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ON THE RELATION OF PSYCHIATRY TO THE STATE.

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Society has in recent years manifested a sound and stimulating interest in the progress of psychiatry. We have begun to see the fruits of this attention in the crystallization of some of its knowledge in legislation—much of it enlightened and beneficial in its results. Psychiatry, to meet the demands of an awakened public conscience for additional truth, is broadening the field of its inquiries. We, on our part, have devoted much time and study to the care of the insane, and have accomplished much in the planning, construction and equipment of institutions for better housing, classification and treatment. For this purpose and under our advice and direction society, through its various units of government, has applied millions and millions of dollars for construction, and for upkeep, maintenance and treatment vast sums are annually expended, making it the largest, costliest, and best directed charity the world has ever known.

The history of this Association is the history of this charity in America. It has guided it by slow stages from mere custodial care, through the infirmary and asylum, to the modern day hospital, with its splendid household and medical equipment, its laboratories, diversions, occupations, re-educational and training schools, colonization, voluntary commitment, after-care, and anything and everything facilitating diagnosis and treatment with a

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view to the amelioration of the distress of mental disease and restoration to health, home and society. This work has been well done and its accomplishment is a story of lifetime devotion and labor of love by a long list of distinguished members, living and dead, of this Association. This development, familiar to every member present, has not been devoid of interruptions, delays, disappointments and discouragements by political interference, depleted treasuries, narrow and short-sighted policies, top-heavy officialdom and the like, and yet throughout its course it has maintained, and to-day enjoys, a high degree of public confidence.

To the educational efforts of the superintendents of the hospitals more than to any other single agency is credit due for the system of state care. In season and out they have pressed upon the attention of the public and the constituted authority, the wisdom, humanity and value of the early admission of new cases to the hospitals and the duty of the state to provide necessary accommodations for their care and treatment by the establishment of new institutions and the enlargement of the old. Not infrequently have their activities extorted from unwilling states and their doubting legislative bodies necessary funds with which to carry forward their plans for improvements, new construction and maintenance, and yet in the end, however grudgingly these appropriations may have been given, usually, if not always, their application has received public approval and applause. While state care is not complete, except possibly in New York, Delaware and Virginia, it approximates it in most of the states, and the results justify beyond all question the value of the system over the earlier, meager and incomplete methods of care under smaller divisions of government, niggardly administered by commissions, selectmen, trustees and overseers of the poor, from whom the authority was wrested only after a struggle covering many years and led by the superintendents of the hospitals. While the development is a source of gratification, the work is far from finished.

We have preached the doctrine of segregation for nearly a century and the state has in large measure heeded us. Institutions have been multiplied and enlarged to mammoth proportions to meet our demand for state care, and are yet insufficient. Whether the increase of the mentally diseased is real or apparent, the fact remains that the number of so-called insane is larger to-day than

history has ever recorded. The burden of care has become enormously heavy and so great in some states as to constitute the largest item of public expenditure. Concretely and approximately, in every group of 300 citizens there is one mentally diseased person whose domicile under public care would cost \$1000, and whose care and treatment would demand an outlay of \$200 annually for ten years. Complete segregation will require a permanent investment of \$300,000,000, and for custody, care and treatment \$600,000,000 more in ten years. Small wonder that an enlightened public is asking on every side from the Senate chamber to the boys' club the pertinent question, Why? And this question must be answered. An intelligent philanthropy demands knowledge. On faith alone it cannot and will not carry this mighty burden. The spirit of altruism is beautiful and helpful in some degree, however applied, but is not permanently beneficial unless founded on scientific knowledge. Herein lies the responsibility of this Association, and from its members must come this information. In our wards and laboratories must be worked out the problems of ætiology with scientific accuracy before substantial progress can be made in prevention.

Never in the history of this Association was the responsibility resting upon it and its individual members so great as it is to-day. If, after the ceaseless effort of 71 years, state care may be regarded as successfully and permanently established, even if not quite complete and perfect, we of this Association find ourselves possessed of a reasonable degree of public confidence, it means something. Public confidence in this instance spells faith and responsibility. Faith is in us for the lessons we have learned and taught to others—a faith justified by works—for things done for the insane and for the state in the great service in care and treatment. Responsibility rests upon us for the guidance of an awakened public, better informed and more intelligent than ever before, in the difficult field of prevention. The layman's point of view is not only changed, but it is broadened by elevation; he now looks over and behind hillocks which were formerly barriers and down into valleys hitherto bottomless. When he wants to know, the time is come when he should know.

