was of Dr. Robertson's opinion that syphilis was the primary factor. He always felt that if it were the only cause of general paralysis, then men had not a right to a pension; but, though it was the primary cause, there were many others. He mentioned that he had had a case where only a few months intervened between re-infection and the onset of general paralysis. In reference to the case of returned prisoners, he had noticed that there were many instances of general paralysis, and it was horrible to think they had not been noticed while prisoners in Germany. The same lack of recognition of cases as had happened in England had also occurred in France, where general paralytics had been swept into the Army. He quoted the particulars of two typical cases, and said he agreed that in every country the knowledge of the ætiology of mental diseases was still in a backward condition.

MENTAL DEFICIENCY.

A REPRESENTATIVE meeting, convened by the Essex Voluntary Association for the Care of the Mentally Defective, which will lead to results of far-reaching importance, was held at River Plate House, Finsbury Circus, London, E.C. 2, on May 29th, when a large body of justices decided that a practical mental expert be appointed to advise Essex courts of summary jurisdiction on the mental condition of doubtful cases charged with crime. Above one hundred justices from Essex, Colchester, East Ham and Southend were present. The following is a summary of the speeches and the arguments brought forward:

The CHAIRMAN of the Essex County Council (Mr. W. S. Chisenhale Marsh), in opening the meeting, said that during the last fifteen or twenty years the practice of giving bail to persons had made it difficult to keep the mentally defective under observation. He had received a letter from the Magistrate at Westminster Police Court suggesting that remand homes were wanted for medical observation.

Mr. TREVOR, a Commissioner of the Board of Control, said: It will be remembered that the Report of the Royal Commission on the Feeble-minded stated that there were large numbers of defectives whose wayward and irresponsible lives caused an infinity of trouble and misery to their friends and themselves, entailing a great deal of wasteful expenditure on the community.

As the result of the Report of the Royal Commission the Mental Deficiency Act, 1913, was passed, which provided for the custodial care of defectives under very careful safeguards. Before much could be done in working the Act the war came, and, not unnaturally, any effective working of the Act had to be postponed. Now that, as is hoped, peace has returned, the Board of Control are urged by the Government to do all that is possible to encourage local authorities to work the Act. At the same time a Bill has been presented to Parliament to remove the limitation of the Government grant of £150,000 which had been inserted in Section 47 of the Act, and which had been allocated amongst the various local authorities in England and Wales on the basis of population. The result now is that local authorities will no longer be restricted by the limited amount of the grant allocated to them, but will receive half of all approved expenditure. It must not be thought that such a step indicates any reckless extravagance, for, on the contrary, it is hoped that an expenditure of money now will effect real economy in the future.

The general scheme of the Act is this: In the first place certain definitions are given of defectives, which include idiots, imbeciles, feeble-minded persons, and moral imbeciles. The circumstances are then set out which enable defectives coming within these categories to be dealt with under the Act. When any such defective is dealt with by order under the Act the local authority has the duty imposed on it of making provision for the case, and the Government contributes one-half towards the cost of its maintenance. The Act proceeds to impose certain duties upon local authorities, and also certain duties upon justices or judicial authorities when called on to make orders under the Act.

Duties of local authorities: Ascertainment.—Sect. 30 (*a*) of the Act provides that it is the duty of a local authority to ascertain what persons within their area

are defectives subject to be dealt with under the Act. This duty up to the present has only been partially carried out, and is complicated by the fact that a local authority has no duties in the first instance as regards defective children who are being dealt with by local education authorities, or defectives who are being dealt with by Poor Law authorities. The Royal Commission reported that there were some 150,000 defectives at large in the country, some 60,000 of whom were in urgent need of supervision. At the present time less than 10,000 defectives are being dealt with under the Act, and of these between three and four thousand were being dealt with under the Idiots Act before the Mental Deficiency Act came into operation. It is evident that a great deal still requires to be done in the direction of ascertainment.

