MENTAL DEFICIENCY PRACTICE AT CATERHAM MENTAL HOSPITAL.*

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Introductory.

Caterham Mental Hospital accommodates upwards of 2,000 patients, the great majority of whom are defectives. The medical staff numbers 7, and all other staff about 500. The patients are of all ages, and are described as " unimprovable adults " and " children of school age ". The type of patient has altered very little in the past five years, but a hostel has been added which accommodates 34 high-grade boys. These are selected from the other institutions of the London County Council, and, as a certain number prove unsuitable and do not wish to return to the institutions they came from, a number of higher grade patients have accumulated in the main institution. There are also, on the female side, laundry workers of high grade who have been sent for that specific work.

It will be appreciated from the foregoing that the task of classification is no easy one, especially as the buildings are old-fashioned, with large wards, several of which accommodate 180 patients. Re-classification is always going on as conditions change and opportunity arises. Out of the whole 2,000 patients, including 573 epileptics, at the present time 1,500 are either usefully employed or receiving instruction—a very high proportion when the type is taken into account. The remaining 500, many of them helpless contracted cripples, are merely being attended to, cleaned, fed and maintained in as good a bodily state as possible.

In a mental deficiency institution the watchwords are occupation and training ; getting the highest grades, if suitable, out into the community, socialized and capable of earning their keep, getting the middle grades to do useful work under supervision in the institution, and getting the lowest grades taught, where possible, by patience, kindness and perseverance, to be less of a burden to themselves (not that they mind at all, but their relatives do) and others. One sometimes gets more expression of gratitude for some slight habit improvement in a very low-grade patient than for training a high-grade patient to earn his own living.

If the watchwords are occupation and training, the means to that end, which comes first, is personal knowledge of the patients by the medical officers. There ought to be no patient in the institution whose name and character are not known to at least one member of the medical staff, and there ought to be no patient who has any intelligence at all who does not look on one of the doctors as his own personal friend. I corresponded regularly with an old murderer, who was at one time under my care in the Perth Criminal Lunatic Asylum since 1919 until he died last year.

Staff.

The staff is of the ordinary type in institutions of this kind ; better on the male side because of longer service and more sense of responsibility. The female staff is continually changing. Out of 160 male nurses 79 are qualified or exempt, and out of 188 females 74 are qualified or exempt.

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There is a live athletic club, and for the men, besides cricket and football, there are bowls, swimming, miniature rifle-shooting, billiards, badminton and tennis. For the women, hockey, which has just started, tennis, badminton, swimming and indoor games, including ping-pong.

There is an annual sports meeting at the hospital preparatory to the bigger inter-hospital event, and comprehensive fixture cards are applicable to each section.

One of the medical staff is, as far as possible, in charge of each section and keeps its machinery running smoothly. A live athletic club is of the very greatest importance in bringing the medical staff in touch with the nursing staff, and undoubtedly aids materially in the work of the hospital.

Preliminary Ascertainment.

Perhaps the first essential in tackling such a mass of material is a thorough mental test of each individual. This work is now up to date at Caterham, and all new admissions, after a certain settling-down period, are tested. The tests are both of the intellectual and the performance variety, both being done on each patient. By this testing, hidden talent is not infrequently discovered under the most unpromising exteriors; for example, a paralytic boy with involuntary movements as regards the upper limbs and head, and nothing to suggest a high-grade type, was first taught to write with his foot, and is now turning out on a six-treadle loom very excellent weaving with a definite market value. He is only one—perhaps the outstanding—example, and he would never have been discovered but for the routine mental tests.

Next in order, every patient should have a complete serological examination, and this work also is up to date as regards the blood Wassermann, cerebro-spinal Wassermann with cell-counts, albumen and globulin estimations and the gold-sol reaction. This is a most useful and essential piece of work, often resulting in the relief of illness, on which, apart from a knowledge of the probable specific cause, ordinary treatment has little effect, and if one were to quote an example perhaps severe anæmia is the best.

Most important of all would be the family and environmental history, but I place this in the third position because notoriously it is so difficult to get accurate accounts. There is no welfare or social worker actually attached to the institution, and reliance has to be placed on what can be extracted from the relatives when they come for the purpose of visiting the patient, not expecting to be closely questioned on the intimate details of their past life. One gets the impression that many of the visitors would not distinguish themselves if put through the same tests as the patients. On the other hand, I have heard it stated that they compare quite favourably with visitors to an ordinary infirmary, but I can hardly credit this.

