A
MENTAL HEALTH
PRIMER

CONSISTING OF A SERIES OF BRIEF ARTICLES ON THE
SYMPTOMS AND ESPECIALLY THE PREVENTION OF THE
MORE COMMON TYPES OF MENTAL DISORDERS

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Published by

MASSACHUSETTS SOCIETY FOR MENTAL HYGIENE
1132 Kimball Building
18 TREMONT STREET, BOSTON, MASS.

Publication No. 42
A MENTAL HEALTH PRIMER.

INTRODUCTION.

THAT the mental health of a community is as important as its physical welfare is an obvious, but generally disregarded, truth. Obvious, because without mental health the most vigorous cannot maintain a satisfactory economic adjustment; generally disregarded, because that residuum of medieval superstition (stigma) still clings tenaciously to our mentally sick, and we are prone to disregard that which is unpleasant and little comprehended. Why rheumatism or heart disease to some should be almost matters of family pride, and an attack of mental illness a disgrace, is one of the phenomena of human psychology.

There are encouraging signs on the horizon, however, that augur well for a reversal of this generally accepted attitude, and each month sees a gratifying increase in numbers of those who voluntarily seek help for mental difficulties at our psychopathic clinics and dispensaries.

Much of this change in public feeling must be credited as the direct result of a long campaign of education by mental hygiene organizations, and this brings us to an explanation of what mental hygiene really is and what it aims to accomplish.

Originally conceived as a simple organization to better the hapless lot of the insane in our State and private hospitals (or asylums as they were then called) and to raise their standards of care, mental hygiene has undergone a long process of evolution until recently it has emerged from a fog of misconception and prejudice to take its rightful place well to the fore of the Nation's great public health movements. Indeed, that dean of all public health experts, Dr. Haven Emerson, recently said: "We have arrived at a point in the organization of our national effort for health where advance in the fields already preempted and liberally supported by public opinion and resources must await for entire success upon a fair beginning and progress in that most delicate and difficult, and yet most promising undertaking of all,—the prevention of nervous disorders and mental defects."
Prevention is the basic idea on which mental hygiene functions. For it has been amply established that a certain amount of nervous and mental disease is unnecessary and can be prevented. Prevention is not only possible for some of the frank insanities, so called, but to even a greater extent it can be applied to many of that vast horde of neurotic disorders commonly known as “nervousness” and “nervous breakdowns” that affect so large a proportion in every community.

Mental hygiene as a public health movement is a difficult concept to some, and yet founded on the rock of prevention, such conception is wholly logical. We have long known that attention to physical hygiene, proper sanitation, proper nutrition, proper safeguarding against disease of the teeth, lungs and stomach has gone far to prevent physical illness and to increase physical welfare, but until a comparatively short time ago we knew little of the influence of mental factors in maintaining the role of all-around community health. Thus it is that even now avowedly general health programs are enthusiastically formulated without slightest reference to mental health.

The modern school child is passed through an almost daily gamut of physical inspections; scrupulous attention is given to individual fragments of his anatomy,—to his tonsils and adenoids, to the condition of his skin, his weight, his eyes,—but until recently scant attention has been given to the whole child himself,—to the tout ensemble,—to his personality and character. And when, in spite of these useful and important physical safeguards, he becomes a truant or, perhaps, steals or lies or runs away a sufficient number of times, we are prone to wash our hands of him, call him a “stubborn child,” feeling that all possible has been done to make his body normal, and invoke the majesty of the law as a preliminary to the “reform” school. The “why” of his conduct disorder seldom appears important enough to warrant investigation, and the easily ascertained fact that he may possess an ignorant or defective mother lacking barest fundamentals of child-training, or, perhaps, that like “Topsy” he “just grew” in an environment of perpetual wrangling, dishonesty and lack of control, remains undiscovered through lack of knowledge of how important such factors are.

The present status of the mental health program in Massachusetts is one of public education in means of prevention. This implies an early recognition of warning symptoms and early treatment. It is a program that cannot be quickly consummated. Superstition, prejudice, ignorance,—all in turn must be overcome, and a willingness instilled to recognize certain traits and symptoms, commonly denoted by mutual agreement as “queer” or “cussed,” as being really mental in origin.

Such a program cannot be carried out successfully by the medical profession alone. Just as the tuberculosis movement required the active cooperation of a large majority of the public for success, so does the mental hygiene movement require widespread interest and help on the part of the community at large to achieve its goal. The fight against man’s last specter (mental disease) is every one’s. There is no home unmenaced, and to every one will belong the spoils of victory.

The following classification has been devised to explain the chief types of nervous and mental disorders that under proper conditions are susceptible of prevention by the application of mental hygiene principles:—

1. Serious cases of mental disorder, so-called “insanity.”
2. Incipient and mild cases of mental disorders.
3. Mental disorders reinforcing or simulating physical invalidism. Neurasthenia, hysteria, etc.
4. Mental disorders masquerading under conditions labeled from a legal or sociological standpoint:
   (a) Delinquency.
   (b) Alcoholism and drug addiction.
   (c) Prostitution (with illegitimacy and venereal disease).
   (d) Vagrancy. Dependency.
5. Mental disorders and defects in the nursery and the school:
   (a) The feeble-minded child.
   (b) The nervous child.
   (c) The socially inferior child. Behavior problems.
6. Social and economic disorders, the roots of which are to be found in the mental difficulties of peculiar individuals who influence large groups.

Each of the following articles has been written by an expert in his particular field of psychiatry, and in each the writer has endeavored to illustrate how mental hygiene, as a health movement working for prevention, can best be applied.
SERIOUS CASES OF MENTAL DISORDER OR SO-CALLED "INSANITY."

By Harry C. Solomon, M.D., Chief of Therapeutic Research, Boston Psychopathic Hospital, and Instructor in Psychiatry and Neuropathology, Harvard Medical School.

The cases of mental disease in which the symptoms become marked are characterized by the laity as instances of insanity. It should be thoroughly understood that from the medical standpoint insanity is a useless term. However, let us briefly review the types of mental disease with symptoms of such a nature that it frequently becomes necessary to secure medical supervision in an institution. The cases may be divided into two major groups: (A) those cases in which a definite recognizable organic disorder exists, from which disorder the mental symptoms arise; and (B) those cases in which no such organic disorder has been demonstrated, and which we are prone to consider as a group of functional psychoses, that is, not organic disorders.

A. The organic group consists of cases in which there is either—

1. A pathological process having its primary seat in the central nervous system, as—
   - (a) General paresis.
   - (b) Brain tumor.
   - (c) Cerebral arteriosclerosis.
   - (d) Senile dementia.
   - (e) Other degenerative lesions of the brain.
   - (f) Multiple sclerosis and the like.
   - (g) Injury to the brain as from a blow on the head, a gunshot wound, etc.

2. An injury of the brain secondary to disease in the body, such as—
   - (a) Febrile delirium.
   - (b) Uremic toxemia.
   - (c) Injury due to disorders of the endocrine system, as exophthalmic goiter, myxodema.

