

THE TREATMENT OF MENTAL DEFICIENCY IN VICTORIA

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A GENERAL MEETING of the Medico-Legal Society was held on Saturday, September 28, 1940, at 8.30 p.m., at the British Medical Society Hall, Albert Street, East Melbourne. The President, Mr. Justice Lowe, presided.

Dr. Springthorpe delivered an address on "The Treatment of Mental Deficiency in Victoria."

Dr. Springthorpe said: Mr. Chairman and gentlemen, for many years the treatment of mental deficiency in Victoria has been considered unsatisfactory. This has been pointed out from time to time by individuals and taken up by societies interested in social welfare. It has not always been taken up intelligently, and criticism has sometimes been ill-informed. Our legislative bodies have been moved to consider the subject on more than one occasion. I shall not go into remote history. Suffice it to say that in the period following the first Great War the initial step taken by Parliament was a Bill introduced by Sir Stanley Argyle in 1926, and again in 1929. Although support for some such measure was fairly universal both within and without the House, for a variety of reasons it never became law. For keeping the subject alive since then and paving the way for recent improvements we owe a great debt to Dr. Ernest Jones, who was Director of Mental Hygiene until a few years ago. In December of 1939 another Bill was brought before Parliament and passed. It is the situation at the time of the passing of this Bill and the effect it may have on future developments that I wish to deal with this evening.

Before doing so it is necessary to refer to some general aspects of the subject of mental deficiency. It might be asked, "What is mental deficiency?" Well, a definition is given in the Bill and I shall refer to it later. Personally,

I do not propose to attempt a definition of mental deficiency. I have sufficient regard, or lack of regard, for definitions to avoid this particular issue, and moreover, I feel that once we started trying to define mental deficiency we might move on to trying to define mind. In a Medico-Legal Society such an attempt would, at least, be time-consuming.

Apart from that, in practice we do not have to deal with mental deficiency. That may seem a strange statement to make, but what I mean is this: the term "mental deficiency" is an abstraction and in reality people handling the subject have to deal only with a number of mentally deficient individuals. One may, with great cunning, devise an apparently water-tight definition of mental deficiency, but in practice there will still be a great variety of different types and factors to deal with, and the definition may not help and will sometimes hinder. In lieu of defining then it might be helpful to outline some of the more important features that characterize mentally deficient individuals.

In the first place the majority of mental defectives are so for inherited or congenital reasons, and the causative factors are, as yet, frequently unknown. The next distinction is that subsequent to birth their mental growth is slower than that of normal members of the community, and by the time maturity of mind is reached their standard of intelligence will be below the average. This growth, as with normal persons, does not continue beyond a chronological age of from 14 to 16 years. Furthermore, there are all degrees of mental deficiency, and it is this fact which makes the subject one of such difficulty. In the majority of cases the abnormality is slight and as regards particular abilities may even be within normal limits. This mild type is the most difficult to diagnose and not infrequently is unrecognized. Individuals so affected are usually spoken of as dull or backward, rather than deficient. I am uncertain of the number of this type in Australia, but it is probably somewhere between five and eight per cent. of the population, a much higher figure than most people realize. This class is not included in the provisions of the

new Act. Proceeding down the scale we come to those with definite mental deficiency. This group has been well studied, and the number of such persons is approximately two per cent. In this number are included the grosser examples in which deficiency may be advanced, reaching the realms of imbecility or idiocy.

In addition to these primary factors which mainly affect what is called the intellectual side of the mind, the majority of mentally deficient individuals show secondary effects due to a variety of emotional disturbances and behaviour and social difficulties that arise in their lives, often because of their backwardness. Anybody who has had experience of these problems will realize that these secondary factors frequently become of paramount importance and their handling presents very real difficulties. As this is not a medical paper, however, detailed remarks on therapy will not be attempted.

