THE MENTAL HYGIENE MOVEMENT AND PSYCHIATRY.

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There may be but little appetite for any large problem alongside that of the war, which has made all others shrink, but it would be a pity if a movement like that of Mental Hygiene should find its propaganda crippled. If one should come before you with a rational, workable plan for making the world a better place to live in, it would sound Utopian, but that is just what this movement contemplates and, in such an unsensational, scientific, fact-gathering way, as to compel us to take much stock in it. As it concerns a department of public health that has had but too scant a hearing in our state and lies in the field of mental disorders and defects in which the public look to the doctors as authorities, and which now acquires added importance on account of the war, I naturally feel that it should be widely ventilated here.

Now, what is the Mental Hygiene movement? It is a movement to improve the understanding and management of the insane and defectives without and within institutions; to prevent insanity and mental defects, which express themselves so largely in crime, pauperism, dependency, etc., and to conserve mental efficiency. That surely is a very high-sounding program, and while many of us have long been devoted to this cause, hap-hazard, it was for the first time crystalized about ten years ago, in the work of the "National Committee for Mental Hygiene" with unit societies now in sixteen of the United States—a sort of national clearing house, where this program is integrated and stimulated under the support of leading psychiatrists, psychologists, educators and the financial aid of philanthropic men. A suite of administrative offices is maintained in New York City for its business ends, publications, records, bureau of information, surveys, exhibits, inspections, etc.

Strangely enough all this has come about through a layman, Clifford W. Beers, who suffered a manic-depressive psychosis for several years, during which he endured the usual misunderstanding and mistreatment, which he set forth in autobiography—"A Mind That Found Itself." This suffering was fortunately

‡Published by Longmanns, Green & Co., 4th Ave. and 30th St., New York City.

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not wasted, but found transfer under a happy mental mechanism into a zealous devotion to the cause; not, as in similar instances of ex-patients, finding expression in sensational outcry or "freak" legislation, but in modest, intelligent and constructive marshalling of forces scientific and popular that were already available.

Let us look at the field of its operation:

The certified insane, alone, are as one to about 300 of the population,* and when we include those uncertified and the feeble-minded and delinquent, the psycho-neurotic, inebriate, etc., the problem is easily ten times as large. A recent survey of Nassau County, Long Island, under the auspices of the National Committee presently to be published shows one in about thirty, i.e., three per cent of the population, as thus affected, and Dr. Rosanoff, who directed the survey, tells me the figures are modest.† The war threatens to quadruple this number.

This material, prodigally reproducing itself, is essentially the clientele of the mental hygiene movement, which, with its social connotations, it seeks to relieve and arrest. When you think that out of every dozen of us one may now or at some time be psychically maladjusted to survive socially and belong to the clientele; when you think of the great state of New York appropriating one-third of its total year's expenditure in this direction, not counting the effort and outlay of private agencies in which this problem is the underlying one; when you realize that much of it is preventible, not only remotely but directly, it brings home to you the enormity of the situation and the need of vigorously engaging a problem fraught with so much suffering, so much waste of mental efficiency and so much financial burden.

AS TO THE INSANE.

Their care easily falls into the custodial care for the many chronics and the hospital care for the acute cases. This is exemplified in our state by the thirty-five asylums for the chronic and the three hospitals for the acute and recent cases. This hospital idea, slowly evolving from the early neglect and superstitions attitude to the insane and the later more kindly custodial care, sought to bring psychiatry into the field of general medicine, from which, under a painful incompatibility, it was too long divorced. It is a sad thing, that the insane had never had extended to them the same consideration that is so ungrudgingly given to those suffering from sickness in general.

The hospital idea culminated in the modern psychopathic hospital, established either in connection with existing institutions for the insane or as units of general hospitals, which patients may voluntarily enter for treatment of mental disorders, as they enter medical or surgical hospitals in general. Models of this class are the Boston Psychopathic Hospital and the Phipps Psychiatric Clinic at Johns Hopkins, Baltimore, which by the way, owes its existence to the Mental Hygiene movement.

In these and similar institutions, like that of the Psychiatric Institute of New York, the intensive study and treatment of mental disorders has received its largest fulfillment. So thorough is this study, in selected cases that one case history may approach the dimensions of a small volume and the work done and disseminated by publication is the pride of psychiatry.