Accommodation.—The local authority has also to provide suitable accommodation for persons dealt with under order. Speaking generally, in England and Wales but little new accommodation has been provided. Essex is more fortunately situated than most other counties, inasmuch as it is able to send its most pressing cases to the excellent Royal Eastern Counties' Institution at Colchester. It has also a call on the institutions of the Metropolitan Asylums' Board, which have been approved under Sect. 37 of the Act. The Board of Control think that the county will have to take steps to get more of the Poor Law institutions within the area approved under this section.

Duties of Justices.—In making orders for the detention of defectives under the Act very responsible duties are imposed on the justices, whether sitting in court or acting as judicial authorities under the Act. Many of the requirements of the Act are very complicated, but, in view of the serious consequences of the making of an order to the person affected, a certain amount of strictness is undoubtedly required. It has to be remembered that some of the cases in which justices will properly be asked to make orders are not easily recognisable on the view. Feeble-minded persons and moral imbeciles present some of the most difficult psychological problems, and in these matters it would be advisable for a justice not to depend on his own impression of the case but to be absolutely guided by the two medical certificates.

The ultimate success of the Act must depend on the completeness with which juvenile cases are deal with. At the present time it is impossible to find institutions in which to detain all the adults who require protection. With the children, however, if they are duly reported by the local education authority before leaving school and are then dealt with by the Mental Deficiency authorities, good results should be shown in a comparatively short space of time. Complete co-operation is essential between local authorities, local education authorities, and poor-law authorities, and it appears to the Board of Control that in the case of a large county like Essex it would be very advisable to appoint a whole-time expert medical officer, whose duty it would be to advise and report on all cases occurring within the area of the county. The Board of Control are entirely in favour of the resolution which is about to be put to the meeting.

Sir H. Bryan Donkin, Director of Convict Prisons: I am glad of the opportunity of making a few remarks on this subject. The prison authorities, and especially the medical department, contributed largely by their repeated representations to the appointment in 1904 of the Royal Commission on the Care and Control of the Feeble-minded (of which I was a member), and this led up in time to Parliamentary action. More than twenty years ago, when I was appointed a Commissioner of Prisons, I was soon convinced of the necessity of a change in the law under which all more or less irresponsible offenders, except such as could be certified under the Lunacy Acts, had to be tried as ordinary criminals, and treated as such with respect to their discharge on licence or on expiry of sentence. The only really differential treatment they have even now consists in the fact that they have been for many years regarded and separately classified while in prison as weak-minded, and placed by the Commissioners under special medical regulations as to supervision, employment, and treatment generally.

The Royal Commission reported in 1908. It was not until 1912 that a Bill embodying a considerable part of its recommendations was introduced into Parliament. Opposed by vigorous parti-coloured criticism, it was withdrawn by the Home Secretary, and in 1913 another Bill, widely differing from the first in many important respects, became the present Mental Deficiency Act. This Act

has caused much disappointment among the supporters of the first Bill, and much tribulation among those who have to administer it, both medical and lay.

The remarks I am about to make in support of the resolution concerning the appointment of a specially qualified medical officer to assist the courts in dealing with suspected cases of "mental deficiency" are merely general, and are intended as a preliminary to the more practical information and comments which will be given to this meeting by Dr. Treadwell out of his long and up-to-date experience both as former prison medical officer and as a Commissioner. It is no easy matter, even for an expert, in some cases to decide justly whether any person of any age is mentally defective to such a degree as to be regarded and treated as more or less *irresponsible*, or, in other words, unfitted for such punishment as would be rightly awarded to the average sane individual. It follows that no action should be taken in the direction of deciding the question of any offender's mental condition without having recourse to an accredited medical opinion. But it is equally important that the courts or councils who may appoint such medical advisers should recognise fully that in a considerable number of cases it is impossible even for the most experienced practitioner to form a trustworthy opinion in *one* interview. This is a point of first importance, which Dr. Treadwell will illustrate.

