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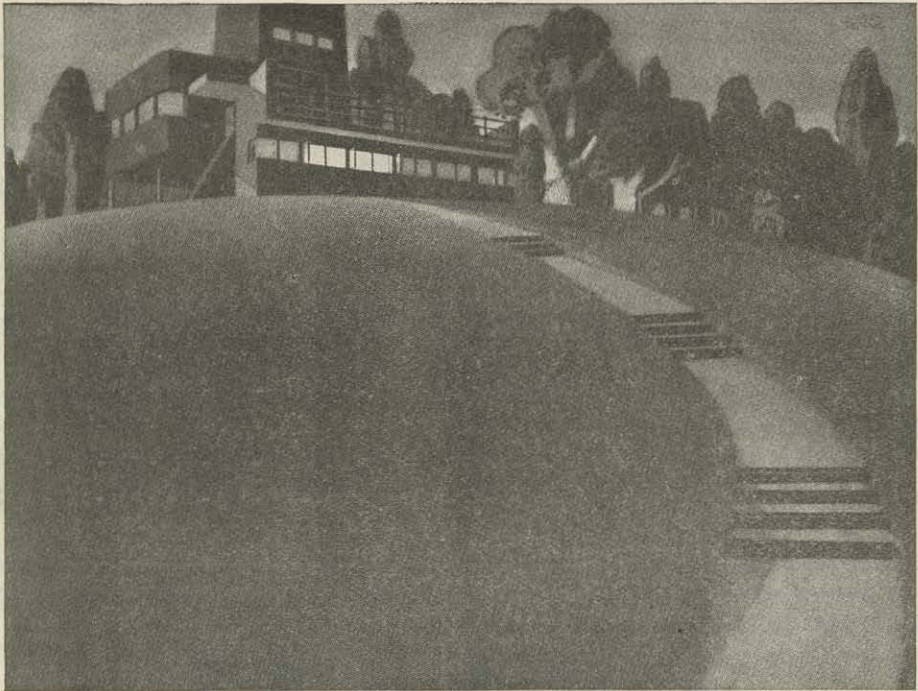
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Mental Hygiene—A General Survey

By SAMUEL HENRY PRINCE, M.A., Ph.D.

President, Nova Scotia Society for Mental Hygiene.
Associate Professor of Economics and Sociology, King's College.

AS President of the Nova Scotia Society for Mental Hygiene, I desire to congratulate the Editor and his Associates on their success in bringing out a Mental Hygiene number of the MEDICAL BULLETIN. I am speaking for a large and increasing group in Nova Scotia who have at heart the progress of Mental Health when I say that they will endorse this action of the Medical Society with enthusiasm. It indicates the recognition of the fact, even if a trifle belated, that a Mental Hygiene programme must eventually be accorded an important place in any comprehensive policy of public health. The event is particularly timely, synchronizing as it does with the twenty-fifth anniversary of the founding of the Mental Hygiene Society. It is therefore a very real privilege to comply with the Editor's request for an article to be included in this historic issue. His suggestion that the article present a general picture of the field is a wise one. Too often in the realms of public health, as elsewhere, perspective is lost sight of, and significant aspects of a problem are overlooked simply because they lie outside of the sphere of our immediate interest.

A Trinity of Need.

When we turn our attention to the great elementary problems of economic and social life we find that they may be classified in three main divisions. Society rests, as it were, upon a three-legged stool—the mind, body and the estate. We have the problems of the estate, or lack of it—the great question of poverty and its allied evils. And although thousands still remain below the "poverty line", the world, as the late President Wilson observed, is already far on the way to the elimination of poverty. And I am glad to note that almost everywhere this great Gibraltar of human misery is being attacked in the modern way by the establishment of Old Age Pensions, Mothers' Allowances and other social legislation.

In the second place we have the problems of the body, physical well-being and the lack of it. And here is presented another great segment of social pathology associated with physical illness and disease. We have been living in the hey-day of the public health movement, a day of health boards and health inspection, of school-physicians and school-nurses, of baby-clubs and baby-shows. It has been discovered that physical life and social life are inextricably bound up together, that public health is a purchasable commodity, and that the people of any community may have as much or as little of it as they wish to buy.

The Body the Cradle of the Mind.

But the body is the cradle of the mind, and the problems of the mind or lack of it are the great problems of the present hour. In the history of social

effort the realm of the mind has been the last to be attempted, and it is the most formidable of all; "Mens sana in corpore sano"—the sound mind in the sound body may well be our national concern. For what are straight limbs, clear eyesight, sound teeth and physical vigor if in a few years our children shall become the victims of nervous and mental afflictions? In the words of Haven Emerson "To use sanitation and to disregard sanity is but half-witted".

Mental Hygiene—A Twentieth Century Product.

In the observation and care of her "capital" of mind society is but guarding her greatest treasure. Herein lies the task and field of Mental Hygiene. Mental Hygiene is a 20th Century product and peculiar to the needs of the present age which is characterized by an increased and alarming volume of mental and nervous disorders. Our Mental Hygiene Societies exist for the purpose of disseminating information concerning the promotion of mental health, the mitigation of mental suffering, and the prevention of mental disease. They are the Red Cross organizations of the mind. By means of legislation, health-literature and education we have been able to improve the public health, to reduce death-rates and to increase the life-expectancy. We believe that similar mass education can do for mental maladies what it has already done for the physical health of the population. The misery which follows mental ill-health is greater far than that which accompanies physical illness and yet there is no comparison between the amounts of energy, time and money spent in its mitigation.

Mental Welfare a Two-Fold Problem.

Now when we turn to the field of mental welfare we find that it presents a two-fold problem:

1. There is first of all the problem of mental disease, that which is commonly known as insanity. It is simply the inability, because of functional or organic mental trouble, to face difficulties and to adapt ourselves to the situations which present themselves in life. For instance, in order to dodge something which is disagreeable the individual may quite unconsciously take refuge in "illness of convenience". Life is like a game of bridge in which each person is dealt his cards and success depends partly on the cards and partly on the skill in the playing of the game. The ability to play well and to meet the difficulties of life is found to be very largely a matter of habit training in childhood. Unfortunately some personalities are so different, so badly adjusted to their environment that instead of facing realities, in time of stress and strain they take refuge in delusions and the mind becomes chronically diseased. The tragedy, the suffering and the misery of mental disease cannot be put in words. The extent of it is appalling. There are more patients in our mental hospitals in Canada than in all other hospitals combined. At the present time there are over 10,000 admissions per year in Canadian Mental Hospitals. The Canadian people have invested more than fifty millions of dollars in buildings; and based upon an estimated annual cost per patient of \$330, the total annual cost of patients in our Canadian mental hospitals is approximately \$10,579,470. With every Provincial hospital crowded to capacity, it is not pleasant to reflect that it is estimated that at least a number equal to the present inmates are in need of institutional care. It is a grave economic problem but it is more. It is a social and medical problem which for seriousness has no rival.

A Medical and Social Problem.

For a long time the chief concern has been to humanize the care of the insane, to eradicate abuses, brutalities and neglect from which the mentally sick have traditionally suffered. Fortunately the advancements of medico-psychological science have succeeded in correcting many of the misconceptions regarding the nature of mental disorders and have shown that to a large extent they respond to proper therapeutic treatment, with a growing percentage of actual remissions. Important forward steps such as the use of occupational therapy, physiotherapy, and the diathermic induction of "artificial fever" have given new hope for the final conquest of this great scourge of mankind. Everywhere high standards of care are being called for, modern facilities required, the status of nursing and medical service increased, and the demand now is to secure for the mentally ill the same standard of medical attention as that accorded to the physically ill.

Feeble-mindedness.

2. But I said that Mental Hygiene involves a two-fold problem. Another mental condition looms up in a manner which leads us to believe that we are facing a problem as large if not larger than that of insanity—the problem not of mental disease, but of mental defect; which is commonly spoken of as feeble-mindedness.

Mankind may be likened intellectually to the form taken by a flock of flying ducks. There are a few outstanding leaders. Immediately behind these there is a large number of superior individuals keeping ahead of the great mass of the flock which represents the average members of the human family. Toward the rear this great group tapers into the slow ones, dependent upon the guidance of others, and finally the lame ducks bring up the extreme rear.

We talk of the equality of man; but man is not born equal. Fortune has not been kind alike to all. Some are born with a silver spoon in their mouth, with a richly endowed mind. They are the gilt-edge babies of the world. Some are superior-minded, reading at two years of age and graduating from College at fifteen. Some are average-minded. And some are inferior-minded, unequal to the demands of life, unable to read its danger-signals; the feeble and frail-minded men and women, children who never grow up, who never come of age, who dwell in a world of eternal childhood, the most misunderstood and helpless of mankind. These poorly endowed ones may be found in every city and town and there is scarcely a village which does not have one or more.

Insanity a Disease: Feeble-mindedness a Defect.

Insanity is a disease, feeble-mindedness is a defect. Insanity visits the sound of mind. Feeble-mindedness is a birth condition. Insanity may respond to psychological medicine. Feeble-mindedness knows no cure. Its symptoms are not difficult to note. The baby doesn't take notice or follow sounds or bright objects or smile like others. Its teeth do not appear at the normal age. It learns to walk late and to talk late. It remains a baby a long time. In school it takes two or three years to do the work of one grade. It is not able to get on with other children. It is teased and picked upon by play-mates. It is easily lead into mischief, truancy and vice. It becomes

the butt of companions, and the tool of unprincipled men and women. And so we scarcely need any statistics to confirm a natural expectation that feeble-mindedness produces more pauperism, prostitution, degeneracy, illegitimacy and delinquency than any other one factor in social life. But the time has long since passed when it is necessary to emphasize the relation of mental defect to social welfare.

Public Policy for Mental Deficiency.

Public policy for mental deficiency lies along two lines and both apply particularly to the period of childhood.

1. The multiplication of special classes in public schools for dull and retarded children. An examination by a qualified psychiatrist should be required of all children of school age, who are three or four years retarded.

It is now recognized as the duty of the state to care for all children, the less capable as well as the normal, and in an environment freed from discouraging differences. But the number of special classes in Canada is still woefully inadequate. It is far from meeting the needs; for it is considered that from one to three per cent. of the school population in every community need the care and instruction of special classes. It is estimated that in Canada there is needed ten times the present provision for retarded children.

2. The second requisite of public policy in dealing with the mentally defective children, is a residential training school for those for whom class-care in special schools is inadequate, who require an environment keyed to their limited capacities and who must have a training more complex and specialized than the home or school is prepared to give. Such institutions are not intended for custodial care and control but for training. And it is no forlorn hope but an accepted principle that, sub-normal children with a term of training may be given habits of industry and prudence, and equipped for modest work, and that a surprising number of them will prove competent to be established in the community and to earn their own livelihood. The industrial possibilities of the feeble-minded are being discovered. It is proving economically possible to employ workers of less than normal mentality, and many of the monotonous tasks of the modern industry may be safely and happily assigned to them. They are willing to work at tasks which to others are dull and disagreeable, and seem as happy as the day is long. Thus feeble-mindedness may be converted from a liability to an asset. The graduates of the Fernald State School near Boston earned \$198,000.00 in one year. Another record shows 220 boys earning \$9,800 in a year, boys who without institutional training would have been socially disturbing elements and a charge on the public purse.

It is sometimes asserted that the cost of such institutions is prohibitive. Fortunately the fact has been established that the number of children requiring institutional care is only a small proportion of those with sub-normal intelligence. The maximum number of the admissions to any training school will never be more than one in every thousand population. On this basis it is computed that Canada needs five times the accommodation of her existing training-schools.

It is estimated that in the matter of prevention alone such training schools will in three generations not only pay the interest on the plants, but also the actual support of the institutions.

Preventive Medicine.

It has been well said that "To cure is the voice of the past, to prevent is the divine whisper of to-day". Preventive medicine has placed medical art on an elevation it never knew before, and has come about through a better knowledge of the causes of disease. It is in the preventive aspect of mental ills that Mental Hygiene has its liveliest interest. As in other public health movements so in Mental Hygiene, the emphasis has shifted from cure to prevention. Returning to the subject of mental disease, apparently 50% of the cases which receive attention in modern hospitals belong to what is known as the non-organic or functional group. In this so-called functional group of mental disorder there is no demonstrable physical or toxic factor which has intervened to wreck the patient's life. Simple failures in the relationship between the individual and his environment have increased and grown in importance with the years until the harmony within the person has been completely destroyed—as has any possibility for happiness and harmony in his relationship with the outside world. In the face of a more widespread understanding of the principles of mental growth and the application of these principles in the lives of developing individuals in our homes and schools it would appear that in a very large part of this group the disorder is entirely preventable.