The individual attention incident to this intensive study was found to have pronounced therapeutic value—indeed it is a truism that benefit is in direct relation to the amount and quality of attention. Mental symptoms are but pathetic attempts at adjustments to reality, for which the sufferer naturally craves understanding, and benefits by sympathetic and especially expert attention to his troubles whether they be normal or pathological. Formerly there was no attempts at understanding. The mere fact of establishing "insanity" was the end. Whereupon by popular tradition the patients were reduced as it were in the biological scale, as if they had quite ceased to belong to the genus homo and become some bizarre unrelated freak of nature to whom the common considerations did not quite extend, whom we could neglect or patronize, or discipline or restrain and were relieved of the need of understanding further than that they were "insane." Now the word insanity is largely tabooed in psychiatry as a legal and not a medical term, it being for the law with antiquated definition of insanity (originally from a medical source) to say whether a given mental disorder comes within the legal definition of insanity for which the state can limit man's freedom or excuse him from crime, etc: This is the kind of "diagnosis of insanity" made in our commitment courts, which a policeman can often do quite as well as a psychiatrist.

Then came a period when classification was the fetish. Such questions as "Is he a mixed manic-depressive or dementia-praecox?" absorbed attention. Nature has no contract to fit cases into definite groups, at least we have not yet reached finalities in whatever group is the order of the day, and to "label" a patient as a "precox" or a "manic" is not the end of psychiatry. Dr. Hoch, in such a situation, at a clinic, when asked

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* In Wisconsin 1 in 308 at the present writing.
† Now published in their quarterly journal—"Mental Hygiene," July, 1917.
What is he?" answered, "He is a man." Happily we are coming to deal rather in qualities than entities, studying the character of the reactions, the phylogenetic interpretations at the various levels of the personality, the psycho-analysis and mechanisms revealed in the behavior, rather than drawing forth the nosology. There has been some criticism of extremes in this direction from high sources, but in the main it has been regrettable. If in some institutions they cease to speak in terms of fixed diagnosis and interpret the patient's conduct as "hallucinating a homo-sexual attack," or as "analog eroticism," or as an "attempt to pass from homo to hetero-sexual levels," they are all laudable efforts to interpret intelligently something very real and fundamental in the phylogeny. Time and not destructive criticism may be trusted to make the final evaluations.

A great feature of psychopathic hospitals is their out-patient department. Here thousands of cases are treated yearly and without institutional care, in the early and most promising stages. At the Boston Psychopathic Hospital, 1,500 cases were so treated in the out-patient department last year, some of them sent in by physicians, courts, and schools, and a large number of them coming of their own initiative. Fostered by the Mental Hygiene movement many Eastern Insane hospitals, duly recognizing their responsibility for the mental health of the communities which they serve, have established these out-patient clinics in towns, adjacent to the hospitals, which the hospital staff directs (sometimes in the evening to encourage attendance of patients unable to come by day.) New York City alone has perhaps a dozen clinics covering various mental fields, with, in many places, a psychologist for mental testing and a social worker to co-operate with the field, the therapy sometimes lying wholly in the field of the social worker.

THE CHRONIC.

Sometimes it seems that in the zeal for understanding the acute cases and the building of psychopathic hospitals and clinics, we are in danger of neglecting the chronics, who, under the better custodial care of modern days, survive so largely. Here the occupational specialist finds a rich field for more or less productive occupation, having a wonderful therapeutic value to the patient and bearing on the economic feature. It is strange that it has taken so long to meet the problem of occupation adequately, when we have had before us the thousands of idle hands that ached to find outlets for repressions, in creative impulses. Much of this unutilized energy is now being impressed into war service (agriculture, sewing, knitting, shoe-making, etc.). The National Committee is just now inaugurating important war work in the field of occupation and re-education in the neuropsychiatric cases which constitute about one-tenth of the war casualties. Some institutions are doing kindergarten work with the chronic, terminal dementias along the Froebel and Montessori methods, with results abundantly worth while.