I agree with those who urge that suspected "mental defectives" should not be sent to prisons for the purpose of obtaining medical opinions on their mental state. I have very good reason to be convinced that in the larger number of instances the opinions of the medical officers of prisons are of the highest value at the present time; but in a service which in some of the smaller prisons is supplied by local practitioners it is not to be expected that every one of them would take the responsibility of deciding on a case of patent difficulty. Moreover, it seems to be not fair that the suspected "defective" should be sent into a prison at all for the purpose of obtaining a medical opinion.

The existing difficulty as to the certification of mentally defective offenders is mostly due to the drafting of the Bill of 1913—now the Mental Deficiency Act. At the head of this Act are certain so-called "*definitions*" of the various grades of defect, and it is enacted that only those persons whose cases can be stated to come under these "definitions" are to be certified as mentally defective. These descriptions or interpretations of the words *idiot*, *imbecile*, *feeble-minded* and *moral imbecile* are generally taken to imply that in every certificate there must be evidence given that the alleged mental defect did exist from birth or from an early age. At any rate, such is the meaning seemingly placed upon this clause by the Board of Control; and such also is the way in which many, if not most, of the medical men called upon to certify, do actually read it.

It follows that this clause of the Act, interpreted as it is, and probably correctly interpreted as far as literal accuracy goes, demands a far more rigid, and, indeed, a far more impracticable definition of congenital mental deficiency than is required in the case of certification in lunacy by either the Board of Control or any court of law. As a matter of fact there is no definition at all of "lunacy" (*i.e.*, the *state* of lunacy) in the Lunacy Acts. It is true that in the glossary of the Lunacy Act, 1890, it is said that "lunatic" means an idiot or a person of unsound mind. This merely divides "lunatics" into two classes; but there is no attempt to say what is meant by either of the terms "idiot" or "unsound mind." I suppose, however, that most doctors in certifying take *idiot* to mean mentally defective from birth, and *unsound mind* to mean a disordered or defective mental state of a person whose mind has once been sound.

It was not the intention of the Royal Commission on the Feeble-minded, or, as I believe, of the framers of the Bill of 1912, to make the above-named so-called definitions *statutory* as they stand now in the Mental Deficiency Act, October, 1913, or to require that contemporary evidence must be obtained in all cases that the person to be certified was actually known to be defective in early childhood. This requirement is seen on reflection to be absurd. In a large majority of the cases with which the Mental Deficiency Act was meant to deal the diagnosis of the early origin of the defect, even without any contemporary evidence of it, is as sound and trustworthy as that of a large number of diagnoses made not only in lunacy, but also in many other departments of medical practice which of necessity are based to a considerable extent on analogy and inference.

I am forced to the opinion that this provision at least in the existing Act should

be altered, for it seems very unlikely that its present interpretation will become enlightened by the process of time alone. At present the claim in question is not only one example of the proverbial differences between medicine and the law, but it is also a stumbling-block for practitioners in each of these faculties.

Mr. O. F. N. TREADWELL (Prison Commissioner): I am very glad of the opportunity afforded me by the kind invitation of the Essex Voluntary Association to attend this meeting, and say a few words on the working of the Mental Deficiency Act, 1913, from the prison point of view.

We have had a good deal of experience during this past five years, particularly as regards the difficulties involved in certification, owing to the limitations imposed by the Act and of the delay, which appears to be unavoidable at present, in finding institutions to accept the cases.

As regards the difficulties of certification, these are probably more fully realised by those who have to deal with cases in prison than elsewhere, because it is the commission of some crime that accentuates the need for action. Practically all the cases we deal with are over the age of sixteen—many are adults; obviously they have always been mentally defective, but they have, before the commission of the offence with which they are charged or for which they have been convicted, escaped recognition, or at any rate certification. They are therefore evidently not obvious cases. It is, of course, the commission of some obvious offence which accentuates the need for institutional treatment, care and control.

Sect. 1 of the Act defines the classes of persons who shall be deemed defectives within the meaning of the Act. I need not refer to classes (*a*) or (*b*)—idiots and imbeciles. They seldom come to prison or present difficulty.

