in these various institutions. Personnel is the important factor. Too much stress cannot be laid upon the requirements of character and training of those in charge of the people of these classes. Not only must those in charge be capable, but their assistants must understand the dignity and importance of their work. To insure continuity of efficient services, competent training, special education, and suitable remuneration with proper living quarters should be provided for those to whom the Province commits the destinies of its most unfortunate and afflicted citizens.

NOTES AND NEWS.

IMPORTANT CONFERENCE OF PUBLIC HEALTH OFFICERS, FEBRUARY 3rd, 1919.*

THE first steps toward the organization of a Social Hygiene programme for Canada were taken, when representatives of a number of the Provinces met in Ottawa at the call of the Acting Premier, Sir Thomas White, to discuss legislation for the control of Venereal Diseases.

This important conference was brought together at the suggestion of the military authorities. Each Province was invited to send its chief health officer.

While some of these were unable to be in attendance, those provinces which could not send representatives sent telegrams expressing their regret, as well as their cordial sympathy with the objects of the conference.

Those present were:—

Hon. J. A. Calder, Minister of Immigration and Colonization.
Major-General J. T. Fotheringham, D.G.M.S.
Dr. P. H. Bryce, Chief Medical Officer, Dept. of Immigration, Ottawa.
Dr. Gordon Bell, Provincial Health Officer, Manitoba.
Dr. Geo. G. Melvin, Chief Medical Officer of Health, New Brunswick.
Capt. Gordon Bates, Toronto.
Hon. Wm. F. Roberts, Minister of Health, N.B.
J. W. S. McCullough, Lt.-Col., C.A.M.C., Chief Officer of Health, Ontario.
Hon. W. D. McPherson, Provincial Secretary, Ontario.
Wm. Hutchinson, Major, C.A.M.C., Montreal.
Dr. J. A. Hutchinson, President, Canadian Public Health Association, Montreal.
Dr. Elzear Pelletier, Secretary, Superior Board of Health, Que.
Dr. A. H. Desloges, General Medical Superintendent of the Insane, Quebec.

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Dr. Arthur Simard, President, Superior Board of Health, Quebec.
Dr. M. M. Seymour, Commissioner of Health, Sask.
Mr. Vincent Massey, who acted as Secretary to the Conference.

The chair was taken in the morning by the Hon. J. A. Calder, and in the afternoon by Hon. W. D. McPherson, Provincial Secretary of Ontario. At the morning session, the Conference was addressed by Major-General J. T. Fotheringham, D.G.M.S., Major Wm. Hutchinson, C.A.M.C., and Captain Gordon Bates, C.A.M.C., Toronto.

During the afternoon session, an important discussion took place in which the many aspects of the question were dealt with. The following resolutions were passed:

"Whereas in the 'Reconstruction of Canada' following the great war, there are very many important problems that must be taken into consideration such as Finance, Soldiers' Re-establishment, Labour, etc., among these the conservation of the health and lives of the people is equally if not most important to be dealt with—as life is the country's greatest asset.

"Therefore, resolved that this Conference whose personnel is made up by representatives from the various Provincial Governments of Canada, together with their Chief Medical Officers, assembled at Ottawa this Third Day of February, 1919, at the call of the Acting Premier, the Honourable Sir Thomas White, for consideration of the Venereal Disease question, do memorialize the Government of Canada that it is in the interests of the future health and life of the Citizenship of Canada that there should be immediately established a Federal Department of Health."

"That the representatives of the several Governments and Health Departments of the Provinces of Saskatchewan, Manitoba, Ontario, Quebec, and New Brunswick assembled in conference, at the call of the Acting Premier of Canada, are agreed, subject to the consideration of the governments of the respective provinces, that the following general principles are necessary in any provincial legislation looking to the prevention and control of Venereal Diseases in the said Provinces:

(a) Compulsory notification.
(b) Compulsory treatment.
(c) Standardized treatment.
(d) Authority to examine persons suspected of being affected with Venereal Disease.
(e) Prevention of quack treatment, quack remedies, and of the advertising of such treatment and remedies.
(f) Right of entry of Public Health authorities.

(g) Prevention of Infection.—See Ontario Act, Sec. No. 8.
(h) Power to make regulations by Order-in-Council.—Sec. 13, Ontario Act.
(i) Liability of Municipalities or Local Authorities.—Sec. 14 (1) Ontario Act.
(j) Penalties.—Sec. 13 (j) Ontario Act.

"That the Criminal Code of Canada be amended so that a person who is suffering from Venereal Disease in a communicable form, who knowingly or by culpable negligence communicates such Venereal Disease to any person shall be guilty of a criminal offence.

"Provided that (a) a person shall not be convicted under this section if that person proves that he or she had reasonable grounds to believe that he or she was free from Venereal Disease in a communicable form at the time the alleged offence was committed, and (b) no person shall be convicted of any offence under this section upon the evidence of one witness unless such witness be corroborated in some material particular by evidence implicating the accused.