During the past ten years the subject of prevention has held an important place in our program. The futility of segregation of

the so-called insane as a means of prevention, while the feeble-minded and epileptic remain at large, has long been apparent. Humanitarian motives originally and mainly have prompted and justified the segregation of the insane for treatment and custody and led, by reason of the immensity of the cost, into our system of state care. It was not established and developed as an eugenic movement, although we are coming more and more to appreciate its eugenic value. Latterly more importance has been attached to it as a factor in prevention, and yet it must be admitted that this element is negligible as compared with the value of segregation of the feeble-minded and epileptic, since more than 50 per cent of the women in our hospitals are beyond the child-bearing period and the incidence of insanity increases with advancing years.

Insanity, so-called, has been properly termed an end-product. The processes may be long or short and include one, two or more generations, and based upon a syphilitic infection, an alcoholic degeneration, trauma, an auto-intoxication, or whatnot, yet whatever it may be must be determined and given publicity. Humanity demands, and duty agrees, that no effort must be relaxed and no means omitted to relieve the distress of the end-products, yet another duty urges recognition and control of the morbid processes which threaten an overwhelming sub-normal output.

Psychiatry, then, has a two-fold relation to the state. On the one hand it is the treatment and control of the so-called insane, which is generally accepted and practiced. The other aspect is the guidance of the state into practical methods of prevention. The latter depends upon the former. We may go on to the end of time treating and caring for the mentally diseased and may return a goodly number to their homes and former walks of life, and yet in the end the results are temporary only unless, in the methods of treatment and care, we go back and beyond into the realm of causation and by a scientific analysis of all our cases demonstrate the morbid elements responsible for so much sub-normal product. In the study of this complex problem, progress is necessarily slow, yet some advance is being made and some important facts have been gathered.

Without entering upon any extended discussion of the complex subject of causation, it is pertinent here to make brief reference to it. As our investigations have advanced during the past 10

or 15 years, the accepted causes of mental disease have been numerically reduced. Not forgetful of, but omitting for the sake of brevity, the acute infections, and the auto-intoxications resulting from disordered metabolism, we are forced to admit that the chief factors in the production of mental disorders are, in the order of their importance, *heredity, syphilis, alcoholism and other drug habits*. While granting that the term heredity is more convenient than exact, it is generally accepted to mean the transmission of a defective organism from one generation to another. And in the light of the results of recent investigations and the trend of scientific opinion, the elements influential in originally modifying the organism are syphilis and alcoholism, and less frequently other drug habits. As our tests for syphilis become more precise, the number of mental defectives showing positive reactions to them has steadily increased, and it seems now probable that transmitted syphilis produces as many mental defectives as direct infection. Unfortunately we have no corresponding test for alcoholism and other drug habits, but the study of the family history and clinical observation furnishes sufficient ground for assigning alcoholism as the direct cause of many cases of epilepsy, feeble-mindedness, dementia præcox, neurasthenia, psychasthenia and other mental disorders attributable to a defective organism. If, then, syphilis and alcoholism or other drug habits are shown to play such important parts in heredity, their value as causative agents of mental defectiveness is enormously increased. This view of causation does not by any means make clear the origin of all mental defectives, but it certainly includes the majority of them and furnishes abundant suggestions for prevention.

The responsibility of this membership does not end with its hospital and laboratory work and the knowledge of causation it may gather there. Unless there is found a practical application of this knowledge, it is useless in prevention, and therefore its wise dissemination into those channels which may best reach and impress the public mind becomes an important function. If the state is to be guided with the same care and safety into the field of prevention as it has been into that of treatment and management, cautious advice is necessary.

This is a period of law making. Advanced but immature thought finds its way quickly into the statute books of the land.

Good causes are often embarrassed and hindered, and humanitarian effort is not infrequently limited by unwise and impractical legislation. The subject of prevention of the mental defective has not wholly escaped.

