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# CANADIAN JOURNAL OF MENTAL HYGIENE

VOL. II

TORONTO, OCTOBER, 1920

NO. 3

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# CANADIAN JOURNAL OF MENTAL HYGIENE

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## THE CARE OF THE MENTALLY DEFECTIVE\*

BY CHAS. E. DOHERTY, M.D., C.M.

*Medical Superintendent of Hospitals for Insane, British Columbia*

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 causation, prevalence, 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.

No province can consistently ignore a condition involving such a large number of persons and involving so great an economic cost and waste. The first step in this Province has been taken. In my 1918 Annual Report to the Honourable the Provincial Secretary, I stated as follows:

“The time has now arrived in this Province when voluntary admission and the establishment of a psychopathic wing in connection with our largest general hospital should be established. It would appear that Vancouver should be the city and the Vancouver General Hospital the hospital. The establishment of such a psychopathic hospital with voluntary admission would immediately have the effect of making the public understand the fact that insanity is a disease requiring early and careful treatment, and would also undoubtedly, in a considerable percentage of cases, obviate the necessity for legal committal.

“If a proper outdoor service was also established in connection with this psychopathic department, great assistance to the Province could be given. If such an outdoor service was in charge of qualified men, it might be hoped that they would be able to pick out many of those types liable to develop psychoses, and to protect them from those classes of stress which they are least able to withstand. The neurotic

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\*Read before the Vancouver Medical Association, April 6th, 1920.

child would be recognized and could be safeguarded, especially throughout school-life and the period of puberty and adolescence. In my mind there is no doubt that competent advice would be sought by parents as to the best methods to be employed in the rearing of their children. Until then it might be said we are largely helpless in the matter of prevention.

"The second requirement is the proper provision for the more marked cases of the feeble-minded of the Province. The problem of the feeble-minded is one that is going to be with us for a long, long time, unless we do something to correct it; any Provincial plan for the care of the feeble-minded must relate itself definitely to the public school system; under our compulsory law every child should come to the attention of the school authorities and if there was a proper mental examination of the pupil the school record would eventually constitute a complete registration of the feeble-minded. It is surely as important, or even much more important, to train, properly, subnormal as normal children. In the more marked cases this should be done in special institutions."

Nearly every province in the Dominion and nearly every state in the Union to our south, has already made a beginning in the way of a program for dealing with the mentally defective. The development of this program has varied greatly in different states and different provinces in degree and in method. It would appear to me that the first step in a rational program would be the beginning of a complete and continuing census of the uncared-for feeble-minded of the whole Province. 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 a commission properly constituted and properly functioning—by physicians, clinics, social workers, town officials, teachers, etc.—and 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.

The 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.

The official census would give a logical basis for intelligent management of the mental defectives of the Province. It would make possible and desirable some provision for a central governmental authority, responsible for the general supervision, assistance, and control of the uncared-for feeble-minded who do not need immediate institutional commitment. This provincial supervision should be directed by a



government commission for the feeble-minded. 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, societies, etc. These peripheral workers could be made proficient by short courses, etc. This systematic supervision of the feeble-minded could easily be made to cover the entire province with a local representative in each community, but all under the direction of the central authority.

Unquestionably your association knows that already certain definite steps have been taken by the Government of this Province in this matter, carefully considered steps which go to show me that they fully recognize the seriousness of the problem, and steps taken so systematically that I am bound to believe that there is very little chance of an erroneous course being pursued.

The Provincial Government has already seen fit to have a preliminary survey of the province made by such men as Dr. C. K. Clarke, Dean of Toronto University Medical Faculty, and easily one of the most eminent psychiatrists in America. With him in this survey was Dr. C. M. Hincks, Secretary of the National Committee of Mental Hygiene, and Miss Keyes, one of Canada's leading social workers, and I will here quote from their report to the Honourable the Provincial Secretary:

"Facts have been disclosed in this report that give some indication of the proportions and seriousness of the problem of feeble-mindedness in British Columbia. The data presented shows that mental deficiency lies at the very root of such conditions as crime, juvenile delinquency, prostitution and pauperism, and that it is a significant public school problem. Certain measures have already been adopted by the province to cope with the situation, but much remains to be done. There are measures of great urgency that should be immediately undertaken, and these will receive consideration in some detail. Before discussing particular recommendations, however, it should be pointed out that an efficient programme for the care of mental defectives must of necessity be elaborate. One could not do better in this connection than quote from a recent article written by Dr. Walter E. Fernald, the eminent American authority on feeble-mindedness, in a recent issue of the *CANADIAN JOURNAL OF MENTAL HYGIENE*. Dr. Fernald thus outlines an effective state (or provincial) programme for the care of the mental defectives: "It includes the mental examination of backward 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, selection of the defectives who most need segregation for institutional care, for such care, increased institutional facilities, parole for suitable institutionally-trained defectives, permanent segregation for those who need segregation, mental examinations of persons accused of crime and of all inmates of penal institutions, and long-continued segregation of defective delinquents in special institutions."

Definite Recommendations concerning the Feeble-Minded are as follows:

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

(2) *Facilities for Training*—1. *Training School for Mental Defectives*—There is urgent need for the establishment of a Training School for Mental Defectives in British Columbia. The present Survey has demonstrated that there are a large number of feeble-minded in the province requiring prolonged treatment in such an institution. Many of these cases are to be found in the schools, in the jails, reformatories, in such philanthropic organizations as maternity homes, Children's Aid Societies, and in the general community. Wherever they are found they constitute a serious menace and therefore the urgency of providing a separate institution.

It is proposed that a training school on the farm colony plan be organized on the Essondale property owned by the Government. There are many reasons to put forward for the site recommended. In the first place it is an ideal location for such an institution—splendid surrounding country, and of easy access. In addition, the utilization of this property would result in saving a considerable financial outlay. This saving would be realized not only in connection with initial expenditure, but also in connection with maintenance charges. The latter would be materially reduced through centralized management—the medical

control being in charge of the Superintendent at Essondale—and the product of the labours of the feeble-minded utilized to a degree for the upkeep of the nearby Mental Hospital. The institution would enter largely into agricultural pursuits, carpentering, the making and mending of clothes, etc., and there would be a surplus of production over and above the training school's needs.

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

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

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

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

Mention has been made in an earlier part of the report of the need of providing segregation for male and female defective delinquents.

Separate buildings might well be erected continuous to the training school proper, for this purpose.

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

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

As a result of this report the Government has decided to make a definite start; a site has been secured at Port Coquitlam; this has already been cleared; the contract let for five buildings, and work has already started in actual construction.

The necessary Legislation has been enacted. The following Bill having passed this session of the Legislature, is now or will, within the next few days, be the Act, quite broad in its scope, under which it is proposed that the very vital question of the mental defective of this Province may be dealt with along proper lines.

The Bill reads as follows:

#### AN ACT TO ESTABLISH A SUBNORMAL BOYS' SCHOOL

"His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of British Columbia, enacts as follows:—

##### SHORT TITLE

1. This Act may be cited as the "Subnormal Boys' School Act."

##### INTERPRETATION

2. In this Act, unless the context otherwise requires, "boy" shall mean a boy who is not over the age of eighteen years at the time of his admission or proposed admission into the Subnormal Boys' School.

##### ESTABLISHMENT OF SCHOOL

3. The Lieutenant-Governor in Council may establish an institution to be known as the "Subnormal Boys' School," the administration of which shall be under the Department of the Provincial Secretary.

4. The Subnormal Boys' School shall have for its object the custody and detention, with a view to their mental health improvement, education, industrial training, and moral reclamation of such boys as are lawfully admitted thereto.

5. The Medical Superintendent appointed under the "Mental Hospitals Act" shall be ex-officio Superintendent of the Subnormal Boys' School. The Medical Superintendent and the other officers, clerks, and employees appointed under that Act shall perform such duties in connection with the carrying-on of the Subnormal Boys' School as the Provincial Secretary may from time to time direct. Such other officers, clerks, and employees as may be required for the carrying-on of the Subnormal Boys' School shall be appointed in accordance with the provisions of the "Civil Service Act."

TRANSFER AND CONFINEMENT OF INMATES

6. (1) Where he deems it advisable for the mental health of any boy confined in any common gaol in the Province or in the Industrial School, the Lieutenant-Governor, by warrant signed by the Attorney-General, may direct the transfer of that boy from the common gaol or Industrial School to the Subnormal Boys' School, there to be confined for the unexpired portion of the term to which the boy was originally sentenced or committed; and the boy shall thereupon be transferred to and confined in the Subnormal Boys' School subject to all its rules and regulations for the unexpired portion of his term, unless in the meantime he is lawfully discharged or removed.

(2) Section 4 of the "Industrial School Act" shall apply to the Subnormal Boys' School in respect of all boys transferred to that school under this section, to the like extent as if the Subnormal Boys' School were part of the Industrial School.

(3) Where a boy has been transferred under this section from a common gaol or the Industrial School to the Subnormal Boys' School and is confined therein, the Lieutenant-Governor, by warrant signed by the Attorney-General may direct the transfer of that boy back to the common gaol or Industrial School from which he was removed.

7. (1) With the consent in writing of the directors of any Children's Aid Society, or of any similar society or institution having the custody of any boy, or with the consent in writing of the parents, guardian, or committee having the custody of any boy, and upon the certificate of a legally qualified medical practitioner showing the boy to be mentally defective or to be suffering from retarded mental development, and that in the opinion of the medical practitioner the boy would be benefited by a course of training in the Subnormal Boys' School, the Lieutenant-Governor in Council, in his discretion, may order the admission of that boy into the Subnormal Boys' School, and his detention therein subject to the rules and regulations of the School.

(2) As a condition precedent to the admission of any boy pursuant to this section and his detention as an inmate of the Subnormal Boys' School, the Lieutenant-Governor in Council may require the payment

to the Provincial Secretary from time to time of the whole or any part of the cost of maintenance of that boy in the school; and the Provincial Secretary, in such case or in any other case, may receive from any person or from any municipal or other corporation willing to contribute towards the maintenance of any boy as an inmate the payment of the whole or any part of the cost of the maintenance of that boy in the School. All moneys received by the Provincial Secretary shall be paid into the Provincial Treasury and accounted for as part of the general revenue of the Province.

(3) Where a boy is detained as an inmate in the Subnormal Boys' School under this section, and where notice in writing is given to the Medical Superintendent by the directors of the society or institution, parents, guardian, or committee, with whose consent that boy was admitted to the school, requesting the discharge of that boy from the school, the Medical Superintendent shall not detain that boy for more than five days after the receipt of the notice.

8. Where in respect of any boy confined in the Industrial School, or in the custody of any society or institution, a Court or Judge has made an order upon any parent of the boy or upon any municipal corporation to contribute to his support, and the boy is transferred pursuant to this Act into the Subnormal Boys' School, that order, during the time the boy is detained in the Subnormal Boy's School, shall apply in like manner to his support therein.

9. Where at the time a boy becomes an inmate of the Subnormal Boys' School any municipal corporation is charged with the duty of making provision for his support, that municipal corporation shall bear all expenses of conveying that boy to and of supporting him as an inmate in the Subnormal Boys' School.

You will, therefore, see that very laudable steps have already been taken, the matter having been studied thoroughly. However, in formulating any scheme based upon a radical change of outlook, especially when that scheme must involve, not only expense, but a very real searching and intensive method in its application, it must be admitted that in social movements the Government cannot do very much without the aid of public opinion and volunteer workers, nor progress very far unless the proper enthusiasm exists in the medical profession of the Province as a whole.

It cannot be said that the Province has heretofore had any machinery for ascertaining mental defectives, for educating them, or for trying to prevent their easy development into irreclaimable criminals, although it is true that certain jail features did exist for the incarceration of incorrigible boys and girls.

The magnitude of the evil thus left untouched is very great. There

is no more potent influence in the production of vice and crime than the unwatched mental defective.

This Province is no exception to the rule abundantly proved in other countries that the largest proportion of crime and the cost of endeavouring to counteract it are due to mental defectives who have been allowed to continue at large. Never having had any useful training in their youth they are allowed in maturer age as "repeaters" to congest the courts and crowd the gaols. The inter-relation of crime and feeble-mindedness is now put beyond all controversy. If the cardinal fact could be assimilated by the general public that the elimination of the mental defective from the schools and from the streets and from the agencies in reforming character, would render the efforts of teachers and social workers comparatively easy and empty the gaols of over half their inmates and that these unfortunates can, if taken in time, be made comparatively happy and useful, there would be little time lost in bringing about the desired result.

Gentlemen, there is therefore great need for an immediate, intelligent and systematic effort to ascertain, record, and educate and care for the mentally defective, and you must help. It is necessary to realize that mentally defectives fall broadly into two classes—the comparatively harmless and the anti-social—and it is also necessary to grasp as the leading idea the fact that while these two classes may need, in the end, totally different treatment, the whole benefit to the public is brought about by the application of proper care and training to all who come within the definition of feeble-mindedness, provided they undergo the training at an early age.

Dr. Tredgold, the eminent British authority upon mental deficiency, estimates that among aments—that is, mental defectives—out of every hundred there will be found only six idiots and eighteen imbeciles, as against seventy-six feeble-minded, one-half of whom would be children.

This startling proportion shows what a wonderful chance and at the same time what a terrible risk there is as regards this class. Under proper care, and through proper industrial training of the young, three-quarters of the mentally defective will be kept practically out of harm's way. If neglected this same proportion is at large in the community, creating trouble, distress and crime. No single fact is so well established now as that most of the feeble-minded can be trained and made proficient in industrial work and manual labour. They can be made happy, healthy, and in many cases almost, if not altogether, self-supporting, but if allowed as children to run wild and untrained they develop vicious qualities and degenerate into criminals.

Another thing I feel certain of is that there is at the present time a large amount of effective voluntary effort and a great deal of really

well-informed and alert official talent, which are in sympathy with the idea of progress in this direction, and which are only waiting the opportunity of a well-considered move upon right lines to help its success.

Gentlemen, a conclusion I cannot help reaching is that the problem is not as large as it is sometimes made out to be, and that great progress can be made in the Province along lines that are reasonable and not too costly.

According to the ideas of some people 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.

Gentlemen, it is not so much a question of whether or not a system of supervision of the feeble-minded will be simple or cheap. It is a fact that 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, the only question being 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 in training children for the scrap-heap. If supervision is too expensive then, Gentlemen, ungraded classes are rank extravagance.

Having been provided by the Honourable the Provincial Secretary and his associates in the Provincial Cabinet with the necessary legislation to enable us to proceed intelligently and legally in the matter of the care and treatment of the feeble-minded of the province, and having been furnished moneys to construct proper buildings, it is only right and proper that I should explain in detail just what treatment, what therapy, we propose to use, and what discipline we think should be enforced to accomplish results.

I have already explained the proposed organization for census taking and establishment of supervision for those cases of feeble-mindedness not requiring actual institutional supervision. I will now deal with those for whom institutional training will be required and who will enter the new institution.

In starting on this subject let me at once say it is not proposed to create or supply faculties absolutely wanting, nor to bring all grades of idiocy to the same standard of development or discipline, nor to make



them all capable of sustaining creditably all the relations of a social and moral life—but rather to give to dormant faculties the greatest possible development and to apply these awakened faculties to a useful purpose under the control of an aroused and disciplined will.

At the base of all our efforts lies the principle that, as a rule, none of the faculties is absolutely wanting, but dormant, undeveloped and imperfect.

I would like to call your attention to the early history of the pioneer state institutions in this work. They were practically all begun as tentative experiments in the face of considerable public distrust and doubt as to the value of the results to be obtained. Nearly all these early public institutions were opened near the capitals of their various states in order that the members of the legislature might closely watch their operations and personally see their need and the results of the instruction and training of the children.

Gentlemen, no institution has ever been abandoned or given up after being established.

The essentially educational character of the earlier institutions has and should be maintained, but the relations of the different parts of instruction should be better understood. The strictly school exercises, in the early days the most prominent feature, still perform their necessary and proper functions, but now in harmony with but subsidiary to the more practical objects of the institution. Education as applied to the development of these feeble-minded children is now understood in the broadest sense, not as mere intellectual training, but as uniform cultivation of the whole being, physically, mentally and morally. The end and aim of all teaching and training is to make the child helpful to himself and useful to others.

Sir W. Mitchell well says: "It is of very little use to be able to read words of two or three letters, but is of great use to teach an imbecile to put his clothes on, to take them off, to be of cleanly habits, to eat tidily, to control his temper, to avoid hurting others, to act with politeness, to be truthful, to know something of numbers, to go with messages, to tell the hour by the clock, to know something of the value of coins, and a hundred other such things."

The Institution should be broadly divided into two departments: the school or educational, and the custodial. In the school department the children will be instructed in the ordinary branches of the common Schools, as compared with the education of normal children, the difference is one of degree and not of kind—the progressive games and occupation of the kindergarten, object teaching, educational gymnastics, manual training, and the other graphic and attractive methods now so

successfully applied in the education of normal children are especially adapted to the training of the feeble-minded.

These principles of physiological training of the senses and faculties, of exercising and developing the power of attention, perception and judgment, by teaching the qualities and properties of concrete objects, instead of expecting the child to absorb ready-made knowledge from books, of progressively training the eye, the hand, and the ear. With the feeble-minded children the instruction must begin on a lower plane, the progress is slower and the pupil cannot be carried so far.

In a school with several hundred children a satisfactory gradation of classes can be made if the small proportion of children showing irregular and unusual deficiencies is assigned to special classes for instruction through individual methods.

A very prominent feature of our educational training will be the attention paid to instruction in industrial occupations and manual labour.

In this "education by doing" we not only have a very valuable means of exercising and developing the dormant faculties and defective bodies of our pupils but at the same time we are training them to become capable and useful men and women.

It will be quite sufficient to state that your school should be under the direction of a psychiatrist or psychiatrists on account of the nature and handling of the material it will harbour. It should be arranged so that all unfortunates committed to it will be made just as happy and comfortable as it is possible to make them, and in this way commitments to such an institution will not be fought by friends and relatives of those who should be sent there, but on the contrary, when the mental defectiveness of their children and its invariable consequences are made known to them, if they are not able to provide custodial care themselves, they will voluntarily commit their children to such an institution.

## OCCUPATIONAL THERAPY—IN A MENTAL HOSPITAL\*

BY F. E. DEVLIN, M.D.

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IT is unnecessary for me, at the outset of my remarks to-day, to emphasize the degree of scientific and public attention that is now being given to the subject of Occupational Therapy as a measure of treatment, curative or palliative, to those afflicted with mental disease. Already in the United States, to further its development and advancement, the National Society for the Promotion of Occupational Therapy has been created. This organization will meet in convention next week in Philadelphia and I have been honoured by an invitation to address its members.

The reason of this renewed concern in the care of the mentally afflicted is not far to seek. The great war from which we have just emerged has quickened our life interest in every direction, in science not less than commerce. Moreover the gratifying results obtained through the effects of Occupational Therapy in the treatment of the soldiers suffering from the horrors and hardships of war (and here may I be permitted to mention with pride the high stage of efficiency reached by our Canadian Medical men in its application), these results, I say, have acted as a great stimulus to all those immediately interested in the problem of mental disease, to apply this form of treatment at least as a partial solution of its many difficulties.

