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NEW ZEALAND.

MENTAL DEFICIENCY AND ITS TREATMENT.

REPORT ON VISITS OF INSPECTION TO VARIOUS INSTITUTIONS IN GREAT BRITAIN, AMERICA, AND THE CONTINENT, BY DR. THEO. G. GRAY, INSPECTOR-GENERAL OF MENTAL HOSPITALS IN THE DOMINION OF NEW ZEALAND.—PART I.

Laid on the Table of the House of Representatives by Leave.

Inspector-General's Office, Wellington, N.Z., 1st October, 1927.

Hon. J. A. Young, Minister in Charge of Mental Hospitals, Wellington.

SIR,—

I have the honour to submit the following report upon my recent tour of Great Britain, America, Canada, and the Continent of Europe. My investigations were carried out in two main fields—Part I, The Problem of Mental Deficiency; Part II, Modern Methods employed in the Care and Treatment of the Insane.

It is desirable at the commencement of my report to quote certain definitions from the Act governing the care and control of mental defectives, in order to convey clearly the different classes of persons to whom reference will be made. The New Zealand Act is the Mental Defectives Act, 1911, and the term “mental defective” is defined as follows:—

“Mentally defective person” means a person who, owing to his mental condition, requires oversight, care, or control for his own good or in the public interest, and who, according to the nature of his mental defect and to the degree of oversight, care, or control deemed to be necessary, is included in one of the following classes:—

Class I: “Persons of unsound mind”—that is, persons who, owing to disorder of the mind, are incapable of managing themselves or their affairs:

Class II: “Persons mentally infirm”—that is, persons who, through mental infirmity arising from age or the decay of their faculties, are incapable of managing themselves or their affairs:

Class III: “Idiots”—that is, persons so deficient in mind from birth or from an early age that they are unable to guard themselves against common physical dangers and therefore require the oversight, care, or control required to be exercised in the case of young children:

Class IV: “Imbeciles”—that is, persons who though capable of guarding themselves against common physical dangers are incapable, or if of school age will presumably when older be incapable, of earning their own living by reason of mental deficiency existing from birth or from an early age:

Class V: “Feeble-minded”—that is, persons who may be capable of earning a living under favourable circumstances, but are incapable from mental deficiency existing from birth or from an early age of competing on equal terms with their normal fellows, or of managing themselves and their affairs with ordinary prudence:

Class VI: “Epileptics”—that is, persons suffering from epilepsy.

From these definitions it will be observed that the first part of my report deals with Classes III, IV, V, and VI—*i.e.*, with those persons in whom mental deficiency has existed from birth or an early age; while the second part relates to Classes I, II, and VI—*i.e.*, those in whom the mental faculties have developed in an apparently normal course, but have become disordered in function by reason of age or disease.

The Problem of Mental Deficiency.

Before the matters of prevention, care, and treatment can be discussed it is necessary to arrive at some understanding as to who are to be regarded as mentally deficient. There is no difficulty in recognizing the more gross cases of deficiency—*i.e.*, the idiot and the imbecile—and any psychiatrist of experience can diagnose the higher grades of mental enfeeblement according to his own conception of the term, but it must be conceded that there are many cases of undoubted defect which are not strictly covered by our definitions. This observation applies particularly to that large and difficult group in which the defect apparently lies primarily not in the intellect but in the emotions and manifests itself in disorders of conduct.

The New Zealand Committee on Feeble-minded and Sexual Offenders recommended that the term "moral imbecile" should be included in our Act as in England—obviously in order to bring within the purview of our legislation people of feeble mind who offended our moral code more particularly in sexual matters. The definition of "moral imbecile" in the British Acts is—"Persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect."

There are several objections to this definition: (1) "An early age" is indefinable—and in any case the age at which the more obvious evidences of defect may come into prominence will depend on many extrinsic circumstances; (2) the definition would require the infliction of punishment in order to determine its effect as a deterrent; (3) "moral imbecile" is an unfortunate term, as these patients are not generally imbeciles in the accepted sense of the word, and, furthermore, abnormal behaviour which requires psychiatric examination is not confined to manifestations of vice or crime.

An attempt to meet these objections was made last year by the introduction into the British Parliament of an amending Bill in which the term "moral defective" was substituted, with the following definition: "Persons in whose case there exists mental defectiveness coupled with vicious or criminal propensities and who require supervision and control for their own protection or for the protection of others."

In view of the comprehensive nature of the recommendations made in this report, I suggest that in any new legislation we should adopt the term "social defective," defined as follows: "Persons in whose case there exists mental deficiency associated with or manifested by anti-social conduct and who require State supervision and control for their own protection or for the protection of others."

The problems connected with the State control and care of lower-grade defectives are many and difficult, but they are as nothing to those involved in dealing with the infinitely larger and much less sharply defined so-called high-grade and borderland class, the component individuals of which are presently dealt with through such varied and imperfectly co-operating agencies as mental hospitals, Juvenile Courts, Education Department, prisons, religious bodies, Hospital Boards, and charities. The fact that these social misfits are dealt with by such diverse bodies is in itself some indication of the extreme complexity of the problem, and it also serves to emphasize the essential fact that mental deficiency should not be regarded so much as a disease entity but rather as a social problem.

There is no cure for mental deficiency in the individual, and no panacea will remove it from the country; but I believe that we can gradually assume control of its incidence and diminish the economic burden it imposes on the community, provided we take certain measures to be detailed hereafter.

It is necessary at this preliminary stage to interpose an earnest word of warning. In each of the thirteen countries I visited I found a growing public interest in eugenic matters, and, as often happens when a scientific matter has an intimate popular application, this interest was sometimes accompanied by much uninformed enthusiasm and clamour for the institution of measures purporting to effect a dramatic removal of the menace. The tendency is admirably described in the following quotation from "Below the Surface" (Richard King):—

From time to time there surges through the social world a fashionable intellectualism which, shallow though it mostly be, at least is a pleasant diversion from the usual gossip of the everyday. Before the war it was to be in the vanguard of new ideas to discuss futurism and cubism as if each one led directly into a new art life. The war, however, obliterated every other conversational topic. This was the period when somebody who knew intimately somebody else whose cousin was in the War Office took the reins of dinner-table conversation to circulate rumours around, all more or less fantastic. Immediately after the war spiritualism had an immense vogue. Nowadays, spiritualism seems to be about to take an inferior conversational position to psycho-analysis, the new "cure" for all ills of the spirit, to say nothing of the body. Now, all these topics offer endless possibilities both conversational as well as instructive, but so far as the social world goes, each one is killed by the horde of "dabblers" who, understanding a little of what they are talking about, and liking that "little" immensely, immediately arrogate to themselves the position of being "authorities"—the authority, in fact, if no one amongst their listeners knows quite so much as they. The result is that the real value of each of these theories becomes lost or smothered beneath a mass of emotional faith, a determination to believe everything, simply because that belief would be the supreme gratification of desire. But, personally, as regards both spiritualism and psycho-analysis, I want to be convinced against my will, since I fear to arrive at that state in which I would believe myself convinced because conviction would be so very consoling. Both spiritualism and psycho-analysis are too important to the human welfare to be advertised by those who are always over-ready to dabble in the "extraordinary": who, indeed, only rush towards the "extraordinary" in order to dabble in it, and so earn prestige for themselves by confounding the more ignorant. Most believers in spiritualism have only too many apparent grounds for finding comfort in their belief. I understand their state of blessedness, but I hesitate to follow in their footsteps, because I know too well that where the wish is strong enough, conviction is a comparatively easy matter. As for the quasi-psycho-analysts, who abound everywhere, they do not attract the heart-starved, as do the spiritualists, so much as the sex-starved, the men and women who, to put it quite bluntly, must be stirred by some kind of sexual emotion, or atrophy. And how these people exhibit in themselves that old trite saying about a little knowledge being a very dangerous thing! They also make it a very dull thing too—since having, as it were, mastered the argot of their subject, they gaily substitute for scientifically proved facts a whole heap of words which sound so very intriguing but hide such a large amount of real "bosh."

The conditions thus described can best be seen in America, where the present economic situation is such as to permit of experimentation on a scale too large and expensive for us to follow, but, on the other hand, it presents to us a valuable field for investigation. Many interested travellers to America are carried away by the prevailing optimism and the relative immensity of the undertakings there, and tend to mistake experimental organizations for permanent institutions, forgetting that what is new is not necessarily true.

There is no universal "best system" in this or the allied problem of dealing with the insane, and each country must evolve its own method, guided and restricted by its own peculiar racial, geographic, and economic situations. These factors have, of course, exercised a great influence in the development of systems so widely divergent as those found in Belgium, Scandinavia, Britain, America, and the European countries. We have much knowledge—we have more theory: let us in the meantime be content to build on a sure, safe, and broad foundation of proved essential facts.

These remarks have been occasioned by the tendency in certain quarters in New Zealand and elsewhere to attach an undue importance to much of the literature on this and cognate subjects published in the United States, without making due allowance for the very divergent conceptions of mental enfeeblement entertained there as compared with other countries of more conservative tendencies.

The term "feeble-minded" has been replaced in America by the word "moron" (Greek *moros*—mentally dull), which was coined by Goddard in order to include these cases where abnormal conduct was the main element in the problem and defect of intelligence less demonstrable. It certainly appeared to me that in America the original meaning of the word has been carried into practical effect with very wide and undesirable results, so that the term embraces persons whom we have not been able to consider as necessarily mentally deficient—I refer to problem children, the less seriously scholastically retarded, the truant, the persistently mischievous boy and the sexually prominent girl.

Practically all countries are interested in this problem, but America has the means to conduct experiments on a large scale, and present opinion in that country has been mainly influenced by two outstanding pieces of investigation: (1) An exhaustive research into the family histories of certain degenerative stocks—*e.g.*, the Kallikak and Jukes families and the "hill-folk"; (2) the Binet-Simon scale for measuring intelligence, and various subsequent modifications.

During the years 1912–14 considerable public discussion and alarm was aroused in America by the publication of the family histories of certain degenerate stocks, notably the Kallikak family, the Jukes, and the "hill-folk." The interest was intensified when Goddard, Laboratory Director at Vinelands, introduced from Europe the Binet-Simon scale for measuring human intelligence. Goddard claimed that the application of these tests led to the discovery of a new class of feeble-minded person, to whom he applied the term "moron." This class is the largest amongst the feeble-minded, and the individuals comprising it are regarded as the most socially dangerous, because, as the defect is not usually obvious and demonstrable by the ordinary methods, he is allowed unrestricted freedom unless he comes into conflict with the law.

These intelligence tests are graded by years, and, with various modifications, are regarded all over America as necessary in the diagnosis and classification of mental defect. The standards now generally accepted in America are—Idiocy, 1–3 years; imbecility, 3–7 years; moron, 8–12 years. The mental age as determined by the tests, divided by the chronological age, gives the intelligence quotient, or I.Q. "It is considered that all who test below 70 I.Q. by the Stanford Revision of the Binet-Simon Scale should be classed as feeble-minded, and it is an open question whether it would not be justifiable to consider 75 I.Q. as the lower limit of 'normal intelligence' (Terman)."

The apparent simplicity of this method of diagnosing and classifying mental deficiency has made an immense appeal in America, and it is also used, but to a less extent, in Britain and Europe.

The leading psychiatrists, with the knowledge gained by prolonged experience of the complexities of the human mental make-up, have no great faith in the method; its chief protagonists are the psychologists, who have not had the clinical training necessary to enable them to assign to symptoms their proper value. They have eagerly seized upon a system which appears to them to render unnecessary the careful analysis and differential diagnosis of individual cases.