The eugenic laws suggested for recent enactment in several states furnish an example of such premature legislation which must prove more harmful than helpful. The dignified science of eugenics has been degraded into a public plaything and made the unfortunate object of the cheap wit of the stage and public press, for the reason that its principles have not been sufficiently worked out to furnish a sound foundation for a legal superstructure. Indeed, there is no assurance that its principles, whenever they are known and proven, can ever be applied by the law to improve the efficiency of the race. The statutory requirements of even a clean bill of health for a marriage license fails, notwithstanding it aims to prevent infection, direct and indirect, from syphilis and tuberculosis—diseases recognized and admitted by every thinking man and woman in the land as contributing enormously to human misery and incompetence. This law has never proven successful in any state, because thorough medical examination, a *sine qua non*, is difficult and costly, and medical certificates are obtainable from unskilled and incompetent medical men for small fees based upon imperfect examination which defeat the very purpose of the law. Moreover, as has been repeatedly pointed out by Dr. White and others, it is a reasonable expectation that common-law marriages and illegitimate sexual relations must follow any legal effort to restrict marriage. It seems apparent, also, that the elimination in any degree of the human element from the marriage contract must decrease legal marriages and the birth rate, and diminish the importance of the family, the very source of our social strength. Discouraged thus in the application by law of the simple rules of prevention of infectious disease through sexual contact, little may be expected from legal assistance in the practical observation of the higher and more complex principles of the science of eugenics. Only careful medical and social observation, genetic experimentation and biologic investigation through a long period of time can develop the knowledge on which to base safe rules of human conduct in the laudable effort of race improvement. It is a subject worthy of the most careful consideration and every

encouragement and assistance which psychiatry can accord it, and the cause cannot be better served than by judicious discouragement of premature legislation which belittles and hinders, rather than stimulates, progress in a worthy cause. No theoretical standards of eugenics can be successfully forced on any community, and no standard of one community can be forced on another differently organized.

Legalized sterilization, promising and valuable as it is, has made little progress as a means of prevention, because it is too far in advance of popular opinion. In my own state of Indiana, where in 1907 legal recognition was first given it, the purpose of the law is "to prevent procreation of confirmed criminals, idiots, imbeciles and rapists," and is applicable in "pronounced unimprovable cases" only; it has not advanced in public favor as rapidly as was expected. Even after eight years it must be applied with discretion and caution, because, lacking in popular support, the threat and danger of raising the question of constitutionality, a test it can never endure, eternally hangs over it. Paradoxical as it is, the very enactment of the law has stopped in a manner the campaign of education in favor of its underlying principle, because, having secured the law, continued discussion with doubtful support and lack of appreciation of its purpose and value endangers it. The law, therefore, has been limited in its application. An obstacle to the practical application of this and some other legal measures looking to the prevention of mental and physical inefficiency lies in the fact that demonstrable benefits are secured only after an experience of two or three generations and cannot, therefore, be brought to their support, except by some analogy, and this fact emphasizes the contention that in matters of statutory prevention an awakened public conscience is a prerequisite. These observations upon legalized sterilization must not be construed as inimical to the Indiana law, because the writer believes in it, supported the measure in its enactment, and has continued to do so to the present day; but the view in retrospect suggests that more rapid progress would have been made by a longer period of education before invoking statutory aid.

It thus appears that the exercise of a wise influence against premature legislation in methods of prevention is not the least of

our duties. A pleasing and convenient method of disposing of suggestions for prevention and kindred subjects by large organizations such as this is to accept them in the form of resolutions recommending legislation and pass them with brief discussion and little consideration of their practical application. They are then used with the stamp of authority by lawmakers, too often seeking personal notoriety rather than the good of the cause, for legal enactments which prove impractical and ineffective and bring the law and the cause into ill repute.

The field of opportunity in prevention is broad and inviting, and consists not in experimental law making, but rather in the dissemination of the scientific knowledge gathered from our wards and laboratories, through well-chosen and sane channels of social service, to the family and individual. The present awakening of the public to the mighty problem of the mental defective is wholesome and affords unusual opportunity to the teacher and psychiatrist ready with lessons in prevention. These lessons must be founded upon our present knowledge of ætiology and explicitly demonstrate the certain penalties of syphilis, alcoholism and other drug habits, and their hereditary influences, and must include the control of the large groups of defective organisms—the feeble-minded, the epileptic and delinquent.

