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VOL. I TORONTO, JANUARY, 1920 No. 4

THE RESPONSIBILITY OF THE MEDICAL PROFESSION IN THE PROGRAMME FOR MENTAL HYGIENE*

BY A. T. MATHERS, M.D.

Director, Psychopathic Hospital, Winnipeg, Man.

IT has been stated that the two departments of Medical Science that received the greatest impetus and stimulation during and as a result of the Great War were Orthopedic surgery and Neuropsychiatry. It is acknowledged that medicine contributed very largely to the lessening of the horrors of war and to the rehabilitation of thousands of men who heretofore would have been allowed to complete their lives, hopeless physical or mental cripples. But it is nevertheless true that more than one department of Medical science was caught napping and the one in which we are at present interested was probably the one found to be most lethargic. The one fact that 25,000 men were pensioned in England because of that mysterious condition, "Shell Shock", before its true nature was discovered, is rather conclusive. Nevertheless the discovery of the generally backward condition of neuropsychiatry, coupled with the enormous demand for service, brought about a wonderful revival of interest and effort, and the record of the finished war shows neurology and psychiatry not only to have regained their rightful position but to have actually forged ahead. Not only was much light thrown on the previously dimly illuminated field of the psychoneuroses but an enormous impetus has been given to the study of mental life and its abnormalities.

It is true that even previous to the outbreak of war, the evidences of new life were beginning to appear in mental medicine. Mr. Clifford

*Read at the annual meeting of the Manitoba Medical Association, Winnipeg, October 9-10, 1919.

W. Beers, author of a book which doubtless many of you have read—"The Mind that Found Itself"—was in a large measure responsible for the formation in the United States of a body known as the National Committee for Mental Hygiene. This organization in the original conception was probably intended to improve the facilities for caring for the insane and to do away with many of the irregularities and abuses depicted by Mr. Beers, but its scope was speedily widened to take in the advancement of all measures calculated to improve the mental life of the people, individually and collectively, as well as the improvement of the methods of caring for the insane.

This organization had begun its work when war came. A similar organization has within the past two years been set on foot in our own country and its activities have been most notable. Already much has been done and the plans laid down will result in much good to the whole country. As a matter of fact, our own province of Manitoba was the first of the provinces to take advantage of the investigating facilities of the National Committee. Dr. C. K. Clarke and Dr. C. M. Hincks, Medical Directors of the Committee, made a survey of the care of mental defectives and mentally diseased in Manitoba and made recommendations that are embodied in the report of the Public Welfare Commission and that we hope to carry out in full. Other surveys have been made throughout Canada and the United States, and undoubtedly much useful work is being done in the discovery and elucidation of the facts of defective mental adjustment.

During the past few years much has been done to investigate and draw practical lessons from the facts of physical disease. The epidemiology of infectious diseases, the disposal of sewage, the provision of pure water and food, the limitation of the hazards from occupational disease and industry are familiar to us as notable landmarks in a progressive and life saving program of what we might call Physical Hygiene. The medical profession are well acquainted with the tenets of this science and the laity are being speedily informed of the terrors and dangers and the numbers of victims of physical disease.

Now, we have developing a new department of Hygiene tending to serve a similar purpose with regard to mental disease. Heretofore the facts relative to the development and progression of mental disease have been allowed to lie as things remote from our lives and efforts. This period of inaction seems now to have come to an end and a new period of steady development entered upon.

We must not get the idea that mental hygiene is concerned only with the lives of the people who fill our Hospital for Mental Disease. They form but a fraction of the cases in which mental abnormality is evident. We must recognize that besides those actually psychotic and

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

present conditions, those who feel that they require alcohol may get it in one way or another. The rising generation, on the other hand, may do better.

Mental disease due to syphilis shows no tendency to decrease and in fact will doubtless show up with increased frequency in the next decade. Early and adequate treatment of the primary stages of the disease doubtless serves to lessen the number of cases that drift otherwise to general paresis. But the disease undoubtedly appears in a certain percentage of syphilized persons who have received what seemed to be adequate treatment. Certain it is that little has so far come of attempts at the treatment of paresis once the condition has declared itself. More thorough education of the public regarding the disease syphilis and its consequences will do much to lessen the number of travellers starting down the road that ends in the tragedy and hopelessness of general paralysis.