Class (*c*)—feeble-minded persons—differ very much in degree and kind, and many present much difficulty. There must be intellectual defect; but in cases where the defect is not of marked degree it is not always easy to say whether it is the result of developmental defect, or due to want of, or neglect of educational opportunity. Age has an important bearing. The older the person when coming under first observation, the more difficult it is to prove that the condition existed from birth, or from an early age. Very commonly they come for the first time under the observation of the medical officer of the prison. The early history of the case is generally essential; this necessitates research and delay. Most medical officers are extremely loath to certify without a full early history.

When we come to class (*d*)—moral imbeciles—our troubles really begin. This class is perhaps the most frequent and certainly the most troublesome met with in our prisons. Naturally this is so, because the definition connotes disorder of conduct, and it is for some disorder of conduct that they are brought before the courts and into prison. Where a moral imbecile is also a feeble-minded person the task of certification is of course easier. Again, certain offences of themselves indicate probable mental defect, but many of these moral imbeciles come in for offences such as are common to ordinary criminals. They frequently exhibit little or no intellectual defect, have attained a very fair education, and in prison, unless they are violent, destructive, or intractable, prone to self-injury, suicide or feigned attempts at suicide, may have no opportunity to demonstrate the particular quality of misconduct to which they are addicted. Perhaps the most prominent feature in this type is "lack of control," but it is not easy to say whether this is inherent in the individual. Age, again, is an important factor. Obviously they have always been mentally defective, but no action has been taken to deal with them until they commit crime, or repeatedly commit crime, and the urgency for action then becomes apparent.

The following case is a good illustration, perhaps, of the difficulty experienced. A young woman, æt. 20, charged with false pretences, tried at quarter sessions, found to be mentally deficient, ordered to be detained for twelve months in an institution, which, however, refused to receive her; returned and was liberated. Admission to another home was secured and she remained there some time, but was found to be unmanageable and released. Again brought up for larceny and sentenced to twelve months' hard labour. Certified under sect. 9 (1), (*d*), as a moral imbecile. Said to be cunning, plausible, vain, deceitful, very untruthful, and sullen if corrected. Has been troublesome since the age of seven years, when she ran away from home. Incorrigible, prone to suicidal attempts, but it is doubtful if they are genuine. Six convictions had been recorded against her since

the age of thirteen and a-half. Removed to an institution for mental defectives. After about a year licensed from there, the authorities reporting that under supervision she has behaved well, showing great restraint and self-control. A few weeks after again brought up for stealing and sentenced to twelve months' hard labour. In prison violent at times and further attempts at suicide. Re-certified, and again removed to an Institution.

In all cases the early history is very valuable; it necessitates much careful inquiry and research, and takes time to collect. I must take this opportunity of saying how much we are indebted to the Essex Voluntary Association for kindly placing at our disposal much valuable information as to early history in several cases from the county of Essex.

A few words as to Borstal detention for young adults. Borstal detention is not at all suitable for mentally defective persons. The Borstal institutions are for the express purpose of teaching occupations which shall fit the young delinquent for industrial life outside, and for reformation of character. Mental defectives are a source of much trouble; they tend to contaminate and corrupt the normal inmates. The Commissioners always strongly recommend to the courts that young persons suffering from mental defect should not be sentenced to Borstal detention.

And now as regards procedure when a case comes before the court. It is of the utmost importance, I think, that a mental defective should be dealt with by the court of competent jurisdiction under sect. 8 of the Act, rather than that a sentence should be passed with a view to action under sect. 9. Prison is not a suitable place for the detention of mental defectives if it can possibly be avoided. Dr. Potts will, I hope, tell us of the procedure which has been adopted at Birmingham, but I may say that the Prison Commissioners are endeavouring to co-operate with the Birmingham justices, by setting aside a portion of the hospital wings—both male and female—for the reception of such cases on remand as they are compelled to send into prison for observation and report.