The first chance to use those tests on a large scale was during the world war, when 1,700,000 men of the white drafts were examined. The result was that on Goddard's standard (*i.e.*, a moron being an adult with a mental age of 7–12) 47·3 per cent. of the white draft were morons! It was also found that men who all their lives had appeared normal were really morons, in spite of the fact that they had been competent in industry, had supported their wives and families, and did not come into conflict with the social standards of the community in which they lived!

It was obvious that the tests were arbitrary and unreliable and the results opposed to common-sense. The alarming revelations of the army tests led to their considerable criticism and revision, but, as I have stated, Goddard's standard is still accepted in America, and we must read American statistics with that fact in view.

I have gone into this matter very fully because I find that great importance is being attached in New Zealand to these tests, and I have even heard it suggested that it would be necessary to import from England some one who could do them. I have no hesitation in stating that any intelligent person, particularly one with psychiatric experience, could learn to apply these tests in a very short space of time. I will go further and say that these tests are of very little practical use unless they are correlated with a complete psychiatric examination, and the results evaluated by one who has had long experience in dealing with mental processes, normal and abnormal.

In any system which may be devised for the care and treatment of the feeble-minded in New Zealand, intelligence-testing should occupy a very minor place. I believe that, in the absence of a better system, it might be used for selecting those children who require to be referred to a visiting psychiatrist.

The system of intelligence-testing is supposedly designed to reveal innate intelligence rather than knowledge which has been acquired, but there is evidence on every hand that it fails in its object. Children can be coached up to pass these tests, which have been summed up to me as "tests of opportunity," and I entirely concur with this description. This was rather strikingly borne out to me by a lady doctor who acts as psychologist to a nursery school in New York. Asked about the

intelligence quotient at the school, she replied, "Oh, very high—about 112; but you would naturally expect that, as the children are practically all from the homes of the university professors." Clearly the mental ages in this case were rated upon acquired knowledge: professors' children are not likely to have a higher degree of innate intelligence than the children of any other class.

During my tour I frequently came across instances of wrong treatment due to the rigid insistence on tests. At one special school the teacher pointed out a child who had been with her for six months, and told me that, beyond being backward at sums, she could find nothing wrong with the child; indeed, she found her most helpful, and described her as a perfect little mother towards the other children; and yet because she fails to pass this arbitrary test she has been deprived of the stimulus of competing with her normal peers.

At Sleighton Farm, New Jersey—a school for difficult girls—the lady Superintendent, her deputy, and the head teacher told me that their best workers and most successful girls often tested quite low and the most difficult sometimes high. I have local New Zealand evidence which strikingly bears this out.

Dr. Wallin, a prominent American worker, pointing out the danger of rigid interpretation of the tests, says, "I assert boldly that one-tenth to one-half of the children in special schools are not at all feeble-minded."

Dr. Howard Potter, M.D., Clinical Director at Letchworth Village, New York—one of the ablest of the younger men engaged in this work, and a recognized authority throughout America—summed up the matter to me in conversation as follows: "Patients are too often classed as mentally deficient on the basis of an intelligence quotient. In fact, there seems to be at present an hysteria of intelligence-testing rampant throughout the country. There is too much of a tendency to reduce human intelligence, human behaviour, and human beings in general to mathematical quotients."

The following quotation is from the report for 1924 of the English Board of Control:—

Mental Tests.—When this is established we hope that the medical officers concerned will give very careful consideration to the use and misuse of mental tests. Although it is acknowledged that they prove useful for testing the intelligence of children for the purposes of teaching and classification, their use for adults is of doubtful value. We deprecate strongly the tendency to substitute a rigid application of mental tests for the definitions given in the Act. In our opinion it is not right to say that no person with a mental age of 10 or 12 is certifiable. This is not laid down in the Act, and is contrary to its intention. A feeble-minded person, or even an imbecile, may have a comparatively high mental age according to these tests and yet be quite unable to manage himself or his affairs, or may need care, protection, and control in his own interests; and, *vice versa*, a person who is said as the result of tests to have a low mental age may be perfectly capable of managing his affairs and not need care and protection. We would remind medical officers especially when certifying adults that they should study the definitions in the Act rather than the results given by the application of tests.

My opinion is that no decisions should be made on the basis of intelligence tests, but that the presence or absence of mental deficiency should be determined by a psychiatrist. The important matter is not the pigeonholing of the cases into classes, but the mutual adjustment between the patient and his environment, so that, instead of being a social misfit, he may become a productive unit of society.

Census and Registration of Feeble-minded Persons.

Having determined the class of persons who ought to be brought within the scope of the projected legislation, the next step will obviously be a census and the compilation of a register. In my evidence before the Committee on Feeble-minded and Sexual Offenders I advocated such a register, and suggested the sources from which the names might be obtained. In its report the Committee recommended that this register should be kept by a sub-branch of the Mental Hospitals Department, which would also be charged with the care of the adult defectives and such children as were found to be non-educable; it further considered that educable children should remain under the Education Department, and that a Board—the Eugenics Board—should be formed to carry out the powers entrusted to it under the Act. These recommendations involve the question of duplicate machinery and divided control, and in the handling of an immense problem such as this, with its social side, its educational side, and, particularly in regard to prophylaxis and the health of future generations, its medical side, dual or triple control would in my view be fraught with grave danger to the success of the whole scheme. In Britain and in America one soon found that there was an almost universal tendency to friction wherever there was an overlapping of function between authorities. In Scotland the asylum Superintendents are objecting to the transfer of the feeble-minded, who are their best workers, to the homes for the feeble-minded, while those in charge of homes for the feeble-minded promptly send to the asylums any patients who give trouble.

The question as to whether certain children are educable, industrial, or merely custodial is a never-ending source of dispute between the educational and other authorities. Some medical men strongly resent the intrusion of the educationists into what they regard as a medical matter, and refuse to have any system of academic teaching in their schools; while many teachers in special schools and classes state emphatically that this is a purely educational problem—that medical men are not educationists, and therefore have not the requisite knowledge to deal with such children. There are also frequent differences of opinion between medical men, teachers, psychologists, and judicial authorities as to the disposal of cases.

In England and Scotland, where the Mental Deficiency (1913) Acts have broken down badly in their administrations, there is a very sharp cleavage of opinion between the various authorities, and the main objects of these Acts are not likely to achieve any great measure of success, because there is no real effective system of follow-up or after-care.

I am satisfied that unification of control is of paramount importance, and that this could best be attained by the creation of a Board—the Eugenics Board—whose function could be broadly defined as being the social control of the feeble-minded. This control would involve the administration of all special schools, day and residential; but the special classes attached to day schools should be strictly reserved for genuine retardates—as determined by the officers of the Eugenics Board—and should be conducted, as heretofore, by the Education Department.

As previously noted, there is a large class of higher-grade defectives—of the so-called moral imbecile and moron type—whose departure from the normal is manifested on the moral and emotional planes rather than in an obvious defect of intelligence. These people, along with many who may be considered more or less as border-line cases, are to be found in institutions for young folk of delinquent and anti-social tendencies, and it is desirable on all grounds that the care of these classes should be included in the duties of the Eugenics Board. The peculiar problems and difficulties of these children could thus be adjusted on broad, humane, and common-sense lines, unhampered on the one hand by mental-hospital or prison association, and free from the somewhat rigid pedagogic requirements and traditions of a department whose function, after all, is the education of normal children.

THE MASSACHUSETTS REGISTRATION SCHEME.

I found that there were good registration schemes already in operation in New York and in Massachusetts, and I had the opportunity of discussing them with the heads of the State Departments concerned. Dr. George Kline, Director of the Department of Nervous and Mental Diseases, Massachusetts, gave me the following information as to the system employed in that State.

In 1919 the Massachusetts Legislature passed the following law :—

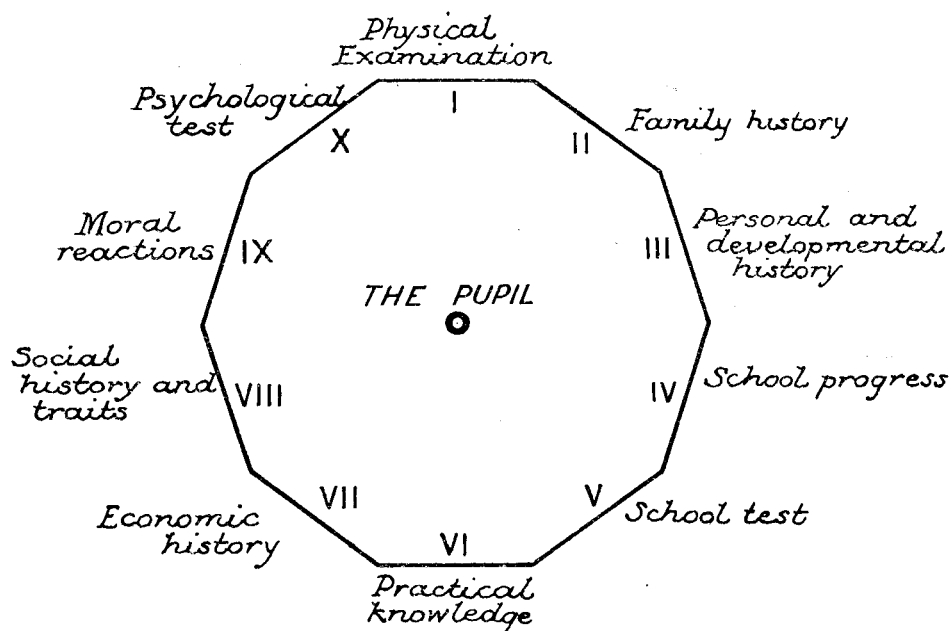
AN ACT to determine the Number of Children retarded in Mental Development, and to provide for their Instruction.

Section I: The School Committee of each city and town shall, within one year after the passage of this Act, and annually thereafter, ascertain, under regulations prescribed by the Board of Education and the Director of the Commission on Mental Diseases, the number of children three years or more retarded in mental development who are in attendance upon the public schools of its city or town, or who are of school age, and reside therein.

Section II: At the beginning of the school year of nineteen hundred and twenty the School Committee of each city and town in which there are ten or more children three years or more retarded shall establish special classes to give such children instruction adapted to their mental attainments, under regulations prescribed by the Board of Education.

Under the regulations provided for by this Act a comprehensive scheme for examination of all retarded children has been undertaken. The State has been divided into twelve districts, each corresponding to the area served by a mental hospital or school for the feeble-minded. The psychiatrist of the institution is responsible for the examination of the children in his district, and his institution is the headquarters of a travelling clinic. The clinic consists of a psychiatrist, some one who has been trained to do intelligence tests, a social-service worker, and a clerk.

The clinic officials do not make a general examination of all the school-children in the area. Section I of the law quoted above is used for the selection of the children, but, in addition to retardates ascertained in this way, all children entering school and obviously unfit for first- or second-grade work, as well as those obviously of feeble intellect, are presented to the clinic officers, who carry out the examinations and make their recommendations. The children are examined in a standard manner for the purpose of uniformity of records, and in Massachusetts and New York the method is that of the late Dr. Fernald. The examination comprises ten fields of inquiry, which have been graphically set down thus :—



The scheme commends itself to me as eminently practical, free from an undue share of theorism, and likely to afford statistical information which must be very useful in any national survey of the feeble-minded.