As has already been suggested, the preparation of a child for successful functioning in society is almost entirely a process of directed habit-formation. This being so, the foundations of mental health are laid in childhood by those who have the care of children. Thus a great responsibility rests upon parents and teachers in the matter of child-guidance. It is due largely to the failure of the school and the home that child-guidance clinics and institutions for the psychiatric care of children are being established to undo or to correct the injuries done to the personalities of children by parents and teachers ignorant of the principles of mental growth. Perhaps the greatest service of such behaviour clinics is, however, to influence the school and the home, and to disseminate true principles of mental hygiene. It is important to remember this, for it is from early childhood and from its maladjustments that later neuroses and derangements spring. Nor should it be forgotten that there is great need for the early recognition of the warning symptoms of mental disease. It is just as disastrous to allow nervous diseases to pass from the incipient to the advanced stages as to allow the early stages of tuberculosis to go unchecked. As four out of every hundred children eventually enter a mental hospital, the need will be realized for comprehensive clinic organization, and for the development of psychiatric reception wards in general hospitals.

No Panacea.

The problem of mental deficiency at once raises the question of causes and of possible preventives. And here again while a considerable percentage of cases are traceable to germinal defect, apparently 50% or more are due to misadventures both prenatal and postnatal. Cerebral accidents, birth trauma, syphilis, congenital poisoning and other remediable factors are coming to light as responsible for much of the prevalence of this condition. A more even distribution of medical service, a greater availability of skilled obstetrical and maternity care would seem to be indicated, as well as more favourable edu-

cational and economic conditions. It is also to be remembered that many children diagnosed as mentally deficient are merely retarded, their retardation being mainly due to unfavourable child environment.

Admittedly, much feeble mindedness, although to nothing like the degree once believed, is inherited. It is thus most natural to conclude that some means of social control over the transmission of the heritage of life will finally prove to be the solution of the problem. In this regard it has to be acknowledged that hope diminishes as research proceeds. As has been pointed out by the writer elsewhere the meagre results of sterilization are due to the fact that in each generation the bulk of the feeble-minded comes not from the mating of feeble-minded persons but from the "carriers" who are normal or even superior, but who carry in their chromosomes a single defective gene which when mated with a similar gene from another "carrier" will produce a feeble-minded individual. There are about thirty normal persons, carrying defective genes recessively for every one who because he possesses two such genes, is himself defective. Thus preventing defectives from propagating would only slightly affect the number of defectives in the next generation. There is no known way of detecting the "carriers" in advance.

Nevertheless the plan, though it has yet to be endorsed by either the American or the Canadian National Committee for Mental Hygiene, is receiving increasing public sanction, suggesting somewhat the philosophy of the farmer, who after a successful shot at a crow, looked more complacently at the thousands still unharmed, and consoled himself with the reflection that this one at least "will do no more damage". Many who have the great cause of Mental Hygiene at heart are fearful lest enthusiasm, for this single formula panacea, should divert public support from the larger and more important programme.

Toward Wider Fields.

This review of Mental Hygiene objectives has already exceeded the author's intention as to length, but it should be pointed out that Mental Hygiene in its fundamental philosophy looks beyond both the problems of mental disease and of mental defect. Mental Hygiene offers a health service for all of us, young, and old, normal and abnormal. From a crusade for the better care of the mentally sick it has developed into a force for the common welfare, penetrating every field of human endeavour. It seeks to cultivate the forces which make for better mental health, and to contribute to happier and more efficient living. Its three central aims—integration of personality, emotional maturity and social adjustment—may well be coveted by everyone.

I hail the day when we in Nova Scotia shall make our entrance upon these wider fields of mental hygiene. That time has not yet come. For us, the immediate future must yet be concerned with the earlier stages of mental health reform until we shall have achieved modern and adequate provisions for the mental needs of the province of Nova Scotia. In this achievement the Medical profession can, if it will, play a most important part.

The Problem of the Feeble-Minded*

With Special Reference to the Province of Nova Scotia.

H. W. SCHWARTZ, M.D.

THIS is a medico, or perhaps because of its specialized character, a psychiatric-biological problem. I am not in any way qualified to speak as an expert in this field, but only as an average physician who, like most of his colleagues, takes an interest in preventive medicine.

In Chap. 58 of the Revised Statutes of Nova Scotia, 1923, mentally defective persons are defined as:

"Persons in whose case there exists from birth or from an early age mental defectiveness so pronounced that they require care, supervision and control for their own protection or for the protection of others, or who by reason of such defectiveness, appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools, and persons who display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect."

Those feeble of mind are usually classified as:

1. Idiots—meaning those unteachable, often deformed and lack sex instinct and are neither a moral nor social problem.
2. Imbeciles—teachable but never able to care for themselves.
3. Feeble-minded—those who having been taught, become able to care for themselves under supervision.

The American Association for the Study of the Feeble-minded in adopting a classification for mentally defective persons, designated the whole group as feeble-minded and basing their distinction on intelligence tests, defines:

- (a) An idiot to be a person whose intelligence is no higher than that of a normal two-year-old child.
- (b) An imbecile to be one whose intelligence is that of a normal child from three to seven years of age.
- (c) A moron as one whose intelligence corresponds to that of a normal child from seven to twelve years of age.

while,

"A person of defective mentality existing from birth or an early age, whereby he is incapable of competing in the struggle for existence, or of managing his own affairs with ordinary prudence is called feeble-minded."

This is the classification used in the Report of the Royal Commission in 1927, concerning Mentally Deficient Persons in Nova Scotia.

Mr. Ernest H. Blois of Halifax, late Judge of the Juvenile Court and Director of Child Welfare, said,

"In some persons the defect is noted in their early childhood, but in most cases it is not until the child attends school and is competing with normal children that the defect begins to show in the various ways. The child may be several years doing the ordinary

*Read before the Halifax Branch of the Medical Society of Nova Scotia, March 21st, 1934 and subsequently prepared for publication.

year's work required in the lower grades. Often he cannot pass beyond the third or fourth grade. But his defective mentality is noticeable in other ways. He shows poor judgment and reasoning power. He wants to play with children much younger than himself, he is often very easily led into mischief and has poor control over his appetites, and is unusually susceptible to sex temptations. The casual observer might not distinguish between such a boy and one who is merely backward because of lack of opportunity or bad physical condition, such as defective eyesight, hearing, etc. There is, however, a great difference between such a lad and one who is mentally defective. The one has brain power undeveloped, the other lacks brain power to develop".

"There is a general impression, unfortunately, often found among the various officials who have to deal with such cases, that feeble-mindedness is in some way connected with physical deformity and insanity. Mental deficiency cannot be determined by a person's looks, many such persons, especially of the higher grades, are of pleasing personal appearance."

Dr. Harvey M. Watkins, Superintendent Polk State School, Polk, Pa. in a paper, May, 1930, entitled "Selective Sterilization," said,, when speaking of sexual delinquency in this attractive type,

"The defective girl, being passive and receptive, oversexed, feebly inhibited, lacks other interests and becomes, not a ready prey, but too often the aggressor in this field."

I will quote one of Dr. C. M. Hinck's comments on the survey of conditions in this province, conducted by the Canadian National Committee for Mental Hygiene and incorporated in the Report of the Royal Commission.

"The average number of mental defectives in fifty families was 3.88. In one family there were 13 defectives; in another 12; in another 8; and in two others 7. It is obvious that unless methods are developed in Nova Scotia to prevent the feeble-minded from having children, the mentally deficient population will increase by leaps and bounds. Three families that can compare with the notorious Kallikak family described by Dr. H. H. Goddard, were found in Nova Scotia. One of the three has been studied carefully and the following facts are interesting: A man married a feeble-minded girl in 1783 and 570 descendants have been traced. Members of the family living at the present time in one section of the province include 25 feeble-minded, 41 cases of illegitimacy, 9 who have received penitentiary sentences, 7 who have been sent to jail and 3 to reformatories; ten families have received public relief over considerable periods of time and many others are living in dilapidated hovels."

"From the total evidence submitted to us (i.e., the Royal Commission) and from our investigations, we are of the opinion that:

1. The percentage of mentally deficient persons in the province is:
 - (a) Among children of school age approximately three per cent. While three per cent. because of inferior intelligence cannot cope with the regular school curriculum and according to school standards are mentally deficient, nevertheless, approximately four-fifths have capacity upon leaving school to measure up to minimum social requirements. The proportion who succeed in social adaptation depends, to a considerable degree, upon the adequacy of the training that has been provided.
 - (b) Among the adult population probably more than six-tenths of one per cent. are mentally deficient. These individuals are incapable of earning an independent living or of conducting their affairs with ordinary prudence.
2. The conditions under which such persons are living:

In many cases the living conditions are intolerable, and unfit for human beings. We have no doubt that there are many mentally deficient persons in the province who are living in reasonably comfortable circumstances and

that not an inconsiderable number of the children are receiving adequate care and some training, but the fact remains that there is a large number of children and adults living in deplorable conditions.

3. The effect of such persons upon the General Welfare of the Province:

The social, moral and economic welfare of the Province is very gravely menaced by the presence of such large numbers of mentally deficient persons living under such conditions as have been found."

After explaining to the Royal Commission how the computation was arrived at, Dr. Hincks continued:

"The figures presented above of 3,000 intellectually deficient children and 2,500 mentally deficient adults for the province are therefore open to question. On the other hand, an endeavor was made to be conservative in arriving at these conclusions.

In the month devoted to the survey, the Staff saw approximately 1,000 mental defectives, including intellectually deficient children. That fact is of perhaps more consequence than any estimates that can be made."

The cost to the taxpayer for a child in the Common Schools of Halifax is \$50.00, High School \$70.00 per annum, and the average for the province for High and Common combined in 1932 was a little less than \$48.00. In Halifax it costs just twice as much to teach the retarded child, the figures given me by the Supervisor for Halifax Schools being \$90.00 to \$100.00. As classes for both normal and subnormal are under the same roof, it is difficult to allocate with exactness such an item as coal, insurance and repairs. These auxillary classes are very important from the standpoint of the normal child. Two feeble-minded children in a class of forty means that thirty-eight children are more or less neglected. To weed out these retarded children and concentrate them under teachers skilled in dealing with their type is a great advance.

The question may be asked: "What is the difference between the work carried on in the auxillary classes here and there throughout the province and that at the Nova Scotia Training School?" The answer is, that in the auxillary classes, the matter taught must of necessity be of the so-called educational variety, whereas at the Training School the teaching is vocational, preparing these children—for we must always think of them as such, regardless of their calendar age—for earning or doing as much as possible towards earning their livelihood. Consequently, the importance of farming and gardening, needlework and woodwork, shoe repairing, etc.

What about the Nova Scotia Training School at Brookside?

Capital Expenditure.....	\$330,000.00	Int. at 4½%.....	\$14,850.00
Expenditures in 1932, Salaries, heating, provisions, insurance, etc.....			44,750.00
Average number of pupils....	130		
Average cost per pupil.....	\$458.00		

Making the comparison on a Common School basis, it is at the moment costing over nine times as much to train a mental defective as it does the average child. Nine times as much spent on a child that comparatively little can be made of (although an all important little), than on one with normal potentialities. Are such expenditures justifiable? I would answer, yes, both from an economic and moral standpoint. Every child has a right to be well-born. Society, in so far as it lies within its power, is responsible for the quality of its citizenship. If the birth of a defective child, that should have

been prevented, takes place, then in my opinion we are its parents-in-law and morally obliged to tax ourselves for its care. The cost at the moment per pupil is high. The capital expenditure has been invested in a farm, vocational training facilities, bakery and laundry to accommodate not 130 but 600 pupils. As dormitories are completed, the cost per pupil will be less and less. If this school is as well conducted as similar institutions elsewhere, it should become to a marked degree, self-supporting. In other words, the province need not go beyond its own farm at Brookside to supply its various institutions not only with food stuffs, but with such articles as mattresses, towelling, etc., from its trades teaching department. Any effort in this direction, however, should not be made at the expense of the quality of the training given the pupils.

The Nova Scotia Training School has two functions to fulfill—that of training and that of segregation. Suppose two girls aged fifteen years but with a mental age of ten are admitted to this institution. At the end of ten years, they have received all that is possible. *Outwardly* we now have two attractive looking young women, both with lots of sex appeal and at the most fertile period of life. *In reality* we have two fine-looking children of ten years with adult bodies. One is sweet and winsome, willing and anxious to show how well she can work. The other is, below the surface, bad-tempered, lazy and untidy. One case would be welcome in a home in the capacity of a domestic, while the other would not be tolerated under any conditions. Before the first case leaves the school, sterilization would be advisable, in the second only optional, as permanent segregation is the only alternative which should be of itself sufficient protection.

As Dr. Watkins says in his article,

“The question of sex and reproduction is the biggest factor with which we have to contend to-day in dealing with our brighter types when paroled, and it seems unfair to add to the burden of maintaining themselves the added responsibility of parenthood. I have yet to see the mentally defected girl or boy for whom parenthood can be recommended.”

