

At present the colony is mainly used for children whose presence in ordinary schools is undesirable. The most favourable period for arresting these children's fits is already past. The colony should be primarily a place for treatment; cases with few fits or fits of recent onset should have precedence in admission. SYDNEY J. COLE.

4. Sociology.

Some Notes on Asexualisation, with a Report of Eighteen Cases. (Fourn. of Nerv. and Ment. Dis., March, 1920.) Barr, Martin W.

Asexualisation has been practised from early times. It is mentioned in the ancient histories of Rome and Greece, and has continued in various races down to the present day. Mental defectives are known to reproduce their kind rapidly, and they have so multiplied as to become a distinct race, and as such need protection for themselves, and the world from them, as they are a menace to society.

It is estimated that there are at least 350,000 mental defectives in the U.S.A.—over 40,000 of whom are cared for in institutions—and it is probable that 50 *per cent.* of the prostitutes are feeble-minded. Asexualisation contributes to a quieting of nervous and exaggerated emotional excitation, combats prostitution, and insures "race betterment" by diminishing the defective. Thirteen States in America have now legalised the asexualisation of imbeciles, criminals, and rapists. Castration and oöphorectomy are preferable to vasectomy and fellectomy. The writer quotes eighteen cases, showing in practically every case a definite improvement mentally and morally following operation. There was a modification of vicious traits, leading to more tractability, diminution of sexual desire and of uncontrollable temper, and the subject became a fairly useful unit of society. F. E. STOKES.

- (1) *Psychiatric Annexes and Special Therapeutic Sections for Abnormal Mental Cases in the Prisons.* [*Annexes psychiatriques et sections thérapeutiques spéciales pour anormaux mentaux dans les prisons.*] Héger-Gilbert and Vervaeck.
- (2) *Psychiatric Annexes in the Prisons.* [*Les Annexes psychiatriques dans les prisons.*] (*Bull. Soc. Méd. Ment. de Belg., February, 1920.*) Duchateau and Masoin.

In view of the prominent part played by Belgium in the past with regard to prison reform, these papers, read before the Belgian Society of Mental Medicine, are of considerable interest.

The first paper expresses the views of Drs. Héger-Gilbert and Vervaeck, who have long advocated the formation of "prison-asylums," but in consequence of the opposition which these proposals have hitherto met at the hands of the prison administrations, they suggest, as a first step, the institution of psychiatric annexes in the large prison centres: in other words, they propose the creation of a psychiatric infirmary in one wing of the prison.

The ever-increasing number of recidivists, together with the results of anthropological researches in the prisons, prove that the present method of treatment of criminals is imperfect, and that the time has

come to alter with discretion, but without scruple, the present code which has been in existence since the last century.

It is an error, not only from the social but also from the scientific point of view, to attempt to treat all delinquents in the same manner—normal as well as defective, neuropath and morally obtuse. In fact, it is this same error which explains, partly at any rate, the failure of the prison system of to-day.

It is surely not just that the mentally affected should be submitted to the same prison *régime* as the delinquents of normal intelligence nor is it reasonable to expect both these types to react in the same way to the mental treatment (persuasion, moral re-education, etc.).

Now, if the punishment, the prison *régime*, and the pedagogic and moral treatment should be individualised in order to be efficacious; if it is indispensable to adapt them to the type of mentality and of biological abnormality of the prisoners; it is surely necessary to reform the whole system of the repression of faults on new principles, and to bring them into harmony with the results of the researches of criminal anthropology.

Héger-Gilbert and Vervaeck then point out how they would solve, this delicate problem. Rather than be accused of being revolutionary they propose a gradual and progressive reform of the prison system, at the same time respecting, as far as possible, the framework of the old cell system.

They demand three things—

(1) The re-establishment of periodical mental inspections of prisons, which should be conducted by prison alienists.

(2) The creation of psychiatric annexes in the larger prisons, where the accused under mental supervision, and the condemned suspected of simulation, or of feeble-mindedness, might be observed under better conditions than is at present possible. Moreover, suitable accommodation should be provided for the treatment, under modern asylum conditions, of those prisoners suffering from curable mental affections—*e.g.*, those resulting from toxic invasion—whom the law necessitates keeping in prison.

(3) The organisation of special prison sections for the abnormal, where the latter might be under better observation and scientifically treated. For instance, those suffering from moral insanity, perverted instincts, kleptomania, or abnormal sexual impulses, would be much more suitably placed in one of these special sections than in asylums whence they are discharged, as a rule, much too soon. The authors maintain that it is not logical to send such cases to an asylum simply because they are declared irresponsible from the penal point of view.

The treatment recommended for these abnormal cases is mental and moral re-education, with the object of adapting them to social life, in so far as that is possible. They should also be classified, so as not to return to the community morbid individuals who would be a constant source of danger to it. Only the genuinely insane should be removed to asylums.

The doctor engaged in the prison service should be sufficiently remunerated to enable him to devote all his energies to the study of problems of criminology. He should have acquired a knowledge of

psychiatry and anthropology, which would enable him to discover the determining factors and the biological origins of the acts judged to be unlawful, and to apply that method of treatment best calculated to remedy the defects found, whether congenital or acquired.