It is also necessary to describe how mental deficiency is detected and measured. This is a complex subject requiring detailed investigation, often by a team of workers, not only into mental abilities, which can be done by a variety of intelligence tests, some of great accuracy, others of less accuracy; but also into social environment, physical condition, and emotional adjustment. These are assessed, partly with a view to diagnosis, and partly to decide on the line of treatment best suited to each individual case. Concerning intelligence tests, it should be pointed out that although they give an accurate assessment in the great majority of cases, there are a small number in which no matter how carefully applied, tests will be misleading because the performance of the individual is interfered with and modified by emotional factors which at the time may be more important in the person's life than the deficiency itself. For that reason it is important that anyone doing these tests should be experienced not only in technique but in the detection of these other factors if they exist. It follows that the use of mass tests done in groups will only be reliable if followed up where necessary by further

individual investigation. To rely solely on group tests would, in some instances, be quite misleading. Each case must be considered on its merits, and particularly it must be considered in relation to the social environment of the individual. In fact most authorities now consider that the degree of social adjustment and adaptation that any mentally deficient person can make is the truest index of their mental efficiency or inefficiency, and I am glad to say that this viewpoint was adopted when drawing up the new Mental Deficiency Act.

This Act, passed in December, 1939, is called "An Act to make provision for the care of mentally defective persons and mentally retarded children." It is, compared with some Acts, relatively a simple one to understand. Certain of the verbiage is tortuous, but the main points stand out clearly enough.

Part I deals with definitions of terms. Only the most important of these need be mentioned. The first defines mental defectiveness in the following words:

"Mental defectiveness means a condition of arrested or incomplete development of mind existing from birth or from an early age whether arising from inherent causes or induced by disease or injury and of such a kind as to render the person affected incapable of adjusting himself to his social environments and as to necessitate external care, supervision, or control of such person."

In the present state of medical knowledge this is as accurate a definition as is possible.

Next, the different types of defectives are classified. By "defective" is meant

- (a) Imbeciles—that is to say persons in whose case there exists mental defectiveness which is so pronounced that they are incapable of managing themselves or their affairs or, in the case of children, of being taught to do so;
- (b) Feeble-minded persons—that is to say persons not less than sixteen years of age in whose case there exists mental defectiveness which though not amount-

ing to imbecility is yet so pronounced that they require care, supervision and control for their own protection or for the protection of others;

- (c) Moral defectives—that is to say persons not less than sixteen years of age in whose case there exists mental defectiveness coupled with strongly vicious or criminal propensities, and who require care, supervision and control for their own protection or for the protection of others.

The last definition led to a certain amount of discussion whilst the Act was being debated, and, I think, rightly so on scientific grounds. It is doubtful whether there is such a separate class of people, but of possible reasons for the creation of this category, one is to make the Act conform more closely to the English Act, where the term moral defective is used; and secondly, it may be of significance from an administrative point of view in making a distinction between criminal types and, one would hope, leading to their segregation in a different part of any colony or institution from that occupied by non-criminal mental defectives—a very real need. It is not otherwise made clear in the Act that such discrimination will be shown, but the authorities intend that this will be done if the facilities are available. So we may assume that the term “moral defectives” is significant and valuable for administrative purposes.

The next definition is that of a “retarded child”; “a person under sixteen years of age in whose case there exists mental retardation which though not amounting to imbecility is yet so pronounced that he may become a feeble-minded person and who appears to be permanently incapable by reason of such mental retardation of receiving proper benefit from the instruction given in ordinary schools.”

This term was subjected to criticism, again with some justification owing to the fact that the phrase “retarded child” has hitherto in most of the English scientific

literature had a somewhat different meaning, and has been used to refer to children in normal schools who are one or more grades in scholastic performance below what might be expected from their chronological age. This may result from a much milder degree of retardation than is present in the types referred to in the Act. Stated according to Intelligence Quotients, the term "retarded child" in the new Act refers to children with an I.Q. of approximately under 80 and over 50. However, in support of this definition is the attitude rightly taken by the framers of the Bill, that every care should be taken not to stigmatize any child by calling it mentally defective if it could possibly be avoided, and to postpone final classification until mental growth has ceased, when it could be safely said that no further improvement was possible. Furthermore, some children who appear deficient at an early age improve to such an extent that they pass out of this group, and would be then more correctly referred to as merely dull or backward. On these grounds the use of the milder term "retarded child" is both wise and humane.

