the manifestations of the disorder as well as on therapeutic endeavour. In the child much more than in the adult the striving for recognition and enlargement of the personality render him subject to a utilization of disease in the service of the ego. Disordered behaviour may be purposive attempts at some sort of adjustment, and that this may lead to a serious mal-adjustment strengthens the need for a thorough understanding of the *rôle* which a child's reactions plays in his personal economy. Frequently an apparently perverse or unhealthy manifestation of behaviour is nothing more or less than a reaction to an imperative instinctive demand gaining expression, and this should not be thwarted, but guided into more healthy channels. The failure to recognize this and attribute it to some obscure constitutional or hereditary factor has largely retarded progress in the field under consideration.

A psycho-pathological disorder is frequently met with where there is an hereditary or constitutional element complicated by conditional influences of life experiences, and here greater emphasis should be laid on the latter in the management of the problems than on theories of heredity and predestination. Into such life experiences may enter especially the parents, school and playmates, and therapeutic measures must take account of the child's reactions towards these various factors, factors which often bear neurotic influences themselves. Much of what is met with in the psychopathology of childhood is quite explicable on the ground of unhealthy conditioning influences. For this reason, and because well-delineated disease entities are so seldom met with in children, an inclusive classification of such manifestations is apt to be unreal and to some extent misleading. Nevertheless, a tentative classification under the headings given below may prove of some value if the complication of causation is always borne in mind:

(1) Arrest of intellectual development in varying degrees.
(2) The constitutionally psychopathic children.
(3) The psychoses of childhood.
(4) Organic nervous disorders of childhood.
(5) Functional nervous disorders of childhood.
(6) Disorders of conduct.
(7) Endocrinopathies of childhood.

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5. Treatment.

Occupational Therapy.

(1) *Relationship of Occupational Therapy to Rehabilitation. Elton, Fdk. G.*
(2) *The Pre-Industrial Value of Occupational Therapy in Mental Hospitals. Foley, Edward A.*
(3) *Reconstruction Schemes in Hospitals for Mental and Nervous Diseases. Kidner, T. B.*
(*Arch. of Occupat. Therapy, April*, 1924.)

(1) In a large number of cases where there has been actual damage to body or limb, and the utmost skill of doctor and surgeon

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still leaves some loss of function, rehabilitation means "restored to former rank and position in so far as is physically, mentally and vocationally possible." During his stay in hospital a patient passes through many departments, all of which bring their utmost skill to bear on the case, yet a large percentage is being discharged with a degree of physical unfitness coupled with mental inertia which makes their economic value to the state almost negligible. Their minds are trained round their disability, they are entirely dependent on others, dissatisfied with themselves and the result of their treatment, antagonistic to everything, almost Bolshevik in nature and unfitted for anything but the occupational therapy workshops. There are greater possibilities in occupational therapy than are at present realized or practised in restoring the human machine to work by its own motive power instead of being continually pushed from without.

Two factors which are at present being neglected, and which are of extreme importance in restoring a patient's independence, are complete co-operation in the various stages of his treatment and the training of the mental outlook of the patient himself. From the time he is on the operating table until he is again restored to society, doctors, nurses, occupational therapists, social workers, everyone concerned in his treatment should think of his needs and possibilities in the light of his injury, environment and mentality, always aiming at his replacement in industry or restoration of earning power.

It is the mental inertia which is so difficult to overcome, but if we remember that the whole scheme of existence has forced necessity on us as the most important urge to all who are engaged in creative work, we have some indication of the line of treatment to follow. An individual appreciates his own work in the light of its commercial value, so how can we expect to arouse his interest and enthusiasm by teaching him work which is little more than play? Where possible it should be the aim to restore his capacity in his own particular employment, but failing this, before leaving hospital, he should be able to see the actual marketable value of his work, for only in this way can we hope to stimulate that spirit of initiative and self-reliance which will make him an independent member of society.

(2) and (3). Even yet the value of employment to the large class of patients too deteriorated to work in the various departments of hospital upkeep is not sufficiently recognized. Idleness always breeds discontent, and this class is far happier and contented with some sort of employment, however simple, instead of being allowed to slip into a state of apathy or absorption in hallucinations or delusional ideas. The main object is to stimulate and to maintain interest, and this requires considerable patience and skill on the part of all those engaged in such instruction. While mental and physical improvement are the results most desired, it must not be overlooked that many useful articles are produced which can be used in other departments of the hospital.

Many patients so treated will improve in their occupational

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capacity as well as physically and mentally, and can be promoted to work of greater industrial value in the departments of hospital upkeep. It is found from experience, however, that a certain proportion of these relapse when less attention and observation is given to them and have to be returned to the pre-industrial workshops. Suitable occupations for this class are weaving, willow-work, brush-making and rag-rug making.

A plan is given of an ideal workshop arrangement with separate departments for the various grades of industries, beginning if necessary with habit-training and simple exercises. From this patients are promoted to pre-industrial occupations, employment under medical supervision, community workshops outside the hospital (in which may be also treated potential hospital cases), or home as the case may be. The value is emphasized of having such workshops separate from the living and sleeping departments, and entailing outdoor exercise in going to and fro.

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6. Mental Hygiene.

State Legislation for the Mental Examination of Persons Accused of Crime. (*Mental Hygiene, January*, 1924.) *Glueck, S. Sheldon.*

In a former number of the Journal we expressed the wish to hear more of the Massachusetts law, of which Dr. Vernon Briggs was, in a sense, the father, and which provides for the routine mental examination of certain classes of persons accused of crime. This wish has now been gratified. Mr. Glueck writes from the legal aspect, but with complete sympathy for the medical position.

The legislative authority for the Commonwealth of Massachusetts enacted in 1921 that all persons who were indicted for a capital offence or who were known to have been indicted for any other offence more than once, or who had been previously convicted of felony, should be examined as to the existence of any mental disease or defect which would affect their criminal responsibility. At the outset, we may remark that a good illustration is here afforded of the folly of enshrining matters of this kind within the rigid limits of a statute. When this particular law had been enacted, it was noticed that a number of offences in which mental examination of the accused person is highly desirable did not come within the definition. Attempted murder, in which the capital nature of the crime is often only avoided by chance, was one of the omissions. The number of cases reported to date for examination is 142. This number seems very small. But, as Mr. Glueck says, it takes some time to get a scheme of this kind into perfect working order. There is, probably, some opposition to overcome. And, further, we are not certain what offences come under the title of felony in Massachusetts. Twenty-nine of the reported cases were not examined, 13 because they were out on bail, and could not be found by the examiners, and 16 for other reasons.

Of the 113 cases examined (71 of which were capital offences)

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