1927.

NEW ZEALAND.

MENTAL DEFICIENCY AND ITS TREATMENT.

REPORT ON VISITS OF INSPECTION TO VARIOUS INSTITUTIONS IN GREAT BRITAIN, AMERICA, AND THE CONTINENT, BY DR. THEO. G. GRAY, INSPECTOR-GENERAL OF MENTAL HOSPITALS IN THE DOMINION OF NEW ZEALAND.—PART I.

Laid on the Table of the House of Representatives by Leave.

Inspector-General's Office, Wellington, N.Z., 1st October, 1927.

Hon. J. A. Young, Minister in Charge of Mental Hospitals, Wellington.

SIR,—

I have the honour to submit the following report upon my recent tour of Great Britain, America, Canada, and the Continent of Europe. My investigations were carried out in two main fields—Part I, The Problem of Mental Deficiency; Part II, Modern Methods employed in the Care and Treatment of the Insane.

It is desirable at the commencement of my report to quote certain definitions from the Act governing the care and control of mental defectives, in order to convey clearly the different classes of persons to whom reference will be made. The New Zealand Act is the Mental Defectives Act, 1911, and the term "mental defective" is defined as follows:—

"Mentally defective person" means a person who, owing to his mental condition, requires oversight, care, or control for his own good or in the public interest, and who, according to the nature of his mental defect and to the degree of oversight, care, or control deemed to be necessary, is included in one of the following classes:—

Class I: "Persons of unsound mind"—that is, persons who, owing to disorder of the mind, are incapable of managing themselves or their affairs:

Class II: "Persons mentally infirm"—that is, persons who, through mental infirmity arising from age or the decay of their faculties, are incapable of managing themselves or their affairs:

Class III: "Idiots"—that is, persons so deficient in mind from birth or from an early age that they are unable to guard themselves against common physical dangers and therefore require the oversight, care, or control required to be exercised in the case of young children:

Class IV: "Imbeciles"—that is, persons who though capable of guarding themselves against common physical dangers are incapable, or if of school age will presumably when older be incapable, of earning their own living by reason of mental deficiency existing from birth or from an early age:

Class V: "Feeble-minded"—that is, persons who may be capable of earning a living under favourable circumstances, but are incapable from mental deficiency existing from birth or from an early age of competing on equal terms with their normal fellows, or of managing themselves and their affairs with ordinary prudence:

Class VI: "Epileptics"—that is, persons suffering from epilepsy.

From these definitions it will be observed that the first part of my report deals with Classes III, IV, V, and VI—*i.e.*, with those persons in whom mental deficiency has existed from birth or an early age; while the second part relates to Classes I, II, and VI—*i.e.*, those in whom the mental faculties have developed in an apparently normal course, but have become disordered in function by reason of age or disease.

The Problem of Mental Deficiency.

Before the matters of prevention, care, and treatment can be discussed it is necessary to arrive at some understanding as to who are to be regarded as mentally deficient. There is no difficulty in recognizing the more gross cases of deficiency—*i.e.*, the idiot and the imbecile—and any psychiatrist of experience can diagnose the higher grades of mental enfeeblement according to his own conception of the term, but it must be conceded that there are many cases of undoubted defect which are not strictly covered by our definitions. This observation applies particularly to that large and difficult group in which the defect apparently lies primarily not in the intellect but in the emotions and manifests itself in disorders of conduct.