The next section of the Act provides for institutions and clinics controlled by the Department of Mental Hygiene. Dealing with institutions first, the Act specifies certain State institutions of the type we already know. It also lays down careful provisions for the licensing of private individuals to take charge of retarded children and defectives. Here the safeguards are not all known yet because many of them will be laid down under regulations, and the regulations cannot be drafted until the Bill is proclaimed. However, as far as one can see, the licences are going to be adequately safeguarded in the interests of the retarded or deficient person. There is a further provision for non-residential institutions designated as clinics. A clause which appears later in the Act is relevant here, in which it states that any person keeping more than one defective or retarded child without authority is guilty of a misdemeanour, except, of course, by reason of relationship or under the provisions of the Children's Welfare and

similar Acts, and there is a heavy penalty for people guilty of such misdemeanour, up to two years' imprisonment or a fine of £100, or both.

The next section of the Act, having laid down the requirements of the buildings, institutions, and so forth, deals with the important question of reception. Those under 16 may be admitted at the request of the parent or guardian. If over 16, on request plus one medical certificate which is valid for 28 days, or on the personal request of the individual concerned. This is one way of reception. Then there are further clauses which provide that, if vagrant, law-breaking or legally detained, any person appearing to be a defective or a retarded child may be brought before two justices who may order admission to an institution. This is subject to adequate safeguards. In the process of bringing these persons before the justices, the police have been given wide powers, which are clearly defined, and, except in emergencies, these police powers must be supported by some medical examination and certification, or the use of an approved schedule. There is another clause which deals with prisoners appearing or about to appear before the courts, which states that any prisoner appearing to be retarded or defective can be brought within the provisions of the Act and transferred to a suitable institution instead of the ordinary penal institution.

Following reception, there are definite provisions made for the thorough examination of the individual, whereby it is laid down that within 28 days of the reception as mentioned the Medical Superintendent, a clinic psychiatrist, or other approved psychiatrist, shall certify whether an individual is retarded or defective, and if the latter, to which of the three kinds of defectiveness he belongs. If not so certified, the person shall be discharged. Not only that, but the Act provides for periodical re-examinations, again in the interests of the individual. These periodical re-examinations must be made at least once during the first six months and at least once during every twelve

months for five years, and thereafter at least once every two years. That seems to me an extremely adequate safeguard and one that will throw a great burden of work on any staff having to deal in future with this problem. However, it is necessary that some such safeguard should be imposed. Furthermore, a parent or guardian may request an examination by any medical practitioner. It does not say how often this may be requested; that, I presume, would have to be left to the discretion of the Director of Mental Hygiene. Furthermore, discharge is provided for after a suitable examination if a person is detained without sufficient cause. Lastly, when a retarded child as described in the Act reaches the age of sixteen and may therefore be legally passed into the other grade, re-certification is required before further detention can take place. You will agree, I think, that the provisions in the Act for thorough examination of each individual are adequate and ample.

The Act next deals with administration of estates, and in effect they are to be dealt with in the same manner as is now provided for under the Lunacy Act. The last part, under the heading of "Miscellaneous," deals with administrative problems and the provision of certain penalties, and also gives power to the Director to issue regulations governing the control of institutions and officers of the department. In conclusion, it is important to realize that the Act does not come into force until it is proclaimed.

Of greater significance than legal definition is the fact that the new Act places these persons so defined under the control of the Department of Mental Hygiene, and not the Department of Education. Scientifically the problem of mental deficiency is medical, educational, and social. In theory either department could deal with the problem well or badly. It is a matter of history that, in Victoria, the Education Department, in spite of establishing two special schools as early as 1913, and opportunity classes in many normal schools after 1920, has not progressed as it should—in fact retrogression has taken place. The special schools

have been only moderately successful and the opportunity classes, in most instances, inadequate, largely owing to a shortage of trained personnel and the lack of careful investigation and classification. This situation is in no way the fault of trained educationalists, but is due to absence of vision in higher places.

As a result of this changed administrative authority there was criticism of the Act, particularly whilst it was before the House, some of which was ill-considered and based on misapprehension. In a few instances it appeared slightly malevolent. It was pointed out that the words "medical practitioner" appeared far too often in the Act, and that they and the police, being "birds of a feather," were given excessive powers; that the mentally deficient person, helpless to protect himself, would be dominated by this Machiavellian medical system replacing a more kindly educational one. Time will tell. So far the way in which the ideas of the Act are being carried out show that the responsible authorities are fully seized with the importance of the educational aspect. In this connection it was suggested that the best people to cope with the situation were psychologists. Whilst it is true that professional, not self-styled, psychologists have many of the necessary qualifications, the number in Victoria adequately trained is very few indeed, and until those less well trained can guarantee standards of professional practice, the method at present adopted, whereby the psychologist performs certain expert duties as part of a team under medical direction, is the best arrangement.

