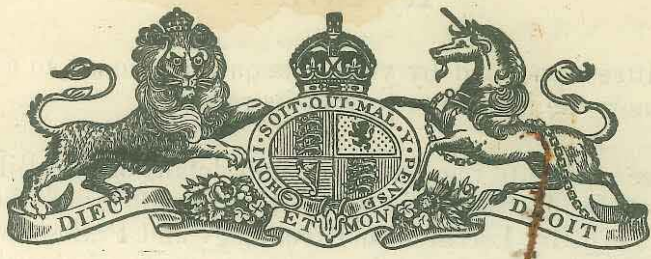


W.O.
Mr. de Vries
(No. 43.)



1920.

PARLIAMENT OF TASMANIA.

“THE MENTAL DEFICIENCY BILL, 1920:”

REPORT OF SELECT COMMITTEE, WITH MINUTES OF PROCEEDINGS
AND EVIDENCE.

Brought up by the Honourable the Premier, September 30, 1920, and ordered by the
House of Assembly to be printed.

*SELECT COMMITTEE appointed on the 22nd September, 1920, to Consider and
Report upon “The Mental Deficiency Bill, 1920.”*

MEMBERS OF THE COMMITTEE.

MR. OGDEN.
MR. POLLARD.
MR. MARSHALL.
MR. SNOWDEN.

MR. SHERIDAN.
MR. WATKINS.
MR. PREMIER. (MOVER.)

DAY OF MEETING.

Tuesday, September 28, 1920.

REPORT.

THE Select Committee appointed by your Honourable House to consider the Mental Deficiency Bill has now the honour to present its report.

Your Committee went into the principles and details of the Bill exhaustively, and obtained the views of Dr. E. S. Morris, Chief Health Officer of the State, and Dr. E. Morris Miller, M.A., Litt. D., Lecturer on Psychology and Philosophy at the University of Tasmania. Both of these gentlemen have made a study of the question of the care, control, and education of feeble-minded and mentally defective persons.

Your Committee finds that legislation similar to that contained in this Bill has been adopted in Great Britain and America, and is of opinion that our present legislation is entirely inadequate in this regard, and that this Bill, should it become law, will meet a much-needed want.

Your Committee finds that the main principles of the Bill have been based upon the British Act, and, therefore, confidently recommends it to the favourable consideration of your Honourable House.

W. H. LEE, Chairman.

House of Assembly,
28th September, 1920.

MINUTES OF PROCEEDINGS.

TUESDAY, SEPTEMBER 28, 1920.

The Committee met at 10.30 a.m.

Members Present.—Mr. Ogden, Mr. Pollard, Mr. Marshall, Mr. Snowden, Mr. Sheridan, Mr. Watkins, and Mr. Premier.

The Clerk read the Order of the House appointing the Committee.

The Premier was appointed Chairman.

Resolved, That Dr. E. S. Morris, Chief Health Officer of the State, and Dr. E. Morris Miller, M.A., Litt. D., Lecturer on Psychology and Philosophy at the University of Tasmania, be invited to state their views concerning the Bill, and that Mr. E. W. Turner, Acting Parliamentary Draftsman, be present during the proceedings.

Dr. E. S. Morris addressed the Committee on the Bill.

Dr. E. Morris Miller addressed the Committee on the Bill.

At 12.55 p.m. the Committee adjourned.

The Committee met at 2.30 o'clock.

Members Present.—Mr. Ogden, Mr. Pollard, Mr. Marshall, Mr. Snowden, Mr. Sheridan, Mr. Watkins, and Mr. Premier (Chairman).

Dr. E. S. Morris, Dr. E. Morris Miller, and Mr. E. W. Turner were also present.

The Committee entered into consideration of the Clauses of the Bill.

Clauses 1 to 110 agreed to.

The Committee expressed its thanks to Dr. E. S. Morris and Dr. E. Morris Miller for their attendance and for the information they had supplied.

A draft report was brought up by the Chairman, considered, and agreed to.

At 5.15 p.m. the Committee adjourned.

EVIDENCE.

1. *The Premier*: Gentlemen, I may say, by way of introduction, that the reasons leading up to the submission of this measure, first of all, was the fact that it is well known, in connection with the New Town Infirmary, and also in connection with the Mental Diseases Hospital, at New Norfolk, that there are certain cases which are not of the class that should be confined in either of those institutions, and we have had no place in which to put them—cases that unquestionably came under the head of mental deficient, and not insane; not really indigent people who should be put in New Town Infirmary or such cases as should be in the New Norfolk institution, but who had to be put there because, as I say, we had no other place to put them. That was one cause that led up to the introduction of this measure. The second cause is that it has been found, and it has been brought under my notice as Minister for Education, that throughout the State in connection with the State schools there has been a percentage of children who have been recognised as mental deficient, and they have always been a very great problem to deal with so far as the education authorities are concerned. We have had children attending school at the ages of 7, 12, 13, and 14 who have been in a class with very small infants—a palpable case of mentally deficient. There has been no method of treating them; they are allowed to grow up under conditions that are not at all congenial to the children themselves, and ultimately become, as mentally deficient children, a menace to the community. That being the case, it seemed to me that the time was ripe for something to be done to remedy the existing condition of affairs. Furthermore, it is well known in a great many instances throughout the State there are parents who have children, perhaps one or more; it may be through some congenital reason or something that has occurred after birth, that has arrested the growth of the children, mentally and otherwise, and they do not know what to do with them. They cannot send them to New Norfolk, as they are not fit cases to be sent there, and there is no institution where such children can be placed. To keep them at home is to make them a constant source of worry and trouble to the family. To keep them as they are is not fair to the children, because they are not getting a fair chance at all. They are living under conditions which do not make for their happiness and well being. In view of these facts, and followed up by representations that have been made, first by Dr. Morris, who had to investigate some of these cases that we had in New Town—Dr. Morris unquestionably pronounced some of them as having no business to be there; at the same time they were not cases for New Norfolk, but they ought to be in an institution where they could be specially treated. At New Norfolk there are some cases which Dr. Morris pronounced as being necessary that something special should be done for. Dr. Lalor came along; he took up the question also—went into it very exhaustively; took a great interest in it; and he endorsed what Dr. Morris had said. Dr. Lalor was very keen indeed, and was most enthusiastic about something being done to deal with this particular problem. Strengthened by the opinion of these men, who are experts on the question, and supported by the Director of Education and the inspectors of all the schools who had had instances come under their notice from time to time, it seemed to me that the time was ripe for something to be done on these lines, and that

we ought to give very careful consideration to it. I admit the difficulty of getting—as the "Daily Telegraph" points out—the number of those who will require to be treated, but this cannot be found out until an analysis is made. Those who heard Dr. Barry will realise how difficult it is to ascertain the exact mentality of the child: it may be mentally deficient; it may be that it is slow and dull, so that we have to get an exact analysis of the children's mental condition, and have to have the machinery such as proposed in this Bill, so as to be in the position of determining the mentality of those mentioned in this Bill. Those are, roughly, the reasons that led up to the introduction of the Bill, as far as the Government is concerned. On the reports made to me by the medical men I have referred to, by the opinion of the ex-Director of Education (supported by the present Director of Education), together with my own knowledge of cases that came under my notice at New Town and New Norfolk, and also outside those institutions from time to time when moving about the country, I am quite satisfied there is every necessity for this Bill. These, briefly, are my reasons for introducing the measure, and I commend it to the careful consideration of the Committee.