3. An injury of the brain due to exogenous poisons taken into the body, as alcohol, drugs, metallic poisons (lead, mercury).

The consideration of the diseases of this group takes in the methods in general use in internal medicine. It is a matter of treatment of the underlying disease, and the results will depend largely upon whether or not the disease from which the patient is suffering is amenable to medical or surgical treatment, or whether the body is able to cope with the poisons if no more are added to the system. Thus the treatment of mental disease arising from brain tumor is operation. The treatment of febrile delirium is the treatment of the disease which is causing the fever and delirium. The treatment of general paresis is the treatment of a syphilitic infection, and the treatment of alcohol, drugs and other exogenous poisons is the discontinuance of the poisons and supportive treatment.

From the standpoint of prophylaxis this organic group offers very little theoretical difficulty. Some of the conditions, such as brain tumor, senile dementia and the other degenerative lesions, we are perfectly helpless to prevent. On the other hand, the prevention or adequate treatment of acquired syphilis should prevent general paresis. Abstinence will prevent the diseases arising from alcohol and drugs. Hygiene will eliminate the possibility of metallic poisons, and the reduction of infections will diminish the resultant mental symptoms pari passu.

B. The second of our major divisions of mental disorder is that in which no definite organic disease can be demonstrated as the cause of the mental symptoms. These cases must be considered at present from the psychological standpoint.

From a practical standpoint we may think of the functional disorders under two headings: (1) those in which recovery without defect occurs, and (2) those in which there is a tendency to chronicity or deterioration, or improvement with defect.

The cases with good prognosis are in a majority of instances cases in which the disorder is chiefly in the emotional field, and receive, as a rule, the medical diagnosis of manic-depressive psychosis or involutional melancholia. While the symptoms may be exceedingly marked and disturbing, the prognosis is, on the whole, good; in fact, complete recovery is the rule in cases of manic-depressive psychosis. Although there is a tendency for a recurrence of the disorder, there is the same good prognosis as to recovery. The duration of an attack varies from a few days to eighteen months, but, on the average, is a matter of five to ten months. The outlook of those suffering from this form of disease is, therefore, often better than that of some patients whose mental symptoms are very much milder, but whose incapacity may last for a much greater period,
and who may, therefore, suffer more and be less efficient as units in the social structure.

The cases of involutional melancholia are apt to last longer than those of manic-depressive psychosis, and the prognosis is not as satisfactory, as some of these patients do not recover. In the majority of cases, however, the prognosis is good.

The second large group of functional psychoses are those which have a tendency to deterioration and chronicity, and are usually considered under the medical diagnosis of dementia praecox. These cases are characterized by dissociation or splitting of the psyche, and tend to show disorder of thought (delusions, hallucinations). Beginning, on the average, at the adolescent period and having a bad prognosis, these cases are the saddest and most important of the mental disorders. They likewise represent a high proportion of the cases which enter the State hospitals for mental diseases.

Finally, mention should be made of paranoia, which is a condition characterized by the development of a delusional system which makes the patient unfit for ordinary social intercourse and which progresses slowly and insidiously. This condition represents the progressive development of a twist of the mind rather than a distinct mental disease.

As the so-called functional psychoses have no known anatomical basis, they must be considered on a psychological plane. This does not mean that continued search for a physical basis should not be made, but rather that from a practical standpoint they must be studied and treated from a purely mental point of view. While heredity and constitutional factors have a bearing upon the development of these psychoses, they are so intangible that they cannot be considered of any great practical application. Mental factors, life experiences are the elements that must be studied in these cases. Prophylaxis should be directed toward the early development of the individual. Every case should be considered on its own merits and studied from the standpoint of the individual himself, his personal endowments, the past experiences and difficulties he has encountered.
proper but not excessive attention to our physical disabilities, or, if we get sick, by keeping our attention on the actual physical disability alone and not adding to it fears as to what may happen next because of our sickness; by cutting out the worries, by coming to understand our troubles, or, if we cannot solve them, by gaining a trust in a Higher Power that will bring things out all right in good time, we can keep free of mild cases of mental disorder.

Of course individuals vary greatly in the degree to which they react to emotional stimuli, and any given individual varies from time to time in his reactions. John may suffer from having a discord struck on a piano, while Charles does not notice the discord at all. Alice may not be frightened by the smell of smoke in a house, while Mary, whose house burned down last month, may be greatly worried by the faintest suggestion of smoke. Henry may wake up after sleeping on his arm and be a bit amused to find his hand numb, while William, whose father has just had a shock involving his left side, may be quite upset when he finds his arm numb from the same cause that failed to distress Henry. When an individual is chronically so sensitive as to be incapacitated by stimuli that produce little effect on most people, he is considered to be in a psychopathic state of mind, and must learn to control his reactions to these stimuli. This is best done by occupation that diverts his attention from his sensations, or by stirring up other and more important and engrossing stimuli; thus, many a psychopathic individual has found health when happily at work, and many a "nervous invalid" in time of crisis has become a successful leader.

Knowledge is power most truly when we consider the knowledge of how our minds control our activities and lessen or augment our mental health.
lofty purposes. Fatigue of mood is marked by depression of a mild kind, a liability to worry, a lack of enthusiasm for those one lives with or for the things formerly held dearest. And, finally, the fatigue is often marked by a lack of control over the emotional expression so that anger blazes forth more easily over trifles, and the tears come upon even a slight vexation. To be neurasthenic is to magnify the pins and pricks of life into calamities, and to be the victim of an abnormal state that is neither health nor disease.

In addition to this central group of symptoms are (1) pains and aches of all kinds which are really more often disagreeable feelings rather than true pains, (2) changes in the appetite and in the condition of the bowels, (3) insomnia or disturbed restless slumber. We look to the bed as a refuge from our troubles, as a sanctuary wherein is rebuilt our strength. We may link work and sleep as the two complementary functions necessary for happiness. If sleep is disturbed, so is work, and with that our purposes are threatened. So disturbed sleep has not only its bodily effects but has marked results in the effect on happiness.

Fundamental in the symptoms of neurasthenia is fear. This fear takes two main forms: first, the worry over the life situation in general, fear which extends to all the comings, goings and doings of life, a form of fear-thought which is both a cause of neurasthenia and a symptom; and, second, a special form of worry called hypochondriacism, which essentially is fear about one's own health. The hypochondriac magnifies every flutter of his heart into heart disease, every stitch in his side into pleurisy, every cough into tuberculosis, every pain in the abdomen into cancer of the stomach, and every headache into the possibility of brain tumor or insanity.

Such are a few of the main symptoms of neurasthenia. It may range from mere fatigue, pain and insomnia to a profound loss of energy, with fear, anxiety and almost complete prostration.