The question also arises of the authority of the Director of Mental Hygiene himself. It is said that he held great powers in the old Mental Hygiene Department and that the added powers under this Act are not only too great but will lead to more work than any one man can do. In reply to this it has been stated that for the purpose of administering the Act the Director was to be replaced at some future date by an administrative board. I am not sure to what extent this was dealt with in the discussion

in the House, but it was brought up by Sir Stanley Argyle and certain promises were given. It is an important aspect and I hope that in discussion it will be referred to.

Having traversed the Act itself we come to a consideration of the scope of the mental deficiency problem in Victoria and the practical means for dealing with it. There are probably between 4,000 and 5,000 children in Victoria who could be brought under the provisions of the Act when it is proclaimed. At present only about one-tenth are being dealt with by the Department of Mental Hygiene. That does not include the even larger number who are only dull or backward, and will still, as previously mentioned, be under the control of the educational authorities. Certain other departments and non-departmental institutions are at present handling more mentally deficient cases than they ought. It is almost a scandal the number of retarded children who enter some of the institutions of the Children's Welfare Department. There they are apt to stick. Although some of them have recently been moved out, investigations made last year by the Victorian Council for Mental Hygiene show that on any one day at the Welfare Depot 30 per cent. of the residents were mentally retarded.

In addition to what the Government is doing, and hopes to do in future, there is a certain amount of work done by non-Governmental agencies. Medical practitioners, both in private practice and at clinics in the great public hospitals, have for many years advised on individual cases.

I shall now ask the lanternist to put on slides showing photographs of the main Government institutions.

Most of them were taken at the Travancore Developmental Centre at Flemington. This site, situated on high ground near the city, was purchased in 1926. In 1933 a residential centre and school was established by the Mental Hygiene Department. The school, now controlled by this department, was until two years ago under the Education authorities. Attached to this is a clinic, the new buildings being well designed and up to date. The clinic staff at present consists of a psychiatrist (Dr. Johnson), a

psychologist (Dr. Bachelard), a sister, and one part-time student social worker. This latter position would be strengthened if the social worker were full-time and fully trained. The purposes of the clinic include: (a) full examination of each case; this includes medical and psychological investigation, a record of progressive development, if admitted to the school, and a record of physical and social progress; (b) the after-care of children allowed on probation; (c) advice to parents and medical practitioners on problem children referred for investigation; (d) scientific study of mental deficiency problems and the dissemination of recent knowledge. In the first two years of its existence the clinic has examined 600 children. Analysis shows that these presented all types of psychological, educational and conduct problems. One quarter were not retarded mentally, and the majority, in addition to any mental deficiency, showed behaviour difficulties of some kind.

The school and residential centre takes retarded children following clinic examination. Admission is restricted to types as defined in the new Act and does not include lower grade defectives. The function of the school is not only to provide education and domestic care, but to promote all-round development, physical, intellectual, emotional and social, to the fullest extent possible; and by so doing, also to prevent psychological disorders and maladjustments. This is in accord with the abundant evidence that many such children are capable of leading happy lives and of becoming socially useful. To achieve this, special emphasis throughout is laid on vocational and social training. It is interesting to note that under this enlightened regime the health and happiness of the children has shown marked improvement, and behaviour problems, formerly not uncommon, are now rare. The number of children at present enrolled is between 50 and 60, ranging in ages from 6 to 14 years. As they will remain at the centre until they become 14 years of age it is obvious that the turnover will be small. In fact there is already a long waiting list, and

additional accommodation of a similar kind is required. The total numbers will shortly be increased when the new building for toddlers, under 6 years of age, now practically completed, is in use. It is expected that many of the pupils when their training is ended will be able to establish themselves in the community. This is a gradual process and further provision for after-care will have to be made. Both hostels and social workers in sufficient numbers will be necessary. To-day the total cost of property and equipment at the centre, including buildings under construction, has been approximately £50,000. As well as training children, the centre is also responsible for providing a three years course of instruction for their teaching and nursing staff and the granting of certificates for proficiency.