THE CHIEF HEALTH OFFICER'S VIEWS.

2. *Dr. E. S. Morris* (Chief Health Officer) said: You have heard an outline of what led up to this Bill. I may say that it is, roughly, over four years ago since I gave my first public lecture in regard to this question in Hobart, and I did so because I thought the time was ripe at which to start the ball rolling towards educating the public in regard to this most important question. I was struck almost from the outset with the fact that the average man in the street does not distinguish between what is insanity and what is mental deficiency. He lumps them under one head; or he does not understand where the distinction lies. It may be well if I briefly describe to you the distinction we are working on. Both mental deficient and insane may be described as people without money; but in one case a man has had a banking account and has become bankrupt; that is the insane person. The other one has not had a banking account at all; that is the mental deficient. He starts off in life absolutely handicapped from birth. Whatever the cause of his mental deficiency, the one fact remains that he will never be able to come up to the standard we consider essential in the ordinary civilised state of existence. If he is of the lowest grade (an idiot), he is a nuisance until he is put in the hospital at New Norfolk—which, by the way, is only touching the very lowest type. Between the idiot (the lowest point) and the backward child at the school there is a big mass of children who are termed "softies"; they are dull, and are mainly spoken of as feeble-minded. These children may get up to a certain point; by the time they reach the age of 13 or 14 they have the mentality of a child about seven, so they get into that state whereby they are never able to reach up to the normal standard of an ordinary human being. The result of that is the man in a great many cases becomes a vagrant, a careless member of society; and the woman, in many cases, becomes likewise a vagrant, but worst of all, many of them of the lower grade become prostitutes, and people of that sort—and all of them tend to propagate their own species. If you do nothing you simply

allow these people to go free and do anything they wish. They become a nuisance to society; they cannot obey the law, because they cannot make themselves compatible with the ordinary requirements of society. You have got to make conditions compatible with their state; put them in a worldly community of their own, whereby their ability can be enhanced to its absolute fullest extent. Many of these children who are not able to compete or satisfy the ordinary requirements outside, if put under proper conditions may be able to produce something, and earn enough in that production to keep themselves. They should be educated as far as it is possible, so that their outlook in life may be happier than ever it could be outside. If these mentally deficient children are left in a home, it means that the family is ultimately pauperised. I have seen many cases where people have tried heroically to deal with one mental deficient in the family, verging on the idiot stage. The mother and father both struggled, trying and hoping for the best, and when they got to the very last point in their efforts they handed the child over to an institution, and a couple of years later they saw the child was kept as well as they could have done themselves, and in many cases better. They thanked me for what had been done, because of the relief they had experienced, and for being able to do more for their children who were normal. That sort of thing impressed me, but not the average man in the street, because he does not come into contact with them the same way. In every class in each school you will find at the tail end of each class a certain percentage of children who cannot get on themselves, but also keep other children back. The result is they are "drags," and are looked upon by the children—who in many cases diagnose them as quickly as anybody else—as "softies." This Bill is to give to each person such an opportunity to get their power and ability up to the highest possible state. There is no intention to rope in everybody who is mentally weak. We do not want to go round in an endeavour to get another case. That is not our point at all. If it is possible to give them an opportunity of improvement by keeping them out, then we want to keep them out. The feeble-minded, if they are outside the institution, must have somebody to look after them, to give them a guiding hand. It is necessary to have somebody—some board or society, or something of that kind—to look after them, that can supervise and see what they are doing and control the conditions under which they are living. But if they are so bad that they cannot possibly be looked after under these circumstances, then we have got to put them in some institution where we can bring the conditions down to their level, and let them be as happy and contented as possible. At New Norfolk at the present time there are three children belonging to one family, all idiots. I have not seen the father, but the mother is not what you would call a high-grade person. I do not know what the father was, but I am very suspicious. However, there are three children in one family—mental deficiency, certainly. While Nature plays an important part in eliminating the defect, yet we cannot eliminate the possibility of propagation in the insane, but we can get these at the stage of mental deficiencies. By stopping them at that stage you are going to save two generations' work on the part of Nature. As we go along, if there is any particular point you care to raise we will endeavour to explain the outline of the scheme, and what the main objects of the Bill are.

3. *Mr. Ogden*: Do you attribute mental deficiencies to venereal disease?

4. *Dr. Morris*: A certain percentage is undoubtedly caused by syphilis. A certain amount of it is caused by alcohol, tuberculosis in parents; many of them are congenital defects; then there is the condition and health

of the mother prior to the birth of the child, or injury to the child. You cannot lay down any one particular cause.

5. *Mr. Sheridan*: Suppose Tasmania takes the precaution, in the shape of legislation, to prevent the spread of mental deficiencies, and at the same time the other States are not doing anything, and they are allowed to pour their population into Tasmania, will that not, in a way, contravene the effort made here?

6. *Dr. Morris*: I do not think so. I think every State will follow suit. They will hold us up as an example. As a matter of fact, I know that in Victoria and New South Wales they have had a Bill printed for quite a long time, but they cannot take it into Parliament because there is opposition against it for some reason or other. It is purely misunderstood opposition, but the people have taken a set on it, and they will not bring it in. If Tasmania brings it in I do not think it will be 12 months before the other States follow suit.

DR. E. MORRIS MILLER'S VIEWS.

7. *Dr. E. Morris Miller, M.A., Litt.D.*, addressed the Committee:

Mr. Premier, I regret that I did not know what was expected of me this morning. Still, as far as I am able, I shall try to give to the members of the Committee an explanation of the main points of the Bill.

The underlying idea is the welfare of the mentally defective. The Bill is their "Charter," and is framed in their interest; it affords better facilities for making them happy than exist at present.