By the term psychasthenia is understood a group of conditions in which the bodily symptoms, as fatigue, sleeplessness, loss of appetite, etc., are either not so marked as in neurasthenia or else are overshadowed by other more distinctly mental symptoms. These mental symptoms are three main types: first, a tendency to recurring fears of all kinds and descriptions, fears which have received formidable Greek names but which are fears of open places, of closed places, of being alone, of dirt, of disease, of all kinds and manners of situations. Second, there is a tendency to obsessive ideas and doubts which persists in coming against the will of the patient. In extreme psychasthenia the difficulty of making up the mind, of deciding, becomes so great that a person may suffer an agony of internal debate about crossing the street, putting on the clothing, eating the meals, in fact about every detail of acting and thinking. Third, there is a group of impulsions and habits. The impulsions are sometimes absurd, as when a person feels compelled to step over every crack, to touch the posts along the journey, or to take three steps at a time. The habits range from the desire to bite one's nails to the quick, which is so common in children and which persists in the psychasthenic adult, to the odd grimaces, facial contortions, blinking of the eyes and cracking of the joints of the inveterate "tickeur".

The third great psychoneurosis is hysteria, which almost defies a short account. I shall very briefly mention the main types of symptoms. In the first place there is a hysterical temperament and an emotional instability, with a tendency to prolonged and freakish manifestations. Fundamental in the personality of the hyster is this unstable emotionality, which is, however, secondary to an egotistic, easily wounded nature, craving sympathy and respect, admiration and achievement, but unable legitimately to earn them. Next is a group of symptoms, the so-called paralyses, which may involve any part of the body and persist in certain cases for years. These paralyses yield remarkably to any energizing influence like good fortune, the compelling personality of a physician, clergyman or healer (the miracle cure) or a serious danger.

Comparable to the paralyses are queer losses in sensation which sometimes take the form of hysterical blindness, of deafness, and which like the paralyses yield at times in bizarre manner to bizarre influences. In the days of witch hunting these anaesthesias were called stigmata and considered the diabolical marks of the witch. Especially striking in hysteria are the curious changes in consciousness that take place. These range from what seem to be fainting spells to trances sometimes lasting for a long time. These trances have been used by mystics of all kinds and play an important part in the history of mankind. In olden days the Delphian oracles were people who had the power of throwing themselves into these hysterical states, and to-day their descendants in hysteria are the
crystal gazers, the mediums, the automatic writers, that by a mixture of hysteria and faking deceive the simple and credulous.

We may discuss as causative of these three conditions certain fundamental situations. We must start with the statement that mind and body are one, that what happens to one physically may change the whole trend of thinking, feeling and acting, and what happens to one mentally, either as an idea or emotion, may change the workings of the body, disturbing sleep, digestion and the co-ordinated action of the great organs of the body. All mankind knows this in the sense that all language crystallizes these beliefs, but it is rarely taken into account either by medical men or the laity.

Thus we may establish as causative of these states certain physical situations. They may follow exhausting illness, surgical operation, difficult childbirth, and in any situation which drains the energy and resources of the organism. Such conditions are common after influenza, pneumonia, and after those surgical operations where the patient is allowed too quickly to get back to his duties. One of the crying needs of every community is an institution where people may rest after an exhausting illness.

Just as surely as physical situations may cause neurasthenia, psychasthenia or hysteria, so mental situations may cause them, and, in fact, are undoubtedly more important in the majority of cases in their genesis. There are situations in which fear arises as a sudden and overpowering emotion, such as the battlefield or in the perilous places in industry or on the streets of the cities, and occasionally even in the safest and coziest nook of the home. The traumatic neurosis, so called, has its origin, at least in part, in the de-energizing result of fear, and in the persistence of the emotion for many and many a day to come. For fear may act as a most potent drug, and its physical effects range from the cold chill, the rapid heart, the sharp, painful respiration and the all-gone feeling in the abdomen, to the most complete unconsciousness. Indeed, all emotions are as much physical as mental, and he is a shallow thinker and a poor physician who dismisses the emotional state of the patient as unworthy his most careful and detailed attention.

But in addition to these sudden overpowering emotional states there are more constant mental situations of a disagreeable kind. Whether there is a subconsciousness or not, this can be affirmed — that every human being is a pot boiling with desires, passions, lusts, wishes, purposes, ideas and emotions, some of which he clearly recognizes and clearly admits, and some of which he does not clearly recognize and which he would deny. These desires, passions, purposes, etc., are not in harmony one with another; they are often irreconcilable, and one has to be smothered for the sake of the other. Thus a sex feeling that is not legitimate, an illicit forbidden love has to be conquered for the sake of the purpose to be religious or good, or the desire to be respected. So one may struggle against a hatred for a person whom one should love, — a husband, a wife, an invalid parent, or child whose care is a burden, — and one refuses to recognize that there is such a struggle. So one may seek to suppress jealousy, envy of the nearest and dearest; soul-stirring, forbidden passions; secret revolt against morality and law which may (and often does) rage in the most puritanical breast.

In the theory of the subconscious these undesired thoughts, feelings, passions, wishes are repressed and pushed into the innermost recesses of the being, out of the light of the conscious personality, but, nevertheless, acting on the personality, distorting it, wearying it.

However this may be, there is struggle, conflict in every human breast and especially difficult and undecided struggles in the case of the psychoneurotic. Literally, secretly or otherwise he is a house divided against himself, de-energized by fear, disgust, revolt and conflict. It is in these conflicts and their results that the major part of neurasthenia, psychasthenia and hysteria arises, in disgust, dissatisfaction, impotent revolt, and the splitting of the personality that comes when one part of us cannot live harmoniously with other parts.

The task of the physician in these cases is first of all to diagnose the situation, to make sure that he is not dealing with organic disease masked by a psychoneurosis. Thus it must be emphasized as fundamental that in no case should the diagnosis be made until organic situations are excluded.

Second, the physician must then discover the physical factors out of which the condition has, in part, its origin, in bad habits of eating or sleeping, in bad habits of work and play, in poorly conducted organic habits, such as the care of the bowels. He must take whatever steps seem necessary to cure loss of appetite, disturbed sleep, and must prescribe medicines, fresh air, massage and exercise according to the physical situation.
Third, he must do far more than these things. He must probe into the life of the patient and discover the mental causes, the dissatisfactions, the revolts, the disgusts, the forbidden desires, and the dissociations and conflicts that are back of the symptoms. He must harmonize the personality of the patient, must reconcile the one phase to another, and bring about a philosophy of life, either of renunciation or achievement, that will meet the situation. He must teach control of emotions and inculcate new purposes and ambitions, or restore the old ones if these have disappeared. His is a task formerly relegated to priest and pastor, to teacher and philosopher, but he must be all of these things when he deals with the psychoneuroses, and from his capacity for understanding human nature, and from his ability to probe successfully into the dark, fiercely guarded corners of the human mind, will come the ability to deal with these conditions.

MENTAL HYGIENE AND DELINQUENCY.

By William Healy, M.D., Judge Baker Foundation.

At present mental hygienists are endeavoring to get before legislators, people in charge of institutions, judges, probation officers and others who handle delinquents an understanding that an important proportion of delinquency is directly related to abnormal functioning of the mind. But it was not many years ago that the reverse was true; we can read case histories of ten years ago and find reformatory heads insisting to psychiatrists that certain individuals were insane, although as the result of some professional examination they had been declared sound mentally. We could give many instances of this, showing a point of view that differs widely from that taken by modern psychiatry.