With regard to the routine physical examination, often with an intricate neurological side to it, one can hardly say too much, but I think the importance of this is generally recognized. How long has the lump been here? Has he always had a Babinski? Is his immobile pupil of recent date? According to the thoroughness or otherwise of the original physical examination these questions can or cannot be answered, and an opinion, probably an accurate one, can be formed of a colleague. These opinions are arrived at and become very definite by a process analogous to summation of stimuli.

Occupation.

It must be recognized that employment of defective patients in some way, if at all possible, is the principal aim in their treatment. In some patients all that seems possible is an attempt to improve their habits, and make them less of a burden to themselves and those who look after them. Ordinary hospital routine goes a long way in this direction, which is abundantly proved by the evidence of parents who are able to do nothing with the patient at home.

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There is a class of hopeless idiot and one of psychotic idiot or low-grade imbecile for whom it seems possible to do very little. Some institutions, both at home and abroad, have a reputation for dealing with these cases, but a very long and interesting communication from Dr. Simon, detailing his methods with a staff three or four times as great as that obtainable in this country, finishes with the words, "but I think the type of patient you describe is lower than the type I am treating and that really very little can be done for it".

Hostel.

This accommodates 34 high-grade boys, who are all trained at house and garden work, and after completion of their training go out to work in the district, or are put on licence when work is found for them at a distance either by ourselves or their relatives. They may also be licensed in the district. The boys are chosen by mental test at an interview, and very few mistakes have been made. The hostel is about a mile from the institution, and is in charge of a male nurse, whose wife does the cooking. There are three other nurses, who work with the boys and help to train them, these nurses being relieved from the main institution. The boys are trained in the first place on the farm, where it is found out whether a boy will do a good day's work and go on doing this for a period of months. The number working on the farm is 12, in a rotation, and it has been found possible to avoid having to take on new farm hands on three occasions, so that at present twelve boys equal three paid hands, but, of course, do a great deal more work. The selection of trainers is very important, and under prevailing conditions very difficult. In fact, a great deal of luck enters into the business, which should not be the case.

School.

About 80 boys under 16 attend the occupation centre, which is at present in charge of an occupation supervisor, who is an M.A. of Glasgow University. Her work is supervised by the medical officer, who is in charge of what we call the psychological department of the hospital.

Weaving, mat-making, modelling, besides reading and writing, sense-training and drill are taught. There are seven or eight teachers, female nurses, who all either have or will have their certificates, and are specially selected.

At present one whole block of buildings is being converted into a school block, with the day-room on the ground floor and dormitories above. By this it is hoped to avoid much former loss of time due to periods of quarantine, when the boys came from several different wards. The occupation supervisor has trained herself in all sorts of handicrafts, and is now instructing a special class of both male and female nurses, who are attending voluntarily.

Workshops.

In a large room above the recreation hall, tailoring, boot-repairing and making, carpentry, basket-making, weaving, mat-making and window-cord making are carried on. This room accommodates 100 patients, some of whom are only at the looking-on stage. In our estimates of the year is a new workshop on the ground floor, where mat-making is to be taught to cripples, the nucleus of the industry being already in existence in one of the wards.

Occupation Centre—Females.

In a detached building accommodating 38, another occupation centre is run for low-grade females under the charge of a second occupation supervisor, who was originally a charge nurse in another institution. Weaving, fancy work, etc., is done here, and it is a fact that practically everything made is sold, and often the articles are made to fulfil orders. The improvement in the general behaviour of these patients since this centre started about three years ago has been very remarkable.

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Occupation in Wards.

On the female side an assistant occupation supervisor, working under the supervisor of the female centre, visits every ward each week, and keeps all patients occupied who are capable of it. This work is supervised by the chief charge nurse of the ward. The older patients knit, or are taught to do so, and some only thread beads.

On the male side there is both a higher grade boys' gymnastic class and a low-grade one, both carried on by nurses who have had military training. The higher grade class gives a display at the patients' annual fête, and in summer time is taught to swim. A masseuse will join the staff in the beginning of April, and it is hoped that drill and remedial exercises will become a feature of the training.

Squads.

The squad method of employing patients is a very useful one and capable of expansion. Each squad work under an attendant, who usually has one or two higher-grade patients, generally of the type who, although good workers, have to be kept under constant observation.