Once a case is ready to leave and can be placed in a suitable home, then such a case should not be detained a day longer, but, promptly moved on, so that the maximum number may receive the benefits that this Training School is able to give.

The idea seems prevalent that the feeble of mind can in some magical way be essentially improved by training and this improvement can in time be passed on to the succeeding generation, so that eventually the descendants may be quite normal. Nothing could be further from the truth. The best that can be done is to train and develop what exists. All the training in the world cannot create. Born with ten units of intellect wealth and training cannot increase it to eleven nor poverty and neglect reduce it to nine. Even if such was possible (to use the language of the biologist) “acquired characteristics are not transmitted.” The germinal cells are quite immune to scholastic influence.

It is stated that Nature tends to purge itself of variations from the normal, and the impression is left that feeble-mindedness will, at least to some extent, take care of itself. Defective may breed with defective and in time all that is ill will end well. The belief that Nature behaves in this manner is, I believe, no longer held by any competent authority.

Some would have us believe that when a normal unites with a feeble-minded person, the resulting offspring will all be normal. The defective parent will be, to use their phrase, "taken out of circulation." Such ideas have little if any foundation in experience.

The impression generally entertained is that the feeble-minded have abnormally large families. This may be true in isolated instances, but on the whole the families are quite normal in size, although larger than that of the average population. In Ontario, for example, the average number of children per family is only three, while the average number of children to the families who have inmates in the home for feeble-minded at Orilla, is nine. (Hutton quoted by Macklin, J. C. M. A. Feb., 1934, p. 192)

Apart from the most rigid segregation during the fertile period, sterilization is the only sure method of modifying the inheritable part of this great social burden. The public mind seems to be unsettled on this subject. In fact some are not clear on what is really done when such a procedure is carried out.

The operations of sterilization, vasectomy in the male and salpingectomy in the female, do not rob the body of anything whatsoever, consequently there is no mutilation, they merely prevent reproduction. In other words, sterilization must not be confused with castration in which the sex glands are removed and the system deprived of their internal secretions.

What objections have been raised and to what extent are they valid?

A reasonable question which is often asked, is all or even sufficient known of the laws of heredity.

The British Medical Journal, Jan. 27th, quotes the following, when giving its summary of the Brock Report presented to Parliament on Jan. 18th, 1934:

"A substantial, if not indeed a high, proportion of the patients in mental hospital and in institutions for the mentally defective have one, two or more relatives who also have suffered from some form of mental disease or defect. If the incidence of mental abnormalities in these families prevailed in all other families of the general community, the numbers of mental patients would be considerably larger than the most reliable statistics indicate. This 'familial concentration' is the ground upon which psychologists base their belief that mental disorder and defect are to a great extent inherited conditions."

"For the purpose of this inquiry it was enough to have established that there are many families in which there is an exceptionally high incidence of mental disease and defect, and that in many of these families those conditions are undoubtedly inherited."

"Abstinence from parenthood is the only immediately practicable method of prevention, whether this be obtained by sterilization or by any other means, and in assessing the value of this abstinence the extent to which the disease is familial is of primary importance."

The British Medical Journal quotes statistics from the Report and the paragraph is followed by a further quotation:

"...the figures indicate that here we have a social problem calling urgently for some practical preventive measure."

The final general conclusion (No. 11) is that:

"It is impossible in the present state of our knowledge about the causation of mental defect to forecast with certainty whether a child of any given union will exhibit mental

abnormalities. It can, however, be shown that, whether the cause be bad heredity or adverse environmental conditions, or both, the children of parents one or both of whom are mentally defective are, on the average, below the normal, and our inquiry shows that nearly one-third of such children as survive are likely to be defective, and more than two-fifths must be expected to exhibit some degree of mental abnormality."

"With regard to environment—using the term as covering the period from the fertilization of the ovum up to the time at which mental development is complete—the Committee regards it as clearly established that a proportion of cases of mental deficiency is due entirely to environmental factors—for example, injury to the brain during birth, inflammation of the brain or its membranes after birth, etc., but that this proportion is comparatively small. On the whole the Committee thinks that between 9 and 20 per cent. of defectives owe their condition solely to adverse factors of environment."

The Lancet says:

"Perhaps the most notable feature of this report is the complete unanimity with which it is presented to the public. The recommendations are not a compromise between conflicting views adopted reluctantly in order to secure the appearance of agreement. 'On the contrary' say the signatories of the report, 'we were fortunate at the end of a long inquiry in finding ourselves in complete harmony'. In view of the far-reaching nature of the Committee's recommendations, this fact is important. If serious divergencies of view had led to the formulation of a minority report, the Committee's recommendations would have lost much of their value in that the public would have been confirmed in its belief that expert opinion was still divided and that no legislative action ought to be taken until that opinion was unanimous."

And summarizes the recommendations as follows:

1. Subject to the safeguards proposed, voluntary sterilization should be legalized in the case of:
 - (a) A person who is mentally defective or who has suffered from mental disorder.
 - (b) A person who suffers from, or is believed to be a carrier of a grave physical disability which has been shown to be transmissible; and
 - (c) A person who is believed to be likely to transmit mental disorder or defect.
2. Before sterilization is sanctioned in the case of a mental defective, care should be taken to test his or her fitness for community care.
3. Mental defectives who have been sterilized should receive the supervision which their mental condition requires.
4. The operation of sterilization should only be performed under the written authorization of the Minister of Health.

To become entangled with genes and chromosomes and their countless combinations back to Adam can in futility only be compared with the calculation of the thousands of years it would take to eliminate all traces of some inherited trait. Such mathematical exercises throw no light on the solution of our difficulty, and only tend to confuse the uninformed. It is a much more immediate problem, and knowledge of a comparatively few generations is all that is necessary for practical purposes.

Investigations into heredity have usually proceeded from patient to parent with the result that a high proportion of parents were found to be normal. Superficially this seemed to point to heredity being quite an unimportant factor, in fact some would place it as only accounting for five per cent.!

Had the mentality of the grandparents been reviewed and the importance of the carrier been recognized, quite a different estimate would have been made, because—

“...in a considerable proportion of cases of mental disorder and defect, the transmission is not direct from parent to child, but is indirect; that is, through “carriers” who do not themselves manifest the particular abnormality. While the ratio of such carrier to affected persons is not exactly calculable, we shall probably not be far wrong in estimating carriers as at least ten times more numerous than are affected persons.” (p. 41, Brock Report).

Then there are those who arise “spontaneously,” that is due to a mutation. As the Committee say:

“The evidence we have received leaves no room for doubt that a large amount of abnormality in general is the result of such mutations.” (p. 53, Brock Report).

Whatever their origin, whether direct, via a carrier or by mutation, the practical question is, not what kind of parents they have had, but, what kind of children will these feeble-minded produce? The answer, (according to the Brock Report, p. 17) is that 45% will be subnormal, to which must be added the very considerable but indefinite number of carriers.

We cannot protect ourselves against the result of a mutation nor recognize the elusive carrier, but we can recognize the high grade imbecile and unquestioned moron (the social problem group) and when such are prevented from reproducing, a definite step forward will have been taken.

I wish to emphasize particularly what is meant by the term “environment”. Used in the technical sense, it refers to trauma (injury due to violence) and disease of the central nervous system. It has nothing to do with surroundings in the sense of overcrowding, dirty floors, filthy bedding, defective sanitation lack of light and air, cracked pots and greasy pans, or even insufficient food. Much as these are to be deplored and desirable as good housing is for many urgent reasons, we must keep it clearly before us that the term “environment” used in the popular sense has little if any bearing upon the quantity of intellect.

In a recent review of one thousand cases of mental deficiency, all under the age of five years, and therefore of necessity limited to idiots and low grade imbeciles, a large majority (two-thirds) were the result of environment, that is, non-hereditary morbid processes (cretinism, syphilis, mongolism, tuberous sclerosis, birth injuries, hydro cephalus and meningocele, epilepsy, hemiplegia, cerebro-spinal meningitis, encephalitis lethargica) acting before, during and after birth. (Chas. McNeil B. M. J. March 31, 1934, p. 584).

The Brock Committee came to the conclusion that:

“Low grade mental defect is more frequently associated than is high grade defect with environmental factors, and it appears to be fairly equally distributed among all classes of society.” (p. 21)

To quote from the Brock Report:

“We have been unable to find any evidence that slum conditions, though plainly disadvantageous in a general way to physical and mental health, are in themselves responsible for causing mental deficiency.” (p. 20).

and again,

“There is no evidence that parental alcoholism is responsible for any appreciable amount of mental defect.” (p. 21).

Needless to say deficiency due to environment is not transmissible.

It has been put forward that "the family is more sacred than the State." That the family is the all important unit, there is no denying, and its welfare the essence of good government, a point more or less overlooked by the so-called Christian States, and forced upon them by the socially minded during the last few decades. After all, a state is but an aggregation of family units. Just how it comes to be that a part is more sacred than the whole, is not any too clear. It seems to me to be a condition bordering on anarchy to encourage the few to disregard the welfare of many. It is common knowledge that plant and animal tissues are composed of a great number of individual units or bodies called cells, arranged in this way to make one organ and in another way to form another. But sometimes a group of cells gets quite out of hand, encroaches on its neighbour and runs riot generally. In surgery, such a cell and its progeny is spoken of as a malignant growth or cancer. The surgeon has no hesitancy in deciding which is the more sacred, the body as a whole, or the family of disorderly cells.

Some would refer to the "natural right of man to enter matrimony" regardless of the probability of defective offspring. That is, the satisfaction of a feeble-minded person's physical desires must receive first consideration, regardless of consequences. The begetting of 29 subnormal and feeble-minded children is to be looked upon as the exercise of a "natural faculty" and not as a first-class crime against Heaven and Earth. The innocent babe is to be damned (terrestrially speaking) before it is born. The idea that the helpless creature might possibly have some rights is not given any consideration whatsoever. To quote one writer, "It is wrong to brand men with the stigma of crime because they contract marriage on the ground that, despite the fact that they are in every respect capable of matrimony, they will give birth only to defective children." There is no stigma of crime associated in any conceivable way with being sterilized, it is merely evidence of a transmissible form of either mental or physical ill health. How is it possible for people to be "in every respect capable of matrimony" and at the same time incapable of begetting anything except defective children?

It is questioned whether public authorities have power over the bodies of their subjects, apart from punishing for ordinary crime. It is the experience of most of us that the authorities, when they deem the State to be in danger from without, do not hesitate to take the very elect of our youth and have them crushed, blinded, broken, bayoneted and mutilated beyond recognition. Yet we are told that they have no authority to take a minor operative measure to defend the community from disease and degeneracy from within. Befouling our water supply would be treated as a serious offence, whereas polluting the precious stream of life is said to be a "right."

May I quote the findings of the Supreme Court of the United States, speaking through Mr. Justice Holmes, May, 1927:

"We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped with incompetence. *It is better for all the world if, instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind.* The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. (Jacobson vs. Massachusetts, 197 U. S. 11, 49 L. ed. 642, 25 Sup Ct. Rep. 358, 3 Ann. Cas. 765). Three generations of imbeciles are enough.

But, it is said, however, it might be if this reasoning were applied generally, it fails when it is confined to the small numbers who are in the institutions named and is not

applied to the multitude outside. It is the usual last resort of constitutional arguments to point out shortcomings of this sort. But the answer is *that the law does all that is needed when it does all that it can*, indicates a policy, applies it to all within the lines, and seeks to bring within the lines all similarly situated so far and so fast as its means allow. Of course, so far as the operations enable those who otherwise must be confined, to be returned to the world and thus open the asylum to others, the equality aimed at will be more nearly reached." (Buck. vs. Bell, 274, U. S. R. 200). (Writer's italics).

Another objection is based on the fear that sterilization may lead to increased promiscuity and aggravate the spread of venereal disease. The Brock investigation yielded the interesting fact that of 3,247 mentally defective women known to the local authorities to have had children, 66% were unmarried. How many really believe that a defective intent upon exercising his or her sexual functions is deterred by the fear of a child? Sterilization cannot very well remove a non-existent inhibition. The well endowed and thoroughly trained vigorous mind often times fails to control a young and passionate body, but what chance has a child's mind to succeed under like conditions?

It is not suggested that those sterilized would be turned loose and without supervision, in fact the very opposite would be the case.

Sterilization is not a new and untried venture but a practice with a background of very carefully recorded experience. Happily, this experience proves this theoretical objection to be groundless. In "Sterilization for Human Betterment," Gosney and Popenoe, after reviewing the results in California, claim that sterilization has not increased promiscuity and that results show that only one in twelve became sexually promiscuous after leaving the institutions, whereas nine in twelve were sexually promiscuous before being admitted.

