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NO. 2

CONTENTS

State Programmes for the Care of the Mentally Defective.....Walter E. Fernald, M.D.

Mental Hygiene in Relation to Social Hygiene.....A. H. Desloges, M.D.

The Physician's Part in Preventing Mental Disorder.....W. H. Hattie, M.D.

The Problem of the Mentally Defective in the Province of Quebec
Gordon S. Mundie, M.D.

Immigration, Past and Future (continued).....W. G. Smith, B.A.

The Montreal Local Council of Women and Mental Hygiene.....Carrie M. Derick

The Right to Marry.....Adolf Meyer, M.D.

Community Responsibilities in the Treatment of Mental Disorders
William L. Russell, M.D.

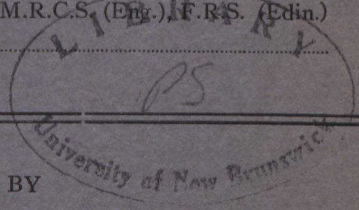
Supervision of the Feeble-minded in the Community.....Jessie Taft, Ph.D.

First Annual Meeting of the Canadian National Committee for Mental
Hygiene.....

Special Auxiliary Classes.....Mrs. W. E. Groves

Mental Deficiency in Relation to Venereal Disease
A. F. Tredgold, L.R.C.P. (Lond.), M.R.C.S. (Eng.), F.R.S. (Edin.)

Notes and News.....



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CANADIAN JOURNAL OF MENTAL HYGIENE

VOL. 1

JULY, 1919.

No. 2.

STATE PROGRAMMES FOR THE CARE OF THE MENTALLY DEFECTIVE.*

BY WALTER E. FERNALD, M.D.

Superintendent, Massachusetts School for the Feeble-minded.

IT is now generally understood that the feeble-minded and the progeny of the feeble-minded constitute one of the great social and economic burdens of our modern civilization.

We have much accurate knowledge as to the prevalence, causation, social significance, prevention and treatment of feeble-mindedness, its influence as a source of unhappiness to the defective himself and to his family, and its bearing as a causative factor in the production of crime, prostitution, pauperism and other complex social diseases. The literature on the subject has developed to enormous proportions.

An intelligent democracy cannot consistently ignore a condition involving such a vast number of persons and families and communities, so large an aggregate of suffering and misery, and so great economic cost and waste.

Nearly every state in the union has already made a beginning in the way of a programme for dealing with the mentally defective, either directly or indirectly. The development of this programme in the different states varies greatly in degree and method. Even the most advanced states have not yet formulated a plan for reaching all of the feeble-minded of the state. It is safe to say that no state has yet officially taken cognizance of ten per cent. of the mentally defective persons in that state. No state has even ascertained the number of feeble-minded in the state, their location, or the nature and expression of their defect.

* Read at Children's Bureau Conference on Child Welfare Standards, Washington, D.C., May 7, 1919.

The great majority of these defectives receive no education or training, and no adequate protection and supervision. We know that feeble-mindedness is highly hereditary, but in most states there is no legal obstacle to the marriage of the moron, the most numerous class of the feeble-minded.

There are many reasons for the lack of a formal accepted programme. The problem can not be solved by a simple formula, which can be expressed in one definite piece of legislation. It is an infinitely varied and complex problem, according to the age, sex, degree and kind of defect, presence or absence of hereditary traits or criminal and anti-social proclivities, home conditions, etc. The idiot, imbecile, and moron present different needs and dangers. Each of these groups has different troubles, according to their age and sex. Rural, sparsely-settled communities, with homogenous racial population, have conditions which differ from those of urban industrial centres, with cosmopolitan racial complications.

Census.—The first step in a rational programme would be the beginning of a complete and continuing census of the feeble-minded of the whole state,—this would state and define the problem. Many privately conducted surveys show the feasibility of such a census. The data for this census would be furnished by physicians, clinics, court and jail officials, social workers, town officials, teachers, etc. No doubtful case should be so registered. Only those persons whose mental defect has been scientifically diagnosed should be registered. The register should be highly confidential and accessible only to properly accredited persons.

This co-ordination of existing records would be available for social workers, school authorities, and other agencies, and would be of enormous service in the solution of the individual problems which the feeble-minded constantly present. This alone would mean a great saving in time, effort and money.

This official census would give a logical basis for intelligent management of the mental defectives of the state.

Supervision of the Feeble-minded.—A census of the feeble-minded of the state would make possible and desirable some provision for a central governmental authority responsible for the general supervision and assistance and control of the feeble-minded of the state, who do not need immediate institutional commitment. This state supervision of the feeble-minded should be directed by a state commission for the feeble-minded, or a properly constituted state board of health, or other similar body. Its responsible officer should be a psychiatrist, with special knowledge of mental deficiency, and its many social expressions.

The local administration of this supervision could be carried out by the use of existing local public organizations, existing local private

organizations and societies, or by properly qualified volunteers in each community. This systematic supervision of the feeble-minded could easily be made to cover the entire state, with a local representative in each community, but all under the direction of the central authority.

Each defective could be regularly visited and kept under observation by the local visitor. The reports of these visitors, covering the life histories and the family histories of many cases, would soon constitute an invaluable treasury of information as a basis for scientific research and study in the search for practical methods of prevention. The official visitor would advise the parents as to the care and management of the defective, and would have opportunity to inform the family, the local officials, and the community generally as to the hereditary nature and the peculiar dangers of feeble-mindedness.

The registration of every feeble-minded person, and the regular visitations, especially of children of school age, would make it possible to inform the parents of the condition of the child, of the necessity of life-long supervision, and of the possible need for future segregation. Suitable, tactful literature should be prepared, which could be gradually presented to the parents in a way that would have great educational value. Sooner or later, the parents will probably be willing to allow their child to be cared for and trained in an institution. In suitable cases parents who are not willing may be allowed to have the custody of their child, with the understanding that he shall be properly cared for and protected during his life, that he shall not be allowed to become immoral or criminal, and that he shall be prevented from parenthood. Whenever the parents or friends are unwilling or incapable of performing these duties, the law should provide that he shall be forcibly placed in an institution, or otherwise safeguarded. The local representatives of the central bureau would officially serve as advisors and sponsors for pupils graduated from the special school classes, for court cases under probation and observation, and for institution inmates at home on visit or on trial.

There would be a person in every locality familiar with the opportunities for mental examination and methods of permanent commitment. The extra-institutional supervision and observation of cases in their homes would do away with the necessity of institution care of many persons who would otherwise have to go to an institution, thus reducing the expense of institution buildings and maintenance.

There should be legal provision for the commitment of uncared-for defective persons to the permanent custody of the central authority. This commitment should formally recognize the actual mental age and degree of responsibility of the defective person so committed. The legal status of a defective should be that of a normal child with a mental age of 8, 9 or 10 years.

The extra-institutional supervision should include cases dismissed from institutions, so that the defective who has spent many years in an institution would not be thrown out into the world, with a freedom which he does not know how to utilize. In these cases, the supervision would constitute a permanent parole which would be most effective. This provision would enable the defective to be returned to the institution if he did not properly conduct himself in the community.

Such provision for registration of the feeble-minded and for extra-institutional supervision would ensure that those defectives who most need institutional training and protection would be sent to the institutions, and that those who can live safely and happily in the community should be allowed to do so.

The keynote of a practical programme for the management of mental defectiveness is to be found in the fact, which seems to have been proved, that those defectives who are recognized while they are young children, and who receive proper care and training during the formative period, are, as a rule, not especially troublesome after they have been safely guided through the period of early adolescence. Every child automatically comes under the control of the school authorities between the ages of 6 and 14. Every case of mental defect can be easily recognized during this period.

Present methods of health examination of school children could easily be extended so as to ensure and require a mental examination of every child obviously retarded in school accomplishment. It would not be necessary to give every child a mental examination. It would be sufficient to examine only those children who are three or four or more years retarded, perhaps two or three per cent. of the school population.

In the large cities, the mental examinations can be done by special examiners and at mental clinics. The rapid development of out-patient mental clinics all over the country will soon furnish facilities for such examinations in all the large cities.

Rural communities and small towns could be served by a travelling mental clinic, as a part of the state government. This clinical group, or even a single clinician, could examine the backward children over a very large area. A visit to each small town once each year would be sufficient.

Every school for the feeble-minded should conduct out-patient mental clinics at the institution, and in the various cities and towns served by the school.

At the time of the mental examination, the parents could be informed as to the mental condition of the child, and of his need for special training and protection.

Suitable manuals should be prepared by the State Board of Education, which could be placed in the hands of every teacher, especially in the

rural schools, describing the methods of training and management which should be applied to these cases.

It should be recognized that the defective child is entitled, even more than a normal child, to education according to his needs and capacity.

The defective children who can not be taught in the regular schools should be referred to the institutional schools.

Cities and towns of over five thousand population are likely to have groups of at least ten or more defective children. Such communities should be required to establish special classes for defective children. The proper authorities should formulate the courses of study and the equipment of school materials which are necessary for these special school classes.

Provision should be made in the normal schools for training teachers of defective children. Every normal school should be required to give suitable instruction to teachers, to enable them to recognize the probable cases of mental defect, and to give them a general idea as to the training and discipline of such children.

The State Board of Education should prepare simple manuals of facts for the use of the parents of feeble-minded children. This literature should be prepared in series, especially for young boys, for young girls, for older boys, and for older girls, and should kindly and tactfully instruct the parents as to the limitations of these children in the way of scholastic acquirements, and emphasize the importance of the development of habits of obedience and industry, and the necessity of protection against evil influences and companions during the formative period.

The great majority of mental defectives are of the moron group. If the plan suggested for the early recognition, and the intelligent education and training of the moron in public schools and at home is carried out, many of this class can be safely cared for at home.

We have begun to recognize the fact that there are good morons and bad morons, and that it is often possible in early life to recognize the moron with anti-social and criminalistic tendencies, who will probably need institutional care. Morons from families unable to properly protect and control their children will need institutional training and care.

The fact should be emphasized that the neglected moron is the defective who makes trouble later in life, and that he should receive proper care and training either at home, with the help of the special class, or in an institutional school during the formative period.

The special public school classes also serve as clearing-houses for the recognition of defective children who are markedly anti-social and immoral, and who need permanent institutional care. It is an easy step from the special class to the institution. The children who graduate

from the special school classes should have the benefit of follow-up or after-care assistance and help.

In the majority of states, the only provision for mental defectives is furnished by an institution for the feeble-minded, providing care and protection for a limited number of idiots and imbeciles, education and industrial training for the higher-grade cases, with permanent segregation for a certain number of defectives, and with special emphasis upon the life-long segregation of feeble-minded women of the hereditary group. It was formerly believed that it was possible and desirable to have institutions for practically all the mental defectives of the state. This was before the actual extent of the problem was known, and its cost computed, and before the difficulty of securing the commitment to an institution of many of these cases was realized. In practice it has been found very difficult to ensure the life-long segregation of the average defective. The courts are as ready to release the defective as they are to commit him in the first place. However proper and desirable it may be in theory to ensure the life-long institutional segregation of large numbers of the moron class, it is a fact that there is a deep-seated prejudice on the part of lawyers, judges and legislators towards assuming that every moron will necessarily and certainly misbehave to an extent that he should be deprived of his liberty. That such misgivings are well-founded is apparently shown by the studies made of discharged patients at Rome and Waverly. At Waverly, a careful study of the discharges for 25 years showed that a very small proportion of the discharged male morons had committed crimes, or had married or had become parents, or had failed to support themselves.

It has been fairly well demonstrated that the average male moron, without natural vicious tendencies, who has been properly trained in habits of obedience and industry, and who is protected from temptation and evil associations during the formative years, can be safely returned to the community when he has passed early adolescence, if his family are able to look after him and give him proper supervision. A very much larger proportion of these trained male defectives would be suitable for community life if the above described extra-institutional control and supervision could be provided.

The average citizen is not yet convinced that he should be taxed to permanently support an individual who is capable of thirty or fifty or seventy per cent. of normal economic efficiency, on the mere theory that he is more likely than a normal individual to become a social problem.

The after-care studies of the female morons who have received training in the institutions were not so favourable, but many of these too led moral and harmless and useless lives after their return to the community. The study of discharged female cases at Waverly showed a surprisingly small number who became mothers or who married.

While it is true that the defectives with undesirable habits and tendencies are not easily controlled, it is equally true that defectives who are obedient and moral and industrious are apt to continue these traits permanently. Those defectives whose tendencies are such as to make them undesirable members of the community should not be allowed their liberty, but should be permanently segregated in the institutions. No other class of human beings so surely avenge neglect in their formative years, socially, morally, economically and eugenically.

The defectives who develop markedly immoral or criminalistic tendencies in the schools for the feeble-minded should not be retained permanently in the institutions devoted to the care and training of the average defective, for the feeble-minded are most suggestible and easily influenced, and should be protected from the companionship and influence of the defective with criminalistic tendencies.

These bad defectives should be committed to and cared for in an institution especially for that type, where the discipline could be made more rigid, and permanent detention more certain.

If twenty-five per cent. or more of the inmates of our penal and correctional institutions are feeble-minded, it should be required that a mental examination should be made of all inmates of such institutions, and that those criminals who are found to be mentally defective should not be automatically discharged to return to the community, but should be committed to a special institution for defective delinquents, and should be permanently segregated, and discharged only under the strictest sort of supervised parole.

Provision should be made for the mental examination of all persons accused of crime when there is any suspicion as to the mentality of the accused.

There is no doubt that every state in the union needs greatly increased institutional facilities for the care of the feeble-minded, not only as a matter of justice and fairness to the feeble-minded themselves and to their families, but as an investment which would repay the cost many times over.

There is no panacea for feeble-mindedness. There will always be mentally defective persons in the population of every state and country.

All of our experience in dealing with the feeble-minded indicates that if we are to adequately manage the individual defective, we must recognize his condition while he is a child, and protect him from evil influences, train and educate him according to his capacity, make him industrially efficient, teach him to acquire correct habits of living, and, when he has reached adult life, continue to give him the friendly help and guidance he needs. These advantages should be accessible to every feeble-minded person in the state. Most important of all, so far as possible the

hereditary class of defectives must not be allowed to perpetuate their decadent stock.

The programme in a given state for meeting the needs of these highly varied and heterogeneous groups must be as flexible and complex as the problem itself. It will be modified and developed as our knowledge and experience increases.

To sum up, the programme now possible includes the mental examination of backward school children, the mental clinic, the travelling clinic, the special class, directed training of individual defectives in country schools, instruction of parents of defective children, after-care of special class pupils, special training of teachers in normal schools, census and registration of the feeble-minded, extra-institutional supervision of all uncared-for defectives in the community, selection of the defectives who most need segregation for institutional care, for such care, increased institutional facilities, parole for suitable institutionally-trained defectives, permanent segregation for those who need segregation, mental examinations of persons accused of crime and of all inmates of penal institutions, and long-continued segregation of defective delinquents in special institutions.

The above programme would require team work on the part of psychiatrists, psychologists, teachers, school authorities, normal schools, parents, social workers, institution officials, parole officers, court officials, prison officials, etc. There would be a centralized formulation of plans and methods, but most of the real work would be done in the local community.

The degree of development of the programme in a given state would depend upon existing public sentiment on the subject, and this would be measured by the wisdom and influence of the responsible officials.

Nearly every suggestion in the proposed programme is already being followed in some state. No one state has anything like a complete programme.

MENTAL HYGIENE IN RELATION TO SOCIAL HYGIENE.*

BY A. H. DESLOGES, M.D.

*General Medical Superintendent of Insane Asylums of the Province of
Quebec.*

THE kind invitation of Doctor Pagé has caused me to be brought into the midst of this assembly with the burden of addressing you in a language which is not the daily vehicle of my thoughts. However, the difficulty is alleviated by your kind sympathy and the keen pleasure I experience of being in the midst of confreres animated with the most laudable zeal for the betterment of humanity. Not satisfied with living a comfortable existence, you deem such a behaviour void and useless and you want to devote yourselves to the improvement of your science so that in this land of yours there might be a little more sunshine. To promote science in all fields of society is a noble aim and worthy of any educated mind's activity. I always feel at ease in such society. I am sure to find in your hearts the indulgence I need for this paper I am going to read to you with a deep sentiment of our social needs and an ardent desire to bring an end or at least an alleviation of them.

I want to show first what has been done for the betterment of the treatment of the insane and then indicate what mental hygiene must do in order to diminish the dangers to which we are exposed, to stop, if possible, the threatening tide of insanity.

Let us take a look into the history of mental hygiene. This inspection will teach us the wonderful progress that branch of medical science has made since the days of Hippocrates.

In the days primeval, which end with Hippocrates' intervention into the medical treatment of insanity, that illness was considered imputable to the influence of a favourable or irritated deity. The insane were god-possessed. Most of them were said to be the prey of infernal deities, but some were thought to be the friends of superior gods, to be inspired by them and to tell the future through their influence. The Delphic Pithia is one of the most famous examples of this. Virgil describes the Cumæan Sybil as if struggling with the God under whose influence she was about to speak and reveal to Æneas the future of his destiny. Incapable of

*Read before the Public Health Section, Meeting of the Canadian Medical Association, Québec, June, 1919.

suffering any more Phœbus "Phœbi nundum impatiens Bacchatur vates, magnum si pectore possit excusisse deum." The poor epileptic, impatient of Phœbus, strives to disburden her soul of her tyrannic ruler but the more effort she makes, the more her terrible god fatigues her foaming mouth and subdues her ferocious heart; the sybil bellows in her cave while Apollo shakes the reins over her as she wildly rages. He tames her and breaks her in, but also he lashes her to fury.

This description is nothing but one of the scenes witnessed every day in our epileptic asylums. But no longer is the sad fate of our patients considered a favour of heaven nor a curse of the Almighty. The insane has been raised to the dignity of a sick person. He is no longer lashed in order that he might recover.

Such being the belief about the nature of insanity, it is evident that the treatment in those days consisted chiefly in religious ceremonies and practices. The Asclepiades, the priests in charge of the temple of Esculapius, had received the appointment of curing those suffering from mental disorders but their science was made to procure them wealth rather than profit the sick.

Hippocrates, the creator of mental medicine, was a member of that priestly family who claimed to be issued from Asculapius (the Asclepiades) and had in ancient Greece the monopoly of the curing of insanity.

First, he had the merit of distinguishing the pathological nature of insanity. With the most praiseworthy insistence, he applied himself to oppose the medico-religious practices of the Asclepiades in order to substitute a treatment more rational and medical. To ablutions, exorcisms, incantations succeeded the bleeding, purges, emetics, vegetable diet, hygienic exercises, music and travel. It seems that even at that time there were sanatoria for the insane, "iatria", but most of them were left at liberty in their homes under the supervision of a servant or a relative.

Hippocrates ends the Hippocratic period: his successors were but imitators and added nothing to his medical ideas on mental alienation.

The scientific tradition then passed from Greece to Egypt with the dismemberment of Alexander's Empire.

Herophilus and Erasistrates, who lived about 300 years before Christ represent this period of transition from Hippocrates to Gelsus.

The Greco-Roman period which brings us to the middle ages, is represented by Asclepiades of Bythinia, Celsus, Areteus, Goelius and Galienus.

Asclepiades has established a formal delimitation of insanity into acute and chronic alienations. He, the first, tried the substitutive medication and advised intoxication in the general treatment of mental alienation.

Celsus gave the wisest rules for the hygienic and moral treatment of the insane, but unfortunately, he finally advised starvation, chains and chastenings to tame the insane as soon as he gave signs of want of sense "fame, catenis, vinculis coercendus est."

Areteus of Cappadocia has left marvellous descriptions of the various forms of mental alienation. A reaction must have taken place since the days of Celsus since nowhere in his works is there any mention either of ties or ligatures for the phrenetic, or even the furious.

Let me quote what Goelius Aurelianus says against the physicians who recur through principle to such means: "They seem to be delirious rather than disposed to cure their patients when they compare them to ferocious beasts to be tamed by the want of food and the torture of thirst. Seduced also by the same error, they wish us to load them with cruel chains without thinking that their limbs might be thereby bruised or broken and that it is more decent and easy to restrain them by the hand of man than by the useless torture of iron bands. They even go so far as to advise corporal violence, the scourging as if to force the revival of reason by such a provoking treatment: a wretched method which does nothing but aggravate their state, stain with blood their limbs and offer them the sad spectacle of their pains at the very moment when they recover the use of their brain and wit."

Galenus, the celebrated physician of Pergama, who wrote five hundred articles and whose ideas had so great an influence for fourteen centuries, has said but few things about mental alienation. He divided it into idiopathic and sympathetic insanity or by consensus.

The next period is one of transition and ends with Pinel's memorable reform, which modified completely the fate of the alienated and inaugurated a new era in the history of mental medicine.

With Cullen, who died in 1792, we are far from the ignorance of the middle ages but the condition of the insane is yet deplorable. They live, as yet, disseminated in prisons and a few refuge houses. Very few are received in hospitals and who would rather not call these hospital dungeons. The treatment consisted invariably in shower baths, cold baths, repeated bleeding with adjunction of Hellebore, purgatives and antispasmodic remedies. When, after a few weeks of such a regime the sick failed to cure, he was sent to the "Petites Maisons", to La Salpêtrière, or Bicêtre, in France; to Bedlam, in England. There, badly fed, covered with rags, loaded with chains and iron collars, in filthy cells, once destined to the criminals, lying on rotten straw, breathing the contaminated air, they dragged a miserable life, exposed to the eye of the public who on feast days were admitted for money to look at this spectacle and tease the poor wretches as if wild beasts, through the iron bars of their cage.

Sir Bennet could say, in the Lower House, referring to this, "If ever an institution was a disgrace to England, it is Bedlam."

Then came Pinel who was made head of the insane service at Bicêtre in 1793. He caused the chains of the insane to fall off. He had by his initiative and perseverance realized what others had vainly hoped, the rehabilitation of the insane and their restoration to the dignity of the sick. "To keep", said he, "in an habitual state of seclusion and restraint the violent insane, to deliver them helplessly to the brutality of servants and custodians under the pretence of the dangers they make us run, to drive them, in a word, with an iron-rod, as if to accelerate the end of an existence deemed deplorably wretched, is no doubt a most commodious method of supervision but no less worthy of centuries of ignorance and barbarity." But Pinel was more than a reformer. He was a man of science and his "Treaty of Mania" is justly celebrated. Cuvier could say of it in the Institute of France, that "his booklet was not only a medical book, but a capital work on philosophy."

In France, Esquirol, the successor of Pinel, had as great an influence on mental medicine as Pinel had on the moral condition and treatment of the insane. He was a philanthropist, a reformer, a scientist and a master.

