

- (23) White.—*Emanuel Swedenborg*, p. 320.
(24) Brierre de Boismont.—*On Hallucinations*.
(25) Clissold, Rev. Augustus.—*The Prophetic Spirit in relation to Wisdom and Madness*, p. 84.
(26) Maudsley.—*Brain and Mind*, p. 255.
(27) Hobbes, Thomas.—*Leviathan*, p. 47 (edition of 1904).
(28) Kant, Immanuel.—*Dreams of a Spirit-Seer*, p. 84. (London, 1900.)
(29) Lewes.—*History of Philosophy*, vol. ii, p. 458.
(30) Clodd.—*Pioneers of Evolution*, p. 50.
(31) Maudsley.—*Natural Causes and Supernatural Seemings*, p. 227.

A Brief Account of Darenth and its System of Industrial Training. By Dr. F. O. SPENSLEY.

FORTY years ago at Hampstead Asylum under the Metropolitan Asylums Board, an attempt was made to give the patients under sixteen some instruction in music and singing and also in simple work in school—an idea borrowed from Earlswood Asylum. This was apparently so successful that the Board suggested the building of a schoolroom and shoemaker's and tailor's shops.

In 1874, the Metropolitan Asylums Board obtained permission from the Local Government Board to purchase a site for the separate treatment of imbecile children, and pending the selection of this site and the completion of the erection of the schools, they hired the London Orphan Asylum at Clapton for this purpose. Dr. Fletcher Beach was its first medical superintendent. In 1876, the foundation stone of Darenth Training Schools was laid, the builder being J. Perry, who also built St. Thomas's Hospital. The first return of the value of patients' labour was in 1877 at Clapton, when it was quoted at £66 5s. 7d.

The next step was taken in that year, when it was pointed out that the training of the children would be wasted if, at the age of sixteen, they were transferred to the ordinary imbecile asylums under the Board to be herded with other adult imbeciles to walk the airing courts.

Therefore it was decided to build adjacent to the schools "two blocks for 120 male and 120 female adults, so that the beneficial results of the training in the schools should not be thrown away. Grown-up children could thus make clothing

and boots for the school's children, and by charging a fair price for labour their cost of maintenance could be reduced to a small amount."

The Local Government Board concurred with this, but recommended the strict elimination of the hopelessly *incurable*. This the sub-committee altered to hopelessly *unimprovable*. One mentions this because this is the first time the classification between the *improvable* and *unimprovable* imbecile, which now means so much in Darenth, occurs. Subsequently these two wards grew into the adult asylum with 1,052 beds.

In 1879, the training school was opened, and in the first few months of its existence the obstruction caused by the presence of large numbers of unimprovables, an obstruction which existed from that time until quite lately, made itself felt. One reads in the minutes of the Metropolitan Asylums Board that "thirty male unimprovables were transferred to Leavesden and Caterham, there being no room for the female unimprovables in those asylums."

At this time there were in all 67 male and two female patients employed in industrial work. The shops were tailors', shoemakers' and carpenters'. Only two female patients worked at sewing.

There was also a fife-and-drum band and the patients were taught drilling. In 1880, a sewing machine was instituted for the instruction of patients. In 1888, the pavilions were built for 440 quite unimprovable younger patients in order to clear the training schools of this impediment.

From this it will be gathered that from the commencement Darenth was intended to be a colony for the industrial training of improvable imbeciles.

To pass from the opening of Darenth Schools in 1879 to the year 1904, when Dr. Rotherham became medical superintendent, we see that the progress made in the development of the original motive consisted in an increase of patients at work in the shops from 69 to 165, but this apparent increase really represents a drop in the percentage of the total number of patients in residence from 16.7 *per cent.* to 9 *per cent.*

The only new industries added were those of wood-chopping and basket work, and in these the work done was undertaken more as a means of passing the time of the patients than of turning out anything of practical use. Carpentry had failed.

Until 1904 the only useful work done was repair work for this institution, and no work for outside was done with the exception of some baskets for Rochester House in 1901.

The band and drilling had ceased to exist.

From 1904 onwards, the original ideas of the Board in building Darenth have been developed. There have been added shops in which the following industries are carried on:—Mat-making, brush-making by wire-drawing, and pan-work, envelope and paper-bag making, tinsmiths' work, carpentry, book-binding and printing.

There are also gangs of useful painters, bricklayers, farm-hands and gardeners. On the female side, shops have been built which daily house 384 patients, all of whom are doing or learning to do some useful work. There are now 68 sewing-machines worked by patients, and five stocking machines on which new stockings are made or old stockings re-footed. Female patients also do upholstery, and make rugs, brushes, paper bags and envelopes, in addition to making all kinds of articles requiring sewing.

