

During my recent sojourn in Great Britain I visited several of the most modern mental hospitals, and discussed modern trends with leading authorities, and I can state without reservation, that our facilities for the treatment of recent and recoverable cases are well abreast of modern standards, whilst the general level of comfort enjoyed by the chronic patients is in no way lower than that of home institutions.

Whilst it is satisfactory to know that in these matters we are not lagging behind other countries, I feel bound to indicate certain directions in which the Department could advance with considerable benefit to patients and staffs, and the administration generally.

DIFFICULT AND DANGEROUS DEFECTIVES.

For a number of years we have felt the increasing need for a separate institution for the segregation and care of mental defectives who show pronounced tendencies to violent and dangerous conduct.

The vast majority of mentally defective persons who come to us because of their inability to maintain an independent existence in the community are quite harmless within the sheltered life of an institution, and many of them, indeed, become useful and trusted workers inside the wards and outside on the farms and gardens.

Intellectual deficiency by no means connotes impulsiveness or an inability to respond to proper treatment, and one of our main difficulties at Templeton Farm lies in the fact that certain parents, realizing the great improvement in habits, manners, and industry, desire to remove their offspring long before we can feel confident that the stabilization process is likely to prove permanent.

Our dangerous and difficult cases are not in the main recruited from the intellectually defective, but from another type, which is being increasingly recognized in all countries, largely through the extended facilities now provided for the psychiatric examination of criminals and juvenile delinquents. I refer to the "social defective," or, as he is called in Great Britain, the "moral defective."

A good deal of misunderstanding exists in the lay mind regarding the social defective. The existence of this condition cannot be diagnosed from conduct alone, however anti-social, difficult, or dangerous that may be, but from a study of the patient as a whole. To understand the social defective one must realize that the infant is born without moral sense, but with instincts. Gradually through the influences of home, school, companions, and all the factors which we call environment, the primitive instincts, with their accompanying feelings or emotions, become "sublimated" or harnessed to the precepts and concepts which have been absorbed from the environment, and thus we arrive at the stage of knowing what is, and what is not "done," and of being able to hold in check instinctive or impulsive tendencies which, if translated into action, would constitute anti-social conduct.

The pathology of the social defective consists of an inability to profit from the influences of his environment, so that his instincts with his emotions are not sublimated or "conditioned" to the demands and usages of Society—his instincts and emotions remain at an infantile level, and are expressed in unrestrained instinctive conduct which is liable to bring him into conflict with the law. While he may give lip service to normal standards of conduct, he has no real appreciation of the significance of either reward or punishment.

The social defective is not necessarily intellectually defective, and herein lies the difficulty, and indeed the danger of their accommodation in an ordinary mental hospital. Unlike the ordinary mental defective, the social defective tends to act in collusion with others, and his ingenuity in making keys, in obtaining and secreting contraband articles such as matches, and in using less intelligent patients for his own ends, throw a great strain upon the watchfulness of our staffs. Whilst advocating the establishment of a separate institution for cases of the sort described, I have not in view an institution where the treatment would be in any sense less enlightened or more repressive than it is in an ordinary mental hospital. During my recent visit to England I visited the Rampton State Institution for Difficult Defectives, and from the industry and conduct of the inmates, and the tranquillity of the place, it was difficult to realize that in this hospital were gathered all the most dangerous defectives in England. There were not, of course, the parole and freedom of an ordinary mental hospital, and certain features of the lay-out of the buildings and estate had been incorporated to guard against escapes, but under an enlightened and humane administration the atmosphere at Rampton is by no means depressing, and need not be at any other institution established for a like purpose.

I consider that the separation of difficult and dangerous defectives would enable us to make a great advance in the classification and treatment in our ordinary mental hospitals, and I hope during the ensuing year to submit concrete proposals in this direction.

CARE OF MENTALLY DEFECTIVE CHILDREN.

As I have pointed out in previous reports, the problem of mental disorder is essentially different from that of mental deficiency.

Persons suffering from mental disorder enter a mental hospital for treatment to recovery where such is possible, and in other cases for care and custody because of inability to live harmoniously in the general community.

Congenital mental deficiency, on the other hand, is never curable, and the problem here lies in the direction of training to bring the patients to the highest degree of usefulness compatible with their mental insufficiency. This training, in my experience, cannot be carried out adequately in mental hospitals. A further, and, in my view, a strong, argument in favour of the complete separation of these two classes lies in the fact that the obvious incurability of defectives tends to lessen the emphasis which we desire to put upon the curative aspect of mental hospitals.