A very striking though short paper appeared in the "British Medical Journal" in 1906, written by a certain Justice Rhodes, who plumped the question at the medical profession concerning whether the crime situation in England was not one for prime consideration by that part of the medical profession which had to do with mental disease rather than one to be decided merely through legal methods. He very pertinently asked what could be the meaning of the fact, for instance, that of 186,000 convictions in 1906, upwards of 10,000 of those convicted had been sentenced more than twenty times before. In all common sense was this more likely to be a matter that could be remedied by continuation of these same legal methods, or was it a matter for the deeper understandings that might come through medico-psychological studies of these individuals?

And concerning recidivism itself, the repetition of offence, one may recognize at once that this is one of the cardinal points of the problem of delinquency. The individual who, taken in hand by the law, does not profit by his experience, even by punishment meted out to him, what can be his mental make-up? The figures of recidivism for this country cannot be given, because as yet we have developed no sort of general or Nation-wide study, not even statistical, of our most expensive problem of delinquency and crime. But if one looks up the facts of any of our metropolitan institutions for criminals, one finds that they readily approach the figures found in the "Blue Book of Crime and Statistics" in Great Britain, or the carefully worked-up statistics that are available from other countries. The implications of recidivism, or the failure of the law to successfully cope with a repeated offender, are of vast significance for us in America.

Twenty or thirty years ago almost the only explanation offered for the career of the delinquent or criminal was comprised in the term "degeneracy." The criminal man was the degenerate man; and under the influence of the positivist school, volume after volume was produced descriptively setting forth the characteristics of the delinquent man, woman and child, as if one were dealing with a certain species or subspecies of human beings. But in the really remarkable developments of the last two decades all this has been changed. Much more has been learned of the nature of mental disease, and vastly more, particularly through psychological studies, of the nature of mental defect. And these two principal divisions of mental abnormality, mental disease and mental defect, are being studied every day more and more in their relation to delinquency and crime.

Now there is no need whatever for exaggerating the extent of the correlation between mental abnormality and delinquency. It must be confessed at once that enthusiasts have indulged in rash and ridiculous statements in connection with their earliest studies, particularly with the first introduction of the use of mental tests. And there have been people, including lawyers, who have been willing
to state that "crime is a disease" and ergo the criminal is a diseased man. But all such sweeping generalizations are worth little.

Judging by the most careful and consistently undertaken studies, the fact regarding mental defect and its relation to delinquency and crime seems to be that among young delinquents there are very many more times the number of mental defectives than is to be found among the general population. The definite percentage varies for different places, of course, and naturally is greater in institutions, when, under probation, the brighter ones are selected as offering the most promise of doing better outside of institutional walls. But under any circumstances, taking cases just as they come in any one of the large juvenile courts, it will be found that at least 10 per cent of the delinquents are mentally defective. We have made very careful studies of several thousand youthful offenders in Chicago and Boston, and our conservative estimate is that at least 25 per cent of these must be regarded as abnormal mentally. Of this 25 per cent, by far the largest number are to be classified as mental defectives. It is unnecessary to more than mention the classic studies of family groups in this country where mental abnormality and delinquency were closely related—the Jukes family, with the recent re-study of this family, the story of the tribe of Ishmael—an Indiana family, and the Kallikaks as studied by Goddard.

The size and importance of the problem is clearly apparent from all this.

The percentage of delinquents or criminals who are suffering from definite psychoses varies widely. Figures as published are unfortunately particularly dependent upon the inclination of the observer towards some given theory, but in situations where judgments are conservative we still see that there is a very considerable relationship between actual mental disease and the commission of an antisocial offence. Statistics might be quoted that range from the 2 to 5 per cent of mental disease, which we ourselves have found among young offenders, to the large percentages of even some special mental disease which some observers claim to have found in particular court or institutional groups of older criminals.

A much wider viewpoint has recently been taken—and very correctly taken, I believe—by the exponents of the modern ideas of mental hygiene. It is not only the frank psychoses, the "real cases" of mental disease, and the plain cases of mental defect that are important for the students of mental health, but also many other matters that are to be properly classified as unhealthy functioning of the mental life, and matters that pertain to peculiarities of the structural make-up of the mental powers in a given individual, even though there be no feeble-mindedness.

By studies in this field we come across the facts of, as well as the causes for, intense dissatisfactions, grudge formations, impulses and even obsessions, mental conflicts, jealousies, emotional outbreaks, urgent desires, and other affairs of the mental life as originating from within or from without, any of which directly cause or directly underlie tendencies toward delinquency. Surely these are matters of the highest importance for therapeutic endeavor under the heading of mental hygiene. They are matters of the greatest social as well as personal concern. They require study which is only competently undertaken by persons with a wide range of knowledge of what is available in psychology, normal and abnormal, and of what bears on the given situation in medicine.

We have many instances of minor abnormal mental manifestations such as occur during the course of disease, as in chorea, or during a period of life, as in adolescence. School dissatisfactions leading to delinquency—"the Kindergarten of crime"—are based upon special disabilities for learning and many other factors in the whole school situation. We have the production of unfortunate mental states as the result of reactions to irritating conditions in home or school life or in employment. And in connection with recreations, or even with reading, we sometimes find the development of a most unhealthy type of ideation. In many ways undesirable mental habits are formed as the result of experiences or inner tendencies. Some of the very deepest emotional upsets are to be observed in normal or even unusually intelligent individuals as the result of untoward happenings experienced at particularly susceptible periods of their lives. Any and all of these, we know from the study of many cases, are conditioning elements at the foundation of careers of delinquency and crime.

Observation also shows the immensely fruitful field that there is in all this for the therapeutic approach that the term mental hygiene implies. It is a work for trained specialists with open minds, who...
know not only the phenomena of mental disease as such, but who are also students of personality, characteristics and trends, of psychological capacities and incapacities that are quite beyond the implications of "an intelligence quotient," who are students of all that goes to make the individual (always through the mental life itself) exhibit unfortunate antisocial tendencies.

There are adjustments that can be made with the greatest hope of success in ways that are not at all contemplated by the alienist as implied in his dictum "insane or not insane," "feeble-minded or not feeble-minded" (which amounts to institutional care or not institutional care), or by the work of the modern psychiatrist, though he deals more carefully than ever with definite psychoses. There may be much more to it for professional work as our science develops. We hope for much more, whether it be by glandular therapy, or by study of toxins affecting brain cells, or through other investigations from a physiological or psychological standpoint. But even as it stands now, the direct, proper and main avenue of approach to the problems of delinquency and crime is through the field which has come to be designated mental hygiene.

**Aspects of Mental Hygiene related to Alcoholism and Drug Addiction.**

Any one who has even half studied human inebriety must have reached the conclusion that many alcoholics are defective or insane. And one may hold this opinion without being in the least an extremist. Neff well writes: "It has quite often been said that all inebriates are more or less insane or mentally defective but it is our opinion that when all inebriates of all social grades are classed together, it will generally be found that the majority are neither defective nor insane." This statement is merely preliminary to the recognition of a very practical fact for treatment, namely, that a considerable proportion of drunkards are by virtue of mental abnormality not responsive to treatment.