In a word, until the pathologists have thrown more light on the causation of les psychoses périodiques ou manie-dépressive, démence précoce ou schizophrénia, as Kréplin now seems to style it, and other forms of acute mental disturbance, it is the best light we have to follow and I have no doubt that even after more precise pathological or bacteriological findings have been disclosed, Occupational Therapy will still prove a powerful adjuvant in the treatment of these diseases.

Whilst it is the duty of those in charge of this work in every country to bring about the results just mentioned, there is also an economic side to be considered. Placing (as a conservative estimate) our annual expenditure for the insane in Canada at the present moment at four million dollars, we will, in the next twenty years have expended at the

\*Read in French at the meeting of the Association of French Speaking Physicians of North America, Quebec, September 10th, 1920.

present rate of population, eighty million dollars. If our population in that period of time increases sixty per cent. there will have been spent \$128,000,000. If we take a larger view of the cost of the insane on this continent we learn that the United States is annually expending over \$43,000,000. Adding together the sums jointly spent on the public institutions for the insane in the two countries at the present time we would reach at the end of twenty years, and that, without allowing for any increase in the population, a total outlay of \$940,000,000. This, I think, is an additional reason why we should study and adopt if found practical, any line of treatment however simple, that will bring benefit to the patient and economy to the State.

You will note that I have been alluding in speaking of the insane, to the acute forms of mental disease or in simple language, to the diseases that afflict the mind that was. This is the particular object of this paper. I now wish, however, to digress for a moment to speak of Occupational Therapy in relation to the feeble-minded and that for the good reason that Occupational Therapy has made wonderful progress in the treatment of this form of insanity, and that the knowledge of this fact should excite us to make a more serious, prolonged and studied application of its possibilities to cure entirely wherever such a result can be obtained or at least to check the inroads of oncoming dementia particularly in the case of the young, with all the sad pictures that such patients present in our hospitals for the insane and in so doing, rendering the lives of those destined by fate to remain confined in our institutions at least agreeable and useful.

When we recall the fact that scarce seventy-five years ago, despite the advance of the world, religiously, socially or scientifically, the lot of the feeble-minded was little better than that which had marked its history since the early days of the Christian era, and this, in admitting to the fullest extent the various efforts made in different countries by individual or society in their behalf, actuated by motives of religion or philanthropy. Viewed in this retrospect we can but marvel at the enormous strides medical science has effected in their care, treatment, and general happiness since that epoch. And what was the condition of their lives and their surroundings at that time? They were at best herded together in prisons or alms-houses, the lowest grade idiot with the high grade imbecile or debile mental; practically no effort was made at their classification or education. All attempts at awakening any dormant light of intelligence had hitherto proved futile; this fact receives official confirmation in a report of a committee of the Academy of Sciences of Paris in 1844 when they stated that idiots, and they used the term in its widest sense, could not be educated by any means previously known or practised. The existence of the feeble-minded from

any intellectual point of view was little above that of the animal, and they were often, sad to say, objects of derision by those who beheld them. In a word, the greatest relief that could reach them was that the Angel of Death should end their miserable lives. I speak thus, not in condemnation of society at any time, for how could society be blamed for that of which it had no knowledge?

Dr. Walter E. Fernald, of Waverley, Mass., writes that in 1800, Itard, a celebrated physician of the National Institution for the Deaf and Dumb of Paris for five years, attempted the education of a boy known as the savage of Aveyron, found roaming wild in the forest in the centre of France; this boy could not speak any known tongue and devoid of all understanding and knowledge. Itard believed him to be a savage and for five years, with great perseverance attempted to develop at the same time the intelligence of his pupil and the theories of the materialistic school of philosophy. Itard finally became convinced that the boy was an idiot and abandoned the attempt to educate him. Subsequent to this period in 1818 and for a few years afterwards on this side of the Atlantic, at the American Asylum for the Deaf and Dumb at Hartford, an effort was made to improve the condition of the idiotic children. Ten years later, Dr. Ferret at Bicêtre, Dr. Fabret at the Salpêtrière, and in 1833, Dr. Voisin, in a private school for idiots, made some attempts at solving the problem but all of the plans formulated were discontinued. In 1837, Dr. E. Seguin, a pupil of Esquirol, bent his energies to the education of this class of the insane and for seven years laboured incessantly in this direction. In 1846 his classical treatise in the subject was crowned by the French Academy and has continued up to the present time to be the standard text-book for all those interested in the education of the feeble-minded. In 1848 Dr. Seguin came to America, where he was instrumental in establishing schools for idiots in various states. Dr. Seguin's system was one of physiological training of the senses and faculties, of exercising and developing the powers of attention, perception and judgment by teaching the qualities and properties of concrete objects instead of expecting the feeble-minded child to absorb ready-made knowledge from books, of progressively training the eye, the hand and the ear, and herein was laid the basis of modern Occupational Therapy.

Prior to Seguin, the dormant faculties of the improveable case of feeble-minded were left underdeveloped and he lived the same idle, sullen existence as the idiot of the lowest type. To-day the improveable case of feeble-mindedness passes his time at work or play in the various institutions spread over this continent just like his normal brother. True, his education is more limited, more restricted on account of his physiological shortcomings, nevertheless he is taught cleanliness and

simple ideas of right conduct; he is given instruction in manual labour; he is taught carpentering, printing, brick-making, stock raising, farming, domestic work, the manufacture of clothing, boots and shoes, brooms and brushes and other industries. Even with the very lowest grades of idiocy to whom custodial administrations are apparently the only form of care that can be given, even such cases can at times be taught to wait on themselves and give some attention to personal cleanliness and habits of order so that a fair number of them become less troublesome and disgusting. All of these measures, needless to say, mean greater economy to the state.

As it is my intention only to speak of the feeble-minded, to point out to you in their treatment the beginning of Occupational Therapy, I leave this branch of insanity which would require one or many papers to speak intimately of the progress of medical science in ameliorating their condition. I cannot, however, abandon this cursory glance of the relation of Occupational Therapy to the feeble-minded without calling your attention to the fact that just as French medical science did so much for the world and the American Continent in particular through the efforts of Dr. Seguin in 1846 in this division of medical research, so again in 1911 we find French genius in the persons of Drs. Binet and Simon returning to the problem of the feeble-minded by their system of examination of the intellectual level of children from the ages of 3 to 15. Their system of mental tests were speedily adopted on this continent and to-day form the chief basis of the various surveys made, and being made upon school children and defectives throughout Canada and the United States.

I think you will agree with me that in all intellectual pursuits we learn that knowledge is the forerunner of interest, interest of activity and from activity practical results arise, that mental idleness breeds pessimism, pessimism paralyses effort and without effort progress is impossible. That is why in the treatment of disease, no matter how simple or new the methods may appear, providing any results have been obtained therefrom, we should immediately investigate and apply them. And as good results have followed the usage of Occupational Therapy elsewhere in the case of the mentally afflicted, we should endeavour to study and apply its effects in our own institutions in a more scientific manner than has hitherto prevailed. What better means have we of forming an opinion of the value of an individual to himself or the community than by the study of the sum of his intellectual and physical activities. Herein lies the best avenue for us to follow towards his understanding.

Equally do I hope that in the evolution of Occupational Therapy in the setting in a scientific manner of the patient's mind and body, to work or play, we shall, degree by degree, better be able to observe,

understand and study the hidden mechanism of mental disease, mechanism that to-day baffles us. The interest that this knowledge will excite, will stimulate us to greater efforts to bring about its cure or at least to stay its course, but, above all, I hope to aid in its prevention. It will necessarily be a matter of time but what time can be better spent in the field of human endeavour? Before outlining a technical observation or two in regard to the subject, for it is as yet in its infancy, I would like to free your minds of a possible misconception that my remarks may have inadvertently given rise to, in regard to work actually being done and that daily in our institutions for the insane. In many ways our hospitals for the mentally afflicted have become busy hives of industry compared with thirty years ago. Take, for instance, in the matter of personal cleanliness, order and well-being, the Medical Director of the Canadian National Committee for Mental Hygiene, Dr. C. K. Clarke of Toronto, himself a former medical superintendent of many years' standing, has expressed in a most eulogistic though just manner his appreciation of St. Jean de Dieu Hospital in this regard and let me assure you that the obtaining of this result has entailed a great amount of labour and devotion on the part of the Reverend Sisters of Providence, the proprietors of that institution. Besides, a visit to our outdoor and indoor departments of industries will show you a number of patients at work. If you were on the other hand interested in therapeutic measures employed in combatting mental disease, you have only to visit our wards destined for that purpose. As regards criticism of our institutions we welcome that which is just and true. The visit of a competent, experienced alienist is always a pleasure. The exchange of ideas with him we always find profitable, but what we pray heaven to protect us from is what Dr. Salmon, Director of the National Committee for Mental Hygiene for the United States styles "The itinerant alienist" who often at best has had a few months' experience in a hospital for the insane, who condemns that which he does not understand, who would destroy that which he cannot construct. In fact Medical Superintendents to-day are not waiting for criticism, we are criticising ourselves; for example, let me quote you from a paper entitled, "Demonstrations of Work Done by Patients in Kindergarten," by Dr. Richard H. Hutchings, Ogdensburg, N.Y., one of the finest and best conducted institutions on this continent. Speaking on the subject of work and play, in this paper he says: "For those of us who are interested in the care of the insane, the subjects of providing for the wants of our patients in this direction is one in which we have all felt the need of help and nowhere to my knowledge is the subject being worked out in the careful manner which its importance deserves. The necessity of providing both work and play for our patients is not thoroughly appreciated. It is only generally

known that employment is good for patients and idleness bad for them. When we go to a hospital for the insane and ask about employment, we have pointed out to us the various shops in which the patients work and are told how many find employment on the farm and on the grounds, in the kitchens, sewing-rooms, etc., and it is certainly creditable that most hospitals now provide ample work for all patients who voluntarily seek it or who will take it up upon the suggestion of the nurses or physicians. I have said elsewhere that the multiplication of industries in state hospitals has greatly added to the interest and enjoyment of those patients who can work (and Dr. Hutchings uses the words "can work" in italics), but it has done little to reduce the ratio of idleness upon our wards. I venture to say that should we go to the extreme limit of providing varieties of occupation there would still be a large number of idle patients. This is not what the idle patients need. What they want is for some one to take them in hand and train them to do something. It must be literally taking them in hand for many of them not only will not voluntarily rouse themselves to take part in work, but some will even struggle against it."

The doctor states further that a calisthenic class was established and only idle patients were admitted. The exercises began with simple marching to music. The music was furnished by a piano, a violin, a bass drum and cymbals. A large proportion of nurses were detailed to the patients and the latter quickly took it up and kept fairly good time within a few weeks. Some who showed interest were taken into another and smaller class which the doctor called the Kindergarten. There bright coloured pictures were provided and material and paste for the patients to work with and everything that would appeal to their interest—and, most important of all, a teacher who had the proper knowledge of the fundamental principles of teaching and an appreciation of the problem we had to meet. We began with the simplest things, stringing beads, cutting out pictures from magazines and pasting them on scrap-books, etc. Many of these patients, the doctor states, had done nothing for 12 or 15 years. They were idle, disheveled, and had for a long time been dressed and undressed and cared for as infants. In fact into this Kindergarten class, only those whom the nurse could not get to do anything were admitted. Many of them had hands and fingers so stiff that the first care was to massage their hands until the use of them was in a measure restored. In a number of the patients the fingers were so stiff and awkward that until they had been thoroughly worked with, they were unable to do anything—unable to hold scissors, unable to pick up button or pin and had become almost helpless from disease of the hands. Of the work done by these patients the doctor mentions scrap-book pictures, bead-work baskets. All of them were



deteriorated, all of them idle and in all probability would have continued so if they had not been taken in hand. "I am very much pleased to say" the doctor continues, "that eleven patients out of this class have gone home. In all probability none of them would ever have gone home except for the help they received in this class. They were not much improved mentally, but when their relations came to see them and found them quiet and orderly, they decided they could take care of them at home and have done so." Dr. Hutchings expresses the belief that the day will come that if a patient is found soiled, idle or assaulting, this event will be a subject for investigation and explanation.

Dr. W. A. Bryan, Assistant-Superintendent of the Denvers State Hospital for the Insane, in a recent article on the subject of "The re-education of Demented Patients," tells us of an intensive study they are now making in that institution on this class of the mentally afflicted. Classes are formed that take place in the morning from 9 to 11.30 and from 1.30 to 4.30 in the afternoon. He states that he finds by practical experience that the play instinct is the readiest mode of approach to most patients and that this is one of the best means of building up their physical health and breaking up their habits of introspection by various exercises and games. Class sessions are always initiated by fifteen minutes with the medicine ball in which every patient, who is physically able, joins. This is under the supervision of a gymnastic instructor and each patient is carefully observed to prevent fatigue. The doctor states that no matter how apathetic or apparently demented patients may appear to be, there are few cases which do not make some effort, after a few trials to respond when the ball is thrown to them and toss it back to the leader. The medicine ball, he finds, is one of the most valuable pieces of apparatus they possess. Following this there is a brief drill of setting up exercises consisting of simple movements. He mentions as one of the first steps in their re-education, the tearing of rags or picking cotton. The picking of cotton is the filling of discarded bed-pads, the small pieces of which are used to stuff fancy pillows. And as the patient's education is proceeded with, rug weaving, crocheting, tatting raffia, reed basketry, and other forms of work are introduced. The doctor insists on the breaking of the monotony of work by music and games. Stress is laid on bodily habits, dress and tooth drill before patients going to class. Patients are trained preferably in groups to develop sociable ideas. The doctor speaks of the approach to the patients through the study of his primary instincts; instincts of play, imitation, constructiveness, affection, self-assertion, curiosity, sympathy, rivalry, pregnancy; in certain cases and occasionally the sex instincts as expressed in modesty and vanity. Dr. Bryan speaks of eighteen months of endeavour in this direction and as a result of their system of

habit formation, they have periods of two weeks without an untidy patient in some of the wards and no ward has more than three habitually untidy patients. A practical economic point to be noted is the fact that the amount of laundry sent out for each ward has been cut down from four sacks to a sack and a half daily. Time prevents me from quoting more fully many other excellent comments and suggestions. The doctor concludes in stating that an intensive study of habit formation is now being contemplated in his institution.

A still more brilliant result of the good effects of Occupational Therapy was shown this summer at the Cleveland meeting of the American Medico-Psychological Association. It was the photograph of a young lady confined in one of the Illinois State Hospitals for the Insane. She was suffering from dementia praecox (a common form of insanity particularly with the young) and was in a state of catatonia. She would stay for hours with body in the same position utterly oblivious to all her surroundings. She had been in this state for over four years and her condition was regarded as helpless. A bright intelligent nurse undertook her treatment, day by day she worked with her. After some weeks the patient began to show signs of awakening from her lethargy. She was trained to wash and dress herself; she was then given occupation. Her interest in everything quickened, in a word, after a year's treatment, she left the hospital cured and has since been earning \$25.00 a week as a stenographer. Needless to say this result cannot be obtained in all cases of dementia praecox but if, as some believe disorganized habit is part of the disease, then habit formation is the natural treatment indicated.

THE CANADIAN JOURNAL OF MENTAL HYGIENE, commenting on a pamphlet by Dr. L. Vernon Briggs on the subject of Occupational Therapy, contains this statement that "compared with the progress which has been made in the fields of therapeutic occupation for the blind, the crippled and other handicapped individuals, therapeutic occupation for the mentally ill has not received the impetus which it should have received. Comparison of statistics covering the work of a purely therapeutic nature shows little increase in the past two years although ward and farm work has increased. This is probably due to economic reasons rather than to therapeutic application of this work to individual needs."

To give a practical bearing to my remarks, I would suggest as a tentative program of Occupational Therapy for the Insane:

1. The training of a certain number of nurses, religious or lay, in each hospital for the insane to be known as nursing therapists, under the direction of one of their number to be known as Chief Therapist.

2. That their entire time and energy be given to this problem under the direction and in conference with the medical superintendent and his staff.

3. The creation of an index-card system of Occupational Therapy for every patient which will note the effects and progress, or otherwise, in each individual case.

4. The training of patients in groups of twenty, to which each patient will be assigned as soon as any special treatment he may require is finished. This group treatment being necessary to develop social tendencies.

5. The creation of daily schedules of work or play for each group and a twenty-four hour schedule for patients of markedly bad habits.

Such a system, or one of a similar character worked out in detail, should be adopted if we would accurately note, collect, and record all the facts and data necessary for the evolution of this branch in the treatment of the insane.

In conclusion, I am of the opinion that the time has arrived when we should endeavour to seek out the good effects of Occupational Therapy and apply them not alone in our demented cases but as far as possible to all stages of mental disease. Its results may prove of incalculable benefit to our patients and of joy to their families. To the State the great saving in the cost of their maintenance, in preventing or uprooting habit disorganization, in the creation of much by their labour, that is also useful to themselves, in the enormously increased number of cases fit for parole and that for considerable periods of time and last but not least, the greater probability of the restoration to health, mental and physical, of many of these persons who will thus be enabled to lead lives of usefulness to themselves and to society.

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## JUVENILE DELINQUENCY AND MENTAL DEFECT\*

BY C. K. CLARKE, M.D.

*Medical Director, Canadian National Committee for Mental Hygiene*

CANADA has taken stock of her population at the census periods and has learned some things of value in deciding certain problems, although many questions of the deepest import have been untouched. That was inevitable under present conditions, and it has been left for such organizations as the Canadian National Committee for Mental Hygiene to probe some matters which have been, up to the present, a veritable "terra incognita." True, amateur social reformers have found this unknown world a rich soil in which to cultivate speculative theories; valueless, unless supported by facts which cannot be controverted. The proportion of mentally handicapped children in our midst, for example, could never be definitely settled without careful surveys carried on by people competent to conduct them. In the City of Toronto, which has a public school population of something like 85,000, it was gravely stated, before the Canadian National Committee for Mental Hygiene came into existence, that there were two hundred and fifty subnormal children in the various classes. Since that date a careful survey is being made not only by the National Committee, but also by the Public Health psychiatrist, and it is quite clear that at least 3 per cent. of the school population will prove to be mentally handicapped, just as is sure to be the case in almost any community made up of the heterogeneous elements to be found in large urban centres. At all events it is most important that we should obtain reliable facts. It will take time to make surveys, but the work is being carried on as rapidly as possible in all of the Provinces.