The clinic is able to deal with fifty to sixty pupils in a five-day week. The procedure is as follows: The social worker goes to the city several weeks before the others and makes arrangements with the Superintendent of Schools for the time of the proposed visit, the number of children to be examined, &c., and arranges for a teacher to give the school tests. The school nurse is instructed as to taking histories. She visits the family and gets "on side" with the mother, and takes a very full history of the child from the personal and developmental, economic, and social aspects. All these data are written up and ready for presentation when the clinic arrives. The intelligence tests are given by the person qualified, and the psychiatrist, having made the physical examination, taken measurements, and obtained the clinical history, sums up the situation, and makes his diagnosis and recommendations.

SYSTEM OF CENSUS AND REGISTRATION PROPOSED FOR ADOPTION IN NEW ZEALAND.

The Massachusetts system could not only be very easily adapted to meet our local New Zealand requirements, but its functions could be extended beyond that of making a census in the schools. The travelling clinics could be made available within their own districts to Courts, prisons, reformatories, and other organizations and individuals requiring expert psychiatric assistance. The scheme I propose is this: That a travelling clinic be established in each of the provinces, with headquarters in the provincial capitals. Each clinic should consist of—(1) A psychiatrist; (2) a teacher who has had some experience in dealing with backward children and who can apply intelligence tests; (3) a social-service worker; (4) a clerk.

(1) It would probably be possible to temporarily release a member of the mental-hospital medical staff from each institution in order to give the scheme a start; later it would be necessary for the Board to have its own psychiatrists, but in any case these men should have had a thorough mental-hospital training. I have no doubt that in time some of our officers would decide to specialize in this branch and would transfer to the new department.

(2) There are certain teachers in New Zealand who have had a fair amount of experience with feeble-minded and backward children, and their knowledge of children would be of great assistance at clinical conferences in determining the relative amount of retardation present. It would have to be distinctly understood, however, that the function of the teacher is to bring her pedagogic knowledge to bear upon the discussions—not to diagnose.

(3) The social-service worker: The importance of the part played by this officer cannot be over-estimated. For the purposes of the clinic she would get into early touch with the parents of the children who had been referred for special examination. She would have to create the proper atmosphere by dispelling any possible suspicion or hostility on the part of parents, or even teachers, and lead them to recognize that the clinic is constructive and helpful in purpose; that its aim is, by co-operation and adaptation, to provide for the child a useful and happy future within the limits of its potentialities. She would take out the social and general environmental history of the child, and be able to present the psychiatrist with much data which would have an important bearing upon the necessary "readjustment." I shall mention social service when dealing with after-care, but will indicate here that much of the success of the clinic will depend upon the wise choice of social-service workers. There is in the Dominion at least one lady whose training, experience, and personal qualities eminently fit her to join a clinic, and later on to train workers and generally supervise them in their duties.

(4) The clerk should arrange all formalities, attend to correspondence, and tabulate results.

The duty of the local travelling clinic will be to examine all cases submitted to it, and make a report and recommendations to the Eugenics Board. Cases would be referred to the clinic from the local Education authority, the Courts (juvenile and adult), the prisons, and individuals; and notification would be made statutory as follows:—

Local Education Authorities.—An amendment to the Education Act should be introduced based upon the Massachusetts Act, Sections I and II, but with the necessary modifications so as to include not only State schools but also those not under the immediate control of the Education Department.

Section 129 of the New Zealand Education Act was evidently drafted to provide for compulsory notification, but it is largely ineffective except in so far as the more grossly defective children are concerned. The Massachusetts Act does not leave room for any doubt on the part of the teacher as to whether the child is feeble-minded or subnormal; the criterion is the place which the child occupies in the school in relation to his age, and the diagnosis and treatment would be left to the clinic and the Eugenics Board.

The Courts.—It would be the duty of the Judge or Magistrate in all cases brought before him in which there appeared to be mental enfeeblement or epilepsy to refer the case to the clinic.

The Prisons.—The medical officer of the prison would similarly refer any prisoner suspected of being deficient or epileptic.

Mental Hospitals.—It should be made a statutory duty of the Medical Superintendent of a mental hospital to report to the Eugenics Board the name of every patient discharged from such hospital. These cases should all be registered.

It should be understood that the clinic is not only for registration purposes—its main object is to give advice, so that the individual may be placed in his proper *milieu* as regards education, home, and general harmonization with his surroundings; and one would aim at this as an important part of our organization when it has been established. In the meantime the clinic would be the main line of communication between the feeble-minded and the controlling and registering body.

Social Control of the Feeble-minded.

Having identified and registered the feeble-minded population of the country, and having tabulated their social status, their developmental and personal history, their health, and all other relevant data, it will be necessary to make for these individuals such provisions as will ensure from them a maximum of production and a minimum of reproduction.

The more one studies this matter the more does one realize the futility of drawing up any hard-and-fast inelastic schedule of treatment and care. We are dealing with human beings, each with its own peculiarly individual complexities, personal and environmental. It is when we come to consider care and treatment that we realize the essential fact that mental enfeeblement has to be regarded not as a disease but as a social problem. For convenience of description we classify the feeble-minded into grades according to the amount of their social inadequacy, but there is no prescriptive method of treating idiocy, imbecility, or morosity; each case in each grade must be studied individually not only from the point of view of his personal defect, but in his relationships as a social unit with the world in which he lives and moves and has his being.

The main objects of social control are—(1) To discourage and prevent the procreation of the unfit; (2) to render known defectives as socially adequate as possible.

I. PREVENTING THE PROCREATION OF THE UNFIT.

The principal means suggested for preventing the procreation of the unfit are—(a) Sterilization, (b) segregation, (c) marriage laws, (d) eugenic education of the public.

(a) STERILIZATION.

This has been the subject of considerable controversy, and I have had ample opportunity of discussing it with psychiatrists on my tour.

Total removal of the sexual glands—castration in the male, ovariectomy in the female—requires little consideration here. Most people are agreed that the remote results of the operation are too uncertain to permit of its regular use. There is not much reliable literature to guide one in the matter, and I have met only two men who are really convinced as to the beneficial results to be expected—one was Dr. Martin Barr, the Medical Superintendent of the Boys' Training-farm at Elwyn, Pennsylvania, who has published a series of eighteen cases of asexualization, including several of castration, and he claimed to have noted marked mental improvement in all these cases; the other was Professor Aschaffenburg, of Cologne, who has had experience in connection with the castration of psychopathic sexual offenders. I have seen only two cases of castration, and these showed no mental change whatever; we know too little to make any recommendation in this direction.

Vasectomy—severing and ligating the spermatic cord, the channel through which the sperms travel from the testes to the orifice—is a simple operation which can be performed in a few minutes under a local anæsthetic. The result is that the individual cannot procreate. He can still have sexual intercourse, and his desires are not lessened by the operation. In the female the operation consists in severing and tying the tube through which the ova come to the uterus. This is an abdominal operation with very little risk, and the result is to prevent procreation without diminishing desire.

The operation of eugenic sterilization is confined, so far as I know, to the United States. It has been practised upon the insane, the feeble-minded, and persons found guilty of certain sexual offences.

Sterilization laws have been passed in twenty-two States of the United States of America commencing with Indiana in 1907, and including New York in 1912; but it may be at once said that it is only in one State—California—that the law is functioning to any appreciable extent, while in several others it has been declared unconstitutional. The failure of the sterilization laws in America is often quoted as an argument against eugenic legislation elsewhere; but it must be kept in view that this result has been arrived at through extrinsic factors unconnected with the operation as such. Legislation in America does not receive the same amount of preliminary consideration as we deem necessary in purely British countries, and laws are apt to appear on the statute-book in advance of public opinion, with the result that their operation provokes antagonism and revocation. This has been the history of the sterilization law in New York, where only nine operations have been performed. Repeals in most of the States have been due to the Acts being declared unconstitutional, not to the operation being found undesirable or ineffective in its results.

The latest judgment of the Supreme Court of the United States has upheld the sterilization law of the State of Virginia. The case immediately affected by the decision was that of a feeble-minded young woman, the mother of a feeble-minded child, and whose mother had also been feeble-minded.

Mr. Justice Holmes (son of Dr. Oliver Wendell Holmes), in giving judgment, said: "It would be better for all the world if, instead of waiting to execute degenerate offspring for crime or let them starve because of their imbecility, society would prevent those who are manifestly unfit from continuing their kind. The principle sustaining compulsory vaccination is broad enough to cover the proposition of sterilization."

It is in California that sterilization has been carried out to the fullest extent, and I visited the Sonoma State Home for the feeble-minded, at Eldridge, California, and discussed the matter at great length with Dr. F. O. Butler, the Medical Superintendent. The sterilization law of California is as follows:—

The people of the State of California do enact as follows:—

Section 1.—Section one of the Act entitled "An Act to provide for the Asexualization of Inmates of State Hospitals for the Insane, the Sonoma State Home, of Convicts in the State Prisons, and of Idiots," and repealing an Act entitled "An Act to permit Asexualization of Inmates of the State Hospitals and the California Home

for the Care and Training of Feeble-minded Children, and of Convicts in the State Prisons, approved April 26, 1909," approved June 13, 1913, is hereby amended to read as follows:—

"Section 1.—Before any person who has been lawfully committed to any such hospital for the insane, or who has been an inmate of the Sonoma State Home, and who is afflicted with mental disease which may have been inherited and is likely to be transmitted to descendants, the various grades of feeble-mindedness, those suffering from perversion or marked departures from normal mentality or from disease of a syphilitic nature, shall be released or discharged therefrom, the State Commission in Lunacy may in its discretion, after a careful investigation of all the circumstances of the case, cause such person to be asexualized, and such asexualization, whether with or without the consent of the patient, shall be lawful and shall not render the said Commission, its members, or any person participating in the operation, liable either civilly or criminally."

Section 2.—Whenever in the opinion of the resident physician of any State prison it will be beneficial and conducive to the benefit of the physical, mental, or moral condition of any recidivist lawfully confined in such State prison to be asexualized, then such physician shall call in consultation the General Superintendent of State Hospitals and the Secretary of the State Board of Health, and they shall jointly examine into the particulars of the case with the said resident physician, and if in their opinion, or in the opinion of any two of them, asexualization will be beneficial to such recidivist they may perform the same: Provided that such operation shall not be performed unless the said recidivist has been committed to a State prison in this or some other State or country at least two times for rape, assault, with intent to commit rape, or seduction, or at least three times for any other crime or crimes, and shall have given evidence while an inmate of a State prison in this State that he is a moral or sexual degenerate of pervert; and provided further that, in the case of convicts sentenced to the State prison for life who exhibit continued evidence of moral and sexual depravity, the right to asexualize them as provided in this section shall apply whether they have been inmates of a State prison in this or any other country or State more than one time or not; provided further that nothing in this Act shall apply to or refer to any voluntary patient confined or kept in any State hospital of this State.

Section 3.—Any idiot, if a minor, may be asexualized by or under the direction of the Medical Superintendent of any State hospital with the written consent of his or her parent or guardian, and if an adult, then with the written consent of his or her lawfully appointed guardian; and upon the written request of the parent or guardian of any such idiot or fool the Superintendent of any State hospital shall perform such operation, or cause the same to be performed, without charge therefor.

Section 4.—An Act entitled "An Act to permit Asexualization of Inmates of the State Hospitals and the California Home for the Care and Training of Feeble-minded Children, and of Convicts in the State Prison," approved April 26, 1909, is hereby repealed.

The Penal Code of the State of California also provides as follows:—

STATUTES 1923, CHAPTER 224.

AN ACT to add a New Section to the Penal Code, to be numbered Six Hundred and Forty-five, relating to Prevention of Procreation of Persons convicted of Carnal Abuse of Females under the Age of Ten Years.

(Approved May 25, 1923.)