The largest squad is one of 36, which works on the farm, picking up stones (flints, which are used for road-making), pulling up cabbage stumps for burning, and turnips, and cropping, hay-making, etc., all simple but important pieces of work, which can be accomplished in comparatively little time, and at little expense, by these patients.

There is a coal squad for distributing coal to wards, an ashes squad that takes ashes from the boiler and grades them for surfacing paths, and several others.

Many of the patients are employed about the animals on the farm, cleaning and feeding pigs and cows.

Some help in stoking the boilers of the central heating plant. There is a squad on each side which keeps the airing courts really tidy in winter, and in summer quite a decorative feature of the institution.

The cricket field squad—weeding, worming, and mowing and rolling—is also worthy of mention.

Parole.

Parole is granted at present to 30 boys from the main institution, a number which might be increased, but is kept at 30, so that parole may be looked on as a real privilege, and also because if the number were increased considerably more risk of unpleasant happenings would have to be run. I think for the generally low-grade type of patient probably the number is quite a fair proportion. Two boys have had to be deprived of parole for exhibitionistic tendencies, and I fear will never recover it. One or two, for petty transgressions, have been stopped for short periods, but it is really remarkable how these thirty boys have conducted themselves and become socialized. They have to get permission each time they go out, and have a card with them showing that they are on parole. Of course all the hostel boys are allowed to go out when their work is finished if they so desire, but most of them prefer to play games in the grounds or to attend to their gardens. There are twelve of these small gardens and there is great competition to own one. They are designed and worked by the boys, and judged once in each of the summer months, and on each occasion by a different person, and a prize is awarded for the highest marks.

Amusements.

The patients have an annual fête in the summer, which is very greatly appreciated—in fact talked of all the year. The fête supplies all the entertainments of the ordinary country fair. Races are run, and quite a large proportion of the personnel get prizes for something or other.

In the winter there is a fancy dress ball, and again prizes are distributed and toys for the children.

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A feature of Caterham is the holding of ward parties for the patients at Christmas, chiefly on the female side, and the medical officers and the officials are all invited and expected to take a hand in amusing the patients. Privileged patients from other wards are often also present, and some of these put in a very strenuous time during the season. The wards are always elaborately decorated at Christmas, one sometimes thinks too elaborately, as a considerable expense is borne by the nurses; and patients and nurses are occupied for weeks beforehand in making preparations.

A full fixture list of staff football in winter, and cricket in summer, provides a spectacle, usually two days in each week.

There is an associated dance every Friday, from October to April, and a hospital band concert once a week. The hospital concert party also gives various dress rehearsals for the benefit of the patients. There are two patients' football teams, one hostel and one institution, and quite a number of outside fixtures are obtained, and similarly with cricket.

A cinema is in the offing, and should materialize in the course of time; but for the economic situation it would have been in existence already.

Work of the Medical Staff.

The routine work of the hospital is carried on under the Deputy Medical Superintendent on the female side, with two assistant medical officers, and under the First Assistant on the male side, likewise with two medical officers. The Deputy exercises a general supervision over the whole. Where a senior member of the medical staff is in charge of a department of the work of the hospital, the recognized principle is that he is always under-studied by a junior member, the aim being to fit the junior member to take full responsibility in case of sickness or promotion. This is very important, as many valuable routine and special works would suffer and perhaps fall into abeyance altogether with changes of staff. We have now had the same staff for nearly five years, and cannot expect to continue much longer intact.

Pathological Department.

This is supervised by the Deputy because he is skilled and is attracted to the work. A new laboratory block, with X-ray plant, is expected within the year, but the present small one is fully equipped and, apart from insufficient room for more than one or two workers, is doing excellent work.

The average number of post mortems work out at 38; practically every death is a post mortem, and practically every post mortem is a thorough macroscopic and microscopic examination. The post mortem is a "parade", and every member of the medical staff is expected to be present. The post mortem of an idiot should never be missed, if possible, as it frequently reveals some extraordinary features unsuspected during life.

Dysentery and typhoid are, perhaps, the first charge on the laboratory, as the tendency of either to spread alarmingly is only too well appreciated. Stools of all suspects are examined as a routine—isolation is enforced, all contacts examined, and preventive inoculation carried out thoroughly with vaccine prepared from the organisms that have caused previous attacks. This has always in the past checked any outbreak of dysentery. Typhoid has been practically eliminated, but not before several cases had occurred and six carriers been discovered. The carriers have been transferred to another hospital where, I believe, removal of the gall-bladder has proved effective. Dysentery is well under control and only isolated cases occur.