It is all very well to talk of fighting evils, the existence of which is patent to the most superficial observer: it is altogether a different matter to find the proper means of eradicating them. Take the tragedy of venereal disease alone—the game of suppressing prostitution has been tried a thousand different ways—laws have been passed, but rarely enforced—the poor girls who ply an unholy trade have been shunned and sometimes persecuted, and when medicine has held out a helping

\*Read before the Mental Hygiene Section, Meeting of the Canadian Medical Association, Vancouver, June 21. 1920.

hand to the unfortunates in the street, what has it accomplished? The girl has been cured of her disease merely to be turned out again to be reinfected and in due course to infect others without the slightest attempt to measure up her mental capacity or to help her to fight against temptation and vice. To the psychiatrist it is plain that the sin is to be laid at the doors of a system which fails to make proper provision for the detection of the multitudes of mental weaklings who drift into prostitution, just as surely as a chip floating down a rapid stream must inevitably go over the rapids which await it. The arm chair students of sociology pooh pooh the statement that the majority of fallen women are mentally defective, but the facts are incontrovertible. Economic instability is often stated as the cause, and almost every reason but the right one is unduly emphasized. A morbid literature has given rise to the theory that the demimondes are recruited from the ranks of brilliant but restless girls who are carried away by the glamour of easily acquired money and luxury. No doubt a small proportion may come under this classification but the number must be inconsiderable, as sooner or later practically all reach the observation of the skilled physician and the census can easily be made. A careful mental estimate shows that the flashy high grade moron is frequently given credit for an intelligence quotient she does not possess. Of 438 girls who admitted prostitution and who were sent to the venereal disease and mental clinics at the Toronto General Hospital during the last two or three years over 90 per cent. were distinctly feeble-minded or insane. The proportion of normals among them was so small as to be negligible. Many of these children were attractive from the physical standpoint and knew how to dress in a way to appeal to the men who consort with girls of their type—some were flippant and pert, but the striking points were the lack of shame and judgment, the absence of moral sense and the easily detected mental defect. Their stories were told without embarrassment or ordinarily any attempt to justify themselves by putting the blame on the men. Occasionally some of them would elaborate childish accounts of their downfall, but in nearly every instance these were palpable fabrications and related simply for the sake of effect.

Recently an analysis of 4,319 cases of different mental types who had passed through the Toronto General Hospital psychiatric clinic was made. These came in rotation, and while they form only a part of the record of that clinic they furnish some interesting facts regarding certain problems about which a great deal of vague theory had been exploited. Of these patients 2,657 were males, 1,662 females. Fourteen hundred and nineteen were delinquents who were sent for examination by the Juvenile Court.

## AGE

1,636 were between 10 and 15 years.

786 were between 5 and 10 years.

140 were under 5 years.

472 were between 15 and 20 years.

1,071 were 20 and over.

2,440 were mental defectives.

538 were insane (*Dementia Praecox* in most instances).

98 were mentally defective and insane.

63 were cases of *General Paresis*—many suffering from the juvenile forms.

A further analysis of the figures showed that 741 females were immoral, 438 prostitutes, 286 unmarried mothers, 206 known to be suffering from venereal disease, 227 were girls working in factories.

In regard to the latter group it was interesting to note that in practically every instance there was marked mental defect as well as immorality. The work they were doing was of the simplest variety—ordinarily packing candy or biscuits, and the wages received small—the explanation being that their mental capacity did not fit them for occupations requiring skill and even average ability. Immorality was almost inevitable under the circumstances, although few of the patients would admit that they were immoral for the purpose of making money. The attractions of motor joy riding appealed to them most strongly. The theory that their downfall was owing to the small wages received did not receive any confirmation, and the obvious explanation was that they were given small wages simply because they were not worth more to their employers than was being paid them. The lesson to be learned from their statements is that industrial psychiatry must become a live issue in the near future, and that factory supervision of a superior kind must be instituted.

In order to trace the connection between mental defect, juvenile delinquency, and industrial incompetence, a careful survey of conditions surrounding these problems is being carried on by the Canadian National Committee for Mental Hygiene, as it is felt that by studying the life histories of the individuals involved great light may be thrown on several problems which are by no means clearly understood at the present moment.

The Juvenile Court in Toronto has furnished the clinic with 1,419 delinquents in a short period, and as practically all of these children were of school age it is at once realized that there is a serious failure in Public School methods to anticipate many of the troubles which are inevitable under a system not developed, with an idea of a consideration of the individual pupil. It may be urged that in a small proportion of

cases truancy was the form of delinquency for which the child was haled before the Juvenile Court. In the opinion of the writer there is little likelihood of truancy occurring under a well-devised Public School system. It has been found in such centres as Vancouver that with the installation of Special Classes truancy practically disappears. The explanation is simple. As a rule, truants are derived from the dull normal or high grade defective groups. These children fail to keep up with other pupils, they realize their failure and are without ability to overcome it, and naturally react against surroundings which are not congenial. Place these weaklings in special classes where they may be interested along lines that appeal to them and they are no longer truants and delinquents.

Theft was the most common charge against the juvenile delinquents brought to us for examination. Many were habitual thieves—anti-social and already at such a stage that institutional treatment was the only thing to be recommended. This was a tragedy because it was so frequently the case that the early detection of the mental defect and careful development in special classes or in a Boys' Village would have prevented the children from becoming anti-social and incorrigible. The more we see of delinquents of this class the more we are convinced that the hope of improvement rests with Public Health Departments and School Boards, who must recognize the fact that they have an important duty to perform that has heretofore been greatly neglected. I have been roundly scored for referring to the menace of retaining subnormal children in association with normals because of the danger of moral contamination, and yet obstinate facts will not permit me to withdraw from the position assumed.

Leaving aside the many unpleasant facts brought to notice outside of the clinic, the Juvenile Court furnished us with eighty-six cases of immorality among school children. The details of these cases would convince even the most critical theorist that such children are really a menace not to be ignored. Anyone who has had experience with children recognizes the fact that the influence of good or evil is all powerful with minds in the formative stage, and the effects of bad example and poor environment are too well known to require further comment. It may at this stage be suggested that some of the people of Toronto who become extremely agitated when I make this statement, for fear that I refer to Toronto Schools alone, may feel relieved when I supplement whatever has been said by making a further remark to the effect that what is true in Toronto is equally true of any public school in Canada. In other words, a wise public school board, no matter where situated, will go to no end of trouble to keep its normal children free from sources of contamination that are easily detected, and just as

easily remedied. Indeed I would go further and suggest that a careful study of the teachers would occasionally reveal the fact that the importance of a careful survey of the individuals placed in charge of developing children cannot be overestimated, and also that some at least are not of the type to produce the best results. The reasons are self-evident.

Bad environment undoubtedly plays an important role in the production of the juvenile delinquent, although the investigations of our social service workers, show that the study of this phase of the question is a complicated one. The bad environment is so often the outcome of the poor mentality of parents that it becomes a simple matter to confound cause with the effect. In our analysis some seventy-nine cases of delinquency were said to be owing to environment and bad home conditions. As suggested though, the question is a difficult one, and it is always to be remembered that the mental weaklings react most quickly to the evil influences of a bad environment.

In our list no less than seventy-four had been guilty of "setting fire" and in the majority of these cases the children were anti-social, incorrigible and clearly unfit for anything but institutional care.

This is merely a brief outline of a few of the things found in our clinic—things which prove beyond argument that if we are to secure the lessening of vice, we must begin our work by a careful study of the individual in schools with the idea of controlling and treating the defective and diseased at the earliest moment possible.

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**THE PAROLE OF THE INSANE\***

BY O. NOEL, M.D.

*Assistant Medical Superintendent, St. Jean de Dieu Hospital, Montreal*

THE subject I wish to lay before you has always been a matter of intense interest and many associations are concerned with this weighty question, namely, the allowing out on parole of patients interned in hospitals for the insane.

It has been said that certain patients interned in some of these hospitals could have been discharged with advantage.

This may have resulted from the fact that the organization of some institutions for the insane had not reached the high stage of perfection claimed, and with good reason, by most of the large hospitals and particularly by those of the Province of Quebec with which we are more especially interested.

I have often heard very intelligent physicians say that this or that patient had been committed to, and kept in a hospital when he was not insane. I have then endeavoured to enlighten these confreres, not by merely asserting that the commitment of such a patient was justified, but by acquainting them with the precautions adopted to prevent any abuse in placing a patient in a hospital for the insane; in informing them of the legal formalities required for the admission of each patient, of the study made of the mental condition of each patient and the attention and care given to the patient with a view to his liberation.

These are the considerations I wish to discuss before you to-day and my aim will be reached if you are, as it were, the apostles of science if you accept and spread among your clientele, the conviction that there are not, in the Provincial Hospitals for the Insane, any patients whose internment and custody are not subjected to the most conscientious attention by the medical staff.

Each patient admitted to an insane hospital is accepted only on a declaration by a doctor from the outside attesting under oath that such a person is insane and giving a description of the facts which have led him to make such a declaration. On the date of his admission, the patient is submitted to a mental and physical examination by the doctor in charge. The next day he is again examined as to his mental condition

\*Read in French at the meeting of the Association of French Speaking Physicians of North America, Quebec, September, 1920.

by the head alienist of his department, re-examined by the medical superintendent or his assistant, and in the week of his commitment his case is submitted to a meeting of the entire medical staff with a view of ascertaining his mental condition, and for discussion and selection of adequate treatment.

Each new patient must be, the first month, examined at least once a week. His case will then be looked into every other month for the period of one year. Notes will be taken on the condition of the patient at the time of his examination and these will be dated and filed with his mental history. Each patient being in permanent contact with his nurses and attendants, can be reported, if he so desires, to the doctor who visits his ward daily. He is permitted to see his relatives and friends, to tell them of the treatment he is receiving, and if he believes himself to be of sound mind he can endeavour to so persuade his visitors who can then take an interest in his case. Moreover, the law allows him to write to certain people; these letters are read only by the person to whom they are addressed and can be sent to relatives, to the applicant for his commitment, or to a member of the executive council of the Province of Quebec. After having been submitted to the examinations I have described, and enjoying the relative freedom allowed each inmate, it is impossible that a person of sound mind can be ignored, mistaken for insane and kept at the hospital.

Once the mental condition of the patient is well determined, his case is not forgotten; the chief attendant in each ward is required to make a daily report and to inform the visiting physician of any change in the condition of the patients. Anything that might have been overlooked by the attendant is pointed out to the physician by the patient himself, whose initiative grows as his condition improves. The relatives or friends of the patients would not fail to mention any improvement or cure they would have observed. The examination of the patient every other month does not permit of an improved case being overlooked. The frequent visits of the medical superintendent or his assistant to whom the patient may always report, the desire of these officers to diminish the ever-increasing population in their hospital, all of these elements help in discovering the least improvement in the condition of the patient and aid in having him listed, the improvement being noticeable, with the patients to be allowed out on parole.

Permission to be allowed out on probation can be given, in some cases, to any patient whatever may be his mental condition. He can be discharged as cured, improved or unimproved. A patient when cured must be discharged from the hospital. He has then the right to go out and provide for himself. If he is not in a condition to do so he will be entrusted to the care of his friends or relatives if they wish to

take charge of him. If not, his case will be looked after by the officers in charge of the patients out on probation.

The improved patient will also leave the hospital if a convenient position, where he will be cared for to a certain extent, where good advice can be given him and where he can be looked after, can be found for him. In this state of improvement the patient will be placed under the care of his relatives if they are willing to take charge of him, and if not, the investigating officers of the hospital will be required to find him a suitable position. These officers are the connecting link between the patient, the hospital and the employer.

The unimproved patient, just as the incurable patient, if he be not dangerous or scandalous, may at times be allowed out on probation provided that his family, or those assuming charge of him will give him the medical and custodial care his condition demands.

I have spoken of the officers who are concerned with the patient out on parole. These are called "Field Workers." They have played an important part in the care of such patients and are expected in the future to be a great help in that field.

The "Field Worker" is required by the medical authorities of the hospital to find suitable employment for the patient; to give a description of the patient's new place of residence and to thus enable the medical superintendent to decide whether life in that particular place will be beneficial or not to the patient.

Oftentimes, making use of her wide experience in outside matters, the "Field Worker" will point out the most convenient place to which the patient can be sent. She can lessen the difficulties encountered by the patient when it is time for him to leave the quieter life of the hospital to go and provide for him or herself.

Moreover, the "Field Worker" gives the patient the encouragement his condition requires, and does away with a lot of difficulties. She calls on the relatives, persuades them that the patient is worthy of their consideration, and helps to do away with the indifference which unhappily exists at times, for some relations seem to be under the impression that the mentally afflicted must necessarily spend their life in hospital for the insane. She shares with the relatives in the responsibility as to the care of the patient, thus helping the latter.

When she has to deal with patients who have no relatives the field worker will find them suitable employment, and it is here that her work is most valuable. She will not look for any kind of employment, but for a position well fitted to the patient's condition, with an employer who is willing to work hand in hand with the hospital authorities, for the best interest of the patient.

This work done by probation officers, together with the efforts of the hospital physicians in their endeavour to increase the discharge of patients by placing them conveniently, is not only a highly humanitarian enterprise, but also results in a great saving to the state by shortening the stay of the insane in the hospital, and cutting down the cost of their maintenance. In the year 1919 and in the first six months of 1920, the largest of the hospitals for the insane in the Province of Quebec, has saved to the province a sum of \$41,580 by this system of parole, having granted 77,000 days of probationary absence to 467 patients.

Gentlemen, to those who will tell you that there are in hospitals for the insane too many patients you will, I hope, endeavour to explain that the two principal factors which contribute to the crowding of our hospitals for the insane are heredity and congenital conditions; that the way to combat them is to prevent consanguine marriages, especially between families with doubtful heredity, and that children should be begotten according to principles of sound hygiene. This is the surest way of decreasing the number of the insane in the generations to come.

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## THE ROLE OF THE PSYCHIATRIC CLINIC IN THE COMMUNITY\*

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

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THE Psychiatric Outdoor Clinic has in the last few years taken an important place in the field of preventive medicine. The days when diseases of mental abnormality were simply diagnosed, or more often simply attempted to be diagnosed, and then relegated to the waste-paper basket, have passed. We now know that all our problems relating to general medicine, criminality, delinquency, venereal diseases, prostitution, illegitimacy, have often a definite mental basis, and it has been found that the proper approach to the solution of these problems is through the correction of the abnormal mental make-up. The result has been, that mental or psychiatric outdoor clinics have been established in connection with the general hospital or as separate units in many cities of the United States and Canada. The Psychopathic hospitals at Ann Arbor, Michigan, at Baltimore and Boston, are all well known and have so thoroughly proven that mental clinics are a vital part of preventive medicine, that there is an urgent demand for the establishment of these clinics throughout the country. In Canada the first psychiatric clinic was opened in connection with the Toronto General Hospital in 1909 through the efforts of Dr. C. K. Clarke, and from April, 1914, to February, 1919, 4,134 patients were examined. In March, 1919, an outdoor psychiatric clinic was opened at the Royal Victoria Hospital, Montreal, and during its first year of work over four hundred patients were examined. Last year also the Psychopathic Hospital in connection with the Winnipeg General Hospital, under the directorship of Dr. A. T. Mathers, was opened. There is, therefore, a rapidly growing interest among the medical profession in the treatment and prevention of mental abnormality.

The role of the psychiatric clinic in the community can best be discussed in its relations to eight different agencies as follows:

1. Relation to the General Hospital.
2. Relation to the General Practitioner.

\*Read before the Mental Hygiene Section, Meeting of the Canadian Medical Association, Vancouver, June 21, 1920.

3. Relation to the Provincial Asylums.
4. Relation to the Public Schools.
5. Relation to the Courts.
6. Relation to the Charitable organizations in the community.
7. Relation to the General Public.
8. Relation to the Social Worker.

Before discussing these different relations which the clinic will have, let us try to describe in a general way what are the functions of a Psychiatric Clinic. To most people this clinic goes under the name of a "nut clinic" or a "bug house clinic" or "the upper story to let clinic." Their idea is that the clinic makes a long-winded diagnosis, but no treatment. To others the clinic is simply for diagnosing feeble-mindedness and nothing else. Others consider that it is merely for filling out commitment papers to send patients to the asylum. All of these views are correct, and none of them are correct. The clinic has to handle incurable chronic cases just as every clinic has; it has to fill out commitment papers for the asylums and in this respect is a valuable aid to the community; it has to face the problem of the feeble-minded, one of the greatest problems in the country, not an encouraging problem but one, which, if properly handled will, from the economic point of view, not to speak of the hygienic viewpoint, mean millions of dollars to our country.

The psychiatric clinic must be interested in all these problems but its role is much broader than that. Its object is to study all phases of social welfare from the mental viewpoint. Its role includes criminology, prostitution, illegitimacy, education, venereal diseases, industrial hygiene, dependency, and even invades the strongholds of surgery and internal medicine. It is felt that all these problems have a mental basis and it is only through studying them from a mental standpoint that a solution can be reached. Of course it is not felt that the psychiatric clinic is a panacea for all these ills, but it is felt that formerly too much attention has been paid to the purely physical basis of them. To study these problems from a mental viewpoint is then the broader and general function of the psychiatric clinic.

The importance of a psychiatric clinic in connection with the general hospital has never been fully appreciated except in those hospitals where the clinic has been in operation for some years. I am sure that if the doctors, nurses and social workers of the Toronto General Hospital, the Johns Hopkins Hospital or the Massachusetts General Hospital, were asked if the clinic was of any value to them they would say that it was of inestimable value, and that they could now hardly get along without it. There are constantly occurring cases in a general hospital which,

if given a psychiatric examination, would be of great aid to the physician and surgeon. Let me give you a few examples. A young girl was referred to the Psychiatric Clinic, Royal Victoria Hospital. She had run the gamut of the surgeons in two hospitals in Montreal. Her initial complaint had been pain in the abdomen so her appendix was removed. She then returned with pain still in the abdomen and one of her kidneys was removed. The pain, however, persisted, so her gall bladder was removed. After leaving the hospital this wound broke down and she had to return to the hospital for its repair. Next she was admitted to another hospital because she was vomiting urine and was thought to have a urinary fistula. Finally, with her abdomen covered with scars and still complaining of pain in the abdomen, which by this time might have a real basis, and an object of despair by the surgeons, she was referred to the psychiatric clinic where she was found to be definitely feeble-minded with a psychosis. Another patient was a married woman with one child who came to the medical outdoor clinic with complaints of depression, crying spells, and not being able to do her work. After treating her for a while with the ordinary tonics, she was diagnosed as a psychasthenic and referred to the psychiatric clinic. On examination she was found to be suffering from a mild form of manic depressive psychosis and that she dreaded meeting or talking with any one. She had a shut-in type of personality. With the aid of a social worker, who got her interested in outside work and friends, her whole outlook on life has changed and she has been prevented from taking the downward path which would eventually have led to the asylum.

The department of venereal diseases in a general hospital should be closely linked with the psychiatric clinic, because of what value is the treatment of active lesion of gonorrhoea or syphilis in a patient who is feeble-minded.

#### RELATION TO THE GENERAL PRACTITIONER

The ordinary general practitioner looks upon mental disease as something for which nothing can be done except to send the patient to a mental hospital. This view is probably true in the advanced cases but there are hundreds of patients suffering from a mild form of psychosis who, if they were properly understood and treated, would never have to be sent to a mental hospital. The attitude of the general practitioner towards these patients is the result of inadequate training in psychology and psychiatry in our medical schools. If our students were given a thorough understanding of the mental processes of human beings, they would not be satisfied with simply giving a patient who comes to them, complaining of depression or fears, an iron tonic and telling him "to forget his troubles." These patients require a careful analysis of their

mentality so that they can adjust themselves to their surroundings. We cannot make the environment suit each individual, but we can often so change the individual that he can adjust himself to the environment.