The Brock Committee, after answering the question as to the existence of adequate grounds for sanctioning sterilization, continues:

"This knowledge is in our view sufficient, and more than sufficient, to justify allowing and even encouraging mentally defective and mentally disordered patients to adopt the only certain method of preventing procreation. In this view, as in all our recommendations, we are unanimous, and we record it with a full sense of our responsibility. We believe that few who approached the question with an open mind and listened week by week to the evidence we have heard could have failed to be struck by the overwhelming preponderance of evidence in favour of some measure of sterilization." (p. 39).

Adopting the conservative views of Dr. Watkins:

"Sterilization should be limited to those who after suitable training over a period of years are considered eligible for parole. The idiot is largely sterile to begin with. The low grade and medium grade imbecile is a permanent institutional case sterilized or unsterilized, which limits its application to selected morons and a few carefully selected high grade imbeciles. Its practical application should, therefore, be limited to not over 20% of the average public institutional type. It is not a panacea nor a cure all, and should not be looked upon as such."

I have attempted to discuss the problem of the feeble-minded as it affects this province and to place before you the case for sterilization. At the moment it seems to me that the weight of evidence favors this procedure, but *only on a voluntary basis*. Some may not agree with this decision. One thing we are agreed on is that we all have the welfare of Nova Scotia at heart. Whether

sterilization is possessed of all the virtues its protagonists claim, or of all the faults and dangers its opponents contemplate can only be settled and settled rightly by the scientific approach. Opinions based on prejudice are worthless. An opinion to be worthwhile must be based on painstaking inquiry and the application, when possible, of the experimental method with its insistence on accuracy of observation. Subsequent interpretations and conclusions must then be purged in the fires of intelligent criticism before there is finally secured something approaching truth, the ideal of all true scientists.

NOTE: The Departmental Committee on Sterilization, appointed by the Minister of Health to investigate this subject from its scientific and technical aspects, made its report this year (1934). Thus there is now available the very last word on this matter. Copies of the "Brock Report" can be obtained from H. M. Stationary Office, London, Eng. for two shillings.

PAID TRIBUTE TO DALHOUSIE.

Tribute was paid to Dalhousie University recently by Dr. W. S. Learned, Education Authority of the Carnegie Foundation for the Advancement of Teaching, who in an interesting discussion of education in Canada and the United States at the National Conference of Canadian Universities at McMaster University, Hamilton, May 25 and 26, alluded to the improvements which have been made in the curriculum of Dalhousie during the past three years. Dr. Learned, together with Dr. Sills, wrote a report some years ago on the Maritime Provinces.

President Stanley who also read a paper at the conference and who was later elected President of the Association made a plea for more co-operation between teachers in the schools and teachers in the universities.

Dr. H. G. Grant, Dean of Medicine at Dalhousie, participated in the discussion on graduation facilities in Medicine in Great Britain.—*Mail*.

DOCTOR HAS NEW HEADACHE CURE.

Bubbles Are Blown Through the Spine.

Youngstown, O.—Blowing bubbles through the spine into the head to cure a headache to-day had been described by Dr. Wilder Penfield, of Montreal, before 500 Ohio and Pennsylvania physicians attending a county medical society meeting here.

Dr. Penfield was one of four members of the McGill University faculty who lectured yesterday. The others were Dr. J. C. Meakins, Dr. J. B. Collip and Dr. John Fraser.

The headache for which the bubbles of air are used is a serious type, caused by adhesion of the brain's outer membrane to the skull, following a head injury. Air is introduced by means of a spinal puncture, and the patient so manipulated that air bubbles rise into the space between the brain and the skull, breaking the adhesions.—*Sydney Post Record*.

Mental Trends in Nova Scotia

M. R. ELLIOTT, M.D., Wolfville, N. S.

AT the outset the writer wishes to disclaim any wish to enter into any argument concerning the ultra-scientific or moral principles involved in the problem of mental deficiency. The approach is from the practical point of view. There has been too much theorizing in relation to the situation in Nova Scotia. I believe that a general recognition of the actual problems will go a long way toward their solution.

The Report of the Royal Commission Concerning Mentally Deficient Persons in Nova Scotia, 1927, based on a partial survey, considered that we had 3% of mental deficiency among the school children in Nova Scotia. The general rate for Canada is said to be 2%. The difference is probably accounted for by certain trends peculiar to this province.

The greater number of our ancestors settled here less than 200 years ago. We trace certain elements of which we are justly proud; the Breton farmer, the Scottish Highlander, the German, the United Empire Loyalist. Certain less desirable elements evidently came as the fortunes of the Continental Wars dictated their movements,—ex-soldiers, sailors and camp-followers. Some of these were given grants in the back districts. During the past century our province produced the finest of people. However, with the opening of the Canadian West and the alluring opportunities in the United States, the last of the past century and the beginning of the present witnessed a heavy and serious drain upon our superior people. The character of some country districts was completely changed by this movement. Later, with restricted emigration to the United States and certain economic changes in the West, only those who are socially maladjusted return to their homes, the brighter have already made their adjustment.

In a study carried on by one of the school-inspectors, two sections of a county were chosen for comparison, a northern and a southern, each embracing schools with at least 100 pupils. The antecedents of the northern group were good, those of the southern group were not as satisfactory, the descendants of ex-soldiers. The school enrollment of the year 1915 was traced and reported in 1927. The northern group had emigrated to the United States to the extent of 51% while the southern exodus was 13%. Also, 70% of the northern group had reached High School to compare with 30% of the southern group. This northern section has suffered to the extent that in 30 years, practically all of the families of former days have passed from the scene, leaving the district impoverished in the calibre of its citizens.

A statement of fact in the field of mental deficiency is most difficult for a number of reasons. We have not had a complete survey of the children of the province, only certain selected areas being partially covered. Children of pre-school age cannot be investigated. Children over 13 show a much more definite trend toward mental deficiency than those of 7 and 8. Illegitimacy and the natural characteristics of the group to be investigated

introduces uncertainty into the task. We know, too, very little in regard to the actual nature of mental defect and its true means of transmissibility.

To quote the Brock report (Ministry of Health, England, December, 1933)—“It is impossible in the present state of our knowledge about the causation of mental defect to forecast with certainty whether a child of any given union will exhibit mental abnormalities. It can, however, be shown that, whether the cause be bad heredity or adverse environmental conditions or both, the children of parents, one or both of whom are mentally defective are on the average below the normal, and our inquiry shows that nearly one-third of such children as survive are likely to be defective, and more than two-fifths must be expected to exhibit some degree of mental abnormality.”

These conclusions were arrived at after more than two years of study by expert workers. They feel the inadequacy of their survey and urge that more intensive and extensive methods be employed. On the other hand, I would like to quote this further finding relative to heredity and as an indication of some of the careful work which was done. Instead of following the usual method of examining the parentage of the defectives, the children of the defectives were investigated. The total number of cases reported upon was 3,733. These defectives produced 8,841 children of whom 2001 or 22.5% have already died. In the analysis of the figures, children under seven were excluded because mental defect in very young children, except of the lowest grade, cannot be ascertained with certainty. Of 1802 children between seven and thirteen, 305 or 16.9% were classified as defective and 423 or 23.5% as retarded. Only 21 or $\frac{1}{2}$ % were superior. In the second group, children over thirteen, out of a total of 1848 the number of defectives was 599 or 32.4% and of retarded 240 or 13%. Only 10 or $\frac{1}{2}$ % were superior. Taking the two classes together, we find that in the first group, 40.4% of the children still living were mentally subnormal and in the over thirteen group, the percentage had risen to 45.4. When it is remembered that 22.5% of the children had already died and that the percentages apply to the survivors, the figures become more significant.

The same situation exists in Nova Scotia, but we lack the integrated effort toward investigation. The report of 1927 gave us valuable information. Failing a proper survey, we must rely on the evidence obtained from teachers, social workers, officials of the Children's Aid Society, physicians and others, to secure as definite information as possible. From these sources, I wish to present certain representative social situations and shall venture to deduce from these cases, and their parallels which exist all over the province, the following conclusions:—

1. That there are certain groups of mentally deficient people who present an acute and dangerous problem. The report of 1927 stated that these “nests” were scattered over the province. These deficient are directly responsible for tainting the social blood stream of to-day and will aggravate the problems of to-morrow.

2. That the general level of intelligence has been lowered in Nova Scotia by the efflux of a large number of the vigorous and superior in our population and the relative increase of the mentally deficient.

In the first family group presented, both parents are either actually feeble-minded or of a low type of mentality. The father has been an inmate of a local asylum for some years, the mother is slatternly, the general living conditions have been those of squalor and misery. They have had ten children

two of whom have died. The eldest daughter, who is feeble-minded, married a feeble-minded partner and they have five children, two of whom are already a problem in the local school. The eldest son has married a descendant of the worst criminal family group in the county. The second daughter is a common-law wife and there are three children of this union. The next son is an inmate of the Nova Scotia Hospital. The four younger children have not reached an age to become problems. None of these children have attended school.

The heads of the second family group are feeble-minded. There are five children, all of whom show some degree of the same condition. The eldest daughter has four children, two of whom have probably the mother's father as a parent. All these are frankly feeble-minded. Of these, one son is living with a married woman and there is one child. The second member of the group is married to a feeble-minded woman and there are no children. The second daughter married an apparently normal man and there are eight children, some of whom are quite young, the eldest has an illegitimate child. The third daughter has three young children. The youngest son has two children, both of whom are wards of the Children's Aid Society. None of the second generation have ever attended school. For forty years, practically all of this family have been supported at public expense.

As to the economic burden of this type, we have in mind where a feeble-minded man married a feeble-minded woman resulting in an issue of seven children. Among them, there was one idiot. Three are in the Training School, costing the Municipality and province \$1,200.00 a year; two are in the County Home and one who proved a border line case is now seventeen and manages to earn his board and clothes. During the past seven or eight years, this family has been a charge on the public funds to the extent of more than \$6,000.00.

There is also in another county, a family, the early progenitor of which had twenty-nine children, the mother of the last seventeen was feeble-minded, as was he. Now, in dealing with the fourth and fifth generations of this group, 12% of the charges of the Children's Aid Society in that county came from this strain. It is very doubtful if among the 350 estimated descendants of this man, who are now over sixteen years of age, there are more than a half dozen who have gone beyond the fourth grade. The most of them are entirely illiterate.

Illegitimacy is found in these groups to a marked degree. In 1933, of the total number of live births in Nova Scotia, 6% were illegitimate. Under these conditions, we realize the futility of the argument for the control of mental deficiency through a strict regulation of marriage.

In 1921, a survey was carried on under the Department of Education of Acadia University by which 570 individuals of one family group were studied. These were the offspring of an apparently normal man who in 1783 married a feeble-minded woman. There were eight children of the union, none of whom are known to be feeble-minded. In the next generation, there was evident mental deficiency but it is not until the succeeding generations that the toll of degeneracy becomes so extensive. What value have the theories of mutations and dilution when one is confronted by scores of individuals who suffer because one individual allowed her blood stream to taint the general current. In 1934, we know that there are at least one thousand descendants. Not more than 2% of this group have left the province, in fact not many

have moved more than twenty-five miles from the ancestral home. One off-shoot of this family, not included in the original survey, lives about fifteen miles away. Fourteen of the children of this group now form a special class in the local school. Until 1928, none of the members of this large group had graduated from a High School. Many of the members of this group have been and are public charges and very few have acquired more than a few acres of land. None have risen to positions of responsibility. Lack of initiative as well as ambition brands the whole family.

Space does not permit further detail of the many instances in which the mental integrity of our people is compromised by the deterioration of our stock. If any question this very moderate expression of the case, I would invite him to drive with me for a single day and I would venture to say that a second would not be necessary.

I am concerned lest a spirit of prejudice blind us to actual conditions. I am speaking particularly for the rural sections of Nova Scotia.

What shall we do?

The "conclusion" of the Brock Report expresses so well what I think that I must be pardoned if I quote from it,—*"Two main considerations impressed themselves on our minds as our investigation progressed and guided us in framing our proposals. In the first place, we were impressed by the dead weight of social inefficiency and individual misery which is entailed by the existence in our midst of over a quarter of a million mental defectives and of a far larger number of persons who without being certifiably defective are mentally subnormal. This mass of defectives and subnormals is being steadily recruited and is probably growing. Certainly nothing is being done to diminish it beyond the segregation of a portion of those more obviously unfitted for community life. In the second place, we were increasingly impressed by the injustice of refusing to those, who have good grounds for believing they may transmit mental defect or disorder and who are in every way unfitted for parenthood, the only effective means of escaping from a burden which they have every reason to dread. Without some measure of sterilization, these unhappy people will continue to bring into the world unwanted children, many of whom will be doomed from birth to misery and defect. We can see neither logic nor justice in denying these people what is in effect a therapeutic measure."*

The Problem of the Mental Hospital as Seen by an Ex-Patient

By GERTRUDE MILLS

TO my mind, the time has come when those of us who have been mentally sick, must shoulder more of our own burdens, and the stronger ones must speak for the weak. We must discuss our illness frankly and without shame, and thus, through our own attitude help rid mental illness of stigma. And when any of us have special knowledge which could be of general help we must share it with those who have power to use such knowledge. So I, an ex-patient, wish to present to the medical profession the problem of the mental hospital, as, after much careful thought, it appears to me.