"In view of the fact that the Government of Great Britain supports the treatment of Venereal Disease in the proportion of 75 per cent. to that of 25 per cent. paid by the local authorities this conference respectfully urges upon the Government of Canada, to provide financial assistance to the provinces on a scale similar to that in Great Britain, for the treatment of these affections."

"That this conference suggests that all seamen coming within the purview of the Immigration Act be examined for freedom from Venereal Diseases before being allowed ashore at Canadian seaports."

"Whereas the successful control of Venereal Disease depends among other factors upon facilities for the free or readily available and adequate treatment of these diseases, and.

"Whereas the cost of one of the remedies for the cure of Syphilis, viz., Salvarsan, and remedies of that character, is excessive, and

"Whereas the production of this remedy in Canada is monopolized by two persons or firms, who have been licensed to carry on such production;

"Therefore, be it resolved, that this conference do respectfully recommend that the Government of Canada shall give the right of production of Salvarsan or other remedies of this nature to any person or firm or corporation satisfying the head of the Health Department of any Province, or in the event of the establishment of a Federal Department of Health of the Head of that Department

of his or their ability to successfully produce a satisfactory product of this kind."

"That it is the feeling of this conference that a further meeting representative of social agencies should be called to discuss the constructive social measures which may be undertaken to combat the existence of Venereal Disease in the Dominion."

"That legislation be made to prevent the advertising, selling, or giving of quack medicines to cure Venereal Disease."

While no formal resolution was passed it was the strong feeling of the conference that legislation dealing with Venereal Disease to be effective should be supplemented by the further development of the machinery necessary to enforce it."

EXTRACT FROM AN APPRECIATION OF THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE, APPEARING IN MARCH 8TH ISSUE, WESTERN WOMAN'S WEEKLY.

IT is an ill wind that blows nobody good," and it would seem that out of the colossal destructiveness caused by the Great War has sprung forth a spirit of constructiveness which bids fair to revolutionize society and to raise it to standards of sound idealism undreamed of in pre-war days. Particularly is this the case in questions relating to public health and public morality. On the one hand the loss of life has been so staggering and on the other the mental conditions arising from shell-shock have been such as to arrest the serious consideration of an awakened world public to the physical and mental welfare of citizens generally.

A movement of great magnitude which promises to place Canada amongst the foremost nations of the world if the ideals aimed at are realised, is that which is now being instituted on a large scale by the Canadian National Committee for Mental Hygiene, a committee of some of Canada's eminent business and professional leaders, men and women, which was formed in April last year and which is now actively engaged in formulating a broad health programme for the benefit of our country.

It has been launched under most favorable auspices, with their Excellencies the Duke and Duchess of Devonshire as patron and patroness. The President is Lt.-Col. Charles F. Martin, M.D., of Montreal, who is ably assisted by a body of officers consisting of

some of the most prominent men of Canada. The Canadian National Committee for Mental Hygiene is financed entirely by its own membership. The work during the year 1919 will cost upwards of $30,000, for the single purpose of inspection and research work. It will be money spent in the grandest cause of to-day—that of raising the standard of public health to a point of efficiency which will, in the natural order of things, elevate the moral and ethical standards of life.

ACCOUNT OF THE ELEVENTH ANNUAL MEETING OF THE (U.S.) NATIONAL COMMITTEE FOR MENTAL HYGIENE.

New York, February 5th.

AT the eleventh Annual Meeting of the National Committee for Mental Hygiene, held at its headquarters in this city this afternoon, it was announced that a gift from Mrs. Elizabeth Millbank Anderson, of New York, had been received for use in initiating the work of the International Committee for Mental Hygiene now in process of organization. This international movement is an outgrowth of the work of the National Committee founded ten years ago by Mr. Clifford W. Beers, author of "A Mind That Found Itself." At the meeting Mr. Beers outlined the possibilities of the international mental hygiene movement and announced that the initial gift received would enable the Medical Directors and the Secretaries of the American and Canadian National Committees to go to England and possibly to France and Italy, to organize similar agencies when the representatives of the countries mentioned who will be appointed to membership in the International Committee desire such assistance. Mr. Beers pointed out that the International Committee might be able later to help bring into existence in the various countries national institutes for mental hygiene which could do many things that the National Committee themselves are not organized to do. Such institutes would serve as centres for research and study and would supply information greatly needed by the National Committees in their work. Dr. C. K. Clarke, Medical Director of the Canadian National Committee, and Dr. C. M. Hincks, Secretary of that organization endorsed the statements of Mr. Beers and described the important results achieved by the Canadian National Committee during the past year. Their addresses showed how greatly needed are similar organizations in all countries.

Dr. Walter E. Fernald, of Boston, the leader on the problem of

feeble-mindedness in this country, told of the need for intensive and extensive work in this field, especially with reference to education and the provision of institutional care for the feeble-minded.