It is for this purpose that the psychiatric clinic is intended and with the advent of psychopathic hospitals where patients can be admitted, observed and treated in a scientific manner, it will be possible to prevent numerous patients being sent to a mental hospital.

#### RELATION TO THE PROVINCIAL ASYLUMS\*

At the present time the standard of most of our asylums is not very high. They are overcrowded, understaffed with doctors, nurses and attendants; the staff is underpaid so that the class of nurses and attendants attracted to this work is not of the best. There is very little incentive to scientific study and research; the treatment of the patient is not an individual study. The whole standard of treatment is usually a mere custodial one. Occupational therapy in its many and various forms does not enter into the life of the patient.

The superintendents of many asylums often complain that patients are committed who are not suitable for their institutions. In this regard the psychiatric clinic should be of distinct value to them in first of all studying such patients who are considered by their family physician to be mentally abnormal. Many of these patients, if treated at the psychiatric clinic, could often be prevented from becoming committable cases. This point is especially applicable in many cases of dementia praecox, manic depressive psychoses and cerebro-spinal syphilis. The pronounced case of general paresis is not curable but in the early stages when there is as yet only slight cerebral degeneration, and in the active cases of cerebral syphilis, where there may be marked excitement or depression, active and extensive treatment with salvarsan and mercury will arrest the progress of the disease and enable the patient to live a happy and useful life for many years.

There should also be a closer relationship between the asylums, the university and the general hospitals. The psychiatric clinic should be able to bring about this closer relationship. Arrangements should be made so that a member of the medical staff of the asylum should also be on the staff of the psychiatric clinic which would enable a better understanding between the different medical men, and prevent commitment of those patients to asylums who really do not fall within the legal status, but are more suitable for treatment in a psychiatric clinic.

\*The word "asylum" is used advisedly, because very few of our Provinces have changed the name to "Mental Hospital."



## RELATION TO THE PUBLIC SCHOOLS

There has been recently a great deal of discussion in Canada regarding the merits of our educational system. In all this discussion, though very little attention has been paid to the child himself, and although the object of an education is supposedly to improve the child's mentality, very little attempt has been made to try and estimate the child's intelligence when he enters school so that he can be started along the right road.

Very bright or supernormal children, normal children and abnormal ones have been placed together in nearly all our public schools. It is a common fallacy that subnormal children will benefit by being placed with normal ones. This is a very serious error. What really happens is that the normal and supernormal child is hampered, and kept back by the feeble-minded child.

In the various surveys of the public schools in the United States and Canada it has been found that from 1 per cent. to 3 per cent. of the children are feeble-minded. These children constitute a serious problem to the school teacher, and the remaining normal children. In Vancouver a splendid start has been made to care for these mentally deficient children by providing special classes to teach them.

What every school board should have is a psychiatrist and trained social worker attached to the schools who would make a routine examination of every child. Their duties would be not only to pick out the mentally deficient child, but also to give advice on the supernormal child and the normal child who is backward or retarded for certain special reasons.

Until the school board sees its way clear to appoint such workers, the psychiatric clinic can render valuable aid along these lines. At the clinic in the Royal Victoria Hospital, Montreal, although we are conducting a survey of the children in the Protestant Public Schools, we are constantly having children referred to us by the teachers, because these children are not only failing to advance themselves, but are keeping back the other pupils.

## RELATION TO THE COURTS

The investigations by Glueck at Sing-Sing Prison, by Healy at the Juvenile Courts in Chicago and Boston, by Anderson in Boston, the surveys of the Provinces of Manitoba and British Columbia by the Canadian National Committee for Mental Hygiene, the work of the Psychiatric Clinic at the Toronto General Hospital, and the survey of the boys sent to the Shawbridge Boys' School, P.Q., from the Montreal Juvenile Court all show that delinquency and criminality are closely connected with mental abnormality.

In Canada the relation between the psychiatrist and the judge sitting on the bench has not been very intimate. In Toronto\* the Judge of the Juvenile Court refers practically all his cases to the psychiatric clinic at the General Hospital and in Montreal a large number of the boys and girls who come to the Juvenile Court are sent to the Psychiatric Clinic, Royal Victoria Hospital, for a mental examination. This connection between the court and the psychiatrist should, however, be so enlarged that every boy or girl is not sentenced until an opinion is obtained from the psychiatrist. At least 30 per cent. of juvenile delinquents are mentally defective, and it does seem irrational to impose a sentence on such a person, as if he or she were normal mentally. A number of these boys and girls may have to be put into institutions for the remainder of their lives, but a large number of them, if properly trained early in life, would prove to be industrious and law-abiding citizens.

Besides the mentally deficient juvenile delinquent, there are two large groups of children who are mentally normal, and often have an intelligence quotient of over 100. In one of these groups we have the moral degenerate, and in the other the boy or girl who has not been able to adapt himself or herself to the laws of his family and society.

I do not intend to say much about the first group—the moral degenerate. These cases, if obtained early in their life, will usually yield to the treatment of a hard physical life with instruction along the lines of sex hygiene. Some will not respond to any form of treatment, and these persons are best kept in institutions for life.

The second group is, however, a more interesting and difficult class to handle. Here we have a boy often with good home surroundings, given every advantage in life, but he will not, or cannot, adjust himself to the laws of society. He refuses to go to school, he plays truant, gets into bad company, may commit some petty thieving, and often ends up in the hands of the police. The boys, according to our mental tests, are normal mentally. These boys are a great problem to the superintendents of institutions to which they are eventually sent by perplexed parents or judges to whom appeals have been made. So far very little has been written regarding the treatment of such cases. They are usually classified as psychopathic or antisocial, and left as such. It is with such boys that the psychiatric clinic should be of great assistance. By careful analysis of the boy's mental make-up, of his heredity and environment, a course of treatment should be laid out which would turn this boy from being a menace and anxiety to his parents and the community, into a valuable asset to the country.

\*The Toronto Juvenile Court has now a full-time Psychiatrist attached to it, and he is also Chief Probation Officer.

Apart from the juvenile courts every patient brought before the recorder's or other courts should have a thorough psychiatric examination. Statistics proved that from 60 per cent. to 80 per cent. of our prostitutes are feeble-minded; that a large percentage of our vagrants and other criminals are mentally abnormal. Does it seem rational to simply fine these persons or send them to gaol or penitentiary for a term of months or years? Would it not be wiser to try and solve the mentality of the person which makes him become antagonistic to the laws of society. New York State has made a start in this direction by turning Sing-Sing into a classification prison, where all prisoners are given a thorough physical and mental examination, after which they are sent to those institutions where they will obtain the correct treatment suitable for their particular condition.

#### RELATION TO CHARITY AND OTHER ORGANIZATIONS

The charity organizations of every city in Canada are confronted with the problem of what to do with numerous persons who do not seem to fit in with their situation no matter of what nature it may be. These persons drift from pillar to post and are a constant source of expense to the community. Included in this class are vagrants, alcoholics, drug addicts, men who are incompatible with their wives, or vice versa, children who are a source of worry and anxiety to their parents because they do not seem to progress at school, or in the position which they hold, but have not yet committed any delinquency which would cause them to be sent to the Juvenile Court. From the physical standpoint these persons are often quite well but yet they are unable to find their niche in this world.

There is also the problem of the unmarried mother which the Women's Directory handles. Statistics prove that from 60 per cent. to 80 per cent. of these women are feeble-minded. If a woman is feeble-minded she surely must require different treatment from a mentally normal person. In Montreal every woman who applies to the Women's Directory for assistance is sent to the psychiatric clinic, Royal Victoria Hospital, for a mental examination.

In every large community there are numerous institutions for the child, whether he is a deserted child, orphan, or is unable to be cared for by his parents. In the past these children have been herded together, looked upon as a unit, given the required amount of nourishment, been clothed in garments of sombre hue, taken for a walk once a day, taught a little religion, respect and obedience to their teachers; care is taken that the child has no "catching disease", "no bugs", measles or scarlet

fever, and then, when they have reached the mature age of fourteen or fifteen, are sent forth to take care of themselves.

The psychiatric clinic can render valuable aid to all of these organizations by making a thorough mental examination of these problem cases, and by giving advice as to the best situation into which they should be placed.

#### RELATION TO THE GENERAL PUBLIC

The public in general looks upon a person or relative suffering from mental disease as something to be abhorred, to be hidden. A person may be suffering from tuberculosis in its worst stage, from diabetes or any loathsome disease, but discussion of him is not tabooed, but once it is known that he has a mental breakdown, all hands are thrown up in horror and despair.

Modern studies, however, teach us that a large proportion of persons suffering from mental diseases can be cured. If the same accommodation was provided for the care and treatment of mental diseases as for physical diseases, the number of cured patients would be greatly increased. It is in this connection that the psychiatric clinic can be of value to the community. It can serve as an educational centre for teaching the general public, that because a person is suffering from a mental disease he should not be an outcast from society. Also, if the public realizes that a large proportion of mental diseases are curable, patients will be brought to the clinic in the early stages of the disease, and in this way the number of curable cases will increase.

The public must also realize that the clinic is not merely for diagnosing feeble-mindedness and insanity, but to try and help solve all cases of mal-adjustment.

#### RELATION TO THE SOCIAL WORKER

All general hospitals, dispensaries, charity organizations and institutions, juvenile courts and hospitals for mental diseases\* now realize that the work of the social worker is indispensable. The day when the social worker was on trial has passed; she is now recognized as one of the most valuable aids in helping the physician to solve both physical and mental disease.

During the last few years the demand for trained psychiatric social workers has been so great that the supply has been inadequate. Every recognized course on social work in our universities now includes a course on neuro-psychiatry.

\*Verdun and St. Jean de Dieu Asylums, Montreal, now employ a social worker to investigate and help all patients on parole. This social worker is under the supervision of The Canadian National Committee for Mental Hygiene.

The social worker is a valuable assistant in the Psychiatric Clinic. She makes a thorough investigation of the patient's complaints, history, heredity and environment. She adjusts the patient's capabilities to his or her surroundings. She arranges for a patient's commitment to an asylum when the disease has progressed so far that he is dangerous to the community.

To fulfil all these conditions the social worker must have a good general education, a course in general social work, a course in neuro-psychiatry, including case-taking and field work.

Her relation to the psychiatrist must be a very close one, although in many ways their work is independent of each other. She brings valuable assistance to the physician which enables him to diagnose the condition, and after the diagnosis is made she is a strong force in affecting a cure.

#### CONCLUSION

The community, until recently, has laid too much stress on the physical side of disease. In order to make our country a bigger and better country to live in we must pay more attention to the mental side of our people. In this regard the work of the psychiatric clinic is valuable. Its purpose is to prevent and preserve the mental health of persons, to diagnose and estimate the number of feeble-minded and mentally abnormal persons in the community, and lastly to try and solve the problem of those persons who physically well, are not feeble-minded or insane, but are misfits in the community.

## REPORT OF THE PROCEEDINGS OF THE SECOND ANNUAL MEETING OF THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE

(The Annual Meeting was held in conjunction with the Canadian Medical Association, The Canadian Public Health Association, The Canadian Association for Prevention of Tuberculosis, The Canadian National Council for Combating Venereal Diseases, and the British Columbia Hospital Association. Four meetings were devoted to the consideration of mental hygiene topics. Two in particular were largely attended, and created marked interest. An evening session, open to the general public, was addressed by the Hon. Dr. J. D. MacLean, Provincial Secretary, Dr. C. K. Russel, and others, with Dr. Charles F. Martin in the chair. An account of the proceedings in Vancouver, other than those included in this report, will in due time be published.)

VANCOUVER, B.C.  
JUNE 22ND, 1920.

**D**R CHARLES F. MARTIN, President, took the chair, and Dr. C. M. Hincks acted as Secretary.

### READING OF THE MINUTES

The Minutes of the last annual meeting, held in Toronto on May 26th, 1919, were read and adopted.

### APPOINTMENT OF NOMINATING COMMITTEE

The following were appointed to act as a nominating committee: Dr. C. K. Russel, Dr. C. E. Doherty, Principal W. H. Vance, and Dr. C. K. Clarke.

### PRESIDENT'S ADDRESS

Dr. Charles F. Martin expressed the delight of the Committee in holding the Annual Meeting in Vancouver because British Columbia had been notably progressive in adopting an enlightened mental hygiene programme. He intimated that out-of-town members had been royally entertained and would never forget the many courtesies shown.

The President took occasion to outline valuable work that had been accomplished by the Committee during the last year. He said that much had been done in educating the public concerning the problem of mental abnormality, and the need for the provision of adequate facilities for diagnosis, prevention, and treatment.

During the year, provincial surveys had been conducted in British

Columbia and Saskatchewan. As a result of the British Columbia study the following commendable progress ensued:

Provision for the establishment of a training school for mental defectives on the Essondale property; arrangement for a new building at Essondale for acute cases of mental disease, and for the erection of a nurses' residence at New Westminster; abandonment of present building used as an Industrial School for boys; extension of the special class system in Vancouver public schools; the probable erection of a psychopathic hospital in Vancouver, etc.

The survey in Saskatchewan had been interesting and stimulating, and recommendations would be made for the establishment of psychopathic hospital facilities, provision for the feeble-minded, etc.

Dr. Martin was particularly interested in the education of the Canadian medical student in psychiatry, and stated that McGill University would soon have the advantages of a psychopathic hospital in this connection. It was emphasized that the mental hygiene movement would be continually hampered in its progress unless our physicians were trained in the diagnosis and treatment of mental abnormality. The chief work, therefore, of the Canadian National Committee would of necessity be directed along lines that would facilitate better medical education.

The President expressed approval of the extension of activities to include educational and industrial psychology, and concluded by complimenting the executive officers on accomplishments during the year.

#### REPORTS OF EXECUTIVE OFFICERS

Reports were read by the Medical Director, Associate Medical Director, and Secretary. These accounts are submitted at the conclusion of this report.

FINANCIAL STATEMENTS FOR YEAR ENDING DECEMBER  
31, 1919THE CANADIAN NATIONAL COMMITTEE FOR MENTAL  
HYGIENE

## I.

## BALANCE SHEET

AS AT DECEMBER 31, 1919

ASSETS		
Cash on hand and in bank.....		\$2,111.92
Expense Advances, Assoc. Med. Dir.....		4.83
Subscriptions:		
1918 unpaid.....	\$1,750.00	
1919 unpaid.....	2,399.33	
1920 unpaid.....	18,979.97	
1921 unpaid.....	4,299.98	
		<u>27,429.28</u>
Office Furniture and Equipment.....	1,794.75	
<i>Deduct</i>		
Reserve for Depreciation.....	142.89	
		<u>1,651.86</u>
Prepaid Expenses:		
Rent.....	130.00	
Stationery estimated.....	50.00	
		<u>180.00</u>
International Committee for Mental Hygiene.....		75.01
		<u>\$31,452.90</u>
LIABILITIES		
Secretary's Expense Account.....		\$ .59
Subscription Reserve—		
Subscriptions due in future.....		23,279.95
Supplies—		
Balance forward from 1918.....	\$8,402.31	
<i>Deduct</i>		
Excess of operating expenses over income for 1919.....	229.95	
		<u>8,172.36</u>
		<u>\$31,452.90</u>



## II.

## SUMMARY

CASH RECEIPTS AND PAYMENTS FOR THE YEAR ENDING DECEMBER 31,  
1919*Receipts*

Petty cash on hand Jan. 1, 1919.....\$	15.00
Cash in bank Jan. 1, 1919.....	4,967.16
Subscriptions.....	25,668.98
Overdraft Secretary's Expense Account.....	.59
Med Dir. Expense Advance Jan. 1, 1919.....	485.00
	<hr/>
	\$31,136.73

*Payments*

Salaries.....	\$18,250.88
Rent.....	2,000.00
Postage.....	300.00
Telegrams and Telephones.....	43.93
Travelling—	
Railway fares.....	\$2,015.82
Hotels and meals.....	1,839.01
Taxi and car fares.....	117.85
	<hr/>
	3,972.68
Stationery and Supplies.....	693.72
Printing, multigraph reprints, etc.....	761.99
Taxes.....	58.00
Journal of Mental Hygiene.....	1,361.94
Miscellaneous.....	769.89
Office furniture and equipment.....	598.83
Library furniture and equipment.....	132.61
International Committee for Mental Hygiene.....	75.01
Assoc. Med. Dir. Expense Advance.....	4.83
	<hr/>
	\$29,024.81
Petty cash on hand.....	43.70
Cash in bank.....	2,068.22
	<hr/>
	\$31,136.73

III.

SUMMARY

INCOME AND EXPENDITURE FOR THE YEAR ENDING DECEMBER 31, 1919

*Expenditure*

Educational Publicity.....	\$7,424.19
Surveys.....	5,685.10
War work.....	726.28
Subscriptions costs.....	949.57
Organization.....	2,909.81
Administration.....	5,300.11
Industrial Psychology.....	106.97
Municipal Surveys.....	2,092.16
Mental Hygiene Course.....	820.28
Immigration.....	921.85
Journal of Mental Hygiene.....	361.94
	<hr/>
	\$28,298.26

*Income*

Subscriptions due in 1919—		
Paid.....	\$25,668.98	
Outstanding.....	2,399.33	
	<hr/>	\$28,068.31
Subscriptions due in 1920.....	18,979.97	
Subscriptions due in 1921.....	4,299.98	
Excess of operating expenses over income.....		229.95
		<hr/>
		\$23,298.26

(Signed)

FRED PAGE HIGGINS & CO.,

Chartered Accountants.

## REPORT OF NOMINATING COMMITTEE

The Nominating Committee brought in the following report, which was endorsed by the meeting:

## OFFICERS FOR THE ENSUING YEAR

*Patron*—His Excellency the Duke of Devonshire, Governor-General of Canada.

*Patroness*—Her Excellency the Duchess of Devonshire.

*Vice-Presidents*—Sir Arthur Currie, Sir Robert Falconer, Sir Lomer Gouin, Sir Vincent Meredith, Sir William Price and Lord Shaughnessy.

*Treasurer*—Sir George Burn.

*Executive Committee*—Dr. C. K. Russel, Chairman; Dr. E. A. Bott, Professor J. A. Dale, Dr. A. H. Desloges, Dr. C. E. Doherty, Dr. J. Halpenny, Dr. C. J. O. Hastings, Dr. W. H. Hattie, Mr. Vincent Massey, President—W. C. Murray, Dr. J. D. Pagé, Dr. C. A. Porteous, Professor D. G. Revell, Hon. Dr. W. F. Roberts, Dr. E. W. Ryan, Professor Peter Sandiford, Dr. W. D. Tait, and Rev. W. H. Vance.

*Finance Committee*—Mr. D. A. Dunlap, Chairman; Sir George Burn, Mr. J. B. Holden and Mr. George H. Ross.