Under the direction of the disciples of Pinel, psychiatry has made in all countries great progress. The characteristic of the actual movement in the field of labour and disquisitions is a tendency to apply to psychiatry the scientific data and methods of modern general pathology. Psychiatry has ceased to be simply a chapter of philosophy. It is now, and will be more and more, a branch of medical science or rather of biology. The insane are now treated with charity and science in all well organized hospitals, especially wherever the superintendent brings to his position deep sentiments of the dignity of man and the principles of an enlightened philanthropy.

However, although we state with pleasure all these betterments in the condition of mentally abnormal patients, we should not conclude that the organization is complete. To treat well the insane is very good, but do you not think that something should be done to prevent the overcrowding of such institutions. The most complex problems are before us. So many causes contribute to enlarge the number of lunatics that if we do not find immediately the means of damming the ascending tide of alcoholism, syphilis and other evils, the nation may be overflowed and sink into the waves of insanity.

Here the beneficial intervention of the Mental Hygiene Society is obvious. This organization will help a great deal in the realization of this. Is this plan likely to be realized? Can we keep men away from insanity? I do believe it to be possible to a certain extent if all medical men and

social workers as priests, teachers and others try to enlighten the people of the dangers they are exposed to with regard to the principal causes of insanity.

The education of the people will bring better conditions and the evils of alcoholism, syphilis and heredity will be lessened.

Alcoholism is a well known sickness which progressively diminishes the mind, will, strength and manual skill of a man. The loss of reason is the result of intoxication by too frequent drunkenness or ebriety, which might be said to be a temporary insanity. The errors about alcohol are deeply rooted, but in these latter days the evidence of its noxious action has caused many to be brought to sounder principles. When a man is thirsty he thirsts for water and water should be given him and not alcohol. The hospitals and asylums would be too large if there were no alcoholics. Out of two persons lying in our hospitals, one is an alcoholic. Alcohol is one of the universal providers of lunatic asylums and intemperance might be styled one of the most active agents to keep the doctors busy.

The recent law adopted by the Government is one out of which we should expect the best results and the Prime Minister should be congratulated for having loved his fellow-citizens enough to prefer their interests to those of the bar-keepers. This law of temperance, as we may call it, will bring the whisky drinkers to prefer wine and light beer or cider to their poison. The general health will be enhanced and consequently in sounder bodies might we hope to see sounder souls. *Mens sanior in saniori corpore.*

As an alienist, I am not in favour of total abstinence. However, I am satisfied with this mitigated law of prohibition. The drunkard you may be sure of it, will continue to get drunk just the same, but the new generation, the young men who have still kept the sense of dignity and decency, when they realize that in order to obtain the desired effect they must drink gallons of beer, no doubt will deem the pleasure to be bought at too dear a sacrifice and will never become drunkards and consequently the alcoholic fathers will cease to breed a brood of candidates for the lunatic asylums.

Meanwhile the bar-keepers will keep their old clients, for *what is born in the bone is born in the flesh.* "Qui a bu, boira." The bar-keeper will keep up till the dipsomaniac is no more and then he will engage in more prosperous business and when bar-keepers will be few or none, the brewers will brew less or no more.

The next cause of insanity is syphilis. I need not insist. The bad effects of this contagious disease are well known to the physician, but the people are unaware of its dangers, its contagiousness, its frequency. It is a pleasure to me to state that at the last meeting of the Quebec

Legislation the Provincial Board of Hygiene has had a bill accepted which will surely bring the best results. This legislation will contribute to lessen the number of cases of general paralysis. It will, to say the least, give to those afflicted by this sickness, the facility of being scientifically treated without being oppressed by so-called specialists.

Egotistical zeal is no zeal. Let the physicians on all occasions teach their clients the dangers of the day. Do not speculate on human degeneration. Help to build a nation. There will be enough natural causes of sickness to keep the doctor busy and thrifty. Let your ambition be that of being a curer, a saver, a helper, a giver of health, happiness and joy, a distributor of life, a consoler, and the reward will surely follow. As you sow, so shall you reap. Let us therefore strive to educate the people on the serious consequences of syphilis and try to cure those that are plague-stricken.

A third cause is heredity. Please permit me to quote a few lines from Morel. "By the observation of the links and reciprocal dependence of pathological phenomena transmissible through heredity I came to create the great and important varieties of hereditary alienations. I have proved that betwixt the simplest anomaly in the laws of moral sensibility designed under the name of moral mania, reasoning mania and those states more or less properly called imbecility, idiocy, cretinism, there exists degrees of the same affection."

Heredity, it is sure, is a great factor in mental alienations. Alcoholic heredity, says Dupuy, is the most frequent cause of idiocy, feeble-mindedness and madness. The sons and daughters of alcoholics have a tendency to lying or pseudomania, to theft or kleptomania, to the abuse of liquors or dipsomania. "The drinker", says he, "breeds the degenerate and the degenerate breeds the drinker." As to heredity through syphilis, it is no less obvious.

But what have we done to come to practical results? Have we reflected on the cerebral ravages caused by epilepsy? This sickness is hereditary, when not the results of intoxication or an accident. Have our medical societies, in lectures and reports, and the physician in his office given practical advice to the sick or his relatives? What have they done to enlighten the bride or the bridegroom on necessity of avoiding marriage with an epileptic? What have they done to check the marriage of the syphilitic? Have they shown to the parents the dangers of letting their daughters marry a drunkard, a debauchée, a syphilitic, an epileptic?

Time will come when candidates for marriage will have to show their sanitary testimonials in order to be allowed to legally do so: when everyone will feel the necessity of protecting himself against the possibility of contagion and of a breed of insane or idiots.

I am glad to see that as a result of the warnings the National Society for Mental Hygiene was organized.

Under the impulsion of an epileptic and hallucinated Kaiser, have we not seen a whole nation stricken with a fit of megalomania? The result was the terrible war now brought to end by the signing of the Treaty of Versailles. In other fields we have seen the frenzy of Bolshevism which threatens to invade the world. Bolshevism is a collective insanity under the impulsion of socialistic subversive literature and orators.

Much remains to be said, but I must conclude, for a brief paper on this subject can at best be but a meagre and inadequate sketch. I have merely undertaken to invite your attention to Mental Hygiene. Those of us wishing to interest themselves will find there is much to be accomplished in this field and its accomplishment depends largely on the physicians who appreciate the situation and are ready to take their share in educating their patients.

If some of this work can be accomplished, much of the sorrow and misery of this world will in time be alleviated and disappear.

THE PHYSICIAN'S PART IN PREVENTING MENTAL DISORDER.

BY W. H. HATTIE, M.D.

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I MUST confess to no small sense of trepidation in attempting a paper on this subject. While the best years of my life were given to the oversight of a hospital for the insane, and while the experience then gained naturally biased me strongly in favour of any movement directed towards the prevention of mental disorders, it must be recognized that one who has been called upon to render service only to those in whose mental disorder is already well developed can have little more than theoretical conceptions relative to the conditions which underlie a breakdown of the faculties of mind. Moreover, since the mental hygiene movement really got well under way, my time has been so absorbed by a multiplicity of other duties that I have been able to give only passing heed to the developments in this new field of preventive medicine. I am so firmly convinced of the importance of a well directed effort to limit the incidence of psychic disablements, and so certain of the possibilities of accomplishing a great deal in this respect, that I could not deny myself the opportunity of making even a very small contribution to the JOURNAL.

I have comforted myself in the thought that others able to speak with more authority will deal rather particularly with certain specific phases of the subject of mental hygiene, and in this belief it is my purpose to consider more especially some factors which may be presented in a practical way to the general practitioner. The general practitioner has the great advantage of being witness to the earlier manifestations of mental disorder, and is thus in a position to acquire data which may be of great service in the ultimate estimation of the relative importance of various causal factors. For this reason it is most desirable that workers in mental hygiene should have the hearty cooperation of the physician in general practice.

It is not merely for the sake of the individual that mental breakdown should be averted. No other infirmity is so catastrophic to the individual and this fact alone would justify the adoption of every feasible method which might save a single person from such great misfortune. But there is much more to be considered. All the members of the family of the victim of mental disorder are subjected to distresses, anxieties and disablements which not only prevent the full enjoyment of life but which may seriously interfere with their normal activities, reducing earning power and lessening productiveness. It is of definite importance to the

State that every member thereof should be able to render the full service of which he is capable, and when one considers the numbers who are hampered in their daily tasks by the attention which they must give to mentally unfit relatives, one realizes that this is itself a matter of no small concern to the State. And when we further consider that the vast majority of the mentally incapable, who in Canada number many thousands, are not merely useless members of society but must be supported by the public, it is seen that there is an economic side to the question which is of no small consequence. But there is still more to be thought of. The so-called lesser grades of mental defect are perhaps really those of paramount importance, for these are accountable for a very large share of the criminality, immorality, delinquency, and pauperism which cost us so dearly, and it is these lesser defects which are most likely to be passed on from generation to generation. The problem, then, is many sided, and bears so intimately upon national efficiency and national progress that we cannot afford to disregard it.

From all quarters we hear that insanity is becoming more prevalent. There can be no doubt that the number for whom institutional care is being sought is increasing in a much greater ratio than the general population. This is to be accounted for, in some measure at least, by increasing confidence in the administration of institutions for the insane, but a quicker recognition of mental abnormalities than formerly, by the comparative ease with which patients may now be transported to institutions, by a growing attitude of intolerance on the part of communities to the vagaries and eccentricities of those showing even a trifling mental warp, by a lessened sense of responsibility on the part of relatives, and by other factors which come less into evidence. While much of the apparent increase in mental infirmity may thus be accounted for, there still remains the fact that the burden which mental defect imposes on the State is growing, not only steadily, but rapidly, and many careful students of sociological problems express the conviction that the percentage of population manifesting a greater or lesser degree of mental deficiency is really growing larger. If this be the case, the importance of devising some check to so disastrous a trend is obvious.

Despite the fact that the evidence that heredity is prominently concerned in the causation of insanity is still largely circumstantial, it is impossible for one who has followed out the family history of many cases to dispossess himself of the belief that it is a potent factor in predisposing to and even in determining mental breakdown. For while the seemingly determinant factors may be external, they are often consequential upon the mental attitude of forebears. This applies especially to such things as home and personal hygiene, food and habits generally. When we consider heredity, we must take account not merely of mental abnormalities but of all conditions in the forebears which may militate against the

propagation of virile and stable progeny. In respect to feeble-mindedness, the evidence is convincing that like begets like, and it has been further demonstrated that the average family of a feeble-minded mother numbers much larger than the average family of a normal minded mother. Such circumstances enter largely into the argument of those who would safeguard futurity by resort to some or other means of preventing procreation by the mentally unfit. Inasmuch as the practitioner is at times consulted by those who meditate matrimony, he may be able to occasionally render a definite service by discouraging a union which might be expected to lead to the birth of children so sired or damed as to practically doom them to a life of incompetency.

And then the practitioner has also the opportunity to sometimes advise the mode of life to be followed by those whose heredity predisposes them to mental disaster. In such case he should realize that everything possible should be done to assure the *corpus sanum* which we believe to be so essential to a *mens sana*. The stresses of active competition and the absurdities of many of our social customs bear hard upon an unstable nervous organization. Those whose nervous and mental endowments are unstable should be advised to live quietly, to avoid unnecessary excitement or entanglement which might make excessive demands upon mental and nervous energy, to attend carefully to all details of personal hygiene, to maintain the general health at the best attainable standard—reporting promptly to the physician any departure from that standard, and particularly to place strict limits upon worry and to abstain from alcohol and from any chance of acquiring venereal disease. If statistics count for anything they show conclusively that alcoholism and syphilis are very potent factors in the causation of mental disorder, and that they are particularly disastrous to those whose inheritance respecting mental and nervous conditions is not of the best. As it is more especially those of unstable nervous organization who are prone to fall victim to the lures of Bacchus and Venus, this point should be stressed when dealing with such people.

Worry is one of the causes of mental disorder which looms large in the statistics. Naturally it is most in evidence where the strain of competition is most felt, and that is in the large centres of population. Hence the desirability of protecting the predisposed by having them locate where they may live quietly in freedom from the special demands which city life imposes and which few can meet without taking much thought of the morrow. Worries resulting from domestic infelicities, however, are not restricted to the cities. Where such are suspected, all parties concerned should be interviewed, and tactful representation made of the need for establishing harmonious relationship even though this may require of some the exercise of a disproportionate share of patience and forbearance.

The so-called critical periods of life are fraught with dangers to those predisposed to disordered action of the mind. For many years prominent psychiatrists have been urging the importance of toxic states in the production of mental disorder, and the age of the individual appears to have an influence in determining the effect of a toxic state. To instance this, it is necessary only to cite the distressing circumstances which often follow apparently trivial febrile processes in young children, the peculiar liability of adolescents to dementia praecox, the remarkable limitation of general paralysis of the insane to a fairly definite age period, and the likelihood of a psychosis developing at or just after the menopause assuming a depressive type. Our knowledge of the exact nature of the toxic states concerned in the production of these psychoses is still very indefinite, but we feel that they may often be prevented by careful attention to the general health. It would seem to be important that the various emunctories should be kept functioning properly and that the diet and habits of life should not overtax these organs. These precautionary measures are to be advised in all persons, but more particularly in the predisposed, and the advice of course applies with especial force to the years which constitute the critical periods. It is unnecessary to say that sepsis appearing in the parturient woman adds to the peril of mental developments at a time when many emotional and physical stresses have already subjected the patient to much danger, so that this is to be regarded as one of the reasons for doing everything possible to assure a normal labour and convalescence.

It might be observed, too, in this connection, that social conditions play a part, in association with other factors, in the epochal psychoses. A smaller proportion of private patients break down in adolescence or in old age than of pauper patients, while the reverse is to be said of climacteric cases. Pregnancy, the puerperal state (not septic), and lactation, too, are less prone to enter into the causation of mental disease in the well-to-do than in the poor. The inference to be drawn is obvious. All feasible efforts should be made to provide favourable living conditions for the predisposed, especially when the critical periods are being approached and passed through.

Any departure from the mental norm of an individual should cause his medical adviser the gravest concern and should lead to an immediate investigation, thorough and comprehensive, of the physical condition of the patient with the object of discovering a possible physical basis for the mental symptoms. No greater disaster could be conceived than a chronic mental derangement which might have been averted by careful and diligent attention to the first warning signs. Death itself is preferable to mental incompetency—especially when it is associated with the incomparable suffering of melancholia.

The opportunities for the physician to aid in the prevention of mental incapacities is not limited to his professional sphere. By his advocacy of any public measure which promises usefulness in this particular, he can help along the good work. Thus his support of movements aimed at the restriction of venereal disease and intemperance, at the sequestration of the feeble-minded for at least the reproductive years, at the proper supervision of immigration, as well as of all sanely devised schemes for social betterment will be of definite assistance. Further he may be able to help by removing prejudices against the admission of mental cases to general hospitals, and by advocating psychiatric clinics in connection with such hospitals and more thorough teaching of psychiatry in the medical schools.

Canada is today faced with a situation not less perilous than that involved in accepting the challenge of the Hun. We have entered upon a period of competition such as was never before dreamed of. Our place among the nations depends upon our ability to meet this competition, and this in turn depends upon the physical, mental and moral qualities of our people. Material progress is essentially dependent upon adaptation to the opportunities with which nature surrounds us. Paleolithic man, in countless milleniums, made little progress in adapting himself to these opportunities. In the neolithic age, progress was more rapid but still distressingly slow. The age of metals has, in this respect, been characterized by an almost steadily increasing momentum, which has of very recent years been accelerated at a rate which cannot be contemplated without concern. Every day the process of adaptation becomes more difficult—the adjustments become more complex—the tax upon the human machine becomes greater. Correspondingly the need for giving serious heed to man's necessities in the way of physical and mental endowment becomes more accentuated. In the confusion and excitement of the struggle for place, the theorist is apt to receive scant attention. But when a real emergency arises, we find that the theorist is of use. Have not the musty old professors of chemistry and physics and psychology and a lot of other 'ologies been eagerly brought out from the seclusion of their libraries and laboratories to solve emergent problems of the war, and have they not rendered a wonderful service? And now, with a new emergency confronting us, should we not call upon those who have been studying man in the abstract to tell us how man may best adapt himself to the extraordinary stresses to which he is to be subjected? We are greatly in need of guidance in such particulars. Would it not be a logical and reasonable thing to set men whose training qualifies them for such tasks to formulate for us such rules as will enable us to adjust ourselves to the conditions which confront us, and to prepare us for a career which will not merely be creditable but will assure to Canada a foremost place among the nations.

THE PROBLEM OF THE MENTALLY DEFECTIVE IN THE PROVINCE OF QUEBEC.

BY GORDON S. MUNDIE, M.D.,

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FOR centuries the world has been faced by the problem of what to do with those persons who are born into the world with a mentality below that of the average human being. The pendulum in the treatment of this problem, like all social questions, has swung first one way and then back the other. At first these poor unfortunates were treated with scorn and derision: there was no place on this earth for them to lay their heads. Then as the pendulum swung the other way, they were called the children of God, nothing was too good for them, but with all this lavish care no intelligent study was made of their condition nor any attempt made to solve the whole question of mental deficiency, its cause or treatment. Heredity and environment have had their exponents as the cause of feeble-mindedness and much time has been wasted in trying to solve the problem by fruitless discussion over these two subjects.

Crime, prostitution, illegitimacy and immorality have all been questions which have worried every person who is public spirited enough to want the community in which he lives to be better mentally as well as physically. Very little attempt was made to solve these questions from a scientific standpoint until a few years ago.

Within the last ten years—I mean since the organization of the United States National Committee for Mental Hygiene in 1909—an attempt has been made to try and stop the ever increasing number of feeble-minded persons in the United States. This Committee, founded through the efforts of Mr. C. W. Beers, author of "A Mind that Found Itself", has roused the people of their country to the problem of the ever-increasing number of mentally defective and to the terrible strain and cost they are to the community. The question has been attacked from all sides, by educational methods, by the formation of clinics to study these persons sent by the Juvenile Courts or other Courts, and by the building of splendid institutions where they can be segregated and taught to live a useful and happy life.

Itard, the physician-in-chief to the National Institution for the Deaf and Dumb at Paris, in the year 1800, was the first person who

attempted to educate an idiot. He chose as his subject a boy found wild in a forest, known as the "savage of Aveyron" and endeavoured with great skill and perseverance to develop the intelligence of this boy. In the end, Itard was convinced that the boy was an idiot and abandoned the attempt to educate him.

In 1828 Dr. Ferret, physician at the Bicêtre in Paris, attempted to teach a few of the more intelligent idiots in that hospital to read and write and to train them in habits of cleanliness and order. Dr. Fabret, in 1831, attempted the same work at the Salpêtrière and in 1833 Dr. Voisin opened a private school for idiots in Paris but not one of these attempts was successful enough to insure its continuance.

Before this time some work along these lines had been done in America at the American Asylum for the Deaf and Dumb at Hartford where several idiotic children had been given instruction and had shown a fair degree of improvement in their physical condition, habits and speech.

But it was in 1837 that Dr. Seguin, the author of the "Treatise on Idiocy", a work which up to the present time is the standard text-book for all interested in the education of idiots, began the private instruction of idiots at his own expense. After working several years at the Bicêtre and in the Hospice des Incurables and publishing several pamphlets describing his work, Dr. Seguin had his methods of training and educating idiot children examined thoroughly by a Committee from the Academy of Sciences at Paris in 1844. This Committee commended his work very highly, declaring that up to the time he had commenced his labours in 1837, idiots could not be educated by any means previously known but that he had solved the problem.

Dr. Seguin, in 1846, published his book "Treatise on Idiocy" which was crowned by the Academy. His elaborate system of teaching and training idiots consisted in the careful "adaptation of the principles of physiology, through physiological means and instruments, to the development of the dynamic, perceptive, reflective and spontaneous functions of youth." This physiological education of defective brains, as a result of systematic training of the special senses, the functions and muscular system, was looked upon as a visionary theory, but it has been verified and confirmed by modern experiments and researches in physiological psychology. Dr. Seguin continued his school in Paris until the Revolution in 1848 and it was visited by scientists and philanthropists from all over the world with the result that schools were soon established in other countries, based on his methods. After the closing of his school, he came to the United States where he was instrumental in founding schools in various states.

In 1842 Dr. Guggenbuhl had established a school upon the slope of the Abendenburg in Switzerland, where cretins, so many of whom are found in that country, were given a training. At Berlin, in 1842, Dr. Saegert opened a school for the instruction of idiots and in England, through the publication of the results of the work of Drs. Seguin, Guggenbuhl and Saegert, a private school was opened at Bath in 1846. This initial attempt to care for the mentally defective in England finally resulted in the splendid institutions at Colchester and Carlswood.

The published description of the methods and results of these European schools attracted much interest and attention in the United States. In 1848 the first state institution for the care and training of the feeble-minded was opened in the State of Massachusetts under the direction of Dr. Howe and the school proved so successful at the end of three years that the legislature doubled the annual appropriation.

In the State of New York, after many attempts, an act was passed in July 1851 appropriating \$6,000 annually for two years for the purpose of maintaining an experimental school for idiots. The school was opened in October 1851, under the supervision of Dr. H. W. Wilbur, who had so successfully organized and conducted for more than three years, his private school at Barre, Mass.

The State of Pennsylvania was not long in taking up the work and in 1852 a private school for idiots was opened in Germantown by Mr. J. B. Richards. This school was incorporated in 1853 as the Pennsylvania Training School for Idiots and Feeble-minded Children. The first money received for its support was raised by private subscription and the State contributed an equal sum.

Within twenty-six years after the work for the mentally defective was started in the United States, public or semi-public institutions for their care had been established in seven states. These institutions then had a total of 1,041 pupils under training. Today there are eleven states which have separate institutions for the feeble-minded and epileptic. Nineteen states have institutions where the feeble-minded and epileptic are looked after together.

The foregoing is briefly a history of what has been done for the mentally defective in countries outside of Canada. When we turn to our own country to see what provision has been made for the feeble-minded, we are not very enthusiastic. Although very little has been done, we should not be discouraged because there is an interest shown in this immense problem which is growing by leaps and bounds. Probably the first organized attempt to tackle and solve what to do with that class of people which was such a burden on the community in Canada, was undertaken by the National Council of Women. They, through the gathering of statistics in other countries and also in a limited way in

Canada, mainly through the efforts of Dr. Helen MacMurchy of Toronto, have tried to have legislation passed by both federal and provincial governments which would take care of the feeble-minded. They were, however, working under the disadvantage of not having enough facts showing the seriousness of the problem in this country to impress our legislators.