Moreover, the psychological study of the delinquent will enable the doctor, with the aid of the administration, eventually to decide on the most suitable method of correction. With regard to this latter point the authors are convinced of the great importance of work—not the kind of work which has been in existence since 1839, and which consists of making paper bags; but such as would raise the *morale* and dignity of the worker. Two principles are maintained: (1) each man ought to earn his daily bread, and (2) each man ought to be paid for his work. The necessary equipment should be placed at the disposal of the worker, to enable him to produce a well-finished article, and, in the case of want of aptitude, he might be taught. The work done should be paid for at its market value, portions of the sums gained going respectively to the State, the victim and his dependants, and the prisoner's family; or, where this does not apply, the money saved would go to make up a small sum which would enable the delinquent to live on being discharged from prison whilst awaiting employment; lastly, a fourth part will enable the prisoner to buy extra rations at the prison canteen. Much is expected from the last-mentioned item as an incentive to work. It is understood that the delinquent capable of work should only receive from the State the strictest minimum of rations necessary for his subsistence, but he could considerably augment the quantity allotted to him by his work.

In this way the prison may one day become a technical school of moral and professional education. After all, to enclose within four walls a creature with anti-social tendencies is not conducive to making him more sociable. The hope is expressed that some day, not far distant, we may see the asylum-prison on the one hand, and the prison-school on the other, with the "indeterminate sentence" as a corollary. Without losing their restraining character, the prisons of the future ought to be, before everything, a means of prophylaxis and of criminal therapeutics. It is more useful to treat and to cure delinquents than to punish them; the incurables ought to be rendered harmless, but treated with humanity.

In the subsequent discussion Dr. Decroly emphasised the importance of prophylaxis in the case of criminality. Prevention has taken the first place in the fight against physical disturbances; why should it not be the same in the case of intellectual and emotional disturbances?

The second paper is a critical review of the suggestions expressed in the preceding paper. Duchateau and Masoin are far from contesting the utility of these annexes as observation quarters for those delinquents suspected of mental troubles, but they oppose the further uses to which Héger-Gilbert and Vervaeck would put them: thus they consider the establishment of a special service for the psychic treatment of abnormal cases would involve great difficulties of organisation. Duchateau and Masoin would prefer devoting an entire prison to these purposes, and suggest, as a preliminary experiment, that a section of the central prison at Ghent might be suitably transformed. It is pointed out that,

at the present time, this particular prison with its "common quarters" already serves as an *exutoire* for large numbers of abnormal and suspected cases. There is actually in existence at Ghent a state of things that could be perfected before undertaking the organisation of the other sections.

The authors consider that all these reforms should have as corollaries the "indeterminate sentence," with the principle of "social defence" inscribed in the code. This being regulated by the legislature, together with all measures of a practical order which that system involves, the rest would naturally follow.

NORMAN R. PHILLIPS.

Trade Unionism and Temperament: Notes on the Psychiatric Point of View in Industry. (*Mental Hygiene*, April, 1920.) Southard, E. E.

The final account of trade unionism will doubtless be given in terms of mass psychology; but of this so little is at present known that, in endeavouring to apply mental hygiene to industrial problems, psychiatrists may serve themselves best by the distinctions of the psychology of the individual. In our gropings in a subject so obscure, Dr. Southard, whose untimely death we who now read his last public utterance must the more lament, leads us to safe ground in the individual psychology of the old Greek physicians—men who had insight and hope (were "humourists," as we say), and, as the modern work on glands of internal secretion seems to show, had caught the right emphasis. He takes Hoxie's four main functional types of unionism and he finds that they correspond to the four classical temperaments. His point is not to say that trade unionists of one functional type are all temperamentally equipped in a certain way; rather that he can show by these means that in the study of such a problem the psychiatrist does not lack a method of his own.

(1) "Business unionism," accepting the wage system as it is, seeks the best obtainable terms of employment for its own membership. Its method is collective bargaining supplemented by mutual insurance and occasional resort to strikes. Its outlook is that of the craft or trade; its aims are somewhat narrowly economic. Southard associates this type with the phlegmatic temperament of relative indifference to pleasure or pain of ordinary degrees. From such persons we may expect business-like reactions, with not too much colour and not influenced by temperamental extremes.

(2) "Uplift unionism" accepts, along with the wage system, the whole existing social order. Its mission is to diffuse leisure-class culture and bourgeois virtues among the workers. Mutual insurance is its main function and homiletics its preoccupation. With this type the sanguine temperament is associated.

(3) "Revolutionary unionism" avowedly aims at the overthrow of the existing socio-economic order by and for the working class. There is a parallel in the mental attitude of the revolutionary and that of the confirmed melancholic. The latter, particularly of the more advanced years, is apt to centre his thought upon certain ideas which in frank cases of mental disease may amount to delusions. The revolutionary shows his resemblance to him in the grounding of all his life upon

definite ideas or hypotheses philosophically held, as well as in his unpleasant emotional tone of a felt passivity, illustrating for him the passivity in which he conceives the world around him to be, and providing the motive of the violence he advocates.