Taking cases of habitual and periodic drinkers who have been repeatedly arrested, Anderson found in his court work that 56 out of 100 had a decidedly inferior level of mentality. He considered 37 of them clearly feeble-minded, 7 were insane, 7 were epileptic, and 32 of them showed evidences of an innate psychopathic constitution. This is probably a fair sampling of the chronic offenders in a metropolitan court where many arrests are made for drunkenness.

No other statement is needed to show the relationship of mental health problems to the social scourge of alcoholism. That another feature is added in very many of these cases through alcoholic mental degeneration, the result of definitive poisoning of brain cells, goes without saying.

**Drug addiction** is an issue before the country at present as never before. In connection with the problem of drug addiction, probably the student of mental hygiene is more concerned with the results of the drug itself upon the mental powers than with the original constitutional weakness of those who become drug users, in this respect being a variation from the problem of alcoholism. The fact that some observers working in courts have found evidences of a considerable proportion of mental abnormality, either defect or psychotic tendencies, is not so significant as in cases of inebriety, because nearly all of these drug users as they appear in court are delinquent individuals involved in other antisocial behavior than the use of drugs. They are either innately so abnormal mentally or have become so deteriorated that they place themselves in situations where they readily come under the ban of the law. Comparatively few of their arrests are for breaking the drug law. As a matter of fact a vast number of drug habitués never come in contact with the law because, of course, their use of the drug does not entail such socially offensive behavior as does drunkenness.

The problems of mental hygiene, however, are involved in practically every case of habitual drug using even if there is no drug psychosis or any innately defective mental constitution. This main fact constitutes one of the great points of attack in treatment. Mental dissatisfaction itself, for example, whether through ill health or other stress, is one of the prime reasons for entering into and continuing the drug habit. Any one who would merely attempt to get an understanding of why human beings respond to such artificial stimuli or satisfaction must take into account the facts of mental life.

As in the case of the relationship of mental hygiene to delinquency, we see here again the fact that mental health means much more than freedom from a definite psychosis, just the same as bodily health means much more than freedom from specific and well-known
diseases. The student of health must take into account the functioning of the organism upon levels of efficiency, adaptation and satisfaction to the individual, — facts that are not usually dwelled upon in textbooks of pathology either of mind or body.

Mental Hygiene and Prostitution.

The studies and reports, some of them very extensive, of the earlier vice commissions which, ten or twelve years ago, first undertook the difficult task of public enlightenment concerning prostitution had very little to say concerning the mental personality of publicly immoral women. The swing from the nonrecognition of the problems of mentality involved to the most exaggerated statements concerning the amount of feeble-minded and psychopathic conditions to be found among these women was the natural swing of the pendulum.

The real situation seems to be about as follows: Of course no one who knows the facts would presume to argue that such immorality entered into by women as a gainful occupation is highly correlated with mental incapacities of any kind. The only studies of mentality that have been made are of those women who have been so foolish that they did not avoid the notice of the police or other preventive agencies, or more rarely of some groups of those who have been openly and notoriously plying their trade and have been willing to be studied. Even the superficial investigations of vice commissions show that a vast amount of prostitution is engaged in by women who are sharp enough to keep out of public notice and to avoid showing any evidences of law breaking. There is no reason to believe that these women differ in mentality from the average run of the population.

But through the study of women who are easily accessible, because of open immorality or being under arrest, we get a picture that demonstrates clearly a very considerable correlation between mental abnormality and such "caught offenders." In the opinion of the Massachusetts Vice Commission, about half of the women seen were to be considered as mentally defective. It is of local interest that Anderson, taking 100 women who were seen in his laboratory in the Boston Municipal Court, found that about half of them represented pathological mental types, among which feeble-mindedness ranked highest. But here again we have the fact that many of them evidently came to attention as violators of the law because they were alcoholics or drug habitues. Indeed, some of them had already begun to show deterioration from these poisons.

The point of the whole matter is that no individual or general social therapeutic or preventive treatment of prostitution can be considered, even in terms of common sense, without reckoning on the highly practical human factors of mental conditions as they most necessarily affect prognosis.

The problems of illegitimacy are to some extent the same as those of prostitution. Here again it is clear that the brighter individuals take care of themselves and of their offspring in ways to avoid public notice. But a study of cases of illegitimacy as they come to public agencies reveals a very considerable percentage of mental abnormality among the mothers. Probably the best source of information for readers of this bulletin is Kammerer's "The Unmarried Mother."

Mental Hygiene as Related to Vagrancy and Dependency.

It is easy to understand that the vagrant or tramp very frequently indeed is a psychopath. The fact of his lack of success or of finding satisfaction under ordinary conditions, when, as is usually the case, he has a fairly good physique, is evidence of something abnormal in his personality. Of course there are economic reasons, fairly clear at different periods, which must be taken into account in estimation of the causes of wandering or vagrancy. But the study of the ordinary or habitual tramp in this country as well as in Europe, where an important literature has developed concerning the subject, reveals a considerable list of mental troubles in the background of the tendency toward a vagrant life.

One mental disease in particular has received considerable attention as relates to vagabondage, and from observation of individual cases we have no doubt that this disease (dementia praecox) plays an unusually large part in the situation.

In the fellowship of tramps — and it sometimes exists to the extent that there are tramp colonies — degenerate practices are very frequently carried on which may well develop a tendency toward deterioration, toward living at a lower level than the innate mental constitution of these men would warrant.

Apropos of social prevention of the ills that such irregular living implies, it is most interesting to note that in communities where
feeble-minded youths and cases of mild psychoses have been taken care of early in greater proportion, there is very much less evidence of vagrancy or tramp life. The problem can be solved,—it is solved to a greater extent in Massachusetts, through better care of the mentally abnormal, than in most States in this country.

Much can be done by early attention to the real needs of the feeble-minded, the mentally diseased, the epileptic who has mental disturbances, and the psychopathic inferiors. We can find evidence of it in the better control in certain localities of tramp life, prostitution and delinquency. Constructive measures undertaken are related not only to the welfare of these individuals themselves, but also to their progeny, for, of course, dependency results from the nonsupport and the desertions that are connotated by alcoholism, prostitution and vagrancy. And much more is involved than the economic situation resulting in State care and placing out of children; we have only too frequently the matters of actual disease in these children, physical and mental, which are most costly to our civilization.

There is thus every argument for assailing in the most direct way those burdens of our social life which come under the head of delinquency, alcoholism, drug addiction, prostitution, illegitimacy, vagrancy and dependency through an approach to them which can only be gained by knowing their intimate relationship to the facts of mental hygiene,—through understanding what each of these means in terms of departure from mental health.

THE NERVOUS CHILD AND BEHAVIOR PROBLEMS.

By D. A. Thom, M.D., Chief of Out-Patient Department, Boston Psychopathic Hospital.