One of the best works of the National Committee of Mental Hygiene is the so-called after-care of discharged patients. Many institutions have as many patients discharged (uncured) outside their walls as within, and co-operative links between them and the institution are now maintained on a very large scale. After-care gives isolated patients the necessary social contact and meets family difficulties that make for relapse; better adjusts the patient to his living problems in the outer world; relieves unnecessary crowding of the hospital; makes experimental discharges more feasible; facilitates the early recognition of relapses; and has so large an educational and prophylactic value to the community as to make it one of the happiest movements fostered by the Mental Hygiene organization. It brings to the insane problem what parole, indeterminate sentences and probation, has so auspiciously brought to the criminal problem. In Massachusetts and New York after-care is now thoroughly looked after, and in many other states in a lesser degree.

On account of the crowded condition of the institutions of our states many persons with mental disorders are still kept in jails and poor houses, especially in the southern states. Dorothy Dix started removing the insane from these places in 1841, but her work is still unfinished. Sometimes these patients are temporarily held, awaiting vacancies in the state hospitals, in other cases they remain permanently, having become "chronic," and preference being given to the admission of recent and acute cases. This is a situation that cries to heaven. I recently visited some of the jails in Mississippi. In Vicksburg I made several visits to the county jail. The jailor told me he has often as many as eight to twelve insane (white and black) awaiting transfer to the crowded state hospital at Jackson. This waiting

*President's Address. Dr. Wagner. American Medico-Psychological Association, 1917.

†In Wisconsin we have scarcely a beginning of this useful work. A fruitless attempt was made by the writer to call the governor's attention to it, in connection with his campaign for retrenchment of state expenditures. It is surely a thing that it would "pay" the county administration boards to look into. By means of this and allied measures large sums could be saved to the state, some of which could be applied to research into causes of mental disorders.
is sometimes stretched over a year or more. I saw these patients shut in, in the same iron cages with criminals. A low brick building constructed at the side of the handsome jail contains overflow cells to accommodate this class. By a tragic contrast the outside wall of this building, standing on a well kept lawn facing the trim sidewalk, bears a handsome ornament —aesthetic and dedicated to the humanities; the inside of this jail, however, seems to be dedicated to the inhumanities, for it looks down into a filthy cell containing a shrivelled woman, without a shred of clothing on her body, and an iron bed, devoid of bed-clothes and disclosing the bare, flat, iron bands that serve as a mattress. She came toward me as I stood in the cell door, moaning and shivering as the light April rain fell upon her naked body. She had no nurse, no care but what the well-meaning jailor, who would hardly be expected to include in his functions the nursing of the sick, could give her. These are not isolated cases, but the conditions are widely prevalent.

At the jail in the beautiful city of Natchez they declared that they housed only negro insane, giving the preference of transfer to the hospital to the whites, and they made inspection quite impossible on two visits by a reluctance that amounted to prohibition.

At the same time leading citizens of the state would say, “Why don’t you people of the North come to live down here in God’s country?” To such a query one could well reply, “One reason might be that if our families, by a chance much greater than that of having typhoid fever, should become insane or unmanageable from mental disorder, they might have to be shut up in a narrow cell of your jails with criminals and without care and nursing—entirely neglected—for an indefinite time. In selecting a place to live such a matter is worth quite as much forethought as the climate, schools or taxes.” Later, when I was visiting the state hospital at Jackson they explained a somewhat large mortality by the hurried transfer of these jail patients when they become moribund. One of them had just died after admission.*

A WORD AS TO DEMENTIA-PRAECOX.

It is said that an army of 15,000 young people under the name of dementia-praecox enter our asylums every year, to leave hope of exit behind, and we are accused of sitting supinely under this appalling fact. Many lancees are attacking this baffling problem, even those of the surgeon, who is usually credited with scant psychiatric sympathies.