Section 1.—A new section is hereby added to the Penal Code, to be numbered six hundred forty-five, and to read as follows:—

"645. Whenever any person shall be adjudged guilty of carnal abuse of a female person under the age of ten years the Court may, in addition to such other punishment or confinement as may be imposed, direct an operation to be performed upon such person for the prevention of procreation."

The numbers sterilized up to the end of 1925 were—						Insane.	Feeble-minded.	Total.
Male	..	..	..	..	..	2,234	384	2,618
Female	..	..	..	..	..	1,362	557	1,919
						3,596	941	4,537

This represents a yearly average of 302 for the fifteen years during which the law has been in operation, but the vast majority of the cases have been done in the last few years. At Sonoma these operations are now so frequent that the hospital has two operating-days weekly. Sonoma has 2,210 inmates, of whom about 900 were on probation to the care of friends at the time of my visit. These patients include all classes of the feeble-minded, epileptics, and social misfits, and it has recently been decided that all the insane under fourteen years of age are to be admitted there instead of to the hospitals for the insane. The general rule is that no patients are discharged unless they have been sterilized, but exceptions are made in certain cases where the friends enter into a bond of \$1,000 that the patient will not become a charge on the State. It is not necessary to have the consent of the relatives, but in practice this is done, and this presents no difficulty because, according to Dr. Butler, the relatives appreciate the desirability of the operation once it has been explained to them, and in fact some people come to the institution for the sole purpose of being sterilized, and then return home.

There is no proper system of registration of the feeble-minded in California, but it is estimated that the sixteen thousand in State institutions represents about half the total. Until the law is extended to bring the uncertified cases within its provisions it will be difficult to arrive at any accurate conclusion as to the efficiency of the measure in diminishing the incidence of the mentally enfeebled.

Arguments against Sterilization.—The opponents of sterilization hold—

- (1) That there is considerable uncertainty in the diagnosis of these feeble-minded and insane persons who are likely to beget feeble-minded or insane progeny, and that this difficulty is especially great in that higher-grade class which is the greatest menace—the moral imbecile and the moron.
- (2) That the feeble-minded, &c., do not all come from feeble-minded parents; that a proportion are accidental—e.g., due to injury at childbirth, encephalitis, and other preventible circumstances—and that the mental deficiency in these cases is not transmissible. It is also believed that many of these children came from parents who are normal but who are "carriers" of defect.

- (3) That procreation is not the only important issue: many of the feeble-minded lack self-control in other directions—commit crimes, are vagrant and thriftless, alcoholic, or socially inadequate—and they would require care in any case in asylums, workhouses, prisons, or other institutions, so that the only reason for sterilization would be met by segregation.
- (4) That sterilization and freedom would mean an increase of prostitution and consequent spread of venereal disease.
- (5) That it would lead to the release of many cases.
- (6) Humanitarian and religious reasons.

I have made a point of discussing this matter with practically every alienist and worker amongst the feeble-minded whom I have met on my tour, and I would sum up their opinions by stating that while public declarations of policy are generally against its practicality and utility, very few tenable arguments are advanced in private conversations against its inclusion *as a minor accessory part* in a general scheme.

The American National Committee on Mental Hygiene, and the British Central Association for Mental Welfare, are opposed to sterilization on the grounds stated above; but beyond segregation (which they admit cannot be done in sufficient numbers to be effective) and education of the public to a eugenic ideal (which is nebulous) they offer no practical alternatives.

To review the arguments as stated above:—

(1) It is established beyond doubt that the mating of two feeble-minded persons will produce bad stock, and also that the progeny from a defective person or “carrier” mated with a normal person will include a certain proportion of bad stock. The chief danger lies in the union of “carriers” with sound stock, and the “carriers” come from defectives. Permanent segregation of all the feeble-minded is economically impossible and not altogether desirable. Registration and prohibition of marriage will not prevent procreation, but registration plus supervision plus prohibition of marriage plus sterilization after due consideration of all the probabilities of each case by the Eugenics Board will certainly render procreation less easy than it is at present.

(2) This is no argument against the sterilization of those feeble-minded persons who are known to be the offspring of feeble-minded parents, and the majority do come from such. Many of the “normal” parents are “carriers,” and the stock should be eradicated. In any case the individual circumstances would be reviewed by a Board.

(3) This is partly true, but recent research in America has shown that only about 10 per cent. of the feeble-minded exhibit vicious and criminal tendencies necessitating segregation in institutions where such cases are now sent. On the other hand, every feeble-minded woman is a potential mother—married or single—and sterilization would enable the non-vicious woman to be cared for by her relatives without the ever-present fear that her facility and lack of intelligence may result in pregnancy and childbirth and one more addition to the ever-growing list of those dependent on the State. In the same manner many docile, fairly industrious, feeble-minded boys could be allowed to live at home and thus save the heavy cost of the only other effective method—segregation.

(4) The assumption of the Central Association for Mental Welfare and the American Committee on Mental Hygiene that sterilization and liberty would lead to prostitution is in my opinion open to considerable doubt. I do not believe that the possibility of pregnancy very often deters the actions of a man who desires irregular intercourse, and this consideration would certainly weigh less with a feeble-minded girl than with her normal sister, so that the absence of this danger is not likely to promote prostitution. In discussing this matter with me, Dr. Butler, of Sonoma, California, expressed the opinion that there was no real foundation for this fear. The Sonoma patients who have been sterilized go out on probation—nine hundred were on probation at the time of my visit—and the Superintendent informed me that while many of his cases had venereal disease on first admission, very few of these returned from probation were so affected. Dr. Butler admits that the girls can be easily seduced, but their mentality in general is such that they do not actually seek out men, and there would be no increase of prostitution because of active effort on their part. Dr. Littlejohn, of the Manor Park Home for Defectives, London, shared this view.

(5) That sterilization would lead to the release of many cases is not to be doubted, and if the mere fact of having been sterilized were to be the only deciding factor there would certainly be an ill result; but I would not have the temerity to make such a proposal. These persons would be registered, where necessary would receive training, and in all cases would remain under the supervision of a social-service worker, who would naturally report any sexual tendencies necessitating segregation. I would not recommend absolute discharge in these cases except after a long period of probation, or until the menopause in women.

(6) The humanitarian objection is largely due to ignorance as to the simple nature of the operation and to the difference between sterilization and castration. In any event, humanity will be best served by cutting off plasmodic taint at its source, and thus helping to prevent at least some of the misery incidental to mental defect.

To sum up, I believe that the Eugenic Board should be entrusted with the power to order sterilization. It may be assumed that a wisely selected Board will exercise their powers in a tentative and discreet way, regarding sterilization as complementary to the other measures, and selecting for each case the resources which appear to be indicated.

(b) SEGREGATION.

To many of those who have not made a serious study of the problem the term “feeble-minded” denotes only the more gross and repulsive types of degenerates and criminals whose antisocial acts lead to sensational Court appearances and newspaper headlines. There are such cases, for whom

permanent segregation would appear to be the only effective remedy, combining as it would the two-fold advantages of preventing procreation and protecting the public from outrageous crimes.

Experiences in America and the Continent have proved the economic impossibility of providing accommodation for all the feeble-minded in the population, but were this provision possible it would be neither desirable nor just. I would like to point out the importance of making a distinction between segregation for custodial and preventive purposes and admission to a residential institution for the purpose of training and if possible ultimate return to the community. It is desirable that institutions should be provided for the permanent detention of sexual degenerates, and also for the custody of the lowest grades of idiots and imbeciles; but these would be entirely different in their construction and administration from the training-schools, with which I shall deal later.

(c) MARRIAGE LAWS.

Marriage between two persons any one of whom is on the register should be made illegal. It may be argued that this would not prevent illicit intercourse, but there is no doubt that in many cases such a provision would render it less probable; and in any event the registered person would be under the supervision of the social-service worker. It should be made an indictable offence for any one to have carnal knowledge of a registered person. It should also be provided that any parent or guardian who negligently allows or facilitates any registered person to have carnal knowledge of another person shall be guilty of an indictable offence.

(d) EUGENIC EDUCATION OF THE PUBLIC.

This is a matter of great importance, which I deal with later in my report.

II. TO RENDER ALL KNOWN DEFECTIVES AS SOCIALLY ADEQUATE AS POSSIBLE.

In addition to these prophylactic measures, which may be considered primarily as safeguards for the future, we have also to deal with the present generation of the feeble-minded. It would be undesirable and impracticable to lay down any hard-and-fast scheme for the care and training of registered defectives according to their clinical classification, but it will be helpful to take stock of our resources and indicate generally how these may be applied to the best advantage. The travelling clinics would, of course, make the preliminary investigations and recommendations, and the Eugenics Board would deal with each case according to its apparent needs. The persons for whom provision would be necessary may be considered under the following headings:—

(A) Retardates.

(B) Feeble-minded: Idiots and low-grade imbeciles; higher-grade imbeciles, moral or social defectives, and morons.

(C) Social problem and border-line cases: "Oversexed" girls; delinquents, juveniles; male sexual offenders.

(A) RETARDATES.

The diagnosis between genuine retardation of mental development due to remediable environmental circumstances and innate or congenital or acquired lack of potentiality for full development, which is the essence of feeble-mindedness, should be made by competent psychiatrists, after a full investigation of the case on the basis of Dr. Fernald's system, described on page 13 of this report. The adoption of the Massachusetts Act referred to on page 12 would ensure that all children retarded three years or more would be examined by the travelling clinic; but before this system came into operation it would be well to satisfy ourselves that the criterion of retardation was itself sound.

In the report of the Committee on Mental Defectives is embodied, on page 13, a statistical table showing the ages of pupils in the several classes of the primary schools. From this table we learn that there were 12,693 pupils over the age of eight in the preparatory classes, and it is assumed that these children constitute part of the problem of retardation. The alarm which might be caused by these figures, which represent 18 per cent. of all the children in the preparatory classes, is decidedly allayed by the further discovery that of that number 9,000 are "retarded" only one year and 2,500 only two years. A psychiatric examination would not be likely to reveal that many of these children were in fact inferior in intelligence to the average child, much less to be feeble-minded, and the explanation of the apparently large number of these "retardates" is probably that the curriculum requires modification to suit the needs of the average pupil.

I understand that eighteen special classes have been established throughout New Zealand, and their success justifies an extension of the system; but these classes should be strictly reserved for genuine retardates to the exclusion of the feeble-minded, whose presence must detract from the really valuable work which the more individual tuition can accomplish.

The decision of the clinic that a child is not mentally defective should not be taken to imply that nothing is necessary beyond the transfer to a special class. Retardation must frequently be the result of physical ill health, remediable or otherwise, and the mere fact of retardation should be sufficient reason for examination and treatment. The published results of school camps in New Zealand offer great hopes from this line of treatment.

I have previously expressed the view that the diagnosis of retardation from mental deficiency should be made by the psychiatrists of the Eugenic Board, and I have suggested that the special classes for retardates should be conducted, as heretofore, by the Education Department; but it is necessary at this stage to insert a plea for another type of pupil who is not usually considered to be in any way a problem case. The educational authorities are much perturbed regarding retardation, and are no doubt genuinely anxious to educate backward pupils to the maximum of their capacity; but

there seems to be little recognition on their part of the "accelerated" pupil, who enjoys "one crowded hour" of triumph at school and then retires to the asylum, to spend a vegetative existence as an incurable dement. It is not only the pupil who falls behind in his standards who requires special treatment; greater attention should be given to the precociously brilliant pupil, and any oddities of behaviour, seclusiveness, or disinclination for social intercourse with his fellows, which are often early signs of inability to stay out the race, should be regarded as of sufficient importance to call for medical examination, and possibly a change from academic studies to recuperative treatment under more natural conditions.

