

but a community leader. The Human Welfare Group from such a standpoint seems almost a logical necessity.

First of all, The Human Welfare Group brings to us an integral contact with psychiatry and mental hygiene. Mental health is one of the major public health problems of the future. The number of beds occupied by patients suffering from mental disease and defect in the average state is about equal to the number needed for all other physical diseases and defects taken together. The burden of incapacity due to doubts, fears, jealousies, suspicions, and prejudices, in the average family is probably more than equal to that of all other physical illnesses and defects put together. Such problems are soluble only by the closest correlation between mental hygiene and personal hygiene in general. Experience has taught us how essential it is that applied psychology and psychiatry should be developed with adequate reference to their base line of general medicine and it is almost equally important that the community mental hygiene program should be evolved in harmony with the public health program as a whole.

Again, The Human Welfare Group brings us essential contacts with the field of economics. The modern public health movement was initiated in England by Edwin Chadwick, in America by Lemuel Shattuck—both statisticians and social workers who realized that sickness was a primary cause of poverty. They were right; and we are doing our best to restrict that cause. We can, however, confidently turn to Chadwick's successors and say, "Yes, sickness is a cause of poverty, but poverty is also often a cause of sickness." We cannot go far in our study of such problems as tuberculosis or infant mortality without being brought face to face with economic factors. Gorgas fought yellow fever on the Isthmus by mosquito control and pneumonia by raising wages. The economist and the sociolo-