This disease of adolescents appears with a loss of interest in matters that should be of concern to the patient, a gradual deteriorating process together with myriad symptoms which are the result of compromise in attempted adjustment to an ever vanishing reality. Studied at the various levels from the biochemistry to the cultural, the tendency of students is to take a more common co-operative and less mutually exclusive ground. Kraepelin emphasized the too purely symptomatic side, and his division into hebephrenia, paranoia and catatonia is losing definition. Catatonic states, for instance, we had long known to appear independently of dementia-praecox and have more recently seen in other psychoses (laboratory paresis). Then came the psychogenic views. These were the shut-in types of personality of Hoch, viz., that dementia praecox occurs in those who in childhood are exclusive, unsocial, inaccessible, or shut-in types of personality. The contributions of Meyer, the philosopher of the psychiatric schools, and Jung, Campbell, etc., were along the same psychogenic lines. Later came Bleuler’s theory of ambivalency, by which ideas are too equally balanced and motives and action which should normally proceed from conflicts between two opposing forces, find one quite as valid as the other, and become blocked, furnishing much of the symptomatology, or under the inability of being invaded by the world of reality find expression in the opposite idea or action (negativism) with which, indeed, it is more primitively associated than with any other idea—i.e., the opposite thought or act is easier than any other. This psychogenic approach furnished useable therapeutic material and illuminated causative factors bearing on education and training of children. On the organic side are Southard’s contributions, showing structural changes in the brain either causative or by-products. The endocrinologists engage along the apparent disorders at the physio-sexual level, the Abderhalden tests, showing a significant activity in dementia praecox.† As I said, even the surgeons became interested—the optimistic Bayard Holmes, who had been bringing a stimulation, fresh-minded on the problems from without, on the proof of coecal stasis and the existence of histamine in the colon, has attached the appendix to the outer abdominal wall and applies daily flushings with what he calls

*A word of warning: There is a possibility that the text may contain errors or inconsistencies. Please verify the information with a reliable source.

†The as yet unfinished research of Dr. Julius Retinger the bio-chemist of the Chicago Psychopathic Hospital tends to show that the earliest disorders lie in the digestive glands, next in chronological order, the colon then the motor areas and last the sexual glands.
"alarmingly" favorable results. I might add that a special journal has just made its appearance in Chicago, under the auspices of the Society for the Study of Dementia Precox.

THE DOMAIN OF THE FEEBLE-MINDED.

The National Committee of Mental Hygiene, at first launched along the problems of insanity, builded better than it knew, for soon the larger problems of the feeble-minded and its correlations became automatically an engrossing field. Here again we are apt to think in terms of frank "idiocy" and neglect to note the more wide-spread and less obvious feeble-minded, who are so largely factors in social problems, crime, pauperism, incorrigibility, prostitution, dependency, and many other social mal-adjustments, and who eventually turn up as public charges in one way or another—in reformatories, prisons, alms houses, maternity hospitals with illegitimate and tainted offspring, and who deprecate the moral currency and pensionize more than necessary their normal fellow beings.

I might say in passing that, while the largest single factor in delinquency is feeble-mindedness, that is not by any means saying that the feeble-minded as a class are vicious. This is a prevalent and mistaken conception, which has done much injustice to defectives, who are often so guileless and gentle that they used to be regarded with special veneration. In unfavorable environment however they are dangerously weak and suggestible. It is naturally but a small step from the asocial condition, which is necessarily their lot, to the anti-social one.

I show here the picture of two girls, inmates of the Wisconsin Home for Feeble-Minded at Chippewa Falls, who belong to the typical moral imbecile class who have the mentality to marry and in fact do marry early and often or bear illegitimate children. Here are two more of the same class. In all of them sexual problem led to their commitment. In fact in the last ten years only 18 of this type of girls between the ages of 3 years and fifteen have been committed while in the same period over 200 of the same type between 15 and 30 years have been committed after the sexual and progeny problem had been rampant for years before their segregation.

The feeble-minded are exceedingly numerous (circa one-half million in the U. S.) fecund and highly liable to reproduce their kind. According to the Mendelian law of heredity where both parents are feeble-minded all the offspring will be feeble-minded. If one parent is feeble-minded and one normal, some of the offspring will be feeble-minded, and those of such unions as are normal may transmit feeble-mindedness to their progeny. In this connection I quote from Dr. Fernald's slides:

"Here is an imbecile whose mother is an immoral imbecile and whose father is a drunken imbecile. They have five feeble-minded children.

"Here is another boy, who is also the son of a drunken father and an honest, hard-working mother. They have three children, all feeble-minded. Here are two who escaped scrutiny of immigration officials, with three others feeble-minded in the same family.