For those cases who after reaching 16 years of age are found still to require institutional care, and who in the terms of the Act are classified as mentally defectives, the Government is developing the farm colonies at Janefield and at Stawell. At the former extensive new works are contemplated. To date only females are accommodated and temporarily include 100 cases certified under the Lunacy Act from the old Kew cottages. In addition, 50 adolescent girls, not certified, have recently gone into residence, the majority from the Children's Welfare Department. As yet there is no provision for boys. On this project £40,000 has already been spent and a further £40,000 budgeted for.

The colony at Stawell was opened in 1937, when the old Pleasant Creek Hospital was taken over. Of the 90 cases now there, some 70 came from the Children's Welfare Department. They are all similar types to those at the Travancore Centre, but some are older, ranging to an age of 20 years. Over £11,000 has been spent there. You will thus see that the capital expenditure in the past few years has reached a very considerable sum. In addition to this, maintenance costs at the rate of £25,000 per annum must be added. As at present some 250 persons in all are being cared for by the department, the per capita cost is about

£100. This should fall to £80 when the Janefield scheme is fully working.

This, very briefly, covers some of the ground and shows some of the institutions now actually in use and that were planned to implement an Act of the type to which I have been referring. It will have been apparent that a great deal of expansion has got to take place, particularly at Janefield. Pending this expansion of facilities the Act has not been proclaimed and the date of its proclamation remains unknown. The difficulties of finance at the present time are great, and it may be a temptation to delay this important work. It is for societies such as ours to visualize the needs of the future and to press for their fulfilment.

DISCUSSION

The President: I ask his Honour Judge Foster to open the discussion.

His Honour Judge Foster: I should like, in opening, to express my appreciation of the interesting paper Dr. Springthorpe has given to us, and the photographs he has thrown upon the screen for our information. The problem of mentally defective people is a vital one in this, as in all communities. The Act to which the lecturer has referred strikes me as having been carefully drafted from every point of view. The definitions given seem to cover the ground adequately, and though it was suggested that definitions may not always be practical to practical men, in a legal sense they are essential. Standing out in this Act is the care taken to provide all safeguards against the wrongful admission of people into institutions. Having got there, the patient is investigated regularly, and it is open for applications to be made in respect of him from time to time by persons interested.

One other thing may prove interesting to the medical gentlemen here. A couple of justices can empower a policeman to seize a person, if necessary with the use of force, and to take with him a doctor. I am wondering whether only the most burly medical practitioners will be selected for these jobs! You will also be encouraged to know that the magistrates have power under this Act to award a reasonable fee to the medical officer engaged.

There are some further thoughts about the mentally

defective that struck one when looking at the photographs. There are a number of slum children, who might be called economically defective, who would envy the children shown, and I make a confident assertion that there are few children in our poorer suburbs on whom is spent anything like the £70 or £80 a year that is spent on people in these institutions. It would be a very proper thing for the community to look after not only the mentally defective but the economically defective in their midst. Then what of the eugenic aspect? Are we, by making mentally retarded persons into useful citizens who may propagate their kind, tending gradually to lower the intellectual standards of society? My reading leads me to fear that this may be the case. If so, we may yet have to face the problem of sterilization, which has been faced in the United States and in Germany.

The question of inspection of institutions will be controlled by regulations yet to be made. It is an important one. Inspectors will, of course, see the institutions with somewhat of an official eye—perhaps “spruced up” and on their best behaviour. What is wanted is some authority inside the institution that can watch its work from day to day. That would give the general public a sense of complete security as to the treatment of these people. How this can best be provided may be taken up and discussed by members later on. Before concluding, there is a final thought I want to express. The Act is there ready to operate. The institutions are, in part, complete. It is a matter of urgency. A body such as the Medico-Legal Society, which includes members of the two professions vitally concerned with the operation of the new Act, should, I think, urge its proclamation with the least possible delay.

Dr. Catarinich: A great deal of the progress that has been made recently has been due to the energy and foresight of Dr. Ernest Jones, whom I followed in the office of Director of Mental Hygiene. In preparing the Mental Deficiency Act, after the English Bill had been studied, we found there were so many difficulties in applying such an Act in Victoria that we had to set to work on an entirely new draft. This Bill owes a great deal to Dr. Johnson, Dr. Bachelard and Mr. Ebbs, of my Department, but in its course through the Houses of Parliament, as usual, certain alterations were made which did not fall in with our view and which have made it more cumbersome than anticipated. You will notice that the term “idiocy” has been dropped completely. It is interesting to trace the meaning which has been attached

to the word "idiot" during the course of hundreds of years. Originally an idiot was an ordinary member of the community as opposed to the governing class. The governing class in the old days usually included the educated part of the public, so that an idiot came to mean a non-educated person. After a while the meaning degenerated further and he became a person who was partially imbecile; and later the term applied to permanent imbecility. The word "lunacy" includes the lowest grade of imbecility. We therefore dropped the term "idiocy" altogether.