Scarlet fever and diphtheria occasionally crop up, but are controlled by isolation and immunization of all contacts. On four occasions now the first case of scarlet has been the last one. It means a strenuous twenty-four hours' work, but is worth it.

The immunity conferred does not appear to last for more than a month, but, of course, stops the outbreak concerned.

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Congenital Syphilis.

Much has been written on this subject, and with the material at our disposal we have added our contribution to the subject. Incidences of from 47% to as low as 2% have been quoted. We have had the benefit of the wide experience of the Central Pathological Laboratory at the Maudsley, which has done all our serological work. We are able to check some of the results in our own laboratory. Special care is taken at the Central Laboratory in the interpretation of a positive Wassermann, where the serum of a child is in question, to exclude false positives, which are said to be very liable to occur. We have widened the scope of the examination by taking blood and cerebro-spinal fluid, and the M.K.R. has been done as a parallel on the blood-serum. The cerebro-spinal fluid has in all cases been examined for increase of cells and protein, and a Lange curve done. Physical examinations of the positives have been made, and family histories obtained, where possible—a truly formidable piece of investigation. Two thousand defectives of all ages on both sides have been examined—a complete examination in 1927 cases, and, for various reasons, blood only in the remaining 73. Included in this number are 402 children under 16, in all of whom both blood and cerebro-spinal fluid were tested. Dr. Paddle published the results of the investigation in the *British Journal of Children's Diseases* for October, 1933, and arrived at the following conclusions: (1) The incidence was 9·2% and (2) positive Wassermann in the serum 6·7, the Wassermann in children being much more sensitive than the M.K.R., the reverse being the case in adults. One third of congenital syphilitics have abnormal cerebro-spinal fluids. There were ten cases that might be classified as juvenile G.P.I. on clinical grounds, and in five of these the cerebro-spinal fluid gave strong paretic types of curves associated with positive Wassermann reactions and increase of cells and protein. The cerebro-spinal fluid of 29 mongolian imbeciles failed to give any type of curve with the colloidal gold test. 60% of congenitally syphilitic boys showed retardation in descent of testes, contrasting with 39% in a comparable group of non-syphilitics.

The adult group of 1,520, details of which are being analysed and will shortly be published, comprised 860 males and 660 females, the incidence being 4·3% and 5·6% respectively.

A case of Banti's disease in a congenital syphilitic woman of 35 (*Brit. Med. Journ.*, February, 1932) and one of hydrocephalus and endocarditis (*Brit. Journ. Ven. Dis.*, October, 1933) have been published.

Treatment.

An interesting point has emerged from the investigation. It was gradually impressed on us that a considerable number of mothers of congenital syphilitics, still of child-bearing age, were regularly visiting the institution, and the possibility of treating these women at once presented itself. A fair proportion, including some of the mothers, have voluntarily allowed samples of blood to be taken.

The confidence of the patients' mothers have been gained during frequent inquiries into family history, and it is quite certain in our minds that the most effective way of seeing that they should receive treatment would be to offer it at the institution.

If one allows one's imagination to run for a short time, one supposes that each child-bearing mother might produce one more normal child instead of a congenitally syphilitic one, and when one recollects the large number of such institutions throughout the country, some of them dealing exclusively with children, one can see a great saving to the State, which would become greater and greater with the lapse of time. I would stress the point that I think the treatment must be done at the institution where the confidence has been gained as the result of great patience and tact. It would be useless where there is no notification and no possibility of compulsion merely to advise the patients to seek treatment at the nearest venereal clinic or even general infirmary.

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Psychological Department.

Whatever may be individual attitudes to the words " mental testing ", so called, there is little real doubt that it is useful. It is becoming increasingly necessary, and in the future will be looked on as a *sine qua non* in all well-administered institutions. In its simplest forms it should be made use of by every medical officer as a routine. In its more intricate aspects it should be the work of a senior officer who has devoted several years' study to acquiring the technique, and can be designated a skilled observer. At Caterham a fair-sized room is set apart for this work. In it are all the test materials and a file containing a folder for each patient, with details of all the various tests to which he or she has been subjected. There is a psychological report form, which I can have supplied to me at short notice, on any patient in the hospital, with the exception of recent admissions.

I would emphasize that such a report is useless unless drawn up by a specially skilled individual. I look forward to the time when testing will have become universal, so that such a description as " a stable high-grade patient ageing between 10 and 11 " will mean the same thing to all working at mental deficiency, and such a description will accompany all transfers, or be a preliminary to a contemplated transfer.