No matter how alert the medical staffs of our mental hospitals may be, they have not the opportunity of being with their patients all the time, and so they do not see everything. And while the nursing staffs could give the most accurate details about conditions, they are apt to be uncommunicative. So it is the ex-patients, you will find, who tell the world the most.

But unfortunately most of us who have been mentally ill, have tremendous egos, and we are very emotional. It is difficult for us to see anything connected with our illness in a detached manner—our reason is apt to be influenced by our emotions.

Now I, an ex-patient, frankly admit my handicap. I can merely promise to make a conscious effort to overcome it, to scrutinize carefully everything I say, and to try to keep my emotions out of it.

Five years ago I spent six months as a patient in a government mental hospital in another part of Canada, in a hospital which is recognized, and properly so, I believe, as one of the best such hospitals in America. Three years ago, I was back there again for a short time. And now I feel that enough time has elapsed for me to have a normal and objective outlook.

I spent part of my first six months on the Reception Ward, where I saw every type of patient. The rest of my time I was with the acute patients—the most violent, or as I prefer to call them, excited patients, on the grounds. So I did not just see the best of things.

I was classified as a Psychopathic Personality. (I learned this by using strategy.) And while for the most part I was merely interested in my own woes, there was a part of me that was tremendously interested in the strange new world in which I found myself.

The hospital was built on the cottage plan, and had a large farm in connection with it. It cared for 1,500 patients.

I will not describe the place in detail, but will make a few general statements. The doctors in charge were clever, energetic, understanding, and kept up with all the new developments in the field of psychiatry, and were continually improving methods of treatment. And they were so enthusiastic about their work that it was a pleasure to have them around. The hospital was fitted for all modern treatments. They were occupational therapy teachers on every ward, all types of entertainment—movies, dances, bowling,

billiards, a good library, outdoor sports of all kinds, etc., The excited patients had their continuous baths, cold-water packs, etc., and, of course every patient was given expert physical attention. No stone was left unturned. That hospital was a sort of pet of the government that owned it.

And I must not forget to mention one thing that the staff was especially particular about. No one was allowed to use any words connected with old-time stigma. The place was a mental hospital, never an asylum; patients were mentally sick, never insane; were excited or delirious, never violent.

The percentage of cures in that hospital increased steadily, and, at the present time, from what I have learned, I believe the whole place is run as scientifically as any good general hospital; the only mental hospital in Canada which I know of that has reached this state of comparative perfection.

But at the time when I was there, they still had one problem partly unsolved, and while I saw what could be accomplished by modern methods and ideas, I also saw how hospital authorities could feel a false security, and take for granted that once they had done everything possible to modernize their treatments, and to train their staff properly, that all was well, or as well as they could get it. It is right here that a patient, if objective, can give some information to doctors in charge.

In the hospital where I was, I once read a notice the superintendent had posted up for his nursing staff. It explained simply how the patients were sick because of an intolerable feeling of loss of self-respect, a feeling of failure, loss of self-confidence. The notice went on to tell how the nursing staff could help cure their charges by treating them in such a way as to help them regain their self-respect and confidence; by helpful encouragement.

Now, all the modern improvements which I have mentioned, besides being a means of taking up the patients' minds, were also meant to help build up a certain atmosphere, one of good-will and security—the atmosphere in which patients are most apt to get well. This matter of atmosphere is, to my mind, by far the most important element in the treatment of mental patients, and the most difficult thing to control. For while modern equipment, amusements, etc. are essential—yet, in the final analysis, the atmosphere is truly dependent on the attitude of those in constant charge of the patients—namely, on the nursing staff.

In the hospital I am talking about, the nursing staff was carefully taught that patients must be "treated", never punished—for if you punish patients, you destroy self-respect, and do not help restore it. But despite this training, I saw many nurses punish patients in all sorts of ways—treat them unscientifically, and so offset to a lamentable degree what the authorities in charge were trying to do. And I know that this condition must exist to a much greater extent in inferior institutions.

No amount of proper orders to nurses, and no amount of scolding, will ever insure that patients get the treatment intended. The situation is involved, and I will endeavor to analyze it.

I think that for a change, it will be a good idea for the patient to try to understand the nursing staff—and I am convinced that mental nursing staffs need understanding and help almost as much as the patients—that the two problems are woven together.

In the first place, it is futile to blame nursing staffs—to put too much responsibility on them. Even when it nearly broke my heart to see how some nurses treated their patients, yet my reason told me that for the most part,

the nurses I knew were nice sorts—that they were merely insufficiently trained and did not realize what they were doing. There are two factors which must be properly appreciated.

(1) Authorities do not allow sufficiently for the fact that the work which their nursing staff does is of such a trying nature. Unless a tremendous amount of training is given, and to a type of nurse that can appreciate it, nurses will not learn to control their human reactions; and when their patients are troublesome and tantalizing, as many of them are, the nurses will lose their tempers and try to get even with their tormentors.

(2) Even more important to remember is the fact that the nurses have come from an outside world which often has little or no respect for mental hospitals. They are going to work amongst a "bunch of nuts", and most of them are ashamed of the fact. I can see how in some parts of the country, where the public is particularly ignorant, that this factor alone could make it impossible to get the proper type of girl in the first place, and would so influence her attitude that no amount of training could make her feel respect for her work or her patients.

Now, I believe that it is a horrible thing for nurses to work among patients they do not understand, whom they believe are to blame for their actions, whom they think should be scolded and punished. There is no happiness or satisfaction in such work, and both nurses and patients are made miserable, and the atmosphere is completely ruined.

What can be done about it? Well, I have a few suggestions.

(1) Nursing staffs must be given far more training than they get at present in understanding both their patients and their own reactions. And they must be made to realize that they are not mere drudges, but are doing a most important work, which is full of possibilities. They must learn to take pride in themselves and in their work.

(2) The public must give them due recognition and appreciation—and must raise their social status considerably—which will stimulate those already in the work and will encourage a more intelligent type to go in for it. (And it takes more intelligence to be a good mental nurse than to be a good general nurse).

(3) There must be propaganda and propaganda and more propaganda—to change the public attitude towards mental disease, to get away from stigma and to bring our mental hospitals up to the standard of our general hospitals. For we will never get the best results inside our mental hospitals until we get the outside public educated.

Mental nurses have difficult and dangerous work to do, but they have a wonderful opportunity for real accomplishment. I knew nurses who did more to help some patients get well than any other factor involved. And I have seen the most excited patients handled skilfully and scientifically by clever nurses, without hurting anyone, so I know what can be done.

I am not arguing that patients should be pampered or sympathized with. But they should be treated as respectfully and as objectively as patients who are physically sick. And while treatment must often be firm, it should always be kindly and understanding.

Some of the typical unintelligent remarks of nurses go like this: "I am never rough with my patients as long as they behave themselves". Or "There, you can't tell me—that patient knows what she's doing. Well, I'll teach her". Etc., etc. Such remarks tell their own story.

Why do I stress this problem so? Well, I feel sure that if this problem were faced and solved that mental hospitals would cure more patients, and everyone would be better off all round. And it seems such a shame to spend so much time and expense on trimmings when things are rotten at the core. As for the humanitarian aspect of the whole business—I said I would not get emotional—so I leave that to you.

You must remember that you are dealing with the most helpless class in existence. Very, few patients can speak for themselves—or when they do get well, care to discuss their past experiences. And the danger of unscientific treatment is tremendous because there is no efficient way to check up on it, and because mental patients, through no fault of their own are very difficult to deal with, are so tantalizing that they are apt to be irregularly treated. Unless the public gives them intelligent protection—they are out of luck.

Now, to come definitely to our own province.

I hear that the government has promised an investigation into conditions, with a view to making improvements when they can afford it. I do hope they realize the importance of the problem. Everyone seems so vague about such things.

I believe we need centralization in this province, that we need one big new modernized hospital, built to accommodate all of our patients, and the antiquated system of putting the so-called "incurables" out on poor farms must be abandoned. Centralization always pays financially, and a hospital built on the cottage plan would adequately take care of segregation problems. And in such a hospital, the best of scientific treatment could be concentrated, and available for all cases.

The first thing I would like to see done would be to have this named, "The Psychiatric Hospital", as a first step in showing that the old days are over, that our province has awakened to its responsibilities.

And in the meantime there are two things which can be done which are more matters of intelligent thought than of expense. (1) Propaganda can be spread, and the public educated to a modern outlook on mental disease. (2) The nursing staffs of our hospitals can be examined and given far more concentrated and modernized training than they have been getting.

I would like to stress that I do not believe in antagonizing the medical men in charge of our institutions. They have been working under handicaps which must seem intolerable to them. I would urge the public to get behind them and work with them, help them get the proper equipment and intelligent assistance they need.

I personally, from my own experience, believe in hospital treatment even in the milder cases of mental disease. The discipline and regularity of life in a good mental hospital, steadies and strengthens the patients, and they are in a special world built especially for their needs.

There is one other matter I would like to discuss, concerning something Dr. Hincks had to say when he was in Halifax. He said he thought mental patients should be separated according to their social and intellectual backgrounds, that it was a bad thing to mix all classes together.

Such an idea worried me a little, though I can see its application. And I do agree that no patient should ever be put in with others who makes him or her feel degraded, and that not enough attention has been given this question in the past. But I would be very sorry to see patients divided and put

into different hospitals. I believe that the cottage type of hospital solves this problem sufficiently. If too great a division were made, the one class would benefit at the expense of the other. And I believe that all types of mental cases merit the same scientific treatment, no matter what their social or intellectual background.

For that matter, there is little social or intellectual distinction noticeable among the patients when they are sick. They should be divided most carefully, but more according to their condition than as to their background. Some of the most cultured of people go furthest into unreality when they get sick. The most obscene actions and language I ever met with, came from the most refined little lady imaginable. She used beautifully constructed sentences—and never left off a single “ing”—but oh, what she had to say would make your hair curl. While one of the gentlest and most lovable patients I knew could hardly read or write.

No, I believe we must work for the best of treatment for everyone, not for any one class. Not that I think Dr. Hincks meant anyone was to be neglected, but I do not believe he realized all that was involved in his suggestion. Though perhaps I, lacking in technical knowledge of my subject, may be mistaken.

Now what do I think the medical profession should do about the things I have been discussing? I believe you could do tremendous things if you do only take an interest.

You could cultivate the same attitude towards mental disease as you have towards physical. You could do more than anyone else to educate the public. You could fight for scientific treatment of our mentally sick, until you get it. And surely all this is your work.

And you could do a great deal more preventive work than you do, or see that it is done by doctors competent to do it. We pesky neurotics and psychotics or whatever, we need you, even when our sickness makes us kick against you. And how many of you are competent to help us?

Oh, I know, dealing with the mind is difficult and unsatisfactory business. But Dr. Birt, of this province, who most cleverly helped me chart the stormy seas, once said, “I’d rather solve one mental problem than cut out a hundred appendices”—so the work must have its satisfactions too.

Help! Help! Help some of us to understand ourselves so that we do not have to go to mental hospitals. Help those who are in hospitals to have a chance to get well again—or if incurable, to get the most out of their restricted lives.

In conclusion, I wish to say that some day I hope the public will be so well educated on this subject, and stigma such a thing of the past, that one might conceivably pick up a newspaper and read something like this on the social page: “The many friends of Mrs. John Smith will be pleased to learn that she has recovered from her recent mental illness and has returned to her home from the Psychiatric Hospital, where she was undergoing treatment.”

Thank you!

CASE REPORTS

A FAMILY STUDY ILLUSTRATING HEREDITY IN MENTAL DEFECT

IN different parts of Nova Scotia we find communities of persons of low intelligence. These communities are generally composed of a few families who intermarried for generations. They seem to serve no useful purpose except to demonstrate the existence of heredity in mental defect. The unskilled labor they are able to do, could be much better done by persons of higher intelligence.

Recently, I made an incomplete study of social conditions in one of our towns. This town has a population of almost three thousand and I was informed that out of this population about three hundred persons received relief continually or occasionally. Many of them were in dire poverty even when economic conditions were normal. The industrial situation in the town at the present time is particularly good. Yet this does not seem to be much direct benefit to these families under observation except in so far as it enables the town better to finance its relief system.