Another type of mental disorder that seems to be growing in prevalence is that rather extensive group—Dementia Praecox. The researches bearing upon this condition are being steadily followed back toward the source, and already much has been learned of the conditions that apparently precede and no doubt accentuate and hasten the development of actually psychotic symptoms. Inquiry into the mental life of cases of dementia praecox very frequently shows certain characteristics of the so-called "Shut in" personality. "They show no rational tendency to be open and to get into contact with people and things about them, are reticent and exclusive and cannot adapt themselves to situations, are hard to influence and often sensitive and stubborn. They show little interest in what goes on and frequently do not participate in the pleasures, cares, and pursuits of those about them—although often sensitive they do not let others know what their mental conflicts are—do not unburden their minds, are shy and have a tendency to live in a world of fancy and day dreams" (Hoch).

Given such a "make-up" and a variety of exhausting mental or physical influences and the way seems paved for the development of a case of dementia praecox. Hard, unremitting labour with scanty supply of physical necessities and comforts, social strain, over study, the mental states accompanying self abuse, devitalizing somatic disease, are some of the more important factors that may act as precipitating causes.

Few cases of the disease are brought to the physician in time for him to do much to prevent the on-coming catastrophe, but the opportunities for preventative work by physicians will become more frequent. Parents and teachers should be taught to be on the look out for danger signals and to do everything possible to overcome them. The famous

Scotch psychiatrist, Clouston, was practical and to the point when he counselled, "Build up the bone and fat and muscle by means known to us during the period of growth and development. Make fresh air the breath of life for the young. Develop lower centres rather than the higher where there is a bad heredity. Do not cultivate, rather restrain the imaginative and artistic faculties and sensitiveness and idealism generally in cases where such tend to appear too early and too keenly. They will be rooted in a better brain and body basis if they come later. Cultivate and insist upon an orderliness and method in all things. The weakly neurotic are always disorderly, unbusinesslike and unsystematic. Fatness, self-control and orderliness are the three most important qualities for them to aim at".

The problems relating to the important part played by heredity in the causation of mental disorders have so far not reached a very practical solution or even approach to solution. Eugenics has at present no very definite practical policy that it has a right to attempt to enforce.

Passing now from this all too hurried fragmentary discussion of prophylaxis we may refer for a moment to the question of care of fully developed cases of mental disease. "Misconception, tradition, inadequacy of methods and provision for treatment and care of such afflicted, and especially stringent forms of legal procedure" (Copp), have served to erect barriers of unnecessary height to the treatment of mental disease. The mentally diseased have been stigmatized—the phraseology relating to this department of medicine is archaic, needless delays have stood in the way of early care, overcrowding of institutions and paltry appropriations insufficient for the proper conduct of the work on hand, have done their share to prevent early adequate and satisfactory treatment. It has been truly said that in the organized methods by which insane people are dealt with, examples can be found of every form of neglect and abuse to which the insane have been subjected during the past two hundred years. And these things we must help to put right.

Proper care for the mentally unfit requires profound and even revolutionary changes in the methods at present in vogue.

It is necessary, first of all, that medical men devote more sympathetic attention to the subject. Mental abnormalities and disorders must come to be considered in much the way physical abnormalities and disorders are now considered. The terminology relative to these types of disability would benefit much by the complete abandonment of such terms as lunatic and lunacy, based as they are on the conception that the moon is in some way connected with the conditions. "Insanity" should be used in designating those cases of mental disease or disorder requiring commitment—in other words, we should come to look upon it as a legal and not a medical term.

Intricate legal machinery has been responsible in no small degree for the stigma attached to mental disease and for the hopeless condition in which cases finally reach the hospitals devoted to the care of such. These institutions have been looked upon unfortunately by laity, legal and medical professions, as the last resort, a lodging place for human material considered beyond all hope of return to normality. We must come to consider these as hospitals capable of the same thorough going investigation and care of mental disorder that general hospitals are able to afford to those afflicted with physical disease. The institutions themselves must be well staffed with regard to both medical and nursing service. They must have laboratories, special departments for study of borderline cases, and must be provided with occupational departments wherein the recreational, therapeutic and economic value of supervised occupation may come to full fruition. The establishment of a psychopathic hospital should do much to improve the status of mental disease and its treatment.

This institution is planned to receive all classes of mental patients for "first care, examination and observation, and to provide short intensive treatment for such cases as are likely to benefit". Facilities for the study of nervous and mental disease will be available, both by means of clinical observation and laboratory investigation.

It will be possible for the patients to enter the Psychopathic Hospital in one of three ways. First, the patient may make voluntary application for admission, the only requirement for such being that they be willing to comply with the rules of the institution regarding detention, etc. A second route of admission will be from custody of friends, relatives, police officers, clergymen, physicians, etc., the whole thing being accomplished without any of the customary legal machinery. Then lastly there will remain the present method of commitment by the courts.