(B) THE FEEBLE-MINDED.

(1) *Idiots and Low-grade Imbeciles.*

These gross cases should always be in institutions where their simple requirements as to diet and cleanliness can be adequately met, and not in private houses where their helplessness imposes a serious burden upon their parents and other members of the household. The presence of an obvious idiot in a household of children frequently does harm by tending to produce an inferiority complex in the other young members of the family.

(2) *Higher-grade Imbeciles, Moral Defectives, and Morons.*

The vast majority of the feeble-minded come within these categories, but it must be borne in mind that while it is theoretically possible to so divide them, in practice there is no sharp line of demarcation, the different classes overlapping and merging into each other. One thing they all have in common—the need for some degree of State supervision; but the nature, extent, and duration of that care depends upon such factors as the amount of defect, their family circumstances, and the provision made by the State to deal with the whole problem.

The rationale of any State scheme for the social control of the feeble-minded should be to bring each defective to his maximal efficiency in the society in which he will live his life, whether in an institution or in the community under proper supervision. I propose to review the measures adopted in other countries in this respect, and to record the opinions I have formed as to their probable value in regard to New Zealand.

Special Day Schools.

I was particularly recommended to visit the special day schools in Birmingham, and the English Board of Control officials unhesitatingly pronounced them to be the best in Great Britain. The Lady Superintendent of Special Schools in the Birmingham area accompanied me on a visit of inspection to the Sherborne Street School, which she described as being the model for this class of education. There are 140 children at the school, and we visited all except two classes; but I was frankly very disappointed with what I saw. The average mentality of these children was much lower than I had expected, and a very elementary knowledge as to the cause and nature of imbecility should be sufficient to make the authorities realize the utter waste of energy and money involved in "educating" these children on the lines at present being attempted. I saw a lesson in weights and measures, but it was mere parrot-like repetition, and any impressions gained were unlikely to be retained sufficiently long to be of practical use. I saw simple dances being performed, and also a farmyard game which would be useless from any point of view. I inspected a carpentry class, but the children were listless and inattentive, and the work exhibited to me was utterly valueless as industrial training. This contrasted most unfavourably with the occupational classes seen in the residential schools.

Another day school visited was Cambridge Road School, Ottawa, Canada. The classes in this school are much smaller than in the English Schools, the average number being nine, so that a good deal of individual tuition is possible; but the results are just as one would expect from the type of pupil. One of the teachers expressed to me the opinion that "the lessons taught are quickly forgotten in most cases, but we do occasionally come across a girl who does improve." The majority of the children in this school were of the imbecile grade.

I visited other special day schools in Scotland and in America, and I was not favourably impressed with any of them. The teachers were for the most part earnest and devoted to the work, but the majority of the pupils were of a class whose structural brain-defect rendered them inaccessible to the type of instruction prescribed.

In common with most other people who have studied this question, I do not believe in the unnecessary committal of children to institutions, but in nearly all cases some real training is necessary if they are to live outside an institution and remain in harmony with society. The main points in this connection are the inculcation of the habits of prompt obedience and self-control, industrial occupation, and attention to the primary organic functions.

The parents of many of these children are themselves feeble-minded, and any good which might be done in the day school is bound to be largely discounted by a home atmosphere of squalor, thriftlessness, alcoholism, or vice. The headmistress of the Sherborne Road School told me that she has always felt that residential schools were the only suitable institutions for the education of these children, and I have no doubt this is so, apart from very exceptional circumstances.

Residential Schools.

There is a very natural antipathy on the part of parents to have their children, however defective they may be, committed to institutions. Such committals are felt to imply a reflection upon the family standing in the community, and are regarded as little less disastrous in this respect than would be the committal of one of its members to prison. This objection would in large measure disappear if it were clearly understood that the function of the institution was constructive and educative and not custodial.

Residential schools should not be the last resort of parents who are no longer able to control the defective child at home. They should rather constitute the principal avenue by which feeble-minded children may be brought to their maximal social efficiency, irrespective of whether their lives are to be lived within the shelter of an institution or in the general community under supervision.

I have already pointed out the impossibility—apart from the undesirability—of segregating all the feeble-minded in any country, and it is generally held that the proportion requiring this step is in the vicinity of a tenth of the total number. It is obvious, therefore, that any effective scheme of State control must provide for community care and supervision of the remainder.

The aim of the residential school should be to render as many of its pupils as possible fit to live in the general community, engaging in an occupation to which they have been trained and from which they can earn their livelihood. There can be little doubt that the drift of at any rate a proportion of the feeble-minded into criminality, thriftlessness, and anti-social practices and habits can be traced to their sense of failure and inadequacy in competition with their fellows.

I have reported pessimistically as to the results to be expected from day schools, but it is far otherwise with the residential establishments. From my experience in mental hospitals I have long been well aware of the occupational possibilities of certain classes of feeble-minded and insane patients, particularly in regard to domestic duties for the females, and farming and gardening in the case of the males; but until I had made my recent tour I had little idea as to the extent to which industrial training could be carried in regard to the vast majority of the feeble-minded. This training is not only a measure of help to the individual, but is an economic factor of considerable importance to the institutions concerned, and to the country, as will be realized from the figures which I shall presently quote.

The principal residential and training schools which I visited were: In America: Letchworth Village, New York; Waverley and Wrentham, Massachusetts; Vinelands, New Jersey. In England: The Manor, London; Moneyhull, Birmingham; Darenth Colony, Kent; Calderstones, Lancashire. In Scotland: Kirkintilloch, near Glasgow; Baldovan, Dundee; Stonevettes, near Glasgow. In Germany: Wittenau, near Berlin.

The very much easier economic situation presently existing in America as compared with Great Britain and the other countries visited was reflected in the generous provision of buildings, equipment, and staffs, and comparisons would serve no useful purpose. It is important to bear in mind that, while certain plans of design and administration are found to be most workable and economical, the results to be expected are not directly proportionate to the lavishness of expenditure, but to the breadth of view, humanity, organizing ability, and common-sense of the person under whose control the institution is placed.

There is more or less general agreement as to the most suitable type of plan, the best methods of classification, and the lines of treatment calculated to produce the best results, but I was very much struck with the marked differences in tone produced under different types of Superintendents.

All modern residential schools in Britain and America are founded on the villa or colony system, and the following provisions are necessary: Villas (These are built throughout of fire-resisting material; each should accommodate from fifty to sixty patients, the sleeping-rooms being on the first floor, and the dining, day, and bath rooms on the ground; villas for the more helpless patients should be one-storied); school; workshops; laundry; kitchen; central hall; hospital; contagious hospital; administration block; officers' residences, &c.

SHORT NOTES ON THE DIFFERENT RESIDENTIAL SCHOOLS VISITED.

Letchworth Village.—One of the best-conducted institutions seen. Population, 2,000. Dr. Little considers that 1,000 should be the maximum number in any institution, as this is about the most any Superintendent can get to know personally. Divided into what are practically six separate institutions, each complete in itself, except for laundry, school, and industrial unit. Classification: 1, Girls over sixteen; 2, boys over sixteen; 3, girls under sixteen; 4, boys under sixteen; 5, crippled and lowest types (boys); 6, crippled and lowest types (girls).

The Villas: Each villa is in charge of a Matron. When asked what training these women had had Dr. Little said with emphasis, "Just what they have picked up here. I pick them because of their personality. I want people who can do the job, not people who can talk about how it should be done. For the domestic side of the institution I want kindly active girls who will be good to the patients, punctual in running the house, and willing to co-operate with the rest of the staff." Three-fourths of his Matrons were Scottish immigrants, and he said he never wants to get better. The children were scrupulously neat and tidy, and the houses in good order.

The School: Dr. Little's comment, "We are teaching those youngsters. I do not know that as far as lessons go we are getting anywhere, but they do help to give the children some idea of obedience and orderly conduct. We do not overdo it, and they are in school only half the day. In a school of this sort your head teacher is one of your most important officers. She should not only control the school but also the occupation classes. It is not easy to get the right woman, but be sure and make no mistake in this matter."

There is very little academic education here. Even in the school the curriculum is designed as a preparation for the industrial training. Even the youngest were being taught to tease rags into strips for use by the class immediately above, who stuffed dolls whose clothes were cut out by a still higher class. Fastening of buttons, distinction of colours and forms, were amongst other subjects taught.

Industrial training: Domestic science is taught in a room specially set apart for that purpose. It is fitted with a household range on which simple recipes are made, and bedmaking, table-setting,

and clearing are also taught. For the boys there are classes in bootmaking, printing, carpentry. All the institution painting is done by the boys under one paid artisan teacher.

Orchestra: The leader—a teacher—played the piano, and the other members were four violinists, two celloists, and a cornet-player.

Social-service Work: Had interesting conversation with Miss Bassett, the head social-service worker. Her duties are—(1) Interviewing parents and friends and getting a picture of the home atmosphere; (2) after-care, including finding jobs, parole, supervision outside, &c.

“We are no longer sending the children back to their parents. It was not a success, as it meant a return to the same old wrong atmosphere.” (N.B.—Compare day schools.) “We have eighty children on probation. We have more demands for these children than we can supply. People know they are well trained, and they nearly always do well, although we have our difficulties. It is my job to see they are well placed and that the people treat them fairly. The parents who have these children are interested in them, and they get together and discuss the best methods of handling them, &c.”

The Laboratory: Staff meets weekly to discuss each case and determine its possibilities.

Waverley.—Much the same system as at Letchworth. Dr. Greene told me that during one year the 300 patients on probation from his institution earned \$70,000 (£14,000). Probation lasts from two to five years, and if the conduct is satisfactory the child is discharged to the care of a social-service worker.

Wrentham.—Nothing special to note.

Vinlands.—Population, 527, of all ages and both sexes, but the older males are transferred to a farm colony about four miles away. Groups admitted are—Idiots, 8 per cent.; imbeciles, 48 per cent.; morons, 44 per cent. Staff, 110, of whom 60 per cent. are women. The Superintendent has no power to discharge—this lies with the Central Board.

The Manor, Epsom, England.—This is an old mental hospital adapted as a residential school. The buildings are not of the most modern type, but the administration is a model of what it should be in this work. Population, 1,053, with 80 absent on license. Both sexes are admitted, and provision is made for children and adults, but idiots and the lower grade of imbeciles are not admitted. The outfit and apparatus are not so elaborate as in the United States, but occupation of some sort is found for 100 per cent. of the inmates. Dr. Littlejohn's comments: All children below sixteen attend the schools, but “*as practically all these children have already been through the special schools (day) we do not worry much about the educational side.*” In any case the majority of these children will not return to the community, and so we try and make them useful members of the Manor institution.”

Industries.—The girls in the schools do plain sewing, make mats and rugs on frames, &c., and then are passed on to the industrial section, where the following work is done: (1) making window-cords—a simple pleating process; (2) mattress-making, including carding hair; (3) lacemaking; (4) papier-maché work; (5) bass mats, mats for motor-cars, &c.; (6) brushes—tooth-brushes, toilet-brushes, bath-brushes, brooms, &c.; (7) paper bags and envelopes; (8) about ten girls are employed on the farm.

Boys: (1) Printing; (2) bookbinding; (3) bootmaking and repairing; (4) basketmaking; (5) mats; (6) tinsmithing; (7) “breeze-block” making; (8) farm and garden work; (9) carpentry; (10) brushmaking; (11) house-painting. All these industries are thoroughly taught, and the inmates become exceedingly proficient.

