Purposes, Plans and Work of State Societies for Mental Hygiene

By CLIFFORD W. BEERS, Secretary
The National Committee for Mental Hygiene

ORIGIN.

Before describing the Societies and Committees already at work in Connecticut, Illinois, New York, Massachusetts, Maryland, Pennsylvania, North Carolina and Ohio, in which order they were established, it seems desirable to tell about the origin of The National Committee for Mental Hygiene and the pioneer State Society of Connecticut. This can be done briefly by incorporating the following paragraphs. The first is from a report of the Connecticut Society, the second is from an address by Dr. Lewellys F. Barker, President of the National Committee for Mental Hygiene.

"The Connecticut Society and the National Committee for Mental Hygiene, under whose auspices it was organized, came into existence in response to a widespread belief that a national agency, and a State Society capable of serving as a model, should be created to work for the conservation of mental health, for the prevention of nervous and mental disorders and to help raise the standards of care and treatment of the insane. Though the need for such agencies had long been recognized, development in this field, as in many other fields of humanitarian endeavor, seemed to wait upon the appearance of some one who would take upon himself the task of crystallizing existing interest and so focussing it as to produce results."

The way in which this sentiment was crystallized was described as follows by Dr. Lewellys F. Barker, in an address delivered at the Fifteenth International Congress on Hygiene and
This impulse, thanks to the initiative of a layman, Clifford W. Beers, author of “A Mind That Found Itself” (now Secretary of the National Committee), whose personal sufferings led him, on recovery, to devote himself to the cause of Mental Hygiene, and who enlisted the co-operation of a group of representative men and social workers, has found expression in the voluntary formation of a National Committee for Mental Hygiene.

Though the National Committee was organized primarily to help the insane, it soon became evident that work in mental hygiene would also and inevitably help the sane. In this connection the comprehensive definition of the mental hygiene campaign, given by Dr. Barker in the address mentioned in the preceding paragraph, deserves to be quoted:

"By a campaign for mental hygiene is meant a continuous effort directed toward conserving and improving the minds of the people, in other words, a systematic attempt to secure human brains, so naturally endowed and so nurtured that people will think better, feel better and act better than they do now." How such a campaign with so ideal a goal is being carried on, is at least suggested by the list of purposes of the National Committee for Mental Hygiene.

CHIEF PURPOSES.

To work for the conservation of mental health and for improvement in the treatment of those suffering from nervous or mental diseases and mental deficiency; to encourage in hospitals, universities and other institutions the study of these diseases and to assist in disseminating knowledge concerning their causes, treatment and prevention; to conduct or to supervise surveys of the care of those sufferings from mental diseases or mental deficiency; to co-operate with other agencies which deal with any phases of these problems; to enlist the aid of the Federal and State Governments and to help organize and aid affiliated State or Committees for Mental Hygiene.

In this publication it is not necessary to describe in detail the activities of the National organization, as they are fully set forth in its publication No. 6: “The Field, The Work and The Needs of The National Committee for Mental Hygiene,” a copy of which may be had for the asking. It seems advisable, however, to mention, especially for the benefit of those who may not see that pamphlet, some of the specific ways in which the National Committee is achieving its purposes, for, in so doing, a clearer idea will be gained of the work of State Societies, which must supplement that of the National Committee if conditions within the States are to be bettered and if individuals in need of help throughout the country are to be given the timely advice and assistance they so urgently need.

PLAN OF WORK.

The Plan of Work of the National Committee as summarized under its three principal heads in Publication No. 6, reads as follows: “The first is original inquiry regarding the status of the care of the insane and of the mentally defective (more commonly referred to as the feeble-minded), including not only care of those in special institutions, but care in the communities, in general hospitals and pending admission to institutions; regarding the opportunities for effective work in betterment and prevention and, as resources permit, regarding some of the more important controllable causes of mental disease and mental deficiency. The second is popular education, by which the importance of the subject can be impressed upon the public and facts already known and those ascertained by special studies can be made widely known. The third is the organization of agencies to take part in movements for betterment and prevention, such as State Societies and Committees for Mental Hygiene, to work in co-operation with existing Federal, State and local agencies interested in related health problems.”

As a result of original inquiries made by the National Committee, a large amount of valuable data is being gathered, and its office is already looked upon as a clearing-house for information on the subjects dealt with.

Special studies, popularly known as surveys, have been made in several States by representatives of the National Committee, whose findings have been passed upon by the Executive Committee. It has been found that conditions among the insane and feeble-minded can be improved more effectively by such surveys.
than by any method previously known or used. Not the least of the advantages of these surveys has been the complete discredit­
ing of the methods heretofore used in many of the so-called “Legislative Investigations,” which have been destructive and disturbing, rather than constructive in effect.

Popular education has been carried on by the distribution of pamphlets and by means of the unique Mental Hygiene Exhibit prepared by the National Committee. The Exhibit and the Mental Hygiene Conferences held in connection with its presentation, have been the means of acquainting thousands of people with the purposes of the National Committee and the meaning of the mental hygiene movement in general. The large Exhibit which was first shown in Washington, D. C., at the Fifteenth International Congress on Hygiene and Demography, in September, 1912, where it was awarded a diploma of superior merit, or the smaller Exhibit which contains the more important charts, have since been shown in the following large cities and in a number of smaller places: New York, Rochester, Syracuse, New Haven, Chicago, Baltimore, Philadelphia, Boston, Pittsburg, Dallas, Raleigh, Buffalo and Omaha. Only lack of funds has prevented the showing of the Exhibit in many other cities as well. As will be shown later in this pamphlet, State Societies have gained in influence in their respective communities by making surveys or holding Mental Hygiene Exhibits and Conferences under their auspices.

Enough has been said to give a general idea of the work of the National Committee which is serving, among other things, as a co-ordinating agency for the State and local agencies interested in the problem of mental health and the care and treatment of the insane and feeble-minded. The following pages will contain a detailed account of the various State Societies, presented, in the main, under such headings as are listed in the Table of Contents on the inside of the front cover.

Chief Purposes and Plans of Work of State Societies for Mental Hygiene

Though all Societies for Mental Hygiene have purposes and engage in activities common to all, each, influenced by the needs of the communities served, gives greater attention, perforce, to some purposes and activities than to others. This, however, need not keep any Society from adopting such fundamental purposes and a plan of work as the following, for, as is evident, the Purposes and Plan can be modified or elaborated as the work develops.

CHIEF PURPOSES.

To work for the conservation of mental health; for the prevention of mental diseases and mental deficiency and for improvement in the care and treatment of those suffering from nervous or mental diseases or mental deficiency.