It will for long be an arguable point whether an individual with long and intimate experience of defectives of all kinds (an experience difficult to obtain in the present state of affairs) or a highly skilled and trained mental assessor will make the fewer mistakes, and I know what the answer of the older superintendents would be. I have wondered myself whether the opinion of the medical officer concerned, or of the inspector, is the more trustworthy, but even if the inspector has it, and I don't by any means say this is the case, he has been at the business for many more years than the medical officer.

There is a faculty, to use a much-abused word, which can only be perfected by the right individual associating for many years in an intimate way both with his peers and with his patients. If he is the wrong individual he will never acquire the faculty ; one has to read a lot of the writing of such wrong individuals, and it is quite easy to appreciate this without seeing or knowing the writer.

The Tests.

The principal test used at Caterham is the Terman revision of the Binet-Simon. It is used in all cases of mental age of 3 and over as a routine. It is thought to be inaccurate below 4 and above 12. Its verbal and educational character make it unreliable in what we call the institutionalized type of defective, i.e., the defective who has been in an institution all his days or all of them that matter, and whose whole mental horizon is bounded by the institution. Their vocabulary is limited by environment and illiteracy, and very often by defects of speech.

It is difficult to obtain a suitable performance battery for patients below high F.M. We have tried and discarded several, and are now working on the Caterham Mental Hospital battery A: (1) Goodard form board, (2) Kent's modification of Koh's block designs, (3) Porteous maze series and Healy II, or I for imbeciles, and (4) Goodenough's drawing test. This is found fairly reliable between 5 and 14. It is designed to include personality and emotional factors, and to avoid too high a premium on discrimination of form as a special ability.

For high-grade adults the Kent's Shakow form boards are now being used, and we think them to be the best single performance test.

For imbecile children the Merrill Palmer series is used. It is useful for mental ages from 2 to 5. It seems to be of little use for adults of about these mental ages, except in a few exceptional cases.

Catell's Dartington Scale 0 is being used experimentally with imbecile adults. It makes little demand on verbal response, but does require some understanding of language. We are not using scaled information tests, nor as yet any non-verbal non-concrete tests, but hope to do so in the near future.

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Kent's emergency oral test is used for higher-grade adults, and is quite useful. In all cases observation of behaviour under test and qualitative estimation of the responses are considered of the highest importance, and especially so in performance tests.

If the observer is skilled, as much weight should be given to the qualitative as to the quantitative side of the test. This applies particularly to the total ability of a low-grade adult, and to the suitability of a high-grade adult for return to the community. In the former the qualitative result is spoiled by unevenness of acquired abilities by the set habits of adult life, and by the poor reaction of such subjects to situations involving novelty. In the latter case it must be remembered that patients with mental ages of 9 years and over can be said to be fairly certified only on their lack of intelligence. Purely quantitative estimations based on tests largely or principally influenced by intelligence, containing, i.e., a fairly high saturation with "J", are not a fair expression of their social potentialities. One must have qualitative estimates of their general situation response. This is ideally obtained by a careful observer over a prolonged period. In practice it is not easily obtained, because the nursing and industrial staff who are in daily contact with the patients are not sufficiently skilled.

The alternative is the skilled observation of the reaction to relatively standard test situations.

Sterilization.

Since the discussion of any benefit to the race from its practice in suitable cases of mental deficiency has been prominently before the country for some time, I do not propose to dogmatize on the subject, but after the passage of years one comes to have fairly clear ideas on the subject. These ideas are quite capable of being proved without any foundation in fact to the entire satisfaction of those who set out to do so, as I believe they could, with equal ease, prove to a hungry man that he has just finished a substantial meal. Environment is brought in to explain what might have been put down to heredity in some degree, and environment is made to date back to the implantation of the fertilized ovum in the uterine mucosa, or even to an earlier date if fertilization takes place in a tube or on the ovary itself.