The classes of defective persons to be dealt with under the Act are defined in Section 5. They are idiots, imbeciles, feeble-minded, and moral imbeciles. The definitions themselves are socio-legal in character; they are based upon the "community" test. The criterion is, does the person referred to possess ability to maintain himself independently without external support? Is he socially competent, socially efficient? To adapt oneself to his environment is the potential of the normal or average type. Inability to do so characterises the mentally defective. No education or training can render the defective a normal person. If any are diagnosed as deficient at one time, and at another time as normal, it is certain that such were originally normal, and not deficient. As *Dr. Morris* explained, the defective may function well in an artificial environment, in one specially prepared for him, and under the control of a higher order of mind, that of the superintending authority. To create an environment to which the defective may be adaptable is the mainspring of the Bill. The definitions are based on the English Act of 1913, and are similar to those acceptable to legislatures of other countries. They are readily understandable by those who are authorities on mental deficiency and by those who are called on to administer this kind of legislation.

Idiots need a comfortable home or cottage in a colony or institution, with attendants to prepare the food and feed them, and do what is necessary to make them comfortable and tolerable to those about them.

The idiot is a custodial admission. He is of no positive service to others.

Of imbeciles, the lower and, in many cases, the middle grades require custodial care and supervision; but the higher grades may learn to attend to their immediate necessities. They cannot plan, have no foresight, and go down before the simplest emergencies that arise during the performance of any task. Hence they require constant supervision in institutions. They may be given simple occupations, which they may do over and over again, such as easy washing, dusting, going little errands, &c.

The feeble-minded lack energy, initiative, and practical judgment; they are not inquisitive like normal children. Hence they should be placed in an environment where the above qualities are not demanded, i.e., in an environment where few emergencies arise, where simple routine habits are all that are required, e.g., routine farming, housework, and easy occupations. The lower-grade feeble-minded will go errands, scrub, mend, lay paths, &c.; the higher grade will make good institution helpers, use minor machinery, care for animals, and even do routine work without much supervision. But none of them can plan or work towards an object which must be kept steadily in mind. Most of them can be helped through music. Under a bandmaster they can render simple orchestral music in a pleasing way. Amusements, such as concerts, picture-shows, days at the seaside, &c., should be provided for them. They also find a great deal of pleasure in dances and games, such as football and other ball games, but of course their skill does not equal that of the normal. In a carefully-selected environment, then, the feeble-minded may spend their days pleasantly and comfortably.

There are three chief methods of caring for and protecting defectives laid down in the Bill: I. Social isolation in institutions or under guardianship; II. social assistance or supervision; III. special school instruction.

Under I. the idiots and imbeciles are dealt with; they are custodial admissions, cases for institutional care from the start.

The feeble-minded may be dealt with under any of the three methods. If it is possible by special instruction in school to make any of them capable of earning enough to live upon in the community, then special school assistance is all that is necessary. But this will only occur in the highest or border-line grades. Others, again, may advance sufficiently to live happily in the community under supervision after they leave the special classes in the school. Social assistance or supervision as laid down in the Bill will meet their case. Such feeble-minded persons as cannot be cared for in either of these two ways are institutional cases, and require segregation for their own good. The greater number of the feeble-minded belong to this category.

It will be seen, therefore, that under the Bill it is not desired that all defectives should be placed in or sent to institutions. The State could not find readily the financial provision necessary for such purpose. Even States of America where laws controlling the feeble-minded have been in existence for many years only care for about one in ten feeble-minded persons in institutions.

The Mental Deficiency Board will not be going about the country seeking to lay hold of persons apparently defective, with a view to placing them in institutions. The policy under the Bill is to keep as many outside institutions who can so subsist for their own good or in the public interest. Special facilities will be afforded for all who are so able to benefit by them.

As regards the manner of placing defectives in institutions, it should be strongly asserted that, so far as possible in the cases of children, this will only be done with the consent of their parents or guardians. If a parent desires he may do so at his own instance, or if he does not care to be troubled by legal processes he may leave the matter in the hands of the Chairman of the Board, who will act with his consent. But no parent or guardian can place any defective child, whether he be idiot, imbecile, or feeble-minded, unless such child has been diagnosed as defective by a competent examining authority. Further, in the case of any feeble-minded person, the parent can only place him in an institution at his own instance, provided he is under the age of twenty-one years, and provided further, under Section 8, that the certificate of the examination is signed by a police magistrate or a specially-appointed

justice, who may make any inquiry he thinks fit, or direct a further examination where he considers such to be necessary in the interests of the defective. Again, if the magistrate is of the opinion that supervision will meet the case, he is then empowered to direct the Board to provide or arrange for suitable and sufficient supervision for the good of the defective.

Supervision is defined as the voluntary caring for, assisting, protecting, or overseeing of defectives, not in institutions, by any person, voluntary society, or committee, with the approval of the Board in that behalf, in the interests of the defective.

Compulsory isolation in institutions is only exercisable under the Bill in the cases of such defectives as are included under Paragraph II. of Section 6. But it will be readily seen that in these cases some form of compulsion has already been exercised upon them for an offence against the law or for some other legal cause. Hence in their case it is only intended to substitute another and more satisfactory form of compulsion for the one already existing. These cases will be dealt with under orders of a judicial authority. The process is set forth in Sections 23 and 24, and will be referred to later on.

Section 7 is an important one. By means of it the Board will learn of the number of mental defectives in schools and other institutions for whom provision has to be made from time to time either in institutions for defectives or under guardianship or supervision. The cases included under this section are those who are not able to profit by the special instruction in special classes for defectives in schools or in any other suitable way, as well as those who are about to leave the schools and who are not able to subsist of themselves in the community without becoming a source of danger and trouble both to others and themselves. The parents or guardians will be consulted concerning them, and the most satisfactory way of dealing with them for their own good and in the public interest will be determined by the Board.

The nature and particulars of the examination of defectives are set forth in detail in Section 10. A careful study of the provisions of this section will show that it will be no easy matter to place persons in institutions for defectives unless they actually happen to belong to any of the classes of defectives specially defined in Section 5. Children and adults who are dull and backward mentally, but who are not mentally defective, are not dealt with under this Bill. That should be made clear and definite, as otherwise many misapprehensions are likely to arise. Authorities are agreed that the examination of defectives should comprise the ascertainment of, and investigation into, the developmental history, family and hereditary history, home and social environment, pedagogical history, as well as a physical (including medical and anthropometric) examination, a psychological, and in special cases a pedagogical examination. The problem is so complex and many-sided that for adequate diagnosis a correlation of many particulars relating to the conditions of life and existence of the defective is positively essential. Because of this it is most desirable to associate together as an examining authority either two medical practitioners (one of whom is able to make the psychological and pedagogical examination with the assistance of the schoolteacher), or one medical practitioner in conjunction with a psychologist who has made a study of mental deficiency.

The examination in reality involves the co-operation of the physician, psychologist, educationist, and social investigator. These facts should suffice to convince anyone that it is not the intention under this Bill to deal with any other persons than those who are definitely diagnosed as mentally defective. A diagnosis based upon a psychological examination by itself would probably result in having too many persons certified as feeble-minded; a medical examination by itself would

probably give too few. A teacher's estimate might designate a whole school as defective. It is necessary, therefore, that the examination should be by a combined method, correlating the inquiries and determinations of competent examiners who are specialists in their own fields. By this means the rights of those examined will be amply safeguarded.