In the Province of Ontario valuable work has been accomplished through the efforts of Dr. Helen MacMurchy and Dr. C. K. Clarke. Dr. MacMurchy, who is Inspector of Auxiliary Classes for the Ontario Government, has, through the collection of valuable statistics and the publication of her annual report, gradually impressed the Government and the public in her Province with the importance of caring for the feeble-minded. Through the Psychiatric Clinic at the Toronto General Hospital, Dr. Clarke with his assistants, Dr. Hincks and Dr. Withrow, have collected valuable data. Between April 4th, 1914, and September 1st, 1918, 4,347 cases have been examined at this Clinic and of these numbers fifty per cent. were mentally defective, or including the so-called backward, who in nearly all cases were feeble-minded, almost sixty per cent., while the insane number more than fourteen per cent. The supposedly normal only number 509 altogether. For fuller statistics on the Psychiatric Clinic in Toronto, the reader is referred to Dr. Clarke's article in the first issue of the CANADIAN JOURNAL OF MENTAL HYGIENE.

The Province of Manitoba has probably taken the most forward step of any of the provinces in Canada. In 1918 the Government of Manitoba, through the Public Welfare Commission, requested the Canadian National Committee for Mental Hygiene to make a thorough survey of conditions in Manitoba, particularly in reference to hospitals for the insane and other institutions where mental defectives were housed. This survey was also to cover such questions as the examination of child delinquents, juvenile courts, prostitution, etc. The survey was started and completed in the month of October. The report of this study was thorough, every phase of the care of the mentally abnormal was gone into and many of the recommendations were drastic. The Government has, however, approved of all of the recommendations with the result that the province of Manitoba will soon have a system of caring for the mentally abnormal second to none.

The Province of British Columbia has now asked the Canadian National Committee for Mental Hygiene to make a survey of their province and the Committee hopes to be able to undertake this work in June.

When we turn to our own Province of Quebec, very little evidence of progress in the care of the feeble-minded can be recorded. Many attempts have been made to impress upon the Government the seriousness of the

situation, but so far with very little result. The Local Council of Women in Montreal, under the leadership of Professor Carrie Derick, has been very active in this respect and they have done a great deal of pioneer work in keeping this vital problem before the eyes of the public. In 1914, the writer examined all the boys at the Shawbridge Boys' Farm. Practically all these boys were sent there by the Juvenile Court for various types of delinquency. Eighty-seven children in all were examined and the results of the examination were quite in accord with the findings of other investigations. Forty-two out of eighty-seven children, or 48.27 per cent. were mentally defective, twenty were normal and in three cases the examination was unsatisfactory owing to the nervousness of the child. These results, as have been said, were quite in accord with the results of examinations conducted in Toronto, Chicago and other cities in the United States. The question of immigration was not studied thoroughly in this survey, but a large proportion of the boys examined were children of immigrants and if these parents, who are probably mentally defective, had been debarred from entering Canada at their port of entry, we would not now have to deal with their defective and delinquent children.

In the autumn of 1917, Miss Helen R. Y. Reid, of the Canadian Patriotic Fund, Montreal, asked the writer if he could manage to examine any soldier's wife sent to him by the Fund. She said that her workers were becoming discouraged by the results obtained by them in working among these women, but she felt that if the workers knew they were dealing with persons who were not normal mentally, that they would tackle the problem from a different angle and not become so discouraged. It was arranged that these women would be examined mentally and if possible have a Wassermann test done on their blood. Up to date, one hundred and thirteen cases have been examined and the results have been startling. Thirty women, out of the one hundred and thirteen, or 26.56 per cent. were mentally defective; seventeen, or 15.04 per cent. gave a positive Wassermann test on their blood, one was mentally normal, but a moral degenerate; three were chronic alcoholics; one was insane; and three were epileptics.

Doctor W. D. Tait, of McGill University, examined, in 1914, all the girls at the Girls' Cottage and Industrial School, St. Lambert, and found the whole eleven girls feeble-minded. These were all delinquents and had been sent to St. Lambert by the Juvenile Court or other agencies.

Last year a committee on the feeble-minded, of which Professor C. Derick of McGill University, was chairman, engaged Miss Cole, social worker, to make a survey of the children in several institutions in Montreal. Owing to lack of funds this survey was not as extensive as it might have been, but the results showed that a large proportion of the children in these institutions were feeble-minded.

The actual work done in collecting statistics of the number of feeble-minded in the Province of Quebec has been small, but with the statistics from other provinces and countries, there should be enough evidence to convince our legislature that some provision should be made for the care of them. However, the Government does not seem to be impressed with figures from other countries. They hide behind the statement that the Province of Quebec cannot have so many defectives as shown by such figures.

What, therefore, must be done to prove to the Government that there are thousands of feeble-minded in Quebec and what is the best way to gather statistics? Legislatures and committees are moved to action by fact, not generalities and guesses.

Provincial control of the feeble-minded involves the progressive steps of identification, registration, instruction, supervision and segregation.

Identification or diagnosis should be based on a well-considered and established normality. It is better to register only a few feeble-minded than to register many who are not feeble-minded. Our standards and methods of deciding about mental defectives should be in accord with the best thought and scientific knowledge of the time, but the details and the terminology of the process should not be described to the general public in such ultra-scientific and high-sounding terms that the public will be rendered unsympathetic, if not sceptical. Dr. C. K. Clarke, of Toronto, uses a study of family history, economic efficiency and moral reactions along with the Terman revision of the Binet-Simon tests.

The identification of the feeble-minded can best be done through the establishment of psychiatric or psychopathic clinics attached to the various general hospitals in the province and the making of surveys in the schools and different institutions.

The public school should really be the clearing house for mental defectives, but to make it absolutely satisfactory, compulsory education is necessary. Unfortunately the Province of Quebec still clings to mediæval ideas on education and while this idea lasts there will be thousands of illiterates and feeble-minded roaming our streets. Provided there was a compulsory education law which compelled every child to go to school up to the age of fourteen, there should be an efficient medical examination of every child. This examination would include not only a physical but a mental one as well.

Every juvenile court should have attached to it a thoroughly trained physician who could put every delinquent child through a mental test. In the efficiently run juvenile court today, the presiding judge finds that the aid of a well trained physician is of invaluable help to him in knowing how to dispose of the boys and girls brought before him.

Every recorder's court should have attached to it a physician trained in mental work. If every prostitute in the city of Montreal could be examined mentally, the cause of her being in such a trade would soon be discovered.

The problem in our province is large, but the people are slowly beginning to realize the menace of having so many mentally defective persons roaming about the country and what a cost they are to the Government. We need a complete survey of the province and then adequate provision made for the care and segregation of the feeble-minded and mentally abnormal or insane.

IMMIGRATION, PAST AND FUTURE.

(Continued.)

BY W. G. SMITH, B.A.

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THE financial resources required of immigrants by the Order-in-Council of 1908 (see previous article in this Journal, Vol. I, No. 1, p. 57) indicate that governments were becoming alert to the necessity of regulating the immense tide of people flowing to Canada's shores. But that Order-in-Council was only one in a long series of enactments to improve the lot of the immigrant and also to safeguard the interests of such a new and promising country. And the history of legislation in Canada regarding immigration is about as interesting as the similar history of the United States. But Canada had the advantage of being able to profit from the experiences, mistakes, and efforts at correction on the part of her big neighbour to the south. In the years immediately following Confederation the legislation was frequently on the lines already adopted by the United States. The old Passengers' Act of 1825 and 1835 was superseded by new regulations which in turn were superseded by the provisions of the Immigration Act of 1906. But amendments were coming thick and fast, impelled by the features of the immigration tide. The Act of 1906 was amended in 1907 and that again in 1908, and finally in 1910 there issued the most advanced piece of legislation regarding immigration that Canada had yet produced. The complex character of the peoples coming into our midst, the various sources of supply from which it could scarcely be expected that all the immigrants would be highly desirable, the increasing number of rejections and deportations made it imperative that certain conditions of exclusion be clearly laid down. In this Canada followed largely the United States. Both laws excluded idiots, insane, feeble-minded, deaf and dumb, blind, infirm—unless the applicant for admission belonged to a family accompanying him or already in the country and giving security for his permanent support if admitted—persons with loathsome, contagious, or infectious disease; paupers, destitutes, professional beggars, vagrants, or who are likely to become a public charge. But in some matters the hand of Canada was still lenient, for it did not debar the entrance of polygamists, anarchists, contract labourers, nor did it definitely exclude assisted immigrants. In all of these the attitude of the United States was pro-

hibitory. But the new Act did declare that domicile in Canada could be obtained only by a person who had lived therein three years from the date of landing, provided that such time as may have been spent in any penitentiary, gaol, reformatory, prison, or asylum for the insane in Canada is not counted in that three year period. This was a more precise definition of the terms of citizenship and the condition of being an "alien". Excluded were idiots, imbeciles, feeble-minded persons, epileptics, insane persons, and persons who have been insane within five years previous; persons afflicted with any loathsome disease, or with a disease which is contagious or infectious, or which may become dangerous to the public health; dumb, blind, or otherwise physically defective (with the proviso above specified); persons convicted of any crime involving moral turpitude; prostitutes and women and girls coming to Canada for any immoral purpose, and pimps or persons living on the avails of prostitution; persons procuring or attempting to bring into Canada prostitutes or women or girls for the purposes of prostitution or other immoral purpose; professional beggars or vagrants, or persons likely to become a public charge; immigrants to whom money has been given or loaned by any charitable organization for the purpose of enabling them to qualify for landing in Canada, or whose passage to Canada has been paid wholly or in part by any charitable organization, or out of public moneys, unless the authority of the Superintendent of Immigration was obtained. To carry out these conditions of exclusion and others of selection there was organized a department consisting of a superintendent of immigration, commissioners, medical officers, inspectors, guards, matrons, nurses—and these could be supplemented by others employed by the department for special purposes.

But what were the conditions under which an immigrant might be selected and admitted? The first step required was that medical officers should make a physical and mental examination of all immigrants and passengers seeking to land in Canada from any ship or vessel, except in the case of Canadian citizens, and these examinations were to be no superficial glances but thorough-going tests carried out under regulations prescribed by the Superintendent of Immigration. In cases of doubt about the right of a passenger to land, a special examination was provided before a Board of Inquiry upon whose decision the passenger would be landed or rejected and deported. It might well happen that persons would pass the prescribed examinations, even under careful application, and yet shortly after entry show themselves to be undesirable as citizens. Hence, there was provided a probation period of three years wherein any immigrant who had been convicted of a criminal offence in Canada, or had become a prostitute or an inmate of a house of illfame, or by common repute has become a procurer or pimp or person living on the

avails of prostitution, or has become a professional beggar or a public charge, or an inmate of a penitentiary, gaol, reformatory, prison, hospital, insane asylum or public charitable institution, or enters or remains in Canada contrary to any provisions of the Act, should be reported to the Minister or Superintendent of Immigration, with written particulars by any officer cognisant of the facts. Similar provisions were made regarding political offenders. Upon the receipt of such information the Minister may order such person to be taken into custody and detained at an immigrant station for examination, and an investigation of the facts alleged in the said complaint to be made by a Board of Inquiry or by an officer acting as such; and if it be found that such a person belongs to any of the specified prohibited or undesirable classes, such person shall be deported forthwith; or the governor in council may order such person to leave Canada within a specified period. Failure to obey such order rendered the undesirable liable to arrest by any officer and to be deported on an order from the Minister or Superintendent of Immigration, or to be prosecuted for such offence, and, on conviction, to two years' imprisonment, and immediately after expiry of any sentence imposed for such offence to be then deported or ordered to leave Canada. Besides these provisions for deportation, it was ordered that every immigrant, passenger, stowaway or other person brought to Canada by a transportation company and rejected by the Board of Inquiry or officer in charge, shall, if practicable, be sent back to the place whence he came, on the vessel, railway, tram, or other vehicle, by which he was brought to Canada. The cost of his maintenance, while being detained at any immigration station after being rejected, as well as the cost of his return, shall be paid by such transportation company. Failure to perform this; or, before or after performing it, to make any charge against the person for maintenance while on land, or for return to the port of embarkation, is regarded as an offence under the Act, and makes the offender liable to a fine of not more than \$500 and not less than \$50 for each offence. These provisions for the safeguarding of Canada by a definite policy of excluding defectives and undesirables were supplemented by regulations for the protection of the immigrant. To circulate in any way in any country outside of Canada false representations as to the opportunities for employment in Canada, or as to the state of the labour market in Canada, intended or adapted to encourage or induce, or to defer or prevent, the immigration into Canada of persons resident in such outside country, was to be guilty of an offence against the Act, and rendered the person, on summary conviction before two justices of the peace, liable to a fine of not more than \$500, or to an imprisonment for a term not exceeding six months, or to both fine and imprisonment. But even when the immigrant was induced to come to Canada in a perfectly legal way he must be pro-

tected during the voyage against any infringement of the contract made between the immigrant and the master or owners of the vessel, respecting food, water, air, space, etc. Strict regulations were laid down against any acts of immorality on the part of officers or crew or any other person on board toward any woman immigrant. It will be recalled that prior to Confederation the practice of immorality among immigrant passengers was a source of constant complaint, and regulations against it were being made more and more rigid. These regulations were expressly laid down in the United States' Immigration Law of 1882. But legal enactments printed on paper and posted in conspicuous places on board ship were not very efficacious unless rigidly enforced by constant and careful inspection. A series of investigations had been carried on during 1908 by the United States Immigration Commission regarding steerage conditions, when a number of special agents of the commission travelled as steerage passengers on twelve different trans-Atlantic steamers, and on ships of every coastwise line carrying immigrants from one United States port to another. The report was published in 1909, and though it stated that the investigation was carried on when, owing to industrial depression, immigration was very light, and the steerage was seen practically at its best, the facts disclosed were so revolting that one had better imagine than describe the conditions under which immigrants got their first impressions of the ways of the western world. But the provisions of the Act of 1910—in this respect reiterating older regulations—clearly set forth the fact that immigrants, especially women, had moral rights which must be safeguarded, though the fine in each case for the violation of such rights did not exceed \$25. The Act further provided for the personal and pecuniary safety of the immigrant passenger who might become the prey of those who possessed more cunning than conscience. There must not be more than one adult passenger for every fifteen clear superficial feet on each deck of a vessel carrying immigrants. There must be no bar or other place for the sale of intoxicating liquors on any vessel in the quarters assigned to third-class or steerage passengers, or to which third-class or steerage passengers are permitted to have access at any time during the voyage of such vessel to Canada, and any officer or member of the crew of such vessel who sells or gives intoxicating liquor to any third-class or steerage passenger, during the voyage of such vessel to Canada, without the consent of the master or ship surgeon or other qualified medical practitioner on board thereof is guilty of an offence against the Act and liable to a fine not exceeding \$50 and not less than \$10 for each such offence. Precautions were further made against any immigrant being victimized after landing by prohibiting any person from soliciting the patronage of immigrants unless such person had obtained a license therefor from the Superintendent of Immigration.

The foregoing provisions of the Act of 1910 are quoted to show that Canada, like the United States, was becoming more and more awake to two imperative features of the problem of immigration, first, that the natural resources of the country needed for their development the presence of large numbers of people, but that the exploitation of the country was not synonymous with the exploitation of the immigrant for the latter had rights as a human being whose adoption into the citizenship of Canada must be based on a sound mind in a sound body; and, therefore, secondly, the immigrant as a potential citizen must be selected, safeguarded and helped into the dignity of that position. Indeed the history of immigration legislation in the United States and Canada is an interesting and instructive chapter in humanitarian legislation, and the Canadian law of 1910, despite its defects, placed in the hands of the officials an instrument which at any rate would avoid many of the evils which had been glaring enough in the two preceding decades. Definite conditions for exclusion were now laid down, and certain other conditions had to be fulfilled as a basis for admission. True, the conditions for entry were not so strictly specified as those for exclusion, since it was assumed that if an immigrant did not directly and clearly fall under any of the classes rejected, he would naturally be admitted. But, nevertheless, there was in the Act of 1910 a better instrument than had hitherto been used in Canada for the control of immigration, and if the examinations physical and mental were thoroughly made and ample time given, if possible, for their performance, the decade succeeding 1910 should have better safeguarded Canada's interest than the one preceding. Let us compare the two decades.

For the period 1901-09 inclusive the number of immigrants entering Canada was approximately one and a quarter million—an increase in the population from that source alone of 23%. They came from forty different countries, but the United Kingdom supplied 40%, the United States 32% and the balance of 28% from practically the rest of the world. Out of such different types of people it might be expected that the number of rejections and deportations would be high. Yet the rejections in Canada were much lower proportionally than in the United States if we may assume the year 1908 as typical. That year Canada had 262,469 immigrants, and 1,002 were rejected, a proportion of 1 to 262. In the same year the United States had 782,820 immigrants and 10,907 rejected, or a proportion of 1 to 72. That looks as if Canada were about four times as lenient as the United States in selecting immigrants, or that the immigrants were of a superior type. To settle the last point consider the attitude of the two countries toward the same areas of Europe. For the North and West of Europe including Iceland the ratio of rejections in Canada, for the specified year, was 1 to 876, the ratio in the

United States was 1 to 106,—that is, Canada was eight times as lenient as the United States toward people from the same portions of Europe. For other European countries including Syria the ratio of rejections in Canada was 1 to 138, in the United States the ratio was 1 to 81, so here Canada's hand was almost twice as lenient toward other European peoples. In addition to the rejections, however, the deportations were gradually increasing not only in numbers but in ratio. From 1903 to 1909 there were 3,149 deportations, ranging from 67 in 1903 to 1,746 in 1909, so that while immigration increased 14.5% deportations increased 2,509%, indicating that Canada was becoming more careful in selecting or that other countries were "unloading", or that perhaps both operations were in progress, and the "undesirables" were being returned—at least some of them. Since there were deported in the period mentioned 3,149 and for the same period there were about one million immigrants, the ratio of deportations to entrances was 1 to 317. Strangely enough, of all these deportations the great majority were British, 73.1% of them to the United Kingdom 4.7% to the United States and 22.2% to the rest of the world. But these mere percentages are not a safe guide for estimation, for since the number of immigrants from the United Kingdom was larger than the number from other countries, the number of deportations would be correspondingly larger. The comparison, then, should be made on a ratio basis. From the United Kingdom there were, in the period mentioned, about half a million immigrants and 2,303 deportations, a ratio of 1 to 218, and for the rest of Europe where propaganda was carried on the ratio was 1 to 474. Hence the rate of deportations to the United Kingdom was more than twice as great as for the rest of solicited Europe while the rate for unsolicited Europe was 1 to 486. It seems somewhat enigmatical that where Canada spent the largest amount of money seeking immigrants of the right type, there was the largest ratio of deportations. Chinese, Japanese, and Hindu deportations showed a ratio of 1 to 614, Belgians 1 to 2037, Syrians 1 to 2,455, and the United States 1 to 2,644. Judged by this standard the immigrants from the United States would have been twelve times as good as those from the United Kingdom, but to estimate the people admitted by those who were deported would be manifestly unfair. Yet when all is said and done the fact remains that, for the period mentioned, the United Kingdom heads the list in the high rate of deportations, and of these again the English have far and away a higher rate than other people of the British Isles, for the 2,303 included English 2,007, Scotch 206, Irish 81, and Welsh 9. For the total 3,149 deportations the following may be mentioned as outstanding causes. Alcoholism 27, syphilis 4, insane 113, feeble-minded 35, epilepsy 22, senility 10, crippled 11, physical debility 82, physical and mental debility 14, public charge 1,074, criminal 115,

vagrancy 21, bad character 7, prostitution 8, etc., etc. These alone total 1,599, about half of all the deportations for the period—quite sufficient to indicate the need of rigid regulations carefully enforced regarding the character of immigrants. What a more thorough application of the conditions for entrance might do may be gleaned from the fact that, during the year ending March 31, 1909, of the number of immigrants destined for Canada and landing at the port of New York, 1 in every 65 was rejected, a much higher rate than was exercised by the United States for the corresponding year.

Turning now to the years following 1910, during which the new law was in operation, the tide of immigration was greater than in the preceding decade. The latter showed, as has just been shown, about one and a quarter million, but from 1910 to October of last year there came no less than 2,040,358 immigrants among Canadian peoples. That meant an average of about 215,000 per annum. If a city of that size were to drop into our midst every year, it would evoke some astonishment especially if the population were as polyglot as the immigrants. That meant on the average a steady flow of six hundred people a day for 365 days in the year. If there were such a constant procession the task of examination by the immigration officials would be enormous and exacting even with the best of facilities—which Canada does not possess. But the procession was not so steady. In the winter the tide is low, in early spring and summer the tide is in flood, and during certain weeks there might be several thousand immigrants to examine. The well-to-do citizen seated in a comfortable arm-chair reads in the evening paper that a large number of immigrants arrived at the port of Quebec, and becomes quite caustic in his remarks. What would he say if he spent hour after hour and day after day trying to fathom the mysteries of people coming from all quarters of the world and speaking different languages? For such was the composition of that immigration wave of 2,040,358. There were 476,600 English, 150,559 Scotch, 43,976 Irish, 8,611 Welsh, 14,152 from the United States, and 485,214 foreign speaking immigrants. By occupation 682,175 were farmers or farm labourers, 522,827 were general labourers, 317,235 were mechanics, 108,250 were clerks and traders, 39,429 were miners, 115,865 were domestics, and 224,928 were unclassified. Turning these figures into percentages farmers constituted 34%, general labourers 26%, mechanics 15%, clerks and traders 5%, miners 2%, domestics 5%, unclassified 13% of the immigrants. Now, the government at great expense had in the propaganda for immigrants laid special emphasis upon the desirability of obtaining farmers and domestics for the needs of the new country, and had paid bonuses thereon, and yet those entering under that head scarcely made 40% of the whole. It must be also remembered that many immigrants entering under the category

of farmer and farm labourer would not necessarily follow that occupation, but turn into other industries, and the result was an unprecedented expansion of the large cities and towns, even the rapid transition of villages into cities. This is borne out by the fact that during the last decade there has been almost a steady decline in the number of entries for homesteads. In the year 1910 no less than 59,790 people came from the United Kingdom, but only 7,331 made entries for homesteads. In the same year 37,177 entered as farmers or farm labourers from Europe, but the entries for farms by European immigrants totalled only 14,227. There is, further, an actual decrease in entries for homesteads by English, Scotch, and Irish; only the continentals show an increase in this respect. This great influx into the life of Canadian cities with their congested areas, lack of housing facilities, costs of areal expansion, has done much to change the whole economic situation, multiplied the agencies necessary for charity or benevolence, increased the growth of the slum, swelled the ranks of labour, and produced a task of assimilation by the State and the Church which is yet a long way off from completion.