A PLAN OF WORK.

A Society for Mental Hygiene may seek to accomplish its purposes in such of the following ways as may be deemed expedient:

POPULAR EDUCATION.

By the distribution of pamphlets and reports in which mental hygiene, the prevention of nervous and mental disorders, the care and treatment of the insane, the prevention of mental deficiency and the care and training of the feeble-minded, including “backward” pupils in schools, are discussed in popular, non-technical style.

By means of a Mental Hygiene Exhibit, consisting of charts which present in a graphic way important facts relating to mental health, the problem of insanity and mental deficiency and other related subjects.
By means of public lectures, and by holding Mental Hygiene Conferences consisting of a series of public meetings at which all phases of mental hygiene work may be discussed by persons capable of speaking with authority on the topics presented.

By arousing interest in and helping to create a demand for:

(a) Out-patient departments for mental cases in connection with hospitals for mental diseases and general hospitals and independent of either of these agencies, such, for instance, as dispensaries and Mental Hygiene Clinics.

(b) Systematic psychiatric as well as psychological examination of school children.

(c) Provision for incipient and emergency cases in psychopathic wards of general hospitals.

(d) Psychopathic Hospitals in which cases of mental disorder may be treated in their earliest and most curable stages and where practical work in prevention and social service may be done.

Social Service.

By means of social service in mental hygiene, in charge of an experienced social worker who gives advice at the office of the Society or, if necessary, goes into the homes of those needing advice.

By means of Mental Hygiene Clinics, established in connection with the Society or hospitals, or by means of other clinics, if they are already available, to which the social worker and others can take or send cases who apply for advice.

By means of after-care work by which is meant the giving of advice and assistance to discharged or paroled patients, either those who have recovered or are regarded as improved, with a view to preventing their relapse and helping them to re-establish themselves in community life.

Surveys.

By means of surveys of conditions among the insane and feeble-minded, including studies of the methods used in various communities in managing such cases pending commitment to institutions.

Legislation.

By means of adequate appropriations by the State Legislature so that liberal provisions for the insane and feeble-minded will be made, thus doing away with the evils of over-crowding in existing institutions and making it unnecessary to place patients in almshouses and other unsuitable places of detention, pending commitment.

By working for laws which will take the responsibility for the care of patients pending commitment out of the hands of overseers of the poor and police officials and place it in the hands of physicians and health officers.

By working for better commitment laws and for an extension of the use of "emergency" and "voluntary" commitments.

Co-operation With Other Agencies.

By co-operating with institutions for the insane and feeble-minded and assisting the officials in efforts to secure facilities for modern methods of treatment.

By co-operating with other charitable organizations, with State and local Boards, and officials—judges, overseers of the poor, health officers and with private citizens, such as physicians, social workers, ministers and teachers who are so often brought into contact with persons needing help.

By co-operating with all existing agencies which aim to control forms of illness and injury which may lead eventually to mental disorder, such as those interested in the prevention of venereal diseases, movements against alcoholism, prevention of infections, regulation of the sale of habit-forming drugs, safeguarding workmen in dangerous trades, etc.

By helping in the work of establishing special classes in the schools so that backward pupils may receive the training they need and also in order that mental defectives may the sooner be discovered and given training when it will be of greatest benefit.

Social Service in Mental Hygiene.

The question most often asked about the work of a Society for Mental Hygiene is: "What types of cases can a Society for Mental Hygiene help and how can the individuals in need of ad-
Social service is personal service. Social service in mental hygiene consists of organized personal service in behalf of the insane, their worried relatives, and those who seem in danger of developing mental disorder, also in behalf of the feeble-minded and their relatives, including, of course, persons not included in the groups mentioned but, nevertheless, in need of such assistance as the social worker of a Society for Mental Hygiene may give.

Some of the cases that can thus be helped may be classified as follows:

Those who seem to be in danger of developing nervous or mental disorder.

Those having relatives suffering from these disorders and who need advice as to where to place them and how to effect their commitment and transfer to hospitals.

Those who have relatives in a hospital for the insane and who fear they are not doing the best thing possible for them.

Those patients in hospitals for the insane who may desire or would be benefitted by the friendly visits of a disinterested person in a position to help them.

Those patients discharged or paroled from hospitals, who still need intelligent supervision and help in securing suitable employment, and whose relatives need to be told how to help them readjust themselves to home conditions and community life.

Those who, in some degree, are mentally disordered, but who may safely remain in the community if kept employed and given opportunities to discuss their difficulties with an experienced adviser.

Those who have relatives who are feeble-minded, or "backward" in some degree, and who desire advice regarding institutions in which they may be placed or regarding methods of securing proper training for them outside of institutions in special classes, such as are being established in many schools.

Those cases referred to the Society by other charitable organizations, by State and local Boards and officials (hospital superintendents, judges of courts, health officers, overseers of the poor, and commissioners of charities) and by individuals in the community, especially by physicians, social workers, ministers and teachers, who, as previously stated, are often brought into contact with cases of mental disorder or mental deficiency.

These types of cases can, in a general way, be helped as follows:

A person tells the social worker of the Society that he fears he is "going insane,"—a very common fear. As such a case needs advice and treatment by a physician who has made a special study of nervous and mental diseases, the social worker helps the applicant secure the treatment he needs at a minimum of expense, or free of cost, if necessary.

When a case of mental disorder develops in a family its members are more often than not at a loss to know what to do. The widespread belief that the commitment of a relative brings disgrace upon the patient and his family often results in an unfortunate delay in bringing the patient under treatment. In such situations, a social worker can render helpful assistance by overcoming prejudices against commitment and hospitals for the insane in general, also by helping the family to look upon insanity as a disease, not as a disgrace, and upon the sufferer as a sick person in need of prompt and intelligent treatment.

Relatives of patients in hospitals for the insane, who effected their commitment without the intervention of a social worker, are often worried by the thought that they are not doing their full duty by them. By showing why such patients should be left where they are, or transferred to another hospital, or taken home, a social worker is able to reassure and encourage such applicants for advice.

A considerable number of patients in hospitals for the insane desire, above all things, the privilege of appealing to some disinterested person for advice and assistance. A social worker, because recognized by such patients as a disinterested intermediary, can often gain their confidence, and can then help them, their families and the hospital official by acting as a friendly adjuster of real or imagined differences.