The Psychopathic Hospital is looked upon as the centre of the system for caring for the mentally unfit of the Province. It is aimed to effect an improvement and uniformity in the clinical work of the hospitals for mental disease and to bring about correlated work looking toward the adequate care and investigation of cases in their care and of nervous and mental disease in general.

One of the most urgent reasons for the establishment of a psychopathic hospital is to furnish opportunity for clinical instruction of undergraduate medical students, the future family physicians, in order that they may come to recognize mental disease at its earliest stage, when treatment may be expected to do the most toward a return to normal.

A most important branch of psychopathic hospital activities is social service. The chief work of this department lies outside the

hospital walls and consists of "investigations among the families of patients, educational efforts for the dissemination of knowledge among the public, as to the nature of mental disorders and their prevention and the supervision of patients who are discharged from the psychopathic hospitals or hospitals for mental disease" (Barrett).

It is unwise, doubtless, to indulge in prophecy and statement of concrete aims. We must, as physicians, do what we can to realize the aims of mental hygiene.

"To stem the tide of syphilis, to wage war on alcohol, to counsel against marriage of defectives, to generalize the insane hospitals, to specialize the general hospitals, to weed defectives out of general school classes, to open out the shut-in personality, to ventilate sex questions, to perturb and at the same time reassure the interested public. These are infinitives that belong perhaps in a rational movement for mental hygiene. They are things the past has taught us more or less clearly to do, and in that sense the movement for mental hygiene is surely not much more than elaboration of the obvious" (Southard).

THE MENTALITY OF CONVALESCENCE*

BY CAPT. E. A. BOTT

Military School Orthopaedic Surgery and Physiotherapy, Toronto

May 1, 1919.

I APPRECIATE deeply the honour done me as a layman in this invitation to address you. May I suggest that, having in mind the whole panorama of military medical achievement, we consider for a time the mental attitude of the patients concerned, particularly of cases involving the restoration of function. To present this topic in the form of two questions: First, Is a patient's conscious reaction to his condition and treatment a matter of any consequence as a general rule? Assuming for the time being that the patient's attitude is not just what the practitioner would desire may we enquire, secondly, How should this psychological factor be handled? May it for instance, be ignored or be passed over with a casual word of counsel and encouragement, or should a scientific procedure be adopted throughout, *i.e.*, accept that mental attitudes, like other symptoms, show great variety and change, that characteristic attitudes result from definite antecedents, that they exhibit certain uniformities in developing, sometimes pass through crises, and regularly respond to certain lines of discriminative treatment, etc.?

The undefined term, mental attitude, is not here used as synonymous with any of the "psychical effects" often alleged to be produced on patients by this or that apparatus or drug with which they are deeply impressed. Such phenomena, half-mystically accepted by some practitioners, though without any critical or reasoned view of the underlying principles involved, may or may not be a factor in a patient's general attitude. Nor is the term intended as peculiar to those purely hysterical disorders of the war, which, perhaps happily, have compelled attention to psycho-technics that were formerly practised only by leading neurologists and psychiatrists. Again the term is in no way restricted to that difficult group of cases showing a mixture of physical and "functional" involvement that has demanded the team-play of specialists. A broader use than these is intended, viz., that state of mind, which however complex in itself, is characteristic as marking a great gulf between the invalid and the well man, whatever be the lesion or pathological condition.

An appreciation of the mentality of convalescence means in the first place recognition of the fact that treatment for the restoration of

*Address delivered before the Chicago Institute of Medicine, April 1918, and reprinted from the "Institute of Medicine", Vol. II, No. 5, 1919.

function requires more than plaster casts and braces, lances and ether, bath sand massage benches, etc., however skilfully these be employed. The condition in large measure concerns voluntary functions which, having once been part of the patient's normal equipment for the activities of daily life, are now absent or seriously impaired, with the result that his life has shrunk to a degree that can accommodate that loss. To restore crippled functions requires the physiological and mechanical basis, but likewise effort, insight and perseverance by the patient. Formerly these functions operated with ease, now the habit of inaction or of substitution is ingrained and stabilizes a "set" of mal-adjustment To overcome the latter is a course of high resistance that is neither natural nor congenial. For this reason a purely impersonal technic is not adequate. The very depths of a man's nature must frequently be reached and stirred in order that he play his part, for without desire and determination we look in vain for effective action. The motives which are fruitful are as various as human nature is complete and the selection and applicatuion of them cannot well be left to a chance environment. Treatment must be fitted to the man as well as to his ailment. The opposite point of view might be illustrated by a type of political economist who in his endeavour to analyze rents, wages, prices, etc., sees not the folks whose deepest instincts give such concepts life. Is the therapeutist safe from the same pitfall until he sees a patient as more than bone and blood? Crude though the family physician's psychology may be, it has a power which specialized medicine can profitably develop and refine. Now, when modern medicine is aiming to carry its benefits of prevention and cure into the realm of organized industry, the time seems fully ripe to stress this point of view in medical education and practice.