It is intended to appoint a whole-time medical officer of the prison service in order that he may devote himself as part of his duty primarily to the examination of these mental cases. Where an expert medical practitioner is appointed with whom the justices can confer, very valuable co-operation and consultation can be arranged between him and the medical officer of the prison in certain cases which for some reason or other must be remanded to prison.

In conclusion I should like to say a few words as to the use of prisons as "places of safety" under the Act. If it is admitted that prisons are unsuitable for the detention of mental defectives, they are unsuitable for use as "places of safety." Unfortunately there is often much delay in finding an institution to take the case; consequently the court cannot make an order, but directs that a petition be presented when an institution has been found, as provided for in sect. 8. A mental defective may thus be detained in prison for some time—perhaps two or three months. If no institution can be found, the person cannot be kept indefinitely and has to be discharged. No doubt as institutions increase in number and become available, this will be rectified.

I have perhaps said sufficient to indicate how important it is to have expert medical advice available at the trial of these mentally defective persons, and I can cordially support the resolution which is to be submitted to this meeting.

W. A. Potts, M.A., M.D. (Medical Officer to the Birmingham Committee for the Care of the Mentally Defective; Psychological Expert to the Birmingham Magistrates): During the war many authorities refrained from carrying out their duties under the Mental Deficiency Act owing to the necessity for economy. That reason for delay is now happily removed. As a matter of fact, however, it never was an economy to ignore defectives who ought to be segregated. If you reflect that 15 *per cent.* of all persons in prison are mentally defective, that 30 *per cent.* of those in rescue homes are equally irresponsible, and a similar number of the women in the maternity wards of the workhouse are of the same type, it requires no great effort of the imagination to see that leaving these cases uncared for really means keeping up more institutions and a larger staff of attendants than would be required if such mental defectives were properly cared for from the first in a suitable institution. Often during the war a mother, who might have been working at munitions, was forced to stay at home to look after one defective child, when one attendant

might have been looking after ten defectives in an institution. Even if neglecting these cases meant economy now, it certainly does not mean anything of the kind for future generations. It has been estimated that one criminal, the notorious Ada Juke, known as "Margaret, the Mother of Criminals," cost the United States 1,300,000 dollars, owing to the fact that of her twelve hundred direct descendants, nearly one thousand were criminals, prostitutes, paupers, inebriates, or insane. A similar woman cost the Germans much the same sum; of the German woman's direct descendants seventy-six were convicted of crime and several of murder.

One fallacy in connection with defectives is the idea that anyone can recognise them. This is due to many people thinking only of idiots, and overlooking the two higher grades, the imbeciles and the feeble-minded. These higher grades have a greater potentiality for harm, and are a much more numerous class. Often only doctors with special experience can recognise them. Not only do ordinary people fail to see them, but often ordinary doctors do so, too; it is essential that they should be examined by a medical practitioner who has had special experience of such cases.

One reason why defectives are often overlooked is because many people do not understand that mental defect is a disorder, not of the intellect, but of the mind; intelligence is only one province of the mind and may be unimpaired in mental defect; the diagnosis rests on disorder of conduct and lack of adaptability to the environment.

How then are magistrates to recognise such cases? They cannot be expected to diagnose them. What they should do is to refer to their expert all cases they do not quite understand, especially when frequent repetition of the same offence, unusual offences, or offences inconsistent with the home and general upbringing of the delinquent, suggest the possibility of mental defect or some other abnormality.

The medical examiner will never get all the cases he ought to have under the Mental Deficiency Act unless some such scheme is adopted as that recently inaugurated by the Birmingham justices, for which we are so greatly indebted to their chairman, Mr. Beesley. Under this scheme are referred not only the obviously mentally defective, but also those in whom there may be such a defect. This scheme has already been the means of saving from prison young delinquents who ought never to go to prison, because their crime is the expression of some mental or physical abnormality which can only be properly dealt with in other ways. Cases referred by the magistrates because the cause of crime appears to be a complete mystery are not necessarily hard to understand when the prisoner is thoroughly examined, and especially when methods are employed to see how far mental and physical abnormalities, unsuitable occupations and surroundings are responsible. Modern treatment can work wonders in many of these cases.