That the examinations may be standardised and conducted upon sound lines, it is intended under the Bill to establish a State Psychological Clinic immediately under the control of a director, who, in turn, will act under the direction of the Board. No "State programme" for the care and control of defectives is complete without the inclusion of a clinic. That is positively essential. It is a growing practice in universities, education and health departments to set up clinics for this purpose. The State Psychological Clinic will be concerned with the diagnosis of mental deficiency, the classification and grading of mentally defective as well as mentally retarded children, the instruction of teachers of special classes for defectives. At the clinic the whole individual is studied, and his reactions under test conditions are made known. A complete clinical picture or psychograph of the person examined is presented and set forth. Recommendations as to his future training and care are made. Accordingly, the Clinic will materially assist the Education Department in the working of the special classes for defectives in the schools. Though the clinic administratively is under the general management of the Board, the Clinic itself, in practice, will also be closely associated with the department of psychology in the University, and with the Education Department, both as regards the training of teachers and the courses of instruction given in the special classes.

It may be noted in passing that the Clinic will be a kind of adjunct to the courts, particularly the children's courts, as under Section 26 persons who are on trial or liable to be tried for an offence, and who appear to be feeble-minded, may be sent to the Clinic for examination.

Section 20 makes provision for a survey and register of the mental defectives in the State. Because the Clinic will be specially provided with the equipment necessary for this purpose, it is proposed that the Director of the Clinic, under the direction of the Board, should make the necessary arrangements for ascertaining what persons are defectives, and what classes of defectives they belong to, and for notifying their names and addresses to such persons as the Director of Education, heads of schools, &c., who are required to take action concerning them under Section 7, and in other ways. The ascertainment of these data will take a considerable time, but it is necessary to obtain it as early as convenient, so that the Board may be able to advise the Government as to a definite policy concerning the care of defectives and their commitment to institutions.

It should be specially noted that this survey covers all schools and all institutions in the State which have to do with children.

Sections 21 and 22 relate to provisions for the education of defectives under the control of the Education Department. It was necessary to so define the word "defective" in the Education Acts that it might include the feeble-minded within the meaning of this Bill. By this means the Education Department is empowered to establish and maintain special schools for defectives or special classes for defectives in connection with ordinary schools. These classes usually contain about 15 to 25 children. A special class of teacher finds it difficult to manage more than 15 to 20 defectives without assistance. Then, too, the curricula of these classes are altogether different from that obtaining in the ordinary classes; that is to say, classes for normal children. Defectives, generally speaking, should not be taught scholastic subjects, but should rather be given

sensori-motor training, manual and vocational instruction, as well as games, music, drill, and so forth. An excellent example of this special instruction may be seen at the Blind and Deaf Institution in Hobart. The work done in the special classes should be correlated with the after-care of the defectives. As they will be living later on in institutions and be called upon to do domestic, farm, and other household and industrial services in connection with institutional life, so it is well that they be taught with this end in view. One should try and make the most of them up to the limits of their mentality, even to rendering them self-supporting, if that indeed be possible. It is not necessary here to go into details. It is sufficient if a general idea of what is intended be given.

Coming now to the procedure adopted for presenting petitions for orders, we reach Sections 23 and 24. The persons who may be dealt with under these sections are those referred to in Paragraph II. of Section 6; and they include adults. The petition may be presented by a relative or friend or certain other persons authorised to do so. But in every case the petition must be accompanied by an examination certificate before an order for commitment is made by the judicial authority. The hearing may be in private, and the judicial authority is empowered to make what inquiries he thinks fit and to direct (where he deems necessary) that the defective be submitted to a further examination. The interests of the defective are safeguarded throughout. Before making an order the judicial authority will no doubt inquire as to whether there is room available in an institution.

The powers of a guardian appointed under the Act are set forth in Section 28. He has such powers as would be exercisable if he had been the father of the defective and the defective had been under the age of fourteen years. Guardianship is included under the method of social isolation. The defective under guardianship has not the freedom of action that belongs to the normal child in the home. A guardian may be removed from office by a judicial authority and another appointed under Section 25; and where a case has become unsuitable for guardianship the defective may be transferred to an institution.

The British authorities at the present time strongly favour guardianship or supervision wherever either of them is convenient and suitable, as it is no easy matter to provide beds and maintenance in institutions for all. Further, as each case has to be dealt with individually, and the peculiar traits of each defective given due consideration, it is necessary that there should be the utmost plasticity in determining what shall be done in the interests of the defective. The policy is to do the best for each and all, and help every defective to live under the best possible conditions of life that the community can afford him.

I should have pointed out ere this that the earlier the diagnosis is made the better it is for the good of the defective. He can be taken in hand at once and be specially trained in conformance with, and up to the limits of, his mentality and aptitudes. By doing so it is possible in almost all cases, excepting those of serious mental instability or ill-balanced natures, to improve their condition and render it more tolerable to themselves and to the community at large. That is the main reason why we stress the fact that mental deficiency is to a great extent a pedagogical matter, and it accounts for the composite character of the Board itself.

In addition to being sent to an institution by order of a judicial authority specially provided for the purpose, defectives may also be dealt with by order of a court of competent jurisdiction, including a police magistrate or justice, under Section 26. The procedure is simply this: when the court has evidence before it that the convicted person, adult or child as the case may be, is a defective, it may directly order that he be

placed in an institution. Where there is no such evidence before the court and it appears to the judge or magistrate that the person undergoing trial is a defective, he may direct that the necessary steps be taken to have a petition presented for an order. Under Section 26 every safeguard is given that a defective convicted of an offence shall be treated on account of his mental condition and lack of knowledge of responsibility rather than on account of the crime or offence itself. It is specially provided that as soon as it is determined, whether by the court or otherwise, that the person charged is a defective, he shall not be detained in a gaol nor placed among ordinary prisoners. Every facility is afforded to determine the condition of mentality of the accused before he is committed to prison, if found guilty. It might be mentioned that it is not desirable that in such cases the examination should be held immediately within the precincts of the court nor directly after the person concerned is released for the purpose of an examination. It should be specially provided for in regulations that no such examination should take place until the influences of the court and its surroundings have passed from the mind of the examinee, or been modified to such an extent that the emotional excitement occasioned thereby has been removed.

