

1. *Social Control of the Mentally Deficient*. By STANLEY POWELL DAVIES, Ph.D. London: Constable. Demy 8vo. Pp. 389. Price 13s. net.
2. *The Mental Defective*. By RICHARD J. A. BERRY, M.D., and R. G. GORDON, M.D. London: Kegan Paul. Demy 8vo. Pp. 196. Price 8s. 6d. net.
3. *The Diagnosis of Mental Deficiency*. By HENRY HERD, M.B. London: Hodder & Stoughton. Demy 8vo. Pp. x + 272. Price 12s. 6d. net.

These books form an interesting series. Each deals extensively with the topic of the recognition and care of the mentally defective, but the angles of approach vary with the experience of the authors, so that to a considerable extent they are complementary the one to the other. All agree that the problem is largely, if not entirely, one of social inefficiency.

Dr. Davies studies the matter from the angle of the sociologist; he discusses the defective individual in his social setting, and inquires whether, and if so, how, he could be assimilated into a complex social group. He traces the steps which have been taken by the nations of the western world to achieve this end, and the various stages of public opinion on the matter, and concludes with a summary and criticism of the most modern schemes for the social control of the mentally subnormal.

Drs. Berry and Gordon deal with the question largely from the anatomical and physiological angle of cerebral under-development, with its resulting physiological and psychological limitations of function. This leads up to a discussion of necessary policy based on the obvious social inefficiencies of the affected individuals.

Dr. Herd, as is natural for one who is a school medical officer and a certifying officer under the Mental Deficiency Acts, has set himself the essentially practical problem of describing the most modern methods for the recognition of mentally subnormal individuals. His introductory chapters on the mental development of the normal child lead up to methods of investigation, while he also concludes by a discussion of future needs.

*Social Control of the Mentally Deficient* has been written essentially for the general public, but this will render it none the less attractive to the medical reader, whether he be a specialist or otherwise. It is thoroughly documented and contains an exhaustive bibliography. Indeed, it deserves a place on the shelves of every certifying officer or superintendent of an institution for defectives on this ground alone. Actually it is an expansion of a small volume, *Social Control of the Feeble-minded*, published by the American National Committee for Mental Hygiene, which had long proved its usefulness—since greatly enhanced by recent additions. Dr. Davies points out that while there is no generally accepted definition of the term “febleness of mind,” there is agreement that the concept contains three inter-related elements; a marked limitation of intelligence, frequently associated with other

shortcomings of personality, due to lack of normal development rather than to mental disease or deterioration, and manifesting itself in social and economic incompetence. The lower grades, the imbecile and the idiot, are and have always been recognized by the populace at large, but difficulties of identification arise in the case of the higher grades. The Binet scale of tests seemed to afford a ready means of detection, so that the American Association for the Feeble-minded were led to describe morons as those having a mental age of from 8 to 12 years. The Army tests carried out when the U.S.A. entered the war showed that 47.3 of the native-born white draft had mental ages under 13, and that 17.6% had mental ages under 11; which would lead to the deduction that either 50 millions or 19 millions, according to the degree of retardation taken as the limit, should be called feeble-minded—an obviously absurd conclusion. The norm had been placed too high, and many of the deductions drawn from investigations of the inmates of rescue homes, prisons, etc., to the effect that mental defect was the great cause of failure, are reduced to a statement that they have about or perhaps just a little less than the average intelligence of the population. It is necessary, then, to extend inquiries into other fields—history, practical knowledge, economic efficiency, moral reactions, etc., intelligence tests being only a part of the investigation. Dr. Goddard is quoted for a new definition of the moron—“that large group of people whom we recognize as of dull intelligence, who never live sumptuously, or manage themselves or their affairs with a *high degree of prudence*, but who, nevertheless, do manage themselves, and if carefully and wisely trained, are not a burden on the community.” Such persons are clearly not feeble-minded in the legal sense of the English Act, but their existence justifies the establishment of special schools, though it may be taken that the author would agree with the suggestion of the Wood Committee that such educable children should not be formally termed “mentally defective,” but placed without any distinctive label in ungraded schools or classes, as is done in America.