Whether some patients are to suffer relapse or not depends oftentimes upon the sort of advice and assistance given them (and their relatives) when about to be discharged from the hospital. At this critical time a social worker is able to render valuable help. If the discharged patients are in a condition to
work, the social worker helps to secure suitable employment for them; if pecuniary assistance is needed a temporary loan from the Society's funds is made, or persons of wealth are found who will assume the expenses incident to re-establishing the recovered patients in community life. If, as often happens, discharged patients as a result of their illness re-enter society with permanently impaired mental capacity, work suited to their diminished ability is, if possible, found for them and those who are to live with or employ them are told just what may be reasonably expected of them and how they may best help in the work of rehabilitation.

As is well known, many mentally disordered persons are in the community all the time. A majority of these are eventually committed to institutions, but a large number, whose behavior is not noticeably affected by their condition, may continue their work under favorable conditions. Several such persons who, without supervision and advice, would probably have been committed and become a charge upon the State, have been able to continue their work and support their families because given an opportunity to consult the social worker. Such cases, however, are sent to physicians to be examined mentally before responsibility for helping to keep them in the community is assumed.

Many parents apply for advice regarding a "backward" or feeble-minded child. The social worker arranges to have such a child examined, to determine the degree of the defect existing, after which some plan of action is decided upon which will at least enable the child to live on the most satisfactory level of activity possible.

It often happens that the hospital and other officials, and representatives of other organizations desire to have cases investigated by the social worker. By this means facts not easily obtained in any other way are secured and the proper disposition of cases is facilitated. Furthermore, individuals in the community who suddenly find themselves charged with the baffling responsibility of assisting insane persons, or their relatives, also appeal to the social worker for that assistance which they are unable to give.

To quote from the 6th Annual Report of the Connecticut Society, issued in December, 1914, the Secretary, who is also the social worker, says:

"The work of advice and assistance for individuals who are suffering from some form of mental illness has been steadily carried on through the year, and there has been an encouraging increase in the number of applicants for this form of social service."

"The cases vary in type. There is the demented Swedish cook who must be returned to her own country; the insane paralytic whose husband has not known how to get her into a state hospital; the young Hungarian girl, on the brink of a mental breakdown, whose work and recreation must be regulated; the distressed family who must be shown that it is right to send the daughter away to a hospital; the recovered patient who must be placed at suitable work; the wife who knows that something is wrong with her husband, but cannot think what to do about it; the young student who knows he is near the breaking point but does not want to give up his studies; the Italian girl whose mind has been clouded by being jilted by a faithless lover; the man who is so haunted by fears of inherited mental weakness that he is unable to work; and the man who has exhausted his means in keeping his wife in a private hospital, because of unfounded prejudices against state hospitals. Not two cases are alike, but all show that mental disease is an overwhelming affliction which the ordinary experience of life does not train one to meet.

"Some of this work for individuals is done by visiting the homes, some by consultation at the office, some by correspondence, some by visits to the Mental Hygiene Clinic."

Because the foregoing summary of social service in mental hygiene is quoted from two reports of the Connecticut Society, it should not be assumed that that agency was the first to do organized work of this sort, nor that it has done more of such work than the other Societies for Mental Hygiene. The fact is, the Illinois Society was the first to engage in such work on an organized basis, under the supervision of a nurse who had had experience among the insane. Furthermore that Society has assisted several thousand cases where all others have assisted only hundreds, owing to the fact that the Illinois Society, with headquarters in Chicago, was privileged to assist in the management and final disposition of the thousands of cases which, because of an archaic commitment law, have had to pass through the Cook County Court and, in many instances, appear in person before a jury before they could even begin to share in the benefits of hospital treatment.

ILLINOIS.

The value of the work done by the Illinois Society for Mental Hygiene, with reference to these so-called court cases, may be
shown by giving the gist of a summary of the work. Last year, responsibility for caring in a uniformly considerate way for the "court cases" was assumed by Cook County. A Director, formerly in the employ of the Illinois Society, together with the three nurses who had previously worked under its direction though paid by the county, are now carrying on the work inaugurred by the Society. Furthermore, the County Judge has appointed a commission of two physicians to pass upon all cases thus doing away with the lay-jury before whom the patients formerly had to appear, as though charged with crimes. In such ways as this, a Society for Mental Hygiene can improve the standards of caring for the insane, pending commitment.

Though much of the social service work formerly done is now done by the County authorities, the Society has more than it can do in assisting the cases which come from other sources. To quote: "There have been referred to us this year, by individuals and fifty-one different agencies, 1,066 cases. Of these, 261 were paroled from State Hospitals and 41 went to State Hospitals as voluntary patients. A few it was necessary to commit but, for the most part, outside care was given. Our nurse made to the homes of patients 731 calls."

A distinctive feature of the work of the Illinois Society is the Occupational Department, recently established through the generosity of a public-spirited citizen who has agreed to maintain it for a period of years. A house, containing fourteen rooms has been opened, six of which are used for "Occupations." A Director, a nurse and an office assistant have been appointed and different industries are being developed. At present, there are from fifteen to twenty-five "patients" busily engaged each day at plain sewing, embroidery, lace-making, quilting, basketry, weaving, carpentry and gardening. Later, ornamental cement work will be done, in a shack at the rear of the house. Since the occupational work was begun, in February, 1915, positions outside for six of the workers have been secured, the smallest wages paid any of them being $10.50 a week. Efforts have been made to sell the product of the Occupational Department, with encouraging results. When any article is sold, the maker of it is given the difference between the sale-price and the cost of the material. A noon-day meal is furnished the workers—the "patients"—at an average cost of about ten cents.

This unique work is deserving of study by such Societies for Mental Hygiene as can finance an Occupational Department, also by other agencies interested in assisting the handicapped. Inquires should be addressed to the Illinois Society for Mental Hygiene, 157 East Ohio Street, Chicago, Illinois.

MARYLAND.

The origin and development of mental hygiene work in Maryland is interesting. The Maryland Mental Hygiene Committee of the Maryland Psychiatric Society is an outgrowth of the After-Care Committee appointed by that Society in 1912. Originating, as it did, under the auspices of a Society composed exclusively of psychiatrists, it was but natural that, when social service work was inaugurated, a former member of the medical staff of a hospital for the insane should be appointed to serve as the active officer in charge of social service and the general work. The result was that the Maryland Committee has been able to maintain what, in effect, has been a Mental Hygiene Clinic in continuous session. It has not, however, owing to lack of funds, been able as yet to employ a nurse of requisite experience to assist in the social work, though the need for such an assistant has been felt on many occasions by the physician in charge. In which connection, it seems fitting to observe, that the ideal combination for the doing of social service work in mental hygiene would be for a Society to have both a psychiatrist and a social worker—a nurse who has had experience with the mentally ill. No Society has yet employed this method, but many surely will as soon as their financial resources permit.