Dr. Charles L. Dana, of New York, described the War Work of the National Committee, relating to the cases of nervous and mental disorders in the Army at home and abroad. Dr. Dana stated that as a result of the mental examination of recruits, 56,000 men were rejected on account of mental or nervous disabilities. A summary of the results obtained in France in the treatment of war neurosis (shell shock) was presented, showing that the treatment of this prevalent disorder had been developed to a high state of efficiency under the direction of Col. Thomas W. Salmon, Medical Director of the National Committee for Mental Hygiene.

The following officers of the National Committee were elected: President, Dr. Walter B. James, New York; Vice-Presidents, Dr. Charles W. Eliot, Dr. Bernard Sachs, New York; Dr. William H. Welch, Baltimore; Treasurer, Mr. Otto T. Bannard; Medical Director, Dr. Thomas W. Salmon; Associate Medical Director, Dr. Frankwood E. Williams; Secretary, Mr. Clifford W. Beers; Psychiatrist in charge of Mental Deficiency Work, Dr. V. V. Anderson; Chairman of the Executive Committee, Dr. William L. Russell; Chairman of the Finance Committee, Dr. Walter B. James, of New York. The persons elected to membership in the National Committee were: Hon. Harry V. Osborne, Judge of the Court of Common Pleas, Newark; Miss Maude E. Miner, Secretary, New York Probation and Protective Association, New York City; Mr. Francis D. Gallatin, New York; Dr. Bernard Sachs, New York; Dr. H. Douglas Singer, Kankakee, Illinois.

There were many prominent people present at the meeting, among them being Mrs. E. H. Harriman, Miss Mabel Choate, Mrs. Henry Phipps, Mr. Otto T. Bannard, Dr. Abraham Jacobi, of New York; Col. Colin K. Russell, of Montreal; Dr. C. K. Clarke and Dr. C. M. Hincks, of Toronto; Dr. J. D. Pagé of Quebec; Dr. Henry Stedman, of Boston; Dr. G. Alder Blumer, of Providence; Dr. George Blume, of New Haven.

INVESTIGATION OF ROYAL COMMISSION INTO THE EXISTING METHODS OF DEALING WITH MENTAL DEFECTIVES IN ONTARIO.

IN 1917 Mr. Justice Hodgins was appointed by the Ontario Government as a Royal Commissioner under the "Public Inquiries Act" to consider and inquire into the present methods of dealing with

imbeciles, feeble-minded and mentally deficient persons in the Province with power to suggest amendments to existing legislation or other measures which will in his opinion improve conditions.

To date Mr. Hodgins has held sittings in Hamilton, Ottawa, and Toronto in connection with the above inquiry. Evidence was submitted in Toronto by Dr. Helen MacMurchy, Dr. Harvey Clare, Dr. C. K. Clarke, Dr. C. M. Hincks, Miss Lucy Brooking, Colonel A. E. Farewell, Mrs. Mary E. Laughton, Mrs. O. B. Allen, Dr. Gordon Bates, Dr. C. J. O. Hastings, Mr. W. E. Braden, Miss Caven, Dr. Mary McKenzie Smith, Mrs. Todd, Capt. Farrar, Rev. Peter Bryce, Mr. R. H. Cowley, and Judge Boyd.

In connection with his evidence Dr. C. K. Clarke, Medical Director of the Canadian National Committee for Mental Hygiene, pointed out that mental defectiveness was responsible for much of the vice in existence to-day, and that preventive measures could bring about widespread reforms. He stated that abnormal children might be divided into two classes, those who were mentally deficient and those who were mentally diseased. In dealing with abnormal children it was necessary to have not only a psychological but a psychiatric system of examination. Dr. Clarke deplored the fact that Ontario is lacking in proper accommodation for the classes under consideration.

Dr. C. J. O. Hastings, Medical Officer of Health of the City of Toronto, presented valuable information. He stated in part as follows: The Government considered that it was its duty to punish the criminal, and it should equally regard as its duty the prevention of increases to the criminal ranks. The fact that most criminals were mentally sub-normal made that duty plain. "My idea is to follow up the child through the public school. We should have a complete physical examination of every child on entering school, and that record should follow the child through school. Mentally defective children should be taken care of in a special institution."

In answer to a question of Mr. Justice Hodgins as to whether he was prepared to ask for the passing of a law to compel the parents to give up their children, Dr. Hastings said that a law which takes away a child for committing a crime could surely be framed to take the child and keep it from becoming a criminal. Mr. Justice Hodgins suggested that it might be found feasible to establish an institution and make it so attractive that parents would not object to giving up their children when they fully understood the reason for it. Dr. Hastings thought that that could be done. He also approved a suggestion that the colony system could be developed in connection with such an institution. At the request of the Com-

missioner, Dr. Hastings will submit his views on the division of financial responsibility between the Dominion, the Province and the municipalities, in connection with the care of mentally deficient.