Mr. JAMES TABOR (Chairman of the Essex County Committee for the Care of the Mentally Defective), proposed the following resolution:

> "That this meeting, realising the necessity of expert medical opinion in doubtful cases under Section 8 of the Mental Deficiency Act, 1913, brought before courts of summary jurisdiction, requests the Standing Joint Committee to consider the provision of such expert medical assistance for all Petty Sessional Divisions in the administrative County of Essex."

He said that, owing to the war, the activities of mental deficiency committees had been much restricted, but that possibly that had not been a bad thing for them, as they were, so to speak, on probation, and could not have been as successful as they had been if they had not carried public opinion with them. This he believed they had done, and that now, with the cessation of hostilities and the issue by the Board of Control of the circular of March 8th, 1919, they were ready for greater exertions, and that any steps that they took would be supported by the public, even to the extent of asking for further legislation, if necessary, to carry out their programme. During the war they had concentrated their attention chiefly on the children passed on to them by the Education Authorities, but now they would be in a position to deal with adults also—a most important branch of their work. To enable this to be done efficiently, magistrates, before whom many mentally defective persons came, should be able to call in the assistance of a medical expert where there was any doubt as to the best method of adjudicating upon their cases in their own interests and in those of the community, for it was the high-grade defectives—

defectives as to whose mental condition only an expert could speak definitely—who were the greatest danger to the nation, and should be put under efficient control that the supply of mental defectives in future generations might be cut off at the source. He therefore trusted that the meeting would support the resolution then and there, and that such of them as were magistrates would make full use of the expert, if and when appointed.

Capt. A. J. UNETT, D.S.O. (Chief Constable of Essex), seconded the resolution which was passed unanimously.

Since the above report was in print we have received the following contribution from Dr. Edgar Hunt, which we add with pleasure as a supplement to the report. —EDS

SOME NOTES

on a representative meeting, convened by the Voluntary Association to discuss the administration of the Mental Deficiency Act (with special reference to criminal defectives), and held on May 29th last at River Plate House.

By EDGAR A. HUNT, J.P., M.R.C.S., L.R.C.P., L.S.A., Medical Visitor to the Justices under the Lunacy and Mental Deficiency Acts for the county of Essex and the Borough of Colchester, Chairman of the House Committee of the Royal Eastern Counties' Institution for Idiots, Imbeciles and the Feeble-minded, etc.

I will deal first with the main resolution, which was proposed by Mr. Jame Tabor and carried unanimously, *viz.*, "That this meeting, realising the necessity of expert medical opinion in doubtful cases under section 8 of the Mental Deficiency Act, 1913, brought before courts of summary jurisdiction, requests the Standing Joint Committee to consider the provision of such expert medical assistance for all petty sessional divisions in the administrative county of Essex."

When I voted for this resolution I was under the impression that what was intended was the appointment of one mental expert for the whole county—a new whole-time official—a medical man, if possible, somewhat after the style of Dr. Potts, of Birmingham.