"Here is a group of girls mentally seven or eight, although having the bodies of young women, attractive, suggestible and taking but little persuasion to seduce, owing not to a bad tendency but to a weak resistance.

"This boy had a father and mother feeble-minded and there are six feeble-minded children in the family. Here is a boy who had a feeble-minded father. The father first married a normal woman when he was nineteen. The boy looks like his father. The first wife died and the father married again, and there were two feeble-minded children. The second wife deserted him and he married the third time, and there was one feeble-minded child of the third marriage.

"Here is a girl, mother of a family of eight, all either feeble-minded or insane. This girl became a mother at twelve. She is one of a family of twelve. One brother is in prison and one in a reformatory; one sister a prostitute, two sisters in a reformatory; mother a defective and father a ne'er-do-well." And so the story goes.

Two opposing views prevail as to feeble-mindedness; one of Ray Lancaster that it is hereditary, based on atavistic reversion to animal ancestry; the other, the structural theory, to which Dr. Wilmarth of our state made an important contribution by showing structural brain changes in about 80 per cent of autopsies.

The feeble-minded may be described as arrested in mental development from birth or very early age and as retaining the minds of children no matter what their actual age may be. A person who is twenty and has a mind of eight or ten is feeble-minded. Roughly they are classed as idiots when the mental development is not above that of a normal child of two or three years; imbeciles when the mental age does not advance to more than that of a child of seven or eight; and morons when the mental age does not exceed that of a child of twelve, no matter what the chronological age may be.
The mental age is determined by measuring the intelligence by mental tests, and the application of these tests mark the large entry of the psychologist into the field of psychiatry. I cannot go into the details of the many tests. The Binet-Simon test and its modifications is the most commonly used. These tests contain a group of questions that a normal child could answer (or perform) at different ages from three to thirteen. If a person cannot do those, say, of the seven-year group and can do those of the six, he has a mental age of six, no matter what his real age, and is classified as imbecile. The Yerkes-Bridges and the Terman tests are also largely used. All these tests require some understanding of the language. Others are performance tests (which test the native mental equipment, which count so much more than the scholastic in social efficiency)—things to do on a "form board" or a puzzle box, others, learning tests, construction tests, etc.—pictorial completion tests like that of Dr. Healy, in which portions of a picture are missing, to complete which, out of many possible "inserts" into these blank places of the picture, the subject attempts to select the right one to make the picture complete—logical. All of them test the sensorial and ideational levels—attention, memory, reason, reflection, retention, concentration, reaction time, etc., failing, of course, to include the affective levels—the moods, suspicion, ideas of reference, dreamy states, emotion and reactions common in those psychotic disorders which affect intellect but little and in which lies the social handicap of many who may do well in the tests. It is therefore that they are most applicable to quantitative intelligence defects.

These tests are often popularly criticised as unreliable—that different results are obtainable at different times and by different observers—that the patient's attitude interferes with results, his embarrassment, suspicion, temporary conditions that might be classed under what Hoch has called failure of "mental tension," etc. But it is not claimed that they are finalities and defects in their application are controlled in the hands of experience.* It should also be added that they fail to register a certain class of persons who remain on infantile levels of behavior, though they get along under a protecting and favorable environment.

These tests have not only found useful service in the domain of the feeble-minded in examination of school children and juvenile court work, in the modification of educational methods, in general surveys of communities, in vocational fitness and efficiency, recently in war service (gunners and aviators), but they find large adaptation in adult psychiatric cases, to determine relative deterioration in parietic, praecox and other dementing disorders. So that the psychologist is now properly a part of the personnel of psychopathic hospitals and clinics.