Dr. Davies traces the history of efforts at alleviation from classical times, when defectives received very varied treatment, being regarded as “*les petits enfants du bon Dieu*” by St. Vincent de Paul on the one hand, or as “filled with Satan” by Luther and Calvin on the other. The real advance begins with the educative work of Itard and Séguin. Out of this grew training institutions and special schools. When with compulsory education the size of the problem of educational failure became evident great alarm was aroused, and a state of eugenic panic arose, with demands for widespread segregation. Part of this alarm, however, was due to the unduly high mental level ascribed to the average citizen. Some data suggested that the rate of reproduction of defectives was such that in a brief period they must become the predominant element in the community; later investigations showed that the rate of increase, even among those who mated, differed but little from that in the community in which they lived, while there were good grounds for concluding that in fact the mating rate of defectives was far lower

than that of the normals. However, under the influence of this period of panic, laws for sterilization were passed in certain States. The extent to which these have functioned is fully discussed, and it seems that they have been used more for the insane than for the ament. On the whole, Dr. Davies sums up against the use of such laws. He shows that while segregation is of great value, it has proved possible to train defectives in institutions, and gradually to return many of them to the world through a system of hostels and village colonies. Especially is this the case in the higher grades, who are, perhaps, relatively inefficient only. Indeed the views have so far changed that Dr. Goddard now says that morons are being turned out no longer feeble-minded according to the traditional definition. "In the community they will marry and have children, and why not? When nine-tenths of the mentally ten-year-old people are marrying, why should the other tenth be denied? It may still be objected that moron parents are likely to have imbecile children; there is not much evidence that this is the case. The danger is probably negligible; at least it is not likely to occur any oftener than it does in the general population." This statement shows an almost complete *volte-face* in the last twenty years.

A modern scheme for dealing with the mentally subnormal or defective involves four major considerations:

(1) The specialized education and industrial training from the earliest age of all intellectually subnormal children, so that they may be fitted as far as possible for community life.

(2) Special training of the more difficult cases in institutions.

(3) Organized community supervision.

(4) Permanent segregation of the feeble-minded, including defective delinquents, in whom it is not possible to develop the social qualifications necessary for the demands of life in the outside world.

Such a programme would prevent the procreation of the definitely feeble-minded, who cannot be socialized, but would not attempt this for those of moron level who can manage their own affairs in a reasonably adequate way.

Considerable sections of the work of Drs. Berry and Gordon are devoted to a study of the evolution and development of the brain and the making of the mind. It is clear that anatomical subnormality weighs heavily with them as a factor in causation and in diagnosis. The degree of mental normality attained by an individual is in strict accord with the state of development and the number of brain-cells possessed. They therefore devote considerable attention to the cubic capacity of the head, though, of course, not neglecting to point out the need for physiological and psychological investigation. Some two-thirds of the defectives show a lack of vitality, and all fail in mentality if tested over a sufficiently wide range of activities. Unquestionably, in a large proportion of low-grade cases the small size of the head is very evident, but when it comes to attempting to state a level below which mental defect should be suspected, if not, indeed, forthwith diagnosed, a difficulty similar to that encountered in the use of

graduated tests for mental ages is encountered. They would regard those persons whose estimated capacity falls below the 10% line of the series of measurements of presumably normal individuals as being potentially abnormal, but was the control series adequately representative? Would it not be found by much wider investigation that the number of those with small heads is greater than has been suspected? The authors do not say, and it must not be assumed from this criticism that they make cranial capacity the central feature of a diagnostic scheme, as it is evident that they consider a wide range of performances in the light of the individual history. The absence of a section dealing specifically with diagnosis has tended to throw the anatomical factors into perhaps higher relief than was intended.