I am attaching to this report an article by Dr. Littlejohn upon his early difficulties at the Manor, and I can endorse many of his views from my own experiences. Supplementing his article to me in conversation Dr. Littlejohn said: “When this new disease of mental deficiency was discovered there was a general demand that the mental-hospital staffs should have nothing to do with the care of these patients. Things got to such a pitch that the clerk who had written letters about mental patients was dismissed; even the pump hand had to go because he had pumped water for the insane!” The three assistant medical officers had to leave, and only Littlejohn himself was left, and naturally for some time there was chaos. This description I insert because a similar demand has been made in New Zealand in connection with the suggested establishment of half-way houses.

The Medical Superintendent is not allowed to discharge patients—he can recommend discharge to the General Board of Control, and Dr. Littlejohn thinks this is a wise provision. He can refer parents to the more remote and impersonal central authority, which prevents any friction between parents and Superintendents.

Certain girls after training go to domestic situations, but they are kept on the books permanently. This is beneficial to the girls, because if the employers are not suitable and sympathetic the Superintendent can recall the girls and place them elsewhere. If they were free agents they would simply give up their positions, seek others probably less suitable, and finally become destitute. The Medical Superintendent is really in the position of a father to all the children, and is aided in this part of the work by the social-service workers of the London Voluntary After-care Association.

Moneyhull Colony and Residential School, Birmingham.—This colony is a poor-law institution with which is associated a special residential school, gazetted as such under the Act. It is situated near Birmingham, covers an area of 320 acres, and has accommodation for 1,000 cases in the colony and 300 children in the school. The Medical Superintendent, Dr. McCutcheon, is a New-Zealander, who is considered by the Board of Control to be one of the best men doing mental-deficiency work in England.

The children in the school are not committed under a detention order, but by a certificate of the Education Authority, which retains control till they reach the age of sixteen years. The school authorities notify the local Deficiency Committee of the district to which the child belongs when the child is approaching that age, and it becomes the duty of the district committee to arrange for

guardianship, admission to an institution under the Mental Deficiency Act, 1913, or to take such other steps as may be deemed expedient. In his last report, which I append, Dr. McCutcheon has called attention to the fact that the arrangements for continuity of supervision often break down at this stage, and the child returns to the often unsuitable home and parents. This is an illustration of the undesirability of divided control.

Most of the children at the school have been "tried out" at the special day schools and have been sent to Moneyhull as ineducable. It seems to me that it would be much more efficient and less expensive to "try out" these children at the beginning by a proper psychiatric examination, instead of in special day schools or classes where they are almost bound to fail themselves and have a retarding influence on the other pupils.

Dr. McCutcheon's remarks: "I have little time for psychological tests, but they have their uses—*e.g.*, if you have a child up before a Magistrate or Justice he may not look defective and there may be some hesitation to commit, but you can usually impress them by the statement as to the difference between the chronological and mental ages."

Dr. McCutcheon warned me against the tendency in a few of these schools to concentrate upon the financial returns from the industries. He gave me the name of one school in which he said the children were "sweated" to swell the returns. He prevents this at Moneyhull by having no works overseers and doing this job himself—a precaution which I think is very sound. The industries were of the same type as at the Manor and elsewhere.

I am attaching to this report a booklet descriptive of the Darenth Training Colony, from which it will be noted that the output of work from this institution for the year ended March, 1925, was £72,000.

Occupation Centres.—These institutions are now being tried in England, and are believed by the Board of Control to have produced some good results, but they are subject to the limitations noted in the case of the special day schools. They might be suitable for certain cases where home conditions are good and the parents were unwilling to allow the child to enter a residential school.

The English Board of Control supports these centres because it considers that the training received obviates the need of removal to an institution for some years. I do not agree with this contention. I believe that if a child is likely to require "removal to an institution" on account of mental deficiency, the earlier such removal occurs the better served will be the true interests of the child. On the other hand, if the admission of a child to a school for training is desirable, the period of training should commence during the early formative period of its life, not after bad habits and defective powers of control have been so firmly established that their eradication has become difficult if not impossible.

(C) SOCIAL PROBLEM AND BORDER-LINE CASES.

Attention has frequently been directed by judicial authorities and social workers in New Zealand to an apparent lack of provision for certain cases which do not come technically within the definitions of the Mental Defectives Act, 1911. The public conscience is often shocked by the nature of some of these cases, and lawyers are tending more and more to advance the plea of mental deficiency or abnormality in mitigation of punishment. It is generally claimed that while the defect is not of that degree required by law for exculpation, it is such as to justify treatment in an institution free from association with the frankly insane and less penal than a prison—that is, the so-called half-way house.

The types of cases for whom we have been asked to provide half-way houses or specialized institutions include—(1) Senile first offenders; (2) border-line cases of insanity; (3) "oversexed" and "delinquent" girls; (4) epileptics; (5) male sexual offenders; (6) Alcoholics; (7) doubtful psychopathic cases—*e.g.*, lady kleptomaniacs; (8) behaviour problem cases, some of whom are the victims of encephalitis; (9) insane returned soldiers; (10) feeble-minded children; (11) incipient mental cases.

It is unnecessary to restate here the difficulties involved in the administration of these half-way houses, and the failure of those established in older countries to effect their purpose, but, in view of popular opinion as to the inadequacy of the provision made, it is well to set forth what is actually being done in New Zealand in regard to the cases indicated.

In addition to the seven main mental hospitals and various branch establishments, the following institutions are being conducted by the public Departments and charitable organizations mentioned:—

Education Department: (1) Industrial school for girls at Caversham, Dunedin; (2) probation homes in the main centres; (3) training-farm for boys at Wararoa; (4) residential special schools—(a) for girls at Richmond, (b) for boys at Otekaike.

Mental Hospitals Department: (1) Clinics at the general hospitals; (2) home for low-grade defective boys at Nelson.

Health Department: Hanmer Hospital for the neuroses and mild psychoses.

Hospital Boards: Old people's homes.

Prisons Department: (1) Specialized prisons, including one for sexual offenders at New Plymouth; (2) borstal training institutions.

Salvation Army: (1) Inebriate islands—(a) for women; (b) for men; (2) prison-gate homes; (3) maternity and other homes.

Private bodies: Church orphanages, &c.

It is obvious from the above list that considerable provision is made to meet the needs of most socially inadequate persons, but it is apparent that the handling of these cases by so many more or less unrelated public Departments and other organizations involves duplication of costly administrative machinery and dissipation of energy. I quote the following instances of this overlapping of function:

(1) There are in the mental hospitals of New Zealand 319 cases of old people who could more appropriately and less expensively be attended to in homes for the aged, controlled by the Hospitals Boards. I have excluded from this number 154 more who would require more exacting attention than that normally provided in such homes.

(2) There are in the Richmond and Otekaike special residential schools of the Education Department several children who are non-educable, and who are more properly subjects to be dealt with in a custodial home.

(3) In the Nelson home for low-grade defectives under the Mental Hospitals Department there are several boys who could be trained in suitable occupations.

(4) Since the closing of the Te Oronga Home many girls of the morally defective class have been sent to the mental hospitals. Some of these girls could be rendered at any rate partially self-supporting if detained in an industrial school with suitable discipline and training. It is a straining of the Mental Defectives Act to keep them in mental hospitals, and it is also unfair to the girls.

(5) There appears to be considerable doubt as to the relative functions of the Borstal institutions and the residential schools of the Education Department. The inevitable result of this overlapping and lack of definition of function is that it is often extremely difficult to secure for any individual case entrance to the institution most likely to meet its requirements.

Border-line mental cases generally are dealt with in the second part of this report, but two classes may fittingly be discussed at this stage: (1) "Difficult" girls, (2) male sexual offenders.

Difficult Girls.

The question of the so-called "oversexed" girl presents peculiar difficulties because of the very different factors which enter into these cases. I think that the term "oversexed" is misleading, the sexual prominence being due in most cases to a generalized failure of self-control and not to over-development in that one direction. The distinction is important because in many instances these girls cannot be described as sexual degenerates, their sexual experiences being in a measure accidental or incidental to the environment to which their general indiscipline has led them.

It would be as wrong to condemn every delinquent girl who has had illicit sexual experience to an institution earmarked for sexual cases as it would be to commit every destitute child found out in an offence against the laws to a home for delinquents. There is far too much tendency to attach to these children such labels as "oversexed" or "delinquent," and to treat them in corresponding institutions without reference to the niceties of each case. The so-called "anti-social tendencies" may not, after all, be innate "tendencies," but merely the result of a precocious familiarization with the physical details of sex, which has led to an easy acceptance of a lower than normal standard of morality.

One fully realizes the social necessity for an exacting code in this matter, but do we always make due allowance for the environmental influences which may have led, if not obviously to the sexual lapse itself, at any rate to the mental habit which made acquiescence less difficult than it would have been under better home conditions?

On the other hand, there are girls who are sexual degenerates, who are not accessible to reformative influences and who corrupt their associates. One likes to be optimistic, and each case should have every consideration, but it is of paramount importance that the objects of an institution devoted to the reformation of girls should not be defeated by the continued residence within its walls of a girl who is, humanly speaking, irredeemable and pernicious in her influence.

These cases are dealt with in New Zealand by the Education Department, and, under the "Borstal Act," by the Prisons Department, and also to some extent by the Mental Hospitals Department; but the lack of a central co-ordinating authority with power to decide on the merits of each case prevents full benefit being derived from the provisions made for this class of case. There is a lack of complete understanding as to the essential roles which should be played by the Departments concerned.

One of the most interesting experiences of my trip was a visit I paid to Sleighton Farm, near Philadelphia. Sleighton Farm is a school for young girls who get into trouble and come before the Courts. All the girls are formally committed by the Court, and the majority have had sexual experiences varying from embryonic prostitution to incest, while an appreciable percentage are found on admission to have venereal disease. The girls are committed until they reach the age of twenty-one years, but the school authorities like, if possible, to parole them to suitable families at the age of sixteen. The usual length of residence is about two years. No very young children are admitted, because it is recognized that foster-parents are better than institutions. On the other hand, no girls over eighteen are admitted.

The general aims and objects and the history of Sleighton Farm are well set forth in the pamphlet which I am appending to this report, but I may supplement it by stating that I stayed at the farm for two days and nights and made a detailed inspection, sometimes alone and sometimes accompanied by one of the staff or pupils. The whole school conveyed to me an impression of efficiency, breadth of vision, common-sense, and success. There was a refreshing absence of any reformatory or institution atmosphere, and an entire dissociation from the hide-bound traditions with which such places tend to surround themselves. Theoretical considerations have never entered largely into the management of this successful school, with its roll of five hundred pupils consisting largely of those whom we would term "difficult girls."

Psychological knowledge is evidenced in almost every detail of management—not the much-vaunted Freudian "new psychology," with its Oedipus complex, but a real knowledge and understanding of child mentality and of the methods most likely to secure co-operation, readjustment, and a normal expression of the hitherto misdirected energy.

There is no evidence of repression whatever; the girls were not only happy and contented, but, incredible though it may appear, they were obviously fond of the place, and each was anxious to impress the visitor with the superiority of the house to which she belonged.

There is no fear of the development of any inferiority complex here; the girls are carefully guarded against any implication of disgrace, and after discharge they often revisit their *alma mater*, sometimes accompanied by their husbands and families. The school staff do not attempt "to reform by hard work and firm discipline"—they form part of the environment which allows or encourages or activates the real reformatory influences, which are primarily within the child herself, to develop. There is nothing to suggest an institution: it is a school, but a special school in the sense that it does not make a fetish of academic education; it makes allowances for personal traits and for early handicaps, and its methods are successful.