*Sub-Committee on Educational and Industrial Psychology*—Mrs. D. A. Dunlap, Lady Eaton, Miss Helen Reid, Mrs. H. D. Warren, Dr. E. A. Bott, Professor J. A. Dale, and Rev. W. H. Vance.

*Executive Officers*—Dr. C. K. Clarke, Medical Director; Dr. Gordon S. Mundie, Associate Medical Director; and Dr. C. M. Hincks, Associate Medical Director and Secretary.

The following were added to the Committee: Sir Arthur Currie, Montreal; Dr. Malcolm T. MacEachern, Vancouver; Dr. J. W. MacNeill, Battleford, Saskatchewan; Dr. A. D. Campbell, Battleford, Saskatchewan; Judge H. S. Mott, Toronto; Dr. George Anderson, Toronto; Mr. P. C. Larkin, Toronto; Dr. C. B. Farrar, Ottawa.

## APPRECIATION OF SERVICES OF OFFICERS

Principal W. H. Vance moved a vote of thanks to the officers of the Committee for their work during the preceding year. Seconded and carried.

(*Adjournment.*)

## REPORTS OF EXECUTIVE OFFICERS

## REPORT OF THE MEDICAL DIRECTOR

During the year a great deal of pioneer work has been done, and the magnitude of the task becomes more and more apparent as the demands from different provinces for surveys reach us. It is inevitable that what might be called necessary spade work has to be undertaken before we have a full knowledge of the situation facing us in the whole Dominion. It will take time, patience, and money to accomplish this, but the work is proceeding as rapidly as possible with the facilities at our disposal. We have made the best of the forces available, and when we are in a position to show the public how much was accomplished, our support will be even better than in the past.

In the early part of the official year the work of the British Columbia survey was done, and although it has not been possible, owing to an arrangement with the British Columbia Government, to make public our report until a recent date, yet the influence of that report has been marked and is resulting in practical reforms that will place British Columbia in the lead in some particulars in regard to its care of mental defectives.

As a matter of policy it has been thought advisable to direct much attention to educating the public to the immense number of mental defectives in the schools. This is something people can understand, and when surveys have been made in towns and cities, and the facts given publicity, the results have been immediate. No better illustration can be offered than Guelph, in the Province of Ontario. It was said before we commenced the survey of that town that little or nothing could be accomplished, as the Board was fixed in its ideas and was not likely to respond. As soon as we were in a position to furnish facts in regard to each school and offered suggestions in the way of a concrete problem the Board responded at once, and there is not the slightest doubt that the work done in Guelph will be far-reaching in the Province of Ontario. We were able to obtain for them a highly efficient and trained teacher from Vancouver, who showed conclusively that what we said was true, and visitors from far and wide are flocking to Guelph to study the methods being developed in that city.

Surveys of many centres in Ontario will be made in the near future, as they have been asked for, and when the enormous task of finishing the survey of the Toronto Schools is finished we will have a mass of details that will furnish a working basis in the way of facts and figures. The investigations being carried on in Montreal by our officers there will also add to the general information.

A good deal of time and energy have been devoted to giving addresses as well as making surveys, and in this way we obtained a measure of publicity for our Committee that is having its effect. In April the Saskatchewan Educational Association asked for a series of addresses to be given to their teachers. This was done, and Canadian Clubs and other organizations were visited in various centres and given an account of the work of the National Committee.

New Brunswick asked for a survey of its social conditions and institutions, and we responded as far as time would permit, and already a good deal of the work of that survey has been accomplished. This study will be completed early in the autumn, as well as a survey of the Province of Nova Scotia.

While it is true that the Provinces of Ontario and Quebec have not asked for formal surveys, nevertheless it is plainly apparent that the influence of the National Committee, even in these Provinces, is of the most pronounced kind, and they are indirectly responding to pressure that is being brought to bear upon them.

Now that we have succeeded in getting the active co-operation of the Dominion Government, the Red Cross Society, and the different Provinces, it is only a matter of time when our work will show even greater results than have already been accomplished. To illustrate the point it may be said that in connection with immigration definite results have been secured. It may be remembered that in my first report some reference was made to the evils of child immigration as carried on at that time. Facts were carefully collected and put in such form that no dispute regarding their accuracy could prevail.

One very well-known society was greatly disturbed over public utterances that had been made, but wisely investigated what we had to say, with the result that they made a specific promise that they would never, knowingly, bring another mental defective to this country. In order to test the truthfulness of this promise, your Medical Director made an inspection of one hundred and sixty-one (161) children at the Port of St. John, N.B.—children sent from England by the Society in question. It was most gratifying to see that the Home had lived up to its word—not one defective child could be found in the group under examination.

Your Medical Director spent a week or more in St. John, and during that time supervised the landing of some four thousand immigrants, with the idea of giving assistance to the immigration authorities, and of making suggestions regarding the education of inspectors. It proved to be a simple matter to detect the defectives and insane and to turn them back to their own country. This demonstration was of assistance in

instructing inspectors, and aided the very capable and energetic head of the Immigration Department—Dr. Pagé.

We have just completed a survey of the Province of Saskatchewan. The material has not yet been put together in the shape of a formal report, but in the near future may be looked for.

Alberta has also asked for a survey, and when this is completed we will have a comprehensive knowledge of social conditions in the Western Provinces.

As was pointed out before, it is fully realized that it is absolutely essential to cover the work of provincial surveys thoroughly before launching out into the investigation of certain problems of great import. These surveys will take time, of course. After that work is done and constructive policies develop in regard to the insane and defectives in each province, we will be in a position to follow up in a more thorough way than we are doing at present such questions as those of industrial psychology. Already we are laying the foundation for work along these lines.

It was thought advisable to continue the course of instruction on Mental Hygiene at the University of Toronto. Last year this course came in for some criticism that was not well founded, and was largely based on misconception of what we are attempting. While some of the pupils of last year's class may not have benefited, yet the majority proved most successful and have done work of which we are very proud—notably in showing how the point of view we wish to illustrate may result in practical things of the utmost value to the country. While the pupils attending this year's course have not been as numerous as last year, owing to the fact that the Department of Soldiers' Civil Re-Establishment are not in a position to send us as many as formerly, nevertheless those taking the course are of the highest type, and will further illustrate the point we are so anxious to emphasize in different centres. Owing to the fact that the University of Toronto is developing a Public Health Course for nurses, which will include a great deal of work in Mental Hygiene, it may not be necessary to continue the special Mental Hygiene Course next year. Until the exact policy of the University is outlined it will not be possible to come to a determination on this point at once.

C. K. CLARKE.

## REPORT OF THE ASSOCIATE MEDICAL DIRECTOR, MONTREAL, P.Q.

The Associate Medical Director, Montreal, begs to submit the following report:

## THE PSYCHIATRIC CLINIC, ROYAL VICTORIA HOSPITAL

The Psychiatric Clinic, Royal Victoria Hospital, has now been in operation since March 1st, 1919. In this period 510 cases have been examined. When the clinic was opened many people were sceptical as to the value of it and even prophesied that we would have very little to do. The results have clearly proven, however, that this clinic is fulfilling a long-felt want in the city of Montreal, and the medical profession, as well as social workers and nurses, are becoming very co-operative in the work of the clinic. Organizations such as the Charity Organization, Women's Directory, Children's Bureau, etc., are sending their cases as a routine method to be examined. A large number of the boys and girls who are brought before the Juvenile Court are also being sent to the clinic for a thorough mental examination, and the Judge has expressed his opinion that it is of great assistance to him in his work. The Clinic has also been of great assistance to social workers and practising physicians in relation to their insane patients who have to be committed to asylums. Now that the superintendents of the asylums understand the clinic, there is not so much delay in having a patient committed, which results in a great saving of time to the social worker and physician.

## THE SURVEY OF THE PROTESTANT PUBLIC SCHOOLS

In October, 1919, permission was granted by the Protestant Board of School Commissioners for a survey to be made of all the pupils in the Protestant Public Schools. This survey was begun in November under the direction of Dr. Morphy and a social worker. Early this year Dr. Tait, professor of psychology, consented to assist in this work and since November over 10,000 pupils have been examined. In this survey Dr. Tait has used the Otis Group Tests, the first time they have been used in Canada, and has clearly demonstrated the value of them. Unfortunately the cost of these tests is so prohibitive as to prevent them being used in all the schools. This survey will be continued until all the pupils have been examined, and it is hoped that, as a result of this work, special classes will be provided for the abnormal child.

## EDUCATIONAL PUBLICITY

In November, 1919, the Committee had an exhibit in Halifax during the "Baby Saving Week" and a letter from Dr. Hattie clearly shows the value of such an exhibit from the standpoint of our Committee. He

said that he was sure that as a result of this exhibit our National Committee had been given a distinct boom in that part of the Dominion.

Your Associate Medical Director, at the request of Dr. Gagnon, delivered two lectures to the Public School Nurses of Montreal on "Mental Hygiene," and as a result of these lectures closer co-operation was initiated between the National Committee and the Public Health Department of the City of Montreal.

On January 16th, 1920, Dr. C. K. Russel, Chairman of the Executive Committee, addressed the Social Welfare Congress in Montreal on the subject of "The Feeble-Minded in Canada."

The Baby Welfare Exhibit was held in Montreal on May 17th-22nd, 1920, and the exhibit of our Committee elicited very many favourable comments. Over 15,000 people attended this exhibit during the week and all were keenly interested. Over a thousand booklets in French and English were distributed, as well as copies of our Bulletin and Journal. The *Montreal Star* had a splendid write-up on the exhibit and we had notices in all the other papers.

From time to time articles have appeared in the daily newspapers about the work and activities of the Committee. Among these articles was an excellent one on the need of psychopathic hospitals.

On May 12th Mr. George A. Hastings, Executive Secretary of the State Charities Aid Association, of New York State, gave an excellent address on "The Community Control of the Feeble-Minded." There was a good attendance and the address of Mr. Hastings aroused considerable discussion.

At the request of the editor of the Canadian Medical Association Journal, your Associate Medical Director has written an editorial for that magazine on "The Value of Psychopathic Hospitals," and has also contributed an article on "The Need of Psychopathic Hospitals in Canada."

#### THE MONTREAL COUNCIL OF SOCIAL AGENCIES

During the last few months a movement of prime importance has taken place among the different charitable organizations in the City of Montreal. This movement means a federation of practically all these organizations into one central body called "The Montreal Council of Social Agencies." This Council was very anxious for our Committee to become a member and, on the advice of our President and Chairman of the Executive Committee, we joined it. Through this Council it is expected that our Committee will be able to exercise considerable influence along the lines of mental hygiene in all charitable work in the City of Montreal.



The first step, as a result of this federation, has been a request for our Committee to make a survey of all institutions for children in the City of Montreal, so that one institution can be set aside for the training of feeble-minded children. It is hoped that this survey will be conducted during the summer months.

#### THE QUEBEC GOVERNMENT

An important meeting of all medical superintendents of insane asylums in the Province of Quebec was held in 1919, at the request of one of our directors, Dr. Desloges. This meeting was the first attempt to improve the classification and treatment of patients in our insane asylums. A detailed report of this meeting appeared in the April number of the CANADIAN JOURNAL OF MENTAL HYGIENE.

The Quebec Government has requested Dr. Desloges to make a mental examination of all the boys and girls in the reform and industrial schools of the Province. Your Associate Medical Director, at the request of Dr. Desloges, made an examination of the boys at the Boys' Farm and Training School, Shawbridge, and is sending a report of this examination to the Quebec Government. It is expected that as a result improved treatment of our juvenile delinquents will be instituted.

Dr. Desloges has made arrangements so that the medical superintendents of the asylums will pay periodic visits to institutions in the United States, and will thus be in touch with all the latest ideas of treatment of the mentally abnormal. He has also made considerable improvement in the institutions for the insane and feeble-minded.

#### MCGILL UNIVERSITY

Through the untiring efforts of our President, Dr. Martin, mental hygiene has been given a distinct place in the teaching of the medical faculty of McGill University. Arrangements are being made so that all medical students will be given a thorough course in psychology and neuro-psychiatry. It is hoped that it will not be long before we will have a psychopathic hospital.

A course in neuro-psychiatry in connection with the Social Service Department of McGill University has been arranged for next year so that social workers will have a thorough ground work in the problems of Mental Hygiene.

#### CANADIAN JOURNAL OF MENTAL HYGIENE

The Journal has been published regularly, although not always promptly. At times it has been difficult to obtain sufficient material, but as the interest in mental hygiene grows in Canada, this deficiency is

decreasing. The editor would like, however, to have closer co-operation between the different members of the editorial board.

#### INDUSTRIAL SCHOOL FOR EPILEPTICS

Every community is faced with the problem of what to do with their epileptics. They cannot go to school, cannot obtain any sort of position, with the result that they sit around their homes and are a source of constant worry to their parents. When grown up they cannot obtain any position, and their relatives do not know what to do with them.

This problem was realized in Montreal, and since there are a large number of epileptics attending the neurological clinic at the Royal Victoria Hospital, a start was made through the efforts of one of our members, Dr. Morphy, to look after some of them. The Montreal Industrial School for Epileptics was founded and a start has been made by organizing two classes, one for male and the other for female, where epileptic children are taught vocational training, such as weaving, basket making, etc. Although these classes have only been in operation a few weeks there have been enquiries from patients' parents and relatives as to the possibility of having their children accommodated. It is hoped that these classes are just the beginning of the formation of an epileptic colony.

#### SOCIAL SERVICE WORK IN CONNECTION WITH ASYLUMS

The social service work in connection with the Verdun and St. Jean de Dieu Asylums, Montreal, has now been in operation for over a year and it has been a distinct success. The social worker has been able to increase the number of days of patients on parole by 11,000 days, which means not only a distinct financial saving to the government, but also a distinct help to relatives and friends. On May 1st Miss Mignault was appointed to succeed Miss Lavallée. Miss Mignault has had several years' experience in social work in connection with the Juvenile Court, so that she is very well fitted for the position.

GORDON S. MUNDIE.

#### REPORT OF THE ASSOCIATE MEDICAL DIRECTOR AND SECRETARY\* GENERAL REMARKS

Since the last combined meeting of the Executive and Finance Committees, held in Toronto on January 29, 1920, notable progress has been made. Perhaps chief emphasis should be placed upon activities in connection with industrial psychology.

\*The Secretary's Report to the Executive and Finance Committees covers the period since January 29, 1920. Previous progress has already been reported by the Secretary and need not again be detailed.

Under the directorship of Dr. E. A. Bott a public school survey has been inaugurated to determine such facts as the following: (1) The percentage of retardation among children who leave the public school to go to work. (2) The reason children under sixteen years of age leave school for industry. (3) The history of the first two years of the industrial life of the child.

Particular attention is directed to Dr. Bott's investigation because it marks an innovation in connection with the work of the Committee. Up to the present our energies have been directed in attempting to solve the problems of mental abnormality and of necessity we will continue this important work. It may be, however, that as time goes on our most fruitful field of endeavour will be in the realm of industrial and educational psychology, and, as has been said, a beginning has already been made in the new work.

Last year Lady Eaton subscribed \$5,000 in addition to an original gift of \$3,000, with the understanding that \$1,000 be devoted to industrial psychology. This donation is making possible our initial work, and Dr. Bott is employing the services of two social workers and a stenographer until September. If the results of his investigation prove promising, the Committee will be requested to continue its support, and the Secretary has a plan by means of which needed funds can be raised. In another part of the Secretary's Report a detailed account will be found concerning the work in Industrial and Educational Psychology.

The attention of the Executive and Finance Committees might also be directed to Red Cross co-operation. The Canadian Red Cross Society made our Committee a preliminary grant of \$5,000 in May, 1920. In the same month the Red Cross convened a Congress of representatives of the various bodies in Canada engaged in public health work. The delegates to this convention outlined the activities of their respective organizations, and suggested ways and means of bettering their efficiency, of preventing overlapping and waste, and of securing desired Red Cross co-operation.

Dr. W. H. Hattie and Dr. C. M. Hincks represented the Canadian National Committee for Mental Hygiene at this important Congress. Further mention will be made of the subject later in the report, but it might now be stated that the entrance of the Canadian Red Cross Society into the public health field of the Dominion will prove particularly beneficial to such societies as our own. No doubt assistance will be given to us in connection with educational publicity and finance. With regard to the latter, your Secretary suggested that in future the

Canadian Red Cross Society donate at least one-quarter of the Committee's annual budget, and this request was not met unfavourably.

For some time to come the chief work of our organization will be in connection with provincial mental hygiene surveys. The results obtained in Manitoba and British Columbia demonstrated conclusively the value of the survey method. We are therefore looking with optimism to the future of Alberta, Saskatchewan, New Brunswick, Nova Scotia, and Prince Edward Island. These provinces have all officially requested studies, and the surveys will be made at the earliest possible moment. A printed report of the British Columbia survey appears in the April, 1920, issue of the CANADIAN JOURNAL OF MENTAL HYGIENE, and two hundred reprints are available for distribution. The Saskatchewan study was completed in June, 1920. A report of the latter is now being compiled.

The Executive and Finance Committees are requested to consult portions of this report that deal with educational publicity, immigration, public school surveys, Mental Hygiene Extension Course for social workers, statistics, finance, etc.

#### INDUSTRIAL PSYCHOLOGY

Dr. E. A. Bott is making an initial study in Toronto because the whole-hearted co-operation of the Toronto school authorities has been obtained. If useful facts are collected within the next few months it may be prudent to extend the research to other cities in Canada.

Something of the nature of the present study can be gleaned from a letter written by Dr. Bott on May 23rd to your Secretary. The letter reads in part as follows:

#### SELECTION OF THE PROBLEM

After looking into the literature and practice in the United States it appears that the better way to make a beginning in the general field of Industrial Psychology in Toronto is to commence with juvenile rather than adult labour and to extend the scope of the work as the situation warrants. The proposed inquiry should itself be pertinent for the broader field, as juvenile labour constitutes one source of our general labour supply. Moreover, through the schools, the antecedents of juvenile workers may be ascertained, and educational factors may be modified in their behalf, should the facts as shown by an investigation, demand it. With adult employes, on the other hand, not only is the situation more complex, and relations more tense, but a public opinion which would endorse a scientific attitude toward the human element in industry can scarcely be said to exist with us as yet.

## OFFICIAL CONTACTS

I am enclosing a copy of my letter of the 14th inst. to Inspector Cowley, Toronto, and of his reply of the 20th, regarding the relation of our inquiry to the Board of Education. An equally cordial offer of co-operation has also been received from the Municipal Department of Health, through its staff of nurses, and from the Municipal Research Bureau. Various social agencies in the city can also be depended upon for assistance in making contacts with homes and with certain employers.

## THE PROBLEM

The Annual Report of the Toronto Board of Education for 1918 shows that 3,010 pupils, 14 years old or over, dropped out of school altogether, not going to any other educational institution. This total is exclusive of those who left the city (3,986), or were granted exemption (134), or left owing to mental deficiency (48), or to protracted illness (448), or to other physical disability (97), or who passed Entrance (2,150), or left to enter Technical or other schools outside the jurisdiction of the Board (900).