It is unquestionably the consensus of opinion that the complete and permanent segregation of the feeble-minded promises the highest and most far-reaching results in prevention and would go far towards solving this stupendous problem; yet it is also apparent that the great cost of such segregation stands as a bar to its full application. Accepting published statistical reports, there are more feeble-minded than insane persons in the country, with only 50,000 segregated in public institutions, jails, almshouses and penal establishments. Or, in other words, the complete segregation of the feeble-minded would at least involve a duplication in capacity of all the hospitals for insane in the land—a consummation entirely beyond our resources under the present fallacious financial policy of most of our states. In all other forward movements requiring large expenditure of public funds for permanent improvements the state, by bonding, distributes the burden of cost over the two or three generations benefited by the undertaking. In

the care and treatment of its defectives the state strangely makes an exception to this policy and places the burden of cost, both for permanent improvements and maintenance, upon the present generation. If such exception could be eliminated, segregation could be extended to many more and the cause of prevention much advanced. It is worthy of consideration and effort in the more populous commonwealths.

In the establishment of new institutions for the insane or feeble-minded under the state-care system, it seems inevitable that cost will be a more important factor in the future than it has been in the past. The trend of approval unquestionably is in the direction of higher and better equipment of existing institutions and their enlargement by colonization, rather than by duplication of institutions. This plan has much to commend it. It reduces the per capita cost of original construction, provides in the parent institution the scientific equipment needful for the study and care of those requiring special treatment, nursing and re-education, and the colonies with simple and inexpensive construction and equipment, located at varying distances from the central plant, afford large opportunity for the employment of custodial cases in such a manner as to contribute something to the cost of their maintenance. This plan is being applied successfully in several of the states and is growing in popularity. It will doubtless result in the segregation of a much larger number of defectives at a relatively smaller expenditure of public funds.

While encouragement may properly and safely be given the establishment of special institutions for the segregation of the feeble-minded, as far as means may permit, it is apparent all can never be removed from society and that the problem must be approached from some other angle. That angle, as it now appears, is the stimulation of public interest by bringing to the attention of the great middle classes of our people the gathered facts bearing directly upon this question. The middle classes include all between the extremes—from thinking and reading laboring men and women to and including the professions—and these constitute the great moving force of our development. If this strong group can be brought to a fine appreciation and consistent support of the movement now being inaugurated throughout the land for the

thorough medical examination of the school children and the treatment and training of the large group of sub-normals amenable to such management, the certain penalty of procreation by them and the value of sterilization as a means of prevention, something positive will be accomplished. This support is obtainable, if sought, and there is no higher duty resting upon us as members of this Association than to seek it.

A prolific source of increase of insane and feeble-minded cases lies in that large group discharged annually from our institutions as recovered and improved, and its control confessedly furnishes a difficult and complex problem. This group includes necessarily many cases of manic-depressive psychosis, recurrent in character, and a still larger number of cases of dementia præcox adjusted to lower mental levels. For obvious reasons these cases cannot be retained indefinitely in our institutions and are returned to their homes or set at large to enjoy under present conditions the full rights of citizenship, which means too often the reproduction of their kind. To this group may be added, also, the sub-normal children taken from the public schools and given special training, as the result of medical inspection and supervision, and their number will increase enormously as these inspections become more rigid. True, it is the laudable purpose to train them in special schools and fit them in some degree for lives of usefulness, but in thus avoiding segregation they are, although no better fitted, helped towards parenthood with its mischievous consequences. While public opinion against marriages in these groups will accomplish something, the only positive preventive measure for this menace is sterilization. It may be a long way in the future, because it must wait popular approval, but towards it the campaign of education must be directed.

Nevertheless it is our duty to encourage the system of medical examination of school children by experts specially trained for the purpose, with a view to removing sub-normal children from the schools and treating and training them in the manual training schools under special teachers and medical officers collaborating. A movement should be encouraged to provide, wherever numbers justify them, clearing houses for mental defectives upon the general lines of that recently established by the Commissioner of Charities in New York and under the very efficient management of Dr. Max C. Schlapp. This work is broad and efficient and commends itself.

The out-door work of Dr. W. E. Farnald in connection with the Massachusetts School for the Feeble-Minded and other similar institutions is commendable and effective and should be applied wherever possible.

The establishment of societies and committees for medical hygiene, psychiatric societies, eugenic societies and the like deserve the encouragement of this Association. Such organizations are now actively at work in a few states. They are in a fair way to accomplish much good, and should be established elsewhere. We can contribute nothing better to the great cause of prevention at this time than by the promotion in every state of the union of state-wide societies, affiliated or not with national organizations, of mental hygiene and the like, to include both laymen and medical men, to whom and through whom a better understanding of the nature of mental disease and its preventableness may be taught.