If we are to understand human behavior, whether it be manifested by infant or adult, whether it be found in the nursery, the school, the shop or the prison, it must be interpreted in terms of the individual's mental and physical equipment, the environment in which he has been reared, his past experiences, and his general reaction to the problems of his every-day life.

The success or failure of the individual to adapt himself in a manner not only satisfactory to himself but to those with whom he is associated may depend upon numerous and varied factors, all very intricate and involved, frequently closely interwoven one with another. Good bodily health, dependent upon perhaps some simple problem of nutrition; a nervous system capable of functioning in a normal manner; a proper balance between the glands of internal secretion (a complex bit of biological chemistry of which we are all too ignorant) and even less well-defined inherent defects which prevent the normal development of certain instinctive reactions, all play an important part.

It is not, however, any of the foregoing factors which act as the stumbling block to the great majority of individuals who may be said to be "failing to make the grade" and are utilizing as a crutch some abnormal method to help them on with the tasks at hand. The crutch may be drugs, alcohol, convulsions, cruelty, tempers, delinquency of all types, and, in the more serious cases, delusions and hallucinations.

That many of these conditions can be traced to a failure on the part of the individual to adapt himself to his environment, even in the years of childhood, is no longer doubted, and, as evidence accumulates, we are beginning to feel that more and more frequently the individual is a victim of his environment rather than his heredity.

It is not unreasonable to presume that if there is a group of cases belonging to the economic and social failures, which have their origin in the mental conflicts of childhood, and if these conflicts can be discovered and corrected at five years instead of thirty, much will have been accomplished for the particular individual and those with whom he is to come in contact.

Whatever view one may hold regarding the fundamentals of character and personality, we are, I think, all agreed that there are certain instincts, "innate tendencies," "natural inclinations or propensities," call them what you will, which are lying dormant in the individual from birth ready to be called into service usually at such a time and with the desired force to meet the best needs of the individual. The stimuli which actuate these forces may come either from within the individual or from the environment, and it is for the purpose of attempting to guide, to inhibit or to promote these instinctive forces that may be underdeveloped, overdeveloped or imperfectly developed that we study the mental life of the child, utilizing behavior as the medium of interpretation.

There are certain fundamentals necessary to the mental develop-
ment of every human being that are more in evidence during childhood than at any period of life. Those that strike me as being of particular importance because of their utility are plasticity, suggestibility, imitativeness and love of approbation.

It has been frequently stated in one way or another that man is extremely complex, that he has the greatest capacity for modification, and that this period of mobility lasts longer than in other animals. This being true, the plasticity of the early years of life should be utilized to its limit in an effort to develop habits which will serve the individual in good stead in future years.

Suggestibility, used in its broadest sense, implies the “acceptance with conviction” but without “adequate grounds for its acceptance.” It needs no elaboration to understand how beneficial or detrimental this trait may become, depending entirely upon the source from which the suggestion comes.

Imitativeness, a very broad term even in a psychological sense, is used here to denote that tendency so potent in childhood to mimic the words and acts of those in the immediate surroundings. Manners are dependent upon this trait.

Love of approbation, praise and blame, rewards and punishments are all closely allied. They can be brought into action in our effort to attain right action during that period of a child’s life when everything is being interpreted in terms of pleasure and pain. Pleasure may come through material gain or approbation, pain by means of punishment or injury to the ego through criticism. Here one frequently has to appeal to low motives to get proper action. Later on, when judgments become more intellectual and less emotional, one can appeal to the child’s intelligence. One may inculcate the ideas that right action is a paying proposition; rewards should come after labor; impulsive acts frequently bring painful results; the higher the motive for a given act, the more pleasure it brings; and, finally, that obedience, self-control and endurance are manly and well worth the struggle.

We are dependent upon these fundamentals (plasticity, suggestibility, imitativeness, love of approbation and many others), and upon the fact that they can be stimulated by environmental conditions, to combat successfully the development of undesirable character traits which are so constantly and persistently trying to weave themselves into the fabric of the individual’s personality.

We recognize at a very early age such traits as extreme jealousy, timidity, cruelty, self-consciousness, and feelings of inferiority which absolutely forbid normal healthy contacts with others in their environment, together with suspiciousness and envy which prevent the development of friends and isolate one at an early age from the rest of the herd.

We see daily the results of a personality that has been dominated by one or more of these defects, and we recognize the therapeutic value even in adult life of determining their origin and development. Yet how much more important is the work which will in any way tend to their prevention or correction during the immature years of life.

Not only is it important to study the material with which we are dealing so far as the child is concerned, but it is quite necessary to know by whom and under what conditions this material is being used.

The immediate environment, the home and its occupants and surroundings are what go to make up the mental atmosphere in which the child lives. I can only touch on one important aspect of the problem at this time, and that is the parent. So much of the child’s early life is, or should be, spent with the mother, that quite naturally her influence cannot be underestimated, but all too frequently there are circumstances and conditions which prevent this influence being as healthful as we might hope.

There is the mother, worn and wearied by her routine household cares, who tries to supplement the family budget by putting in a few hours scrubbing floors when she should be in bed, and who has little energy, either physical or mental, left for her children’s welfare. Contrast her with the work-avoiding, duty-shirking, pleasure-loving mother who feels that her duty is ended at the birth of the child, when she turns over her responsibilities to the nursemaid for so many pieces of silver. Again we find the mother with most excellent intentions whose interest is apt to defeat its very purpose. Usually she is oversolicitous, and caters to every whim and desire of the child. All too frequently she is emotionally unstable, and the child soon finds out there are no definite rules and regulations about discipline. What is condoned to-day is punished to-morrow, and in spite of ability to adjust rapidly, he finds it difficult or impossible to follow a consistent line of conduct. There is no
situation more pathetic for both mother and child than that which confronts the mentally defective mother who is doing the best she can with what she has and yet is failing and recognizing her own failures.

So far we have considered only the mother, but we must not forget that at the end of the day the father is introduced in the family circle, and he may spread peace and harmony where chaos was wont to prevail or he may disrupt and render chaotic that which was peaceful. The stern, righteous, rigid father, who dominates the household by fear, is from a mental point of view perhaps the most unhealthful object in the environment. Yet the child is not to be envied who has to deal with the quick-tempered, impulsive parent who deals out a word and blow, the blow coming first. Lucky is the child who does not have its discipline handed out by some emotionally unstable parent, often in an extremely erratic manner.

In order to ascertain just what the home situation is, and what factors, both good and bad, we have to utilize and combat, a trained social worker is employed to make investigations and to see that the doctor's directions are fully understood and are being carried out. When the child is the object of interest, few homes are kept closed to the doctor's assistant. It is important not to make mere interviews out of these visits and to get workers who are not afraid to get down to the social and intellectual level of their hostess just so far as it is possible. Impressions are recorded mentally and put in proper form after the visit. Much can be learned in this way of the mother's attitude toward the child, the problems of the family, their hopes and ambitions, as well as their doubts and fears. The factors which are likely to contaminate the mental atmosphere of the child can frequently be determined by these visits, and rectified by the advice and assistance of the doctor, teacher, minister, social agency, or whatever source to which it seems advisable to turn.