This is not the occasion to present a detailed analysis of the mental attitudes of either military or industrial patients even were I competent to do so. A few points and illustrations rather arbitrarily selected may serve to indicate certain problems and remedies which our military experience has suggested.

The setting for diagnosis of a veteran's point of view is important. One's mental outlook is not merely a personal possession, but a sensitive living organism with a life history and unlimited potentialities. It may be guided more frequently than driven. The object of an interviewer is not so much to gain knowledge as to leave an impression and if possible an inspiration. Interviews should, therefore, be individual and characterized by brevity, frankness, confidence and a sympathetic understanding conveyed by tone and manner rather than by words. Laboured questioning on civilian history and service record serve usually only to confuse, chiefly because the man is accustomed to be paraded and give

his report or receive instructions. Facts which his papers would reveal at a glance need not be rehearsed; it is more impressive for the interviewer to show the possession of such knowledge than to elicit it. Man to man contact, eye speaking to eye, has in it a power which should not be distracted by the filling in of forms. From this standpoint the initial interview is a first and invaluable step in treatment. With the constructive phase of the interview we shall deal later. Our present point is the importance of what may be described as the unspoken communication. This does not imply pauses of silence, but it does mean the exercise of a fertile and appreciative imagination which reads the background of the patient's past accurately. This fact is impressed upon the patient by the nature of the programme outlined for him.

In the training of civilian workers for functional reeducation we have been impressed by the advantages of dwelling on certain features of the veteran's mental outlook. That the veteran is different from the civilian is immediately recognized, but failure to understand how and why is disconcerting and invites indulgence in sentimentality. On the other hand, to give students a critical curiosity about this side of the case stimulates close observation, assists in adjustment to the needs of the individual and adds immeasurably to the interest in the work.

This pedagogy must pierce below generalities to a study of individuals. The attitude of a patient depends not merely on what he was before enlistment, but on what branch or branches of the service he has been in and the conditions and length of his service and hospital experience. The outlook of an infantryman differs from that of an aviator, as a counter-battery artilleryman's does from that of a naval cadet off a submarine chaser. A patient's attitude is not simply a product of his hurt or of his hospital environment, but of his whole service. It is habits of thought that make problems of re-adjustment, and for this reason the ultimate cause of "hospitalization" should be sought not in hospitals, but in certain unavoidable features of combatant service. This may be illustrated in an abstract way from the experience of the healthy infantry recruit.

Whether he be a draftee or a volunteer, his first job is to learn to be a soldier. To say that this means he loses his individuality and initiative is less accurate than that it means a narrowing down of the motives upon which he may act. "How little", writes a soldier from France, "the outside world understands what our lives are like. In the outside world there are standards of freedom and politeness; in all personal matters a man has the power of choice. He is at liberty to make or ruin himself. He washes if he so desires; if he prefers to go dirty he does not wash. Within reason, as far as is compatible with the earning of his daily bread, he sleeps as long as he wants. . . . With

us everything is reversed. We grow mustaches under Army orders, we crop our hair to please the Colonel. We have no areas of privacy either in our bodies or our souls. We rise, sleep, eat, wash when we are commanded. We are physically examined, physicked, pumped full of antitoxins and marched off to church parade to worship God without our wishes being consulted. . . . We cannot give notice to our employers, we have no unions, no means of protest. To be always cheerful and smiling, the more cheerful and smiling in proportion to the hardship is a duty for the performance of which we expect no thanks. . . ."

Success in civilian life demands foresight, judgment, decisions that involve responsibility. All this must shrink to the vanishing point. In the ranks I do as I'm told. I do not think what I am to do, but I must think what I am doing. I am not a good soldier until my critical instincts are inhibited at least to the extent that they do not feel outraged nor plead for indulgences because of the limitations of my role. Nevertheless, room for initiative remains in the giving of prompt and accurate obedience, neither understepping nor overstepping the mark, expecting neither gain nor glory. Precision requires concentration and restraint, and for reward I may cultivate such chronic good humour as I will. This contraction in motives is a moulding process that requires time and adaptation. It is more diasgreeable in the learning than when accomplished, but the unlearning seems most difficult of all.