It is admitted by anyone who is at all conversant with the subject that sterilization will not stamp out deficiency, any more than would the use of a lethal chamber, but if it will diminish even in a small proportion the huge number of defectives, I think it is worthy of a trial. There is also the purely economic side in the case of the married man or woman who has fallen into the hands of the police, often for some trivial offence. Either for years has been supporting a family which is now thrown on the ratepayer, while the support is sent to a certified institution. Such a patient cannot have leave of any kind for fear of procreation. Behaviour is often exemplary in the institution—at least it becomes so and continues so. Surely here are cases for sterilization and return to the community to support the family. There is one case outstanding in Caterham—a married man who has had eight children, three of whom are alive and apparently defective. The wife is, I think, of a lower grade than the husband, but has so far managed to steer clear of the police and of certification. Their three live children are all being cared for by ratepayers. She gets 16*s*. a week relief. If the man were sterilized and returned to the community he would again support his family. There must be an appreciable number of such cases throughout the country.

Discussion.

The PRESIDENT said that the paper had been to him, at least, of extraordinary interest, and he was very glad he had prevailed upon Dr. Lindsay to write it and deliver it before the Association, as it detailed a valuable experience.

He would like to know what wages the boys from the hostel received when they were engaged on day jobs. And would the reader also say whether trouble had been experienced with the boys who were out on licence getting married? Girls

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got into trouble without getting married, but the boys out on licence were of the kind whom a decent girl would not usually have anything to do with sexually. But occasionally the boys showed a tendency to marry girls of their own type.

He noticed that 25% of Dr. Lindsay's inmates were epileptics. He, the President, was sorry for him, as that was a high proportion.

He congratulated the reader sincerely on the amount of occupational energy which he was getting out of his boys, because until recently the usual idea had been that Caterham consisted of nothing but low-grade cases, for whom it was almost hopeless to try to do anything. Dr. Lindsay had proved that such was not the case, that in fact it was worth while trying to scheme occupations and industries for them. He had seen a defective carrying out knitting with his feet.

He agreed that the medical officer received more gratitude from relatives and friends of low-grade patients for having effected some slight improvement, than in respect of high-grade patients whom one had been able to re-socialize so that they could go out into the world, for a frequent comment in the latter cases was that they need not have had to come into the institution at all.

Dr. Lindsay must have done an enormous amount of work to get the cerebro-spinal fluid and blood Wassermann examinations done, and he would like to know whether it had been found necessary to ask the permission of the parents or guardians before doing the lumbar punctures.

Members would have noted the qualifications of the Caterham occupation therapy supervisor, especially in view of the discussion which took place at the meeting of the Education Committee on the previous day. It had been very gratifying to hear Dr. Lindsay say that starting the boys on occupations had improved their behaviour very much; with that he, the President, agreed. He also agreed that at sports and other contests it was necessary to give a good many prizes.

He enjoyed hearing about the Christmas parties, etc., as he, the President, did the same, and enjoyed it as much as anybody.

He would like to know whether, in his numerous autopsies, the reader had yet been able to correlate the condition of the brain found at death with the mental age during life. It would be an important piece of work to do.

With regard to the outbreaks of scarlet fever, he would like to know whether Dr. Lindsay carried out a Dick test first. (Dr. Lindsay: We did at first, but we concluded that it was a waste of time; it is better to immunize them straight away.) He, the President, and his staff had stopped a scarlet fever outbreak in the same way, but they Dick-tested the patients first, and only used passive immunization for those who were positive. The proportion was 22% in a class of 90 girls over 10 years of age.

He had also been interested in what was said about the intelligence tests, but he did not agree with Dr. Lindsay about the "Healy II"; he regarded it as too high a test for defectives. If it were tried on a number of ordinary people, as he had tried it, it would be found that the Healy Completion No. II was one on which they did not score well. Ordinary folk were too apt to reason out what the results should or should not be. He would like to hear more about the Kent Shakow test.

Dr. W. A. Potts (Birmingham) said he wished to thank Dr. Lindsay for his very interesting and practical paper.

He would like to know whether the reader was dealing with his epileptic patients by any form of treatment. If so, would he say what lines of treatment he had found useful? The information given about Wassermann tests in syphilitic cases was very important, and his scheme for diminishing the birth of subsequent syphilitic cases was a very practical one. The speaker's own experience of cases attending ordinary V.D. clinics was that the administration was very slack in the matter of seeing that the patients attended regularly, and for a sufficient time to have the full benefit of the treatment; and little seemed to be done to get other members of the family who might have become infected with syphilis to

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attend also. If those running these clinics had the energy and the enthusiasm of Dr. Lindsay, much preventive work would result.

