

another country which earlier than most occupied itself with the welfare of such defectives, being no doubt largely prompted thereto by the wretched condition of the cretins in its valleys. It is true that isolated efforts to collect the feeble-minded, together with the homeless and the outcast, for the purpose of care and supervision can be traced to much earlier dates but the general movement is associated with the period mentioned. In ancient times, it is well known that the congenitally weak-minded were either destroyed outright or allowed to perish, being deliberately exposed to the risk of death, unless, perchance, they were tolerated for the sake of diversion. The drastic methods of the ancients find a milder modern counterpart in suggestions for the asexualisation of the mentally defective, suggestions which have already in a limited way been put into practice in the United States. In the Middle Ages the feeble-minded appear often to have wandered unmolested, being regarded with a certain superstitious reverence (“les enfants du bon Dieu”), and doubtless some of the fools and the jesters of mediæval times were recruited from this class. The village “fool” is still to be found, although there has of late years been a growing tendency to sweep all such feeble-minded persons

into asylums for the insane, which is undoubtedly a mistaken course.

All schemes for dealing with the feeble-minded are necessarily based upon their classification and also upon the fact that cure does not take place but that even the best of them require a certain amount of supervision at the expiration of the period of training. For practical purposes these defectives may be classified as idiots and low-grade imbeciles, unimprovable or improvable in but slight degree, and mainly in self-help; imbeciles of higher grade, capable of being trained to such a degree as to be partially self-supporting; and the mentally feeble capable of training to the extent of being self-supporting. The needs of the first class are met by the Idiots Act of 1886, which permits the detention of idiots and imbeciles in special institutions. These, however, are far too few, large areas of the country being unprovided for. In default of special institutions these cases, as well as many of the trainable classes, are relegated to workhouses and asylums where they are totally out of place except, perhaps, in those rare instances in which it has been deemed worth while to make separate provision for them. Too often such children are found scattered about asylum wards where their presence is a source of irritation to the insane and is apt to give rise to

degrading practices. It is desirable that it should be made incumbent on county councils to provide accommodation for this class which could be cared for on a simpler and cheaper scale than that required in the case of the insane. It is, however, when we come to considering the second and third classes, as defined above, of defectives that we recognise the inadequacy of the means at present available for their detention and training and the harm which in consequence results to society. Unfit for ordinary school education, turned adrift from home, these feeble-minded individuals wander about living as best they can. Their history is made up of vagabondage, larceny, incendiarism and criminal assaults. Feeble-minded young girls are received in a state of pregnancy into charitable institutions; feeble-minded youths are consigned to prison and transferred to the nearest asylum, where an anthropometric examination reveals abundant and pronounced stigmata of degeneration.

REFERENCE

Lancet, 11 February 1905, 370.

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Corrigenda

Impact of childhood abuse on the clinical course of bipolar disorder. *BJP*, 186, 121–125. In Table 1 (p. 122) the second column should be headed ‘No history of severe childhood abuse’ and the third column should be headed ‘History of severe childhood abuse’. The online version of this

article has been corrected post-publication in deviation from print and in accordance with this correction.

Career choices for psychiatry: national surveys of graduates of 1974–2000 from UK medical schools. *BJP*, 186, 158–164. The

third ‘Limitation’ (p. 163) should read: Post-questionnaire surveys may not capture some of the subtleties of views about psychiatry and we did not ask those who did not choose psychiatry whether there are factors that might have influenced them to choose it.