The duration of detention of defectives in institutions or under guardianship is dealt with in Sections 29 and 31. Here, again, every consideration is given to the interests and well-being of the defective. It is not overlooked that there may be a possibility of his mind developing somewhat. At the time of his entering the institution he may not have reached his upper mental level. The special instruction given may have checked to some extent the slowing-down process of his mind. At all events, re-examination is a necessary safeguard. It is not desirable to detain in an institution any defective who can be equally cared for or supervised outside. The Board, accordingly, is empowered to reconsider the case of every defective in institutions or under guardianship at the time of expiry of the original order, and thereafter at intervals of one and three years respectively. Any defective or his relative or friend may appeal to a judicial authority against the Board's decision, and provision is made for a full inquiry into all the circumstances of the case.

A defective shall be deemed fit to be discharged if his detention is no longer necessary in his own or the public interest.

It may be pointed out that these re-examinations are not only necessary to determine whether a defective should remain in, or be discharged from, an institution. It is also desirable, especially in the cases of children, that such examinations should be made to see whether there are any changes in their mental condition, what aptitudes they may have, and how best they may be instructed and employed in the institution. All this is done with a view to finding the most suitable means of making the feeble-minded happy and contented.

These provisions apply in like manner in the case of defectives who are placed in institutions at the direct instance of their parents or guardians. Should a parent place his child in an institution as a defective, he cannot, of his own initiative, withdraw the child. The interests of the defective have to be conserved, and the Board considers the case in the same manner as cases detained under orders. There is also a like appeal to a judicial authority on the part of the parent or other person interested.

The other sections of Part II. relate to conditions of maintenance, provisions as to religious persuasion, and transfers from institutions for the insane to institutions for defectives, and *vice versa*.

I shall now discuss the constitution of the Board and its powers and duties under the Bill.

The Board consists of seven members, including the Chief Health Officer (as chairman), the Director of the Clinic (who is preferably a psychologist), a medical practitioner with a knowledge of psychiatry, a legal practitioner, two educationists representing the University and the Education Department, and a business member. The members appointed by the Governor are appointed for a period of three years, and any such member may be removed from office by the Governor.

The Board, accordingly, is representative of the various aspects of the problem of mental deficiency. The medical, educational, social, industrial, and legal phases are all provided for. It is certainly desirable that the Board should not be too small in number, as that one of the main duties of a member of the Board is to interest himself personally in the welfare of defectives. The Board will be the public guardian of the feeble-minded wards of the community. Further, the work of the Clinic is under the general management of the Board. This will probably require the appointment of a special committee of the Board for the purpose. Then, too, there are the duties relating to visitation, inspection, and certification of institutions, and the general superintendence over all matters concerning the treatment, instruction, and employment of defectives in institutions.

Finally, not by far the least important function of the Board is the power to arrange for or provide, where possible and desirable, suitable and sufficient supervision and protection for defectives in certain instances. This matter of supervision will require much personal attention from the members of the Board. In this regard it is set forth in the Bill that the Board should encourage and advise societies or after-care or other committees formed, with the Board's approval, for the purpose of assisting, protecting, and supervising defectives. I should like to stress this matter. Its significance is far-reaching. The training given to defectives in schools, and even in institutions (where there is a possibility of their discharge), should be correlated with their after-care. No defective should be without the aid and help of a friendly hand.

In this connection lady helpers and visitors are of the greatest value. They visit the institutions regularly, become personally acquainted with the inmates, provide them with many necessities as well as little luxuries, and altogether do everything women can do to make the lives of the unfortunate and poorly-endowed as comfortable, happy, and contented as possible.

With regard to defectives outside the institutions, these after-care committees or societies can perform the noblest philanthropic services to the subnormal members of society. One of the most active committees of this kind is the Special Schools After-Care Committee, of Birmingham. This committee, as an American writer has described it, visits the homes of the mentally defective children, offers parents and children valuable advice assists the children to find adaptable employment, keeps a record of their earnings, of the regularity of employment, of their ability to hold positions, to take control of themselves socially, financially, and morally, and of their police history.

These lady social or field workers, assisted by the medical men, educationists, business men and others, set a fine example to us here in Tasmania. Indeed, it is worth noting in this connection that our legislators have outstripped the social enthusiasts. Usually the latter are ever exerting pressure upon legislators. With us we have a felicitous exception to the rule. In most other countries there are national voluntary societies for the care of the feeble-minded. Perhaps it will be for the Board to foster the formation of a similar society in Tasmania.

Under Section 53 the Governor may establish institutions, colonies, homes, &c., for the care and control,

instruction, and employment and maintenance of any or all classes of defectives under the Act.

To definitely decide at this stage upon a policy regarding institutions is not wise. This is a matter which will early receive the consideration of the Board when it is constituted. Until it is known what is the actual extent and nature of the problem in Tasmania, I would be loth to come to a final decision on this matter. Hence the kind of institution or institutions that will be suitable and convenient for Tasmanian conditions is left an open question at present. Parliament will be called upon to discuss this question fully and in detail when the Government of the day asks for the necessary financial provision. Whether to congregate all the defectives in one institution or colony, whether to distribute in homes or farms or colonies in the country or in or near the towns, in accordance with their grades, aptitudes, abilities, as well as in accordance with the available facilities for their supervision and control, are as yet problems for the Board to determine. There is much to guide us as to what is being done successfully elsewhere, but all this will have to be sifted and weighed carefully, adapted and modified to suit our local circumstances.

For the immediate present our task will be to proceed with the survey of the schools, establish special classes in the schools, and provide temporary accommodation for any urgent cases that may arise until a suitable and permanent institution for defectives is constructed or made available.

Provision is made under the Bill for the certification of private institutions for the training and care of defectives.

The remaining portions of the Bill deal with the administration of the estates of defective persons, offences, and penalties. In connection with the latter special mention might be made of Sections 100 and 101, relating to ill-treatment of defectives and to their protection from acts of sexual immorality and procuration.

I have now concluded a rapid survey of the main provisions of the Bill. One might go into a great deal more detail, but sufficient, I believe, has been said to give the members of the Committee the general view-point of the measure and what it in essentials aims at accomplishing. There is an urgent need for legislation of this kind, not only in Tasmania, but throughout the Commonwealth. My work has been particularly associated with the schools and public lectures before such associations as the W.E.A. I have seen several cases in our schools, and in some instances the children are nearing the age when the period of compulsory attendance at school will have passed. They have learnt little or nothing useful to them under the existing courses of study, which unhappily do not apply to the subnormal child. What are we going to do with these children? Are we still content to allow them to drift? The answer lies in the present measure before you.

DISCUSSION.

After the Hon. the Premier, Dr. Morris, and Dr. Morris Miller had expressed their views generally, the Committee proceeded to discuss various matters of detail concerned in the Bill.

8. *Colonel Snowden*: These defective people will be of different grades, some being more defective than others. The question is whether the association together of the different grades will not have an evil effect upon those who may have a chance of recovery. The sight of those badly affected might have a distressing effect on those who are of a high grade. What I mean is that there are some who are on the border-line, and their association with idiots, the lowest class, may not be to their best interest.