The school year 1918-19 is selected in order that the children concerned may have had one year's working experience at the present time. Owing to the entire absence of records of these 3,010 children since they left school it is proposed to divide the inquiry into two parts:

*First*—To ascertain certain facts regarding this entire group—the distribution by sex, age, grade, school locality, etc., by an analysis of official school records.

*Second*—To make a selection of 300 to 400 of these children as a sample from half-a-dozen representative schools. For this small group exhaustive information would be sought as regards their school history, industrial history, and home situation—the information required being that indicated on the three accompanying forms.

It is hoped that from the data obtained respecting this small group certain inferences can be drawn as to the situation affecting the 3,000 who leave annually, which will enable us to lay plans for a more intensive investigation next winter.

## STAFF AND OFFICE REQUIREMENTS, EXPENSES

Within the past fortnight three appointments have been made for this work, viz.: Miss Kirkpatrick, office assistant, on part time at 50c. per hour to work on records and reports.

Miss Walker and Miss Anderson, both graduates of Arts and of the Social Service Department, University of Toronto, at \$125 per month, for field work.

At present, central office accommodation, typewriter, etc., is being provided in the Department of Psychology, and assistance is also being given gratuitously by the office staffs of the Board of Education, the University Social Service Department, and in various schools. The present outlay is therefore confined to the salaries of the three workers mentioned above. The sum of \$1,200 would suffice for this purpose to September 15th, 1920, or a proportionately smaller amount if the field work is interrupted during July or August.

#### OBJECT OF THE INVESTIGATION

Similar inquiries to the above in the United States have shown:

(1) That the pupils who leave public school to work are for the most part those who have profited least under the present school regime—more than two-thirds of those dropping out in Cincinnati, 1911-12, being one year or more retarded in school.

(2) That economic necessity is not a primary cause for dropping out in more than 25 per cent. of cases, but discouragement through failure in school, the routine not being adapted to develop such ability as this type of boy and girl possesses. This latter is a more fundamental cause.

(3) That the situation of juvenile labour in industry, between the ages of 14 and 16 years, is one of great instability, with low wages and little opportunity of promotion or serious training, and that on the whole their experience is of no educational value industrially.

(4) That with the present critical conditions in industry to-day the remedy for these difficulties as regards children leaving school to work must be sought chiefly by the school authorities rather than by employers, *i.e.*, by provision of such instruction in the schools as will better fit this lower level of pupils to take their places more effectively and at a more mature age in the world of labour.

"Our inquiry this summer is intended only as a preliminary step in finding the facts of the situation in Toronto. The results should prepare the way for a broader investigation in the schools and outside to follow later, with the ultimate object of advocating such changes in policy as the situation may require, *e.g.*, in the work of special classes, government employment offices, vocational bureaux, etc.

The study undertaken by Dr. Bott will form a natural link between our previous work among the definitely abnormal and future activities among the normal. In other words, the present investigation deals with retardation in school and in industry, and retardation might be considered as a borderland state between normality and abnormality.

There is a feeling abroad that the Primary School is not accomplishing in a satisfactory manner what it sets out to do—the training

of children for citizenship. Although much dissatisfaction exists it must be admitted that thorough investigations have not been conducted in Canada, and practicable plans based upon careful studies have not been submitted for the improvement of the school situation. It seems, therefore, that the Canadian National Committee for Mental Hygiene can perform a very real service in connection with the whole educational problem. By commencing with a study of the relationship that exists between retardation in school and industry we can in time evolve a programme that will be better suited to the needs of backward children and with this as a starting point we can well extend our study to include the whole educational system.

It seems to your Secretary that we are now embarking upon the most important work yet undertaken by the Committee—a work that may possibly result in a considerable reorganization of the Primary School system from coast to coast. The work is of such importance that it is recommended that a special committee be appointed to deal with the subject. This Committee might be known as "The Educational and Industrial Psychology Section," with the personnel to be appointed by the Executive Committee.

#### RED CROSS CO-OPERATION (FURTHER NOTES)

As has been stated, on May 12th and 13th the Canadian Red Cross Society called together a conference of such representative health bodies as the following: Federal Department of Health, Provincial Departments of Health, Provincial Red Cross Societies, St. John's Ambulance Corps, Victorian Order of Nurses, Canadian Society for the Prevention of Tuberculosis, Canadian National Committee for Mental Hygiene, Canadian National Council for Combating Venereal Diseases, Canadian Public Health Association, Canadian Graduate Nurses' Association, etc.

This conference was eminently successful, and in due course the proceedings will be printed. A permanent organization was formed and no doubt a definite policy of co-operation will be consummated.

In the absence from Toronto of Mr. D. A. Dunlap and Dr. C. K. Clarke, the Canadian National Committee for Mental Hygiene was represented by Dr. W. H. Hattie and Dr. C. M. Hincks.

In addition to outlining the activities of our Committee your Secretary suggested that the Canadian Red Cross Society might be of great assistance to such organizations as ours in the following ways:

#### (1) CONFERENCES OF HEALTH BODIES

The Red Cross might with benefit call together from time to time

representatives from National Health organizations, with the purpose of securing better co-operation of activities. (This suggestion was later put into effect by the conference.)

#### (2) EDUCATIONAL PUBLICITY

It was pointed out that one of the best avenues of educational publicity was the platform address, because newspaper accounts usually followed, and many people were thus reached. The statement was also made that at the present time it might well happen that in a city or town, speakers representing such varied activities as mental hygiene, prevention of tuberculosis, or control of venereal diseases, would present their cases in the space of a single week. During the remainder of the year, health propaganda might in these places be entirely neglected. It was therefore suggested that the Canadian Red Cross Society make arrangements through its various branches to prepare in advance lecture programmes that would extend throughout the year, and that the local bodies would take upon themselves the responsibilities of advance notices, etc.

#### (3) FINANCIAL CO-OPERATION

Your Secretary stated his belief that it was easier for the Red Cross to raise funds than for such specialized bodies as the societies dealing with tuberculosis, venereal disease, and mental hygiene. He therefore advocated a yearly Red Cross drive for funds, and that one-third or one-quarter of our own budget be paid directly by the Canadian Red Cross Society.

#### (4) RED CROSS REPRESENTATION ON EXECUTIVE

An invitation was extended to the Canadian Red Cross Society to elect a representative to our Executive.

It is the belief of the Secretary that a number of the above suggestions will be put into operation. The Canadian Red Cross Society seems eager to co-operate with existing national health agencies as far as possible. There is no desire for overlapping, and as far as mental hygiene is concerned, our Committee will be left with a free field and will, no doubt, receive financial Red Cross support.

#### PROVINCIAL SURVEYS

Since the last combined meeting of the Executive and Finance Committees held on January 29, 1920, official requests have been made for surveys in Nova Scotia and Saskatchewan. The Saskatchewan study was made in June of this year, and the surveys of the Maritime Provinces will be conducted in the autumn.



## EDUCATIONAL PUBLICITY

(a) *Lectures.*—Our President, Dr. Charles F. Martin, delivered an address in May to the Ontario Medical Association on the subject of "The Relationship of Psychiatry to the General Practitioner." Since the progress of the Mental Hygiene Movement depends in no small measure upon the co-operation received from the medical profession Dr. Martin was rendering our organization valuable assistance by delivering his timely lecture. It will remain for such men as our President to awaken the profession to their obligations in the field of mental abnormality because psychiatrists often fail to carry weight in presenting their views. This is the case, since the specialist is often believed to be "hipped" on his subject, and unduly emphasizes its importance. Dr. Martin has kindly consented to continue the good work by addressing the New Brunswick Medical Association, the Canadian Club of Victoria, B.C., and by speaking at our annual meeting in Vancouver.

Mr. George A. Hastings, Secretary of the Mental Hygiene Division, New York State Charities Aid Association, upon our request visited Montreal and Toronto and gave a number of interesting lectures on "Community Control of Mental Abnormals." His activities were particularly helpful in connection with the Mental Hygiene Extension Course, held under the auspices of our Committee and of the University of Toronto.

In April, 1920, Dr. C. K. Clarke was invited to deliver several lectures to the Saskatchewan Teachers' Association in Saskatoon. Our Medical Director complied with the request and gave addresses in Saskatoon, Regina, and Winnipeg. One of the direct results of this mission was the official request from Premier Martin asking for a survey of Saskatchewan.

In February, 1920, the Secretary visited St. John, N.B., Halifax, N.S., and under the auspices of Social Service Councils and other bodies gave a number of addresses on mental hygiene. It might be noted that the subject attracted the interest of large numbers of people and hearty approval was given to the desirability of putting into operation a thorough-going mental hygiene programme. In Nova Scotia a movement is afoot to secure the co-operation of the editors of the daily newspapers to print articles on Mental Hygiene during the autumn months, when the Nova Scotia survey will be in progress. This will assist greatly in securing a solid body of public opinion behind any constructive recommendations that might be made by the Committee in its report.

At the Ontario Educational Association held in Toronto in April, 1920, papers on Mental Hygiene were given by Miss Mariorie Keyes,

Miss E. de V. Clarke, Dr. Eric Clarke, and Dr. C. M. Hincks. These addresses received considerable newspaper publicity and were instrumental in securing public backing for the establishment of special classes for backward and defective children, and for the erection of a modern Psychopathic Hospital for Toronto.

Lectures have also been given by Mrs. C. R. Crowe, Guelph, Ontario, and by other members of our Committee.

(b) *Mental Hygiene Bulletin*.—In February 10,000 copies of the first issue of our *Mental Hygiene Bulletin* were printed and distributed throughout the country. Another issue was due in May, but the Secretary deemed it advisable to distribute copies of the British Columbia Report in place of the Bulletin. This attitude was taken because it seemed that the material in the report was useful for publicity purposes.

#### IMMIGRATION

Through the courtesy of Dr. John A. Amyot, Deputy Minister of Health, and Dr. J. D. Pagé, the Committee has been enabled to cooperate in immigration affairs as follows:

##### (1) TRAINING OF IMMIGRATION INSPECTORS IN PSYCHIATRY

Arrangements were made to give a preliminary course in psychiatry in Toronto to Immigration Inspectors, and two men have already taken advantage of this facility. The Secretary visited Ellis Island and secured the consent of United States immigration officials to take Canadian Inspectors temporarily on the staff for practical psychiatric experience under actual immigration conditions. The United States officials suggested a course at the Psychopathic Institute to be taken concurrently with work at Ellis Island, and it was found that this could be carried out.

This practical work of the Committee will make possible the training of the existing staffs attached to our ports of entry, and will be a splendid contribution in helping to solve the psychiatric side of the problem of immigration.

##### (2) BARNARDO CHILDREN

Our Medical Director was given authority by the Federal Department of Health to inspect four ship-loads of immigrants who arrived in St. John in April. Dr. Clarke examined some 4,000 passengers, among whom were about two hundred Barnardo children. Some time previous to this a consultation had been held with authorities of the Barnardo Home in Canada, when facts were presented concerning defective types that had been brought from England in the past. This consultation resulted in a desire to improve the type of child immigrant

on the part of the Barnardo Home. That the desire bore excellent fruit was found by Dr. Clarke in his examination of the two hundred children. He did not find a single defective in the party.

The examination of the other passengers resulted in the detection of a number who were feeble-minded or insane. This work was done in the presence of Immigration Inspectors, and was helpful to them in demonstrating in a practical way the methods of psychiatric examination of immigration.

### (3) BOOK ON CANADIAN IMMIGRATION

Professor W. G. Smith's text on Canadian Immigration has been printed and is now ready for distribution. It will be remembered that Professor Smith's investigations were carried out under the auspices of our Committee.

### PUBLIC SCHOOL SURVEYS

Public School surveys are being conducted at the present time in Montreal and Toronto. A valuable body of facts is being collected, which will result in the establishment of special classes, and an all-round enlightened mental hygiene programme.

Dr. E. J. Pratt is completing a detailed study of 700 representative Canadian school children. This is the most intensive piece of work of its kind ever attempted in Canada, and, when the results are published, useful material will be available for Boards of Education and other interested bodies and individuals throughout the Dominion.

The purpose of Dr. Pratt's survey can be outlined as follows:

(1) To discover the intelligence status of a primary school situated in an average social environment by making a clinical examination of every pupil in accordance with standardized tests—the Terman Revision of the Binet Simon Tests being used.

(2) To compare the Intelligence Quotients thus ascertained with the estimates given by the teachers of the pupils with reference to their mental calibre and their actual attainments as revealed by school marks.

(3) To determine what relation, if any, the Intelligence Quotient may have with the school attendance, application to work, conformity to discipline, play-ground reactions, and, in general, to volitional characteristics.

(4) To notice presence or absence of physical stigmata, mannerisms, emotional instability, etc.

(5) To find, by comparing the nutritional index of each pupil with the Intelligence Quotient, whether there is any correlation between retardation and malnutrition.

(6) To discover data which might be of value in furthering the promotion of special classes whereby retarded pupils might be individually trained in accordance with their potential rate of advancement, and thus avoid the handicap which the teacher, at present, undergoes in dealing with heterogeneous types in the same class-room.

(7) Finally, to have in hand as complete a record as possible both of the Intelligence Quotient and the academic rating of the pupils, with a view to the future following-up of their history when they get out into industrial life. Scientific correlations in this respect should throw considerable light upon the adaptation or otherwise of the school system for State ends.

N.B.—Western Avenue School, Toronto, was selected because it was of an average social status, and had an enrolment large enough to furnish basis for reasonable generalizations, and moderate enough to be effectively handled by one investigator through the academic year—the attendance being six hundred.

Over five hundred children have already been examined and the balance will be completed before the end of the school year. A psychiatric examination in special cases, over and above the strictly psychological survey, will be made by Dr. C. K. Clarke.

#### EXTENSION COURSE IN MENTAL HYGIENE FOR SOCIAL WORKERS

Some twenty odd students from all parts of Canada enrolled in the Extension Course in Mental Hygiene which was arranged by our Committee in affiliation with the University of Toronto. This Course was of two months' duration, and extended from the middle of April to June 21.

The students enrolled were of a splendid type, and for the most part had previous nursing training. They were enthusiastic about the work and will be valuable mental hygiene missionaries.

#### TORONTO JUVENILE COURT

Our Committee co-operated with Judge H. S. Mott, of the Toronto Juvenile Court, in establishing a Psychiatric Department in the Court. The full time services of Dr. George Anderson were secured, together with a psychiatric social worker and an assistant. Dr. Anderson fills the position of Chief Probation Officer and thus is vested with authority to put his recommendations into practice. This constitutes the most advanced step in court organization, as far as mental hygiene is concerned, ever taken in Canada or the United States. If the experiment proves successful, as indeed it should, the Committee will advocate a similar procedure in other Juvenile Courts.

## TORONTO PSYCHOPATHIC HOSPITAL

The Committee has made a definite endeavour to secure a thoroughly modern Psychopathic Hospital for the city of Toronto. The function of this hospital will be the temporary care and observation of cases of mental abnormality and will include facilities for research and the education of medical students and nurses.

If the Committee had not taken an interest in the proposition at the present time the Toronto City Council would have erected merely a Reception Hospital two miles from the Toronto General Hospital and the University of Toronto. Indeed, such an inadequate arrangement might still be consummated unless the Committee maintains an active campaign.

Our thanks are due Mr. D. A. Dunlap, Mrs. A. M. Huestis, and others who have devoted much time and energy in connection with the whole matter.

## STATISTICS

Miss Marjorie Keyes spent some time in New York City studying the methods of the Statistical Department of the (United States) National Committee for Mental Hygiene. Since returning to Canada she has been active in the collection of data pertaining to mental abnormalities in the Dominion.

## ONTARIO NEURO-PSYCHIATRIC ASSOCIATION

The Superintendents of Ontario Mental Hospitals, together with a number of individuals engaged in psychiatric and neurological work, formed the Ontario Neuro-Psychiatric Association in Kingston in April, 1920. Dr. E. W. Ryan was elected its first President. In the near future an attempt will be made to form a Dominion-wide organization with the Ontario Association as a branch.

Our Committee is greatly interested in the success of the enterprise because we believe that much can be done by the Superintendents to bring about many needed improvements in the Mental Hospital system.

## FINANCE

The following new subscriptions have been made to the Committee since the last meeting of the Executive and Finance Committees: The Canadian Red Cross Society, \$5,000; Manitoba Government, \$1,000; Mr. D. A. Dunlap, \$1,000 (additional); Federal Government, \$10,000; Dr. Charles F. Martin, \$500; Mr. P. C. Larkin, \$250; and Mrs. W. S. Hodgens, \$10.

The operating expenses between January 1st and May 1st, 1920, were \$14,032.66, and the estimated expenditure between May 1st and December 31st, 1920, is \$31,424.78. To meet this latter amount there are available assets of \$27,493.73, leaving a deficit of \$3,931.05.

Our financial position seems to the Secretary to be quite sound, because most promising arrangements are now being made to secure for 1920 an additional \$10,000, an amount sufficient to leave us with a balance of over \$5,000 at the end of the year.

#### RECOMMENDATIONS OF THE SECRETARY\*

(1) Election of sub-committee on educational and industrial psychology.

(2) Approval of Dr. Bott's plan for the temporary employment of workers for research in industrial psychology.

(3) Appointment of an Associate Secretary on half-time basis. (So many demands are made upon the Secretary's time that he finds it quite impossible to accomplish alone the work in hand, and hence the need of the services of an associate.)

(4) Adoption of policy for the publication of the Mental Hygiene Bulletin. The Executive and Finance Committees are requested to express themselves concerning the value of this publication, and, if it is deemed prudent to continue its existence, to appoint an editor. (The Secretary was appointed editor.)

(5) Continuation of the work as outlined in the Secretary's report—activities in connection with provincial surveys, training of Immigration Inspectors, Primary School research, collection of statistics, etc.

(6) Approval to move Toronto office from 9 College Street to 102 College Street.

(7) Discontinuance of policy of providing an Extension Course in Mental Hygiene under the auspices of the Committee. (The Canadian Red Cross Society is prepared to finance University training in public health work, and mental hygiene instruction can be included under Red Cross auspices.)

(8) Vote of thanks to the Manitoba Government for subscribing \$10,000.

(9) Co-operation with the Department of Soldiers' Civil Re-Establishment to help solve the problem of the mentally handicapped discharged soldier. (The Department of Soldiers' Civil Re-Establishment

\*The recommendations of the Secretary were approved by the Executive and Finance Committees.

have requested our aid in devising ways and means of helping mental abnormals under their care.)

(10) Approval of appointment of Red Cross representative on our Executive Committee.

(11) Endorsement of proposal to form a Canadian Neuro-Psychiatric Association.

C. M. HINCKS.

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**NOTES AND NEWS****BUREAU OF SOCIAL HYGIENE STUDIES FEMALE DELINQUENCY**

**T**HE Bureau of Social Hygiene, New York, has recently made a study of 587 women in various reformatories and other institutions in New York State. The result of this survey is soon to be published by the Century Company under the title of "Women Delinquents in New York State." The purpose of the study is considered to be "an attempt to furnish a scientific basis for the conceptions regarding women offenders through an investigation concerning the distinguishing characteristics of women committed on either serious crimes or minor offences in New York State. It has not been our object either to defend any scientific thesis or to combat established ideas regarding the characteristics of these women. We have merely aimed to determine so far as possible the facts."