Since the number of immigrants during the present decade was greater than the preceding, and the Act of 1910 was a more effective instrument in selecting, it might be anticipated that the rejections and exclusions have been greater than in the former period. For the nine years 1910-18 there were rejected at ocean ports 8,686 intending immigrants, and there arrived at such ports 1,174,282. That means an average yearly rejection of 965 out of an average yearly arrival of 130,476, a rate of 1 to 135. For the year 1908, before the new law was passed, the rate was 1 to 262. Prior to that year of 1908 there was practically no inspection of immigrants seeking admission to Canada from the United States, and for the fiscal year ending March 31, 1910, there were 8,997 rejections at the boundary. The admissions were 103,798, so that the rate of rejection was 1 to 12. What was happening before 1908 may only be surmised! During the period 1910-18 the rejections at the boundary were 151,751 and arrivals 834,917, a rate of rejection of 1 to 6. Combining the figures for the ocean ports and boundary, it is clear that residence in Canada was refused some 170,138 persons. Since the total immigration for the same time was 2,009,199 the rate of rejection was approximately 1 to 12. Canada was getting busy. Her hand was now turned against certain features of the tide from the United States, against which there was little or no protection prior to 1908. Against Europe's unfavourable features her hand was stiffening, but still quite lenient as compared with her sudden awakening toward the tide from the United States. The explanation for this activity of rejection at the boundary may partly be found in the following. The rejections for tuberculosis numbered 2, blindness 4, pimps 11, trachoma 19, diseased 20, weak-minded 57, previously rejected

80, drunkenness 98, procurers 115, bad character 140, criminality 206, insanity 235, lack of passport 256, alien enemies 297, stowaway 414, causes not given 536, prostitution 777, physically defective 812, accompanying 1,387, avoiding port 1,525, vagrancy 3,117, unskilled labourers 3,442, liable to become a public charge 7,278, violation of immigration Act 4,097, indirect passage 58,210, lack of funds 68,201. Such were some of the 151,751 people whose contributions to Canadian life were declined.

The rejections at ocean ports may be regarded as European, since only 144 were from the United States. The British were 1,219 and the foreign or non-English speaking were 7,323. The rate of rejections to admissions is for English, 1 to 563, for Welsh 583, for Irish 404, and for Scotch 1,227, while for foreign it is 1 to 69. If a Scotchman should ever survey these ratios he would surely be filled with deep satisfaction, provided he assumes that the stern officials at the port of entry were not Scotch and, moreover, were not favourably disposed to the immigrants from that country. He has more than twice the advantage over the English and Welsh, more than three times the Irish, about twenty times the foreigner, and would not be compared at all with some of the tide from the United States. And on the whole in the matter of rejection the Britisher stands far more favourably than his non-English speaking fellow. How does he stand in the matter of deportations? The case is just reversed. The rate of deportation to admission is for the English 1 to 137, Welsh 1 to 74, Scotch 1 to 186, Irish 1 to 175—an average for the British of 1 to 144. But for the Austro-Hungarian the rate is 1 to 260, Belgian 1 to 233, Chinese 1 to 277, Finnish 1 to 280, Hebrew 1 to 383, Italian 1 to 275, Polish 1 to 471, Roumanian 1 to 218, Russian 1 to 434, Turkish 1 to 434. This reversal affords a curious puzzle for which there may be many answers. At ports of entry rejections of Britishers are comparatively low, but subsequent deportations high; while rejections of foreigners at entry are high, and deportations low. Why is it that so many Britishers are deported, and why is the rate of deportation high? Do these people who pass the tests at ports of entry fail to gain a footing and obtain independence because they are not accorded sufficient help, or do they fail to maintain good conduct in the immediately succeeding period of three years because of some inherent weakness; and is the foreigner a person of sturdier growth? Or, is it that transferred from the conditions in the old land to those of the new the defectives sooner or later are manifest, and that more careful scrutiny must be made of both British and non-British at the ports of entry? For immigration in the way Canada has been promoting it is an expensive undertaking. Since the beginning of the century 3,253,796 immigrants have come to Canada, and 168,820 have been rejected, and 12,850 deported after admission—a total exclusion of 181,670, a rate of 1 to 18. But during that period

Canada has spent in promoting immigration \$10,327,929, and \$8,602,475 in regulating it, a total of \$18,930,404 spent in obtaining 3,253,796 persons, a per capita cost of \$5.81. If we now consider the large number of rejected and deported at that price then these people cost the country nearly a million dollars. If they had been allowed to live here they might have cost the country a great deal more. And it should be remembered that the machinery of immigration was preventing every year an average of 10,000 people per annum from being domiciled in this Dominion. That meant on the average an examination of about 3,500 persons per week, year after year, and arranging for return per week of about 200 to the countries whence they came; countries which apparently evinced no ardent desire to retain these "undesirable citizens". These facts in themselves are quite sufficient to emphasise not the restriction of immigration but the urgent need of more strict regulation, and the careful examination from every viewpoint of those who would become for weal or for woe integral factors of Canadian life.

The history of immigration now appears as the record of the ways by which Canada obtained a very composite, even a polyglot population. In this respect she was repeating the experience of the United States whose census in 1910 showed 54% of the population to be of native parentage, white, 14% to be of foreign parentage, white; 15% to be foreign-born, white; 5% to be of mixed parentage, and 11% to be negro. Though the population of Canada is much smaller than that of the United States, somewhat the same conditions prevail. According to a special report of the Census and Statistics Office in 1915, the foreign-born population of Canada in 1911 was 752,732 or 10.4% of the total population given as 7,206,643. By way of comparison, if out of every 100 persons in the United States 15 were foreign-born, then in Canada 10 out of every 100 persons were foreign-born. In simple words one person out of every 10 is a foreigner. At the beginning of the century, 1901, the population of Canada was 5,371,315, and 87% were Canadian-born. In 1911 of the total population of 7,206,643 only 77% were Canadian-born. That is, in one decade the tide of immigration had reduced the percentage of Canadian-born from 87 to 77. In 1901 the foreign-born population constituted 5%, but in 1911 no less than 10% of the whole. During the decade the total population of the Dominion increased from 5,371,315 to 7,206,643, *i.e.*, 34%, but the foreign-born population increased 177.4%. If we compare 1871 with 1911, the number of Canadian-born population about doubled, those from British Islands show a decrease up to 1901, and by 1911 only show an increase of about 50% over that of 1871, those from British possessions increased three times, so that the total British-born barely doubled in the 40 years, while those from Europe increased a little over 14 times, and those from the United States about $4\frac{1}{2}$ times.

Then, during the last four decades the rapid increase in the population is due more to the influx from Europe and the United States than from any other source. Thus, in 1911 those born in Canada made 77%, in British Islands 11%, in British Possessions 0.4%, in Europe 5.6%, in Asia 0.5%, in United States 4%. But, of course, these ratios do not prevail uniformly over the various provinces. In the Eastern provinces the percentage of the foreign-born is small, in the Western provinces the foreign-born average more than a quarter of the population. The proportion of foreign-born is for Prince Edward Island 1%, Nova Scotia 2.23%, New Brunswick 2.31%, Quebec 3.72%, Ontario 5.90%, Manitoba 21.00%, Saskatchewan 33.02%, Alberta 38.09%, British Columbia 26.78%, Yukon 38.96%, N.W. Territories 0.47%. And, further, while in the Eastern provinces the British immigrants approximately keep pace with the foreign-born, and in Ontario are nearly three times as great, yet in the Western provinces the proportion of foreign-born immigrants to British immigrants is about double, with the exception of Manitoba, where they are almost equal. The task of assimilation in the Eastern provinces is therefore easy compared with that of Ontario and the West, for of the total population of Ontario, 20% is immigrant, Manitoba 42%, Saskatchewan 50%, Alberta 57%, British Columbia 57%, Yukon 55%, and N.-W. Territories 3.4%. That this situation has produced a host of problems is only too well known—their solution is not so well known. But there are certain aspects of the case which need some elucidation, such as the features of Oriental immigration, the relation of immigration to crime, to disease, to the number of infirm, to the number of illiterates, and, if the pages of the Journal remain open to this kind of discussion, something may be said in future articles on these severely important topics.

THE MONTREAL LOCAL COUNCIL OF WOMEN AND MENTAL HYGIENE.

BY CARRIE M. DERICK,

Convenor of the Committee on Mental Deficiency

IN 1894, the management of "different children" was discussed by the National Council of Women. The following year, mental hygiene and the possible effects of heredity were definitely considered for the first time.

Even then, it was evident that the segregation of feeble-minded women at least was necessary. Enquiries made by local councils throughout the Dominion, showed that many dependent, mentally-deficient women required custodial care. About 150 were reported from the rural districts of the Province of Quebec alone. In 1899, the danger had become so obvious that the National Council asked the Dominion Government to undertake an investigation into the extent of the evil and into methods of combating it. No action followed.

Having failed to interest either the Dominion or the Government in adult defectives, the Montreal Local Council then decided upon trying to secure the proper treatment of backward and defective children. Therefore, in 1904, philanthropic institutions, jails, asylums, hospitals, and public schools were visited or circularized, and physicians, nurses, teachers and district visitors were asked for information. Several conferences were followed by a large public meeting, at which the results of the enquiry were given in a number of addresses. A summary of these was submitted to the National Council in 1905. In the same year, a delegation from the Montreal Local Council waited upon the Protestant Board of School Commissioners and asked that special classes be opened for retarded children. The Board promised that the subject would receive careful consideration as soon as the Council provided more detailed information as to the need. In consequence, the Local Council issued to physicians, nurses and teachers a questionnaire similar to one used in Manchester, England. Assurance was given that names and addresses would be treated as confidential information, but no adequate returns were obtained.

It was plain that, without compulsory education, the number of defective children in a community could not be ascertained. For this, as

well as other reasons, the Council has seized upon every opportunity for emphasizing the necessity of a good "School Attendance Act."

The establishment of psychopathic clinics in connection with schools, philanthropic institutions, hospitals, juvenile courts, reformatories and jails was often advocated. By means of them, it was pointed out, the number of feeble-minded among school children, dependents and delinquents would be learned and the futility of treating all as being capable of education and corrigible would be demonstrated.

In 1913, the Local Council arranged for Mr. Alexander Johnson, then of Vineland, N.J., to give an illustrated lecture upon "The Care of the Feeble-minded". In 1918, the Montreal Women's Club, with a view to assisting the Council in its propaganda, arranged for another lecture by Mr. Johnson, now field Secretary of the "American National Society for the Prevention of Feeble-mindedness". While in Montreal, last year, Mr. Johnson lectured not only to the Women's Club but to the Forum and to the "Social Welfare Workers".

Many other lectures upon various phases of the problem, especially emphasizing the principles of heredity, have been given before organizations in Montreal and several other Canadian cities by the Convener of the Local Council's Committee upon Mental Deficiency.

For several years, whenever delegations from the Council have approached either the Dominion or the Provincial Government in connection with requests for "the indeterminate sentence" and reformatory institutions for corrigible offenders over sixteen years of age, the close connection between delinquency and feeble-mindedness has been pointed out and the provision of suitable training and custodial care for the mentally defective with the segregation of the sexes have been requested.

In 1915, the Local Council took part in a delegation from the National Council to the Prime Minister, Sir Robert Borden, asking the Dominion Government to appoint a "Royal Commission upon Mental Deficiency" in order to investigate conditions, study the methods employed in other countries and recommend action. The Prime Minister expressed great interest and promised to consult the provincial premiers. At his request a statement of the entire question was prepared for him by the representative of the Montreal Local Council. All except one of the provincial premiers assented to the suggestion, but the Commission was not appointed.

Again on April 19th, 1918, officers of the Montreal Council formed part of a delegation from the National Council, which requested the Dominion Government to establish a "Bureau of Public Health" with sections devoted to "Child Welfare", to "Vital Statistics", to "Venereal Diseases" and to "Mental Hygiene". At this time, the problems associated with feeble-mindedness were treated by the representative of

the Montreal Local Council, who again pointed out the need of stricter immigration laws. The delegation was sympathetically received by members of the Privy Council. At the request of the Hon. N. W. Rowell, statements were prepared and submitted for fuller consideration.

In 1918 and 1919, the Montreal Local Council had booths at the Baby Welfare exhibit, in which the relations between heredity, feeble-mindedness and other social problems were demonstrated and needed reforms emphasized. Sir Lomer Gouin, when visiting the exhibit in 1918, spent some time in the booth dealing with heredity and pronounced it convincing.

The Local Council of Women, however, discovered long ago that statements about other communities had little effect in persuading those in authority to initiate reforms.

In consequence, after a conference with officers of the Women's Directory, the Charity Organization Society, the Girls' Cottage Industrial School and other bodies, it was decided in 1917, that the Local Council of Women undertake a special investigation with a view to ascertaining the number of feeble-minded persons in one or more institutions and of studying the family histories of individuals. Thus, it was hoped that statistics would be obtained which might persuade the Provincial Government to establish farm-colonies for the mentally deficient. The Charity Organization Society agreed to supply a room for an office and Mr. Dexter, Dr. Lindsay and Dr. Mundie promised cooperation. Correspondence with leading American experts lent approval to the plan. Certain of the affiliated societies of the Local Council, a few other organizations and individuals generously responded to the Council's request for financial assistance, contributing in all nearly \$1,300 to the work.

In order to make the proposed enquiry, the Council then engaged as field-worker, Miss Isa N. Cole, a graduate of the Boston School for Social Work.

Unfortunately, Miss Cole was prevented by ill-health from beginning the survey in December, 1917, as was intended. The work was, however, started in June, 1918, and continued with several unavoidable interruptions from illness and the epidemic of influenza, until the end of December, when Miss Cole was asked by the military authorities to assist in the work of mental hygiene among the returned soldiers.

During the seven months in question, a thorough study was made of 80 inmates of the Hervey Institute, a home for dependent children, and of 82 other dependents and delinquents who had been brought to the notice of the Charity Organization Society, the social service department of one of the hospitals, and other bodies.

Of the 162 individuals tested, 80 proved to be undoubtedly feeble-minded. A careful history of each mental defective and his family was

prepared. It included details as to birthplace, race, religion, education, health, habits, tendencies, hereditary factors and the characteristics of all members of the family who could be found.

The results of the work was presented to the Local Council by the Convener of its Committee on Mental Deficiency, at a public meeting on May 6th, 1919. A full report is about to be issued as a pamphlet by the Local Council.

Immediately after this meeting, the Local Council again petitioned the Provincial Government to establish training schools and farm-colonies for the permanent care of the feeble-minded and asked the Protestant Board of School Commissioners to open a special school of classes for backward and subnormal children in September, 1919. At the request of the Chairman of the Board, the Council submitted a plan for establishing such classes. It is now under consideration.

The ends which the Local Council has striven to attain may be thus summed up:

- 1.—A good "School Attendance Act" which will ensure that every child is brought into contact with the educational authorities.
 - 2.—Mental tests of every child when it enters school, of every retarded school child, and of all criminals, delinquents and dependents.
 - 3.—The registration in a government department of all who are pronounced to be feeble-minded.
 - 4.—The study of the family characteristics, of the home environment, and all developmental factors by trained social workers, who would be able to give expert advice and supervision.
 - 5.—Psychiatric clinics in connection with all hospitals.
 - 6.—Auxiliary or special classes for backward children.
 - 7.—Special training schools for the feeble-minded.
 - 8.—Farm colonies for the feeble-minded distinct from those intended for delinquents.
 - 9.—Legislation providing for the permanent care of the feeble-minded with the segregation of the sexes.
 - 10.—Improved hygienic and economic conditions, including vocational training for boys and girls so that the normal may find fulfilment and the defective learn to be useful under supervision.
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THE RIGHT TO MARRY.**WHAT CAN A DEMOCRATIC CIVILIZATION DO ABOUT
HEREDITY AND CHILD WELFARE?**

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Baltimore.**Reprinted from January 1919 issue of MENTAL HYGIENE with kind permission.*

THE problem of heredity and the child resolves itself into two primary questions: that of marriage and prospective progeny, and that of the care of the child that is already alive.

Space forces me to limit myself to a very brief discussion of facts which it would take hours to master, and to give my consideration mainly to the question, What is to be done about it all? What makes it worth while to give these matters the attention that we investigators bestow on them and that we bespeak from the intelligent and thinking public?

Every human being is the product of the fertilization of an ovum, the product of but two of the millions of generative cells of two parents. A little consideration shows that an act of fertilization leads necessarily to but one out of thousands of possible combinations. Hence the plain obligation of the parents to keep themselves constantly healthy and in good general condition.

We all recognize the fact of heredity in the resemblance in features, function and make-up, to the one or the other parent or possibly to a grandparent or aunt or uncle, but we also know that new results will spring up in every new child owing to the inevitable individuality of every new combination.

The most vital and distinguishing features of the new bud no doubt lie in the indubitably hereditary equipment containing the factors which the parents themselves acquired from their ancestors. The further individual fate depends on individual growth and its opportunities, and opportunities of function and of training and associations, which lead to features not considered inheritable.

What we speak of as heredity in the sense of influence of the parent on the constitution of the child, is oftenest the sum of three factors: (1) genuine heredity, that which comes with the germ cells and is itself inherited—a property of the chromosomes; (2) early growth and nutrition; (3) early training and habit-formation.

It is impossible to separate these three factors in man very clearly, owing to the long periods of gestation and infancy during which the nutrition and training problems are combined. There is, however, at times a fourth factor, more like true heredity: *i.e.*, germ damage at the time of conception, by alcohol, febrile disease and the like; or by temporary subnormalities of the parent, producing an inferiority of the stock, different from the transmission of "acquired characters". In other words, the germ plasm can be damaged permanently or for many generations by poisoning the germ cells; whereas individual injuries or experiences do not influence the stock.

For such discussion as ours, the field may be divided into two parts: First, Who is entitled to progeny and who should be considered as unfit, and what can a democratic civilization do about it? Second, What advice should be given to, and heeded by, those who have children but who realize that their progeny do not enjoy an untainted stock?

First, Who is entitled to progeny? We pride ourselves on living under the sign of a generally and freely voiced responsibility to be well ourselves and to enter upon parenthood only when there is a fair chance of giving reasonable health to the child. There may be persons who do not care and who live blindly by instinct and tradition. There are, however, many who do some thinking and feel under obligation to use their intelligence in matters of parenthood. No parent to-day would consider it right to give origin to a child during sickness; nor during intoxication; nor in such rapid succession as to exhaust the mother and to make her unfit to be what she ought to be to a child. And we claim that some persons should not marry at all and others only into stock distinctly better than their own.

To give a concrete picture of actual problems, I have had put together the material of four interrelated family-groups in one of our school districts. These families are represented at the public school by 35 children, fourteen of whom were found to be defective. These families were studied as wholes (about 522 persons); and then specifically, the 104 children that constitute the products of 24 matings and among whom are the 35 children in the public schools studied.

It was deemed best to group the children according to whether both parents were normal, or only one or both abnormal. The parents of the first group thus are normal or at least afflicted only by characteristics which are acquired by association, *i.e.*, likely to be the product of

nurture rather than of nature. Thus we gave alcoholism and looseness of sex life the benefit of doubt, as a condition not necessarily denoting abnormal stock, but apt to be the product of unfavourable environment.

With this understanding, we found eleven matings to be those of practically normal parents; in four of these matings both parents were, however, tainted with defect—that is, having in the family cases of mental disorder or defect referable to stock and individual make-up, rather than to external causes, such as injuries. These parents show one or two defectives among their progeny, besides from three to six normal children. In the other seven matings of normal parents, of whom but one was tainted, the result was correspondingly better. In other words, it is not enough that both parents be relatively normal; but if an individual be tainted by heredity, he or she should guard against marriage with another tainted individual.

In a second group of nine matings, one parent was actually defective. Those married to normal but tainted persons produced about equal numbers of normal and defective children; whereas the six defectives married to non-tainted persons produced two defectives, six uncertain and fifteen normal children. Here again, a tainted person aggravates bad parentage; a non-tainted mate reduces the risks.

The third group of matings consists of four matings where both parents were defective. The result was 21 defective, one sex offender, four uncertain and one normal. In other words, prohibition of these matings would have meant the loss of but one normal person against the prevention of over 21 defectives.

As far as we know, the great-grandparents of these families, who years ago moved into the neighbourhood studied, were practically normal people, but through unfortunate cumulative matings, ignoring combinations of taint, the result described above has been obtained.

What holds for such defects as imbecility and epilepsy holds also for a number of other mental and nervous and other diseases. Only there is fortunately not the same inheritance of an actual condition but usually only of a disposition to abnormality.

We are, of course, concerned here mainly with the question of preventing further cumulative mischief by reaching the proper persons with our advice as to marriage or non-marriage.

Attempts have been made of late years to regulate this problem by legislation. The great question is, Who is to decide? A certificate exacted from a physician for two or three dollars, as was advocated in Wisconsin? Or the good sense of the community? Or a free and sensible collaboration of the responsible parties, the good sense and good will of the community, and, when needed, the help of the expert physician?

These are days of leagues of personal freedom and leagues of medical freedom and leagues protecting the privilege to get drunk and to get sick and to make others sick whenever and however you please. The worst enemy man has is his own unbridled passion and unbridled craving; and it is unbridled craving and childish fear of interference which under the glamor of freedom keep us all the more strongly in bondage. Opposed to these, there may be regulation leagues; but as intermediaries, we want at least to be sure to cultivate plain good sense and a fair chance to get and use it.

A careful student of the literature and of the facts of eugenics realizes the complexity of the problem and the reason why we should be cautious about pushing everything to the point of legislative regulation. It is in the interest of civilization to provide principles and customs rather than laws, and to give the plain sense of the individual a chance to develop and to become effective. Give the people the facts and some help to think and the right sources of advice, and there will surely be results.

Where matters are not so simple as in the case of plainly defective mentality, I urged in an address some time ago the following principles with regard to reasonable standards of the right to marry on the part of those not free from taint: We can do justice to the individual as well as to the race by making some practical conditions for such individuals to marry and have children; that is, if they can feel and give to their own sense and conscience (and I might add under the effects of three weeks' open consideration of marriage) reasonable assurance of giving a family of four children a wholesome, healthy environment and education, then even tainted persons might be allowed to marry, especially into untainted stock. If any unfavourable heredity should crop out, it would be highly probable that healthy and capable brothers and sisters would be able to assure the protection and care of the problematic abnormal individual. This excludes the marriage of imbeciles and of many psychopaths.

In this present stage of development, eugenics has no right to attempt to enforce a stronger negative policy than this. If it does so, it runs the risk of depriving the race of individuals who would be a benefit to it. I certainly should not like to miss some of the brothers and sisters of certain of my patients from this globe, nor even a good many of the actual patients themselves.

I am tempted to emphasize the fact that those who have had trouble and conquered have often been the most helpful and effective pioneers and the most thoughtful agent of constructive reform. We need persons willing to struggle and able to struggle. We must strive to avoid wanton disaster; but we must also trust our ability to save good traits

and to provide, against any possible mishap, such improvements of our marriage standards that the undesirable traits may be bred out as often as they used to be bred in.

Somehow, I cannot be a fatalist. I am, therefore, very cautious about the advice to suppress nature's promptings for progeny unless I consider the mating doubly charged and the parents unfit to create a home.

What might a helpful civilization do toward preventing such disaster as is represented by the school children mentioned earlier? The first help is protection of the foolish against playing with the holiest of all sacraments—with marriage.