9. *Dr. Morris Miller*: That is so, and we make provision for it. Power is given in the Bill to grade the classes of defectives in institutions, and even to establish homes or other institutions for any class as such. Then, too, in a large institution, the various grades would be separated from one another. Classification is, of course, essential to successful institutional administration.

10. *Colonel Snowden*: But what of children who are merely dull or backward?

11. *The Premier*: Cases of that sort would not be put into institutions for defectives.

12. *Colonel Snowden*: We want to make it very clear to the public. A lot has been said outside about children being dull at school who would be reported to the chairman of the proposed board, and he would direct the parent to put the children into an institution, where they will have to mix with others who are either idiots or verging on idiocy. It has also been said that pressure might be brought to bear on the board by its being told that the children were not fit to be in a State school. In that way you might have them placed in an institution.

13. *Dr. Morris Miller*: I am pleased that Colonel Snowden has stressed this point. We desire to be quite clear on it. Of course such cases as the Colonel refers to are not cases for an institution for defectives. There are a large number of children who are pedagogically backward, not able to make the same rate of progress in class work as the average or normal child; some are merely backward in certain subjects, and only require coaching in a specific direction. Others are generally backward, and though not feeble-minded, yet require special training and instruction in a way similar to that imparted to feeble-minded children. These border-line cases present a serious problem to the educational authority; but however so, they are not dealt with under this Bill. The Bill does not concern them at all. The classes dealt with are specifically set forth in Section 5. That these backward children shall be definitely classified apart from the feeble-minded is one of the reasons why the details of the examination prescribed under the Bill were set forth so definitely. A seriously retarded child is not necessarily feeble-minded. We provide against such a diagnosis of him by insisting upon other conditions being taken into account than the psychological. The differential diagnosis of the border-line case from the mentally defective, within the meaning of Section 5, is a most important matter, and elaboration of the particulars of the examination has respect to that very thing. We provide, as you see by reference to Section 10, against a merely medical or a merely mental examination. It often happens that a teacher will refer to a dull or backward child as a defective. The examination under the Bill will check that, and I hope prevent a present abuse of the term by those who have little experience in these matters. The psychological clinic will probably assist in grading these children carefully, and differentiating them from the feeble-minded. You will easily see how few cases are really feeble-minded when clinics usually have referred to them annually only about 1 per cent. of the children who are unable to profit by the instruction given in ordinary classes. There is no fear at all that the cases referred to by Colonel Snowden will be placed in an institution. That is not the place for them. They are usually enrolled in what are called ungraded classes for backward children, where they receive individual instruction. A little in this way is done for them in our own schools. Some are good in arithmetic and geography, but backward in spelling and writing. They are put elsewhere in an ungraded class and given special help, in the hope of their being restored to grade. These children are treated altogether differently from the mental deficient. Before leaving this phase of the

problem, I should like to point out again that we have in this Bill defined the word "defective" in the Education Acts to include the meaning given to it under the Bill. By this means the Education Department is empowered to establish and maintain special classes for defectives in the schools. These cases will be diagnosed through the agency of the clinic. It is not intended to establish these classes indiscriminately throughout the country. The usual thing is, where financial provision is made, to establish one class for some 2000 of the school population. Each class contains from 10 to 20 pupils. Fifteen is about the average. You will readily see that the number of children we are dealing with is not large, but they, nevertheless, constitute a serious educational and social problem. In Tasmania we might begin with one or two classes—two at the most—and then gradually build up on that as we feel our way with safety. The Department has already made a beginning; but the whole matter requires to be put on a proper foundation. The other States are doing a little in this direction also.

14. *Mr. Watkins*: Are only State schools to be investigated into under Section 20?

15. *Dr. Morris Miller*: No. Power is given to survey all schools without distinction in the interest of any defective children that may happen to be in them.

16. *Dr. Morris*: In regard to the care of defectives in institutions—I think it is just as well to realise that at the time when the Board is constituted, supposing the Bill becomes law, we will even then have little or no data to go on as to the actual extent of the problem in Tasmania. Until we are in a position to judge how many children there are, and what sort they are, it is impossible to lay down any plan of campaign for the future. I think it would be best under the circumstances to let any idea of what we are going to do in the way of making provision for them remain for the present in abeyance. When we get the extent of the problem, then we can come forward with a rational plan, and say definitely what the scope of the problem is, and what we intend doing. Section 51 was put in practically at my suggestion, because at the present moment there are a certain number of people at New Norfolk who are really low-grade defectives, and whom it is not wise, under the circumstances, to place under the control of the Mental Deficiency Board, unless you are going to have a great deal of squabbling. I thought it best to lay it down definitely that the Board cannot interfere with the administration of such cases as idiots already in the Mental Diseases Hospital. It would never do to permit the Board to go to that institution and say, "We want this person or that person," without regard to the Superintendent. Power is given for transference of cases who are not idiots, but the advice and consent of the medical superintendent would be sought.

17. *Dr. Morris Miller*: The provisions of Section 51 are similar to those in the British Act. There is no need to disturb the idiots who are hopeless and helpless cases. They are well looked after under the Superintendent of the Mental Diseases Hospital. The intention is to leave them there, and although they will in future be sent there under this Act, if it becomes law, the New Norfolk Hospital being regarded as an institution for idiots, yet the Board will have nothing to do with them.

18. *Dr. Morris*: That is so, and the issue as stated in the Bill is quite clear and precise. Another important clause is Section 101. It is a provision dealing with offences against the person, either in the way of rape or prostitution, or anything of that sort. I came down from New Norfolk this morning. I was talking to one of the patients there. Her age is 25, and she is undoubtedly a low-grade feeble-minded girl. That girl's mother is well known to the police of Hobart.

She was forced on to the streets of Hobart by her own mother. She will be protected under this section. Clause 101 will act as a kind of drag-net to prevent offences of the type I have mentioned.

19. *Colonel Snowden*: How is a man to know that she is an inmate of an institution?

20. *Dr. Morris*: It is more to protect the girls from the act of any official that it is necessary to put the clause in.

21. *Colonel Snowden*: What I want to get at is this: A feeble-minded girl is out on parole, and she, in a measure, forces herself on a man, who does not know that she is an inmate of an institution. He will be liable to be brought up to the court and charged with the offence, when he may have no guilty knowledge.

22. *Mr. Ogden*: If a girl forces herself on a man, he should know by that very fact that there is something wrong.

23. *Mr. E. W. Turner*: If you make it an offence, I do not see how you could do otherwise than make the ordinary procedure apply. That is as far as you can go in the way of protecting him, by putting in a provision for his defence that he can prove that he did not know. If it is known that he was unaware of the girl's mental condition, then he would not be arrested; everybody is liable to prosecution for something he did not do. That is in every law you make.