The question of whether the use of the word "retarded" child was wise was carefully considered. We could see no valid reason why the Education Department should take up this work and make it peculiarly their own, and we felt their control should be restricted to dull and backward children.

You will notice that children are not regarded as mentally defective till they have reached 16 years of age. The reason is that under the English Act it was found that probably one-third of the children designated as mentally defective at an earlier stage, when they got to 16 years or more of age, had developed to such an extent that they could take their place in the community. Up to the age of 16 years those children can be brought to us by their parents, and at present we are dealing with them at the Travancore clinic, although we have no legal basis for doing so. The Act will legalise this position and give us greater control over those children.

The present State Government has been extremely good in providing funds for the Mental Hygiene Department. At the present moment we are building a new mental hospital. We are replacing the main division at Ballarat and there are new buildings, as Dr. Springthorpe pointed out, both at Janefield and Travancore, so that at the present time we are expending £250,000, and the Government, in spite of the stringency at the present moment, has made it their business to see that as far as possible this building will not be held up. The only place suffering this year is Janefield. The purpose of Janefield is to implement Travancore and Stawell. It is to be a farm colony where the children will be subject to classification. We regard Travancore more or less as a receiving house that will endeavour to find out the particular capacity of each child and to further develop his education so that he may resume his place in the community. The problem is, of course, a tremendous one. The figures which Dr. Springthorpe gave were below what one would expect

to find eventually. Some years ago Dr. Ernest Jones made a study in regard to mental deficiency in the general population, and if we take it that the mental defectives are twice as numerous as those who are certified as insane, there should be in Victoria, including children and adults, somewhere in the neighbourhood of 14,000 people who would come under the heading of mentally deficient. What we envisage at Janefield is a farm colony for 1,000 mental defectives. At the present moment we have accommodation for 150, and Janefield will need to be extended very greatly before we have attained our object. The Bill will be proclaimed as soon as Janefield is sufficiently developed, and directly the public gets to know that the facilities are available, it is certain that we will be swamped with numbers.

In regard to the Bill itself, I think that the examination principle has been rather overdone. Dr. Springthorpe used the words in the Act when he mentioned "thorough examination." I feel that the legal fraternity will be delighted to have that word "thorough" in the Bill because a thorough medical examination is difficult to define, particularly when dealing with this class of work, where so much depends on a variety of tests. Our American friends, in particular, are from time to time altering their psychological tests and devising new schemes to evaluate mental patients, and I am afraid that the legal fraternity will have a wonderful time if it comes to cross-examining us on the question of a "thorough" examination.

Dr. Ernest Jones: When I took the position of Inspector-General of the Insane, as the title then was, in 1905, all the work of this nature was being done at the Kew Asylum, as it was called. I think there were about 250 cases there; there were many low-grade cases and there were a few moderately high-grade imbeciles, but there was absolutely nothing being done for the particular class we are now discussing—the mentally defective. Eventually the Government asked me for a report, and in 1908 a report was presented, stating that there were quite a considerable number of mental defectives and imbecile children in Victoria who were without special accommodation. To test this view, it was suggested that the Education Department should start some schools similar to those recently begun in England. I had had experience of one or two of them and realized that, whilst they were not doing perfect work, they were educating the public to realize the extent of the problem. The Education Department, some two or three

years later, built schools at Bell Street and at Montague. Very little more was done in spite of increasing demands, and I think it was not until 1913 that Janefield was purchased by the Chief Secretary of the day, Mr. John Murray. His original intention was to take the boys from the training ship "John Murray" on to his farm, but it was impressed upon him that we ought to do something more than that, and Janefield was purchased as a farm and industrial colony for mental deficient. When the 1914 War came along, everything stopped, and it was not until Sir Stanley Argyle was Chief Secretary that the Government purchased Travancore, where there is now an excellent residential school with a clinic attached to it.