Fortunately, just as this pamphlet was about to go to press, a report on the work of the Maryland Committee, written by its Executive Secretary, was received, covering the two years, 1913 and 1914. It reads, in part, as follows:

"One of the best results of the work of decided community value, aside from anything else accomplished, has been the establishment of a psychiatric viewpoint among social workers, that is, they now are on the lookout for mental and physical abnormality and make as complete a study as possible of the individual and the family. The importance of this is readily understood when so large a percentage of the cases handled by charity organizations represent some degree of mental defect or abnormality, physical, mental, or both. In my opinion this co-
operative work with the various charity organizations is the most important feature of our work. Many of their troublesome, constantly repeating cases have been solved with the aid of psychiatric examination. A volume might be written on these cases but, suffice it to say, that this sort of co-operation offers great opportunity for preventive work, and this work will inevitably grow as the charity organizations make greater use of the service we offer.

"In our office, are kept the records of nearly 900 cases, the number referred to date. These records, without doubt, represent an accumulating value to the community. This has already been shown by the way the Governor's office, the Police Commissioners, the Courts, Magistrates, Police Women and charity organizations, and other agencies and individuals, have sought information contained in our records.

"Our Committee has been fortunate in its supervision or other relationship to its cases. Unsatisfactory and as imperfect as the work, of necessity, often has to be, not a single untoward occurrence, such as suicide or attempt at suicide, or act of violence, has happened among the 719 cases embraced in this report.

"The cases may be summarized as follows: In 1913 there were 309 cases assisted; in 1914 there were 413. These cases came to the Committee from forty different sources, including State institutions, private hospitals, churches, courts, charitable agencies and individuals. Of the cases, 75% were referred by charity organizations or non-official bodies and 25% by official, viz., State or City agencies.

"The work covered by this report has been done at an expense of about $4,000. It is a difficult matter to compute in dollars what has actually been saved the State through the activity of the Committee. There has been a large amount of preventive work among the 719 cases, including adaptations, re-adjustments, office treatment, placing out in private homes from State Hospitals, after-care treatment and returning cases to homes in other States or countries who would otherwise have remained in Maryland as public charges.

"It has been computed that, since January 1st, 1914, an actual saving of a total of 3,180 weeks of hospital maintenance has been effected which, at $4.00 per week, the average cost of such maintenance, means that over $12,000 was saved the State during the past year through the activities of the Maryland Mental Hygiene Committee. This, moreover, does not include any estimate of future savings on the 104 cases studied in this way; nor is the saving confined to the dollars and cents side of the problem, as is evident to all who give thought to the problems dealt with by a Society for Mental Hygiene."

Social service in mental hygiene is being done also in New York, where the work is conducted by the Committee on Mental Hygiene of the State Charities Aid Association, under the direction of nurses with training which fits them for their special work. The work in Maryland, as stated, is done by a physician who was formerly a member of the medical staff of a hospital for the insane. This difference in method in the assisting of social service cases is interesting and shows how difficult it is to offer any set rules for the guidance of those who may desire to organize Societies for Mental Hygiene. Indeed, in Massachusetts, where there is a Society, no organized social service work is done, for the simple reason that in Boston where the office is located there are so many mental clinics available that the Society has felt justified in focussing its attention, for the present at least, upon a campaign of education, which will be described in detail later. Furthermore in Pennsylvania, where the Committee on Mental Hygiene of the Public Charities Association of Pennsylvania is serving as the equivalent of a State Society for Mental Hygiene, no social worker is yet employed as all available funds have been set aside for the purposes of a State wide survey of the insane and feeble-minded. In North Carolina, where there is a State Society, no social worker has been employed, as funds for one are not yet in hand. Awaiting the time when such work can be begun, the Society is making efforts to enlighten the public and the State Legislature regarding the needs of the insane and feeble-minded. The Dayton Mental Hygiene Committee has not yet employed a social worker, but it has begun to work for a better commitment law. Thus it is seen that each State Society or Committee has its own plan, problems and methods and each is accomplishing useful results.

Mental Hygiene Clinics.

NEW YORK.

It has long been customary to provide the dispensary service of specialists for various physical disorders, but the vital and difficult field of mental disease, until recent years, has not often been represented among the free clinics. Knowing the need for such clinics the Committee on Mental Hygiene of the State Charities Aid Association of New York established one and
so set an example which is being copied in other States. The origin of the plan and an account of its development may best be described by quoting a statement prepared by a representative of the organization mentioned.

To quote:

"The following in brief is a general outline of the social service work of the Committee on Mental Hygiene of New York State, also its work in connection with mental clinics.

"In 1906 through the Committee on the Insane of the State Charities Aid Association, which Committee for many years had been very active throughout New York State in improving the care of the insane, the first after-care work in this country was organized by employing one after-care agent to follow up the cases discharged from Manhattan State Hospital. Under the auspices of the Association this work continued until 1911 when it was taken over by the State, upon the recommendation of the Committee on the Insane.

"In 1910 the Committee on Mental Hygiene was organized. Through its education and publicity campaign many requests from all over the State came from individuals themselves suffering from some mental trouble or whose relatives or friends had such a difficulty, asking advice in the situation. In order to give more time and attention to these individual cases the Social Service Department was organized in 1912. Its work has in general grouped itself in the following way: acting as a bureau of advice and information in regard to facilities for the care and treatment of mental cases; co-operation with existing social agencies in New York City in giving advice or handling such cases of theirs as manifest mental symptoms, and doing follow-up work in the cases seen at the clinic which was organized under the auspices of the Mental Hygiene Committee in October, 1912. This clinic on the Lower East Side is a distinctive feature of the work as it was the first of the kind to be organized in just this way. Through the co-operation of two of the State's Hospitals, Manhattan and Central Islip, each of which sent one of their own doctors, and with two other doctors, a clinic was established not only for the treatment of incipient cases of mental trouble, but also a place for the paroled and discharged patients from the two State Hospitals represented to report. Legislation based on the success of this clinic authorized all the State Hospitals throughout the State to organize Out-Patient Departments for their paroled patients and for any incipient cases that might come for treatment. During the last year the attendance at the clinic, with which the Committee on Mental Hygiene is affiliated, was 907, four hundred and forty-six of these being paroled attendance. During the last year the Social Service Department has given service to 624 patients, 323 of these being seen only at the clinic. (The East Side Clinic just described was, for local reasons, merged in April, 1914, with the Cornell Clinic of Psychopathology, to which Clinic the Committee on Mental Hygiene in New York now sends its social service cases when the advice of psychiatrists is needed.)