These persons although living in the town, form a community of themselves which is made up of four or five outstanding families—outstanding because of their subnormal intelligence. We will call the most numerous family Y., descendants of two men of that name who came to this town in the middle of the last century. Sons and daughters of the Y's have married cousins, near and distant, until it is only with great difficulty that their relationship can be disentangled. They have also married into the other families of low grade intelligence who form the community. Of the mentality of the ancestors of this group of people, we have very little accurate knowledge. We know that some of them came to the town to work as laborers, and others just drifted in. During the last fifty or sixty years a large number of subnormal persons have been born in this place. Many of the adults—the fathers and mothers of the present generation of children, cannot read or write, although some of them have sufficient intelligence to have passed through two or more of the primary grades. Only recently has it been made compulsory for these children to attend school, and their attendance has been made possible by the town, and organizations supplying clothes. As one would expect in a situation like this, many pupils are sent to school whose chronological age is above five or six yet with a mental age of only three or four years, and consequently are too young to learn anything except simple kindergarten work. Since no kindergarten exists in the town, these children are a heavy burden on the First Grade teacher.

When they are mentally old enough to attend school, much patience on the part of the teacher and many years will be required before one or more grades can be completed. The citizens of the town are wisely thinking of auxiliary class work for these subnormal pupils who make very little academic progress, yet may use their time advantageously learning handicrafts.

In visiting the homes of these people I felt that I had suddenly landed in another world, a world of make-believe, where children were trying to raise families, keep homes going and manage their affairs—an impossible task for

persons of their limited intelligence. Into this pitiable atmosphere, the Victorian Order of Nurses had gone, ably supported by other organizations and had taught these untrained but grown children, how to keep their homes clean and how better to care for their children. The results of this continual supervision were seen in nearly all the homes where attempts at cleanliness and house decoration were apparent.

When the news went into the Y settlement that a strange woman from Halifax had come into their midst, there was great consternation among the inhabitants. To illustrate the childishness of their minds—they were afraid their children were to be taken from them; that the methods of examination were akin to witchcraft, and might cast a spell of sickness over them; that pills were given to put their children to sleep while their brain was being examined. (We do not know how they conceived the idea of brain examination). When they were made to understand that the tests were for the purpose of determining the studies best suited to their children, and the kind of hand-work they would be able to learn and that they might have a teacher for this purpose, they were very pleased, and anxious to have their children seen and pronounced eligible for this special teaching. Then I was welcomed into homes which before had been barred against me.

Since time permitted me to make a study of only a single family at all carefully, I choose the family of Alex. Y., grandson of the first John Y., who came to the town. This grandson, Alex, had 16 children. From reliable authority I learned that Alex also had one sister and four brothers, one brother is considered normal, one brother is an imbecile; one sister is married to a relative of the same name, and two of her children also are married to Y's. In this sister's family are both mental defectives and criminals, and immorality is common among them. In going farther back in our inquiries, we found that Alex's father was considered an inferior person by his contemporaries, and his mother's family, who lived in a nearby town, were thought to be simple and peculiar.

Other branches of this family, or other families in the community, could readily have been traced if sufficient time had been at my disposal. I believe we have in that place an amazing source of information for those interested in mental defect.

All information gathered is either from trustworthy sources or from personal observation. Where I could not see the person to make a definite diagnosis and the information given did not show them to be of normal intelligence or if they were very young, I have classified them as undiagnosed.

Some cases, that are below normal, but could not be classified as mental defects, are called Dull or Borderline. I was able to make a fairly comprehensive study of nine living children of Alex, and also of their descendants. Of these nine sons and daughters all are living in the community and are with one exception married. The unmarried son is under 20 years. Of this family seven may be expected to give birth to more children. The grandchildren already number 39 and the great-grandchildren number 4, who are all infants.

Living descendants studied.....	52
Of apparently normal intelligence.....	9
Undiagnosed.....	14
Dull or Borderline Intelligence.....	10
Mentally Deficient.....	19

From the above list 36½% of Alex's descendants were found to be feeble-minded, 55% to be below normal intelligence and only 17% normal. Examinations made several years hence will no doubt show that some of the fourteen undiagnosed are normal, and also that some are mental defects, and a study of the situation then will almost surely reveal a great increase in the number of descendants of this one man.

ELIZA FERLEY BRISON, M.D., C.M.
Provincial Psychiatrist, N. S.

Manic-Depressive Psychosis.

A young woman, 27 years of age, occupation stenographer, was first examined in April, 1931. She sought advice because of sleeplessness, nervousness and the fact that she became excited over trifling matters. She stated, however, that she was energetic and felt well physically.

Family History. A strongly psychotic strain was inherited via the maternal side. Of the three other members in the immediate family, one is normal, one is probably an early case of Dementia Praecox, and a third committed suicide some years ago during an attack of mania.

Personal History and Present Illness. No abnormality in conduct or intellect was noted in early life. Her record in school and college was good and she adapted herself well to the task of earning a living. The symptoms of which she complained first became evident in March, 1931, and it is worthy of note that at this time home and business conditions were such that an increasing load was thrown upon her. Sleeplessness and nervousness were soon well marked, together with the desire to seek diversion and excitement whenever possible.

Physical Examination. A thorough investigation in hospital showed no physical abnormality except mitral stenosis, without any evidence of failing compensation. An X-ray of the chest showed normal lungs and hypertrophy of the right side of the heart. Basal metabolism, Kahn, and blood picture were all normal. No evidence of a focal infection was found.

Mental Examination. Orientation was normal and insight into her condition was at least partially present, as she expressed the view that she was not normal mentally. The appearance was mildly maniacal. Conversation was brilliant but tended to fly quickly from one subject to another (flight of ideas). Mild delusions, chiefly of a grandiose nature were present.

Diagnosis. Manic-Depressive Psychosis (Manic phase).

Treatment. Absolute rest in bed with symptomatic care. Hypnotics were used sparingly but in doses adequate enough to produce a normal amount of sleep. Sedatives of a mild nature were given during the day. Encouragement, with freedom from worry and excitement, was, as in most of such cases, of more value to her than drugs. Improvement was noted in about three weeks and recovery in about two months.

Progress of Case. The patient was perfectly well for six months when an attack of depression set in from which she also recovered in about two months. In this attack delusions of unworthiness, with the idea that the unpardonable sin had been committed, were well defined. She has remained

well since this attack and the advent of better home conditions has made the outlook correspondingly brighter for her.

Comment. Mild cases of this nature may often be satisfactorily cared for in the home. Severe cases, because of the increased danger of suicide and for the advantages of such therapeutic aids as hydrotherapy, should be removed to a mental hospital.

This was a typical mild psychosis of the Manic-Depressive group, showing one attack of mania and one of the depressed phase. A typical picture was also presented by the bad family history, with adversity precipitating the attack. The family history is faulty in 60 to 80% of such cases according to Kraepelin. This case did not support the theory (now not generally held) that disordered basal metabolism is present.

The prognosis in this group is good for cure of the attack, but not good for permanent recovery. The outlook for permanent cure is said to be better if the attack occurs in early life and also if there is a definite precipitating factor for the attack. Life must be re-arranged for such individuals to reduce worry, strain and excess to a minimum. Prophylaxis may also well be extended to those individuals with bad heredity who have never had an attack especially if they present a marked variability of affect. The spectre of insanity should never be invoked, but they should be judiciously urged to avoid excess and strain. Otherwise, a definite proportion may be forced by adversity from the world of reality to take refuge in a psychosis—a world of their own creation.

J. W. MACINTOSH, M.D.

The Advisability of Sterilization in Epileptic Patients.

This patient Mrs. H. H. was referred to the Neuro-Psychiatric clinic of the Dalhousie Public Health Clinic for Epilepsy.

Complaint. Patient has been having seizures which she herself called fits. She also complained of frequent headache and of nervousness. She is at times worried or depressed.

Family History. Negative for mental diseases, mother and father alive and well. Patient has two sisters married and well but has a brother who is now two years of age who takes the same kind of spells.

Personal History. Born in Halifax Nov. 20th, 1905. Has had all ordinary diseases of childhood no history of any illness until when nine years of age she had her appendix removed at the V. G. Hospital. She claims that the day after she returned home she had three seizures and that they continued from that time until the present. She has had as many as three or four a month and they have not had any marked bearing on her menstrual history nor have they been more marked since her marriage when she was nineteen years of age. She has had nine children and is again pregnant. One child died at the age of three months with convulsions and a pair of premature twins died after living one week.

During her last confinement she was a patient in the Nova Scotia Hospital for five months suffering from Manic Depressive Psychosis.

She had gone to Grade six in public school and left because of the frequent seizures. She has been married ten years and her home conditions at

present are not good. Her husband has been working on the City relief for alternate weeks during the past winter and she has worried considerably about his unemployment and had a hard time getting along. She is reported by the visiting nurse to be rather indifferent towards her home and her children. One child is at present in the Children's Hospital with a T. B. hip and her second youngest is also in the same hospital and has been suffering from stomach trouble since three weeks of its birth.

Examination. She appeared somewhat elated and happy on her first attendance at the clinic. She could converse fairly well and there was no incoherence, flight of ideas or distractability except a very poor insight into her condition and a poor outlook towards life in general. No delusions or hallucinations could be elicited. Intellect was somewhat subnormal and she is a rather high grade moron type. Neurological examination negative. Kahn negative.

Treatment. She has been put on phenobarbital grs. $1\frac{1}{2}$ t.i.d. and this now has been cut to gr. $\frac{1}{2}$ t.i.d. She has not had a seizure for well over two months and her general condition at time of writing appears to be good and she is apparently in her normal mental health.

This case brings up the question of sterilization for the following reasons:

1. To help control her epilepsy.
2. To possibly help prevent a further mental breakdown.
3. The question of the mental health of her children who are still too young to have a complete mental survey made of their possibilities.
4. As the patient is only twenty-eight years of age I feel that it is of some importance.

ALAN R. MORTON.

Result of Moron Marriage.

About forty years ago a young man from Tancook, Lunenburg County came to this part of Nova Scotia and was married. He has been a successful fisherman and has been able to support his family fairly well. Both he and his wife have always been regarded as very odd, and have both at some time or other been certified as insane. The attacks of insanity have not lasted long enough to necessitate their removal to an institution. After an attack is over they resume their usual ways. They have had thirteen children, none of whom are entirely able to support themselves. All have mental defects; some are feeble-minded—others have acute manic attacks which have forced their removal to an insane asylum. Two are in such institutions at the present time. Two have been in jail for vicious behavior, and two are chronic alcoholics.

The eldest son married a woman with a similar mental background and they have twelve children not one of whom could pass a normal intelligence test, and several of whom are imbeciles. The eldest girl has had an illegitimate child; most of the rest are still in school.

The eldest daughter is married and has two children one of whom is insane. At the present time none of the others are married and there are no other offspring.

C. B. CRUMMEY, Ship Harbour, N. S.

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PSYCHOLOGICAL MEDICINE

THE editors of the BULLETIN make no apology for devoting this number to Mental Hygiene. The subject is one to which the profession must give definite attention if a great new forward step is to be taken in preventive medicine, and if those maladjusted people who drift into criminality, or into a state of mind which precludes them from becoming useful citizens are to be given the full benefit of modern knowledge.

The subject of Mental Hygiene or Psychological Medicine falls into four clinical divisions. There is first of all the mental defective, then there is the insane, then the criminal class, and then that large and imperfectly understood group, the neurotic. The phrase "mental hygiene" as commonly used seems to connote in most minds the handling of the mental defective. Psychiatry, in common understanding and as developed in the average medical school curriculum, is usually a study of insanity alone. But surely if the terms Mental Hygiene and Psychiatry are to mean anything real to society they must comprise the study of all who are mentally maladjusted to life.

Penology, or the study of crime, is still in its infancy; but the further it goes the more it seems to prove that the vast majority of the criminal class are definitely maladjusted to life and as human problems differ in no way from the psycho-neurotic. As citizens of a continent in which criminality is not only a serious but a growing problem it surely behooves us to give the matter some thought. But another growing problem is insanity. Statistics all over the continent show that the number of persons having to be confined to institutions is on the increase. For a society to allow its members to become insane before subjecting them to treatment is as stupid as for that same society to allow its members to become incurably ill of tuberculosis or far advanced in cancer before instituting treatment. The vast majority of the insane pass through a period of serious maladjustment before they become insane. In that period they are psycho-neurotics. But it is in that period that symptoms pointing to serious mental ill-health are allowed to progress without adequate treatment or comprehension.

The psycho-neurotic group is one that suffers seriously under our present methods of treatment. Not that the methods of treatment that have been

discovered are inadequate, but that the average member of the profession has received no instruction either in their use or the diagnosis of the disease itself. In short, our medical schools in the past have failed to provide that instruction. This cannot, of course, continue much longer or we will lie seriously under the reproach that we are not doing our duty. As a matter of fact we already lie under that reproach, since the public are constantly asking us why we cannot do what the chiropractor, and Christian Science worker can do. Sooner or later the medical schools must approach this matter and grapple seriously with it.