Of all the women involved 85 per cent. were sex offenders and about two-thirds commercial prostitutes. More than half of the women were recidivists. Only a small number had been convicted as juvenile delinquents. Alcohol had been used by 47 per cent. of the women—excessively by 20 per cent. Drugs were used by 18 per cent. and only 25 per cent. of the women smoked.

Home conditions of the women showed that very few came from either very poor or very rich families; the great bulk were classed as either poor or fair, of the latter class the self-supporting families contributing 25 per cent. of all the women. When the homes were graded for moral standards a similar condition was found. Few of the women (10 per cent.), came from very bad homes, while 20 per cent. of the homes were classified as really good. Nearly half of the families were considered fair, *i.e.*, having reputable standing in the community. Parental supervision in these families was found to be less satisfactory, only 3 per cent. of the women having had what could be considered good supervision while they were growing up.

From a study of the wages earned by the women when out of detention, it was noted that lack of money was probably not responsible for getting into difficulties with the law.

Very careful tests were made of the mental capacity of the women. Offenders against property were found to be, on the average, more intelligent than offenders against chastity. Those from good homes were more intelligent than the others. No relation was found between



intelligence and the use of drugs or alcohol, nor between intelligence and what the study calls defective heredity.

There was, however, a relation between intelligence and the kind of work the women had done when at liberty. The more intelligent women going apparently into more skilled work, while the ranks of the domestic workers were filled up with some normal women.

Generally speaking the women did not seem to deviate very markedly from the general population in intelligence—not nearly so much as has been supposed in the light of various studies which have made most prostitutes appear feeble-minded. It is interesting to note that the sex offenders average inferior to the rest in inherent intelligence.

Tests for venereal disease, which do not appear to have been very thorough, show 42 per cent. of the prostitutes had syphilis, 16 per cent. more were doubtful.

*Social Hygiene Bulletin*, August, 1920.

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A Department of Vocational Therapy has been established at the Nova Scotia Hospital, Dartmouth, N.S., under the directorship of Miss Mary Black.

Miss Black served for over a year as a Vocational Instructor with the Department of Soldiers' Civil Re-Establishment.

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#### PSYCHIATRIC SOCIAL WORKERS WANTED

THE United States Public Health Service has appealed to the American Red Cross to begin a national campaign for volunteers to be trained as psychiatric social workers among the 50,000 World War veterans suffering from nervous and mental diseases in Public Health Service hospitals. Nearly two hundred workers will be needed before fall to care for such cases. There are to-day only 150 such workers in the country, and it is obviously inexpedient to take them from their present tasks.

In accordance with this request, the Red Cross seeks volunteers for these positions at salaries ranging from \$1,500 to \$2,100 a year, offering summer school courses, on a scholarship, if necessary, to provide trained workers by fall. The Red Cross is so hard pressed in its own departments that it will be necessary to recruit students from other groups of social workers. That the employment will not be temporary is shown by figures compiled by the Bureau of War Risk Insurance,

which estimates that the peak of these cases will not be reached until 1929.

There are at present several large hospitals operating under the Section of Neuro-Psychiatry in the Public Health Service. One has no trained psychiatric worker, while none has more than one. The number of beds each worker can handle efficiently is estimated at forty, so that, with a capacity of about 1,300 beds in the seven hospitals, 34 workers needed in them alone. About 100 others are needed in the District Supervisors' Office of the Public Health Service Department and in other administrative tasks. Seventy more are needed to handle increasing numbers of cases expected in the fall.

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#### GERMAN CONDITIONS GROW INTOLERABLE. PROSTITUTION INCREASES AS MARK VALUE FALLS

FROM a "Bulletin" correspondent on the continent, a well-known and well-posted American author, comes the following description of conditions in Germany, particularly Berlin. The letter is dated April 24, 1920, and is therefore indicative of the present status of many communities in that country.

While I was in Berlin in February one of our officials looked into the social hygiene situation. He encouraged a German physician, an expert on the subject, to make a report. It was an appalling document. Next day the German came into the American's office and asked to see his report again. The American handed it over and the German tore it up. "I thought about this matter all night," he said, "and I could not conscientiously send out a document reflecting such discredit on my country." This may give you a glimpse of the situation. There were in February 30,000 prostitutes on the streets of Berlin. Many were war widows with children, who worked all day but couldn't make ends meet owing to the disparity between pay and the falling value of the mark. This appears to be a straight case of prostitution through economic determinism. I shan't soon forget one Berlin experience. Late at night I was coming down Unter den Linden when I saw approaching me a plump, settled-looking, apple-cheeked, middle-aged woman with spectacles. She wore a black cape and a decent black bonnet; she looked like one of the pictures of farmers' wives which you see on the cover of the *Saturday Evening Post*. In fact, I noted her for that resemblance. Well, as I passed her she solicited me.

It almost goes without saying that virtually all of these prostitutes are infected. However, I fear you'll never get any statistics from the

Germans. In the first place most of them will feel like the physician I have mentioned. In the second place the present government is weak, and the experts of the old government are refusing to help out. So statistics are, I find, badly kept and unreliable.

*Social Hygiene Bulletin.*

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### PROVISION FOR THE EARLY TREATMENT OF MENTAL AND NERVOUS DISEASE IN ENGLAND

THE following letter to the editor of the London *Times*, signed by Thomas Barlow, Clifford Allbut, G. H. Savage, Frederick W. Mott, Robert Armstrong-Jones, John Lynn-Thomas, William McDougal, Charles S. Myers, G. Elliott Smith, R. Percy Smith, Bedford Pierce, Robert B. Wild, David Drummond, A. H. Trow, M. Thomas and E. Goodall, will be of interest to Canadian readers as showing the efforts now being made in England to provide for the early treatment of patients with nervous and mental disease:

“To the Editor of *The Times*,

“SIR:—Permit us, through the medium of your columns, to draw attention to the urgent need of reform in the methods of dealing with disorders of the mind in this country. The insane are still dealt with under the provisions of the Lunacy Act, 1890. In 1914 the Medico-Psychological Association of Great Britain and Ireland, after careful inquiry into the status of British Psychiatry, urges reforms in the methods of treatment of incipient mental disease, and the provision of facilities for study and research. In November, 1918, this association adopted a report of a sub-committee appointed to consider the amendment of the existing lunacy laws. This report states that there are very few facilities for patients who are threatened with mental breakdown to obtain skilled treatment until they are placed under certificates under the Act, whereas the early symptoms of disorder often occur long before certification is possible; that, owing to treatment being delayed, the most valuable time for adopting measures to secure early recovery is lost; that the public, which is alive to the material and moral damage which certification often inflicts on the patient and his relatives, refuse to resort to it, even when it has become possible, and thus still further postpone the adoption of efficient treatment; that where certification has to be resorted to, the subsequent course of events often shows that this might have been avoided had there been facilities for treatment under other conditions; that many medical practitioners, having had

no opportunity of gaining knowledge of the manifestations and treatment of mental disorders in their early stages, fail to recognize the seriousness of the condition, and are, further, deterred by the necessity of certifying the patient, from advising suitable treatment.

"The existing Lunacy Act, protecting, as it does, society, and safeguarding the liberty of the subject, allows insufficient scope for the treatment and cure of the patient.

"The position—and we cannot believe that the public can be aware of it—is that a very large class of the community is debarred from obtaining advice and treatment (except such as can be given in an out-patient department, and this provision is extremely rare) in the early stages of disease, and this owing to the operation of laws designed mainly with a view to protecting the interests of that class.

"The proposals made by the experts composing this sub-committee to remedy the defects summarized, correctly represent the view of all with practical knowledge of the subject. These aim at the provision of treatment in the early and curable stages of mental disorder without certification, which provision would be rendered possible by a short amending bill to the Lunacy Act, embodying the reforms most urgently needed. The proposals are, in brief, as follows: The provision of clinics—the so-called psychiatric clinics—in large centres of population, and especially in connection with the general hospitals and where schools of medicine exist; the extension of the system of voluntary admission (which now obtains in respect of licensed houses and registered hospitals for the insane) so that patients, whether of the private or rate-aided class, may place themselves for treatment in county borough mental hospitals; or further provision for the private-patient class, so that, with the approval of the board of control, such may be received without certification (but with the cognizance of the central authority) into homes, privately owned or supported wholly or partly by voluntary contributions, and also into existing public and private mental hospitals ("licensed houses"); also received, with the sanction of the board, as single patients, without certification, provided that a medical practitioner gives a written recommendation, stating that suitable treatment can be obtained in the proposed house.

"Of the above proposals, that concerned with the establishment of clinics in psychiatry—with in- and out-patient departments—as an integral part of the general hospital system is the most important. Our main hope of avoiding the never-ending extensions to existing asylums lies in the operation of these clinics. In this respect this country is deplorably backward as compared with other European countries, great and small, with the United States, and with some of the com-

ponent parts of the British Empire. This is the more regrettable since it is in these clinics that students and the future holders of posts in mental hospitals should be taught and all available means of research be provided. For none of these purposes is the present 'asylum' system adequate. In such clinics, patients would be received without reception orders or certificates, and would be subjected to the minimum of official supervision; and on these lines they might be treated for a stated period—not less than six months. The late Dr. Henry Maudsley was the first to give practical expression to the urgent need for these clinics when, eleven years ago, he made his munificent gift—ultimately amounting to £40,000—to the London County Council, which rendered possible the erection of the Maudsley Neurological Hospital, Denmark Hill. This hospital has rendered most valuable service during the war in the treatment of patients and the instruction of medical officers. It is gratifying to think that Dr. Maudsley's wish that his hospital should be used for the treatment of early cases of mental disorders, without certification, and for the teaching of psychiatry, is likely ere long to be realized.

"In this connection it will be of interest to recall that in the case of mentally disordered soldiers the army authorities arranged, during the war, that they be received into military mental hospitals without any orders or certificates. These men were, in the first instance, not sent to asylums until the mental disability had lasted for a period of nine months and was deemed incurable; later it was decided that this step should be taken after observation and treatment for such an extended period as was necessary to form the opinion that recovery was unlikely. Large numbers of the men were received in very early phases of the disease. The immense boon and solace this wise step conferred upon the patients and their relatives are best known to those physicians who have been connected with these hospitals. If these men could be treated thus whilst in khaki, they could, and should, be similarly treated as civilians, and under far better medical conditions than in asylums. The war has in this, as in other instances, been a means of education.

"The necessity of carrying out the reforms above outlined has been repeatedly urged in the leading organs of the medical profession. That the board of control, the central authority in matters appertaining to the insane, is well aware of the pressing need for them is sufficiently shown by the recommendations contained in its fourth and fifth annual reports for the years 1917 and 1918. From the latter it appears that the board has submitted to the Lord Chancellor and the Secretary of State the heads of a bill, with a recommendation that it should be introduced into Parliament at the earliest practicable date, and be pressed forward

as a measure of urgent importance to the health and welfare of the people. In October, 1918, a deputation representing the National Council of Mental Hospital Authorities was received at the Home Office, and it was abundantly clear that that department was in sympathy with the representations made with a view to these reforms. Up to the present, however, we have no evidence that any step whatever has been taken to the desired end.

"We believe it to be the fact that in the present Parliament there are a number of medical men and others interested in this matter, and there is a reasonable hope that such a bill would meet with sympathy and a swift passage into law.

"We would, therefore, earnestly appeal to you to lend your powerful support in this matter, so that the introduction by the government of the legislation necessary to facilitate, on the lines indicated, the early treatment of mental and allied nervous disorders may be no longer delayed, and a grievous injustice to a very large class of suffering humanity may be removed."

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#### EFFECTS OF THE WAR UPON POPULATION OF ENGLISH HOSPITALS FOR MENTAL DISEASE

**D**R. DOUGLAS A. THOM is collecting information in England for the National Committee for Mental Hygiene regarding some of the effects of the war upon mental-hygiene problems. Among some information received from him is that concerning the remarkable diminution of population in public institutions for the insane. Between January 1, 1918, and January 1, 1919, there was a decrease in the number of patients of 9,108. The entire decrease in institutional population from January 1, 1915, to January 1, 1919, was 28,119.

Several causes contribute to this striking substitution of a decrease for the constantly increasing number of patients with mental diseases that had been taking place prior to the war. By far the most important was an enormous death rate—20 per cent. during 1918, and nearly as high a rate during the other years of the war. When the tale of the privations endured by civil populations of the countries at war is fully told, one of the saddest chapters will be that which refers to the removal of the insane from their own institutions, their crowding in others, their premature return to their homes, and the havoc that disease, particularly tuberculosis, waged among them. An indication of how little our country was touched by the war is seen in the fact that no such decrease in the number of patients in institutions occurred in the United States during its participation.

MENTAL HYGIENE, July, 1920.

## THREE-DAY CONSULTATION CLINICS

**T**HE New York State Department of Health, in co-operation with the New York State Hospital Commission, is developing a plan for three-day consultation clinics. A conference was held recently, attended by representatives from the New York State Charities Aid Association, the State Department of Education, the State Commission for Mental Defectives, the Red Cross, and other organizations, at which counties were selected in which there were very few, if any, clinical faculties. For several weeks in advance of the holding of a clinic, various workers—physicians, nurses, and social workers—from the different organizations go to a county to study the needs and to get knowledge of such patients—nervous, mental, surgical, tuberculosis, sick children—as are in need of clinical attention. The first clinic was held at Genesco, Livingston County, on June 8, 9 and 10. Some twenty-six physicians, representing various specialists, were in attendance. Some 600 patients were brought to the clinic and were referred for examination to the various departments. Eventually, the family physician and others interested will receive a report of the findings and recommendations from the state department of health, no treatment being instituted by the consultants at the clinic. A similar clinic was held at Norwich, Chenango County, for three days, beginning June 30.

MENTAL HYGIENE, July, 1920

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## A MENTAL HYGIENIC CLINIC AT MOUNT SINAI HOSPITAL

**I**N connection with the reorganization of the neurological department of the Mount Sinai Hospital, a clinic for mental hygiene has been established in the out-patient department. It is in charge of Dr. C. P. Oberndorf, and will have direct connection with the hospital proper. It is also intended that purely mental cases from the neurological department of the dispensary will be cared for by the mental-hygiene clinic. For the present it will be held on Monday, Wednesday and Friday mornings.

MENTAL HYGIENE, July, 1920.

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## COURSE IN PSYCHIATRIC SOCIAL WORK AT JOHN HOPKINS

**T**HE John Hopkins Hospital Social Service Department, Baltimore, Maryland, offers a course in psychiatric social work to a limited number of students who have had one year of training in an accredited school of social work, or its equivalent, and to graduate nurses.

Lectures and field work will cover one year, beginning October 1, 1920. A vacation of one month will be allowed. Application must be made before August 15th, 1920. The tuition for the course is \$100.

MENTAL HYGIENE, July, 1920.

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#### TEACHING OF PSYCHIATRY AT HARVARD MEDICAL SCHOOL

IT was announced on June 6th, 1920, by the General Education Board that an appropriation of \$350,000 had been made to the Harvard Medical School to promote the teaching of psychiatry. This recognition of the importance of including mental medicine in the training of physicians by a foundation with so deep an interest in the problems of medical education and their bearing upon human life and happiness cannot fail to have far-reaching results. There are many signs that in this country as in England the war has brought sharply to the attention of the medical profession the great practical importance of mental disorders, instead of leaving the whole field of mental medicine to those who possess no training in the management of disease.

MENTAL HYGIENE, July, 1920.

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#### A PAMPHLET OF NEW YORK STATE INSTITUTIONS

THE New York State Charities Aid Association has recently issued a helpful pamphlet entitled, "The State Institutions! How to Use Them Wisely." The institutional system of the State of New York makes provision for persons of the following classes: (1) mentally diseased, (2) mental defectives, (3) epileptics, (4) delinquents, (5) blind children, (6) deaf children, (7) crippled children, (8) Indian children, (9) veterans and their families, (10) cases of incipient tuberculosis. The pamphlet gives the location of the various state institutions and outlines the procedure of admission to each; also brief paragraphs on facts about mental disease, facts about mental deficiency, etc.

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#### THE INDIVIDUAL AS A SOCIAL UNIT

PERSONALLY I hold—and I think every physician and especially every psychiatrist must hold—that the individual is not only the unit of the physician's interest, but also (following Herbert Spencer) the unit of the sociologist's interest. This we ought to maintain, I think, against the supposed sociological improvement introduced by Schaffle, namely, that the family is a social unit. Accordingly, I



hold that the foundation of social psychiatry (as also of public psychiatry) is the psychiatry of the individual.

Josiah Royce made his contributions to the conception of the social consciousness in 1894-1895. From that atmosphere developed, in the work of Richard Cabot, the idea of medical social work. Mark you that this idea was far more than a mere addition of two ideas—namely, the idea of medicine and the idea of social work—but was a productive combination of these ideas, an actual novelty. It was then only a step to the development of psychiatric social work in Massachusetts, 1912, a step stated by Cabot himself (at the recent meeting of the National Conference of Social Work) to be the greatest innovation in medical social work since its foundation.

From Bakunin to Lenin is half a century. What has the world to say of anarchism and Bolshevism? Certainly these are no new things. Perhaps neither Bakunin nor Lenin is a topic for alienists of the old medico-legal group. These world leaders are not on the minute to be interned as insane. But does any man of us here believe that the psychiatric viewpoint could fail to throw light on Bakunin and on Lenin? Alone amongst the specialties of medicine, psychiatry has for its daily task the consideration of the entire individual. The rest of the branches of medicine, even neurology, appear to remain much too analytic in their view of a man. Psychiatry alone uses the daily logical apparatus of the synthesizer.

Is mental hygiene ready for the problem of Bakunin and Lenin? Alas, no. We have our Varieties of Religious Experience, but no James has arisen to depict, on the basis of the extremest cases, the varieties of political experience. In fact, the delineator of Lincoln or of Roosevelt as in any sense psychopathic might well bring down upon his head far more partisan fury than one who should discover the queerest traits and episodes in religious heroes. We deal with Aqua Regia, with Damascus blades, in our psychiatric laboratories and armouries. "Divide to conquer" is a necessary precaution. We must teach the world what we, as physicians, have so recently learned—namely, that to be crazy is to be one of scores of things. To describe Lincoln as a cyclothymic with attacks of depression, or Roosevelt as constitutionally hyperkinetic (always supposing these to be true designations) should be no more impolite or less objective than to think of Bakunin or Lenin as paranoid personalities. Crazy? No. But cyclothymic or paranoid, certainly.

Insanity is mental disease, but not all of it, or rather all of them. Alienists are psychiatrists, but not all, or in the long run, the majority of psychiatrists. "Alienistics," as we may call the doctrine of medico-legal insanity, is not the whole of psychiatry. But, above all, psychiatry

must be conceived to include the minor psychoses, the smallest diseases, and the minutest defects of the mind as well as the frank psychoses and the obvious feeble-mindednesses. The psychiatry of temperament is an art that might fling itself very far. Mr. Wilson, I believe, spoke of some members of his cabinet as "temperamental." As a cat may look at a king (time and weather permitting), so I suppose a psychiatrist might look at a cabinet officer, at least in one of his temperament phases.