"Besides the work connected with this particular clinic the Committee has actively assisted in the establishment of 11 other clinics, 6 of these being Out-Patient Departments of State Hospitals. Also the Social Service Department has made an intensive survey of the clinical facilities for the treatment of mental and nervous diseases in Manhattan and the Bronx, with a view to ascertaining just what opportunities for such treatment are afforded here, and through standardization to make this work more effective."

CONNECTICUT.

The Connecticut Society has also established a Mental Hygiene Clinic. Its reasons for doing so were given, as follows, in its 6th Annual Report:

"Timely advice concerning harmful habits will sometimes prevent development of a mental disease, and early recognition and treatment of many mental disorders greatly increases the chances of complete recovery.

"The pressing need for some provision for securing the advice of a specialist in mental disease for those unable to pay for visits to a psychiatrist, and the necessity for a medical basis for much of the Social Service Work, led to the establishment in October, 1913, of a free Mental Hygiene Clinic in New Haven. Through the kind co-operation of the management of the two State Hospitals for the Insane this clinic has been taken in charge by physicians from these Hospitals, and through the courtesy of the trustees of the New Haven Dispensary, the Society has been allowed the use of suitable clinic rooms in that building.

"Although a clinic for mental diseases is not sought out as readily as a clinic for obvious physical ills, during the year 68 patients have applied for advice and treatment at the Mental Hygiene Clinic. In addition there have been 49 return visits or visits of patients' relatives. It is not only New Haven residents who seek this advice, but there are also patients from other towns in the vicinity who write asking for consultations. Social workers from nearby towns take advantage of this means of getting a specialist's opinion regarding doubtful cases whom they are trying to help. In this way seven neighboring towns have been represented at the Clinic during the year. The Clinic is held on Thursdays at 2 p.m. at the New Haven Dispensary."
The work of advice and assistance for individuals who are suffering from some form of mental illness has been steadily carried on through the year, and there has been an encouraging increase in the number of applicants for this form of social service. Besides former patients coming again for counsel and help, there have been 129 new cases during the year, not a large number in itself, perhaps, but encouraging when one considers local conditions and the fact that many who would use the Clinic, if familiar with its work, do not yet appreciate how it can help them. The increase in cases during the year is 43%, showing that the public has begun to understand the value of the Clinic.

Some of the Societies have no Clinics, but they do the work of such Clinics in one way or another. In consequence, the absence of such a Clinic is not a serious matter. The existence of one, however, is of undoubted benefit, in that it helps familiarize the public with the term “Mental Hygiene” and enables a Society to establish contact with cases that could not otherwise be reached.

Surveys.

The first survey made by a Society for Mental Hygiene was made by the Illinois Society in 1910, less than a year after its founding. This was a wise procedure and one which every Society should follow if possible, for without original knowledge of conditions in important parts of the field in which the Society is going to work, wrong or ineffectual moves may be made and satisfactory progress and ultimate success hindered, if not made impossible. Those inexperienced in planning for such surveys can often secure useful advice from The National Committee for Mental Hygiene. Special studies, or surveys, are an important part of its work and a great deal of thought has been given to the best method of making them. Indeed, before undertaking a survey, State Societies should see if the National Committee cannot make the survey—possibly at its own expense—and place the results at the disposal of the State workers.

ILLINOIS.

The nature of the survey made by the Illinois Society for Mental Hygiene during the summer of 1910 may be shown by quoting from the report entitled: "The Care of the Insane Pending Commitment—a Study of the Conditions in Cook County, Illinois," by Dr. Addison Bybee, formerly an assistant physician at the Elgin State Hospital.

To quote:

“The data cited in this report have been collected for the purpose of gaining a definite idea of the present method of dealing with the insane prior to their entrance into a hospital for the insane. Some of the cases cited are very painful to contemplate, yet when one makes a careful study of conditions he realizes that the fault is not with the individuals who have to do with the insane, but with the system now in vogue. Those in the active work of caring for the insane prior to their admission to a hospital are cognizant of the very unsatisfactory manner in which they are handled. They are also very willing to discuss ways and means of affording the sufferer more suitable and up-to-date care.

“In order that we may obtain an adequate conception of the sources from which these patients are received at the Detention Hospital and by whom these patients were brought in, the records of a series of two thousand cases were studied.”

Epitomizing the table presented in the report, it may be said that 597, or about 39%, were received from police stations, and as to escorts, 1,259, or 63%, were brought in by the police. Quoting again: “Of the last one thousand cases received at the Detention Hospital, two hundred and five, or 20%, were women. These women were brought in by the police. No records of friends, relatives or women attendants were found.” Then follows a description of the police stations in Chicago where the insane patients were so often held for a time—sick people who should have been treated in hospitals as patients, not in lock-ups as offenders against the law. Page after page tells of individual cases of suffering and neglect, and so on to the end of the report.

What is the value of such a report to those desirous of organizing a Society for Mental Hygiene, or actively interested in one already at work? It shows a vast field for useful work. It may be safely said that no State cares so well for the insane pending commitment that their care cannot be improved, whereas, as is well known, in most States conditions are as bad, if not worse, than those which formerly obtained in Cook County, Illinois.
CONNECTICUT.

A common evil is the placing of insane persons in almshouses and jails pending commitment, many of whom are never fortunate enough to be committed to hospitals for the insane where they can receive proper care and treatment, either dying before plans for transferring them are made, or, as is common, left in almshouses without thought on the part of the authorities of ever transferring them to hospitals. The care of the insane in almshouses is a survival of a method of care which no enlightened community should tolerate. Since the days of Dorothea Dix—the middle decades of the last century—many reports have shown the deplorable conditions which are inseparable from almshouse care. A Society for Mental Hygiene in a State where almshouse care of the insane still survives cannot overlook this evil without failing in its duty.

With the knowledge that there were a large number of insane persons in almshouses in Connecticut, and the belief that a careful examination of all inmates would show even a greater number, the Connecticut Society for Mental Hygiene, in March, 1914, secured the services of Dr. Joseph H. Toomey, a member of the medical staff of the Rhode Island State Hospital, to make such a survey. What Dr. Toomey discovered may most interestingly be shown by quoting from the 6th Annual Report of the Connecticut Society:

"During the month at his disposal, Dr. Toomey examined the inmates of thirty-three almshouses, the more important of the sixty-nine in the State. He found confined in these almshouses 179 men and 219 women of defective or diseased mental conditions, insane, feeble-minded or epileptic. The total number of 398 is about twice what had been estimated for these same almshouses, and indicates that there are about 600 such persons in all the almshouses of the State. In other words, about 13% of all the insane and mentally defective persons in public institutions in Connecticut are being cared for in almshouses. When it is realized that in several States no insane are to be found in almshouses and that the ratio in Connecticut is exceeded by only a few States, it is apparent that Connecticut has fallen far short of discharging its obligations to many of the most unfortunate of its citizens.

