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## The Report of the Special Investigation carried out on behalf of the Joint Committee

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The Report of the Mental Deficiency Committee could hardly fail to provide the student of social problems with a mass of important data. It could hardly have been anticipated, however, that that data would be as interesting as they are. The results of the investigation are striking in part because some of the facts disclosed are unexpected, and in part because of the extremely able fashion in which they have been collected and analysed. I should like at the outset to pay a tribute to the author of the Report, to whom the whole community is under a heavy debt.

With such an abundance of material it is difficult to know where to begin. It is natural perhaps to comment first upon the problem of the total number of mental defectives. For this purpose mental deficiency is defined as inability to achieve social adaptation and we are given an estimate of 314,000 mentally defective persons so defined, or about 8 per 1,000 of the population. There are two comments which suggest themselves. Some two years ago, failing any published authoritative estimate, I consulted experts in the subject and found that they placed the total at under 200,000. The problem, therefore, is much larger than we had been led to think. The former estimate of 200,000 puzzled me. If one took the presumed percentage of mentally defective children and applied it to the whole community, one got a figure close upon 400,000. While it was obvious that the higher figure was an exaggeration, because many children, who are educationally deficient, are not, when adult, socially deficient, it was difficult to believe that so many children who are classed as defective would not be so classed when adult. And this suggests the second comment. In the Report it is estimated that a third of the children, who are classed as mentally defective educationally, are capable of achieving social adaptation. I do not wish to question this estimate. But the fact remains that, when we adopt the restricted definition of deficiency, we leave out of account perhaps 100,000 persons, who, when at school, are unable to profit by normal education by reason of defective mental

equipment. In other words the whole social burden is not fully disclosed. These persons, when at school, require special attention and, in adult life, can hardly make an average contribution to the national income. They are likely to be directly or indirectly something of a drag on the community.

To the interesting question where the defectives are to be found various meanings may be given. We may ask where they are to be found in a geographical, a social, or an industrial sense. In the truly geographical sense there is no reason to imagine that the condition is unequally distributed. There is no reason to suppose, for instance, that it is more prevalent in the North than in the South, or in the East than in the West. But, as between town and country the results are decisive. Deficiency is more prevalent in rural than in urban areas. Many persons will no doubt see in this a confirmation of the view that the country is drained by emigration of its better stock. The Report makes no such assumption. It is pointed out that the lesser incidence of infant mortality in the country as compared with the town, the greater length of life in the country, and the migration of families with defective children from town to country would raise the incidence of deficiency. Whether these factors are sufficient to account for the greater prevalence of defectives in rural areas is a difficult question. After a good many years' observation of conditions in various rural areas of England, I believe that the tendency for the best to move to the towns is at least very much overrated. The town dwellers who hold this belief, flatter themselves and the attractiveness of their surroundings. But whatever the causes may be, the fact remains that there is a higher incidence in rural areas. This higher incidence may, as the Report says, be offset by a higher incidence at the other end of the scale, a higher incidence of ability in fact. When you compare houses in town and country, you find that in the latter there are a larger number of houses with a very few rooms and a larger number with many rooms than in the towns. The same may be the case with respect to ability; the extremes may be better represented in the country than in the towns and there are a few observations that seem to bear out this suggestion.

Another most interesting observation is that within either a rural or an urban area the distribution of defect is uneven. We are told that "in town and country the mental defectives are mostly found in pockets; there were geographical foci of mental deficiency." We are further told that these foci were found in slum areas. So much was this so that the author of the Report felt inclined to make what he calls a "rash" generalisation that "slumdom is largely the problem of the subnormal mentality of the inhabitants." To this he adds the