The drilling of the patients, both male and female, is in full swing, and it has made a marked improvement in their general deportment.

To give some idea of the extent to which the industries have grown, one might mention that in 1907 the value of goods made and disposed of was £4,138 4s. 7d. In 1910 it rose to £8957 17s. 8d., and during last year to £12,366 19s. 6d., an increase of over £8,000 per annum in five years.

There are now 835 out of 1,064 adult imbeciles undergoing industrial training, a percentage of 78, and practically all the remainder are employed in domestic duties.

So far reference has only been made to the imbeciles in the institution. During the last year 598 unimprovable imbeciles have been transferred from Darenth, and their places have been taken by 350 feeble-minded patients. The majority of these have been more or less trained in the various schools and homes from which they have been collected. The training continued here under careful discipline has caused a rapid improvement in the work done, and also in the general manners of these patients.

The younger children do kindergarten work, while the elder girls work sewing machines, knitting machines and looms, and

at present do all the laundry work for the Institution, and the elder boys learn bricklaying, shoemaking and tailoring, and work on the farm and gardens. The boys are wonderfully keen at drilling, and their band is exceptionally good.

At present, in Darenth there is a wide and clearly marked line drawn between the inhabitants of the pavilions and those of the rest of the institution. They have been admitted here classified as feeble-minded, and as such they were to be kept quite apart from the certified patients.

It would be difficult to find a better illustration of the impossibility of determining an arbitrary line of demarcation between an imbecile and a feeble-minded person. There are at present among the so-called feeble-minded, many patients whose mental state is far below that of many of the certified imbeciles, and one or two might almost be classed with the unimprovables. Dr. Rotherham has had sent to him for admission into homes for the feeble-minded, patients who were deaf and dumb blind cripple idiots.

This surely points to the fact that whoever classified these particular patients had a much lower mental standard against which to compare them than he who classified the better patients as imbeciles.

Thus although there is apparently a line drawn by the definitions as quoted in the Mental Deficiency Bill between an imbecile and a feeble-minded person, yet in actual practice the line may be moved up or down the scale within considerable limits according to the personal opinion of the classifier.

Would it not be a much more practical apportionment, particularly with regard to treatment, to divide the three groups with which we are at present concerned, *viz.*, idiots, imbeciles and feeble-minded, into two groups, one consisting of idiots and unimprovable imbeciles, and the other of improvable imbeciles and feeble-minded persons? These might be called respectively unimprovable and improvable defectives. The differentiation would then be much simpler and more definite, and for the first there would be idiot asylums and for the second industrial colonies. These two types of institutions would have to be under one board of control, so that there might be facilities for easy transfer from the one to the other, enabling trials to be given to an unimprovable to qualify for the higher grade.

Also this board of control should be responsible for other

institutions, which would form the necessary market for the disposal of the goods manufactured in the industrial colonies.

The usual system of trial adopted here is to place the patient, unless he has special ability, in the wood-chopping shop, where he is given the simplest work to do. Here he is watched and if he shows interest in his work he is moved on to a more interesting industry, and it is in this transferring that experience and judgment are required. As a matter of fact, if a patient asks to be tried in any particular shop, he is, if possible, put there because it is found that he will try harder at his chosen work. Subsequently patients, if unsatisfactory in one shop, are freely transferred until they settle down to work that appeals to them.

This part of the work is extremely interesting and encouraging, although one occasionally finds that a patient who has been useless for a considerable time, will, if left in one shop, eventually suddenly take it upon himself to work, and will rapidly become a most useful tradesman.

The interest taken in the work by the patient, and with this, the improvement in the work he does, is encouraged by judicious praise, and by telling him where his work is going and by when the order has to be dispatched. This gives him a feeling of importance, and he usually tries to make his work suitable to that of an important person. Praise encourages a pride in their output, and if one expresses astonishment that a wire-drawn brush has no break in the wire, one will have shown up a few days later a small pile of brushes without a break as a special surprise. So also if faulty goods are returned the disgrace is keenly felt, and much good work is done to atone for it.

Another method adopted here is to place a good worker next a poor one, telling him to show the beginner how the work should be done. This improves the output from both.

Of course the greatest essential to the success in this industrial training is to have an adaptable staff of trainers, and over them a competent, keen and tactful craftsman, who can manage men as well as patients and who takes a pride in his work. Darenth is particularly fortunate in this respect in the person of Mr. Bickmore.