With the narrowing of motives necessarily come changes in values, some more significant than others.

The personal equation must be adjusted. In civilian life we each adopt a particular point of view to all whom we meet: our banker, our grocer boy, our member of parliament, our doctor, our aunts, the stranger we pass. We carefully classify and appraise our social environment for what it means to us, and our daily routine becomes a dove-tailing of reactions appropriate to the great variety of our associates. On enlistment this grading of associates is ironed out. We each have our number, we think together, act together, play together, we belong to the dead level of Tommies. Beyond this are no distinctions of person, only of rank, which is for the most part a philosophy of clothes and an appreciation of idiosyncrasies.

The limiting of responsibility has far-reaching effects. In ordinary life our tasks rarely stand isolated, they blend with one another and with the activities of our fellows. Under such circumstances the attainment of results is more significant than the detail of the means employed; in other words, experience counts, discretion is expected, economy in time and effort is approved. In the army tasks are sharply focussed. To concern oneself with more is to be guilty of an offense. Instructions mark the limit both of responsibility and of power. Time means nothing.

Ultimate results are not your concern. Explicit obedience to superiors to the last detail is at once your duty and salvation. This limitation of responsibility the soldier learns too well, he even achieves skill in shifting to others the small responsibility he has. The fruits of this planting ripen during convalescence. His active duty has then ceased, but his attitude of dependence remains and is seen in his cheerful resignation to passivity. He is overwilling to be managed from without, not from within, even in the matter of improving his condition.

Many of the major moral forces and behaviouristic reactions which serve to stabilize society are inhibited or reversed in active service. Habits that make for conservation and have been a life-time in building are changed into a will to take risk or life. Discipline and common sense are not always sufficiently powerful substitutes for the sanctions of the home, the church or the club. The horrible sights and acts, the verminous nights, the moments of controllable emotion, of fear, disgust or passion, the swift partings, such things which deeply burn, we who have not been there can know nothing about even though our pulse may quicken over some bit of realistic verse from the trenches. The oscillation between extremes, for example, between periods of work of heart-breaking severity and rest periods of comparative idleness is probably more of a tax on stamina than the deadliest monotony of industry can ever be. It is not during action but in billets after action that hysteria usually incubates. Too great contrasts inhibit control. The degree to which such experiences reduce the power of re-adaptation to the civilian outlook is in some cases probably considerable, though always difficult to gauge.

True to the laws of life and growth the human mind accommodates itself to a change in mental environment. Characteristics which formerly were important tend to disappear and others are acquired. If the change is rapid and extreme in kind as on entering military service the adjustment is more marked. It is the new "compensation" factors that become dominant. They form the retaining walls in a new level of mental equilibrium; they are the foundations of successful training and of high morale so long as the environment of active service continues. Should a different setting arise as during convalescence or at discharge, or more generally, when the armistice was signed, the equilibrium is again disturbed. If, for instance, it be a question of re-entering civilian life the problem of adaptation is two-fold, viz., the reinstating of discarded motives and the reduction of those which have sustained him through the hardships of service. The relearning is here easier than the unlearning because the latter motives are founded on the most primitive and strongest instincts in man.

Perhaps the most dominant compensation factors in military life

are those instincts which make possible and stable a gregarious male existence. One has but to reflect on the satisfaction with which we seek the seclusion of our home or club after but a few hours in the company of our business associates to realize what adjustments would be required for us to live congenially elbow to elbow for months on end with men not of our own choosing. These adjustments are both discriminative and assimilative. A man who is not in harmony with the group has to be discriminated against as a menace. He is ostracized in countless ways by his fellows. If the satirical remark or practical joke are not sufficient, plain words or forcible action must follow. What in ordinary society might be a harmless eccentricity becomes an intolerable nuisance or danger in gregarious life. The herd cannot escape from the offender, it must, therefore, cure him. This is the negative or protective phase of adjustment.