The National and State Conferences of Charities and Correction afford unusual opportunities for the dissemination of knowledge on prevention. This national organization has for many years dealt influentially and helpfully "with the problem of charitable institutions supported by taxation and caring for adults and children who by reason of infirmity or misconduct are for the time being wards of the state." Its membership is limited only to those interested in charity and correction, and two or three sessions of its annual meetings are devoted to the insane, feeble-minded and epileptic, under the chairmanship usually of a superintendent of a state benevolent institution. Its active membership includes the best known social workers in America and its audiences are probably the largest and most influential of any of the national organizations that seek the uplift of humanity. While it is interested alike with us in the all-important subject of prevention, it is apparent that our membership has not, especially in recent years, availed itself of this unusual field for the presentation of its observation and conclusions. A more active participation in its deliberations by this membership would certainly give a more scientific foundation for the doctrines it so widely and effectively promulgates.

And coming closer home, there is no field so rich for the implantation of the seed of prevention, as the local community of

every institution, state or private, represented in this Association. All may readily become centers of activity in social service and through local clubs and societies reach the family and individual without misdirection. The peculiar relationship of the institution to the local community gives any expression emanating from it a stamp of authority which is invaluable in this cause. It is admitted that the medical staff is usually burdened with its multiplicity of duties, but ample time should be found, even if it is necessary to add an additional medical officer to the staff for the purpose. No better investment could be made by the state.

The development of after-care directly by the institution or through independent local organizations would stimulate interest where little now exists.

The establishment of a weekly or monthly public dispensary service in connection with each hospital would make it possible for incipient cases of mental disease to receive expert advice and treatment, and is worthy of trial and encouragement. Many such cases would be saved from serious mental upset and commitment, and such a dispensary service in conjunction with the institution's social service and after-care organizations could manage and treat many mental cases at home, even for long periods of time, with satisfactory results. The effect of such treatment and supervision is broader than the benefits accruing to the case itself, because the advice and instruction would reach the entire neurotic family and the immediate neighbors.

Intimate touch with the public might be effected by a thorough survey by each institution for the insane, feeble-minded and epileptics of all the territory tributary to it; and this would also yield valuable information concerning consanguinity, social habits and conditions, and other factors of causation which would suggest corrective and preventive measures.

The local medical societies lend themselves readily to these movements and bring into them men and women of scientific training whose assistance and services are invaluable to the cause. In the end, whatever of substantial progress is made along the lines of prevention of mental or other disease is the result of the primary activities of the medical profession, and without its intelligent and sympathetic support little can be accomplished.

In the education of the people in the direction of prevention, there is need of capable leadership even more efficient and influential than that which made possible the state care system, because it touches the family and the individual and must modify customs heretofore held privileged and sacred. The activities, therefore, of this membership, to be effective, must be of a kind to beget the greatest public confidence.

There is good ground for the belief that many heads of public institutions have in the past limited their influence and lost something in the public estimate by confining their public activities to expert testimony and medico-legal cases, and have thereby encouraged the growing impression that their expert medical opinion and advice on all public questions is based upon a monetary consideration. An ethical question, debatable of course, can be raised in this connection. If not now, the prediction is safe that the day is not distant when the medical superintendents of the public hospitals will regard it as their duty to decline to appear as experts in court except as members of an impartial commission to determine the question of mental disease and responsibility, appointed by some legally constituted authority. It is questionable whether a medical officer can ever appear as a partisan expert witness without jeopardizing in some degree the interests of his institution, his personal and professional dignity, and his influence as a medical adviser to the public. There can be no higher mission of such an officer than to carry directly to the people his expert knowledge of mental disease and its prevention.

Aloofness has been charged directly or by implication against this Association by some other medical societies, but this criticism, based doubtlessly upon an imperfect conception of its work, is disappearing and may be entirely removed by cooperation in this common cause of humanity in which every worthy member of the profession is vitally interested.