But a circular letter of Miss Nevill—the excellent and indefatigable organising Secretary of the Essex Voluntary Association for the care of the Mentally Defective—dated July 3rd, states "until after the appointment by the various benches of a court doctor, who is a practical mental expert, etc.," surely it is not for a moment contemplated that a mental expert is to be appointed for each bench of magistrates! Real mental experts are few and far between. In the old days before the Mental Deficiency Act was passed—in the course of an extensive general practice extending over a long period—I used to be astonished at the ignorance of medical men generally about mental disease. Again and again they refused to sign certificates under the Lunacy Act when there was no doubt a certificate should have been signed in the interest of both the patient and the public. I wonder disasters have not been more frequent than they have been owing to this unreasonable refusal to certify. Heaven knows there have been many more than there ought to have been; and where there has not been disaster there has frequently been a large amount of sorrow, distress, worry and expense to the relatives which they might and ought to have been spared. If there was difficulty in getting cases certified under the Lunacy Act, there is ten times as much difficulty under the Mental Deficiency Act—this was well brought out and ably commented on during the meeting. I do not hesitate to say that under present conditions the usefulness of the Mental Deficiency Act is being much impaired because of the inability of numbers of medical men to deal adequately with the cases brought before them. I am not in a position to judge how mental defect is now being dealt with at the various schools of medicine. I entered at St. George's in 1874, and in my time the education imparted to students in mental disease was lamentably inadequate. It is obvious that a special training is now required to enable students to act at all properly in the carrying out of the Mental Deficiency Act when they become qualified. It may be such training is being given, and I hope it is. How necessary it is is shown by a single case of much interest which came under my notice in one of my recent official visits. The lad concerned is undoubtedly feeble-minded, and has been classed as such by one or two experts. He is a section 8

case, and an appeal is impending. In connection with the necessary legal proceedings several medical men have been consulted, and no less than four of them —and some of them were medical men of considerable standing—have definitely certified that the lad is not feeble-minded. When in doubt classify the case as "backward" is a frequent refuge for the inexperienced practitioner. They fail to see *why* the patient is "backward"—fail to see that he (or she) is "backward" because of mental defect. The mental expert appointed to guide the justices must be a really able, capable and practical man, one whose opinions must be sound, and whose decisions must be able to stand even very hostile criticism. I hope the folly—if it is contemplated—of attempting to find a mental expert in every petty sessional area will be nipped in the bud. I trust that one mental expert, in the true sense of the word, may be appointed for the whole county. He would necessarily act rather on behalf of the authorities; the medical visitor to the justices must continue to exist and must act rather on behalf of the public, and while he must do his best in every way to promote the beneficial working of the Mental Deficiency Act, must never lose sight of the "liberty of the subject" side of the question.

"A boy may not be able to make a good Latin verse, but nevertheless he may be able to make a very good table," was one of the many pithy sayings of my famous headmaster, the late Edward Thring, of Uppingham. Now, there are some such boys (and girls) in institutions, and their cases call for very special consideration. I come now to that most important point, *viz.*, the provision of some suitable place (or places) in the county where mental defectives can reside when allowed out on licence—when allowed out on probation for varying periods provided they are kept under proper care, supervision and control. In many cases we have found that the home accommodation of such cases is utterly inadequate, that while it was very right and proper these cases should be allowed out on probation, it would be worse than useless to allow such cases to spend their period of probation at home.

I have in my mind an institution to which lads are sent who have been guilty of some crime—frequently some *very trivial* offence, and have been dealt with under Section 8. A good many of these lads are high-grade feeble-minded; some of them are undoubtedly cases of "late development"—a subject which requires an article to itself, and that not a short one if full justice is done to it; the majority have not had a chance—bad parents, bad homes, their start in life has indeed been a poor one. Many of these lads—these "street arabs"—are embryo hooligans of a bad type. But not all—very far from it. And it is not right that all who have been found mentally defective in some degree should be condemned practically to "imprisonment for life" after committing some trivial offence. The mental enthusiast might say they are to have the benefit of "life-long care." "The man in the street" protests against them being "shut up" for life.

Now, in such an institution as the one I am referring to there is a small proportion of cases which ought to be given every chance to prove themselves worthy of freedom and to regain their liberty—perhaps not as *perfect* mentally, but who nevertheless may make useful law-abiding citizens and wage-earners.

It is obviously no easy matter to find anyone who is mentally *perfect*. That may seem a startling statement, but the mentally *perfect* would possess the talents of a senior wrangler, a senior classic, and a master of every subject calling for the exercise of brain power! Where is such a person? A certain proportion of defectives if given a fair chance may become useful members of society. I am fortunate in having had to work with a number of justices and lady visitors who are all reasonable and level-headed and who are not "cranks." Many of these are sure that the question of the continued confinement of certain cases will be raised before long in the House of Commons. It is a matter of some surprise to myself that some of those who opposed the Mental Deficiency Act—rabid cranks on the question of the "liberty of the subject"—have not already caused a stir in the legislature about such cases as those I am dealing with.