"The findings of this survey will be used as a basis for special recommendations to be made to the Legislature, looking toward the reception and care in State institutions of all the insane poor of the State. The importance of early treatment for mental disease is conceded by all psychiatrists, as the possibility for cure is much greater in the early months. Even in so-called incurable forms of insanity, much can be done to improve the mental condition, and to delay deterioration by skillful supervision of training, recreation and occupation. Such being the case, it is a manifest injustice to individuals who are pitiful victims of a disease which makes them incapable of self-support, and which demands special treatment, to detain them in institutions established as shelters for the aged, or infirm, or those who are paupers in the ordinary meaning of the term."

An intensive survey of the feeble-minded is also being made under the auspices of the Connecticut Society for Mental Hygiene, assisted by Yale University and the managers of the Connecticut School for Imbeciles. Important results are being secured but, as the report is not yet complete, they cannot be incorporated in this pamphlet. It is interesting to note, however, in connection with this survey, that a large number of people not previously interested in the work of the Connecticut Society for Mental Hygiene have become actively interested through this special study of the feeble-minded. Indeed, during the recent session of the State Legislature, the Society arranged for a Mental Hygiene Exhibit in the halls of the Capitol and a public meeting on the needs of the feeble-minded in Connecticut, which was attended by some of the legislators, was also held under its auspices the day before a bill providing for a new institution for the feeble-minded was to be considered at a hearing before a Committee of the State Legislature. Such things as these show how effectively a Society for Mental Hygiene may work for the feeble-minded as well as for the insane.

PENNSYLVANIA.

 Probably the most comprehensive state-wide survey of conditions among the insane and feeble-minded is that recently completed in Pennsylvania, where the Public Charities Association and its Committee on Mental Hygiene secured the money and formulated the plans for such a survey. After consultation with representatives of the National Committee for Mental Hygiene, Dr. C. Floyd Haviland of the Kings Park State Hospital of New York was employed, while on leave-of-absence, to make the sur-
To quote from the 7th Annual Report of the National Committee: "During the six months which it took to do the work, Dr. Haviland examined very carefully each of the State institutions and county asylums in Pennsylvania and gave in his report the actual conditions in the institutions, together with a constructive plan for state-care. The conditions found by Dr. Haviland revealed an amazing neglect of the welfare of the insane on the part of this great State. He found the insane cared for in county asylums under most distressing conditions, and the state system of hospitals conducted in an ineffective way which prevented them from performing their proper functions. On the basis of Dr. Haviland's report, efforts will be made this year to secure the necessary legislation for abandoning the county care in Pennsylvania and replacing it with a system of state care conducted upon a high plane of humanity and efficiency."

Those desiring reprints of the article based on the report of this survey, which was published in "The Survey" of the issue of April 3rd, 1915, can secure copies, so long as the edition lasts, by writing to the National Committee for Mental Hygiene. If a copy of the complete report is desired, a request for it should be sent to the Public Charities Association of Pennsylvania, Empire Building, Philadelphia, Pa.

**Campaigns of Education.**

All Societies for Mental Hygiene have carried on some sort of educational work, but the two which have given emphasis to this activity are the Massachusetts Society and the Committee on Mental Hygiene of the State Charities Aid Association of New York.

Quotations from Publication No. 1 of the Massachusetts Society for Mental Hygiene which, for the most part, describes its planned educational campaign, will show how such work may be done by a State Society for Mental Hygiene. To quote:

**The Situation.**

"Mental disease is a great and growing menace in Massachusetts. The Commonwealth has gradually been obliged to assume the care in greater part of those suffering from feeble-mindedness, alcoholism, epilepsy and insanity, and is becoming increasingly responsible for the care of defective delinquents and those suffering from psycho-neuroses and drug habit.

**Feeble-Minded.**

"During the fiscal year ending November 30, 1913, there were under treatment in the two State Hospitals for the feeble-minded, 2,701 patients, while the number of feeble-minded in the State needing public care has been conservatively estimated at 10,000. Hundreds are therefore on the waiting lists of the two available hospitals. Several hundred others are still cared for in almshouses.

**Insane, Epileptic, Inebriate.**

"There were admitted to the hospitals for the insane during the same year, 5,607 patients; there were under treatment in the various State Hospitals, 889 epileptics, 1,444 inebriates, 18, 971 insane (including those in private hospitals) making a grand total of feeble-minded, epileptic, inebriate and insane under care during the year, of 24,008. The Psychopathic Hospital alone is receiving patients at the rate of 2,200 a year in the house service; while in the out patient department patients are being examined at the rate of over 1,000 a year.

**Much of This Preventable.**

"If all this were unavoidable, it would be well to say little. But much of it is avoidable. Many of the forms of mental disease are subject to control just as are tuberculosis, typhoid fever or small-pox. Each of the three great causes producing the above toll is fundamentally preventable. The problems associated with them are admittedly numerous and intricate, but the fact remains that they are the producers of the great majority of mental diseases, and unnecessarily so.

"The State's resources are now being severely taxed in providing proper care for its wards, and the professional skill of the Hospitals is occupied with the intricate questions of diagnosis, treatment and after care, which are immediate and all-important.

"Meanwhile the fundamental problem of prevention is neglected, and will remain so until the State comes to regard mental hygiene and its associate problems as a measure of public health and takes steps accordingly. So long as it does not, it will be necessary for a citizen's organization to supplement the work of the State, particularly at this point.

**Purposes of the Society.**

"The chief reason for being of the Massachusetts Society for Mental Hygiene is, then, to combat mental disease from the point of view of prevention. People generally regard mental diseases
with a peculiar awe and a feeling of hopelessness and helplessness. This works great harm to those suffering from such diseases and adds to the burdens of the State.

"The immediate needs are to stimulate interest in the general problem; to neutralize the present feeling of hopelessness; to disseminate information in regard to the causes of insanity and its preventability; to emphasize the hopeful outlook; and to urge a larger and earlier use of the facilities at hand.