It was with the idea that the foregoing principles might be utilized to advantage that we planned to organize what may be called habit clinics in connection with the Baby Hygiene Association. The purpose of the clinic is to deal with those children who are developing during the pre-school age, that is, between the ages of two and five years, undesirable habits, and to determine insofar as possible the basis of these habits, and to institute measures which will tend toward their correction.

The following are a few examples of the problems presented at the clinic:

P. F. Age two years, nine months. Beats, kicks, slaps and bites other children. Has violent tempers and night terrors. Wets the bed every night. Also wets clothing during the day.

J. Y. Age five and a half years. Refuses food. Has fainting spells when threatened with punishment. Sucks his thumb.

F. D. Age three and a half years. Intense fear of dogs. Very shy. Terrifying dreams.

I. S. Age five and a half years. Refuses food unless fed by mother. When left alone with her food, hides it, and then tells fanciful tales of what has happened to it.

F. J. Age two years. Intensely jealous of little sister aged four. Resentful and sullen. Makes vicious attacks upon sister, usually biting and scratching.

H. H. and G. H. Age five and six and a half years, respectively. Sisters. H. H. for past three weeks had persistent vomiting one or more times daily; has always been a bed wetter. G. H. walks in her sleep and is also a bed wetter.

X. Y. Age three years. Very shy, always sits back and watches the other children at play, takes no active part.

X. Y. Boy sent into the house for cruelty. Tied cat and killed it, hitting over head, etc.

Other problems are those relating to intelligence status, convulsions, speech defects, mannerisms, lying, stealing, tics, destructiveness, day dreaming, unusual attachments, inability to concentrate, tearfulness, all sorts of vague, ill-defined fears, fabricating, precocious interests, etc.

In dealing with these cases it is not only necessary to study the personality of the child and the parents, to investigate carefully all aspects of the child's home life, including the recreational and amusement facilities, and its reactions in the nursery and kindergarten, but also to solicit the co-operation of the parent, nurse and teacher, instructing them regarding the program outlined for the child's benefit. The future happiness, as well as the social and economic efficiency of many individuals, may be materially aided if some plan as outlined can be organized and perfected.

No claim is made at this time that there is any relation between these undesirable habits in childhood and mental breakdowns in later life, yet it is not difficult to see how closely these infantile reactions resemble the psychoneurotic manifestations in adult life, and that a fundamental lack of inhibitions may be a dominating characteristic in a criminal career.
Disease of the brain, while manifesting itself in many ways comparable to results of disease of the other organs of the body, has one striking peculiarity, viz., its effect upon the conduct of the individual; and so in our studies of mental disease we are to quite an extent dependent for diagnosis upon inferences drawn from the behavior of the individual. Diseased groups have been formulated oftentimes because of the characteristic effect upon conduct. Indeed, we have gone farther still. Confronted by conduct which we are unable to explain on the basis of known brain disease or by analogy with normal or customary reactions, we have constructed hypothetical diseases, the principal evidences of which are characteristic action by the patient.

Among the determining elements in normal conduct, one of the most important is the tendency to conform to the customs and habits of the particular group to which we belong. This holds true in ordinary matters, like dress or manners, and also in more complex matters, such as, for instance, emotional expression. He who has seen the heated argument without physical demonstration by a man trained in one social class is quite startled at the violent gestures and implications of the members of another class or race in discussing a ball game. So society may be conceived as a spherical mass, the great bulk of which is governed by the same impulses and motives and reacts to similar experiences. As we go from the center of this mass we find at the surface individuals quite different, who no longer react as units of a great social organism, but as individuals guided by their own instincts or other mental activity. To be sure, there is a tendency for these individuals to form themselves into smaller groups, oftentimes quite hostile to the main body. By such analysis we can understand the behavior of certain members of our communities whose conduct varies from the average.

Conspicuous among these eccentric individuals are the paranoid personalities. These individuals are peculiarly sensitive. Their ego is dominant and they care more for its promptings than for the commendation of the other members of their group. These individuals frequently head reform movements, but more often they live a thorn in the flesh of their associates, quibbling over the social transgressions of their neighbors, and attempting numerous social measures, the main motive for which is an unconscious and blind struggle against the dictates of the larger herd or group of people. Among these will be found sympathizers with the enemy in time of war, certain conscientious objectors, and those who habitually form themselves into "anti" societies. Carried to the extreme degree, these individuals are called paranoiacs,—those who are so far unbalanced as to have delusions of persecution and ideas of grandeur. Mental hygiene does not attempt to remake these individuals, but it asserts that, understood and tolerated, most of them are useful and important members of society.

A word of caution is necessary in considering this group,—that is, our innate tendency to regard any one who disagrees with us of morbid or inferior mind, and it must be remembered that every once in a while one of these individuals is right and the world is wrong.

Another type of personality leading to conduct disorder is that having unstable or untrained emotion. These individuals react excessively to the ordinary emotional irritants of life, and often violently to minor stimuli. It is their uncontrolled excitement which often touches the match to the mob, and their lack of emotional control is one of the important elements in homicide and suicide. To be sure, this emotional instability is almost normal in childhood, and when we deal with it, carried forward to adult life, we can hardly be sure whether the condition is due to an innate quality or to the lack of opportunity for acquiring normal poise.

Another type frequently mentioned is the inadequate personality. With these individuals we can never be sure whether they can, but do not want to, or whether they want to, but cannot. The net result, however, is clear, viz., they must be carried along by their stronger, more virile associates.

We could go on almost indefinitely enumerating oddities and eccentricities of these personality disorders were there time, but space will not permit, and the three most pronounced types have merely been mentioned in order that the reader may have a general idea of the trend of medical thought in this direction.
But one other class will be mentioned. A number of years ago, in England, certain individuals appeared repeatedly in the courts. They were studied in the light of the most scientific knowledge of the time, without positive findings. Their conduct was explained adequately by a theory assuming lack of moral sense, and they were called the *moral imbeciles*. This concept has been carried along through different stages of psychiatry, and such terms as *character deviate, constitutional inferiority*, etc., have been used to designate them. Their problem is still unsolved, but advances are being made in understanding them through theories of personalities.

Generally speaking, it is wrong to think of these disorders of personality as insanity and they are better understood if they are conceived as types of mankind.

**HOW MENTAL HYGIENE FUNCTIONS.**

By George K. Pratt, M.D., Medical Director, Massachusetts Society for Mental Hygiene.

PUBLIC health workers have long known that the most valuable scientific knowledge is of little avail in combating disease when hidden in laboratory seclusion. To become effective, such knowledge must be collected from scattered sources by some central agency and properly distributed and applied.

One of the chief tasks of mental hygiene organizations is found in this function. It collects and co-ordinates psychiatric information from widely separated sources, and, after filtering out the less valuable, disseminates the useful into proper channels for mass application.

Another ideation carries out this analogy still further. It conceives psychiatry to be the discoverer and mental hygiene the promoter which applies practical principles to community conditions. This concept is closely followed in Massachusetts and appears to be working out successfully.