Under the heading of personal freedom we indulge in this country in the acceptance of common-law marriage, and marriage on marriage licenses which are, as far as I know, a mere farce, since they evidently can be obtained without any guarantee of control. The clerk can insist on forms and on a fee, but cannot guarantee controlled facts. The statements are made on oath, but I have not heard of any prosecution for perjury on the part of the state. Licenses without a provision of control have no sense.

Why not provide methods which would make control and advice at least possible? Personally, I grew up as one of a people (the Swiss) which has had a republican form of government since the year 1291—a time preceding the discovery of this continent by 200 years, and antedating the Declaration of Independence by 485 years. In that country, which certainly does not foster paternalism and disregard of personal rights, no marriage license is valid that has not been posted for three weeks by the civil authorities and published in the papers. Runaway matches and marrying parsons have no place under such conditions.

Is it asking too much in Uncle Sam's type of free country to have the sense of the people so roused that they prefer to have their personal freedom guided by three weeks of calm consideration rather than by the mere passion of a moment and false romanticism? In the families cited above, there were one girl and one boy married at fifteen years, the boy's being a decidedly unsatisfactory marriage.

Or if, in so critical a period as the consideration of marriage, we should have no confidence in our families and neighbours and in their good sense and good will, why should we not, in the ceremony itself, put the proper emphasis on the real issue of marriage? Why not replace the much-discussed question of obedience by the question, put to both parties to the life contract: Do you want this man (or this woman) and no other to be the father (or mother) of your children?

Not until some question as pointed as this, is in all cases expected and squarely asked and squarely answered as a matter of general and

frank concern as soon as marriage is considered, will the rank and file of people realize the needed obligation to deal fairly with the problem of health and parental responsibility before the knot is tied. Let it be a legitimate and obligatory question and more couples will give some serious thought to what is often enough passed over because of false prudery or for lack of sense of responsibility.

Now the other point: Do not let us obscure the issue by encouraging intentionally childless marriage. The more I see of childless marriages, the more I feel their intrinsic wrong. Nine times out of ten they mean that one of the partners is exploited and condemned to forced sterility and stolen away from less selfish compacts of life. How are you going to help that? By the community's undertaking to make possible a greater measure of economic security among all classes, through sickness insurance, through the provision of medical care and of vocational training, and by practical demonstrations in the schools of the way in which the economic problems can be faced and family life made possible on a limited income.

My second problem is: What is the duty of those who have become parents but with hereditary taint?

Nobody can have absolute guaranty of healthy progeny. All parents need a good dose of preparedness to accept whatever fate may bring in their children. The progress of the world has done much to guide us if we are wise, and, fortunately, on the constructive side as well as on the preventive. Let us not forget that those who may have a tainted stock and some cause for worry may be able to make good and render valuable service to all. Those forewarned are more likely to be thoughtful about the child than those who play ostrich and make it their practical and even religious duty to be blind to the great facts of experience. And when the forewarned improve the chances of their own children, it will be for the good of all.

As far as the child itself is concerned, give it a chance to grow and to develop naturally, and consider it a duty to protect this growth and to guide rather than force it. Few realize what a hell a child's life must be when it is continually cut into by the whims and momentary or untimely good intentions and peremptory expectations of adults. Heed the many sensible suggestions which are available in such valuable documents as the publications of the National Committee for Mental Hygiene and the federal Children's Bureau.

I want to limit my special advice to tainted parents to two points: First, Do not allow yourselves to cultivate any sensitiveness about learning the facts and facing the facts about your children. Do not assume an attitude of defense or offense when anyone gives you the helpful truth. You need not talk to everybody about your grief or fears;

but do not let your own false pride or conceit stand in the way of helping yourselves and the child by means of proper advice. When you see that your own resources fail, why not go over the trouble with some one who knows more about it? Why not hand over a difficult child for a time to a trained person, a school or an institution, and why not be willing to take a few lessons in child management?

When you are in doubt, it should become less and less difficult to find a medical and an educational adviser with whom you are willing to work out a careful record of the assets and of the difficulties, and of the failures and the successes of various plans tried so far. You can then expect to guide your children toward what may be best for them at the time. It is in this connection that I should like to urge you to expect ever-improving services from our schools.

Our schools must become the places where the first attempts at grading and at standardization for life should be started. Civilization is not one simple scheme and rule, but depends on a wonderful coordination of the safe knowledge and wisdom of generations on a wide range of human needs. Among other things, real civilization includes a public morality and public spirit which looks upon schools not as part of a system of political favouritism and exploitation, but as one means of bringing order into community life, of training and trying out the child in the capacities of social behaviour, and of learning and working under impartial standards.

The proper collaboration of home and school is less and less vitiated by false ideals of freedom and false fears of meddling. Parents are perhaps still too ready to consider their parental feelings hurt and to withdraw the child from school when they are tempted to attribute lack of progress to the teaching or to the school. Instead of having the matter looked into by a competent and impartial inquirer, the parents and the child still are too apt to rule the situation and to blunder.

I know of parents belonging to the intellectual aristocracy who would not let their child be given a Binet-Simon test. They do not want to know the facts and prefer to be led by sentiment alone. Children who become inefficient at one school are apt to be sent to another or to work; whereas it would be in the interest of the community and the children if they were standardized and advised and taught to be respectable members of the community on their own level.

Bureaus issuing labour permits may do excellent work on this point. If a child has the misfortune of being defective, there are still some ways to be effective. To be helped to bring these effective ways to the front and to find one's level is better than being forced by foolish parents to live on bluff. In these defectives we can also train ideals and a con-

science and can give them satisfactions adapted to them, instead of letting them out-marry the marriageable and out-multiply the fit.

I am skeptical about the possibility of general segregation of all those who are defective and dangerous because they are apt to reproduce their kind. We can increase our training schools and colonies but slowly, in keeping with the growth of the confidence of the people. But if we have compulsory school attendance and compulsory standardizing at school, we can certainly learn to help more persons find their sphere or level in life. This does not mean branding the child; it does mean helping him to find a sphere in which he can attain his best level in perfect respectability.

Any civilization can offer jobs to the strong worker; it takes a well-organized civilization to take care of those less favoured, and to give them a life of satisfaction without jeopardy to good sense and rational freedom.

The second point of my advice to tainted parents is but an extension of this point: Train yourselves and your children to look upon physicians and hospitals and trainers as constructive rather than corrective agencies.

The most difficult cases to help are those who distrust hospital and physician and adviser, we may say, constitutionally. Familiarize yourselves with what hospitals and training schools are doing so that you may feel ready to accept their help when you need it; and inculcate in the young the right attitude toward the resources our civilization offers us.

You have little idea how many people believe training schools and mental hospitals are for what they call "the really insane" or "defective" of other families, but their own children or friends are certainly not of that class. What do people know of "classes"?

We have recently read much about a poor girl who was kept at home in a small isolated room for years, supposedly because the parents did not think of taking her to a state hospital. Need we be surprised at such ignorance as long as an interested social worker, who had been informed of our conclusion that the patient in question should be given the benefit of one of our state institutions, writes as follows:

"I am at a loss to know what is the best course to pursue in this matter. I fully appreciate that you have done all you could, but I am so anxious that nothing be spared that will possibly help this poor unfortunate girl. From a physician's point of view, would you advise further hospital treatment outside of an insane asylum? So long as she is perfectly harmless, would she stand a better chance in a medical hospital for a while longer, if we could place her?"

What does this helper of the public think of what she calls an "insane asylum"? Does she not know that our state hospitals are medical

hospitals, intended to help the most hopeful and the most difficult alike and with the best medical means and judgment?

Go and teach yourselves and your children and your neighbours the fact that when anyone gets nervous and unequal to the difficulties of life, we have in our midst dispensaries and hospitals to help us on to the right track, hospitals serving as asylums for those for whom the community offers too little protection, but at the same time hospitals from which fully twenty per cent. may readily come out better entitled to be called normal than if they had missed the opportunities offered by our states, and from which many apparently hopeless wrecks emerge with a gain worthy of our open gratitude instead of our frequent desire to hide the facts and to swell the false traditions of stigma, the absurd relic of fear and superstition.

If I felt that I had to conceal the fact that my own mother had two attacks of melancholia from which she recovered, I should thereby tacitly corroborate the false efforts at concealment of many others who could not conceal the fact of mental diseases in their family if they tried. Why am I able to speak freely to my own progeny about it? Because I have a conviction based on experience and on facts that many a mental disorder is much less ignominious than more than fifty per cent. of the other diseases for which people have to get treatment; that many a nervous or mental disorder is the result of struggling honestly but unwisely; that many a former patient becomes a wiser element of the community when restored than the luckier, possibly thoughtless, fellow.

If there is some hereditary taint which causes you apprehension, try to prepare your offspring to live all the more wisely and to make themselves worthy of the healthiest mates. What we call insanity in a family must not be a wholesale warning against marriage. It means greater care in education and more appreciation of truly healthy strains and then either fitness to become attractive to the untainted or a choice of a life of usefulness outside of marriage.

After all, what we need most is to teach the child to wish to be well and to love the healthy. Love is very justly nature's and mankind's ablest matrimonial agent. Love plays many pranks and is said to be blind; but love, like any other capacity, can be made to grow better or worse. It certainly is taught badly or indifferently or wisely, through the way the parents love each other and through the ideals implanted in the child.

Let me state once more the main points of my appeal:

1. Help me in fighting the foolish game of trying to conceal the facts of heredity and of catering to the cruel notions of stigma. A man or a woman is primarily what he or she is, or can do; and the knowledge of heredity will help in guiding the understanding or management of in-

born traits. All this secrecy about heredity only means that other people cannot mention the facts to your face, but behind your back will talk of the skeleton in your closet. By thinking more of the safety of this closet than of actual needs, you may cheat your own people out of their best chances of getting timely care in the beginning of any trouble, and throw at the same time a slur on hospitals and on other patients, and ultimately it will fall back with a vengeance on your own family.

2. Let us not indulge in vague notions about heredity. If you want facts, let someone work up your family records as we have worked up those described in this paper. It will not do to go to a physician and ask: What do you think of heredity? But you must say: I want somebody put on the job of getting my family record worked out; and then I want your advice on various questions. No physician should prostitute himself by giving his opinion without having the family studied properly.

3. The conclusions from heredity study cannot be codified in the form of legislation. We can, however, lead people to be more responsible and to do better thinking. My two suggestions are; Turn the marriage license again into something which calls for three weeks of sound and open thinking and which is worth more than a fee and an invitation to frequent perjury which the state tolerates, thus lowering the sacredness of an oath before an official. The second suggestion would be regarding the marriage ceremony. Have it understood that in this solemn hour you have to answer the question whether you have really chosen the person whom you want to be the father or the mother of your children.

4. Let parents who know that their children may have a taint—a latent disposition or actual defect—find their compensation in the conviction that theirs is the burden of being specially mindful of the saner and sounder education of their children; and especially also a saner and sounder education in the question of what and whom and how to love.

This is not a hopeless problem. It is the biggest and finest problem of humanity.

COMMUNITY RESPONSIBILITIES IN THE TREATMENT OF MENTAL DISORDERS.*

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IN the early period of community organization in this country mental disorders were nowhere so well understood or so intelligently treated as they are now. Two conditions, however, which are frequent consequences of mental disorder early compelled attention; namely, disorders of behaviour and dependency. At first the only organized provision made for persons suffering from these disorders had reference to these two conditions. It was the duty of the constable and the poor-master to protect the community from the acts of disorderly persons, and to extend to the dependent the organized aid which the community felt it necessary to furnish. For the disorderly insane person the lockup served the same purpose as it did for the disorderly sane person, and for the dependent insane or feeble-minded who were not disorderly the almshouse furnished food, shelter, and attention as it did to all other dependents. Little attempt was made, in those days, to inquire into the causes and conditions which occasioned behaviour disorders or dependency or to provide for the special needs of individual cases.

As the communities grew in population and advanced in knowledge, however, the problems which arose in connection with this simple method of disposing of persons who were mentally disordered grew more complex and difficult, and the number and gravity of the cases in which the inadequacy of the method was exposed excited more interest and comment. To meet this situation, it became necessary to make a distinction between the disorderly sane and the disorderly insane, and departments in which the latter could be given separate care were established at the almshouses. The narrow barred cells, the heavy doors with peep holes, and the restraint apparatus which marked this development are still to be seen at many almshouses from which the insane have been long since removed. The constable and the lockup were still utilized, but an effort was made to restrict their services to temporary needs. We have not yet completely emerged from this period in the care of the insane. In many communities throughout the country, probably in most, the only organized agencies for dealing

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with mental disorders are those which have to do with disorderly behaviour and dependency, regardless of the cause. In fact it has been truly said that in the organized methods by which insane persons are still dealt with in this country examples can be found of every form of neglect and abuse to which the insane have been subjected during the past two hundred years. The surveys made by the National Committee for Mental Hygiene have furnished considerable evidence of this. To anyone who may be skeptical I would suggest the reading of an article entitled "The Insane in a County Poor Farm" by Dr. Thomas W. Salmon, which appeared in *Mental Hygiene* in January, 1917. This is a true account of the provision which is made now for the care of insane persons by a prosperous community in this country.

Notwithstanding these residuals of a former period, however, great advances have been made in the care of the insane. The medical needs of the cases have always been recognized by some, and physicians and philanthropists have from a very early period of the nation's development been engaged in efforts to provide for them. Many of the almshouse annexes were gradually developed into separate departments or separate institutions under medical management. Private funds were applied to the establishment of high-grade institutions where the best standards could prevail, and some of the earliest institutions for the treatment of mental disorders in this country were of this type. Eventually the legislatures in one state after another took up the question of the needs of the insane, and now in every state may be found state hospitals, medical institutions in which provision is made for treatment and attention which will promote cure. At first these institutions were looked upon merely as asylums where the insane could find refuge from the ignorance and indifference which had previously characterized their treatment. With the general advance of medical and nursing knowledge and standards, and the further enlightenment of the public, it has become possible to elaborate them into truly curative agencies. Unfortunately, there are still many states in which the provision made by the State is inadequate for the total number which require it, and many are still cared for in the almshouses.

In several of the states, the number of which is steadily increasing, the whole burden of providing institutional care and treatment for the insane has been assumed by the state government. Wherever this has occurred, the result has been a better level of intelligence and humanity in dealing with the cases under institutional care. State care is properly regarded, therefore, as a goal to be reached in the progress towards an efficient public system for dealing with mental disorders. It accomplishes much more than the mere transfer to the state of the responsibility of providing institutional care. It raises the prevalence of mental

disorders with their causes, prevention, and management into the dimensions of a state problem of the first class. And, while, after state care has been adopted, the first task to be accomplished is to bring all cases which require institutional treatment into state hospitals, it is soon found that this by no means accomplishes all that is required for dealing adequately with the needs. Unless the vital issues occasioned by mental disorders in the homes, the schools, the industries, and in social relations are intelligently grasped and dealt with by means of the state system, state institutions are liable to be looked upon as a resource which is only to be appealed to when complete separation of the patient from his usual environment has become imperative. They will still be regarded as asylums. In such case, their development is likely to be in the direction of great custodial centres, and economic and so-called business considerations in their management are likely to prevail over those dictated by science and humanity. This has happened in more than one state in which state care has been adopted under conditions of great promise. A system of state care must, to be effective, not only be adopted, but it must be planned and developed with reference to the known needs of the sufferers from mental disorder. A well-defined policy is essential and carefully prepared plans. The best plan is probably to divide the state into districts containing not more than 500,000 inhabitants each, and to provide a state hospital for each district. This hospital should be so conducted as to serve to the fullest extent possible the needs of the district in dealing with mental disorders. With this in view, the necessity of educating the public to a proper understanding of the purpose and advantage of the institution should be considered. Unless steps are taken to this end, the process of substituting for the prevailing views and methods the newer conceptions and resources will require a generation. This necessity is all too frequently lost sight of and progress is thereby greatly retarded. The state hospital is to be regarded as a social welfare agency and a centre of information and useful service which can be confidently appealed to in dealing with the problem of mental disorders in the district which it serves. In states in which a state system of care of the insane has been most fully developed the lines of progress have been towards the application of this view. Developments have been made for the purpose of bringing the district hospital into more intimate relation with the needs of the various communities in the district. In some states nurses from the state hospital, and sometimes a physician, are sent to the communities to bring the patients to the hospitals. Out-patient departments are conducted in various parts of the district where persons who wish advice concerning mental disorders may apply. Social workers are employed to visit, at their homes, patients who have been discharged

from the hospital or who may have applied at an out-patient department. These contacts with the communities have an educational value and furnish means by which the hospital may contribute to the management of the problem of mental disorders as they occur in the home, in the school and in the commercial, industrial and social life of the people. Instructive literature relating to the nature, causes, and treatment of mental disorders, and to the utilization of the resources of the hospital is widely distributed. The physicians of the hospital aim to inform the medical practitioners of the district and the public, by means of scientific papers and addresses, concerning the conditions met with in patients and the purposes and plans of the hospital. By these methods, a state hospital becomes an aggressive agency for dealing with mental disorders throughout its district.

The usefulness of a state hospital to the various communities of the district which it serves is, to a considerable extent, dependent upon its proximity and accessibility. When a district contains several counties, as is usually the case, the largest number of admissions in proportion to population is usually from the county in which the hospital is located, and the proportion diminishes with distance and inaccessibility. It is thus possible to obtain statistics that seem to show that proximity to a hospital for mental disorders increases the prevalence of insanity. What is really shown is that ease of access, and possibly correct information concerning a state hospital, are conditions which are necessary to its highest usefulness. The proportion of cases in the more distant or less accessible counties of a district is not likely to differ to any great extent from that in the counties nearest the hospital. Unless, therefore, some other means for obtaining hospital treatment are available for the latter, many cases for whom such treatment is indicated must fail to receive it.

The extent to which a state hospital can be utilized, even by the community in which it is located, is also limited by the conditions under which patients may be admitted. Certain legal definitions and formalities prevail in determining the cases to be admitted to a state hospital. The patients must be insane within the meaning of the law. This indicates that cases for admission must be differentiated and selected from a larger group of cases of mental disorder existing in the community. The best system of state care which has yet been established does not undertake to provide hospital treatment for all types and grades of mental disease. The acute deliriums of fevers and intoxications, and the large groups of cases which are designated by the terms neurasthenia, hysteria, and psychasthenia, and several other forms of mental disorder, are, with the exception of a few of the cases in which the symptoms are unusually severe, not ordinarily included in the types for

which hospital treatment is provided by the state. There must necessarily also, in all cases of mental disorder, be a period in which observations must be made, diagnoses determined, and arrangements made for admission to a state hospital when this is found to be necessary. This may be a very critical period in the course of the illness, and as first aid applied to an injury may determine the final outcome, so the early treatment furnished a case of mental disorder may be of the greatest importance in determining the further course and outcome. The first treatment of a case of mental disorder, as of any other form of disease, must ordinarily be given wherever the patient may happen to be when the need becomes manifest. In many instances the condition is only recognized when immediate treatment has become imperative. It seems quite unlikely that any state system will be inclusive or elaborate enough to provide for all grades and forms of mental disease which require hospital treatment. Needs will still remain which will require that some organized provision be made by each division of the state and each community.

The best test of any system of providing for the treatment of persons suffering from disease is to examine its operation in a number of cases. A few years ago a study of this kind was made in one of the states for the purpose of ascertaining the methods and provision employed in the treatment of persons suffering from mental disorder previous to their admission to the state hospitals. This study covered the admissions during a period of two years. It was made easily possible because of the practice of sending nurses to bring the patients from the communities to the state hospitals, which have been in operation in the state referred to since the state-care act was adopted many years ago. These nurses were asked to make reports concerning the condition and environment in which they found each patient. The system of care in this state is considered to be as good as any in the country if not the best. The law under which it was established defined the types of cases which could be admitted to the state hospitals and the conditions of their admission. It was left to the local authorities, however, and to relatives and private physicians to provide the means for observation, first diagnosis and determination of the need of hospital care, and for temporary treatment. The study which was made revealed that, throughout the state, little advance had been made in the local provision and methods since the period when the behaviour disorder and dependency of an insane person were the only issues that received organized attention. The poor-law authorities and the police were still the only officials who were required by law to see that an insane person received attention. It was found that in only one county in the state outside of that in which the largest city is located was there any organized provision

made for the temporary hospital-care and skilled observation or nursing. In the largest city provision for the temporary hospital treatment of mental cases was furnished at two general hospitals. More than half of the patients received at these hospitals were, however, brought in by the police. In the portion of the state outside this county, seventy-five per cent. of the patients admitted to the state hospitals in the first year covered by the study were brought directly from their homes, and it was found that, of these, fifteen per cent. or 410 persons during the first year covered by the study, had suffered from gross neglect or unintelligent harsh treatment. Some of these instances are as follows: (1) A woman was brought from her home where she had been in a disturbed state. She had been held in a bed by a network of ropes, her ankles bound together, her knee strapped and mittens on her hands. The patient died a few hours after admission and an autopsy disclosed a rupture of the stomach. (2) A woman was found at home where she was fastened to a chair by a sheet tied about her and nailed to the wall. She was confined in the room with her husband who was dying of pneumonia. The chair in which she sat was nailed to the floor. The doors of the room were nailed up at night. She was dressed in an undervest and men's trousers, and had been bound hand and foot in bed for a few days before she was transferred to the hospital. Many other instances could be cited. More than seventeen per cent. of the patients, or 466 persons, received during the same period at the state hospitals from this portion of the state were found in jails, lockups and police stations. Eighty-seven of these patients were women. The reason for confining the patients in these places were not always apparent from the reports. In some instances they were said to have been violent or otherwise dangerous, but others appeared to have merely been wanderers, or to have shown eccentric behaviour or expressed delusions in public. Many of these patients were found in unsanitary, uncomfortable, sometimes filthy and vermin-infested cells, not infrequently in company with persons accused of crime. In one instance the patient was found in the same room with a person accused of murder and developed a delusion that she herself was accused of the crime. In another, a woman was found in a basement cell, without windows, with no toilet facilities, and separated only by a slat door from the quarters of a drunken man. The patients sometimes received what care was given from prisoners, or they were found in a common room with drunkards and tramps. In a jail in one of the larger cities of the state, a woman was found by the nurse in a cell which was so small that she could scarcely sit up in it. There were no toilet facilities accessible to her and she was entirely naked and extremely filthy and dirty. In a police station two male patients were found confined in a box-like structure with board sides and an iron

grated top, hinged and fastened with two locks. When the top was closed, the patient could not rise from the recumbent position, and, as he lay there, the distance between his chest and the bars of the top was only six inches. Another patient was found in a cell which was not heated though the weather was cold. He was insufficiently clad and was so ill that he died two days after admission to the hospital. In a large number of instances, the report states, women were confined in station houses and lockups without attendance by persons of their own sex. One insane woman was entirely nude in a cell and there was no one to wait on her except a man who brought her food to her.