"The specific things which the Society proposes to do to meet the present needs are the following:

To provide competent speakers to address groups in any part of the State;

To distribute such pamphlets and leaflets as will interest and inform the public;

To familiarize the public with the methods employed by the State in the care and treatment of the insane and mental defectives;

To maintain for general use a collection of the literature on the subject, together with information in regard to the progress made in other States and communities in the care and treatment of mental cases;

To maintain for general use an index of the current literature on the subject;

To maintain for the use of those preparing papers and articles, and for all others who may wish to refer to it, a bibliography on the subject;

To furnish information to physicians, social workers, and others as to the public facilities for diagnosis, care and treatment of mental cases, and as to the laws, rules and practice in regard to availing themselves of those facilities;

To study, so far as time and funds will permit, and stimulate others to study, the different phases of the problem of mental hygiene;

To publish the result of such studies."

In a folder recently issued by the Massachusetts Society, a unique plan for providing speakers for public lectures is set forth. It contains a list of twenty-seven physicians and social workers who have agreed to speak anywhere in Massachusetts.

...on the various phases of mental hygiene work whenever their services may be desired. The Society agrees to furnish the speakers to other organizations without cost. Those desirous of learning the subjects of these lectures should write to the Massachusetts Society for Mental Hygiene, 15 Ashburton Place, Boston, and ask for a copy of Folder No. 1. The topics give an idea of the kinds of addresses delivered at Mental Hygiene Conferences, and will prove helpful to those who wish to arrange for such Conferences.

NEW YORK.

The educational work of the Committee on Mental Hygiene of the State Charities Aid Association, which Committee is serving as the equivalent of a State Society in New York, has, in some particulars, been distinctive. This Committee was the first of the mental hygiene agencies to hold a public meeting on mental hygiene—that held at the New York Academy of Medicine in December, 1910. Its success and the success of the Mental Hygiene Meeting and Exhibit which the National Committee arranged as a part of the 15th International Congress on Hygiene and Demography led to the holding of a Mental Hygiene Exhibit and Conference in New York during November, 1912, under the joint auspices of the National Committee and the Committee on Mental Hygiene of the State Charities Aid Association. Though the National Committee contributed the use of the Exhibit, helped arrange the Conference program and, because the affair was held in New York City, the headquarters of the National Committee, shared the expense, it should be stated that it was due to the initiative of the State workers that the enterprise was undertaken. That it was such a great success, about 25,000 people being in attendance during the week, was also due largely to the effective campaign of publicity which was planned and carried out by the active workers of the State Committee.

This New York Committee on Mental Hygiene has published and distributed a greater number of copies of pamphlets and reports on mental hygiene topics than has any other agency of the kind. One of its most important publications is entitled: "Proceedings of the Mental Hygiene Conference and Exhibit"—a 224
page report of the addresses delivered at the Conference mentioned in the preceding paragraph. The most widely circulated and most popular of its publications is the pocket-sized pamphlet entitled: “Why Should So Many Go Insane—Some Facts as to the Extent, Causes and Prevention of Insanity.” To date (May 1, 1915) 625,000 copies have been distributed. Requests for this and other publications of this agency, should be addressed to the Committee on Mental Hygiene of the State Charities Aid Association, 105 East 22nd Street, New York City.

Recently, this New York Committee has inaugurated a campaign of education and publicity under the personal direction of its Executive Secretary who has made a special study of publicity methods. The results of this work should prove of use not only in New York, but in all States where Societies for Mental Hygiene enter the field.

How to Organize a Society for Mental Hygiene.

It is not easy, nor is it satisfactory, to give printed directions as to methods of procedure to use in organizing a Society for Mental Hygiene, for conditions are different in each State and these must be taken into account before a specific plan can safely be formulated. Nevertheless, some fundamental principles of organization can be suggested which, it is believed, will prove helpful to any group of persons desirous of establishing a Society in their State.

No one thing is so important as the personnel of the organizing and governing body of the projected Society, viz., the Organizing Committee, and the original officers and Directors elected later. The members of these groups should command the respect of the community the Society is to serve. While some of these persons should, preferably, be men and women of prominence, so that the new Society may share their prestige, at least until it has won prestige and influence for itself, the supreme test of fitness for original or charter membership is genuine interest in the purposes of the Society and willingness and capacity, of one kind or another, to help it achieve its purposes.

This brings us to a consideration of the types of citizens who are most likely to be interested in organized mental hygiene work.

Those interested in establishing a Society for Mental Hygiene, as has been proved in States where such an agency has been organized, may find charter members among officials connected with institutions in which the insane, feeble-minded, epileptic, alcoholic, drug habitués and other such sufferers are treated. Other state and local officials who will be interested are judges of courts which issue commitments or appoint guardians, judges of the criminal courts and juvenile courts, who often have to pass upon cases which involve mentally disordered or mentally defective persons, and overseers of the poor or commissioners of charities who are so often called upon to assist the insane and feeble-minded, epileptic, alcoholic and victims of drug habits. Many members of the medical and teaching professions, social workers and ministers, may also be interested in the work of the Society. And, as is evident, a number of public-spirited citizens, willing to help any worthy cause, regardless of an initial interest of their own in it, can always be found in every community. Then too, there are the relatives and friends of persons who have suffered from mental illness of one form or another who, after the Society has begun its work, will, in many instances, welcome the opportunity to further a work the need of which has so painfully been brought home to them. As will readily be seen, a new Society for Mental Hygiene need not, therefore, lack support if those in charge of the work will seek support in a systematic manner and persistently, for persistency, in a pioneer work, is, above all things, essential to success.

Next in importance to the personnel of the organizing and governing body of a new Society for Mental Hygiene are the spirit and motives which animate its initial work. Even an eminently respectable and well-meaning group of officers and Directors of a new Society may unwittingly start the work along wrong lines, unless warned of pitfalls which must be avoided if the Society is to succeed. A safe plan to adopt is a constructive program of work. That is, give publicity to the good conditions known to exist and say only such things about the evils and deficiencies as will directly contribute to their correction. It is inadvisable, for instance, for a new Society to focus its attention on abuses and on individual cases of abuse. The thing to do is to correct the conditions which produce the abuses, so that, in time, all individuals will be protected against
them. How conditions may be improved permanently, can only be determined after careful studies and surveys, such as have already been described and, as stated earlier, the National Committee for Mental Hygiene will gladly offer advice on this subject upon request. If the situation seems to require it, a representative of the National Committee will go to any State and confer with the local workers. With reference to surveys, special studies and subjects relating to the medical aspects of the work, the Medical Director will offer suggestions. The Secretary of the National Committee, one of whose chief duties is helping to organize State Societies and Committees, will offer detailed suggestions regarding plans for organizing, including advice which cannot well be presented here regarding the most efficient type of Executive Committee, and he will also supply drafts of By-Laws suited to the conditions under which any new Society will have to work. Correspondence regarding these and related topics is invited and will receive attention if sent to the National Committee for Mental Hygiene, 50 Union Square, New York City.