One remark which was made about mental tests was important, namely, that there were a certain proportion of people who were naturally fitted for doing tests, and another proportion who were very unfitted. It seemed to be the opinion of some that all that was required was to buy a book of the tests and the tests could at once be carried out by anybody. He had seen mental defectives examined and certificates written after using mental tests which were not given in accordance with the regulations. The repetition of numbers he had often heard given at much too rapid a rate. He thought that about 50% of people were able to give these tests if they studied them; the other fifty were not well qualified. Those best fitted for testing were persons accustomed to teaching and who were fond of children. As an instance of how one might get a satisfactory correlation if the tests were carried out correctly, he would mention that at the Monyhull Institution, near Birmingham, Miss Redfern, who used to be the Head Mistress, made a record of the mental ages she found according to the Binet-Simon scale, while he used the Terman revision. In 90% of cases his finding was the same as Miss Redfern's. Occasionally there was a little difference, but in practically every case in which that happened the date of her report was looked up, and it was found that her testing had been done a year or eighteen months previously, and thus the difference was explained. After Miss Redfern left the institution he was often in disagreement with the mental age-records sent; but as the lady now doing the work had gained more experience, there were more cases of agreement. It was most important that those who were called upon to certify cases as being mentally defective should realize that their decision must not depend upon tests unless they had studied how they were to be applied. The Chairman of the Board of Control had said that mental tests were not really, in themselves, a test of mental deficiency; they were simply a means of stating the intellectual capacity of the unfortunate person who was found, on other grounds, to be mentally defective.

He had been very glad to hear what was said about sterilization; he was in complete agreement in thinking that sterilization was no solution of the problem of mental defect, but he was certain that in a small number of cases it ought to be carried out, and would be an advantage. It would be, he thought, a great thing if associations such as this were to pass resolutions approving the Report of the Sterilization Committee, and hoping that it would be applied in suitable cases, since there was such difficulty in providing institution care for mental defectives. In Birmingham the City Treasurer had reduced the estimates for dealing with mental defectives by £9,000, which meant that next year that City would be able to deal with only twelve new cases. That made it the more important that use be made of every means of reducing the number of cases, if only one or two per annum.

Dr. R. M. STEWART said he would like to congratulate Dr. Lindsay on his paper; there was nothing vague or intangible about it. He also congratulated the reader on the possession of such keen medical colleagues; Dr. Lindsay must feel that much of the success at the Caterham Institution was due to the team-work which had gone on under his direction.

He wished to ask one or two questions. One point which was not touched on in the paper was as to the effect of putting women nurses in charge of male defectives. He asked whether the latter were better looked after by women than by men; did this nursing by women have a good effect on low-grade males?

He thought that, broadly, defectives could be classified into those who asked for their discharge and those who did not. In his experience the placing of patients in one or other of those categories was a rough but useful guide to their natural characteristics. Only high-grade patients bothered about their discharge. The indifference of the low-grade seemed to be Nature's compensation for the lack of intellectual endowment. An imbecile or low-grade defective lived only for the present; for him the future possessed neither anxieties nor terrors.

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He would further be glad to know whether Dr. Lindsay found, as the speaker himself had done, that a patient, apparently in good health but with a positive blood Wassermann test, was best left untreated. In patients who refused to co-operate, lumbar puncture was a problem, and at present he was trying to find whether some quickly-acting hypnotic could be used which would produce two or three minutes of unconsciousness while the spinal theca was punctured, without any distress to the patient.

It was very interesting to learn that no change had been found in the cerebro-spinal fluid of mongols. In 1915 Stevens, in America, examined the fluid of a series of mongols, and found changes, not of the syphilitic type, but a sub-paretic curve. The speaker repeated the work and found the same thing. He would be interested to know what was the explanation of this divergence in results. It had suggested itself to him as a possibility that the colloidal gold was manufactured under different methods. Nowadays it was customary to make the solution by the rapid potassium oxalate method. He would like to know from Dr. Lindsay which method of preparing the colloidal gold was employed in his series. It was a delicate reagent, and a slight deviation from neutrality sufficed to give a fluid which was inert.

A good deal was said in the paper about performance tests, and he was sure the reader would agree as to the importance of the statement which Mr. Brock, the Chairman of the Board of Control, had made, that these tests must be regarded more as tests for grading than as reasons for diagnosing the existence of mental defect. The " acid test " was whether by reason of their incomplete development of mind they required control or supervision from the outside world. The speaker thought that Dr. Lindsay would do a tremendous service to those engaged in mental deficiency work if he could bring about some agreement on standardized mental tests. The Terman revision of the Binet-Simon was used at Caterham, while the speaker employed Prof. Cyril Burt's modification. Burt's scale was easier, and its employment made it much more difficult to find reasons for certification in the higher grades.

