

mentally defective, the large groups of neurotics, epileptics, criminals, misfits, etc., are made up of individuals exhibiting faults in mental life adjustment and showing us the need for investigation and efforts toward the removal of the factors responsible for their unhappy state. The immensity of the field is at once apparent and the people at large expect the medical profession to repeat for mental diseases their great efforts put forth to prevent physical disease. And herein we must not fail.

This, then, is a rough outline of the scope of mental hygiene. Our business is to recognize our responsibility, to search for the ways and means of furthering a good cause and then to see to it that the best practical application is made.

First of all there is the question of prophylaxis. What can be done to stem the steadily rising tide of mental disease, defect and disorder?

"The highest function and the highest ambition of the human intellect is undoubtedly the ability to foresee and to shape one's action so as to anticipate the future. The realization that something *can* be done in turn inevitably leads to a real feeling of responsibility" (Meyer).

No one questions the fact that at the present time the great efforts of medicine are being directed toward prevention of disease. Much has been accomplished in the realm of somatic disease, but much remains to be done as is borne witness to by the fact that although the ills affecting early life are actually on the decline, the incidence of degenerative diseases occurring in middle life is actually rising.

Mental diseases are notoriously hard to treat, the difficulty resting largely on the obscure pathogenesis of these diseases and the practical difficulty of combating directly the causative factors at work in any given case. This difficulty in treatment has led to the adoption by laity and medical profession alike of an attitude of hopelessness only too thoroughly depicted in the methods of care adopted heretofore. But this very difficulty—the knowledge that cure of the calamity is much more difficult than prevention, should form a very special reason why prophylaxis should appeal to us.

The problems of prevention are inextricably bound up with the problems of etiology. We need spare no time speaking of the prevention of mental disease consequent on somatic disease since it is self evident that this depends on the prophylaxis of the primary disease. We may much better devote our attention to prevention of some of the other mental conditions that are responsible for a large proportion of cases admitted to hospitals for mental disease.

It will be interesting and no doubt illuminating to observe the effect of the present attempt at prohibition, on the incidence of mental disturbance due to alcohol. It seems unlikely at this time, that, in so far as the present generation is concerned, much need be expected for under