The illusion that Sleighton Farm is merely a first-class girls' boarding-school is dispelled only after examination of the history-cards of these children: there one may read the most sordid stories of vicious homes and criminal associations, and then one realizes the meaning of the word one so often hears at Sleighton, "adjustment"—the key word of this system which can take a child from a criminal haunt in the slums of New York and complete its education at a high school.

This is not accomplished through any heaven-sent system of classification, not by psycho-analysis, nor by any one of the fantastic theories claimed by enthusiasts as the panacea for crime or degeneracy. Its success is directly due to the sound common-sense of the women who manage it. There is systematic teaching of sex hygiene on biological lines, and nothing is kept hidden from the girls, who are encouraged to bring their personal difficulties to the teacher, or, if so preferred, to write them. The head teacher told me that there is practically no difficulty over sex matters, certainly not more than in most other schools.

The success of Sleighton Farm is due to the environment into which new admissions are received; and it is a necessary corollary that reception into a bad atmosphere would produce the opposite effect. This is a very cogent reason for avoiding classifications based on "goodness" or "badness," and the establishment of corresponding institutions. A well-conducted institution can work wonders with a bad child, but a reformatory, with its constant suggestion of wickedness, its prohibitions, and its repressions, can afford little help to any of its inmates.

It is true that some children will be found too refractory for a school such as Sleighton; but the more enlightened and understanding the management, the fewer will be the failures, and these will probably be found to be defective or psychopathic—requiring treatment in an institution devoted to these classes.

The aims of the Borstal institutions and of the Education Department's training-farms and industrial schools are essentially the same, and I suggest that these should all come under the co-ordinating direction of the Eugenics Board.

Male Sexual Offenders.

The apparently large increase in the number of sexual offences during recent years, and the very gross nature of these cases as revealed in Courts, caused certain resolutions to be passed by the Prisons Board and published in their annual reports for the years 1920, 1921, and 1922. This led to the setting-up of the Committee on Mental Defectives and Sexual Offenders in 1924.

In view of the public anxiety on this question, I regarded it as a supremely important part of my mission abroad to collect as much first-hand information as was available, but the result was disappointing; and, although I have discussed the matter with Judges, psychiatrists, prison and police officials in many countries, I can only report that I have been unable to find any effective system in operation anywhere. The same difficulties, the same suggestions, and the same uncertainty as to the effects of surgical interference are in evidence in all countries; but, while there is everywhere an awakened interest, there is also great hesitancy in adopting practical measures on a comprehensive scale.

It is, however, interesting to note that in Denmark a Royal Commission which inquired into this question has suggested the enactment of a law legalizing the sterilization not only of the insane and mentally deficient, but also of those whose sexual impulses render them liable to commit crime. I append the text of this Bill, which is experimental in its nature, re-enactment being necessary every five years.

Clause 1.—Persons whose abnormal intensity or direction of sexual desire may render them liable to commit crime, thus creating danger to themselves and to the community, may, upon their personal request, be subjected to castration or other interference with the sexual organs, provided that the request is sanctioned by the Commission described in clause 3. A request of this nature can only be submitted by persons who have reached full age. It must be accompanied by a medical certificate, and must contain as complete information as possible as to the reasons leading the applicant to submit the request. If the applicant has been declared incapable of managing his or her own affairs the request must be endorsed by his or her guardian. If the applicant is married and is living in a state of married life, the consent of the spouse must, as a rule, be obtained.

Clause 2.—The Commission described in Clause 3 may consider the question of taking away the power of reproduction in mentally abnormal persons who are under the care of an institution, and in whose case it is considered of special importance to the community that they should be incapable of having progeny, although they do not exhibit such danger to the public safety as is detailed in clause 1. Petitions must be submitted to the Commission by the governors of the institution concerned, accompanied by a declaration by the physician of the institution or the local medical officer; and the consent of the person concerned must be obtained, or, if he or she has been declared incapable of managing his or her own affairs or is under age, the consent of the guardian. If the person concerned, without having been declared incapable of managing his or her own affairs, is unable, on account of mental defect, to understand the importance and consequence of such an operation, the petition must be endorsed by a guardian appointed for the occasion. If the person concerned is married and his or her married life has not been broken off by separation, or by the married couple having actually lived apart, for some considerable time, the consent of the spouse must, as a rule, be obtained.

Clause 3.—To decide the questions dealt with in clauses 1 and 2 a Commission shall be appointed, composed of a Judge appointed specially by the Minister of Justice and two members of the Medico-Legal Council, appointed by the Council, one of whom must be a psychiatrist. The Minister of Justice may, on the suggestion of the Commission, appoint two additional members. The Commission may, before deciding with regard to the applications submitted, demand from any public authority or office such information or declaration as is found necessary; may examine or cause to be examined any persons supposed to be in possession of knowledge of the facts or conditions concerned, and take any other action, necessary or suitable, to procure information. It is the duty of the Commission to ascertain that the person concerned, or, as the case may be, the guardian, has a clear understanding of the probable consequences of the interference which may have to be made. If the Commission sanctions the interference, the nature of the operation must be defined by its medical name. With regard to the cases dealt with under clause 1, the person concerned must himself or herself select a surgeon possessing the necessary training to perform the operation, while, with regard to the cases dealt with under clause 2, the surgeon must be appointed by the institution concerned. It is the duty of the surgeon, after having performed the operation, to give notice of this fact without delay to the Commission. If the request is refused by the Commission it cannot be renewed until one year after the date of the refusal, unless circumstances or facts of importance bearing upon the decision have appeared which were not available at the time of the previous application.

Clause 4.—The members of the Commission are bound to observe secrecy with regard to what they learn in the execution of their duties.

Clause 5.—Salaries may be paid to the members of the Commission in accordance with the considered decision of the Minister of Justice. The necessary funds for this purpose, as well as other expenses incurred by or through the work of the Commission, are granted on the yearly budget.

Clause 6.—Any person who without due authority performs or undertakes operations dealt with in this Act is punishable by fines of from 500 to 5,000 kroner, provided that other legislation does not impose any heavier punishment. Neglect to furnish the information dealt with under clause 3, section 4, paragraph 3, is punishable by fines of from 10 to 200 kroner. The fines accrue to the Exchequer.

Clause 7.—This Act will be in force from , and will expire five years after it has come into operation.

Further comments on the Bill: The Commission is of opinion that the petitions ought to be approved by a specially appointed authority, not only to guard against an individual institution carrying out experiments on insufficient data, but also to insure a common line of action, to enable material to be gathered for a later judgment on the extent to which permission is sought, granted, and, as a matter of fact, used. The Commission can to a certain degree procure information about the after-effects of sterilization, with a view to considering the possible future legal extension of the practice. Whilst the person in clause 1 must have reached full age, this is not necessary for the person dealt with under clause 2 of the Bill. It ought to be emphasized regarding clause 2 that sterilization may be a matter of weighty consideration to the individual interests of the person concerned, beside the social aim. In many cases the sterilized will be permitted to enjoy far greater freedom of movement within the institution than before, or be released from the institution, which otherwise could not be permitted. Discharge will specially apply to those mental defectives with the propensities of the group included under clause 1. The main reason for an individual petition for sterilization will then frequently be the intention of granting a temporary or final discharge. The Commission has been careful, however, not to lay stress on the possibility of discharge as being one of the main reasons for the recommendations of the Commission. This is partly to prevent the awakening of expectations which may be disappointed, as for other reasons discharge may involve too much risk, and partly because too much emphasis on this point might be misinterpreted and be taken as an expression of opinion that the economical gain to the community subsequent on the decrease of the burden of institutional care should be the deciding factor.

In considering this question it must be borne in mind that the term "sexual offences" includes types of cases which vary very considerably in their nature, their cause, and their effect; and, contrary to public belief, they are not all due to perverted instincts, nor are the offenders all feeble-minded or degenerate. Rape or unlawful carnal knowledge is not any more likely to be accompanied by mental defect than theft or forgery, but there are certain cases where the offence is due to a definite perversion of normal instincts, or to mental deficiency with or without accompanying physical disease. Sexual perversion is not generally considered *per se* to be mental disease, but it is undoubtedly a borderland condition, and should at any rate be regarded as a *prima facie* qualification for a clinical examination. The offences which involve sexual perversion are mainly indecent assaults on males and unnatural offences, and the total number of such offenders at present in New Zealand prisons is sixty-four. It is interesting to note that the convictions for such offences are decreasing in New Zealand, being twenty-eight in 1924, eleven in 1925, and seven during 1926.

Treatment.—The appalling nature of certain sexual crimes, particularly rape, and the ineffectiveness of severe punishment to prevent repetition, have led to public demands for some alteration in our method of dealing with these cases. One view is that all such offenders should be permanently segregated; another is that these cases are psychopathic in origin and should have adequate scientific investigation and treatment.

The main consideration at all times should be the public safety, and each case must be considered on its merits. Many will require permanent segregation—probably all cases of homosexuality and unnatural offences should be dealt with in this way; but I do not think that all cases of sexual offence are psychopathic. This view is largely held in America, and cases involving rape and other crimes of violence are frequently sent to mental hospitals; but I am convinced that this is a wrong procedure, which opens the door to all sorts of abuses and defeat of justice. On the other hand, even in New Zealand one has known a severe sentence passed on an old man whose "crime" was obviously due to the sexual stimulation of an enlarged prostate gland, accompanied by the lessened power of self-control due to cortical decay.

It seems to me that the procedure most likely to protect the interests of society and least likely to allow injustice to the individual could be outlined as follows: Every person arrested for a sexual offence should have the right to a psychiatric examination by the Eugenics Board prior to trial. The sealed report of this examination should be put in to the Court before the trial. If the prisoner should be found guilty on the facts, the psychiatrists should be made available for examination and cross-examination upon the report. If the report expresses the opinion that the prisoner is insane or mentally deficient or has distinct perversion of instincts, and provided that such report is accepted by the jury, the prisoner should then be ordered to be detained during the pleasure of the Minister in charge

of the Eugenic Board, in any institution under the control of the Board. If the report is negative the prisoner should be punished according to the law.

Sterilization.—I am not convinced that any benefit is likely to be derived from surgical measures in these cases. Certain very eminent Continental alienists are strongly in favour of castration for cases of exhibitionism, notably Professor Aschaffenberg, of Cologne, with whom I had a discussion on the subject. He has had much experience, and he is impressed with the general calmativ influence of the operation, quite apart from the loss of procreative function. The proved facts are—

- (1) The lesser operation—vasectomy—does not lessen desire or potency—it merely prevents procreation.
- (2) The major operation—castration—does not generally diminish desire for several years.
- (3) Although castration does ultimately destroy normal desire and potency, it does not do away with the mental images of sex connection, and this tends to produce perversion and consequent danger to children.
- (4) In some cases it appears to have a general calmativ influence and probably some degree of mental enfeeblement.

I am not prepared to recommend operation in these cases—certainly not as a precursor to discharge from an institution—as I believe this would give rise to a false feeling of security.

Segregation.—The type of institution suitable for housing and caring for psychopathic or perverted sexual offenders requires more consideration than is usually devoted to this subject. Certain cases—particularly those with a definite surgical condition, *e.g.*, enlarged prostate gland—can be most properly treated in a mental hospital, or in single care during a period of observation following upon their operation. Many such cases may be expected to give no further trouble.

The suggestion is often made that farm colonies would be suitable for sexual perverts; but the matter is not so simple of solution as it would appear on the surface. Only those who have had much experience with such cases can appreciate the constant supervision which is necessary to prevent the continuance of the depraved habits, and for most of these cases very little latitude can be allowed. I would suggest that the prison at New Plymouth which is at present devoted to the care of sex perverts should also come under the care of the Eugenics Board, who would develop it in the light of their increasing experience.