The patients become interested in all games, and these improve their work not only by reason of the healthier bodily condition the games themselves produce, but also because from

the good players, only the good workers are chosen to play outside teams.

The improvements shown in the general mental state of patients treated by industrial training in place of the old vegetation method are manifold. The patients' interest in life as workers is well shown in the way they lift their feet in walking, this intelligent gait taking the place of the body-shuffle the same patients used in years gone by.

The old sullen expression has given way to brightness and the ward quarrels have markedly diminished. On entering a ward now when all the patients are in, the old noisy high-pitched talking, the one against the other, is missed, and one finds the patients healthily tired and quietly playing games and talking, although possibly without much intelligence, yet with a moderation bred of their industrial discipline. Their demeanour in church and at entertainments shows this same sense of decency and restraint, and all who are called upon to officiate or perform before them are invariably struck by their respectful and seemly behaviour.

Yet with all the improvement that it is possible to make in the imbecile or feeble-minded person, the hereditary taint is still there to be transmitted to future generations, probably in an accentuated degree, and, therefore, however efficient a tradesman a mentally defective person may become, it can never be justifiable to recommend the liberation of one of these dangers to the race except under the most exceptional conditions of reasonable supervision.

The life the patients live here is one free from care; they are well fed and clothed, and provision is made for their pleasure and recreation. They work well and enjoy it, and it is a remarkable fact that the only patients who suggest that they would like to be discharged are always the ones whom it is most necessary to keep under control.

In the last few years, only one patient has been discharged otherwise than against the advice of the medical superintendent and that was a case of recovered religious mania. When it was first suggested to this patient that he should go into the outside world he said he would much rather stay here until he had perfected himself in carpentry, as he could not expect to get such skilled instruction outside. He has since been discharged, and is doing well.

This is, of course, an exceptional case, and does not come under the category of feeble-minded and improvable imbeciles, but it does show that the conditions obtaining here are not repugnant even to a sane person.

In conclusion, may I just revert to two points. The first is the unsatisfactory classification into idiots, imbeciles, and feeble-minded, when the second has to be subdivided into two subclasses, the unimprovable and the improvable, for the purposes of treatment, the first subclass to be treated with the idiots and the second subclass with the feeble-minded. The second is with regard to the permanent segregation of the mentally defective. So much is said about the loss of personal liberty entailed, and therefore of happiness.

Anyone who has seen a collection of people belonging to the class from which these patients spring, whether in a factory or elsewhere, will bear me out when I say that there is nowhere a healthier or happier crowd of workers. Certainly they have not their liberty, but after all the amount of liberty that anyone of us has is only a matter of degree, and although they have less than some of us, they have the compensation of having infinitely less worry.

The PRESIDENT said the paper was highly interesting in itself, particularly so in view of the visit paid by members that morning to the wards and workshops of the institution. It was now evident from what Dr. Spensley had said why it was there was such a crowd of healthy, happy workers. He had been much struck by the brightness and cheerfulness of the inmates, and the keynote seemed to be the individualisation, which began on the day the patient entered the institution, and continued throughout, every opportunity being given to develop still further. It had been extremely interesting to hear unfolded the history of the development of the establishment, from the idea which originated many years ago. Members would congratulate everyone concerned on the progress of this great institution.

Dr. SHUTTLEWORTH said that having himself had the opportunity of knowing the early features of the institutions which had been so very lucidly brought before the meeting by the paper of Dr. Spensley, he might be allowed to express his great pleasure, which would be shared by all present, at having heard the brief history of the evolution to the present state of things at Darenth. Dr. Fletcher Beach, who was the first superintendent of the Darenth Schools, came to visit him, in 1874, when he was superintendent of the Royal Albert Asylum and Dr. Beach saw the forms of industrial training in vogue there which were brought more or less into the practice of the institution which was formed at Clapton, in North London, and afterwards removed to Darenth. He, Dr. Shuttleworth, watched the infancy and growth of Darenth after the opening of the nucleus of the present colony. He did not wish to go over the ground which had been already so well traversed, but might perhaps venture to allude to one matter which he did not hear mentioned in the paper. This was an experiment which was tried by the Board, of separating the more improvable cases, and taking them away from Darenth, which contained many hopeless cases, to a small institution at Ealing, called Rochester House, between the years 1900 and 1904. They formed a community of 120, selected as fit for the purpose of industrial training rather than for anything else. He was appointed "medical expert" to that experimental home at Ealing, and he