A word in connection with some current friction between the psychologists and psychiatrists. Custody of the indigent feeble-minded, as it passed from hap-hazard care in almshouses and jails, fell rather early into non-medical pedagogic care, before the medical connotations were apparent. There are still the two schools, exemplified by the Vineland, N. J., School, under the psychologist, Dr. Goddard, representing the non-medical, and the Massachusetts School, under Dr. Fernald, representing the medical psychiatric. Naturally there lies much for the pedagogic-psychologist in the field, under the theory of arrested development and quantitative mental deficiency of the feeble-minded, but the medical psychiatric bearing is also very large and fundamental; to wit, the structural defects, the purely internal—medications of the case, the endocrinology—the diagnosis from allied conditions (juvenile paresis, cerebral palsy, dementia praecox, etc. While a wise co-operation is happily the rule, there has been some tendency to criticise the "clinical psychologist" for a too obtrusive occupation of the field, which has found expression in a recent resolution passed by a committee of the New York Psychiatric Society.† Criticism, however, is more directed to the abuse of the situation by irresponsible testing by nurses, social workers, etc., and to a certain class of "practicing psychologists," who set up offices and work without medical or psychiatric knowledge or aid, and assimilate the problem largely to themselves. We have need of each other, however, and so far as my observation goes the better men and women in the field co-operate very well. The psychologist is indispensable, his work cannot be easily done by the psychiatrist, and he has come to stay, in my opinion.

PROPHYLACTIC.

Too little, however, has been done by the medical men. Take, for example, the relation of feeble-mindedness to birth injuries in protracted labor. ‡ There is reason to think that

*In 100 consecutive cases at Dr. Fernald's clinic for feeble-minded there were 6 epileptic children, 8 psychoses, 7 paralytic, 12 syphilitic, 17 defective vision, and 9 objective physical disease.
†Journ. Abnormal Psychology, June, 1917.
possibly one-fourth or more of the cases may be laid to the obstetric door and largely preventible—the hemorrhages, puerperal, the spas tic cases with their epilepsies. The obstetrician should not congratulate himself on the outcome of protracted labor where the child's life was imperiled until time has revealed that he has not damaged something more important than its life.

Autopsies have been too infrequent in feeble-minded institutions—one belonging to the non-medical kind boasting that it has no “ghost house”—no autopsy equipment.

Alcohol and syphilis are, as in insanity, large factors always amenable to attack. Alcohol is probably becoming a diminishing factor; syphilis not so large as in insanity, some recent alarming Wassermann tests to the contrary, notwithstanding.*

Perhaps the first and most important step which the Mental Hygiene Societies are taking is the making of surveys to get the facts and publish them widely. Emphasis is naturally placed on school children testing and at the earliest age so that segregation may be brought about before habits are formed that lead to the sexual and antisocial problems. The Connecticut society, the first state unit to be established, in the survey of a thousand school children found forty defective. The difficulties of segregating the higher grade morons, who are more dangerous, is a thorn in the side of the zealous social worker and until the doctors are more cooperative and the public more eugenically minded they must content themselves with registration and extra-institutional supervision of these (which must not be too obtrusive or oppressive) remembering that the problem of segregation will be easier when institutions take on the character of colonies, where some kind of life approaching that outside is possible, where productive occupational therapy finds and fits the individual to some kind of use in the world and eases the state's burden.† Sterilization, which has more raison d'être in the feeble-minded than in any other group, is the only alternative to segregation, but meets only the problem of the progeny—leaves the fate of the individual quite untouched and must await the further eugenic development of research and public opinion. In the Wisconsin Home for Feeble-Minded 24 males and 35 females were sterilized in 1915 and 1916 in accordance with the statutes.

THE DELINQUENT FIELD.

One wonders if there is any public problem which has been more contemptibly handled than that of criminology—not only the worst kind of failure to cure the criminal (as witness 80 per cent of recidivism) but great cruelty has been meted out to them, all the way up from the policeman through the court and the prison. It happens that ignorance of the nature of the criminal, joining with the common hatred of wrong doing, finds a kind of a rational sanction to express itself in malevolence against them, which disguises itself unconsciously under the euphemism of righteous indignation.

The largest single factor in delinquency is feeble-mindedness and penal problems are almost entirely psychiatric. Has society a right stupidly and cruelly to punish those so many of whom are already severely punished by nature—to shut them up in solitary confinement and silence, to a jejun existence in which all social expression is stifled and every antisocial one stimulated, and in which the moral sense, which grows by social contact, is atrophied? The deliberate cruelty involved in our penal system as it is at present is usually more repugnant than the unintended crime which it is supposed to expiate.