SOCIAL SERVICE WORK AND AFTER-CARE.

I have already pointed out in this report that there is no panacea for social inadequacy in any of its numerous and varied manifestations, and that each case requires investigation and readjustment so as to promote harmonious relationship between the individual and his environment. I have deprecated the tendency to “pigeonhole” cases and treat them in any inelastic routine fashion, and I have advocated the adoption of a comprehensive scheme wherein cognizance will be taken not only of those who are definitely feeble-minded, but also of the large ill-defined border-line class which may fittingly be the subject of care and investigation by a Board whose function will be the betterment of the race.

It is, of course, obvious that no one of the lines of treatment suggested in this report will by itself appreciably diminish the incidence of mental enfeeblement or delinquency, and each must be regarded as complementary to the others. To train and educate these people and simply return them to the environment which has largely contributed to their need for State protection would be an economic wastage; to retain in institutions indefinitely those who can be largely self-supporting in the community would be unjust, undesirable, and expensive; while the indiscriminate liberation of sterilized female and male defectives solely on the grounds that they had been so dealt with would be disastrous.

To overcome the limitations to which all of the proposals are subject it will be necessary to establish a thoroughly organized system of social-service work. In America and in some countries of Europe social-service work has attained the status of a paid profession, and in the United States candidates have to qualify by prescribed courses of study and examination before appointment to a field post. I am satisfied that voluntary effort is not sufficient for this work, which is one of the most important parts of the whole scheme. The best of intentions is no substitute for knowledge, and, indeed, untutored enthusiasm may create a wrong atmosphere and lead to difficulties. On the other hand, I attended some classes in New York and elsewhere where aspirants for social-service work were receiving lectures and tuition, and I came to the conclusion that we should steadfastly avoid the false intellectualism which was being inculcated there, involving as it does the complete suppression of those very qualities which render women peculiarly suitable for this type of service. I append a pamphlet setting forth the qualifications deemed necessary for this work in the United States, but I would prefer to set our own standards in this matter.

The duties of the social-service worker can hardly be sharply defined, but they would include the following:—

- (1) She would maintain an intimate personal contact with the parents of the children, visit their homes, and study their conditions, with a view to considering whether the child after training could safely return there:
- (2) She would keep a list of all available foster-parents:
- (3) She would try to secure suitable employment for such of the children as were on the eve of being paroled from institutions, and would see that they were fairly treated by employers:
- (4) She would visit all feeble-minded people who were residing with foster-parents or at home, and would report to the local clinic any who were giving anxiety on account of mental symptoms, sexual precocity, or other anti-social tendencies.

During my twenty years' work amongst mental patients the most depressing and discouraging circumstance which I have encountered is the utter ignorance and misconceptions on the part of the general public as to the nature of insanity, and particularly in regard to the conduct to be expected from the inmates of mental hospitals. This is largely due to certain novels which depicted the abuses in private asylums prior to the middle of the nineteenth century; but its persistence is fostered by the fact that, apart from chance personal relationships with a mental hospital, the members of the public have little inducement or opportunity to acquaint themselves with the present-day management of these institutions. It is most desirable that in the inauguration of a new scheme of care for the feeble-minded no similar misconceptions should be allowed to arise, and that the public should be encouraged to take an active and intelligent interest in all phases of the work. That the present is an opportune time for such public co-operation is shown by the recent formation throughout New Zealand of societies such as the Howard League for Penal Reform, the Mental Hygiene Committees, and the Borstal Association.

Every one must sympathize with the main objects of these associations, but in the absence of any real co-operation with the administrative Departments concerned their attitude tends to become critical rather than constructive, and they are led to adopt extreme views under the direction of uninformed enthusiasts, lay and professional.

I would therefore strongly urge the formation in each main centre of local social-service associations, whose principal executive officer would be the social-service worker. These associations would be somewhat analogous to the branches of the Plunket Society, and should, of course, be subsidized by the Government. The functions of the local associations would be—

- (1) The after-care of patients on parole, and the oversight of those in community care:
- (2) The placement of such cases in suitable employment (NOTE: The London Central Association for Mental Welfare advertise for work for their protégés, and they make a point of being quite frank with employers as to the past histories of the patients. They get an average of eight replies to each of their advertisements. In America and in several places in England the demand for trained defectives is greater than the supply, and this has progressively increased as the capabilities of the patients have become known):
- (3) The interpretation of the Department to the public:
- (4) To acquire authoritative and accurate information, and to create a sound public opinion upon eugenic questions by means of lectures and the distribution of literature, &c.

General.

In the course of my tour I have visited many organizations which deal with problem, delinquent, and destitute children, and, while it was interesting to observe the various methods of approach used by these different agencies, one could not fail to reflect upon the vast amount of vicarious parenthood thrust upon the State. In the Juvenile Courts which I visited I saw many children arraigned for the most trivial "offences," which could have been more fittingly dealt with in the privacy of the home. The psychologists have so successfully spread the doctrine of the evils of repression that parents are afraid to punish or even check the misbehaviour of children, with the result that the youngsters come to be regarded as "problem" cases or delinquents, and are dealt with by Courts or clinics. Even if there is little publicity attaching to these attendances, the magnification of trifling offences into "moving dramas" with the child as the central figure cannot but be harmful. The view held generally in the States can be gathered from the opinion expressed to me by the psychologist attached to the New York Juvenile Court, that "every delinquent needs a mental examination, even if it is a boy charged with throwing stones." It is wrong on every ground to allow parents to shirk their responsibilities by handing their children over to Courts and clinics as "problems." The problem in many of these cases is the parent, and a solution may possibly be found by providing penalties for contributory negligence.

It would be tempting to dismiss the matter with the reflection that we compare favourably with America in this respect, but, in the light of our favourable New Zealand conditions and the high estimation which our social provisions enjoy throughout the world, it is somewhat startling to learn that in this country we already have about five thousand children committed to the care of the Education Department, that there are about eighty private orphanages, and that of the three thousand children in them only an extremely small percentage are orphans. An increasing sense of the privilege as well as the responsibilities of parenthood must be regarded as an important factor in the cultivation of a eugenic ideal.

The Eugenics Board.

There are many interests involved in a scheme such as I have outlined for the care and control of the mentally deficient, the sexually abnormal, and the socially inadequate, and it would be well to have them all represented on the Eugenics Board.

I suggest, tentatively, that the Board should be composed as follows: (1) Inspector-General of Mental Defectives; (2) Director of Education; (3) Controller-General of Prisons; (4) a highly qualified and experienced psychiatrist, who would be a departmental officer; (5) an experienced woman social-service worker; (6) a member nominated by the voluntary after-care associations.

Conclusion.

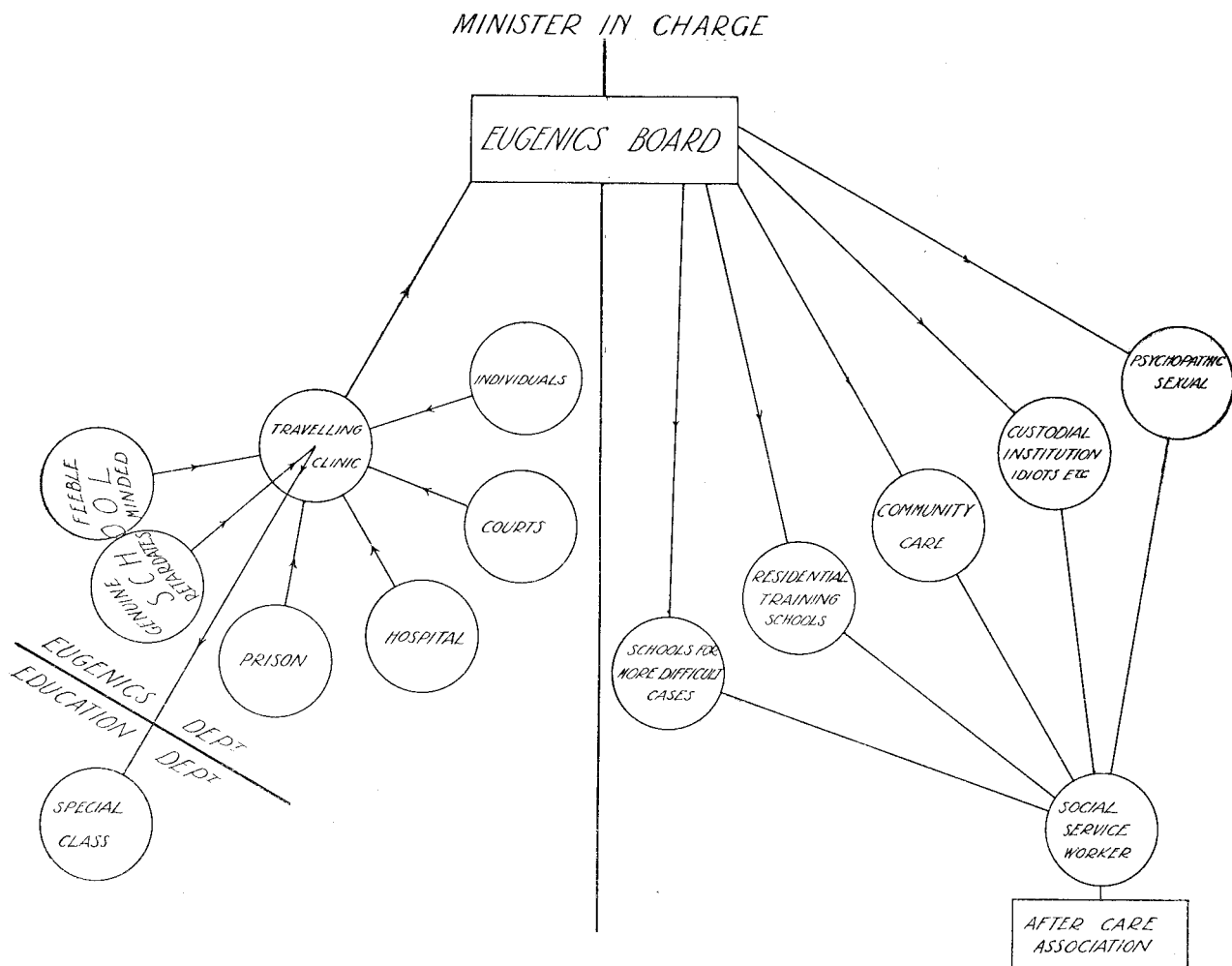
The scheme which I have outlined is naturally only skeletal, and I have not embodied suggestions as to the provision of such institutions as will be found necessary to carry it out. The first step should be the appointment of the Eugenics Board, who would proceed at once to take stock of our present resources with the view to developing a programme in accordance with the estimated needs. The clinics could no doubt later on be increased in number, and their work more specialized in certain directions, such as problems of behaviour, penology, or sex abnormality, as necessity arose; but in the meantime they would fulfil a great and urgent need in the community.

In concluding the first part of my report, I desire to assert my belief that no country in the world is more favourably circumstanced than New Zealand for the successful carrying-out of eugenic measures, and I entirely and whole-heartedly subscribe to the opinions expressed by J. H. Curle in "To-day and To-morrow": "Subject to the limitation of New Zealand's area, nothing need bar their progress. Australians and New-Zealanders still have it in their power, by excluding colour, limiting entry to the best whites, and preventing the unfit from breeding, to become, and remain, about the finest white strains in the world."

I have, &c.,

THEO. G. GRAY, Inspector-General.

(NOTE.—The second part of this report, which deals with modern methods employed in the care and treatment of the insane, is now in preparation, and will be completed at an early date.)



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