It is everything for all concerned in the working of the Lunacy and the Mental Deficiency Acts to have "public opinion" with them—to have the support and sympathy of the public. And I must say in Essex we have been successful in obtaining this. At last interest in the subject has been aroused, and the general public recognises the necessity for, and the advantage of, the Mental Deficiency Act.

A few suitable cases—now confined—should be allowed out on probation, and there

should be a "half-way house" between confinement and liberty—possible ultimate liberty, of which cases should have the opportunity of proving themselves worthy. My idea is such "probation home or hostel" should be the residence of the medical mental expert for the county, that he should have under him a resident head attendant and head nurse for the male and female sides. To this hostel could be sent those borderland difficult cases, on the mentality of whom it is *impossible* to decide at a single interview. To this home cases could be sent on remand; they would be under supervision possibly for some time, and after the decision about their mental state had been arrived at, that decision could be reported to the justices before whom they had come in the first instance.

This hostel should be a real training home in which males and females could be taught what they were found to be most fitted for, and by the practice of which they might be able to earn a living. As they made good progress they would gradually be allowed more and more liberty. The period of probation would be renewed and extended, but all the while, until discharged, the certificates would hold good, and in case of necessity—for breaches of discipline, insubordination, misconduct or for other reasons—the cases could be sent back to where they came from or to institutions thought perhaps more suitable for their particular grade, to continue in confinement.

The finding of a suitable "guardian" for these cases on probation is an extremely difficult matter. There is a "Society for the After-care of the Insane"—there does not seem to be one "for the after-care of the feeble-minded." It seems to me here is a large field for voluntary philanthropy, if the State cannot at present undertake the matter.

But I hope an amended Act will insist upon the provision of such "half-way houses" by the local authorities.

By such an Act visiting justices ought to be invested with similar powers to those they possess under the Lunacy Act—"but that is another story."

DEATH OF DR. MERCIER.

Criminologist and Physician.

In Dr. Charles Arthur Mercier, whose death occurred at Bournemouth yesterday, the world of medicine in the department of psychiatry loses one of its most brilliant and distinguished ornaments. A subtle dialectician, a keen and logical debater, a psychologist, and a philosopher, he was also a practical alienist physician.

Of Huguenot extraction, and the son of a clergyman, he spent his early life in Scotland, and he owed much to a capable and generous-minded mother, to whose memory he was always unflinchingly loyal. The family being left badly off on his father's death, he joined a ship's crew and went to Mogador, and afterwards entered a woollen warehouse in the City. He then took to medicine, and from the outset of his career as a student in the London Hospital he was marked for success. His high graduation at the London University, together with his obtaining of the Fellowship of the Royal College of Surgeons, seemed to foreshadow distinction for him in the more purely practical aspect of the medical profession, but the bent of his mind was towards introspection and analysis. His great admiration for Spencer, the philosopher of evolution, and his devotion to his teacher and friend, Dr. Hughlings Jackson, led him to study mental diseases and neurology. He gained an extensive as well as nn intimate and accurate knowledge of insanity in its various aspects by holding the post of medical officer in two large public asylums—the Bucks County Asylum and the City of London Asylum at Stone—and until the last few years he was the resident physician of a private asylum near London, where he was the personal and devoted friend of the patients under his care. He was greatly attracted to the legal aspects of mental diseases, and the quality of his mind might best be described as forensic and analytic. His stern logic led him at times to appear to over-advocate a weak claim. Dr. Mercier was essentially the champion of the weak against the strong. It was through his support and strenuous advocacy that a Bill was more than once introduced by Lord Halsbury, then Lord Chancellor, into the House of Lords to legalise the