This has been the theme of zealous reformers from Howard and Tolstoi down to Gatesworthy, Lowry (himself a convict) and Osborn, etc., who could not sit easily under this dehumanizing process. Psychological medicine has long taken the criminal into its field, but mostly in an academic way, based on the study of statistics of crime or committed to some a priori theory of criminal responsibility, which is wholly a legal problem, or moral responsibility, which is an insoluble one. For the first time we have started out on a fact-gathering, individual study line,* as exemplified by the rich contributions of Dr. Healy. If we are to punish, we have begun to study the material we are punishing.

The Mental Hygiene Movement has done much to stimulate this kind of study. Psychiatric laboratories are being estab-

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*“The Decline of Alcohol as a Cause of Insanity,” H. M. Pollock, Ph. D. Psychiatric Bulletin, April, 1917.

*In our state syphilis was found in thirteen and three-tenths percent in state hospitals in rural districts, twenty-three per cent in the metropolitan districts, thirteen per cent in the feeble-minded, eleven and six-tenths per cent in prisons (which is not much above the optimum estimate of syphilis at large).

Dr. W. F. Lorenz, Thirteenth Biennial Report State Board of Control, Wisconsin. We can congratulate ourselves that we are doing some very promising prophylactic work by the free Wassermann tests extended by statute to the public.

†Some states have recently permitted psychiatrists to commit the feebleminded. Remonstrance to such a plan recently made in Arizona on the ground that only physicians or psychiatrists should commit, brought the reply that the physician did not understand the problem and there were no psychiatrists in Arizona.

*While Lombroso had studied the individual it was as an advocate of an a priori theory of a “criminal type.”
lished in many penal institutions and by contagion are deeply interesting prison physicians. New York City has by private philanthropy started such in the central police headquarters, under Dr. Hamilton and four psychiatrists, and a psychologist and two social workers. All arrests for felonies in the Manhattan district are immediately examined (an auto available to that end) and all misdemeanants arrested in the lower east side of the city. Out of the first two hundred calling for psychological study here by Miss Keller, psychologist, provisional diagnosis in this as yet unfinished study shows—

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Imbecile</td>
<td>4%</td>
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<tr>
<td>Subnormal</td>
<td>22%</td>
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<tr>
<td>Constitutional inferiority</td>
<td>28%</td>
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<tr>
<td>Psychopathic conditions</td>
<td>8%</td>
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<tr>
<td>Heroin and other drug addicts</td>
<td>15%</td>
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<tr>
<td>Alcohol</td>
<td>9%</td>
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<td>Sex perversion</td>
<td>2%</td>
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A large menace lies in the drug addicts. They are arrested now under the Harrison law for possessing drugs, mostly young men tempted by curiosity to experiment, and finally falling into anti-social acts to get enough money to supply the drug, which costs ten to twelve dollars a week when the habit is well established, even under the “economy” of using it hypodermically, after first starting in the more extravagant way of snuffing it. While a few of these apply to the psychopathic ward of Bellevue or elsewhere for treatment, many resort to theft or obtaining money in other illegal ways to secure the drug and to hold their places in business or society for the time being. They are particularly prone to relapse. The social workers at Bellevue “followed up” many of the cases treated there lately and found out of forty about thirty-six had relapsed.

The small number of sex perversions in the table is striking and perhaps would be larger if more time were available in examinations of this kind, which have to wait upon the courts and are unfortunately huddled. Judges are apt to be very severe on the sexual offender. Sexual perversion is often the result of curiosity and mischief during “fugle jahre” of the adolescent, but they are given solemn names and solemn sentences by the law. Sexual inversions are homo-sexual and have a biological basis, arising from fixation of the libido at infantile homo-sexual levels, or reversion back to such levels when the normal and mature hetero-sexuality cannot be maintained. They are little understood by physicians and often not at all by jurists.*

A very prophylactic institution working in connection with municipal criminal courts is that under the direction of Dr. Anderson in Boston. There they have made studies to show a large amount of feeble-mindedness in offenders sentenced or put on probation over and over again in vain, who could have been saved an anti-social career if recognized early enough, and who give almost as much work and trouble and cost to the machinery of justice as all other arrests put together.