saw how much could be done with those cases even with the imperfect means of a provisional establishment. There was an admirable matron, who had had experience at the Royal Albert Asylum, and she did what she could in setting trades going. There were tailors, shoemakers, wood-workers, basket makers, and the girls were employed in laundry and needle-work. They had a sewing-machine at work, and the girls were instructed as to its use. It was his invidious duty to make predatory excursions to Darenth, and select those cases for Rochester House which he regarded as most improvable. He feared that his visits were annoying sometimes, because he had to transfer such boys and girls as gave promise to the Ealing establishment for a time. He would not dilate on that further, but would like to say, with regard to the classification which had been put before the meeting, that he agreed with Dr. Spensley that there was very little difference between the high-grade imbecile and many designated feeble-minded. He thought that point had arisen rather as a practical result of the Defective Children's Education Act; and it was very much a matter of expediency to call a certain number of children feeble-minded and send them to a day school and not to an institution, because their parents would not have them leave home. Therefore the name "feeble-minded" had been affixed to them, though the difference was only one of degree, and perhaps not always that. Some of the children in special schools were not indeed of as high a mental grade as some other children who had had the good fortune to be certified as imbecile and sent to an institution.

Dr. POWELL said he would like to hear from Dr. Spensley whether there was any age-limit at which patients were sent away. He had noticed scarcely any adults at all. Also, had the authorities any inducements to offer the best of the patients? Was there a system of rewards or luxuries? He felt he could not agree with Dr. Spensley's classification of improvable and unimprovable. His experience of years among feeble-minded and imbeciles was that the class of unimprovable was very small indeed. Therefore, to put the low-grade imbeciles who were improvable into the same class as the feeble-minded would not be practicable.

Dr. HUGHES (School Medical Officer, Stoke-on-Trent) said he would like, as a school medical officer of a large county borough, whose Committee was very much interested in this question of the educational treatment of the feeble-minded, to ask one question. A sub-committee had been appointed, and he had been able to procure a copy of the excellent report issued by the Medical Inspection Sub-committee of this Association for the use of the members. It seemed to him that there were two distinct systems advocated—the Manheim system, and the colony system; and it did not seem clear what relationship one should bear to the other. Was one an alternative system to the other, or should they run concurrently?

Dr. LANGDON DOWN remarked that Dr. Spensley had stated he had some feeble-minded cases, and some imbecile; and he, the speaker, would like to know whether the feeble-minded were uncertified, or whether all the patients were certified as imbecile. It was clear that the practice of the medical profession in relation to this matter had been of the vaguest, as Dr. Spensley had already pointed out. Define as carefully as one might, the personal mental attitude of the medical examiner would intrude itself into the decision, and make havoc of the book definitions. It was unfortunate that in the past there had not been a greater degree of unanimity, because he thought much of the difficulty which had arisen had been due to the fact that medical men had been so unwilling to recognise that the institutions did already largely provide what was wanted for these people, and that the further need was the provision of money. He had been much interested in this visit today, and what struck him as the point to bear in mind in reference to future action in the matter was, the immense value of having great numbers together in the building. The danger was that philanthropic people who were showing activity in these matters would act on *à priori* considerations, and have small detached places, accommodating not more than fifteen or thirty people. This, however, would preclude classification according to idiosyncrasy, which was so very valuable in an institution such as this. Moreover, it would be impossible economically to provide that skilled training in various industries which made the Darenth Colony such a success. Those things must be remembered if the movement was to have full fruit during its imminent application all over the country. One was not suffi-

ciently alive to the fact—as he believed it to be—that the question of the feeble-minded was a problem which was now coming into prominence owing to the relative advance of the great bulk of the population; and that it was a defect of breeding now becoming apparent, not because it did not exist before, but because conditions of civilisation were moving on. He had been much interested in the discussion and the visit generally.