Dr. MacMurchy, Provincial Inspector of Feeble-minded, traced the history of the movement from early times, mentioning important events, and dates in which institutions were formed. Mention was made of the report by the Royal Commission of 1908. She stated to what extent mental deficiency occurred in Ontario, how the presence of mental defectives affected the community as shown in the offences against public and private morals, the tests to be used in making a diagnosis, and the classification of mental defectives. Dr. MacMurchy said that about 3 out of every 1,000 people in a general community require care on account of mental deficiency.

In taking up the question of how they should be cared for, dealt with, and controlled, Dr. MacMurchy laid stress on registration, school education, the provision of experts to advise the courts, and the necessity of setting up a controlling authority.

In closing, Dr. MacMurchy described the form of legislation in Great Britain, New Zealand, Australia, South Africa, and the United States.

Dr. Harvey Clare, Superintendent of the Toronto Reception Hispital for Mental Diseases, stated that the present quarters of the Reception Hospital, in the Bickford House, Trinity College, were not adequate for existing needs, but had been occupied merely for the duration of the war. He expressed confidence that a new hospital would be built in the near future.

Every day, according to Dr. Clare, men suffering from mental troubles are picked up on the streets of Toronto and sent to the Reception Hospital. Many patients are sent to the hospital only for temporary care and advice, and are later transferred to private institutions.

In reply to queries from Mr. Justice Hodgins, Dr. Clare stated that during the past year, six or seven patients from the Reception Hospital had been sent to the Orillia Hospital for the feeble-minded, and some 200 to the Provincial Asylum.

Dr. Clare expressed the opinion that legal machinery should be provided for the supervision of those individuals of mildly defective mentality, who could safely be allowed at large.

Mr. R. H. Cowley, Chief Inspector of Toronto Public Schools, said there was no special provision for the care of feeble-minded in the local school system. True, there were two ungraded classes, but these were primarily for dealing with backward pupils. He

suggested the increase of special provision for the study of abnormal development in the schools, pointing out that while only a small proportion of pupils were reported defectives upon the testimony of their failure in passing examinations, there were nevertheless very considerable numbers who failed through allied causes, described as backwardness, slowness and dullness.

Commissioner Boyd, of the Toronto Juvenile Court, said that feeble-mindedness was a very considerable factor in the work of that institution.

"The sooner the law makes it necessary for mental examination of everyone accused of crime, the better for us all," said Commissioner Boyd. He suggested further that it would be wise if the Children's Aid Society were given the authority it at one time possessed to refuse to take feeble-minded children as wards. If that were done, however, some arrangement should be made for that type of child. He described as iniquitous the amendment to the Moving Picture Act of 1915 permitting children to go to a moving picture theatre with any adult, not necessarily of the same household.

Dr. C. M. Hincks, Associate Medical Director and Secretary of the Canadian National Committee for Mental Hygiene, who has done work among children for several years, stated that in an examination of 10,000 school children he had found two per cent. unfit for ordinary school education. He outlined some of the tests which he had put into practice for mental deficiency. Considerable difficulty was experienced in dealing with foreign children who did not understand English.

The prevention of juvenile delinquency and of future adult crime was defined by Dr. Hincks as the function of a juvenile court. "The Toronto Juvenile Court," he declared, "hasn't been given half a chance. The city of Toronto is expecting the impossible, owing to the lack of equipment of dealing with mental cases. There must be adequate provision for the delinquent boy or girl, in order to protect society from them, and to protect them, if necessary, from society." The boy who commits adult crimes constitutes a serious problem for the authorities. Dr. Hincks told of having talked with a 15-year-old boy, who, with two companions, had stolen several thousand dollars worth of jewels from homes on Roxborough Drive. These thefts covered a period of only two weeks, and the boy appeared to be proud of them. Asked if he would steal again, he replied, "Not unless I need the stuff."

Going on to give figures pertaining to feeble-mindedness in the Toronto Juvenile Court, Dr. Hincks stated that in two and a half

years 761 mentally deficient delinquents had appeared on theft charges. There had been 23 unmarried mothers, under 16 years of age, in the same period; 117 charged with bodily violence, ranging up to attempted murder. Adult cases needed examination as much as did the children who appeared before the juvenile court, Dr. Hincks declared.

Account of address delivered by Major Frankwood E. Williams, Associate Medical Director, (United States) National Committee for Mental Hygiene, before the Academy of Medicine, Toronto, on January 7th, 1919, on the subject, "Mental Hygiene and the United States Army."*

WE in the United States are deeply indebted to Canada and England and other countries which were in this war long before we were. If we have succeeded in doing anything particularly well in our medical department we are more than indebted to you. We have carried out some of the ideas that members of your own medical corps had. In fact it was after consultation with the officers in the medical corps in England, and after repeated conferences with medical officers in Canada, that the plan I shall outline was adopted in the American Army. Many suggestions came from Canada. At the same time the work is an outgrowth of some ten years of work on the part of the National Committee for Mental Hygiene in the States; one of whose objects is the improvement of the condition of the care of the insane throughout the country. An effort was made by this Association to get the asylums and other institutions caring for the insane to look after their patients as they are looked after in general hospitals—particularly the acute cases; and also to send the force organized in these hospitals out into the community, where, they had come to realize, there is no greater public health problem than the problem of mental disease. It is a tremendous problem in the States. In the single State of Massachusetts there are 3,000 new cases every year—not counting those which have been discharged and readmitted. That number is increasing every year. In New York State there are 34,000 people in hospitals for insane, with 6,000 new cases every year. In Ohio—a typical middle-western State—there are 3,000 new cases every year, which means that between now and this