The positive or assimilative phase of the gregarious instinct is that comradeship of companions in arms which is as old as war. It is not based to any large degree on the luxuries or pleasant things of life, on any similarity of tastes or hobbies. It is not a partnership, there being rarely anything to apportion. Its external side is simply a common inheritance of hard marches, wet trenches, good grouches and, withal, cheery smiles. Fundamentally, this comradeship rests on the feelings and aspirations of a whole body of men who have a common and hard lot, and who know that while they may fall before it one by one they cannot rise above it except together. The feeling is not one of liking the task, the aspiration is only to see it through. Every good officer knows that this factor is a cornerstone in the structure of *esprit de corps*. With this feeling strong within him no man can hold back when his comrades go forward. Nevertheless, though this comradeship has been vital to the Army, helping the men stand shoulder to shoulder in the trenches, its usefulness is not so evident on return to a civilian setting if it tempts men to sit side by side on our park benches when work is to be had. To modify a strong instinct on which one's existence has long depended is surely as difficult as to master a trade. The quality of human nature which produces the companionship of the trenches likewise produces veterans' associations and trade unions; it may be guided, it cannot be repressed.

Two instincts of expression which gregarious army life fosters and is for are fighting and playing. The one is an unpleasant necessity, the other a pleasurable substitute or equivalent. That the play instinct, as expressed in physical sport, seems spontaneous in our Army is suggestive of a fruitful means of stimulating physical action in crippled men whose fighting days are over. There is also a current of playful humour that flows near the surface on the Army. It may be shallow, because a herd is never intellectual, but it is expressive, and is one of

the ways of relieving the feelings and of passing the time congenially. In this connection we should not fail to appreciate the extent to which poker and crap helped win the war.

We have referred to some factors in the soldier's mentality, whether he was physically incapacitated or not, which must be reckoned with in rehabilitation. May we now consider certain influences these produce in the outlook of the wounded man and then formulate the problems and remedies for the peculiar mentality of military convalescence.

Until the soldier falls out his existence as an individual is *nil*, then all of a sudden he becomes important. He is no longer told what to do, he receives attendance, others act for him. His companions have gone forward, he goes back. No longer has he to keep pace with anyone, he is out of the race. This is a complete change of setting and produces a corresponding mental reaction. Realization of his "blighty" is the occasion of profound relief that knows neither reservation nor misgiving. The positive forces fall away without compensation. Unlike the civilian casualty who feels the distressing responsibility of provision for his family and himself, the soldier is aware that provision is assured. He calmly waits for what the future may bring forth.

The initial and most significant point in his mental adjustment is this unresisted slump in his "reaction of effective capacity". Whether his hurt be grave or slight, there is now no appeal for action either from without or within. From a circumstance wherein he strained every nerve to fall not short, he has fallen suddenly to a level where no goal exists. This slump in will is, of course, not peculiar to the war casualty, it may be seen on every hand in civilian life, in the school child who loses his place through unavoidable absence, in the labourer who loses first his place then his inclination to find another. But in the soldier, owing to his mental antecedents, the slump is more striking and the restoration of positive values more difficult. A new outlook has to be created, perhaps in the face of the fact that it was not a healthy thing to get well before the armistice. To restore his keenness, to find a motive appropriate to his state of mind is then the immediate problem of reconstruction.

The soldier's habit of not assuming but avoiding responsibility inculcated in his days of service finds full indulgence during convalescence. He takes his treatment with philosophic complacency. He is more satisfied to be worked at than to help himself. The remedy again lies in altering the point of view.

The convalescent Tommy is surely the most impressionable of men. Since enlistment his sphere of action has been narrow, with little variety or complexity. Situations which formerly he would have carefully

weighed he now interprets only with himself as centre. Not understanding the mysteries of medicine he has more than the usual reverence for the opinions of his medical advisor. The latter, being usually at pains not to enlighten him, leaves his uncritical imagination free rein. A doctor's prestige rests partly on a patient's vague alarms, and the fears of the military patient incline toward pessimism. He interprets the most casual and even irrelevent remarks as pertinent to his own case. He regularly selects only the unfavourable indications and the resulting picture is gloomy indeed. If he quotes you an earlier prognosis it is one that harmonizes with his present view and is usually attributed to an officer of wide reputation who is at least two ranks higher than yourself. Such an attitude is not morbid, but a natural outcome of his service experience; it is an attempt to rationalize his passive conduct. The remedy must be through motives that are sufficiently powerful to appeal.

Though the soldier's pessimism is self-centred, he does not keep it to himself. The gregarious habits of active service are a suitable soil for the growth and spread of his deepest feelings. Unless careful counter measures are applied a depressing atmosphere of convalescence becomes the prevailing tone of the hospital. The patient sees little to hope for and applies frequently for leave or even for discharge.