24. *Mr. Pollard*: You cannot label them "mental deficient," or anything like that. I do not see what more you can do than what is in the clause.

25. *Mr. Sheridan*: If a man is found in a brothel with a girl from an institution, should the police have discretionary power and assume that the man had no guilty knowledge of the girl's condition?

26. *The Premier*: I should say so. It is presumptive evidence that he did not know by going to such a place.

27. *Mr. Sheridan*: That is after he has been brought before the court. That is not Colonel Snowden's point. He desires to save an innocent man from exposure.

28. *The Premier*: I do not know how you are going to obviate that.

29. *Dr. Morris*: You already have the same provision under "The Lunacy Act."

30. *Mr. Sheridan*: While I recognise there is ample provision in the Bill for the protection of mental defectives under 21, we must recognise this fact—that sometimes mental deficiency develops in middle age, or possibly insanity. In cases of that kind, where persons of middle age are mental defectives through some cause or other, and are not sufficiently bad to be sent to New Norfolk Mental Diseases Hospital, but are safe enough to be left in their own family, what provision is in the Bill for dealing with such cases?

31. *Dr. Morris*: We would deal with them as persons of unsound mind. Such cases are not defective within the meaning of this Bill. Mental deficiency is to be clearly distinguished from insanity, as I pointed out this morning.

32. *Dr. Morris Miller*: The case referred to by Mr. Sheridan could not be dealt with under this Bill, as mental deficiency is stated as existing at birth, or from an early age. It is considered that 80, or at least 70, per cent. of the cases are congenital.

33. *The Premier*: Take, for instance, a case in a family where a person reaches the age of 25 or 30 years, and then becomes more or less mentally affected, but only slightly, not sufficiently bad to cause him to be sent to New Norfolk, and yet sufficiently bad to be a cause of great anxiety and worry to his family.

34. *Dr. Morris Miller*: The probability is he would not be defective as defined under the Bill. If it were a case of mental trouble, mental treatment would be necessary. This is the sort of instance that shows that we urgently need a new law dealing with incipient cases of mental disease.

35. *Dr. Morris*: Such a law is badly needed here. We have at present no powers to deal adequately with this sort of preventive cases.

36. *The Premier*: But what I am concerned about is an adult feeble-minded person. There are such at present in the State, and parents or relatives might be anxious to place them under the care of an institution for their own good.

37. *Dr. Morris Miller*: Such a case would be dealt with under Section 23. A parent, relative, or friend of a defective over 21 years of age, if he is not idiot nor imbecile, must proceed by petition for an order from a judicial authority. The interests of such defective are amply safeguarded under the section. If any petition is presented by a person who is not a relative, reasons must be given why the relative did not act. Where an official should have acted, and did not, or where nobody acts, and the case is one that requires institutional care, the Board, if it is cognisant of it, may act under Subsection 4 of this section. Practically the Board stands behind all the cases for petition, oversees what is being done in the interests of the defective. All cases over 21 years of age, other than idiots or imbeciles (who have not committed breaches of the law), must be dealt with by petition.

38. *Mr. Pollard*: If a man is not feeble-minded he will not come under this Act. It might be a case of mental disorder. We want a new Lunacy Act to cover such cases.

39. *The Premier*: I do not think the case we are discussing would come under this measure. The meaning of the word "defective" is in the interpretation, Section 4, and I do not think it covers it.

40. *Dr. Morris Miller*: If he is a mentally defective person it does, no matter what age; but there may be cases who are not mentally deficient, but yet cause such difficulty in a family as has been mentioned. One must legislate for them apart from a Mental Deficiency Bill. They would probably belong to the category of unsoundness of mind. Any cases of mental disorder should be dealt with under an Act specially designed to deal with them.

41. *Dr. Morris*: If a man at the present time is, say, 30 years of age, and he has been rubbing along to the great detriment of his people, the question is can we make some provision for him under the Bill?

42. *Mr. Sheridan*: That is certainly one point; but suppose it is a case of recent development of mental deficiency?

43. *Dr. Morris*: That would be insanity, or some form of disordered mentality, if he were normal at first and then became as you describe.

44. *Dr. Morris Miller*: Incipient cases of insanity or mental disorder are dealt with in most of the up-to-date lunacy laws. We require such a law here, making provision for preventive measures, psychiatric clinics, and so forth.

45. *Dr. Morris*: Our present lunacy laws are antiquated, and want amending.

46. *Mr. Pollard*: A man I have in mind in this connection is one feeble-minded from birth, and he is now 30 years of age. I believe this Bill would deal with his case.

47. *The Premier*: I think such a case would come under this Bill, according to Section 5.

48. *Mr. Marshall*: We have been this morning discussing this Bill from the children's point of view. What are the specific provisions concerning adults?

49. *Dr. Morris*: The children have been chiefly referred to because we are anxious to get the defectives at an early age, so as to do the best we can for them.

50. *Dr. Morris Miller*: Put the adults are not overlooked in the Bill. We have already referred to Section 23. Take Section 63: the Supreme Court may, on the petition of the Public Trustee, or of any other

person, order an inquiry to be held as to whether any alleged defective is a defective and incapable of managing his affairs. Again, Sections 26 and 27 also refer to adults.

51. *Mr. Marshall*: Then it can be accepted that the Bill makes provision for adults as well as children.

52. *Mr. Watkins*: Regarding inebriates: will this Bill take cognisance of such cases as have recently come before the Hobart courts? Is there any power in the Bill to send a woman dipsomaniac to an institution?

53. *Mr. Turner*: If she appears to be feeble-minded the presiding magistrate has the power to direct that she undergo a prescribed examination by an examining authority.

54. *Dr. Morris Miller*: Subdivision (d) of Paragraph 11. of Section 6 specially refers to inebriates who are also defectives.

55. *The Premier*: I should like further explanation, *Dr. Miller*, regarding cases of defectives over 21 years of age. You say that there is power to put defective children under 21 in institutions directly. Is there power to put directly into institutions defectives over the age of 21 years? And what happens in an institution after they become 21 years of age?

56. *Dr. Morris Miller*: If by any chance an idiot or imbecile over 21 years is not in an institution, and his parent or guardian desires to place him in an institution, he can do so at his own instance, that is, as you say, directly. Generally speaking, I doubt whether there would be many instances of that sort.

57. *Dr. Morris*: An absolute idiot rarely reaches adulthood.