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time next year 3,000 people now going about will be committed as insane. This means a tremendous amount of money expended in maintenance of these hospitals and patients, **and the most of it is sheer waste,** because the percentage of recovery is not on a par with the recoveries in other hospitals. A great portion of the expenditure is social waste; many people have come to believe that a great deal of mental disease is preventable. Mental disease has so long existed in the midst of superstition and misunderstanding, it has been neglected up to the present. But there is a group—a growing group—who are convinced that if this problem cannot be dealt with in its entirety, split up into its constituent parts it is amenable. It is proposed to improve the standard and character of these insane hospitals, making them easily accessible. At present it is more difficult to get into a mental hospital than into a gaol. Before a man is adjudged insane his malady is far advanced. The effort now is to break down this admission barrier, and make it as easy to get care, treatment, advice and suggestions in these mental hospitals as it is in any other hospital; and arrangements are being made to allow patients, who wish it, to go voluntarily to these institutions for help. A physician does not want to take his case before a judge when he knows there is a question as to the patient's being really insane; he knows the patient needs help. It is being made possible for the doctor to take his patient to these special hospitals, the only procedure being the signing of a simple statement of fact; the patient is admitted and is kept for ten days for observation and treatment. Then he may be committed, discharged, or remain in voluntarily. An effort also has been made to establish in outlying cities and towns out-patient departments at the regular general hospitals for this sort of case—psychiatric clinics to which social workers may bring cases that are troubling them, school teachers may bring pupils who are growing difficult either in the matter of discipline or backwardness, or to which parents may bring defective children; where adults may come and get advice in advance of the time when otherwise they might be committed. To these clinics will also be referred a large number of people—candidates for mental hospitals, who can be handled very fairly while outside. This sort of work leads up to the consideration of the problem of how to deal with the feeble-minded, and then into the question of juvenile delinquency and crime, vagrancy, chronic poverty and prostitution. The committee has at various times made surveys of different states respecting the feeble-minded in order to get at existing conditions. This must be done before the remedy can be indicated. At the Juvenile Court in New York a

study is being made of these problems from the standpoint of the individuality of the people who make the problem. Likewise there has been the best of work going on at Sing Sing for the last two years—a survey of the people in that institution, the point of view being that before we can handle the problem of crime or any other of these social problems it is important to know the personality and fundamental make-up of these individuals creating the problems. After all it is a problem of adjustment—life is a problem of adjustment for all of us, but it is particularly difficult for those individuals limited in mental capacity or nervously unstable that they cannot adjust at the same level or social level that is demanded of society. There is a group of people who believe that these individuals can be adjusted, that institutional life is not necessary for the feeble-minded, for all psychopathic inferiors or even for all insane, that the level of adjustment is individual and that an understanding of the individual and an understanding of the environment —the two can be put together in a reasonable way if there is a proper and intelligent supervision.

When the war came on an individual study of the so-called problem of shell-shock in the armies occurred. This Committee was naturally interested in what might happen to the American Army, composed of drafts consisting of a cross-section of the community as it existed, men suffering from tuberculosis, dementia precox, epilepsy, and such conditions as are found in a general community. After advising with medical officers in Canada and England it was decided to urge upon the Surgeon-General that an attempt be made to attack the problem before it began by culling out those individuals supposed to be unable to survive the rigors of a campaign and who would succumb to nervous or mental disease. At the reorganization of the Surgeon-General's office, at the opening of the war, the Surgeon-General planned that there would be specialties in medicine. Previous to this an army medical officer was supposed to do everything, from presiding at an officers' mess to doing the finest surgery, handling psychiatric cases or anything else. General Gorgas felt that he would get the best results if special problems were put in the hands of those who were dealing with these special problems in civil life. There were created divisions of surgery, internal medicine, tuberculosis, pathology, psychiatry, surgery of the head and of cardio-vascular work. The function of the psychiatric division was to propose to the Surgeon-General some policy for handling the problem of nervous disease in the army. The work seemed to divide itself into three parts: First, the exclusion and treatment of those who were mentally unfit; the prophylaxis of