When a patient does show interest about his own improvement not infrequently it is a misplaced interest. He shows a keen belief and confidence in some irrelevant apparatus or technic which is not available, and at the same time he is not inclined to be a partner in what is being done for him. If he is treated with a galvanic battery he feels that a certain violet-ray machine which he once saw is what is required. Or, if his amputated stump is weak from want of graduated exercise so that he cannot operate his artificial arm, he complains that the latter is useless. He knows, too, of a high priced American arm that is satisfactory, the Canadian government cannot make proper arms anyway, he hands in an application for leave and intends to cross the line and buy one.

The mental mechanism in this attitude is neither morbid nor unnatural. We tend to ignore, to put away and forget what is highily unpleasant. For him the unpleasant is the manifest disability which stands between him and comparative health. He does not face the facts. In turning aside from his crippled function he ignores or belittles the measures which might bring relief. Instead he pins his faith to something which is just over the horizon or always falls short of being of any practical use to him. This becomes an imaginative construction which he amplifies and garnishes to his liking, and in proportion as his false ideal grows so does his inclination to help himself in any practical

way decline. A danger therefore in any programme of treatment based on the principle of helping a patient forget his disability is that it aggravates this inclination toward self-deception and the way of least resistance which is already a chief difficulty that he has to combat.

Such factors as the above, the slump in desire for accomplishment, the resignation to circumstances by the individual and the group, the rationalization against self-help, and the forgetting of the real issue in lieu of a false one—these may serve to indicate our problem. Not all of them appear in every case or in like degrees and the attitude varies as the physical condition changes, but observation of one thousand cases has satisfied me that they play an important role.

In referring to principles of treatment as relative to the mentality of convalescence it is assumed that the medical, surgical and passive therapeutic needs are being attended to, and that active functionating preliminary to more complete rehabilitation is required. The programme hsould be fitted to the patient's point of view as well as to his physical condition. "The invalid", says Prof. E. J. Swift in his Psychology and the Day's Work, "who waits till he feels able to work will never begin". The same may be said of the beginnings of functional restoration. Let us accept further that the test of effective procedure is twofold. First to recdue his disability of useful function to a minimum in the least time, the claim for as quick results as medical safety permits, to a patient's efforts. Secondly, and so far as possible simultaneously, to restore his self-confidence to the maximum and to direct and fit him to an objective in civilian life.

The value of curative occupation is now widely recognized on both sides of the ocean. It is properly argued that, man being a manufacturing animal, from the day our patient owned his first jack-knife, and even earlier, he has been making things. Therefore develop the motives of making with the infinite wealth of originality that that field opens. Interest the patient in things, jobs, objective results. Let his hands be occupied and his mind will be taken off himself. To those who are following military work the validity and results of this principle need no argument.

But human nature is very complex and may be approached from various angles. Visible products of his hands are not the only things that stir in man the conviction of accomplishment. If it is instinctive to mould clay into marbles, it is just as instinctive to play marbles—and more energetic. The motives of *doing* like those of *making* have unlimited possibilities of appeal. The problem in convalescence being to overcome apathy and establish desire, it is not so much what he does as the source of his effort that matters. In this sense the merit of a method is its fitness to touch the springs of action. It is because the

motives of individual expression have been repressed and those of group effort have been made dominant in the service that through the latter curative action may be readily stimulated.

In this way it is possible to approach the patient's disability and attitude directly and present a constructive programme of applied exercise. In the initial examination and interview, pains are taken to have him see the exact deficiency of function in range and in strength as compared with the normal. The problem that stands between him and health is then squarely before him. Challenge him to undertake the task and you arouse his fighting spirit. He volunteers. He is told that he will be shown what to do and how to do it, but that he must do the work. It is impressed on him that his object is to improve his condition, and he is warned that he will get out of the treatment just what he puts into it, nothing more, and that you are going to watch his progress. Few patients indeed fail to respond with their heartiest co-operation. Should this occur the reason lies still in the mental attitude and must be sought out and met. Re-examination and systematic supervision are as important as the initial interview in cultivating the proper attitude.

A complementary side of this direct treatment lies in the proper equipment and trained personnel to administer graduated exercises suited to various disabilities. With the details of these methods, the progression through muscle function training, higher co-ordination and collective gymnastic work we need not be concerned. Suffice it to say that the aim throughout is to combat the attitude of invalidism by setting precise tasks, not minimizing difficulties, and appealing to the strong motives of mastery, of self-competition and group competition. The results have been most gratifying.