To appreciate the significance of these methods of dealing with persons suffering from mental disorders, it is necessary to keep clearly in mind that they were found to prevail throughout one of the most progressive of the states in the care of the insane, in which an excellent system of state care had been in operation for nearly twenty years. This system was, however, devoted practically altogether to furnishing institutional care to persons who were delivered over to it by the communities. Nurses from the state hospitals were sent to bring the patients in, but there the active concern of the state system ended, and those who were interested in its development paid little attention or no to what was happening to the cases outside the hospitals. The inferior methods still employed by the communities were the outcome of the persistence of views and methods which regarded the dependency and behaviour disorder of an insane person as the main issues. It was seen, therefore, that the first step towards improving the methods should be to place the responsibility for the care of the cases in the hands of some official who would be more likely to consider the medical needs of the cases the main issue. To this end, the duties of providing for insane persons were transferred by statute from the poor-law authorities to the medical health officers and the confinement of the cases in jails and lockups was forbidden. Since this change was made, the methods have been greatly improved, though the prevailing ignorance and low standards concerning mental disorders, even in the medical profession, hinder the development of the organization and facilities which are needed. Special knowledge, special skill, and in many instances special facilities must be available for the proper understanding and treatment of mental disorders. These are not yet demanded by the intelligence and interest in the subject that prevail in any community. They can be secured only through the efforts of a few specially informed and interested individuals. They would, however, I am sure be acceptable to the community, and willingly paid for as soon as their purpose and value were understood.

In every large centre of population a department for nervous and mental cases should be provided in connection with the best general

hospital. This department should be so organized and equipped that the patients would be treated by the most approved methods at the hands of specially trained and experienced nurses and physicians. In no class of case is the necessity for specialists more pressing. In fact special knowledge and skill are the only sure safeguards against gross neglect and mismanagement in the treatment of mental cases. The department should be open not only to the patients of the city in which it is located, but to those of the more easily accessible smaller communities where there are no hospitals. These communities would, through their health officers and the more enlightened citizens, probably have to be educated to bear the expense of the transfer and treatment of the patients. A comparatively few of the cases would, however, require hospital treatment until they could be sent to the state hospitals. Most of them could be cared for at home, with attention, in some instances, from a specially qualified nurse who ought to be obtainable from the hospital. It is discreditable to the intelligence and humanity of any community when no better provision for a delirious or frenzied sick person is made than the police station or lockup, and when no more skilled nor tender attention can be supplied than those of the constable and the poor-master.

The communities might also use to greater advantage the resources of the state hospitals. This is especially the case in those places nearest to the hospitals. Access to these resources should be as easy as possible, and means should be taken to inform the public concerning the methods and advantages. The hospital of a district is a centre of information and assistance in all matters relating to mental disorders. The communities should learn to utilize them fully, and the state system should provide for state supervision and standardization of local provision and methods. A system of co-operation may thus be established which will make it possible to secure good treatment for a patient during the whole period of illness.

The problem of mental disorders as now understood is no longer properly formulated by the phrase "the care of the insane". Mental disorders of many forms and in many stages are extremely prevalent. Those regarded as insane are simply the cases whose capacity for adjustment to the requirements of organized society has failed to such degree that they have become a burden or a menace. The problem of early treatment and of prevention can never be solved merely by the care of the insane. Each community must take it up for itself and provide such organized attention as is given to any other social problem, for example, education, sanitation, transportation, etc. This view is already beginning to find practical application in the schools, in the courts, in the prisons, in the army and navy, and wherever departures

from normal behaviour require attention. It is of vital interest to all of us that the means provided for dealing with mental disorders in the community should be adequate. No one is immune from these disorders, and when a case occurs in a household in a community the situation is one which demands very special knowledge, skill, and facilities.

Permit me, then, in closing to suggest for your careful thought and investigation as you take up again your contacts and interests in your own communities the following questions:

1. If a case of mental disorder should occur in your household what would you do?
 2. How and where would you obtain skilful medical and nursing attention?
 3. If the patient were delirious, frenzied, or uncontrollable as is sometimes the case, how and where would you find near at hand a suitable place where he could be safely and properly treated?
 4. To what extent is the state hospital of your district used by your community? Could its usefulness be increased?
 5. If you find that the means provided for dealing with mental disorders in your community are inadequate can you not do something to improve them?
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SUPERVISION OF THE FEEBLEMINDED IN THE COMMUNITY.*

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THE social significance of feeble-mindedness is becoming increasingly apparent each year. In the impression which it has made on the popular mind as a practical problem demanding a practical solution it has far outstripped the more interesting and difficult question of mental disease with which it is so closely allied but which is still a comparatively unknown quantity even to the more enlightened. To one who works in the field of mental disease, there is something very heartening in the familiarity which the ordinary teacher or social worker now shows toward feeble-mindedness as a possible factor in her work. This quite general recognition of the importance of mental defect for the community in marked contrast to the prevailing ignorance of the social importance of mental disease is not difficult to explain.

Of all the problems presented by mental hygiene, feeble-mindedness is the simplest, most accessible and most easily comprehended by the common man. Anything that can be stated in terms of intellect is simple compared with that which goes over into the fields of emotion, feeling, impulse and instinct. It may be that such a confining of feeble-mindedness to the intellectual sphere will prove to be an over-simplification of the problem, but the fact remains that this way of looking at it has made it easy to explain and easy to understand.

This accessibility of the intellectual factor in feeble-mindedness has also made it one of the first problems to lure academic psychology into the practical field, for the intellect is much more readily open to experimental laboratory methods than the will or the emotions. There is no question but that the swift rise of the mental test as a centre of interest and experiment in applied psychology has had much to do with the growth of popular recognition of feeble-mindedness as a social problem. Parallel to this development of psychology and aided by it has been the advance of criminology which by its disclosure of the intimate relation-

* Read before the Mental Hygiene Section of the National Conference of Social Work, Kansas City, May 15-22, 1918. General topic of the symposium of which this was a part, "Steps necessary in Community Control of the Feeble-minded."

ship between mental disability and antisocial conduct has perhaps done more than any one other thing to force the problem of feeble-mindedness upon the public.

Organized charity with its unimprovable cases, agencies dealing with illegitimacy and sexual immorality of all kinds—all these have added their weight to the movement. Then still closer to the mass of the people comes the public school, so long trammled by the presence of the feeble-minded child who by definition is the stumbling block *par excellence* in the way of all orthodox teaching. In the recognition of the feeble-minded child the school is on the way to a solution of one of its most serious problems, and the altering of an entire school system to make special provision for such children has done much to enlighten the common people.

It only remains for the final impetus to come from industry now strained to the last notch by the demands of the war. The recognition of the part played by the feeble-minded workers, combined with the problem which mental deficiency is making for the new National Army as shown by the discharge of more than 4,000 feeble-minded soldiers ought to give all the additional push needed to bring the country to a complete realization of the necessity of working out a plan for state control.

While feeble-mindedness as a problem in mental hygiene may be comparatively simple, as a problem requiring definite social action it could hardly be more complex. It is the old question of reconciling the welfare of the individual to the good of the community which is particularly trying when the individual in question is not capable of taking his own part. How can modern society prevent the feeble-minded population from becoming a dead loss economically? How can it guard itself from the injury which the feeble-minded have the power to inflict upon the present and upon future generations and still be fair to individuals, the majority of whom have a certain right to life, liberty and the pursuit of happiness comparable in a degree at least to that of children whose interests we guard so carefully. Moreover we have to remember that the feeble-minded person especially of the moron group is not an isolated individual without family ties. He belongs to a home whose love for him and belief in his possibilities will have to be taken into account in any plan we may formulate. No plan which ignores human relationships and public sentiment will be successful, although innumerable laws confirm it.

If we approach the problem in cold blood, we may say that the only questions to be considered are the prevention of propagation on the part of feeble-minded persons, the prevention of delinquency, and the most effective utilization of the labour represented by the feeble-

minded population. Nothing is simpler than to give the logical solution to these problems. The reason such solution is not simple in practice is that human life is not primarily logical. We are still a long distance from conscious intellectual control of social life, and even so the most rigorous intellectual control would obtain its results only through taking into account the working of human impulse and emotion.

Sterilization of the feeble-minded is logically the solution for the problem of prevention of propagation of the mentally unfit where feeble-mindedness is due to heredity. Practically, despite legislation, it has never worked because it is a purely intellectual remedy. It has never considered the prolonged period of preparation and education necessary to change deep-seated primitive attitudes. There may come a time when sterilization of the unfit will be incorporated in our programme but it will be only when the general level of enlightenment on social problems is materially raised by slow growth.

Segregation much more than sterilization offers a practical solution to part of our problem at least and may eventually be the final, most practical solution. At present it fails in two, possibly three respects. First, on the human side, when by segregation we mean a fairly complete shutting off from society of all the feeble-minded including types of the higher grade, we ignore a profound aversion on the part of people in general to confinement for life for any human being, particularly when no offense has been committed commensurate with such punishment and when the individual to be segregated seems to the ordinary observer not to be very different from himself. This combined with the feeling which relatives, particularly of the high-grade feeble-minded, have against segregation, makes any very complete programme of this kind quite impossible for some time to come.

Quite aside from the obstacles presented by popular sentiment, there is one fundamental difficulty in the way of segregation as a complete programme, on the purely economic side, and another which may or may not be fundamental. If the most conservative estimates regarding the percentage of feeble-minded in this country now under suitable institutional care are correct, it still remains to provide institutions for at least fifty per cent. of the total feeble-minded population of the United States. According to Mr. Kuhlman in the *Journal of Psycho-asthenics* for September—December, 1916, estimating that five-tenths per cent. of the entire population is feeble-minded, not five per cent. of the total feeble-minded population is now segregated in institutions for the feeble-minded. Even if one disagreed with this estimate, it could be made far more conservative and still leave us with the task of housing a tremendously larger number of feeble-minded than any state has ever contemplated. Any approach toward complete segregation is bound to mean a

construction of institutions on a scale which will postpone realization of the scheme to an indefinitely distant future. In the meantime the feeble-minded are with us, at large in the community for good or ill, with no conscious control of the situation on our part.

The other point to be considered on the economic side is the utilization of the labour of the feeble-minded. We have no conception at present of how much of the rough work of the world is being done by morons. We are just beginning to get some return from the labour of the feeble-minded in institutions through the rise of the colony plan in a few states. But we have no basis for deciding at present whether segregation can ever be made to utilize the labour of the feeble-minded to as great economic advantage as some other plan which would allow of the employment of feeble-minded in the industry of the outside world. This is a question for consideration and for further investigation that we may gain facts upon which to make a judgment.

Practically, then, sterilization from the point of view of human prejudice and segregation from the standpoint of human rights and economic possibility do not constitute an adequate programme for the care of the feeble-minded population of the country at least for the next quarter century. Even though we press sterilization into service just as far as popular sentiment can be made to tolerate it and though, regardless of sentiment, we construct institutions to the limit of the common purse, making full use of the cheaper plants offered by the colony plan, we shall still have a large problem untouched in the feeble-minded at large in the community. Shall we continue for the next twenty-five years to depend entirely upon segregation and remain in ignorance of the facts regarding the lives of the feeble-minded outside institutions?

How can we decide whether all the feeble-minded need segregation, how can we be sure that every feeble-minded person is a potential delinquent until we know how many of the steady though humble and unskilled workers of the world are intellectually superior to the feeble-minded delinquent or segregated case in the institution for the feeble-minded?

Our knowledge of the feeble-minded is based almost entirely upon our knowledge of intellectually inferior individuals who make trouble for us in society. Is it impossible that there is a class of individuals who by any intelligence test will measure down to the level of the institutional cases whom we label feeble-minded, but who are not social problems? The whole question of feeble-mindedness seems to be complicated by the question of how much of the antisocial or inefficient conduct of the types of higher grade may be due to the intellectual defect and how much to the emotional make-up. That is, may there not be as

much temperamental variation in the feeble-minded as in the intellectually normal? And that being the case may not the standard of feeble-mindedness indicating segregation be as much a matter of type of emotional and impulsive make-up as a matter of degree of intellectual defect?

In other words, we seem never to have made any real attempt to study the problem of the feeble-minded in the community to determine (1) whether there is any class of people apparently feeble-minded by our intelligence standards that actually does get along in the world, (2) to determine what real supervision, intelligently conceived and applied, can do to make the existence of certain feeble-minded individuals outside of institutions safe and economically advantageous to society when it would otherwise not be so, (3) to find in how far the so-called feeble-minded delinquent is innately vicious and how far he is the result of prolonged maladjustment due to defective intellect, emotional and impulsive make-up, complicated by bad environment and training; *i.e.*, may it not be possible that even in the field of intellectual defect the insight of modern psychiatry as to the mental mechanisms which produce maladjustment in the intellectually normal may have a bearing?

The *best plan* for supplementing segregation and sterilization for the present, even though they should ultimately prove to be the only solution to our problem, the *only way* to obtain the kind of information we need and must have about the feeble-minded, the *best scheme* for educating the people to a comprehension of the problem and a willingness to accept segregation and sterilization when necessary, is, it seems to me, the plan for careful scientific supervision of the feeble-minded in the community as part of a state or nation-wide programme for control and prevention of feeble-mindedness.

I have no theory that the majority of the feeble-minded would become industrially efficient, sexually safe or economically self-supporting, if only they could be supervised. I have no illusions regarding the difficulty of providing anything approaching adequate supervision, but I am convinced that for the present there is no other way of getting at the problem and after all, it is not as if we had not already taken upon ourselves responsibility for trying out such plan when we began the movement for ungraded and special classes for feeble-minded children. Is that work all to be wasted? Are we to look after these children until they are fourteen or sixteen and then suddenly throw off all responsibility even to the extent of making no attempt to provide institutional care when it is obviously needed?

The school and the ungraded class give us the nucleus for a system of supervision which could be worked in so simply that it would not only

not meet with opposition but would be welcomed by the children and by the parents.

In order to make such system of after-care effective in a school system, three things are essential: (1) an adequate mental clinic under the direction of a psychiatrist with psychological training or of a psychologist with psychiatric viewpoint and experience. This clinic ought to provide a routine method of passing on the mentality of every child who enters school in order that the assignment of the child to a special class should not depend chiefly on chance, and should not be delayed for several years while the child is struggling vainly in the regular grade and getting the full effects of his maladjustment. This clinic should be the centre for a system of registration for the direction of social service and aftercare and for the vocational guidance of the feeble-minded child both in his industrial training and in his placement after he leaves the school. (2) The second essential of supervision is social service from the time the feeble-minded child enters the special class. If a trained social worker with psychological background could act as visiting teacher for the special or ungraded classes, keeping in touch with both child and home, following the child's development, keeping track of his conduct out of school, educating his home to a right attitude toward him, helping him to use the best recreational conditions the neighbourhood affords, when the time came for that child to leave school, the combined knowledge of the teacher, social worker and clinic director ought to give a reliable basis for deciding what should be done with him. They would know what his abilities were, what his chance of industrial success, what his tendencies to antisocial conduct and, if he seemed to demand institutional care, the friendly relationship with the parents built up by the social worker would offer the best possibility of inducing the parents to permit segregation.

(3) The third necessary factor in a system of supervision is a vocational and employment bureau which shall be merely another phase of the mental clinic and the social service. This bureau would not only attempt to place the feeble-minded child in an occupation for which he was fitted, but it would continue to supervise him carefully through the social service worker. Such supervision would do much to keep the feeble-minded child steadily at work, not only because the worker could come in at a crisis to help adjust his difficulties and tide him over a period of discouragement, but because the worker would explain the child to the employer and through her ability to adjust problems as they arose would make the employer willing and able to keep a class of workers who might under ordinary conditions be impossible. The bureau would have to work up the whole problem of employment of the feeble-minded—finding where the feeble-minded child can best be utilized, interesting

employers in the possibility of making conscious use of feebleminded labour, inducing them to try various experiments with such labour under supervision.

It may be argued that this system to be at all adequate would be expensive out of all proportion to the results. In answer to that it may be said in the first place that we know nothing about the results, certainly not from any experience in this country. In England and Germany and one or two other countries, a certain amount of after-care has been tried with rather poor returns in the case of England and apparently good ones in the case of Germany. I very much doubt whether such after-care has been done with any but volunteer workers and under any but fairly haphazard and unscientific direction. It seems to me we shall have no grounds for judging the effectiveness of a careful scientific system of community supervision, until we have given at least a five-year trial.

As a supplement to supervision through the school system, we have in the institutions for the feebleminded, especially those with the colony system and field agents, machinery all ready to our hand for the supervision of institution cases who have improved with training and proved themselves fit for a greater measure of freedom. The institution for the feebleminded is also the logical laboratory centre for the schools in its district, and school and institution might well combine on a thorough-going plan of training and community supervision wherever possible.

That supervision will be expensive, there is no doubt; but there seems to be no way to avoid the expense entailed by the production of the unfit. Segregation is expensive, special classes are expensive,—although perhaps no more so than institutional care for children who are too young to make any return in productive labour,—the feebleminded at large in the community unsupervised are expensive. It is not a question of whether we shall or shall not pay for the care of the feebleminded. It is merely a question of whether we shall pay blindly or consciously, whether we shall pay in crime, in courts, in reformatories, in prisons, in almshouses, or whether we shall pay in directed care calculated to give us the facts which may in time make control and prevention of feeble-mindedness possible.

It may be argued that such scheme is impractical because of the numbers to be supervised and the necessity for real supervision if the plan is to amount to anything.

From one point of view any complicated extensive task involving care of many human beings is impractical, it is never done simply or easily. The effective education of children in schools is a gigantic task, seemingly almost impossible of accomplishment. But we never consider abandoning it because results are not always ideal or economically

profitable. Successful supervision in the community is coming to be the final aim and ultimate criterion of achievement, for the hospital, the prison, the court, the reformatory, and the hospital for the insane. We call these systems probation, parole and after-care, and no one questions their value or measures them by their economic advantage. It really is not a question of whether or not a system of community supervision of the feeble-minded will be simple or cheap. It is a question of when we are going to begin to do this thing which has to be done before we can get any farther with the problem of feeble-mindedness, and how long we are going to flatter ourselves that the money for ungraded classes is well spent while supervision ceases when the greatest need for it begins. There is no use training children for the scrap heap. If supervision is too expensive, ungraded classes are rank extravagance.

Finally, to sum up, a system of community supervision of the feeble-minded in connection with the school system is absolutely necessary for a term of years, (1) in order to deal with the problem of control and prevention of feeble-mindedness while segregation and sterilization are as yet inadequate, (2) in order to get facts regarding the feeble-minded who can and those who cannot be adapted to life outside an institution, (3) in order to determine whether there is anything better than the colony plan for utilizing the labour of the feeble-minded, (4) in order to educate the community to an understanding of the problem, (5) in order to justify the existence of special or ungraded classes and render them really useful, (6) in order to provide an opportunity for the study of the individual cases not *a priori* delinquent or belonging to the group obviously requiring segregation.

Dr. L. Pierce Clark in a recent article* has put the matter in a nutshell when he says: "We shall never arrive at any proper understanding of the causes of prevention of feeble-mindedness until we reconcentrate ourselves anew to the individual case studies and make them thorough and detailed and see where they lead us, instead of studying this class *en masse*, which has been the popular mode of late. . . . Psychopathic traits, or, better, conduct disorders in the mentally-retarded and arrested children, need to be considered and studied on the broad plane of our present-day knowledge of personality and psychiatry".

* MENTAL HYGIENE, v. 2, pp. 23-33, January 1918.

FIRST ANNUAL MEETING OF THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE.

THE first Annual Meeting of the Canadian National Committee for Mental Hygiene was held in Toronto on May 27th, 1919. Members were present from every province in the Dominion, and Colonel Thomas W. Salmon represented the (United States) National Committee for Mental Hygiene. The chair was taken by Principal W. H. Vance, of Latimer Hall, Vancouver.

Reports were received from the Medical Director, the Chairman of the Finance Committee, the Treasurer, and the Secretary. Owing to a train accident, the Chairman of the Executive Committee, Lieut. Col. C. K. Russel, was unable to be present at the meeting, and to give the report of the Executive Committee.

The accounts given by the various officers showed that splendid progress had been made during the last year. Such accomplishments as the Manitoba Survey, the Social Service Course in Mental Hygiene, war work, and investigations concerning immigration, were dealt with at some length.

Colonel Thomas W. Salmon, Medical Director of the (United States) National Committee for Mental Hygiene, gave an address dealing with the value of organized work in Mental Hygiene. In his address Dr. Salmon directed attention toward certain lessons that could be learned from the war neuroses and their management. He explained the nature of the war neuroses using illustrations showing that in most cases they were identical in their mechanism and outcome with the neuroses of civil life. The neuroses generally, he stated, represented an attempt of the individual to adapt. Unfortunately the adaptation, furnished by acquiring a neurosis, while useful biologically, was very often harmful to the individual and to society. The neurotic person seeking refuge from an intolerable situation in real life finds one made tolerable by the neuroses but thereby becomes a sick person and often loses in social and economic efficiency. Dr. Salmon said that the war provided a vast series of experiments in human adaptation and that the most valuable lessons can be drawn from these experiments if they are studied carefully and if the war setting is not permitted to divert attention from the real nature of the phenomena under observation. He described the successful efforts made in the A.E.F. to deal with the war neuroses at their inception or

even to prevent them in men experiencing unusual nervous reactions while under fire. The work of the psychiatrists in field hospitals, the Army Neurological Hospitals (advanced units situated ten or twelve miles behind the line) and the special base hospital for war neuroses were described in detail. These efforts constituted a series of obstacles toward the development of the fixation of the functional nervous diseases. The striking results obtained attracted a great deal of attention. It would be unfortunate, Dr. Salmon said, if this were regarded as only an interesting chapter of the medical history of the war.

Prevalent as the neuroses are in war they are many times more common in peace. The family, the school, and the shop each contributes its quota. Dr. Salmon contrasted the organized effort made in the army to prevent the neuroses or to cure them by early treatment with the almost complete neglect in civil life. The school, he said, corresponded in civil life to the most advanced neurological formation in the army. On the one hand, in war, a skilled psychiatrist had brought to his attention the earliest manifestations of mental disorder and was able to apply preventive or curative treatment. On the other, in peace, similar manifestations meet with no effort whatever at prevention or cure until they reach a severity or fixation which in the Army would result only in return to the United States. He urged the importance of directing attention to these matters in civil life and of creating an organization as capable of dealing with them as the organization for neuro-psychiatry in the Army. This, the speaker said, was a task for mental hygiene and he predicted that in years to come no field of preventive medicine would be regarded as having been more creditable to the enlightenment of the twentieth century than this new attempt to deal with disorders regarded for many centuries previously as only inevitable visitations.