The trouble is that the average medical man does not realize how widespread social maladjustment is or how its symptoms can mock those of organic disease. The more one studies the problem the more one realizes how large a body of one's patients comes into the psycho-neurotic group. Our present attitude towards this group is that of contempt and impatience; we regard its individuals almost as malingerers. Their complaints are "imaginary". This, of course, is a wrong attitude; and the complaint is assuredly not "imaginary" in the sense in which the patient and his or her friends understand the word. These people may not have any organic disease, but nevertheless, they are just as sick as and far harder to cure than those who have organic disease. As a profession we have allowed ourselves to become obsessed with organic disease. The time has arrived when, if we are to help this vast group of a maladjusted people to become healthy and useful members of society, we must interest ourselves in a more complex and difficult realm. Only by doing so can we prevent the increasing inroads of insanity and criminality into the social body. Insanity and criminality are just as much preventable diseases as tuberculosis or typhoid fever, and it is to that prevention that Mental Hygiene in its widest sense must be applied.

H. B. A.

Report on Tissues sent for examination to the Pathological Laboratory, from June 1st, to July 1st, 1934.

The number of tissues sectioned is 178. In addition to this, 23 tissues from 1 autopsy were sectioned, making 201 tissues in all.

Tumours, malignant	38
Tumours, simple	16
Other conditions	124
Tissues from one autopsy.....	23

201

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 Bishop, B. S., Kentville.
 Burns, A. S., Kentville (County).
 deWitt, C. E. A., Wolfville.

LUNENBURG COUNTY

Cole, W. H., New Germany (County).
 Reh fuss, W. N., Bridgewater.
 McKinnon, C. G., Mahone Bay
 Zinck, R. C., Lunenburg.
 Zwicker, D. W. N., Chester (Chester Mcpy).

PICTOU COUNTY

Blackett, A. E., New Glasgow.
 McKay, W. A., Thorburn (County).
 Whitman, H. B., Westville.
 Stramberg, C. W., Trenton.
 Dunn, G. A., Pictou.
 Whitman, G. W., Stellarton.

QUEENS COUNTY

Ford, T. R., Liverpool (Town and County).

RICHMOND COUNTY

LeBlanc, B. A., Arichat (County).

SHELBURNE COUNTY

Brown, G. W., Clark's Harbour.
 Churchill, L. P., Shelburne (County).
 Fuller, L. O., Shelburne.
 Banks, H. H., Barrington Passage
 (Barrington Mcpy).
 Herbin, C. A., Lockeport.

VICTORIA COUNTY

Gillis, R. I., Baddeck (County).

YARMOUTH COUNTY

Blackadar, R. L., Port Maitland (County).
 Burton, G. V., Yarmouth.
 O'Brien, W. C., Wedgeport.
 Fox, C. J., Pubnico (Argyle Mcpy).

Those physicians wishing to make use of the free diagnostic services offered by the Public Health Laboratory, will please address material to Dr. D. J. MacKenzie, Public Health Laboratory, Pathological Institute, Morris Street, Halifax. This free service has reference to the examination of such specimens as will assist in the diagnosis and control of communicable diseases; including Kahn test, Widal test, blood culture, cerebro spinal fluid, gonococci and sputa smears, bacteriological examination of pleural fluid, urine and faeces for tubercle or typhoid, water and milk analysis.

In connection with Cancer Control, tumor tissues are examined free. These should be addressed to Dr. R. P. Smith, Pathological Institute, Morris Street, Halifax.

All orders for Vaccines and sera are to be sent to the Department of the Public Health, Metropole Building, Halifax.

Communicable Diseases Reported by the Medical Health Officers for the month of June, 1934.

County	Communicable Diseases Reported by the Medical Health Officers for the month of June, 1934.													TOTAL							
	Chicken Pox	Diphtheria	Infantile Paralysis	Influenza	Measles	German Measles	Paratyphoid	Pneumonia	Scarlet Fever	Typhoid Fever	Tbc. Pulmonary	Tbc. other forms	V. D. G.		V. D. S.	Whooping Cough	Erysipelas	Pink Eye	Scabbies	Goitre	
Annapolis			1											1	1					5	
Antigonish																					
Cape Breton	1	1			69	53			5			1			2					132	
Colchester						25											15			40	
Cumberland						7														7	
Digby																					
Guysboro										2										2	
Halifax City	3	2				1		9	1	1					11	1		1		29	
Halifax								1												1	
Hants																					
Inverness				21	3			8	4					2					3	1	42
Kings				6		3	1	1	1	1			1	2			19			35	
Lunenburg		1							2		1									4	
Pictou	4			1		13								2						20	
Queens																					
Richmond								1				1								2	
Shelburne																					
Victoria																					
Yarmouth																					
TOTAL	8	4	1	28	72	102	1	10	24	1	4	2	3	5	14	1	34	4	1	319	

RETURNS VITAL STATISTICS FOR MAY, 1934.

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis	19	16	8	13	18	0
Antigonish	13	8	1	10	8	0
Cape Breton	116	92	44	44	45	10
Colchester	33	22	4	16	19	2
Cumberland	23	24	9	16	14	1
Digby	17	15	6	13	9	0
Guysboro	18	12	10	10	7	3
Halifax	139	118	77	65	58	9
Hants	13	26	5	11	8	0
Inverness	18	13	3	14	9	0
Kings	21	24	13	13	12	2
Lunenburg	29	34	16	18	12	1
Pictou	30	30	5	22	11	0
Queens	10	18	4	10	2	0
Richmond	7	12	0	4	5	0
Shelburne	13	20	6	10	9	2
Victoria	4	4	1	6	4	0
Yarmouth	15	11	8	9	12	2
TOTAL	538	499	220	304	262	32

PREVENTING PNEUMONIA.

Each year, pneumonia exacts a heavy toll from those who are in the prime of life, at the age when they are the greatest asset to their families and to their country. Any practical measure for overcoming this tremendous annual loss of life, which all such loss implies, is worthy of consideration by the individual citizen and by the community as a whole.

With the coming of colder weather, after the heat of the summer, which is sometimes prolonged into the autumn, we feel more energetic. We put a snap into our work, enjoy brisk walks, and, altogether, feel a glow of health. But with the coming of colder weather, too many of us desert the out-of-doors, and shut ourselves into homes and work-places that are overheated, and we live in closer contact with other people most of our working hours.

Pneumonia is caused by germs, and pneumonia belongs to that group of diseases which are known as communicable. By this we mean that the germs which cause the disease are passed, or communicated from one person to another.

There is reason to believe that the general fitness of the body has a definite relation to the occurrence of pneumonia. It appears that fatigue, chilling, worry, lack of rest, dissipation, and all such occurrences, or neglect of the body, resulting in what we might describe as a rundown state, favour the germs of pneumonia and give them a better chance to do their deadly work.

It is important to understand and appreciate the relationship between the common cold and pneumonia. The respiratory tract is continuous from the nose down to the smallest branches of the bronchial tubes in the lungs. A cold is an infection of the upper part of the respiratory tract, and neglect of the common cold is often followed by an infection of the lower part of the respiratory tract, which is pneumonia.—*New Glasgow News*.

The Canadian Medical Protective Association

PRESIDENT - R. W. POWELL, M.D., F.A.C.S.

Founded in 1901, at the Winnipeg meeting of the Canadian Medical Association, incorporated by Act of Dominion Parliament, February, 1913, and affiliated with the Canadian Medical Association, 1924.

Objects:—

To defend its members against cases of alleged malpractice, and to encourage honourable practice in the daily work of the medical profession. The annual fee is five dollars per calendar year, half-rates after July first.

Subject to our by-laws the taxable costs of actions together with reasonable counsel and witness fees are paid in cases undertaken by our Association, as well as damages if awarded. All members in good standing of the Canadian and various Provincial Medical Associations, may be enrolled upon signing the application form and paying the annual fee. All other regularly qualified practitioners must have their application countersigned by two members of our Association. Blank application forms and other literature upon request.

Address all correspondence to the Secretary-Treasurer

J. FENTON ARGUE, M.D., Secretary-Treasurer,
116 Nepean Street, Ottawa, Canada

OBITUARY

THE death occurred at New Germany on June 10th of Dr. Sebastian Paul Young. Dr. Young had attended his duties as usual during the day, but passed away shortly before midnight from a heart attack. Dr. Young was thirty-seven years of age, a native of Newfoundland. He had a brilliant career at Dalhousie University and was Gold Medallist in the class of 1925. Following graduation he took up practice at New Germany. There survive him in Newfoundland his wife and one daughter, and one brother William, also one brother James in Augusta, Georgia.

Dr. Silas Arthur Fulton passed away suddenly at his home on Prince Street, Truro on June 1st, the result of a heart attack. He had been at his duties all day, having operated at the Colchester County Hospital, but a few hours before. Possessed of a nature disliking publicity of any kind, he had kept to himself the state of his health, hence his death at the early age of fifty-seven, comes as a great shock to all.

Dr. Fulton is survived by his wife, formerly Miss Nan Poole of Charlottetown, one son Alan, student in the "B" class at the Colchester County Academy, and one brother, H. C. Fulton of Summerland, B. C.

Born at Truro, Dr. Fulton was brought up and educated there. After completing his high school training he entered Dalhousie University from which institution he graduated in Medicine in the class of 1902. He was outstanding among the members of his class for his fine personality and ability in his studies.

Going to Truro he opened up practice which grew to be one of the largest in the province.

He was a charter member of the Medical Staff of the Colchester County Hospital. He was a member of the Canadian Medical Association and also the Medical Society of Nova Scotia.

Devoted to his practice the deceased was known as a most efficient practitioner to both rich and poor alike. His untiring efforts put forth in the interests of the service patients at the hospital was one often commented upon by those who knew him. His passing will mean a great loss to the town of Truro as well as to the medical profession.

The following appreciation was written by Dr. H. V. Kent, President of the Colchester East Hants Medical Society.

"In the sudden unexpected passing of Dr. Fulton I feel that the Colchester East Hants Medical Society has not only lost a most valued member but a great friend.

Dr. Fulton has been actively associated with medical work in Truro since he started to practise 32 years ago and the Medical Society has lost a member whose opinion was highly regarded by his associates and who was a regular attendant at meetings and whose high professional attainments and loyalty to the Society and traditions of the medical profession has created a blank in our ranks which will be hard to fill.

The sympathy of the Medical Society is extended to the family."

Word has been received recently of the death on May 12th at Oakland, California of Dr. Thomas B. Holmes, son of the late William and Deborah Roberts Holmes of Bayhead, Colchester County, N. S. Dr. Holmes was born at Bayhead in 1866. He went to California and was educated at the University of California. He is survived by his widow, one daughter and three sons, all living at Oakland, California.

Personal Interest Notes

DALHOUSIE Graduate is paid honour for paper. Nova Scotia friends of Dr. J. Murray Beardsley, well known young former Halifax man who has established a practice in Providence, Rhode Island, will be pleased to learn that at the recent banquet of the Rhode Island Medical Society, he and another physician, Dr. Charles O. Cooke, were awarded the annual \$200.00 prize of the Fiske Fund trustees for their paper, written in collaboration, on "Appendicitis: Its Diagnosis, Treatment and End Results."

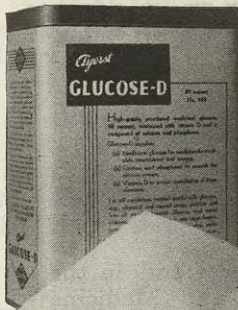
Dr. A. F. Miller, Medical Superintendent, Nova Scotia Sanatorium Kentville, N. S., has returned from Toronto where he gave a paper before The American Clinical and Climatological Association — "Twenty Years Experience with Artificial Pneumothorax: A Study of 460 Cases." While away he visited the Upper Canadian sanatoria and also that at Saranac Lake, New York, investigating the work carried on at these various institutions.

Dalhousie Graduates pass Dominion Council. The ten Dalhousie graduates who wrote examinations of the Medical Council of Canada in Halifax have passed the required standard, the last qualification before being permitted to practise, and have been added to the list of Canadian medical doctors, according to an announcement on July 4th by Dr. J. F. Argue, Ottawa, Registrar of the Medical Council of Canada. There were 254 successful candidates in all Canada, the report stated. The following are those who passed after writing in Halifax:

John E. Andrew, Charlottetown.
Malcolm B. Dockerty, Cardigan, P. E. I.
Harvey D. Hebb, Halifax.
Joseph E. Hiltz, Truro.
William D. Piercey, Halifax.
William E. Pollett, Sydney.
John S. Robertson, New Glasgow.
Charles E. Stuart, Bradalbane, P. E. I.
William R. Wright, Bedeque, P. E. I.
Raymond M. Zwicker, New Germany, N. S.

Dr. Bell, inspector of hospital standardization for the American College of Surgeons, was guest of honour at a delightful dinner given during the early part of June by the Superintendent of St. Joseph's Hospital, Glace Bay, N. S.

Dr. A. B. Campbell, of Bear River, was the speaker at the regular luncheon of the Digby Kiwanis Club, on June 12th. The Doctor's paper "Advances in Medical Science," which was much enjoyed by those present.