We have passed from the age of Darwin to the age of Pasteur, to the age of Metchnikoff and of Ehrlich. We have lived through the beginning of systematic psychiatry in the period of Griesinger, we have witnessed the first clarification of mental disease functions in the period of Charcot, and we have just concluded a war whose psychiatric achievements (from the deepest theoretical side) trace back to Charcot, flowering to my own mind in Babinski. In America, outside institutions, there has been a dearth of great theorists after Benjamin Rush. The basic ideas of Weir Mitchell have been laid down and the work of Charles K. Mills stands out for me as of the greatest theoretical importance.

But it is clear that the American idea of mental hygiene must have grown in philosophical circles, too. I think first of the great Emersonian period, with its grotesque parody called Eddyism or Christian Science. Then I think of the laying-down of the idea of pragmatism by Charles Peirce, the great and little known central figure of American thought. And then I think of the man, William James, who put pragmatism across the American scene, but added thereto what I may call the psychiatric touch and really typifies all that is best in American thought. Emerson, Peirce, James—these are three American names to conjure by, and they are deeply responsible for the spiritual, the logical, and the practical factors in the whole of mental hygiene. With their spirit, illumination and dynamism, we shall face the terrible analysis of the present hour—the rights and interests of the individual as against society and of society as against the individual—with full confidence that synthesis will follow analysis and the task of Humpty-Dumpty be solved at last.

Do not you agree with me that in all the pot-pourri of the years this great problem of the place of the individual stands out? That American thought, transilluminated as always by the softened European lights, contains within itself immortal fundamentals of the mental hygiene of nation, race, and person? And may we not rejoice, as psychiatrists, that we, if any, are to be equipped by education, training and experience, better than perhaps any other men to see through the apparent terrors of anarchism, of violence, of destructiveness, of paranoia—whether these tendencies are shown in capitalists or in labour leaders, in universities or in tenements, in Congress or under deserted culverts? It is in one

sense all a matter of the One and the Many. Psychiatrists must carry their analytic powers, their ingrained optimism, and their tried strength of purpose into not merely the narrow circles of frank disease, but, like Seguin of old into education, like William James into the sphere of morals, like Isaac Ray into jurisprudence, and above all, into economics and industry.

E. E. SOUTHARD, M.D., Presidential Address, American Medico-Psychological Association, 1919, *American Journal of Insanity*.

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#### A MENTAL HYGIENE COMMITTEE IN FRANCE

A COMMITTEE on mental hygiene has been instituted by the Minister of Hygiene, Assistance, and Social Providence of France. The committee is composed of about forty members—alienists, psychologists, physiologists, managers and magistrates. Dr. Dron, Senator and Mayor of Tourcoing, is its chairman. This committee has instructions to make a study of all questions relating to mental hygiene, psychiatry, and applied psycho-physiology in connection with the various social activities. It will study particularly methods of coordinating the efforts of the organization at work in this field, of instigating and encouraging new lines of endeavour, and of disseminating information and advice on the subject of mental hygiene; in short, it will seek to determine the most effective medical and social methods of organizing the prophylaxis and treatment of mental diseases. Methods of testing the aptitudes of school children and of workers who have to do with public safety, will be one of the subjects studied.

MENTAL HYGIENE, July, 1920.

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#### THE STATE AND MENTAL HYGIENE

THERE is just dawning in public consciousness the conviction that a governmental policy of inaction in mental hygiene is wasteful of public money as well as of human life and happiness; that mere adequate accommodation in buildings for the wreckage of mental disorders is poor business at the best; that self-interest and self-protection, if there be no higher plane of action, demand of the state aggressive search for causes of mental abnormality, their removal and prevention; that social service to mental patients in the community, in their homes, in social and industrial relationships, promotes early

recognition of development or progress of mental and nervous disorders; that adequate community organization hastens discharge of such dependents from public institutions, safeguards and extends their home care, and prolongs self-support, delaying or averting their relapse and return to public dependence and minimizing the danger of increase of degeneracy in the future.

OWEN COPP, M.D., The Duty of the State and the Physician to the Mental Patient. *The Pennsylvania Medical Journal.*

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**BOOK REVIEWS**

THE ALMOSTS. A study of the feeble-minded. By Helen MacMurchy. The Houghton Mifflin Company, Boston and New York.

We owe Dr. MacMurchy a debt of gratitude for interpreting Smike, Wamba, Mr. Toots, Barnaby Rudge, young Sparkler, and other celebrities depicted by Scott, Dickens, Victor Hugo and Charles Reade in the light of modern psychological study, for we shall return to our old loves with renewed interest, and read and enjoy from a new point of view.

Dr. MacMurchy shows admirable judgment and discrimination in her selection of extracts from the various novelists and poets, illustrating the characteristics of feeble-minded folk, and expresses wise and humane views with regard to the training and protection of mental defectives.

We heartily commend "The Almosts" to our readers.

A. G. M.

THE MENTAL HYGIENE OF CHILDHOOD. By William A. White, M.D. Little, Brown and Company, Boston.

In his preface the author makes known the intention of the book, namely, to throw light on child problems by means of the methods of psycho-analysis, with special reference to sexuality.

The first chapter deals with the relative powers of heredity and environment in fashioning the product, Man, and, in the author's opinion, environment is much the more potent force, since certain mental qualities, not essential to the life of the individual, such as honesty or dishonesty, irascibility, etc., are not necessarily transmitted by heredity.

But here the question arises, are not certain tendencies of mind transmitted by heredity? How, otherwise, can we explain the character differences among the children of a large family, all of whom are presumably in practically the same environment? Or has the scientist something yet to learn about children from wise and observant mothers?

Again, whether elements or tendencies of unconscious thought are inborn is an unsettled question. At the same time, the enormous importance of environment and of early training, and the need of not looking at the child from the adult point of view, are duly emphasized.

Then follows an account of the two primitive instincts, the ego- or self-preservation instinct, and the race-preservation, combined with

pleasure instinct, with their expansion into will-to-power and creative tendencies.

One paragraph is startling. "All creative tendencies are in their ultimate analysis traceable to sex instinct. The work of the artist, the builder, the teacher, the writer, is but the transformation of the energies which have their own origin in the special creative instinct for an act of a creative-sexual nature."

Non-Freudians will probably not agree with this, principally because the "libido" of Freud is generally given too narrow an interpretation. Again, "the will-to-power and the pleasure motive are at the bottom of all conduct." Can this be so? What about duty?

In his sketch of the manifestations and development of the sex instinct the author is distinctly Freudian, but all readers will not hold this an objection, and his views on "sublimation" are sound and practical.

His remarks on education cannot but impress parents and educationalists. He scores a strong point when he says that education should be an exquisitely individual matter. "To the extent that it is made a group affair, it tends to drop into a formalism that is more or less destructive to individual development and initiative."

If only the truth of these assertions were realized certain much-needed reforms in our system of conduct would soon be instituted, especially the establishment of special and industrial classes for mentally deficient children.

One remark on punishment is especially noteworthy. "Punishment becomes a tool to cripple the personality in all its attempts at expression, insofar as they do not fit in with the pre-conceived ideals of the teacher."

The development of the personality through well directed guidance, the importance of play as a means of sublimating sexual promptings, "mother-fixation" and reactions of antagonism, such as conflict between father and son, are explained on the broad idea of sex adopted by Freud.

Probably the most interesting chapter in the book is the historical, in which the author gives an account of the cruelties practised on children in the past by all races, and even at present, more especially by uncivilized races, and makes a strong appeal to extend a normal and humane parent-child relation to a similar relation between the public and the defective and delinquent classes.

Even leaving aside the author's strong leaning towards Freudian doctrines, there is much in the book which appeals to common sense, the various aspects of the child problem are presented with such clear and forceful grasp, and the suggestions made with regard to means of solving difficulties of child welfare and family welfare, show such broad

humanity and clear insight, that this book could be read with profit by all classes of people.

A. G. M.

**MANUAL OF PSYCHIATRY.** Edited by Aaron J. Rosanoff, M.D., Clinical Director, Kings Park State Hospital, New York. Fifth edition, revised and enlarged. Publishers: John Wiley & Sons, New York, 1920.

This fifth edition of a well-known and important work shows definitely the trend of modern Psychiatry, slow though it may be.

The insertion of such chapters as the one of Psychiatry in Relation to Sociology, and one of Psycho-Analysis, shows that Rosanoff recognizes the importance of such subjects in the teaching of Psychiatry.

The chapter on Psycho-Analysis is largely in the form of well-selected quotations from Freud and a few of his followers.

Rosanoff has evidently not been won over altogether to the teaching of Freud, which is probably to his credit, but it is an evidence of the appreciation of an advancing viewpoint.

The chapter on Psychiatric Social Work is perhaps too brief, and more detail with regard to this section might have been given with advantage.

The extensive and elaborated classification still shows that much work has yet to be done before we can have a concise and clear understanding of mental diseases.

The chapters on Epilepsy and Cerebro-Spinal-Syphilis, to mention only two examples, have been rewritten, and a short account is given of the relation of mental diseases to internal medicine through the endocrine system.

**INTELLIGENCE AND SOCIAL VALUATION.** A practical method for the diagnosis of mental deficiency and other forms of Social inefficiency. Richard A. Berry, M.D. and, S. D. Porteus. Publications of The Training School at Vineland, New Jersey. Department of Research. No. 20, May, 1920.

The chief object of this work is an attempt to demonstrate that it is possible to discover among school inefficients a large proportion of the potential social inefficients of adult life.

The plan of the authors is "to discuss the standardization and validity of the diagnostic tests, and to show how their results may be synthesized and interpreted."

The first part of the monograph is devoted to a discussion of the relation of brain capacity to mental development. In Part II. the authors deal with the physical, psychophysical and psychological tests used in their method of examination. Part III. deals with the method of synthesizing the results of the various examination methods, in order to present a clear clinical picture of the child.

In order to determine the cubic capacity of the brain 6,700 males and 2,717 girls were examined, while over 1,000 children were examined by the Terman revision of the Binet-Simon scale and by the revised Porteus tests. The results obtained by the authors are both interesting and stimulating, although, as they say, "it must be understood that in each case the whole method should be applied in examination before final diagnosis be attempted, and the results interpreted in the light of the social and educational history and of the medical findings."

The monograph shows careful and painstaking work, and should be of great assistance to those engaged in psycho-pathological work.

REPORT FROM THE DEPARTMENT OF PATHOLOGY AND  
THE DEPARTMENT OF CLINICAL PSYCHIATRY CENTRAL  
INDIANA HOSPITAL FOR THE INSANE. 1915-  
1916 and 1916-1917. Vol. VII. Wm. B. Burford, Contractor  
for State Printing and Binding, 1919.

This volume contains the reports from the Department of Clinical Psychiatry and Pathology of the Central Indiana Hospital for the Insane for the fiscal years of 1915-1916 and 1916-1917. It is a most comprehensive report. Until recently and even now by many people a hospital for the insane was simply regarded as a place where people suffering from mental disease were thrown and forgotten. Anyone who reads the report of the Central Indiana Hospital for the Insane soon learns that the insane in some institutions at least are getting as intensive care and treatment as is accorded to the sick in any of the other realms of medicine. Each patient is regarded as an individual study and judging from the report, he obtains an examination from every viewpoint of medicine. He is not simply classified as insane and forgotten. He is studied from the psychiatric, neurologic, medical, surgical and chemical standpoint. The Indiana Hospital has also been of great help to the community by giving a full course of lectures at clinics to not only the students of the University of Indiana, but to practising physicians and to the Indianapolis Medical Society. The report is well written and exhaustive in its presentation.



**OBITUARY**

## DR. CHARLES EDWARD DOHERTY

**L**IEUT.-COL. CHARLES EDWARD DOHERTY, M.D., C.M., died August 14th, 1920, after a few months' illness from nephritis; thus terminated a brilliant career in the Medical Profession, the Canadian Army, and the services of his comrades in arms.

Dr. Doherty was born November 29th, 1872, in Peel County, Ontario. Educated in the Public Schools, Toronto University and Trinity Medical College, where he graduated in 1899. Following post-graduate work in Toronto Hospitals, he went to British Columbia, which was from that time to be his home and was the field in which his very best work was done.

In May, 1902, he was appointed Assistant Medical Superintendent of the Hospital for Insane but left the service in 1904 to enter private practice. On March 1st, 1905, he was appointed Medical Superintendent of Mental Hospitals for British Columbia and held this position until the time of his death. Under the guidance of Dr. Doherty and as a result of his vision, zeal and ability, the care of the Insane in British Columbia was brought from the simple custodial care to the highly efficient and complicated system of treating insane by modern methods. Under his direction the highly efficient and modern plant at Essondale was organized and developed and Colony Farm placed in the position it enjoys to-day of being the model institutional farm of the Continent.

Dr. Doherty's military career is no less conspicuous than his civil record. He went overseas with the 7th Battalion in August, 1914, was transferred to Medical Services and his ability as an organizer being quickly recognized, he was made A.D.M.S. and recalled to London. In 1917 he was sent to Canada to organize the hospital at Newmarket, and upon completion of this work he returned to B.C. in March, 1918, but was again called for Military Service and appointed A.D.M.S., M.D.XI, which position he held until after the armistice, when he returned to take up his duties at the Hospital for Insane.

As a friend and worker on behalf of returned soldiers he was second to none, and not only took a friendly interest but was an active worker and assumed many arduous duties on behalf of his comrades. He was a strenuous worker while a member of the British Columbia Executive of the G.W.V.A., and so successful was he that his comrades were anxious that he should become president of the Dominion Organization. Un-

fortunately ill-health prevented this and many other splendid works the doctor would dearly have loved to carry out, and death ended a career only well begun, though great things were already accomplished.

Dr. Doherty took an active interest in the Canadian National Committee of Mental Hygiene from the time of its organization in 1918. Through his efforts the Committee made a Mental Hygiene Survey of the Province of British Columbia, in 1919, and, at the time of his death, Dr. Doherty was busily engaged in carrying out the recommendations of the National Committee. Through his death the Committee loses one of its most active Executive Officers, and Mental Hygiene workers throughout the Dominion of Canada will mourn his loss.

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## CURRENT BIBLIOGRAPHY

- Anderson, V. V., M.D. State Institutions for the Feeble-minded. *Mental Hygiene*, July, 1920.
- Bailey, Pierce, M.D., and Haber Roy. Mental Deficiency: Its Frequency and Characteristics in the United States as Determined by the Examination of Recruits. *Mental Hygiene*, July, 1920.
- Berry, Richard A., M.D., and Porteus, S.D. Intelligence and Social Valuation. Publications of the Training School at Vineland, N.J., No. 20, May, 1920.
- Bronner, Augusta F., Ph.D. Individual Variations in Mental Equipment. *Mental Hygiene*, July, 1920.
- Campbell, C. Macfie, M.D. The Minimum of Medical Insight Required by Social Workers with Delinquents. *Mental Hygiene*, July, 1920.
- Clarke, E. K., M.B. A Survey of Toronto Public Schools. *Canadian Journal of Mental Hygiene*, July, 1920.
- Elwood, Everett S. The State Hospital and the Parole System. *State Hospital Quarterly*, May, 1920.
- Elwood, Everett S. The State Hospital and the Parole System. *Mental Hygiene*, July, 1920.
- Fernald, Walter E., M.D. After-Care Study of the Patients Discharged from Waverley for a Period of Twenty-five Years. *Canadian Jour. of Ment. Hyg.*, April, 1920.
- Graham-Mulhall, Sara. After-Care for the Narcotic-Drug Addict. *Mental Hygiene*, July, 1920.
- Hodder, Jessis D. Disciplinary Measures in the Management of the Psychopathic Delinquent Women. *Mental Hygiene*, July, 1920.
- Irvin, Elizabeth A. An Experiment in the Grading of Children. *Can. Jour. Ment. Hyg.*, July, 1920.
- Kraepelin, Emil, M.D. The German Institute of Psychiatric Research. *Journal of Nervous and Mental Diseases*, June, 1920.
- Malzburg, Benjamin. Mental Defect and Prostitution. *Eugenics Review*, July, 1920.
- Martin, Chas. F., M.D. Psychiatry and Internal Medicine. *Can. Jour. Ment. Hyg.*, July, 1920.
- Mathers, A. T., M.D. The Work of the Manitoba Psychopathic Hospital. *Can. Jour. Ment. Hyg.*, July, 1920.
- Mental Hygiene Survey of the Province of British Columbia. *Can. Jour. Ment. Hyg.*, April, 1920.
- Morphy, A. G., M.D. The Work of a Psychopathic Hospital. *Can. Jour. Ment. Hyg.*, July, 1920.
- Mundie, G. S., M.D. The Need of Psychopathic Hospitals in Canada. *Canadian Medical Association Journal*, June, 1920.
- Myerson, Abraham, M.D. Out-Patient Psychiatry. *American Journal of Insanity*, July, 1920.
- Nelles, Fred C. The Twenty-four Hour School. *Journal of Delinquency*, July, 1920.
- Nolan, William J., A.M. Some Characteristics of the Criminal Insane. *State Hospital Quarterly*, May, 1920.
- Pollock, H. M., Ph.D., and Furbush, E. M. Comparative Statistics of State Hospitals for Mental Diseases, 1918. *State Hospital Quarterly*, May, 1920.
- Polon, Albert, M.D. The Relation of the General Practitioner to the Neurotic Patient. *Mental Hygiene*, July, 1920.
- Potts, W. A., M.A., M.D. Criminality from the Eugenic Standpoint. *Eugenics Review*, July, 1920.
- Prince, Ethel Anderson. Colonies for Mental Defectives. *Social Hygiene*, July, 1920.

- Rogers, Agnes L. The Message of Education Psychology to Parents and Teachers. *Can. Jour. Ment. Hyg.*, April, 1920.
- Russel, C. K., M.D. The Feeble-minded in Canada. *Can. Jour. Ment. Hyg.*, April, 1920.
- Sandy, William C., M.D. Clinics for Mental Defectives in the State of New York. *Mental Hygiene*. July, 1920.
- Schwab, Sidney I., M.D. Influence of War upon Concepts of Mental Diseases and Neuroses. *Mental Hygiene*, July, 1920.
- Smith, W. G., B.A. Immigration and Defectives. *Can. Jour. Ment. Hyg.*, April, 1920.
- Taft, Jessis, Ph.D. Problems of Social Case Work with Children. *Mental Hygiene*, July, 1920.
- Tait, Wm. D., Ph.D. Psychology and Medicine. *Can. Jour. Ment. Hyg.*, April, 1920.
- White, Wm. A., M.D. Childhood: The Golden Period for Mental Hygiene. *Can. Jour. Ment. Hyg.*, July, 1920.
- Woods, Erville B. Heredity and Opportunity. *American Journal of Sociology*, July, 1920.
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