The Massachusetts Society for Mental Hygiene was incorporated in 1914 as a State branch of the parent organization, the National Committee for Mental Hygiene. Its objects at that time were stated to be: “To work for the conservation of mental health; to help in raising the standards of care for those suffering from or in danger of developing mental disorders; to promote the study of mental disease in its various forms and relations; and to disseminate knowledge concerning its causes, treatment and prevention.”

In the main these objectives have been faithfully adhered to with but few changes necessitated by local conditions. Gradually, however, the emphasis has been placed on the preventive aspects, and for this reason the mental hygiene program in Massachusetts is now dedicated largely to a campaign of public education in ways and means of prevention. Funds and personnel have always been, and probably always will be, insufficient to meet the strain of engaging in widespread clinical activities. Indeed, one is perhaps justified in seriously doubting whether large-scale clinical activities should be made a part of the program of any private health organization. To be sure, it may be found expedient for a private group occasionally to establish a preventive or treatment center, to act as a demonstrating agent. The Tuberculosis League is a case in point. But, by and large, the old theory that the function of a private organization is to discover, to experiment and to demonstrate, with the governmental department accepting only the tried and proven and applying it to the community, still holds true.

And so it is with mental hygiene. This public health organization shares with psychiatry the knowledge that much mental sickness is preventable. It shares also in the knowledge of the postulates which psychiatry has erected as prerequisites for prevention, viz., early detection and early treatment. It shares with the State Department of Mental Diseases a belief in the excellence of institutional care in Massachusetts afforded those already mentally sick; and, finally, it shares with many a conviction that the field of prevention is vast enough to absorb the joint energies of both State and private organizations and that there is plenty of work to be done by each.

If, as we are convinced, prevention of mental disorder is largely dependent on widespread familiarity of what constitutes early symptoms, and on knowledge of how to secure early treatment, then the task of the Mental Hygiene Society is one of education and publicity. One may not unreasonably ask what is the *modus operandi* of this task? How is it planned to bring these hoped-for results to fruition?

First by a State-wide campaign of education concerning knowledge of mental health and its preservation. This is accomplished in several ways. The mental hygiene organization maintains a Lecture Bureau Service of some thirty-five lecturers, who are available for talks on their specialized branch of mental health anywhere in the
State. The following names and topics selected at random give an idea of the caliber of these speakers and the scope of their topics:

"Mental Hygiene and the School." By William H. Burnham, Ph.D., Professor of Pedagogy and School Hygiene, Clark University, Worcester.

"The Intelligence and Training of Elementary School Children." By Walter F. Dearborn, M.D., Ph.D., Professor of Education, Harvard University.

"Feeble-mindedness. Influence and Obligations of Society towards the Feeble-minded." By Walter E. Fernald, M.D., Superintendent, Massachusetts School for the Feeble-minded.

"Modern Hospital Methods in the Care of the Insane and what may be expected from them." By George M. Kline, M.D., Commissioner, Massachusetts Department of Mental Diseases, Boston.

"Syphilis and Mental Disease." "Heredity of Mental and Nervous Diseases." By Abraham Myerson, M.D., Assistant Professor of Neurology, Tufts Medical School, and Consulting Neurologist of the Psychopathic Hospital, Boston.


Then there is a system for organizing branch or district chapters throughout the State, each of which acts as a nucleus for still finer subdivisions. These district branches hold frequent meetings or small conferences, and are exceedingly useful in arousing their communities to a feeling of responsibility and concern over the problems troubling that particular locality.

A monthly bulletin is published and sent to members of the society and others interested. This bulletin contains pertinent bits of information concerning the work, news of branch activities, recent psychiatric advances and so forth.

A series of more than forty pamphlets is published on various phases of the mental hygiene program, specimen titles include:

"Preventable Forms of Mental Disease and how to prevent them." By E. Stanley Abbot, M.D.

"The Burden of Feeble-mindedness." By Walter E. Fernald, M.D.

"The Relation of Syphilis to Mental Disease." By Samuel T. Orton, M.D.

"Epilepsy." By Everett Flood, M.D.

"Mental Pitfalls of Adolescence." By Henry R. Stedman, M.D.

"A Health Examination at School Entrance." By William H. Burnham, Ph.D.

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"A Health Examination at School Entrance." By William H. Burnham, Ph.D.

"The Defective Delinquent." Papers by V. V. Anderson, M.D., Dr. William Healy, Frederick P. Cabot, Herbert C. Parsons, Col. Cyrus B. Adams, Mrs. Jessie D. Hodder, Dr. George M. Kline and B. L. Young.

"Mental Hygiene and Education." By Arnold Gesell, M.D., Walter F. Dearborn, M.D., C. Maeve Campbell, M.D., H. Douglas Singer, M.D., and W. A. Neilson, LL.D.

There are many others. These pamphlets are available for distribution on request.

The Society maintains and strives to keep up to date, a reference library of over five thousand articles, conveniently cross-indexed by subject and author. This is open to the public and has proved a valuable source of information to physicians, nurses, social workers and others.

The Society undertakes to arrange instruction courses for interested groups of workers or others in the fundamentals or primary psychiatry. Several such courses have been given the past winter, the most successful, perhaps, being conducted under the auspices of the Boston Health League in the East Boston High School. The course as there given follows:

1. Introduction:
   - General explanation of the course.
   - Types of common mental reactions.
   - Mental mechanisms and attitudes.
   - Definitions of terms frequently used: "psychiatry," "mental hygiene," "mental disorder," "nervousness," etc.

2. Brief discussion of mental disorders:
   - Variations in types.
   - Common symptoms.
   - Prognosis.

3. What are nervousness and "nervous breakdowns"?
   - To what extent does environment affect their cause and severity? Symptoms.

4. Nervous and mental disorders in children:
   - Feeble-mindedness.
   - Delinquency.

   - The nervous child.
   - Types of conduct or behavior disorders which indicate need of mental examination.
   - Significance of character changes.
   - Social interpretation of these problems.
6. Practical suggestions for routine handling of psychiatric cases in the community.

A plan is in preparation to have written by Massachusetts experts a series of simply worded, very brief articles on causes and means of prevention of mental disorder, and an effort made to have these syndicated to a number of newspapers throughout the State.

Realizing that public education in mental health preservation cannot rise higher than its source, mental hygiene is striving to insert into the curricula of medical schools, nurses’ training schools, normal schools and other educational institutions, courses in mental health training, a feature sadly lacking at present.

By all these means and many others it is hoped that persistent effort will ultimately avail in increasing the mental health of the State as a whole. The task is staggering to visualize, but so is the burden of human misery and cost imposed each year by “MAN’S LAST SPECTER” (mental disease). And we sincerely believe with Dr. Haven Emerson that we can now see a time, perhaps not so very far away after all, “when the strange child, the strained mother, the confused and hounded workman will appeal to hospitals for relief from the twisted personality, the beaten brain, the incapable self-control, as they now run to them for diabetes, appendicitis or typhoid fever.”

And with Dr. Emerson we are convinced that —

The opportunity is ours.
The knowledge is ready.
The way is clear.
The facts call loudly for action.