58. *Dr. Morris Miller*: In all other cases over 21 years of age, you proceed by petition; an order of a judicial authority is required. Section 23 applies. Regarding cases in institutions, I would point out that as soon as any defective in an institution or under guardianship becomes 21 years of age, his case is reviewed at that time by the Board. Look at page 16, Section 29, Subsection 4, where it is specifically laid down that, where a defective was, at the time of being sent to the institution or placed under guardianship, under 21 years of age, the case shall be reconsidered by the Board within three months after he attains the age of 21 years. If on such reconsideration it appears to the Board that the defective is fit to be discharged the Board shall order him to be discharged; provided that if the Board do not order his discharge, the defective, or any person acting on his behalf, or any person upon whose petition the defective was sent to the institution or placed under guardianship, may, within 14 days after the service upon him of an order of the Board, appeal to any judicial authority, and such judicial authority shall hold an inquiry as to whether the defective is fit to be discharged. Even after defectives in institutions have passed 21 years of age they will be re-examined from time to time, if provision for their care outside an institution meets the requirements, and it is considered that their further detention as defectives is no longer necessary in their own or the public interest. The whole section explains the procedure quite clearly. The interests of the defectives are safeguarded throughout. The same procedure and same right of appeal apply to defectives placed in institutions at the instance of their parents. See Section 31. A parent cannot withdraw a defective from an institution unless it be in the interest of the latter. The final decision rests with the judicial authority. Regarding this whole question relating to adults, I would say that we have to begin somewhere. The adults of to-day are regarded as being beyond our reach unless they come within the law under some other manner. In any case their lives are not likely to be prolonged to the same extent as normal individuals. Our aim is to start with the children and work up.

We desire to hold in check the coming generations. The Bill does not go the whole length of what we would reach unto; but it is a good beginning. It may be extended later as the public become more familiar with its operations.

59. *Mr. Marshall*: It seems to be quite clear that this Bill can deal with persons over the age of 21 years. Regarding a judicial authority, how far does his judicial power extend?

60. *Mr. Turner*: You are answered by Section 8, Subsection 3, where it is provided that the judicial authority must sign the examination certificates in the case of feeble-minded. Further, the judicial authority may find that the case is one for supervision, and direct the Board accordingly.

61. *Dr. Morris Miller*: Look at page 13, Section 24, Subsection (4):—

"If the judicial authority is not satisfied that the person to whom the petition relates is a defective, and subject to be dealt with under this Act, nor that it is desirable in the interests of such person that an order should be made, the judicial authority may, if he thinks fit, adjourn the case for further evidence or information, and may order that the person to whom the petition relates shall submit himself to such further examination as the judicial authority may direct, or the judicial authority may dismiss the petition:

"Provided that, unless the petition is dismissed, the judicial authority shall order a prescribed examination by an examining authority in any case where the petition was accompanied by a certificate that an examination was not made."

62. *Mr. Marshall*: Before that petition comes to the police magistrate or the special justice there must be an examination by the examining authority. Apparently, under this Subsection (4), although he may have been declared defective by the examining authority, the presiding magistrate still has the power to dismiss the petition?

63. *Dr. Morris Miller*: Yes; you must allow the judicial authority to be a judicial authority. You cannot tie him up. Further, there may not be any institution or suitable place to put a defective in, and the petition may be dismissed on that ground. The judicial authority, in that case, does not necessarily go against the examining authority. Supposing we have not got a place to put the alleged defective in, why should the judicial authority have to make an order in every such case? Where there is no accommodation for a defective it will be the duty of the Board or the Government to find it. In other countries there are more defectives waiting for accommodation than the institutions can provide for. The Illinois Act has a provision to the effect that the court should be informed when vacancies occur. This will probably be done by us in regulations.

64. *Dr. Morris*: Under the Victorian Lunacy Law a patient may apply to a judge to be allowed to go out of an institution, and the judge can order him to be brought before him, and if he thinks fit, discharge the patient, even though the medical superintendent of the institution opposed it. Such an instance has occurred in Victoria. The Chief Justice of Victoria once did so in the case of a woman, and later on in the same day she was brought back by three constables. The Chief Justice afterwards said that he would not go against such expert evidence again.

65. *Mr. Watkins*: I understand it is possible for a patient to be got out of New Norfolk, even if the Medical Superintendent objects.

66. *Dr. Morris*: An inmate may be taken away; but if the doctor says that it would be dangerous for him to be taken away, then it could not be done.

67. *Mr. Marshall*: We have made provision in the Bill for a survey and examination of the children in State schools; what about a survey of children in schools other than State schools?

68. *Dr. Morris Miller*: That is provided for in Section 20, Paragraph 11.—

"Subject to the regulations, the Director of the Clinic shall make the necessary arrangements, conformably with Section Ten, for—

- 11.—(a) Ascertaining what children, not attending schools under the control of the Education Department, are defectives within the meaning of this Act;
- (b) Notifying the names and addresses of any such children to the head teacher or principal of the school which they are attending, to the superintendent or matron of any Government institution or the managers of any institution within the meaning of Section Four of 'The Children's Charter,' to which they may have been committed, to the Secretary of the Children of the State Department, or, in other cases, to the parent or guardian, if any."

69. *Mr. Pollard*: Some private schools might not be inclined to notify any defectives in their schools.

70. *Dr. Morris*: There is a clause giving power to the Board to make arrangements to go in and make an examination or survey.

71. *Mr. Marshall*: In dealing with cases of mental deficiencies or insanity, you mentioned certain causes, such as alcohol, syphilis, and so on. What, in your opinion, are the chief causes in order of importance, applying, if you like, to cases that have come under your notice?

72. *Dr. Morris*: I would not like off-hand to give a definite opinion on that particular matter as regards mental deficiencies. The defect is one thing; the order of importance of the causes you mention is another thing.

73. *Dr. Morris Miller*: With regard to the matter generally, it appears to me that the question of causation is the most difficult problem on the medical side. Modern research is being directed towards setting forth the precise characteristics of mental deficiency. A clear understanding of them will probably afford aid to the medical experts to discover the causes more definitely than has been the case hitherto. As regards the hereditary factor, it is known, of course, that the germ plasma is affected; but how precisely this affection comes about, how the taint actually originates in the first instance, are very great and difficult questions. Insanity, epilepsy, nervous disorders are all factors, but how they peculiarly operate in a particular case in its hereditary history is not easy to say. If one could prevent the germ plasma from being tainted, a satisfactory solution might be found. But how? That is the problem. The point is, the defect is there; its consequences are there, and they are known. Legislation is concerned with the consequences. How they arise is a medical matter.

74. *Dr. Morris*: It might be brought about by a serious nervous defect—insanity, epilepsy, and such like disorders. In the feeble-minded the defect is mainly congenital. Syphilis, malnutrition in early life, tuberculosis, have an influence on some cases. Take a man who suffers from tuberculosis. The family in many instances becomes pauperised by having to do too much for him. This throws a heavy burden on the family, and the children do not have the same chance in life as those of robust parents.

willowcourttasmania.org