He highly appreciated the value of this paper.

Sir ROBERT ARMSTRONG-JONES wished to add his congratulations to those already expressed to the reader of this paper. This being, as Dr. Lindsay modestly protested, his first attempt at reading a paper before the Association, it was a very successful effort, and he hoped the President would again command him to render a similar service on future occasions.

What he had heard took him back in thought to his early days at the Earlswood Asylum, where he met and learned much from visits by the President's father, then the greatest authority on the administration and care of the mentally defective, and the present President of the Association had worthily followed in his father's footsteps. At Earlswood the medical officers always received a full account of the intellectual capacity of the child from skilled teachers, and this report from the schools greatly helped, and was the pioneer of the elaborate process of psychological examination being carried out to-day.

Dr. Stewart had answered the question he, Sir Robert, had wanted to put, as to what, if any, treatment was given to patients with a positive Wassermann reaction of the cerebro-spinal fluid ? He understood that none was given. Some members might remember the statement which had been made as to the frequency of this infection, viz., that one in every ten of the people passing along Cheapside at lunch-time would, if tested, give a positive Wassermann. He, Sir Robert, had seen the old anti-syphilitic remedies—iodide of potassium and mercury—bring about a marvellous improvement in some of the older patients at Claybury who had the positive reaction ; their arterial pressure was lowered and the mental symptoms were much relieved. He did not refer to cases of general paralysis, but to cases of syphilitic endarteritis.

Dr. LINDSAY, in reply, said he had been overwhelmed by the kindness with which his effort had been received.

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The hostel boys were allowed to be paid 3*d*. a week for the first three months, and 6*d*. a week for the second three months. After six months the amount was 9*d*. a week. That was from the London County Council as pocket-money. When the boys went out to work it was compulsory that they received the local rate for unskilled labour for the county, i.e., 7¼*d*. per hour. If a boy was licensed to the employer a modification of the charges would be made. There were no girls in hostels under his control.

With regard to correlation of the condition of the brain-cells with the mental age during life, all the post-mortem brains of patients whose mental age had been ascertained during life were sent to Dr. Stewart at Leavesden Mental Hospital; he did not doubt that that gentleman was dealing suitably with them.

He agreed with the President's remark about the testing; not all normals distinguished themselves at it.

In reply to Dr. Potts, much work was still being done on epilepsy in the institution, but nothing had yet been published; two or three medical officers were trying to find out whether any one method of treating the disease was superior to others. That two persons independently doing the intelligence tests got very nearly the same results was not very remarkable, but what was remarkable was that they should arrive at the same result to within a month or two when using different types of tests, viz., intellectual and performance.

In reply to Dr. Stewart, he had no hesitation in saying at the beginning of his paper that at Caterham they had a staff which was doing a good deal of work, and his own was no more than a guiding share in that work. Female nurses nursed male patients up to 16 years of age; but when a patient proved obstreperous or his habits were objectionable, he was sent over to the male side. He did not hesitate to say that male nurses managed these cases as well as, if not better than, the female nurses. One of the female nurses canvassed the others and endeavoured to persuade them to say that nursing the boys had a bad moral effect on them, but with very little success.

At Caterham his colleagues and himself had always set their minds against treating positive Wassermanns if the subjects looked healthy; no case was treated merely because his Wassermann was found to be positive. Permission was not asked before a lumbar puncture was done; patients were taught to look upon it as part of the routine procedure. He was not aware of any complaint having been made by relatives.

The solutions of colloidal gold used for the Caterham cases were made at the Maudsley Hospital and the test carried out there.

He could not give an idea as to the types of visitors to patients at a mental deficiency institution in comparison with those visiting mental hospitals, as he had so little experience of the latter, but many were obvious defectives.

With regard to statements made by the Chairman of the Board of Control that these mental tests were only of assistance in grading people who had been certified as defectives, he did not agree. There was a qualitative as well as a quantitative side to these tests, and if done by a good observer the former revealed ample detail for certification. He did not contend that the tests were of themselves adequate ground for certifying, but they were of very great assistance, and this would be enhanced when, as Dr. Stewart suggested, standards had been formulated which everyone could use. And that, he thought, would not be very difficult to accomplish, and it was a matter that might be tackled by the new Mental Deficiency Committee of the Association.

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