those accepted, and the care and treatment of those who succumbed while on duty; and, finally, the care and treatment of the returned soldier who might be ill, and adjust him in his new environment. For the purpose of carrying on the work of this division a call was sent to the various neurological and psychiartric societies. They had responded by sending some 750 men trained in these branches, who were taken into the army. But it was soon apparent that the need was going to be greater than the supply. So special training classes were formed at various centres where psychiatric hospitals and neurological clinics existed, where men were given a six weeks' intensive training. It was arranged that men who had already been trained in psychiatry should attend the neurological clinics, and men who had been trained in neurology should attend the psychiatric clinics. This plan worked very well. It would have been helpful if the examining medical boards had excluded men suffering from the various neuroses and psychoses from the army; but the physicians on the draft boards were not familiar with these conditions, so there were very few stopped by the draft boards, except in the large centres; so these men came to camp. There was organized in each camp a neuro-psychiatric board, consisting of from one to ten men. All men were first examined by the neuro-psychiatrists, and admitted or excluded. These men were passed along the line, presenting themselves before all the various experts, any of whom could exclude an unfit soldier. An endeavor was made to exclude as many as possible before being sworn into the service. But that was not wholly possible, they appeared at so fast a rate. The work was difficult at first, but gradually became easier. It was found, however, that examination at the entrance to the camp was not sufficient. Examining a thousand a day, you can't get them all, even though you had a longer time. The symptoms of their psychoses might not be in evidence at the time. When a man was examined and found all right his papers were stamped, "Passed by the Psychiatric Board." The work was done so rapidly a physician wrote back and said, "The men at Jefferson are doing mighty well, but believe that instead of subscribing 'Passed by the Psychiatric Board' they should have stamped 'Glanced at by the Psychiatric Board.'" In order to pick up cases that would get by and those that would develop in the camp, there was established a camp psychiartrist, and when the camp was organized he became the division psychiartrist. This was, perhaps, the biggest "strike" that was accomplished at one time in the whole programme. It was important, we found, that this work should be done satisfactorily and supported properly; so we concluded there ought to be a repre-

sentative of neuro-psychiatry on the division headquarters staff to whom our arguments and data might be presented directly without having to pass through the hands of junior officers of low rank in the army. By some luck, such an officer was appointed to headquarters staff. Then every other specialty wanted to get on, but the psychiatrist was the only one who slipped through. This was very helpful in controlling conditions in the camp. This department was responsible for the mental health of the camp, just as the sanitary division was responsible for the sanitation. In order to acquaint the line officers with what we were trying to do, a special circular was gotten out and issued to them. Originally these mental cases were known in camp parlance as "nutty." I do say we were looking for "nuts." When this circular was issued it was found we were not only looking for nuts, but misfits—men maladapted, and who had been found impossible even after a long period of training. Had we asked these line officers if they had any insane they would have said no. If we should go and say have you any damn fool in your company or any fellows that can't keep step after all this time, or a bunch of fellows who are the butt of jokes, who are poor sticks in general, and you can't do anything with them—men who are constantly getting into all manner of difficulties—there would have been hardly a commander but had some. We did not assume that these people were necessarily defective. We looked them over and we found that quite a few were better excluded. After a company commander found that we could assist him in getting an A1 company—for every company commander wanted his to be the best in the camp—he would confess that he was having all kinds of difficulty with some of his men, who spoiled the whole thing. He couldn't get rid of them. But when we came and told him they did not belong he was relieved. The next problem was to establish centres for the treatment of those individuals who became ill. It was arranged to provide thirty-bed wards, known as neuro-psychiatric wards, in the base hospitals. It was soon found that facilities were not adequate. So the camp hospitals came to be used for temporary care and emergency treatment, using these neuro-psychiatric centres—centres of from 100 to 200 beds in connection with the general hospitals established in some area of dense military population. A case of insanity occurring in a camp or cantonment would be taken to the emergency hospital—not to guardhouse for arrest—brought for temporary care at the base hospital, where soldiers suffering from all other forms of illness are treated. There he would be treated and possibly returned home if found permanently unfit, or if he required a longer period

of treatment he would be transferred to the neuro-psychiatric centre for that region. It was an important thing to have these mental cases treated at the general hospital in this way. One new C.O., coming fresh to a camp, found 150 of this sort of patients, and immediately telegraphed Washington he wanted these "nuts" removed—a general military hospital was not a place for "nuts," and he didn't want them around. He appealed a number of times; but, failing in his appeal, he reported that if these "nuts" were to be maintained, he wanted a ten-foot wire barricade put around their building. The barricade was not built, nor was a single ward removed. At Fort McHenry the wire was bought for a barricade but was never used. These wards cannot be distinguished from any other sort of wards. There are even no guards or wire screens on the windows. And there has been no difficulty. In the Walter Reed Hospital there is an iron wire screen of a light kind on the back of one ward. But all the other wards are open. The buildings are frame and lined with paper board. The windows are all open, and all unscreened, except for flies. There's been no trouble. At first we all thought the windows should have been screened, yet we found it was not necessary. If we have intelligent men who really understand their work and their patients, and if we have competent nurses interested in and who also understand their patients, proper attendants, and plenty of occupational therapy—have them occupied and not loafing about, absolutely idle—we find no difficulty. That has been a distinct eye-opener to all of us. A new officer came to the Walter Reed Hospital and wanted to move these wards out. We allowed the matter to drift a week or so. When Col. Bailey and I talked it over with the C.O., and asked him if he wished these patients removed, he replied, "No; these are the best run wards in the whole hospital. I am surprised." When new officers come here they spend from one to ten days on the neuro-psychiatric wards, no matter what specialists they are. They go over there to learn how to run a ward. I mention this because it does show that some advance has been made in the care and treatment of the insane. I don't mean to say that all our mental wards were run upon this basis. It all depends on the particular officer in charge. The whole effort has been to get proper officers, nurses and attendants, and then to keep the patients busy. Where difficulty did occur it was where they put patients in locked wards, with nothing to do but to think of ways in which to defeat their incarceration and force their way out.