The social results of deficiency, and the problem of causation receive full treatment, but their conclusions as to the relative proportions of primary and secondary amentia are difficult to compare with those of other investigators, since they have limited the term "secondary amentia" to an arrest of brain growth produced at or after birth, thus excluding all cases in which the failure of development is due to intra-uterine pathological processes. Such processes are, it may be submitted, among the most prolific causes of amentia, and of an amentia which may not prove heritable.

In their discussion of the need for a policy in the control of the feeble-minded, the authors naturally draw attention to the need for economy, and the dangers which arise from the border-line cases, more or less corresponding to the moron type of American terminology, for whom study under school conditions is essential. Many of these, as is pointed out elsewhere, can carry out the simpler processes required in community life. With a view to the elimination of defectives from society, they recommend that at the age at which children pass from the junior to the senior departments of elementary schools each should be examined from the standpoint of his powers of fending for himself in after life. Those who surmount the test should go to the senior school; on the others no more public money should be spent than that which is necessary for their maintenance in a model colony. No perfect model colony exists at present, but two receive mention as approximating to the required standard. It is, therefore, a little surprising to find the authors stating that it is suicidal in time of economic stress for the country to spend £93 per annum on the inefficient child and only £12 per annum on the efficient child. The disparity is to be lamented indeed, but the comparison given is between day-school education and care and maintenance in a colony, just as the authors advise. The £93 is approximately the fee paid to the colonies which are mentioned, and in the case of at least one of these the appeals of the managers for further aid indicate that the sum does not pay the full cost. If the cost of the colony can be reduced it will be all to the good, but such action will not permit of the employment of skilled investigating staffs. A truer comparison would be to put the £12 against the £25 to £40 spent on the day education in special schools of those capable of some trade training, who do

in practice return a dividend to the authority by securing and keeping employment, and thus avoid being permanently chargeable to public assistance.

With regard to the building of colonies for defectives, the authors recommend simple open-air unheated wards comparable to those in sanatoria, such as it is pointed out have been very successful at Besford Court. It must be recollected, however, that at that institution there are very few, if any, low-grade cases, and that the dietary and the arrangements for preparing and serving food are unsurpassed. In other words, the heat is quite rightly supplied from within. Whether the same *régime* could be carried out for low-grade defectives with the lowered vitality so well stressed by Drs. Berry and Gordon is by no means so certain. At least, it may be urged, more attention would be needed to the problems of nutrition. Borderline cases, especially children, should be in separate institutions to receive physiological training and testing. It may be admitted that this is very desirable but expensive, so that in the days about to come more stress will be placed on diagnosis in the community, while the children are in ordinary school or special classes.

In this task the methods of procedure set out in detail by Dr. Herd are all-essential. He emphasizes the importance of testing, both separately and in combination, the manifestations of mental function which can be grouped under the captions "temperament," "intelligence" and "conation." So much stress has, in the past, been placed first of all on intelligence, especially as shown by tests, and on the instincts and sentiments, that it is refreshing to find notice given to problems of will-power and of the continuity of attention. Early attention is spontaneous; voluntary attention involves an acquired control of the will, which it is the duty of education to bring into play. This involves the arousing of interest, and unquestionably much apparent mental deficiency is due to a failure in the "system of desire." If there be no power of concentrated attention, even for a short period, there can be no attainments; if there be no instinct of sustained curiosity there can be no sentiment for knowledge. "For the education of a good will it is necessary to create interest in right sentiments."

The reader will find in *The Diagnosis of Mental Deficiency* a critical *résumé* of most of the established tests and descriptions of behaviour in the widest sense, together with a succinct account of the best methods of dealing with a defective young person once he has been ascertained. Hence this book forms a keystone to the arch of information provided in the other works.

F. C. SHRUBSALL.

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*The Mongol in Our Midst.* By F. G. CROOKSHANK, M.D. Third edition. London: Kegan Paul, Trench, Trübner & Co., 1931. Crown 8vo. Pp. 539. Illustrated. Price 21s.

This study of the three faces of mankind excited considerable interest on its first appearance, and its value is greatly enhanced by