wise caution that he is speaking of slumdom and not of poverty. The distinction is very important but it is often forgotten. There is a vast mass of poverty where there is no question of slumdom and that poverty will remain untouched whatever steps we take to deal with defect. But there is also a vast mass of slumdom and it may very well be that we shall not solve this problem however assiduously we apply economic remedies so long as we do not tackle the biological and educational problems of defect. In this connection my attention was recently drawn to what seems to be going on in one quarter of a new housing area in a great industrial town. A new suburb of several thousand houses has been built and already in one portion there is an incipient slum. Poverty is no greater in this part than elsewhere in the new area but somehow a different and presumably lower type of householder has come in. He is making a slum out of surroundings that give a fair chance of a decent life. I suggest that a careful observation of what is going on in one or two of these great new housing areas might lead to interesting results. All have a fair chance of making a decent home, so far as house accommodation is concerned, but all do not take it. And the explanation is not to be found merely in poverty.

There is an allied problem upon which no light is thrown directly by the Report but which is perhaps worth bearing in mind. Mental deficiency is unevenly distributed within any area and also between urban and rural areas. There is some reason to suppose that it may be unevenly distributed between different types of urban areas. In the case of large towns, towns of, say, more than a quarter of a million inhabitants, there seems to be proportionately more slumdom than in a smaller town. I say "there seems to be" because, so far as I am concerned, it is only an impression. If the impression is well founded, the reason may lie in the larger incidence of deficiency in these large towns. It is not very difficult to see how very large towns may come to attract and harbour families whose mental equipment is defective. To these persons, shiftless and conscious of failure, the very large town offers casual labour, odds and ends of employment, the chance of something turning up. It seems to them that conditions in such surroundings would be more alluring than in a smaller industrial town with two or three dominant industries all demanding efficient workers and with little place for the inefficient. In fact in large towns some indefinite industries might be said to be built upon the employment of the inefficient. It may therefore be that an inquiry into the incidence of defect in such large towns would discover a higher rate than in other urban areas.

Passing from the problem of the amount of defect and its distribu-

tion, attention is likely to be turned next to the question of employment. Table 21 b is very informative. It has reference to non-institution cases only, that is to say, to mentally defective adults who lived at home with parents or guardians. It tells us that only 13.6% of the males and 5.1% of the females were "almost self-supporting" and that 38.5% of the males and 42.0% of the females contributed nothing to their own support. The "almost self-supporting" group consist of those who earned about fifteen shillings a week and were fairly regularly employed. Now it is no doubt true that with better organisation of the training of these persons and with better supervision, more of them could be employed. At present only 16.9% of the males and 6.3% of the females earn enough not to be a financial burden upon others. But it is doubtful whether the employment could be very substantially increased. A factor working in the contrary direction is making itself felt. This factor is not unnoticed in the Report. Few aspects of the position are neglected. This factor is the tendency to pay increasing attention to the human side of industry. Formerly employers may have thought about their machines and their markets but they paid little attention to the capacities of those who were to operate the machines. The foreman went to the front gate and took on hands when he wanted them. This is passing away and for the prosperity of industry the change is coming none too soon. We find employment departments in well organised works. School leaving certificates have a commercial value. The choice of workers is becoming more discriminating. This tendency seems likely to overbear any results we may achieve by better training and the probability is that the financial burden will increase rather than diminish.

This raises the question of the size of the financial burden. It is certain that, while we cannot say with any accuracy what it amounts to, it is commonly underestimated. It is often assumed that the expenses of the Local Mental Deficiency Authorities incurred in maintenance represent a large part at least of the cost. But what does the Report show? Of the adult defectives investigated 56% were supported wholly or partially by public funds or by charity organisations. But of the whole group of adult defectives receiving financial assistance, only about 18% were paid for by the Local Mental Deficiency Authorities. About 54% of this whole group were either in ordinary Poor Law Institutions or in receipt of outdoor relief. Another 25% were in mental hospitals. There is also the heavy cost of educating feeble-minded children as compared with that of educating normal children. This is a more familiar theme. The very difficult question of the proper apportionment of such funds as can be spared between

the bright and the dull is often debated. The fact remains, however, that so long as we have the dull and the deficient, we must make efforts to train them and that these efforts are costly. The general impression left by reading the Report is that not only is the amount of deficiency greater than previously supposed but that the financial burden per adult defective which falls upon others is larger than previously imagined.

