

intelligence quotient at the school, she replied, "Oh, very high—about 112; but you would naturally expect that, as the children are practically all from the homes of the university professors." Clearly the mental ages in this case were rated upon acquired knowledge: professors' children are not likely to have a higher degree of innate intelligence than the children of any other class.

During my tour I frequently came across instances of wrong treatment due to the rigid insistence on tests. At one special school the teacher pointed out a child who had been with her for six months, and told me that, beyond being backward at sums, she could find nothing wrong with the child; indeed, she found her most helpful, and described her as a perfect little mother towards the other children; and yet because she fails to pass this arbitrary test she has been deprived of the stimulus of competing with her normal peers.

At Sleighton Farm, New Jersey—a school for difficult girls—the lady Superintendent, her deputy, and the head teacher told me that their best workers and most successful girls often tested quite low and the most difficult sometimes high. I have local New Zealand evidence which strikingly bears this out.

Dr. Wallin, a prominent American worker, pointing out the danger of rigid interpretation of the tests, says, "I assert boldly that one-tenth to one-half of the children in special schools are not at all feeble-minded."

Dr. Howard Potter, M.D., Clinical Director at Letchworth Village, New York—one of the ablest of the younger men engaged in this work, and a recognized authority throughout America—summed up the matter to me in conversation as follows: "Patients are too often classed as mentally deficient on the basis of an intelligence quotient. In fact, there seems to be at present an hysteria of intelligence-testing rampant throughout the country. There is too much of a tendency to reduce human intelligence, human behaviour, and human beings in general to mathematical quotients."

The following quotation is from the report for 1924 of the English Board of Control:—

Mental Tests.—When this is established we hope that the medical officers concerned will give very careful consideration to the use and misuse of mental tests. Although it is acknowledged that they prove useful for testing the intelligence of children for the purposes of teaching and classification, their use for adults is of doubtful value. We deprecate strongly the tendency to substitute a rigid application of mental tests for the definitions given in the Act. In our opinion it is not right to say that no person with a mental age of 10 or 12 is certifiable. This is not laid down in the Act, and is contrary to its intention. A feeble-minded person, or even an imbecile, may have a comparatively high mental age according to these tests and yet be quite unable to manage himself or his affairs, or may need care, protection, and control in his own interests; and, *vice versa*, a person who is said as the result of tests to have a low mental age may be perfectly capable of managing his affairs and not need care and protection. We would remind medical officers especially when certifying adults that they should study the definitions in the Act rather than the results given by the application of tests.

My opinion is that no decisions should be made on the basis of intelligence tests, but that the presence or absence of mental deficiency should be determined by a psychiatrist. The important matter is not the pigeonholing of the cases into classes, but the mutual adjustment between the patient and his environment, so that, instead of being a social misfit, he may become a productive unit of society.

Census and Registration of Feeble-minded Persons.

Having determined the class of persons who ought to be brought within the scope of the projected legislation, the next step will obviously be a census and the compilation of a register. In my evidence before the Committee on Feeble-minded and Sexual Offenders I advocated such a register, and suggested the sources from which the names might be obtained. In its report the Committee recommended that this register should be kept by a sub-branch of the Mental Hospitals Department, which would also be charged with the care of the adult defectives and such children as were found to be non-educable; it further considered that educable children should remain under the Education Department, and that a Board—the Eugenics Board—should be formed to carry out the powers entrusted to it under the Act. These recommendations involve the question of duplicate machinery and divided control, and in the handling of an immense problem such as this, with its social side, its educational side, and, particularly in regard to prophylaxis and the health of future generations, its medical side, dual or triple control would in my view be fraught with grave danger to the success of the whole scheme. In Britain and in America one soon found that there was an almost universal tendency to friction wherever there was an overlapping of function between authorities. In Scotland the asylum Superintendents are objecting to the transfer of the feeble-minded, who are their best workers, to the homes for the feeble-minded, while those in charge of homes for the feeble-minded promptly send to the asylums any patients who give trouble.

The question as to whether certain children are educable, industrial, or merely custodial is a never-ending source of dispute between the educational and other authorities. Some medical men strongly resent the intrusion of the educationists into what they regard as a medical matter, and refuse to have any system of academic teaching in their schools; while many teachers in special schools and classes state emphatically that this is a purely educational problem—that medical men are not educationists, and therefore have not the requisite knowledge to deal with such children. There are also frequent differences of opinion between medical men, teachers, psychologists, and judicial authorities as to the disposal of cases.

In England and Scotland, where the Mental Deficiency (1913) Acts have broken down badly in their administrations, there is a very sharp cleavage of opinion between the various authorities, and the main objects of these Acts are not likely to achieve any great measure of success, because there is no real effective system of follow-up or after-care.