The work of Bernard Glueck at Sing Sing is most prophetic of a better day. That old historic Bastille saturated with suffering is to be rebuilt and turned into a receiving station to become a sort of clearing house where all criminals are received on conviction to be held as long as necessary to examine and classify them and to determine their physical and mental condition and to decide what treatment or occupation will be most efficacious. Thus, coming from the outer world the convicted man will be classified into (1) the normal, capable of learning a trade (2) the normal, especially suited for agriculture (3) the insane, (4) the feeble-minded, (5) the psychopathic (border line insanity), and these will on admission be subjected to (1) the administrative department, (2) the medical, (3) the psychiatric clinic, (4) vocational, (5) educational, (6) religious guidance; thereupon to be sent as determined to (1) the industrial prison at Clinton or at Auburn, (2) the farm prison at Great Meadow, N. Y., (3) the criminal insane hospital at Dannemora (4) to the institution for defective delinquents to be built. Finally, from these institutions some will pass through the indeterminate sentence or parole agencies back again to the outer world, others, who now constitute residivists, being permanently held, and thus society being effectually protected.

One trembles for fear this program is too good to be true. The old quip “to make the punishment fit the crime” is to be paraphrased by making the treatment fit the man.

Dr. Glueck’s significant contribution was to show in a survey of 50 consecutive admissions to the prison, that 28 or 56% suffered from conditions that are capable of affecting conduct very seriously, to-wit:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis of nervous system</td>
<td>2 or 4%</td>
</tr>
<tr>
<td>Mental defect plus aphillias</td>
<td>2 or 4%</td>
</tr>
<tr>
<td>Mental defect (included those only who tested)</td>
<td>13 or 26%</td>
</tr>
<tr>
<td>under 12 years (Yerkes-Bridgman Scale)</td>
<td></td>
</tr>
<tr>
<td>Alcoholic deterioration plus other grave affections</td>
<td>3 or 6%</td>
</tr>
<tr>
<td>Morphine deterioration</td>
<td>1 or 2%</td>
</tr>
<tr>
<td>Insane</td>
<td>7 or 14%</td>
</tr>
</tbody>
</table>

As criminal careers begin almost always in adolescence, perhaps the best individual and social prophylactic work is that

*Jung and Adler have, I am aware questioned the validity of infantile sexual fixation and regression.
of Dr. Healy, formerly of the juvenile court in Chicago, now in Boston, whose comprehensive studies of individuals and practically useful work have brought about similar institutions in the country. Dr. Healy does not concern himself much with theories of responsibility but has a passion for facts in individual cases, whether in the person or the environment. Dr. Healy has a suite of rooms in an office building downtown where, with a psychologist and social workers he can make the widest investigation of cases sent him from the juvenile courts and elsewhere, keeping thorough case histories—fresh summaries being made from time to time as the cases are "followed up," and where, in connection with the established agencies in Boston, he can practice a remarkably effective criminal therapy. It is surely a good omen to see Judge Cabot of the juvenile court visit this office mornings to get data on the proper disposition of cases brought before him.

Such clearing houses can be established and maintained in an office suite in any community with surprisingly little expense, operating, as they can with already existing agencies (social, medical, charitable, etc.). They should strongly appeal to the philanthropically inclined in this direction because of their great individual and community value. Of course they must have experts (psychiatrist, psychologist, social workers) who have the confidence of the necessarily cooperating agencies just as a business house has credit in the community.

Concluding, I cannot at this time set forth the problems in our own state and its special need of an organization under the National Committee of Mental Hygiene. The State Medical Society at its last meeting passed a resolution favoring a Mental Hygiene organization in this state. The advantage of coming into the movement lies for the present largely along the lines of educational propaganda after the manner of the antituberculosis movement—to set out the problems widely. That is the sine-qua-non for laying the foundation and that surely should begin with the physicians. As to the specific requirements of our state, each state has its own particular problems. Perhaps it is not too much to hope for a possible State Board of Mental Hygiene after the suggestion of Dr. Copp.* The situation is rather favorable to such a thing under our somewhat immature development of state administrative authority and in a community in which these problems are still young. We cannot expect to match the activities of some of the Eastern states at once. They set the goal, but it is high time we make the start.

*Dr. Owen Copp "State Organization of Mental Hygiene."