With these findings in mind it is inevitable that attention should turn to the question whether mental deficiency is on the increase. It is clear enough that no definite answer can be given to this question. This is the first thorough investigation into the prevalence of the condition. There is nothing with which to compare it. In another five or ten years it will be possible to repeat the investigation and return a fairly definite answer. Meanwhile we can only note such indications as there are. We are first faced by the fact that the incidence is much higher than that estimated by the Royal Commission of 1906. The present estimate gives nearly twice as many mental defectives as that calculated for the earlier date. But the 1906 estimate was no doubt incomplete. Not only have methods of diagnosis improved but much more time was spent by the present investigators and much more assistance given to them. In the Report a large part, if not the greater part, of the apparent increase is attributed to this factor. But, the Report goes on to say, there is evidence that the proportion of defective persons in the population is higher now than twenty years ago. In particular the incidence of low grade defect is significant because the criteria used in the present investigation are believed to be much the same as on the former occasion. The incidence of low grade defect comes out almost twice as high from the recent as from the former investigation. This does not, however, necessarily imply that proportionately more defectives are now born than formerly. During these twenty years vast improvements have been made in the saving of infant lives. Maternity and Child Welfare work have had marked results but not perhaps entirely in the direction anticipated. Many more defective infants survive than before and to this may be attributed, in large part in any case, the findings of the present Report.

While it is certainly true that most of the apparent increase in the incidence of deficiency is to be traced to these two factors, more complete ascertainment and increased longevity, and while it is possible that these two factors may provide the whole explanation, it nevertheless seems that a proportionately larger number of defectives may have been born. The situation is something after this kind. On the one hand some thousands of adult defectives are at any one time in institu-

tions or under supervision in such fashion as to render propagation impossible. On the other hand "approximately 25% of the feeble-minded children and adults lived in homes classed as 'very poor.'" By "very poor homes" is meant the standard of the lowest 10% of homes in a large town. In other words feeble-mindedness is found in a disproportionately large percentage of homes of the type where the birth-rate is high. It may be the case that the 314,000 mentally defective persons of the present generation will not make a contribution to the next generation out of proportion to their numbers because some thousands of them are at any one time under restraint. But the border line persons, the dull and backward, are under no restraint and they too tend to live in homes where the birth-rate is high. They have among their children more defectives than normal persons. It may be that the high birth-rate among the border line class of person more than counteracts the effects of segregation and of supervision of a proportion of the defectives and of the higher mortality of defectives in comparison with normals. Here seems to be the danger point. Before the publication of this Report it seemed probably safe enough to suppose that more complete ascertainment accounted for any apparent increase in numbers. After the publication of this Report it seems somewhat more probable that there has been a proportionate increase in the number of defectives born. But we are moving in a region of almost pure speculation. We can but await, perhaps with some uneasiness, the results of the next complete inquiry.

In conclusion, when speaking on this subject from a sociological point of view, I should like to emphasise one aspect of the matter the importance of which has been borne in upon me by various experiences. It is that the full importance of mental defect in our midst is not measured by the monetary burden or by any other statistical measure. It is not true to say that the strength of our society is the strength of the weakest link. But the statement is becoming more nearly true. As we progress socially, so does society become integrated. There is more interdependence than before. This implies that each defective is of relatively greater importance—because he is a greater drag than before upon normal persons. This is well seen in the case of education. The feeble-minded child is more of a drag in a class of normal children that at the beginning of the century. In every sphere we are making a greater collective effort to attain higher levels. But the defective cannot attain these levels and, because our efforts are increasingly collective, he is a bar to the progress of others. At length, however, thanks to this investigation, we know the magnitude of our problem. There is no longer any excuse for failing to face it.