Dr. CORNER said he believed he could answer the question which had been asked concerning the Manheim system. This was the sorting-out system preparatory to the colony system. Children were associated in the various grades, classes or schools, and they would be put to the most appropriate institutions to which their capacity suited them. Those who were simply temporarily backward went to the normal schools. In future the special schools would undertake that function, separating those who were merely backward from those who were really feeble-minded, and the latter in turn from the imbecile. He wished to support the remark which Dr. Powell made on the question of classification. It had been stated that there was no strict demarcation between the imbecile and the feeble-minded, and that they should be called imbecile. That seemed to him to be an absurd argument, because there was no real line of demarcation between the feeble-minded and the normal: the one merged gradually into the other; and if it were argued that all feeble-minded persons should be looked upon as imbecile, it was but a step to saying ordinary persons were feeble-minded. Many people did not realise how high grade atypical or feeble-minded persons might be, and it was those whom it was hoped to deal with by this Bill. As one progressed higher and higher in the class of case, one met with greater intellectuality. But this latter in turn seemed to make for instability, for a tendency to mental disorder: and mental disorder in children always showed itself in disorders of conduct. Therefore, in high-grade classes one found unbalanced people and social offenders, and those the projected legislation hoped to deal with. He understood that there were not many social offenders in Darenth Colony, but those were the people who, in the future, would be looked upon as the feeble-minded, and it was, in his view, very questionable whether they should be associated with the lower-grade case. They were capable of doing very much. The statement had been made, "once defective, always defective," that one could not hope to make them anything like normal, and therefore they ought not to be discharged. Many cases needed special training; he did not mind by what name they were known, though in America the name "atypicals" was applied to them. He maintained that these "atypicals" could be sufficiently trained to enable them to earn their living outside; and judging by what they produced, no one who had not been acquainted with their past history would conclude that they were in any way deficient. Cases of this class needed to be specially dealt with, and it was a great mistake to try and rope all cases into one class and apply to them the term "imbecile."

Dr. FLETCHER BEACH said the paper was of great interest to him, as he was the first superintendent of the institution. The paper reminded him of the difficulties which had to be overcome in the earlier days. He used to say to the Committee that it was of no use to spend much money on training these people, and mixing up the adult and juvenile cases together. To meet that objection the pavilions were erected, so that one class could be put there. But in those days one had no power to deal with unimprovable cases, hence the pavilions were filled with helpless unimprovable cases. Out of the thousand cases under his care, only 300 could be employed at shop work or in school. It was a pleasure to him to see that what was urged in those days had been so well carried out. It was necessary to bear one point particularly in mind. It would not be advisable, he thought, when the Bill was passed, to have small colonies, at least until a proper classification had been made. They should be sorted out, and applied to the various workshops which they were fitted to occupy. To attempt this in series of small numbers would mean a great and unnecessary expense. He hoped that such establishments would be constructed and equipped for not less than 500 patients.

Dr. SPENSLEY, in reply, said it had been mentioned in the discussion that if a patient, in private practice, were called an imbecile, it was looked upon as a mark of degradation. With that idea in his mind, he suggested in the paper that such should be termed *mentally defective* either *improvable* or *unimprovable* and that they should be so classified. It would cause less ill-feeling than classifying them as

idiots, imbeciles or feeble-minded. With regard to the age-limits, cases were admitted from three years, and discharged, as a rule, when they had become on longer useful industrially. The inducements offered in the Colony to do good work consisted of one or two ounces of tobacco a week; that allowance was stopped if the work was not such as it should be, or if the workers misbehaved themselves, and an additional punishment was to keep them from working in the shops with their fellows. While such a misdemeanant was detained in the wards, he was regarded by his co-workers as in disgrace. They were kept away from work for some time after, until they showed eagerness to go back to work. With regard to the subdivisions, the real unimprovables must be low-class imbeciles. There were few imbeciles who were really unimprovable; but many idiots were sent in as imbeciles, and these were regarded as unimprovable imbeciles. The feeble-minded in this Colony were uncertified, and legally could not be so while classified as feeble-minded. He maintained that the question of the improvability or otherwise of the patients formed a clearer line of demarcation than any line which could be drawn between the normal and the feeble-minded. The former line could be a distinct one, whereas he knew of no such well-defined border between the feeble minded and the normal.

The Mentally Defective Criminal. By J. P. STURROCK, M.A., M.D., Medical Superintendent, Criminal Lunatic Asylum, Perth.¹

SOME forty years ago, Dr. Bruce Thomson, the first resident surgeon to this prison, contributed to the medical journals a series of observations upon over 5,000 prisoners. He dealt chiefly with the more obvious physical defects which, to his thinking, supported the theory of the existence of the instinctive criminal, and though his observations were somewhat generalised, he was rightly regarded as a pioneer in the science of criminal anthropology. He also drew attention to the prevalence of weak-mindedness among juvenile prisoners, and stated that as much as 12 *per cent.* of all prisoners required special observation soon after admission because of mental defect. There is little doubt that in his time the old method that consigned all forms of disordered conduct to prison still persisted, and many changes have since taken place that would tend to diminish his percentage. Prison discipline is still, in spite of its mildness, largely credited with bringing into prominence many symptoms that are put down to mental defect. It would be reasonable to look for a considerable reduction in the numbers of weak-minded persons in prisons during a period when prison administration can conscientiously take to its credit the fruits of a progressive spirit that is not, however, readily granted to it by many whose reforming enthusiasm takes no