Ways in Which a Society for Mental Hygiene May be Financed.

In discussing this topic the writer can speak from experience as it fell to his lot, as the organizer of the pioneer Connecticut Society and the National Committee, to do most of the soliciting of funds for the work, and it may not be amiss to add that he was fortunate enough, with the help of a few zealous workers, to secure funds which have carried the work from the experimental stage to one of proved success.

Experience has shown that only those possessed of vision, discrimination and broad sympathies are likely to contribute toward the support of a newly formed Society for Mental Hygiene, chiefly because so few have formed the habit of giving thought to the needs of the mentally ill. But, fortunately, experience has also shown that generous people of the type mentioned exist everywhere. The problem is to find them.

One way of finding contributors is for a new Society to first secure a few hundred dollars for use in sending to selected lists letters of appeal and pamphlets which describe the purposes and plans of the Society. This is what was done by the Connecticut Society before the end of its first year of work and, as a result, more than 500 members were secured. Each agreed to pay Annual Dues of $2.00, and a majority have paid them with great regularity for several years, thus bringing into the Society a total of about $5,000 during the past five years, secured at an initial expense of less than $1,000. Since the original appeals were sent out, others have been distributed, with the result that the Society now has a membership of 700. Had there been now more funds available for the purpose, a much larger membership could have been secured, for it has been proved that there is a group of people in existence who, when informed of the work of a Society for Mental Hygiene, will gladly help support it.

As is evident, a new Society cannot support itself merely through the dues of members. In consequence, the interest of a number of people of wealth must be enlisted. It has been discovered that among those who join as general members, with nominal dues, there are sure to be several who, if personally interviewed, will give larger contributions. Indeed, in Connecticut, two-thirds of the annual budget of about $3,000 has been given each year by a small group of people of wealth, some of whom have given $100 each on one occasion, some that amount on several occasions, and several who have given $300 apiece each year. As the work developed, new contributors were found, and the interest of many of the original contributors increased, perhaps owing to the satisfaction found in having helped support a new form of philanthropy during its initial and most difficult years.

The Connecticut Society has the largest group of general members. In fact it is the only Society for Mental Hygiene which has made continuous effort, as funds permitted, to secure such members. All of the other Societies, including the National Committee, have been supported by small groups, the members of which have given from $100 to $5,000 to the State agencies and from $100 to $50,000 each to the National Committee, to be used, in some instances, during a period of years. These larger gifts, with few exceptions, have been secured by one or two enterprising members of each organization who did not fear to
ask and keep asking until the persons appealed to saw that the
 privilege of giving was as great as the need for gifts.

Those who undertake to secure funds for the initial work of
new Societies for Mental Hygiene may, for the asking, receive
more detailed suggestions regarding ways and means of procur­
ing them, if they will write to the Secretary of the National
Committee for Mental Hygiene, 50 Union Square, New York
City.

What Each Person Can Do in the
Mental Hygiene Movement.

1. Inform yourself thoroughly regarding those
   factors which interfere with efficiency and which
   may result in mental disease.

2. Help to make generally known the facts you
   now possess or may learn.

3. Refrain from those acts and habits which are
   likely to result in mental disorder.

4. Speak and think of insanity as a disease and
   not as a crime.

5. If relative, friend or acquaintance seems to
   be suffering from bad physical or mental habits,
   take steps to see that he is given the information you
   possess and receives proper medical care without delay.

6. Inform yourself of the modern methods of
   treatment for the insane and mentally defective, and
   lend your voice and influence to all projects which
   make for better or earlier treatment of those suffering
   from mental diseases and mental deficiency.

PUBLICATIONS

OF

The National Committee for Mental Hygiene

No. 1. Origin, Objects and Plans of the National Committee for
   Mental Hygiene. (Out of print.)

No. 2. Principles of Mental Hygiene Applied to the Manage­
   ment of Children Predisposed to Nervousness. By
   Dr. Lewellys F. Barker.

No. 3. Summaries of the Laws relating to the Commitment and
   Care of the Insane in the United States. Compiled by
   John Koren.

No. 4. Some Phases of the Mental Hygiene Movement and the
   Scope of the Work of the National Committee for Men­
   tal Hygiene. By Dr. Lewellys F. Barker.

No. 5. Illustrated Handbook of the Mental Hygiene Movement
   and Exhibit. By Dr. Stewart Paton.

No. 6. The Field, the Work and the Needs of the National
   Committee for Mental Hygiene. By Dr. Thomas W.
   Salmon.

No. 7. Purposes, Plans and Work of State Societies for Mental
   Hygiene. By Clifford W. Beers.

Requests for publications should be addressed to the National
Committee for Mental Hygiene, 50 Union Square, New
York City.
Directory of Societies and Committees for Mental Hygiene,

with names of those in charge of their active work.

The National Committee for Mental Hygiene,
50 Union Square, New York City.
Dr. Thomas W. Salmon, Medical Director.
Clifford W. Beers, Secretary.

CONNECTICUT.
The Connecticut Society for Mental Hygiene,
39 Church Street, New Haven, Connecticut.
Miss V. M. Macdonald, Secretary.

ILLINOIS.
The Illinois Society for Mental Hygiene,
157 East Ohio Street, Chicago, Illinois.
Miss Elnora E. Thomson, Superintendent.
Mrs. Eleanor C. Slagle, Director of Occupational Department.

MARYLAND.
The Maryland Mental Hygiene Committee,
401 Garrett Building, Baltimore, Maryland.
Dr. W. Burgess Cornell, Executive Secretary.

MASSACHUSETTS.
The Massachusetts Society for Mental Hygiene,
15 Ashburton Place, Boston, Massachusetts.
Dr. Frankwood E. Williams, Executive Secretary.

NEW YORK.
Committee on Mental Hygiene of The New York State Charities Aid Association,
105 East 22nd Street, New York City.
George A. Hastings, Executive Secretary.
Miss Katharine Tucker, Social Service Director.
Miss Julia F. Wells, Social Service Worker.

NORTH CAROLINA.
The North Carolina Society for Mental Hygiene,
(Has not yet opened an office).
Address: Dr. Albert Anderson, Secretary, Raleigh, N. C.

OHIO.
The Dayton Mental Hygiene Committee,
(Has not yet opened an office).
Address: Mrs. J. Franz Dolina or Mr. A. G. Knebel, Dayton, Ohio.

PENNSYLVANIA.
The Committee on Mental Hygiene of The Public Charities Association of Pennsylvania,
Empire Building, Philadelphia, Pa.
Robert D. Dripps, Executive Secretary.