The work abroad has been under the direction of Col. Salmon. The plan has been, after following the experience of the other

countries—to get treatment as far to the front as possible. We were informed that here in Canada and in England the great difficulty was that there were no men at that time—two years ago—or very few, who understood the so-called shell-shock cases. Your men were brought back to the base hospital and referred from hospital to hospital, and finally back to Canada, by which time they were chronics—paralyzed, mute, deaf, etc., with much lessened chances of recovery. We tried to get our officers as near the front as possible and to get these men as soon after their attack as feasible. We had special base hospitals for nervous and special hospitals for mental cases. In addition there has gone over with each division a division psychiatrist; all these men were examined. He went through the training camps and to the front. He was in pretty close touch with the various individuals in the unit. As the division went into action the division psychiatrist organized his field hospitals along with the other divisions immediately back of the front, and into these hospitals the nervous and mental cases were immediately sent. At our first big fight we hadn't been organized, owing to the bickerings and difficulties incident to partial organization, and a considerable number of cases were sent back to the base hospitals. That one attack was an object lesson to those in authority, and Col. Salmon was asked to go ahead and welcome to any authority or organization he wanted. From the advanced field hospital 65 per cent. of these patients were returned to duty in thirty-six hours. Thirty-five remaining patients went to the base hospital wards. Twenty of these returned to duty in ten days. The remaining fifteen were sent to a special neuro-psychiatric hospital, and fourteen returned to duty in thirty days. We have two and a half million men over there, not all on active footing; but now that the war is over we have over 300 of these mental cases remaining on the other side, including shell-shock and insane. Other cases may develop as time goes on. We are planning for the care of the returned men. They will all pass into Virginia or New York State. Here we have a clearing house for returning patients and any patients needing mental treatment are sent to a particular neuro-psychiatric hospital, and they are gone over again, and, if all right, they can be discharged. In case a man is suffering from a neurosis he is helped along by the idea that the quicker he recovers the quicker he will get home. Many of them may relapse unless kept close track of; and so it has been found important to make treatment accessible at all times wherever they may be. The National Committee, therefore, cooperates with the Surgeon-General's office, and are planning with

the American Red Cross to have specially trained social workers who will be established at the divisional headquarters of each Red Cross division, whose duty it will be to look after the particular individuals discharged from the army in their divisions. This organization will extend out through the community with representatives competent to deal with these cases. Assistance will be gained through the co-operation of the various State mental hygiene societies and social workers. By this method we can throw a net over the country that will reach almost every town of any size in the community. If the case is a psychosis the patient may be sent to one of a number of special psychiatric hospitals throughout the country. For neurosis cases there has been established a 1,400-bed hospital at Plattsburg. At Carlyle, Pa., we have a 1,000-bed hospital, capable of being developed into a 2,000-bed institution. Since the war stopped sufficient accommodation has been found at Plattsburg. There are several hospitals for nervous cases throughout the United States. These are all general hospitals and known as number so-and-so. Another provision is found in general hospitals that take different types of cases. Returning soldiers with a neurosis or a psychosis are returned—not to the St. Elizabeth, an army and naval mental hospital—but to the general military hospital, and are not discharged until recovered (if neurosis) or until four months after disappearance of symptoms if psychosis. We prefer to make it eight months. We believe if we can maintain our patients for four months after active treatment, never letting them slump, that we can recover a large percentage of them. If a manic-depressive were sent out too soon and discharged from the army, and returned to his home, he might break out again, be sent to the State Hospital (insane), put in a back ward, where he would not be seen for several years. If he is going to get well we want him to go home well, the same as any other soldier in the army. If he is not going to get well he is sent to St. Elizabeth's Hospital, or sent to his own State Hospital, to be maintained at the expense of the Government. His family will also be looked after. With reference to precox cases—there is a large number of cases which look like precox cases, which in two or three weeks apparently recover. We don't know what the disease is. The man who has been taken into the army is presumed by law to be healthy. And if it is discovered later that he was ill when taken on, he is treated by the Government just as though he fell ill since being taken on. It has happened that men with precox or G.P.I. have slipped by the original board; and in three days have been discovered suffering from one of these psychoses. They are discharged as having been ren-

dered unfit in the service.

