The scheme commends itself to me as eminently practical, free from an undue share of theorism, and likely to afford statistical information which must be very useful in any national survey of the feeble-minded.

The clinic is able to deal with fifty to sixty pupils in a five-day week. The procedure is as follows: The social worker goes to the city several weeks before the others and makes arrangements with the Superintendent of Schools for the time of the proposed visit, the number of children to be examined, &c., and arranges for a teacher to give the school tests. The school nurse is instructed as to taking histories. She visits the family and gets "on side" with the mother, and takes a very full history of the child from the personal and developmental, economic, and social aspects. All these data are written up and ready for presentation when the clinic arrives. The intelligence tests are given by the person qualified, and the psychiatrist, having made the physical examination, taken measurements, and obtained the clinical history, sums up the situation, and makes his diagnosis and recommendations.

System of Census and Registration proposed for Adoption in New Zealand.

The Massachusetts system could not only be very easily adapted to meet our local New Zealand requirements, but its functions could be extended beyond that of making a census in the schools. The travelling clinics could be made available within their own districts to Courts, prisons, reformatories, and other organizations and individuals requiring expert psychiatric assistance. The scheme I propose is this: That a travelling clinic be established in each of the provinces, with headquarters in the provincial capitals. Each clinic should consist of—(1) A psychiatrist; (2) a teacher who has had some experience in dealing with backward children and who can apply intelligence tests; (3) a social-service worker; (4) a clerk.

(1) It would probably be possible to temporarily release a member of the mental-hospital medical staff from each institution in order to give the scheme a start; later it would be necessary for the Board to have its own psychiatrists, but in any case these men should have had a thorough mental-hospital training. I have no doubt that in time some of our officers would decide to specialize in this branch and would transfer to the new department.

(2) There are certain teachers in New Zealand who have had a fair amount of experience with feeble-minded and backward children, and their knowledge of children would be of great assistance at clinical conferences in determining the relative amount of retardation present. It would have to be distinctly understood, however, that the function of the teacher is to bring her pedagogic knowledge to bear upon the discussions—not to diagnose.

(3) The social-service worker: The importance of the part played by this officer cannot be overestimated. For the purposes of the clinic she would get into early touch with the parents of the children who had been referred for special examination. She would have to create the proper atmosphere by dispelling any possible suspicion or hostility on the part of parents, or even teachers, and lead them to recognize that the clinic is constructive and helpful in purpose; that its aim is, by co-operation and adaptation, to provide for the child a useful and happy future within the limits of its potentialities. She would take out the social and general environmental history of the child, and be able to present the psychiatrist with much data which would have an important bearing upon the necessary "readjustment." I shall mention social service when dealing with after-care, but will indicate here that much of the success of the clinic will depend upon the wise choice of social-service workers. There is in the Dominion at least one lady whose training, experience, and personal qualities eminently fit her to join a clinic, and later on to train workers and generally supervise them in their duties.

(4) The clerk should arrange all formalities, attend to correspondence, and tabulate results.

The duty of the local travelling clinic will be to examine all cases submitted to it, and make a report and recommendations to the Eugenics Board. Cases would be referred to the clinic from the local Education authority, the Courts (juvenile and adult), the prisons, and individuals; and notification would be made statutory as follows:—

Local Education Authorities.—An amendment to the Education Act should be introduced based upon the Massachusetts Act, Sections I and II, but with the necessary modifications so as to include not only State schools but also those not under the immediate control of the Education Department.

Section 129 of the New Zealand Education Act was evidently drafted to provide for compulsory notification, but it is largely ineffective except in so far as the more grossly defective children are concerned. The Massachusetts Act does not leave room for any doubt on the part of the teacher as to whether the child is feeble-minded or subnormal; the criterion is the place which the child occupies in the school in relation to his age, and the diagnosis and treatment would be left to the clinic and the Eugenics Board.

The Courts.—It would be the duty of the Judge or Magistrate in all cases brought before him in which there appeared to be mental enfeeblement or epilepsy to refer the case to the clinic.

The Prisons.—The medical officer of the prison would similarly refer any prisoner suspected of being deficient or epileptic.

Mental Hospitals.—It should be made a statutory duty of the Medical Superintendent of a mental hospital to report to the Eugenics Board the name of every patient discharged from such hospital. These cases should all be registered.

It should be understood that the clinic is not only for registration purposes—its main object is to give advice, so that the individual may be placed in his proper *milieu* as regards education, home, and general harmonization with his surroundings; and one would aim at this as an important part of our organization when it has been established. In the meantime the clinic would be the main line of communication between the feeble-minded and the controlling and registering body.