Legislation based on the old English Act was brought forward in the State House on two occasions by Sir Stanley Argyle, and on each occasion the Bill went through the Lower House. I did not like the Bill, though I was partly responsible for it. It was too rigid and too cumbersome. Inasmuch as there was a split between the Board of Control and the Education Department in Victoria, the question of who was to be responsible for the mentally defective has been troublesome. *Ab initio*, the problem of the mentally defective is a medical one. The medical expert should be associated with the educationalist, and the psychologist should form part of any team dealing with this particular problem. This method has been adopted at Travancore. There should also be attached to the team the trained social worker. As money is made available, these and other improvements will come into being.

Mr. Rigby: The matters discussed are interesting to lawyers, who have often had to advise clients on the question of their children or grown-up relatives who, though not sufficiently defective to warrant their being certified, are out of harmony with their social environment and cannot be properly looked after in their own homes. Though it is more a medical than a legal question, lawyers may be called in and we see a good deal of the difficulties that arise. I am glad that the subject is receiving, at last, the attention which it deserves.

Dr. John Williams: Dr. Springthorpe's address has put the position so clearly that it is difficult to add anything to it. His Honour Judge Foster made some remarks about mental deficiency and eugenics that I do not like to see pass unchallenged. The inheritance of mental defectiveness is still an open question. Some authors say that the percentage

of mental defectives who have inherited defectiveness are 80%. Others put the percentage as low as 20%. Whilst not wishing to start a discussion on the sterilization question, it should be pointed out that if this procedure should be legalized to an extent of permitting voluntary sterilization, I think its greatest advantage will not be in the direction of preventing mental defectiveness, which it would not do, but that it will be carried out so that children shall not be brought into the world with the disadvantage of having mentally defective parents to bring them up. For instance, if one of the parents only is mentally defective, say, the mother, some or all of the offspring would be normal, and yet the mother might be unable to look after them. In such a case voluntary sterilization might be desirable. On the general question, I think that the mental defective portion of the population tends to die out and not become a greater proportion than they are at the present time. In regard to congenital causation, whilst the great majority of mental defectives are born so, this is the result of causes which occur in embryo but which may not be strictly inherited.

I was surprised to hear the figure quoted of £80 per annum as the cost per head of mental defectives under State control. The impression I gathered from my reading was that many colonies in America are practically self-supporting. Mental defectives can be made quite useful citizens providing their training and after-care are satisfactory. Dr. Johnson is not here this evening, so I may be permitted to say a word on this aspect. At present, developmental training at Travancore gets the children to a stage when they can be sent out into the community, but unfortunately the environment to which they go may be unsatisfactory. It would be preferable to send them to hostels or selected foster homes chosen and supervised by trained social workers. If the process were carried through in this way, many of these children would become social assets instead of liabilities. There is a minority who are emotionally unstable and these are admittedly more difficult to educate in social responsibility.

In conclusion, I congratulate Dr. Jones and Dr. Catarinich on the fine commencement that has been made by the Government. A great deal more remains to be done and much of the valuable work now being carried on will be of little avail unless the policy is adopted of following these children until they are placed and settled again in the community.

The President: I will ask Dr. Springthorpe to reply to the comments which have been made.

Dr. Guy Springthorpe: I would like to take this opportunity of thanking Dr. Catarinich for allowing me to have access to material in his Department, and to Mr. Ebbs, who has prepared a great deal of the material for me, and to Dr. Johnson, of the Travancore Clinic. Without their assistance I could not have delivered this address.

The only other remark I shall make is that I am in entire agreement with Dr. Williams in his view on the question of inheritance in relation to mental deficiency and the limited value of sterilization.

With regard to the £80 cost per head, I think that includes not only the cost at the colony, but all the administrative costs as well. One has yet to hear of a Government department being self supporting.

The President: Instead of asking two members to propose and second a vote of thanks, as there is another item that we wish to deal with before the meeting closes, I propose myself to ask you to carry with acclamation a vote of thanks to our lecturer. I think we are all indebted to him for calling our attention to the work that has been done in the treatment of mental deficiency in this State. The lawyers present, I am sure, are grateful for the summary which he gave of the new Act, which I, for one, have not studied, and I think there are some other lawyers here who have not yet given attention to it. He has pointed out to us, in a very effective way, what has been done in this State.