We excluded 56,000 men in our examinations. There were 5,000 epileptics; 1,950 simple nervous cases; 9,000 cases of psychoneurosis; mentally defective, 18,000; constitutional inferiors, 4,000. There were 12,412 treated in base hospitals. Cases of syphilis of the nervous system were common. Cases of narcotic addiction were much rarer than was anticipated.

Col. Colin K. Russel, C.A.M.C., said it was difficult for him to discuss the address: he could not criticize the work done by the United States medical service. The Canadians were rushed into the war and took everybody in so far as mental symptoms were concerned. We had no national committee of mental hygiene. The United States had 750 neuro-psychiatrists at the end of the war. Canada hadn't seven trained neurologists at the beginning of the war. He thought not more than one or two psychiatrists signed on. The United States had cleared out 56,000 culls; Canada had cleared out very few—a few imbeciles. He did not think there had been a very large number of men returned on account of these defects. We had mental defects—precox cases returned—quite a number of them; but quite a number of these carried on as soldiers and had done well, having borne their share of being gun fodder. When the war was declared, Canada had to have an army, and had to have it quick. There were no mental specialists at all. When they arrived in England they had to co-operate with the British Army, and use the British hospitals. In France they came under the R.A.M.C., who had control of everything. In 1916, following the example of the French Army, special shell-shock centres were established in the casualty clearing stations. When a man was returned from the front line for a disability which was not definite, the medical officer was not permitted to put down a diagnosis of shell-shock or anything else—merely N.Y.D.N. Such a man was sent to a shell-shock centre. He may had had paralysis of both legs, or become mute, or perhaps was trembling all over. The history of his case was given. Following treatment in these centres, 70 or 80 per cent. of the patients were returned to duty. The other 20 to 30 per cent. were sent to the base. Fifty per cent. of these returned to some sort of duty. The other half were discharged as not fit for duty in france. In England, in the latter part of 1915, special hospitals for orthopedic and neurological cases were established at Lambeth. These were carried on until the latter part of 1917, when it was decided to move to Buxton. Following this there were some other centres established or hospitals were chosen with neurological wards. In Canada, since the Army Medical Corps has

taken over from the Military Hospitals Commission a neurological service had developed—in Montreal, Toronto, Cobourg and Vancouver; and one is to be opened in Halifax, when a qualified man can be secured to take charge. At present all those trained were in France or England.

In the Toronto Neurological Centre in the month of October 47 cases were discharged, 9 of which were organic and 38 functional. This represents in even money $390 each, or $15,210 in all saving in disability allowance monthly.

Colonel Russel referred to the special psychopathic hospital at Cobourg, where all insane patients are immediately sent on their arrival in Canada. Any that develop in the immediate neighborhood are also sent there. Here they are carefully observed. If the patient is adjudged incurable he is discharged to the care of the Invalid Soldiers' Commission and goes to the provincial asylums for custodial care. They had open wards—ordinary hospital wards, such as those in use in the military hospitals. Col. Russel had recommended that screens be put up on the upper story windows. Col. Russel said he felt very strongly that this modern method of caring for the insane could not be too strongly emphasized. He utterly condemned the method of sending insane to asylums improperly equipped with laboratory facilities, lacking modern means of treatment and insufficiently staffed; for it was impossible for any of these patients to get any individual care or attention.

ANNOUNCEMENT

FIRST ANNUAL MEETING OF THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE. TORONTO, MAY, 1919.

THE First Annual Meeting of the Canadian National Committee for Mental Hygiene will be held in the Clinical Lecture Theatre, Toronto General Hospital, at 3 p.m. on Tuesday, May 27th, 1919. His Excellency the Duke of Devonshire, Governor-General of Canada, and patron of the Canadian National Committee, will be invited to open the meeting. Invitations have also been extended to Col. Thomas W. Salmon, Medical Director (United States) National Committee for Mental Hygiene, and to Mr. Clifford W. Beers, secretary of the latter organization, to be present and to address the congress. Reports of the past year's work will be submitted by the various officers of the Committee.

On Monday evening, May 26th, 1919, Col. Thomas W. Salmon has been invited to address the Canadian Public Health Association and the Canadian National Committee, on the subject of "Mental Hygiene," in Convocation Hall.

In addition to these meetings, the Ontario Association for the Care of the Feeble-minded, and its Toronto Branch, will hold annual meetings on May 26th and 27th, and there will be section meetings on Mental Hygiene in connection with the Canadian Public Health Association on May 27th and 28th. Col. C. K. Russel, Montreal; Dr. C. K. Clarke, Dr. W. H. Hattie, Provincial Health Officer for Nova Scotia; Dr. Gordon Mundie, and others, will address these gatherings.

An invitation is extended to the members of the Canadian National Committee, and to all interested in the Mental Hygiene Movement in Canada, to attend, not only the first annual meeting of the committee, but the other congresses as well.

LT.-COL. CHARLES F. MARTIN, M.D., *President.*

C. M. HINCKS, M.D., *Secretary.*

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