The following were the officers elected for the ensuing year:

President: Lieut. Col. Charles F. Martin.

Vice-Presidents: Lord Shaughnessy, Sir Vincent Meredith, Sir Lomer Gouin, Sir Robert Falconer, Sir William Peterson.

Treasurer: Sir George Burn.

Medical Director: Dr. C. K. Clarke.

Associate Medical Director: Dr. Gordon S. Mundie.

Associate Medical Director and Secretary: Dr. C. M. Hincks.

Executive Committee: Lieut.-Col. Colin K. Russel, Chairman. Dr. Peter H. Bryce, Prof. J. A. Dale, Dr. C. J. O. Hastings, Dr. W. H. Hattie, Lieut.-Col. Vincent Massey, Major J. D. Pagé, Dr. C. A. Porteous, Prof. Peter Sandiford, Lieut.-Col. Charles F. Martin (*ex officio*); Dr. A. H. Desloges, Rev. Principal W. H. Vance, Hon. Dr. W. F. Roberts, Dr. J. Halpenny, Prof. R. G. Revell.

Finance Committee: D. A. Dunlap, Chairman. Sir George Burn, J. B. Holden, Esq., G. H. Ross, Esq.

The following new members were elected for the ensuing year: C. C. Ferguson, Esq., Winnipeg; R. W. Craig, Esq., Winnipeg; George F. Chipman, Esq., Winnipeg; W. P. Dutton, Esq., Winnipeg; Mrs. Charles Thorburn, Ottawa; Hon. Mr. Justice Blondin, Ottawa; Mrs. W. E. Sanford, Hamilton; Dr. Bruce Taylor, Kingston; Sir Auckland Geddes, England; Dr. L. Harwood, Montreal; Dr. Simard, Montreal; Prof. Carrie Derick, Montreal; Miss L. W. Barry, Montreal; Dr. Chagnon, Montreal; Archbishop Bruchesi, Montreal; Lieutenant Governor Grant, Halifax; Hon. E. H. Armstrong, Halifax; Hon. R. M. McGregor, New Glasgow; Dr. F. E. Lawlor, Halifax; Dr. E. Brison, Halifax; Rev. Dr. McPherson, Antigonish; L. Crease, Esq., Vancouver; Bishop Macdonald, Vancouver; Rev. Dr. Cutten Wolfille, N.S.

REPORT OF MEDICAL DIRECTOR.

The Canadian National Committee for Mental Hygiene has now been in existence for a year, and it is pleasant to report that such excellent work has been accomplished in spite of the fact that a great deal of time has been monopolized by the necessities of organization. The launching of a new enterprise always requires energy and patience, and your officers felt that so much depended on the elaboration of a carefully devised programme that they devoted every energy to the accomplishment of this.

The opportunity to show how well this had been done came when the proposition to make a thorough survey of social conditions in Manitoba reached us. At the request of the Public Welfare Commission of the Manitoba Government, we carried on this survey and made an elaborate report on the conditions found there. Part of this report has already been made public by the Welfare Commission and, as the recommendations suggested are being put into force, the Committee may rest assured that if nothing else had been accomplished during the year the Manitoba survey would alone justify its existence.

Bringing to bear, as it did, opinions not tinged in any way by local prejudice or political exigency, the National Committee workers were able to face their problems with open minds, and having the idea of reconstruction present, could do something more than make destructive criticisms.

The Manitoba Government showed courage in facing their difficulties and the result is not difficult to anticipate. Right thinking people are becoming tired of politicians, juggling for position and refusing to initiate reforms except at the point of the pistol.

The Western Provinces of Canada are showing the deepest interest in all social problems, and already the Government of British Columbia has

asked the Canadian National Committee for Mental Hygiene to undertake a survey similar to that made in Manitoba. This will be made, it is hoped, in June.

Your Medical Director at the request of the Soldiers' Civil Re-Establishment Bureau made a complete survey of all Western hospitals for the insane, where soldiers were confined as patients. This really meant a visit to every hospital for the insane in the Provinces of British Columbia, Alberta, Saskatchewan and Manitoba. The information gleaned during this inspection was of the greatest interest and gave a bird's eye view of the condition of affairs in connection with the insane in the Great West. It made clear the fact that the National Committee has an important work to do in the way of making suggestions regarding reconstruction. The people of the West are anxious to co-operate, realizing that the time has come to develop a new and better state of affairs in connection with the care of insane and defectives. This criticism might be extended to include the whole of Canada, as even in the older provinces the tendency has been to lag when the treatment of the insane is considered. Custodial care is the one thing generally aimed at, and even in this particular, justice has not always been done.

The hospitalization of institutions for the insane has not been accomplished except in rare instances, and it must be frankly admitted that as long as provincial governments are in control of the situation it will be difficult to force public opinion to act. The only hope for a betterment of conditions is to be found in the appointment of independent Commissions made up of men who have the interests of the insane alone, at heart. When such Commissions are established a different state of affairs than that existing at present will come about, as political expediency will cease to be the controlling force that it is at present. Asylums for the insane will then reach the high level at present occupied by general hospitals, and preventive measures will be adopted in a manner to likely produce results.

The war has brought to the surface the possibilities of occupational therapy and although Canada was the first to demonstrate in a few of her institutions, what could be accomplished by a proper development of industries in hospitals for the insane, the movement never became general, and in some instances early efforts failed as soon as the inspiration was removed. The policy of the National Committee should be that of developing interest in all of these hospitals in the establishment of clinics for the early treatment of incipient cases of mental disease.

The improvement of custodial institutions by the adoption of advanced curative measures, the careful treatment of individual patients by the most modern methods such as hydro therapeutics and occupational therapy, the thorough training of women nurses to take charge of nearly

all types of mental cases, the development of social service departments to educate the public to the importance of after care, as well as prevention, etc. The educational side of the programme is probably the most important on the list.

Realizing the importance of educational propaganda, the committee interested the Canadian Army Medical Corps in the problem of employing trained social workers in connection with various neurological units. Surgeon-General Fotheringham complied with our requests, and in two units workers of the type recommended were appointed. Their usefulness has been demonstrated beyond question, and so striking was their success that it was felt advisable to interest the Department of Soldiers' Civil Re-Establishment in a similar scheme. They saw the wisdom of this policy and also took advantage of the offer of the National Committee to develop a Social Service Course in which field work and training in psychiatry were made a special feature. Through the cooperation of the University of Toronto, the Department of Public Health of Toronto, the authorities of the hospitals for the insane at Toronto and Mimico, the Social Service Department of the Toronto General Hospital, etc., this course was rendered possible. The Department of Soldiers' Civil Re-Establishment sent no less than thirty-two nurses from all parts of Canada to obtain the training provided, and eighty-five students in all took advantage of the opportunity presented. This was gratifying as the venture was a new departure, and as only one such course had ever before been attempted in America, there was a fear that such a novel development might fall flat. The result proves that the people of Canada are deeply interested in the new movement to make mental hygiene a live issue, and although it was not possible to advertise the course as thoroughly as could have been wished, already inquiries about the possibility of repeating it next year are being received. The students express themselves as impressed by the importance of the topics discussed, the experience gained, the new point of view opened to them, etc., and it is evident that all will be helpful in moulding public opinion to an appreciation of the importance of the mental hygiene movement. If Social Service Departments of universities are to be successful they must make their courses of the same character as this Extension Session staged by the University of Toronto at the request of the National Committee for Mental Hygiene.

The investigations of the past year have more than ever demonstrated the possibility of the National Committee playing a most important part in the development of a great nation. Immigration is bound to loom up as a storm centre more and more as new conditions develop after the establishment of peace. We must have people to develop the magnificent heritage we possess, but never before has the

demand for an immigration carefully supervised been so evident. What we have learned in the different provinces has been verification of the belief that the immigration laws have not been wisely administered in the past. Of course, it is insisted that we lay too much stress on the apparently large number of defectives and insane met with, owing to the fact that we go out of the way to find them, and are inclined to exaggerate the number. Such criticism is without point, as our findings have been made over a very large territory, and are so constant that the possibility of error cannot enter into the calculation. Then again it is only among social workers we can get useful expressions of opinion. Their facts are gathered in the field rather than in the sanctum of the theorists, and after all, stubborn facts will not be downed. To illustrate the point. Some of the statements made by us regarding the necessity of a more careful supervision of the individuals brought to Canada by certain Homes met with a storm of protest, and it was thought that we were discouraging laudable efforts of a high character. Nothing could be more remote from the truth. Much as the desire to give certain unfortunate children a better chance in a new country is to be commended, it is only too evident that in our desire to aid a great humanitarian movement we should not allow ourselves to have imposed on the country a group of defectives who are a terrible menace to any community to which they go. There is among social workers all over Canada a belief founded on facts, that certain types of immigration such as that referred to, call for the most careful supervision. The reply is made by those interested in bringing these children to Canada that they are not only cautious in the selection of their wards, but their figures will show results not to be gainsaid in favour of the methods adopted. Our facts show that their follow-up system is not satisfactory. Take for example, the shocking facts that have come to light in the Toronto General Hospital where in a very short time no less than thirty-two girls of immoral type have come under observation, nearly all unmarried mothers, many of them prostitutes and suffering from venereal disease, and all of such mental type that they should never have been permitted to enter Canada. The burden imposed on this young country by even this group is a monstrous one, and no matter how strenuous the opposition may be to a thorough investigation of all applicants for admission to Canada the duty of supervision should be undertaken fearlessly and with the desire to protect the best interests of the portion of the kingdom.

This question of the admission of foreign born defectives has been brought into prominence by the survey now being made by us of the public schools in Toronto, where it is possible to make a fair estimate of the actual conditions. Enough has already been learned to convince us that the work of inspection was improperly done at the ports of admission

as numberless cases of obvious mental defect of foreign birth are to be met at practically every school visited. When what is seen in one centre alone is multiplied as frequently as it must be to give the exact truth, we are astounded at the size of the problem to be grappled with.

This local survey also brings to mind the truth that the whole school population of Canada should be inspected by competent psychiatrists with the idea of effecting an organization which would free teachers from the unnecessary burden of attempting to do the impossible, and normal children from the danger of association with those who may easily contaminate them. When it is pointed out that the school population of Toronto is something over 80,000 the magnitude of the task undertaken may be appreciated.

The establishment of a Journal of Mental Hygiene was inevitable as it forms the necessary link to keep in touch with the reading public which must be informed of the work being done. The first number has elicited praise wherever it has gone, and there is no reason to doubt the necessity of publicity in such a movement as that of Mental Hygiene for, after all, people are moved much more easily by specific facts rather than general statements. Not only that, we must have some means of recording and preserving the results of our many endeavours.

So much has the importance of publicity impressed itself on us that the Medical Director has written several series of articles on social problems giving facts and figures regarding the work being carried on. These have been published chiefly in the West and have brought the work of the Committee prominently before people who are interested.

Many other important matters were dealt with, and it is more than evident that it will require every resource available to keep up with the programme outlined.

SECRETARY'S REPORT.

When the Committee was organized a year ago it was evident that there were perplexing problems of a serious nature in Canada that would demand our immediate attention. The most pressing problems were those connected with mental and nervous disability in the Canadian army, with immigration, and with the prevention, control, and adequate treatment of mental abnormality from Halifax to Vancouver.

In the hope that this organization could achieve material success in its important national work, moral and financial support was freely given by many eminent Canadians. They gave assistance on the understanding, however, that it would not be the aim of the Committee merely to carry on a campaign of educational publicity. A man in the city of Quebec expressed this sentiment clearly when he said, "You may flood the country with useful literature, but that will not necessarily be an

index of accomplishment. Real progress will be demonstrated by increased facilities for treating and preventing mental disorders in the army and among civilians, and by securing adequate methods of debarring from Canada mentally unfit immigrants."

With the comment of this practical business man of Quebec in mind, have we, as a Committee, made progress during our first year of activity? In a very few words I will state what has been accomplished.

I. Army.

We have succeeded in improving the care and treatment of returned soldiers suffering from mental and nervous disability. Through our efforts the hospitals of Western Canada caring for these men have been inspected, with the result that better treatment is being secured in many of these institutions.

At our suggestion, soldiers who have been discharged from hospitals for the insane will in future be supervised in their homes by workers that we have ourselves trained. This measure will tend to prevent relapse.

In two military districts we secured social workers whose home investigations assist physicians in making diagnoses, and in making the best disposal of cases.

II. Prevention, Control and Treatment of Mental Abnormality.

As a result of our Manitoba Survey legislation was passed to put into force recommendations that will place Manitoba in the van in Canada, in preventing and treating mental abnormality.

Another provincial survey has been planned for British Columbia.

The Committee has conducted intensive studies in Toronto and Montreal as a preliminary measure to complete surveys of Ontario and Quebec.

We are employing a trained social worker at Longue Pointe Asylum, Montreal, the largest hospital for the insane in Canada. Here work should demonstrate the clinical and economic value of social service among the insane, and should be the starting point for the introduction of social service into every hospital for the insane in Canada.

III. Immigration.

The Committee has collected data demonstrating the dire results that have come to Canada following the old-time methods of immigration inspection. At our request, Professor Smith is writing a book on the subject. The effect of our work has already been felt in Ottawa, and was in some degree responsible for recent progressive legislation.

POLICY FOR THE FUTURE.

1. *Organization of Committee.*—Past history has demonstrated that our Committee has been organized on a sound basis, and is admirably suited to carry on the national work. We must thank the National Committee for Mental Hygiene of the United States for leading the way and for giving us the idea that we have followed with success.

2. *Finance.*—Experience has taught that we need an annual budget of at least \$40,000. With less money our work will tend to be local and not national. We must perforce do much travelling, because Canada is a big country. Last year your salaried officers travelled 60,000 miles in Canada—and travelling costs money these days. While \$40,000 is no doubt a considerable amount of money, I believe that it could not be spent to better advantage than through the channel of our committee. Our rate of interest or dividends in practical social betterment in this country is high.

3. *Surveys.*—If Manitoba is a fair demonstration of the value of Provincial Surveys, we should conduct similar studies in all of our nine provinces. It is my belief that if this work is performed we will transform the entire method of dealing with abnormals from coast to coast, and place Canada equal, if, indeed, not ahead of any other country in the world in practical Mental Hygiene.

4. *Immigration.*—Our Committee has demonstrated that it can be of help in immigration. Its value in the future lies in evolving a practicable plan of immigrant inspection, and of training officials for their work. Indeed, this assistance has been requested by the Minister of Immigration and Colonization.

5. *Extension of Committee's Work to include Mental Hygiene for Normals.*—Without in any way neglecting the problem of mental abnormality, we can, if funds are available, conduct useful studies in Industrial Psychology, Educational Psychology, and Psychology of Recreation. Such studies are urgently needed in Canada at the present time. For example, studies in Industrial Psychology might point the way to the prevention of industrial unrest. Studies in recreation might demonstrate how unhealthy excesses could be replaced by healthy activity; and educational research might show more clearly the defects of past methods and the way to a better system.

CONCLUSION.

In conclusion I would like to thank the friends of the Committee for their support and encouragement during the past year. Our office files are full of congratulations, well wishes, and helpful suggestions. Under such circumstances your officers have been stimulated in their work, and their endeavours were made enjoyable.

I want to thank Colonel Salmon for journeying at this time to Toronto. No man on this continent has done more to put into practice on a large scale the principles of Mental Hygiene. His work in France with the American troops was a remarkable demonstration of the value of modern mental hygiene methods. His work in the United States prior to the war is too well-known to need comment. He has come to us at a time when he can help us most materially in shaping the policy of our Canadian Mental Hygiene Movement. I hope that when he leaves, he will feel that he has many friends on this side of the border, and will feel constrained to pay frequent visits.

SPECIAL AUXILIARY CLASSES*

MRS. W. E. GROVES

School Trustee, Board of Education, Toronto.

WHEN the Committee from this Board appeared before Mr. Justice Hodgins, at his request, to consult with him *re* the problem of the mentally defective child, the attitude of his Lordship seemed to be one of disappointment that this Board had done nothing towards dealing with the problem. As I was leaving the next day for the United States, and expected to be in both the States of New Jersey and New York, I told the Judge I would, as far as I could, find out how the Boards of Education in these two States dealt with the problem, and as this Board has asked for my report, I give it with a good deal of pleasure, for I feel that the United States is far in advance of us in this particular.

I found that in both these States a great deal of thought was given to the varying needs of the different children in the same school. There were four kinds of special classes that I visited, and I should like briefly to refer to three of them, before touching upon the classes for the sub-normal children.

1.—THE TERMAN CLASS.

This is a class for the unusually bright child, and has been named (for want of a better name) after Dr. Louis Terman, who wrote "The Measurement of Intelligence". It is argued that the schools have taken care of the lower types of intelligence and the average types, and as these specially bright children are going to be society's greatest asset they are entitled to progress at the rate of speed that is desirable and normal for them. If defective children of ungraded classes were worthy of a course of study peculiarly adapted to their limitations certainly an enriched curriculum ought to be provided for children whose capabilities extended to the highest degree of attainment. These children go through school rapidly; thus, it becomes a matter of economy. The ratepayers will appreciate that phase of the matter.

It was interesting to me to hear how these classes began. Some years ago a psychologist was appointed by the Public Education Association of New York City to make a comparative study of the ability of the retarded children in the first grade and an equal number of so-called

*Report furnished Toronto Board of Education, June, 1919, by Trustee (Mrs.) Groves, following visit to various Auxiliary Classes in the United States.

average children. She discovered a boy who had attended school about one month. His mental age was two years ahead of his chronological age. His physical development was superior to the average child. He was promoted as soon as he acquired the essential features in each grade and without any conscious effort on his part, he accomplished the work of nine grades in two years. He was especially fond of outdoor sports, took his school work as a matter of course and showed no indication of special interest in his books or in his study. It was not long before other children of unusual ability were discovered. A special class was formed as an experiment.

I visited several Terman classes, and in every one I was pleased with the type of child. All looked healthy and all were well developed physically. On the face of each it seemed to me that I detected an unusually bright, alert look. They were doing work that was largely original. I found one class writing little lyrics that described the work of Florence Nightingale. A girl sang for me a song, and both words and music she had composed. Another danced a folk dance which she had arranged.

The teachers of these classes are carefully chosen. Each teacher must show initiative, ability to meet new situations, she must lead the children to follow high standards, and her scholarship must show superior merit, especially in language.

A hard and fast rule has been laid down regarding the children of the Terman classes; it is this, that no pressure of any kind must be brought to bear upon them.

These classes are only in their infancy. So far they are but in the experimental stages. An opinion regarding their value to the child and to the community will carry much more weight twenty years from now than at the present time. No one can come to a definite conclusion regarding their ultimate good. But there is this to be said about them, many of the pupils bid fair to becoming quite above the average. One girl has shown special skill in technique in playing the piano. One boy is making marvellous progress in his law studies. Another is becoming known as a linguist—already has a large vocabulary in many tongues. Another has won many prizes in art, her work in crayons and in clay having won for her prizes in Wanamaker's.

2—THE CLASS FOR NEUROTICS.

This class was held in an open-air schoolroom. The children were of the highly-strung, nervous type, their mentality was not particularly low. The teacher explained to me that at times many of them appeared quite normal; then without any apparent reason they became restless, unmanageable, nervous and hysterical. The Psychiatrist had given

it as his opinion that a large percentage of these pupils would end their days in an asylum. In the meantime they were receiving special care at the hands of a kind, quiet, low-voiced teacher. Cots were provided, and at stated times the children took their rest, lying on a cot and sleeping, if they felt so inclined. The municipality provided milk, and each child had a cup of milk in the morning and one in the afternoon. Many of the children after having spent some time in this class were able to go into a restoration class and then back to their grades, apparently cured. While I was in this class, I was startled by seeing a child dart out of his seat, run around the room, exclaiming excitedly, "You can't catch me!" The teacher replied in an even tone as though nothing unusual had happened, "Nobody is trying to catch you, Sammy!" and Sammy resumed his seat. The teachers expressed themselves as being quite certain of the value of this class to the neurotic child.

3.—THE RESTORATION CLASS.

It sometimes happens that a mistake is made by the Psychologist who applies the Binet tests. A child who has given every evidence of being mentally deficient may prove to his teacher afterwards that his mentality is not low, but that for some other reason he failed in his tests. His knowledge of English may have been poor, his eyesight or his hearing may have been defective, or he may have been too nervous to have understood the questions asked of him. The teacher finds this out and he is sent to the Restoration Class, given special teaching, and as soon as he is able he is placed in the grade where he rightfully belongs. Many of the neurotic children by passing through this class after they are dismissed as cured are able to pass into a regular grade.

4. THE CLASS FOR THE SUB-NORMAL CHILD.

The schoolmen of Newark, N.J., are very fond of telling the visitor that in the matter of dealing with the sub-normal child Newark holds front rank. Whether that is so or not, I am not prepared to say. Certainly, I saw remarkable work along this line. The law of New Jersey demands that where a child is three years below normal he must be placed in a special class, where only fifteen may be enrolled, and a specially-trained teacher must be placed in charge of the class. This has involved considerable expense, usually about threefold in the cost per child. What has been the justification for this expense?

1st.—The regular teacher has been relieved of the burden of dealing with these children. Consequently she has been better able to deal with the normal child in her class.

2nd.—It lies in the opportunity that these classes offer as experiment stations. Here we see a frank attempt to adapt the course of study to the needs of the pupil.

3rd.—It offers the sub-normal child an educational opportunity.

It was most interesting to me to see how they arrived at conclusions in regard to the mentality of the child. In the Robert Treat School in Newark I met Dr. Maxfield, an eminent psychologist, who invited me to attend his clinic. In this clinic he decides the Intelligence Quotient of the child—that is the Quotient derived from dividing the aggregate mental age (reduced to months) by his aggregate chronological age (reduced to months). Some idea of the child's mental age may be gained from the school records, then the Binet tests are applied, and so the psychologist is able to form a conclusion as to whether the child is of average ability, below the average, or above the average. I saw Dr. Maxfield deal with several sub-normal cases, and some border-line cases. I have with me copies of many of the tests applied that may be of interest to the members of this Board. He commenced with a board that had spaces of different shapes, and into these spaces the children fitted corresponding figures. Some accomplished it perfectly, and at once. Others fumbled away at it. I saw children trying to fit a square block into a round hole and looking quite surprised to find they did not match. To the children it was all play, and any nervousness they might have felt was dispelled by Dr. Maxfield's manner. There were cut-out puzzles. In one was a picture of a boy dressing. He had one boot on, and a square was cut out for the child to fill in. Some at once supplied the missing boot. I saw one boy trying to fit a head where the boot should have been.

These Binet tests convince the psychologist that there are several grades of these sub-normal pupils, and he tries to place them, as nearly as possible, in classes suited to their needs.