The growing importance of psychiatry in the curricula of the medical schools testifies to an awakened interest in a subject hitherto regarded as obscure and cheerless, if not speculative and intangible, and encourages the belief that it is becoming more generally recognized as "a large and important chapter of inner medicine," and is "likely to prove a formidable rival of all the other medical specialties for the affection of the better young men

now entering upon medical careers" (Barker). These facts are indeed encouraging, but it will be remembered that the great army of strong and influential medical men active now in the practice of the profession and useful to us in the campaign of prevention have had little or no training in psychiatry and must be enlisted in the cause on the broad ground of general prophylaxis. On proper appeal, however, this can be done. And furthermore, a closer relationship with the general profession will, through cooperation, lead to the establishment of more psychiatric institutes and clinics in the populous centers and thereby stimulate activity in the field of research and treatment. Psychiatry is so broad in its scope and its problems are so enormous that it welcomes the student of all the allied and subsidiary sciences. In the view of Dr. L. F. Barker, "no single investigator, of course, can hope to be active in all parts of this large and varied field of inquiry. Not even the collective activities of the members of a single psychiatric clinic can cultivate more than a small portion of the field. The work is cut out for the aggregate of the world's psychiatrists for at least many generations ahead."

The enlistment of the medical profession in these activities brings into the cause the most potent and influential of all the factors of prevention—the family physician—the one person who has the first and the last word in shaping the destinies of the race, the one who dares walk "where angels fear to tread"; the one person who ventures within the sacred precincts of the hearthstone, or at the steps of the holy altar makes bold to say, "Thou shalt not." Arm him with the facts being gathered to-day in the wards, the laboratories and such meetings as this, and the battle is half won.

Other avenues of approach and other influences might be mentioned, but those enumerated suffice for present purposes. Through these the dangers of an overwhelming increase of the mental defective can be demonstrated, the public conscience can be reached and aroused to the necessity of observing a few fixed rules looking to the conservation of human efficiency. Then and not till then may we look with reasonable expectation for any practical results from legal enactment upon sterilization, restricted marriages, higher eugenics, and complete segregation of the feeble-minded.

IMMIGRATION.

The subject of immigration has assumed additional importance and is rendered somewhat more complex by reason of the present European war. While practically suspended now, resumption is expected after the cessation of hostilities. There seems to be a divergence of opinion among public men of the effect the war will have upon future movements of population to this country. On the one hand it is claimed that it cannot in many years, if ever, attain such proportions as prior to this conflict, when, for example, 1,218,480 immigrants were admitted during the year ending June 30, 1914. This assumption is based upon the statement that the war will be exhaustive to the participating powers as well as to their neighbors, and that with a diminished national population abundant employment will be found at home for both men and women able to do any kind of work in the rebuilding and operation of neglected and damaged industries, internal improvements, and national defenses; and that, if history repeats itself, such a costly war will be followed by an era of unusual industrial prosperity in all the affected countries, making emigration unnecessary and undesirable.

On the other hand, the opinion is held that the heavy burden of taxation, raised to the very limit to repair as soon as possible the extraordinary national losses sustained by this conflict, will markedly increase the drift to this country. In this exodus, it is predicted that many weak, defective and dependent persons will be encouraged to join, because public relief at home will be curtailed, if not entirely withheld, temporarily at least, for want of public funds, while in America substantial relief is assured if the gauntlet of the port of entry can be safely run.

Whatever view of the situation may prove correct only time can tell, yet it may safely be assumed that the immigration of the next five years will not bring to our shores the most desirable material for good citizenship. It goes without saying that the losses in war are the best blood of the nation, because only the strongest youth and best manhood are called to the colors and the weaklings remain at home to help the women folk as "hewers of wood and drawers of water," and later to father the coming generation. The several nations will see to it, as a matter of national safety, if not of existence, that the best of the survivors do not emigrate,

and such as are permitted or encouraged to leave will come from the weaker groups.

With such a discouraging prospect it behooves us to increase our activities and vigilances in the direction of better legislation upon this subject of immigration. All of us are aware of the weight and unjust burden upon some of our Eastern states, and particularly New York State, as a result of the laxity of our immigration laws and the incomplete medical inspection under them by reason of the limited number of trained medical examiners.

It is not my purpose to anticipate any report the Committee on Immigration may render to the Association, but rather to call special attention to this important subject at a critical time. The transactions of last year are not clear upon the continuation of this committee, but in the judgment of the President and Secretary, it was deemed desirable to give it a place on the program in the hope that it has continued its work and may have a report for presentation and consideration.