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In presenting Glucose-D to the members of the Canadian Medical Profession, we feel that there is a definite place for it in modern glucose therapy. Clinical experience abroad has shown that, for example, while glucose is indispensable in the treatment of acidosis, it is not sufficient in itself. Where treatment must be continued for more than a day or two, the fat-soluble vitamins, vitamin D in particular, should be added to the diet. Glucose-D supplies not only pure medicinal glucose (98 per cent.) but a sufficient amount of vitamin D and calcium and phosphorus to maintain a normal metabolism of these elements.

Glucose-D is indicated in cases of malnutrition, anorexia, debility and overstrain, cardiac disease, and as a preventive of travel sickness and as a dietary measure in febrile illnesses—conditions that are commonly subjected to glucose therapy. Owing to its rapid absorption and conversion into glycogen, Glucose-D may be used effectively in the prevention and treatment of surgical shock.

Glucose-D is available in original 20 oz. tins—sample tins and descriptive literature gladly mailed on request.

DALHOUSIE UNIVERSITY

HALIFAX, NOVA SCOTIA

FACULTY OF DENTISTRY

Opening of 27th Session—September 11th, 1934

THE instruction in the purely scientific subjects and in the professional subjects common to Dentistry and Medicine is taken by Dental students in common with the students of the Faculties of Arts and Science and of Medicine. Instruction in the Dental subjects is given in the Dental Apartments, in the south wing of the Forrest Building; these include the Infirmary and the Dental Laboratories. Abundant dental infirmary practice is available, and all operations are supervised by practitioners in active dental practice with many years' experience in teaching. The Victoria General Hospital is near by, and affords an ample surgical clinic. The Public Health Centre contains a group of medical, surgical and dental clinics and laboratories, all in close proximity. In it are carried on adult, school and pre-school-age dental clinics, under supervision of experienced practitioners, and excellent opportunities are thereby afforded for the study of Preventive Dentistry, Exodontia, Anaesthesia, Diagnosis, etc. The clinics are available to medical as well as dental students, thus promoting the closer association of the two professions. Lectures to combined classes of medical and dental students and nurses are delivered by members of the Dental Faculty. The laboratory of Pathology and Bacteriology which has been erected and equipped by the Hospital Commission in connection with the Victoria General Hospital affords superior facilities for both elementary and advanced study of these subjects. A section of the International Association for Dental Research has been organized by members of the Faculty with which students are encouraged to co-operate.

Graduates are eligible for examinations of the Dominion Dental Council, the Certificate of which is accepted in lieu of Examination by all the provinces in Canada except Quebec and British Columbia. They are also eligible for admission to the licensing examination in Newfoundland, all the provinces of Canada, and many States, including New York, Massachusetts, Rhode Island and Maryland.

Dental Students and graduates are eligible for the examinations of the National Board of Dental Examiners of the United States.

Graduates are exempted from Part I and admitted to Part II of Examinations of the Royal College of Surgeons, London, England, on completion of six months' hospital experience in that country.

For further information, address the Registrar, Dalhousie University.

GEORGE KERR THOMSON, Dean.

Dr. H. G. Grant, Dean of the Dalhousie Medical School, was elected Third Vice-President of the Canadian Public Health Association at the recent meeting held in Montreal.

Dr. Donald MacRae, son of Dr. and Mrs. D. R. MacRae of Sydney Mines, has accepted a position at the Kentville Sanatorium, succeeding Dr. Audley A. Giffin, who has been resident physician at this Institution for the past three years. Dr. J. S. Robertson of New Glasgow, has also accepted a position at the Sanatorium.

A pretty June wedding was solemnized on June 6th at Nuptial Mass in Sacred Heart Church, Sydney, when Mary Cecilla Young, third daughter of Mr. and Mrs. J. G. Young was united in marriage with Dr. Harvey Francis Sutherland, Sydney; Rev. J. H. MacDonald, P.P., officiating.

Dr. C. J. W. Beckwith, assistant superintendent of the Nova Scotia Sanatorium, Kentville, attended the meeting of the Canadian Tuberculosis Association in Montreal recently.

Dr. J. P. McGrath and family of Kentville have returned from a week's holiday spent at Weymouth. Dr. McGrath is much improved in health and able to resume his practice.

Dr. R. E. Bennett, who has been taking a course in Tuberculosis at the Nova Scotia Sanatorium, Kentville, attended the recent meeting of the Canadian Tuberculosis Association at Montreal, from there going to his home in Newfoundland.

Mr. G. R. McKean of Dorchester, N. B. has written to the BULLETIN endeavoring to secure a doctor for the town of Boiestown, N. B. Boiestown is between Newcastle and Fredericton. Mr. McKean informs us that a physician is badly needed and that there is sufficient work to keep a doctor busy. He has requested that anyone interested should get in touch with the Rev. D. R. Chowen, Boiestown, N. B.

Annotation.

British Medical Journal, June 2, 1934.

Nutritive Value of Pasteurized Milk.

At a time when there is a growing opinion among members of the medical profession that milk cannot be recommended for human consumption in the raw state, it may be apposite to ask whether children brought up on heated milk do, in fact, thrive as well as those brought up on raw milk. Two large-scale investigations have been made to answer this question. The first was carried out in Lanarkshire in 1930. For four months in certain schools 5,000 children of 5 to 12 years of age were given three-quarters of a pint of raw

Grade A (T. T.) milk a day, and 5,000 children in the same schools were selected to act as a control series. In a second set of schools 5,000 children were given three-quarters of a pint of the same milk pasteurized, and another 5,000 children in the same schools were selected to act as controls. The children were measured and weighed at the beginning and end of the experiment. It was found that the children receiving extra milk grew more rapidly than the controls, and that the effects of raw and of pasteurized milk were, so far as it was possible to judge, equal. Owing to criticism from certain quarters of the technical analysis of the results, all the figures were submitted to University College, London, for re-examination by an independent authority. Dr. Ethel Elderton, (*Annals of Eugenics*, 1933, v. 326) who conducted this fresh statistical inquiry, has now come to substantially the same conclusions as those originally reached. "There is no evidence that raw milk has an advantage over pasteurized or pasteurized over raw in increasing growth when the two are directly compared on this selected material. Thus the question of the value of pasteurization turns practically on the elimination of possible sources of disease, or on determining whether cases of certain diseases are less frequent when pasteurized rather than raw milk is taken." The second investigation was undertaken in the United States of America, and was reported in 1932. (*Public Health Reports*, Washington, 1932, v. 47, 1951). It consisted of an extensive field study of the height and weight, at ages from 10 months to 6 years, of two groups of children, one of which had consumed raw milk and the other heated milk. Altogether over 3,000 children were studied. Since the number of those who had received no heated milk at all was practically negligible, it was decided to place in the raw milk group the children who had received raw milk for more than half their lives, and in the heated milk group those who had received heated milk for more than half their lives. The results showed that the average weight of the raw milk group was 36 lbs., as compared with a figure of 36.3 lb. for the children who had received heated milk. The average height in the raw milk group was 37.4 inches, and in the heated milk group 37.5. No evidence was therefore obtained to suggest that the growth-promoting capacity of heated milk, plus the supplementary diet received by the average American child, was measureably less than that of raw milk, plus the usual supplementary diet. It is of interest, however, in view of Dr. Elderton's conclusion, to notice that the children receiving mainly raw milk had apparently suffered more from diphtheria, scarlet fever intestinal disturbances, and rickets than the children who had received heated milk only.

"Well, Mrs. Murphy, how are yez to-day?"

"Oim, better than I wust, Mrs. McGinns, but I ain't so good as I wuz; before I got as bad as I am now."

The President of a certain University was preaching on "Faith," and, in declamatory heat, told his audtory: "You have blind faith in the physician. He gives you medicine and tells you to take it. Yours not to reason why yours to do and de!"

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A powerful organic arsenical compound for oral
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Antiseptic and Antiparasitic

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Diarrhoeas:

SUMMER DIARRHOEA

One tablet of 0.25 Gm. during each of the principal meals.

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One to three tablets of .025 Gm. per 24 hours.

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0.50 Gm. of Stovarsol per 24 hours

Other indications: Follow-up or consolidation therapy of
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MONTREAL

The following clipping is published on account of its interest to the physicians of the Province.

Doctor's Fees in the Eighties.

To The Editor of The News

Sir—My father, F. J. E. Tetreault, practised medicine in St. Paul d'Abbottsford, France, years ago before he came to Orange and I recently found in his papers the following agreement signed by his confreres, which may be of interest. It follows, in translation. :

At a meeting of Doctors Petit, Chagnon, Duclos, Bernier, Charbonneau and Tetreault, held the first of August, 1880, Dr. Bernier was elected president and Dr. Tetreault secretary.

It was unanimously decided that the following charges will be faithfully followed:

Natural Birth.....	\$3.00
With forceps.....	4.00
Vaccination.....	.25
Extraction of a tooth.....	.25
Minor operation.....	.25
Visit in city, day.....	.25
Visit in city, night.....	.50
Trip to country, day, one mile.....	.50
Trip to country, day, three miles.....	1.00
Trip to country, day, six miles.....	2.00

For a trip at night to the country the charge will be one-quarter more than that during the day.

Dislocation of finger.....	1.00
Dislocation of wrist.....	2.00
Dislocation of elbow.....	2.00
Dislocation of shoulder.....	3.00
Dislocation of lower limb.....	3.00 to 5.00
The charge for fractures will be the same as the charge for dislocations.	
Consultation in city, daytime.....	3.00
Consultation in city, night.....	4.00
Consultation in country, day.....	4.00
Consultation in country, night.....	5.00
Enema.....	.50
Drain.....	.50
Dose of Medicine.....	.25
More than two doses.....	each .10
Hypodermic injection.....	.50
Reduction of hernia, city.....	2.00
Reduction of hernia, country.....	3.00
Application of leech.....	.50
Cupping glass, with incision.....	1.00
Cupping glass, shallow.....	.25
Puncture of abdomen.....	4.00
Chloroform or ether.....	1.00

The above prices are the minimum that can be charged by us.

Orange.

ELIZABETH F. TETREULT.

Mrs. MacPherson (just at meal time): "Sandy, we have guests at the door."

Sandy: "Grab a toothpick, quick!"

BARIUM SULPHATE

Mallinckrodt

Unexcelled Shadow Forming, Perfect Suspension. No hardening and retention of excreta. Satisfactory for oral and rectal use.

Gives Best Results—Least inconvenience to physician and patient when Mallinckrodt Barium Sulphate is used because it is made by the precipitation process, the only method that gives a uniform fine powder remaining satisfactorily in suspension.

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TORONTO

ST. LOUIS

NEW YORK

ALL WORLD NEW TO MAN WHO WAS BLIND FROM BIRTH

Newcastle, Eng., Feb. 24—Life is beginning afresh for Harold Watson, of Swalwell-on-Tyne—The Man to Whom The World is New. His sight, at the age of twenty-nine, has been restored after a lifetime of blindness.

As previously published an operation was performed by which the membrane of two healthy eyes—a man's and a woman's—was grafted on to Mr. Watson's eyes.

He, a grown man, can see the world for the first time. It is a sensation experienced by but few. This is what he told me about it to-day:—

"I can see! I can see the sky, the earth and the faces of men and women, I can identify colours; I can appreciate the beauty of flowers; I can cross a street.

"It is as though a fog had lifted from the world and the sunshine had returned. Can you conceive what it is like?

"This new life is full of the most exciting interests.

"I Am Free."

"I am free now. At an age when most men are half-way through their careers I am beginning mine. I am entering into my birthright.

"The first thing I did was to go and sit in Kensington Gardens. For the first time in my life I saw the grass and the flowers. I saw clouds and trees and water. I was born again.

"Then, for the first time, I saw my fiancee, Edith Robson.

"Well, I call her my fiancee. We have been in love since I met her eighteen months ago, although we are not officially engaged.

"You see, I am a peculiar fellow, and I would not like to marry a girl unless I could support her properly.

"A Brick"

"She's been a brick. She came to see me in hospital on every visiting day—Sunday, Wednesday and Friday—and when her work was over on other days she used to come and read the paper to me.

"When I came out we used to sit together in Kensington Gardens.

"I am proud of my parents. My father a working man all his life devoted every penny after meeting the bare necessities of life curing my eyes.

"One day he drew his wage packet—£3 15s. He left 15s. in the house and took £3 with him to a specialist in Newcastle. He was with him for five minutes.

"The specialist took two guineas and told him nothing could be done for me.

"And now? It is a hard question. I think I should like to run a cinema. That seems nowadays the way to make money."—*Halifax Mail.*

Another Version.

Doctor (to small girl caller): "No, I don't quite understand you, my dear. What do you mean by saying that you have called to see if I can settle your small account?"

Small Girl: "Well, doctor you'll remember that I was the first girl to spread measles in our village. Don't you pay any commission on new business introduced by me?"