(4) "Predatory unionism" practises secret violence rather than open. It is lawless, and in so far anarchistic, but it professes no far-reaching philosophy, nor does it aim at anything beyond the immediate economic advantage of its own membership. It is easy to see in this type the choleric temperament. Here are men working, not on the comparatively high intellectual plane of the revolutionary unionist, but on lower instinctive levels. The revolutionary will have his reasons; the predatory will act on impulse.

The modern psychiatrist may be able to add to the classical doctrine or he may be able to overthrow the classical distinctions altogether, but it is upon some such analytic line that, in the solution of many a problem with which the world is confronted, he will be able to help. It will not turn out to be a matter of the head alone, with its scientific management, nor of the heart with its welfare programme, nor of the long arm of the law with its ideal of social justice. In such complicated fields as this of trade unionism, it is the individual categories of medicine—the art which of all arts has from the beginning taken the individual as its object—that will, as we hope, be of service to the world.

SYDNEY J. COLE.

The Classification of Industrial Applicants. (The Amer. Journ. of Ins., April, 1920.) Stearns, A. W.

During the past few years interest has been shown in the analysis of the personnel of industrial houses. A decided impetus has been given this work by the success of group tests as applied in the U.S. Army. This paper is a discussion of the industrial problem based upon two years' experience of psychiatric work in the U.S. Navy. The writer believes that some method of determining the mental health and capacity of industrial applicants should be adopted by every employer of labour. Two objects should be kept in view: (1) the detection of the unfit; (2) the classification of the fit. The interview is the only rational means of detecting the first group. The interviewer and applicant should be alone. Information is sought for under five headings and the interview can be completed, if necessary, in one minute. *Appearance*: The expression, attitude, manner, emotional tone, and, above all, the general type of the man should be observed. Anything unusual must be investigated, such as shabby clothing. This may be vagrancy or unavoidable. *Geographical factor*: All misfits tend to roam, so the place of birth and the various places of residences are of importance. *Formal education*: The examination for the higher standards usually weeds out the feeble-minded congenital cases and the very unstable. *Occupation*: The sort of work and the progress made is important. A man who has held a good job for some years is not apt to have nervous or mental disease. Defectives and the unstable tend to change jobs frequently, and to get into different sorts of unskilled work. *General health*: Many psychopaths

and psychoneurotics are chronic invalids, complaining of vague aches and pains, rheumatism, weakness, etc. None of the above points prove disability, but by this examination a small group of applicants, about 10 *per cent.*, is isolated for a more thorough study. Of these nearly half will be found unfit, and will be responsible for accidents, thefts, etc.

The classification of the fit.—This is studied under five headings: (1) *Physical condition.* (2) *Mental capacity.* The author uses the following tests: (a) Traube C; (b) dissected sentences from Binet-Simon scale; (c) cancellation test; (d) memory span for numerals; (e) Healy code; the total marks obtainable being 100. The applicants were divided into four groups: (1) Below 65, inferior; (2) 65 to 75, low average; (3) 75 to 85, high average; (4) 85 to 100, superior. Practically it was found that there was a tendency for the low men to fail and for the high to succeed, and no man was admitted to a naval school from group 1, this comprising 30 *per cent.* of the personnel. *Educational classification:* The applicants were put into four groups: (1) Less than 8th grade (New England schools); (2) 8th grade; (3) High School; (4) College. *Industrial classification:* Again four groups were made: (1) Misfits or failures, as vagrants, criminals, etc.; (2) unskilled, as students, or day labourers; (3) experienced, those not fully trained, but who show enough ability to make this worth while; (4) trained.

In addition to the above groupings, each occupation was given a serial number from 1 to 53. This made it possible to give every man a numerical formula representing his capacity and training. The number allotted to his occupation was put at the right of a decimal point. For instance, 111.34 would mean inferior intelligence, less than 8th grade education and industrial failure, his work being odd jobs.

C. W. FORSYTH.

5. Mental Hospital Reports, 1918-19.

Metropolitan Asylums Board.—The report for 1918 is very attenuated, and only a brief paragraph is devoted to each of the public services which come within the scope of the Board's many activities. Among these services not the least important is that which deals with the imbecile and feeble-minded.

The range of cases, the care of which is undertaken by the Board, comprises:

(a) Cases of imbecility and feeble-mindedness certified under the Lunacy Acts as suitable for workhouse care, which are divided into improvable and unimprovable.

(b) Uncertified feeble-minded.

(c) Cases admitted under the Mental Deficiency Act of 1913.

The Board's institutions consist of five asylums for imbeciles and two industrial colonies for imbeciles and feeble-minded.

The care and reception of cases under the Mental Deficiency Act, 1913, was undertaken subject to the authorities concerned agreeing to pay the full cost of maintenance, and to the Board of Control waiving such of their requirements as are not obligatory under the Act. As