I visited Binet School Number Two, Newark. Here they have an enrollment of one hundred and twenty, and all are subnormal. Very little academic work is done in the school. An effort is made to teach the children to read and write, but most of the children are of such low mentality that even that is not possible. Physical culture is taught, folk dancing, singing and a great deal of handwork is done, and all the shops are in charge of women. I asked the Principal why that was. She laughed as she replied: "We have yet to prove that men have patience enough to deal with the problem". In the toy shop I saw wonderful toys being made. Jointed clowns that danced when you pulled a string, kiddie cars, waggons, dolls' furniture, dolls' beds, for which the girls in the domestic art department made the mattresses and the bedding. In one room I saw the children weaving on a hand loom, and very expert

they were. Little girls were making underwear and middies for themselves, in some cases edging the garment with crocheted lace. Both boys and girls were doing raffia work. The city supplies milk for the children in this school free, and the Domestic Science prepares a lunch that the children may buy at cost. As the accommodation is limited, there is a long waiting list of pupils.

In New York City there are four thousand sub-normal children being cared for in the schools. Miss Elizabeth Farrell, the supervisor of special classes, is asking for three hundred and forty more classes. She told me she did not expect to get them, and if she did she did not know where to go to get teachers, for the teachers of these classes are specially trained. The School Board gives them leave of absence with salary, and they go away to training school for this special work.

In Public School Number Sixty-Four, Manhattan, I saw different grades of the sub-normal classes. I spent a good deal of time in the ungraded classes, where the children do nearly all shop work. The psychologist discovered a boy of ten who was mentally only two. It was impossible to teach him any academic work, so the teacher did not waste much time trying. Many other children were discovered whose intelligence was on a par with his. These children were the lowest types mentally in the school, and their work is almost all handwork. The teachers try to give them just enough academic work to be a sop to the parents. The Principal, Mr. Louis Marks, told me of how they overcame one difficulty in connection with this ungraded class. The other children discovered that these children were not very bright, so they christened it "the dippy class", and called the children "nuts" and "squirrels". The name of the class was immediately changed to Junior Shop and these children were given special privileges. The Cristodora House and the Boys' Club in the neighbourhood allowed them to belong to the gymnasium and also to use the swimming pools. The day I was there a perfectly normal boy, feeling that he was missing something, asked Mr. Marks what he could do to pass into the Junior Shop.

I said to Miss Farrell: "Why do you segregate the subnormal children?" This was her answer: "First, for the sake of the normal child, who should not come in contact with that type; second, for the sake of the teacher, who should not have to be worried with mental defectives; and third, for the sake of the sub-normal child". "Is it worth while?" I asked. "Do the results justify the expense of this special training, not from the standpoint of the normal child, nor from the standpoint of the teacher, but from the standpoint of the mental defective?" And once more she answered: "Fifty per cent. of these children are able to live in the world and do the world's work, after having passed through our special classes".

After a mental defective has left school, the work of the school is by no means ended. Special officers are appointed who follow up the cases. One of these officers visits each home where there is a mental defective, confers with the parents, tries to obtain employment for the ex-pupil, enlists the sympathy of the employer, in short, acts, not as a detective, but rather as a "guide, philosopher and friend" to the poor unfortunate.

I should like in closing to give a few figures that were to me rather enlightening.

The average wage in New York City for the mental defective who passes through one of these special classes is Ten Dollars per week. The highest wage paid to any one of them is Thirty Dollars a week. This sum is earned by a low-grade idiot, but faithful and industrious, who works in the subway, but who is paid in accordance with the risk he runs. His is very heavy manual labour.

Eleven out of 600 of these mental defectives are sent to Penal Institutions. Thirty out of 600 have to be cared for in Custodian Homes. Six out of 600 end up in Hospitals for the Insane.

Thirty per cent. are Jewish; 30 per cent. are Italian; 12½ per cent. are Negroes; 17 per cent. are Slavic, leaving only about 10 per cent. who are children of white American parents. It seems to me that these figures are sufficient to suggest to Canada that she guards well her ports of entry.

(Referred to the Special Committee appointed by the Board *re* Auxiliary Classes, June 19th, 1919.)

MENTAL DEFICIENCY IN RELATION TO VENEREAL DISEASE*

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IN order fully to appreciate the importance of the question of venereal disease in relation to mental defectives, it is necessary to bear in mind the essential characteristics of this class.

Mental deficiency, or amentia, is a condition of arrested or imperfect development of the mind. It occurs to the extent of approximately one such person in each 248 of the general population; the total number of mental defectives of all ages in England and Wales in the year 1906 being estimated at about 139,000 individuals. Of this number it is probable that rather less than half are females, and rather more than half males.

The condition is divided into four groups, respectively known as idiocy, imbecility, feeble-mindedness and moral imbecility. The *idiots* and *imbeciles* are the most deeply defective. They are practically incapable of following any useful occupation, they cannot protect their own interests, and the idiots cannot even guard themselves against common physical dangers. Idiots and imbeciles together only comprise about one quarter of the total number of defectives, and, since venereal disease is exceedingly rare amongst them, they need not be further considered here.

The *feeble-minded* are the most numerous of all defectives, and, as a class, stand on a decidedly higher plane than the imbeciles. They can do useful work and are capable of being employed in many simple, routine occupations. But they require more or less supervision in their work and many of them are so irresponsible, wayward and undependable that employers find them almost more trouble than they are worth. Their chief defect, however, is one of wisdom. Although they may earn money, they are quite incapable of laying it out so as to provide for their wants. They can rarely learn from their mistakes or profit by their experience. Many of them are gentle, confiding, simple creatures, who will fall in with any suggestion made to them, whether for good or for evil, and are thus quite at the mercy of their environment. If this is good they will lead placid, harmless, contented lives; if it is bad they

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will just as readily lead a life of immorality or crime. They have no ambition and make no plans for the remote future, and if they did, they would not have the strength of will or the necessary wit to achieve them.

The *moral imbeciles* differ from the feeble-minded in two important respects. First, intellectual defect is usually much less obvious. The term imbecile, indeed, is somewhat liable to give rise to misconception regarding this class, for few of them are imbeciles as the word is ordinarily used, and many of them evince a considerable degree of intellectual ability or even brilliance. They are imaginative, cunning, adepts at inventing and carrying out schemes and capable of giving most plausible explanations of their behaviour. Many of them are well-favoured and of quite attractive appearance, quite unlike the ordinary ament. Secondly, and most important, they have no moral sense. They are fundamentally incapable of appreciating the difference between right and wrong; they have no conception of honour, honesty, morality or any social virtue. They will lie, steal, injure and destroy without the slightest compunction or shame, and they will persist in these actions whenever they get the chance, without being at all deterred by any recollection of past, or thought of future, punishment. They are inherently incapable of conforming to the legal and moral codes of society. In addition, a considerable number of this class have pronounced erotic tendencies. Their defect, however, is not only moral. In spite of their plausibility and seeming intelligence, the fact that they persist in a course of action which has in the past brought punishment, and which will inevitably bring punishment again, shows that they also, like the feeble-minded, are lacking in the wit and wisdom necessary to manage their affairs, to protect their interests, and to control their present desires for the sake of future advantage.

It is obvious that these two classes of the feeble-minded and morally defective are characterised by certain defects and tendencies which will result in their readily contracting and spreading venereal disease, should the opportunity occur. For, whereas the normal girl, if properly instructed, is able to realise the dangers which may result from illicit sexual intercourse, the feeble-minded one is not. Whereas the normal girl is usually able to resist more or less chance solicitation, the feeble-minded one is not. And whereas the normal girl who has happened to fall and contract venereal disease has usually (unless she is a professional prostitute) learned such a lesson that she is not likely to repeat the offence—the feeble-minded one is lacking in the capacity to profit by such an experience. Her very defect renders her unconscious of the risk she may run in yielding to suggestion, indifferent to and unashamed of the state she is in, oblivious of the effect it may have upon her health,

and of the need for seeking treatment, and undeterred from yielding to subsequent solicitation.

The likelihood of the morally defective girl contracting and spreading venereal disease is even greater. For whilst the feeble-minded girl is usually a weak-willed, passive, simple creature, who readily yields to suggestion when it comes in her way, the morally defective one is usually an active, energetic, attractive and utterly irresponsible girl whose erotic tendencies impel her to go out of her way to seek sexual intercourse; and, having contracted disease, she is just as regardless of the consequences, and even more unashamed than is the feeble-minded. From being non-moral, she has become definitely immoral, and she will become an even more active agent in the dissemination of these diseases.

There is no doubt that opportunities for the sexual intercourse of these two classes have been greatly increased in consequence of certain conditions created by the war. In the first place, many feeble-minded girls are now much less under adequate supervision. This is due to the fact that they are employed under circumstances which admit of their greater freedom. Owing to the number of men called up for military service, and the number of men and women who have left their ordinary occupations to engage in special work in munition factories and elsewhere, the lower ranks of labour have been greatly depleted. This has provided employment for many feeble-minded girls who were formerly at home; they are now earning wages, they have become independent, and this independence has resulted in increased liberty. For they are subject to no organised oversight; even the feeble-minded domestic servant has her night out, and the girl who is employed on the land or in the factory is subject to even less supervision. The same remarks apply to an even greater extent to the morally defective girl. But here, in addition to the readiness with which these can now obtain employment, the effect of which is to make them quite independent and to increase the intractability and intolerance of control which is such a marked feature of this class, the conditions are such as readily to conduce to a life of prostitution, and it is unquestionable that many moral defectives now earn a living by this means.

The country is flooded with young men who are for the most part away from their families and the ties of home. Many are on leave from the front, others are undergoing training in vast military camps and are free in the evenings to seek their pleasure in the nearest town. And the War has not only broken down many social barriers; it has loosened, or abolished many restraining conventions which formerly obtained. It has brought about a greatly increased companionship and freedom of thought and speech and behaviour between the sexes, and it cannot be doubted that it has greatly increased the tendency to illicit sexual intercourse.

Knowing these conditions, and bearing in mind the special defects and propensities of the two classes I have described, I think we should inevitably be led to certain conclusions. We should expect that, owing to their erotic tendencies or weakness in resisting suggestions, sexual intercourse would be relatively more rife in the case of those girls who were morally and mentally feeble than in the normal; consequently we should expect to find a relatively greater prevalence of venereal disease in these two classes. But, as we have seen, these persons have not the capacity to learn from experience like the normal girl; they neither fully appreciate the state they are in, nor are they deterred thereby from further lapses, we should therefore expect them to play a relatively greater part in the dissemination of these diseases. Is there any evidence that such conclusions are justified?

As will readily be understood, there are few conditions regarding which it is naturally more difficult to obtain reliable data; and, as a matter of fact, I am unaware of any extensive series of statistics dealing with the incidence of these diseases either amongst the normal or the mentally abnormal sections of society. As a result of my own experience, however, supplemented by some enquiries which I have made elsewhere, I have no doubt that these *a priori* conclusions are fully justified, and that mental defectives do indeed play a part of the utmost importance in contracting and spreading these diseases.

I have noticed during the past two years that, of the mentally defective girls coming into a rescue home of which I am the physician, many now have venereal disease. I have ascertained that this has often been of some weeks' duration, and that during this time these girls have been engaging in promiscuous sexual intercourse, and I have not the slightest doubt that during this time they have spread disease to a considerable number of healthy persons. In illustration of this point I may briefly mention the following case which has quite recently come under my notice, and which, I believe, is but typical of many throughout the country.

A well-developed and attractive-looking girl of 16½ years was apprehended by the police on the charge of frequenting a soldiers' camp for immoral purposes. She had had several situations, each of which she had only kept for a short time, and for some weeks before being arrested she had been frequently in the company of soldiers. She was placed on probation and sent to a training home. After being there a short time she absconded with the clothes of another inmate and several articles of jewellery. For a time she lived upon the streets, she was then discovered by her relatives and prevailed upon to return home. After a short interval she ran away from home, stealing her sister's clothing, and for some weeks she again roamed the streets. She was then arrested

by the police and charged with theft. On examination by the police surgeon, she was found to have venereal disease. I was called in to enquire into her state of mind and found her to be a pronounced moral imbecile with strong erotic propensities. On my evidence, the magistrates directed that she should be remanded to a "place of safety" and a petition presented under the Mental Deficiency Act. The only suitable place of safety which could be found was a lock hospital and to this she was accordingly sent. After being here a fortnight she again made her escape, taking with her another defective girl who was also under treatment. She roamed the streets of London for 10 days, and from what I know of her amorous nature, and her particular penchant for soldiers, I have not the slightest doubt that she was spreading venereal disease to 4 or 5 soldiers every day she was free. Finally she was again arrested, charged and sentenced to two months imprisonment, which she is now serving. The local authority have secured a vacancy in an institution and intend to present a petition before she is again set at liberty; but there is no doubt that had she been detained earlier, very much harm to the community would have been prevented.

I have mentioned this case, not because it is unusual, but because I believe it to be merely an illustration of what is now going on throughout the country. As a matter of fact many similar cases have come under my own notice several of them being in girls of good social position and family connections. In my opinion the contraction of venereal disease by the normal girl is relatively a more or less exceptional incident (although the total number affected is doubtless considerable), but the contraction and spread of venereal disease by the moral imbecile is the rule, and, so long as she is free, a result which is almost inevitable under the present conditions.

In order to obtain further evidence as to the incidence of venereal disease in the mentally defective, I communicated with the medical officers of the Lambeth Infirmary and the Lock Hospital. Dr. George F. Stebbing, of the former, who has taken a great interest in this question, says that a very large number of girls are treated in the infirmary for venereal disease, and that, in his opinion, it is within the mark to say that more than a third show recognizable mental defect. He does not think there is any doubt that I am correct in considering that the incidence of these diseases is decidedly greater in the mentally defective than in the normal population. Dr. Stebbing further states that he has seen several cases that have returned more than once with re-infection, often bearing more than one illegitimate child. Dr. Murphy, of the Lock Hospital, says that in his opinion at least 50 per cent. of the cases passing through the hospital are mentally deficient, although the number actually certified as such is very small.

Although it is not possible to quote any extensive series of statistics, I think it will nevertheless be clear, from what has been said, that the question of mental defect and venereal disease is one of very great national importance and urgency. The question now arises as to what means we have of dealing with these cases.

It is to be remembered that the class to whom we are now referring are not mentally normal. They suffer from a defect of mind which is not only well known to the mental specialist, but which is now recognized by the law of England. For this defect they are not responsible, and it is not punishment but *protection* which should be meted out to them.

To a considerable extent such protection is afforded by the Mental Deficiency Act of 1913, and there can be little doubt that had this Act been adequately administered before the war, much of the evil we are now considering would have been averted. Unfortunately this was not done and it will not be inopportune briefly to consider the causes of this, in the hope that, even now, steps may be taken under this Act to prevent further evil. The chief provisions of the Act will be described presently; it may be remarked here that its object was the two-fold one of affording protection to the mentally deficient against certain inimical elements in society and of affording protection to society against the irresponsible depredations and anti-social propensities of certain of the mentally deficient.

The administration of the Act is in the hands of a Central "*Board of Control*" and various "*Local Authorities*". The former is a Government department and its duties are chiefly those of general supervision. The local authorities are the county and county borough councils and their duties are chiefly administrative; they are required to ascertain what persons within their respective areas are defectives, subject to be dealt with under the Act, and to provide suitable accommodation and supervision for such persons. The Board of Control, whilst paying due regard to the recommendations of the Committee on public retrenchment, are keenly anxious to secure adequate provision for all cases of real urgency which can be dealt with under the Act, and in a recent circular they have defined the conditions which may be held to constitute "urgency". It is doubtful whether all mentally defective persons suffering from venereal disease would come within these definitions, but there is little question that the Board would favourably consider any applications for dealing with special cases of this kind which were made to them. The circular expressly states: "In doubtful cases, however, or special cases outside the definition, where the circumstances are such as, in the opinion of the local authority, to justify their being classed as "urgent", particulars should be submitted for the Board's consideration before steps are taken".

There can be no question that the chief reason for the present very unsatisfactory state of affairs lies not in any defect of the Act, nor of the Board of Control; but in the neglect of the local authorities to administer the Act. This is shown by the fact that although the Exchequer was prepared to pay the sum of £150,000 per annum to local authorities for this purpose, in the year 1917 only £79,000, a little more than half this sum, was actually utilized. There are, it is true, some authorities who have realized the importance of, and discharged, their duties; indeed these have been unable to cope with all the urgent cases in their area for the reason that they have exhausted the sum allocated to them by the Treasury, and a reconsideration of the financial arrangements of the Act is a pressing need; but the majority of local authorities have been content to let the administration of the Act remain in abeyance, and I cannot but feel that this is a most shortsighted policy and one which is the reverse of economical. There are, of course, many social problems which the nation would not be justified in spending time and money and energy upon, whilst it is engaged in this terrible war—they may well wait until the return of peace; but it is very doubtful whether the problem of the mentally defective is one of them, and the question of such of these persons as have contracted, or are even likely to contract, venereal disease, is certainly not. It is very necessary, therefore, that every effort should be made to impress the importance of this matter upon local authorities, and that they should be urged to discharge their duty, alike to the mentally defective and to the nation, in this matter. This neglect is chiefly, if not entirely, due to the fact that the members of these authorities have not hitherto realized the gravity of the question, and I believe that this only requires to be brought to their notice to result in the necessary action being taken. The great defects at the present time are that we are practically quite out of official touch with the great mass of mental defectives who are at large, that we neither know who nor where they are, that we have no system for finding out or for exercising supervision over their movements, and that there is a woeful inadequacy of suitable accommodation for such as should be placed in institutions. The case I have already mentioned illustrates the danger which results from the great difficulty and delay in finding vacancies in institutions. For these reasons I am of the opinion that the matters which should and could be dealt with at the present time are; firstly, the ascertainment by each local authority of all the defective persons within its area; secondly, an adequate system of oversight by suitable visitors; and thirdly, the provision of accommodation for those whose liberty is a danger either to themselves or to the community. Many of the more urgent cases come, at some time or other, within such institutions as prisons, workhouses, lock hospitals and rescue

homes, and the medical officers of these might well be requested to notify those whom they consider should be certified to the local authority. I am well aware that under the present conditions medical officers have very little time at their disposal, and these cases are not always easy to diagnose by the non-expert. Moreover, it is very essential to avoid any action which might deter persons suffering from venereal disease from seeking treatment by reason of the fear that they might be certified as mentally defective. But the danger is a real one and these difficulties are not insurmountable. It would probably at the same time prevent any mistakes in diagnosis, ensure public confidence against any infringement of the liberty of the subject, and be a real economy, if the practice were adopted of referring all doubtful cases to a recognized specialist in this department of medicine.

In conclusion, it may not be unnecessary to point out that although my remarks have chiefly had reference to the female sex, this is no sex question. I am strongly of the opinion that any mentally defective person found to be suffering from venereal disease, of whatever sex and age, constitutes such a danger to the public that he or she should be detained. But it seems to me probable that the feeble-minded youth is, by reason of his defect, less likely to have opportunities for sexual intercourse than is the feeble-minded girl, and it is certainly my experience that he is a less active agent in the spread of venereal disease, consequently I have dealt chiefly with the female sex. The necessity for detention, however, applies equally to affected males and females.

NOTES AND NEWS.

CONFERENCE ON VENEREAL DISEASES, OTTAWA, MAY 29th-30th, 1919.

A FURTHER step towards the organization of the social programme for Canada was taken when representatives of the different provinces met in Ottawa at the call of the Acting Premier, Sir Thomas White, to discuss further the control of venereal diseases. Among those present were:

Dr. C. K. Clarke, Medical Director of the Canadian National Committee for Mental Hygiene.

Dr. P. H. Bryce, Chief Medical Officer, Department of Immigration, Ottawa.

Dr. A. H. Desloges, Superintendent of the Insane Asylums of the Province of Quebec.

Dr. W. H. Hattie, Provincial Health Officer, Halifax.

Dr. J. D. Pagé, Chief Medical Officer, Port of Quebec.

Hon. N. W. Rowell.

Hon. William F. Roberts, Minister of Health, New Brunswick.

Capt. Gordon Bates, Toronto.

Dr. Arthur Simard, President, Superior Board of Health, Quebec.

A long discussion took place on the question of raising the embargo on the preparations of salvarsan and other remedies for the treatment of syphilis. As a result of this discussion it was decided by the Committee that the Government be asked to raise all restriction on the importation and manufacture of these drugs in Canada. A committee was appointed to interview the Hon. R. Rowell on the question of the Federal Government granting each province financial assistance in combating the problem of venereal disease.

The Conference appointed three committees, first was to look after the question of the formation of the National Organization, which Organization would attack the problem of venereal disease from the national standpoint. The second committee was appointed to look after relations between the different provinces and the Federal Government. The third committee was to co-ordinate and help along the different social agencies now existing in Canada.

The National Committee, composed of twenty-one members, should be of great service to the new Minister of Public Health. Dr. J. D. Pagé, of Quebec, was appointed temporary chairman of this Committee.

As a result of this conference, the following objects were attained:

1st.—Promise of financial assistance from the Federal Government.

2nd.—Promise from the Federal Government that all restrictions on the importation and manufacture of anti-venereal medicine would be removed.

3rd.—Formation of a National Committee.

4th.—Nomination of temporary presidents for each provincial committee.

A STUDY OF A CLASS OF CHILDREN OF SUPERIOR INTELLIGENCE.

BY HENRIETTA V. RACE.

Jan. Ed. Psych., Vol. IX, Feb. 1919.

IN an address in New York in 1914, Dr. Ed. L. Thorndike stated that while the United States Government was spending millions on the care of the feeble-minded, criminals and paupers, nothing was being done in the way of special care for those who were unusually gifted; that in his opinion the benefit which would accrue to the state in the effort to develop its best product would far outweigh that derived from the care of the less able.

In October, 1916, a class for exceptional children was organized under control of the administration of the city schools of Louisville, Ky. The organization was made on a basis of scientific tests. Sixty-two children were examined and fifteen were selected who had an Intelligence Quotient of 120-145. These children accomplished one year's work of the curriculum in half a year. Other classes were selected and further studies made. According to the results of educational tests, children of 120 Intelligence Quotient and over can do school work at least two or three years in advance of the average child and can master the different studies of the curriculum almost equally well.

Physical measurements taken, although admittedly somewhat inaccurate, are sufficiently accurate to give a fair estimate of the physical condition, and indicate that the members of this class exceed the average child in height and weight. In character and disposition they are conceded by all who have worked with them to be superior. They are not conceited by their selection or work in the class; in fact segregation seems to have improved their morale.

The schoolroom was made as attractive as possible. It was seated with chairs so as to allow freedom of movement and furnished with library tables for reading. Plants and flowers filled the windows. The whole atmosphere of the room was that of happy joyous work-a-day freedom.

The method of teaching might be termed one of vital experience. Abstract ideas were, in no sense of the word, the stock in trade, but the needs of the group in normal life activities; real situations in the social milieu were made the foundation of the learning process.

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