To sum up the principle of the direct method as a remedy for the mentality of convalescence. For each negative element of the latter is substituted a positive one based on powerful emotions which the veteran knows. Instead of allowing the patient to relinquish responsibility he is forced to assume it by having him measure up to expectation in working out his own salvation day by day. His extreme suggestibility is taken advantage of to impress a constructive programme stimulated by the instincts of sport and competition. His false idealism which would forget the facts and look for relief to something outside or beyond reach is banished by converting him to an enthusiastic use of practical means at hand. Lastly, his strong gregarious habits are utilized to cultivate an atmosphere of cure rather than of convalescence. Establish the conviction of improvement in individuals and it will spread through a whole patient population, then collective treatment may complete the process.

The time has probably not yet come to draw final conclusions regarding the relative psychological efficacy of different methods of treatment during convalescence. Though the war experience has been large, the opportunities of careful comparison of distinct methods, conducted to the same end and under similar circumstances have been few. One's opinions consequently reflect chiefly one's own practice. It might be objected, for instance, that in the direct method of functional restoration men are asked to concentrate on insignificant and unmannish tasks, and that these will only emphasize the disability in their own eyes. But the criticism reflects the standpoint of the well civilian rather than the military convalescent. In the struggle for improvement small things to him loom mountain large, and that which impresses him is what he does accomplish rather than what he does not. On the other hand, the direct method, being intensive, should be tempered by occupation and objective tasks.

Among the problems of the future therefore will be the proper balancing and interrelating of technics that will be most appropriate to convalescence in the widest sense. The mental attitude of patients in war service is complex, but is immeasurably simpler than the points of view met outside the service where patients of both sexes and all ages await similar assistance. To find the facts about the attitude of workers in industry, for instance, is a vital task to-day that is little more than commenced. If medicine, therefore, sees new service in the field of industry ought not the psychological factor to have a place in its programme and an influence on its therapeutic procedures?

ONE THOUSAND PSYCHIATRIC CASES FROM THE CANADIAN ARMY

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and

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IN the table accompanying this brief report is presented a summary classification of one thousand psychiatric cases in the C.E.F. personally examined by the authors. The list includes men who have seen service in England and France, as well as a considerable proportion of camp cases (service in Canada only).

The first column includes cases referred to the Psychiatric Clinic, Toronto University, for special examination; cases observed during a seven months' period at the Cobourg Military Hospital; and cases reporting for examination to the Dept. S.C.R. Headquarters at Ottawa.

The second column includes 216 additional cases, discharged from the army because of their mental disability, and distributed among ten provincial hospitals where they were personally examined.

This grouping has been adopted because of certain striking differences in the character of the cases. In the first group the material from the three sources was found in the aggregate to be fairly comparable. In general this group included a much higher percentage of milder, or more hopeful cases. The Cobourg material particularly included many cases which had undergone treatment for considerable periods in England and were almost ready for discharge to independent civil life on arrival from overseas, or became so after relatively short terms of convalescence on this side.

The contrasting feature in the provincial hospital group is the higher percentage of severer and chronic mental conditions. This circumstance is as it should be, and is due to the policy which the Government has attempted consistently to follow of delaying the transfer to provincial institutions of mental cases from the army so long as there is a reasonable chance of their recovering or improving in the special hospitals provided, from which they may pass directly into civilian life. This policy in no sense implies an unfavourable reflection upon the provincial hospitals. The officers of these institutions have done, and are doing, most excellent work. Particularly in the trying times through which we have passed when medical staff and nursing personnel every-

where were reduced almost to the breaking point, the devotion to duty of those charged with carrying on this work has been worthy of high praise. The policy referred to merely indicates a recognition, which is fortunately becoming more general, that in addition to the regular provincial institution special reception hospitals are necessary if the psychiatric work in the various communities is to be satisfactorily done. Neither of these two types of institution can stand alone. They supplement each other, and should work in closest co-operation.

So much has been written and said about the unfortunate fact that large numbers of mental misfits and unfits were accepted for service, that one would rather avoid further reference to it. It is not possible, however, to do so altogether in presenting an analysis of this sort, because it is necessary to take fairly into account the causes of these various forms of disability; and the truth is that in the great majority of the severer mental conditions, these causes were effectively present in the pre-war histories of the individuals concerned.

As is well known the few young psychiatrists who might have been available for conducting special examinations of recruits at the time of enlistment went overseas almost to a man at the earliest possible moment; and, as has been remarked, hospitals for the insane had their staffs so depleted that they could not give adequate attention to their own needs, much less to those of the army.

Making two or three specific comparisons of the cases tabulated in the two groups, it is noted that dementia praecox, while it heads the list in both, accounts for twice as many of the cases found in provincial hospitals as in the other group. That nearly two-thirds of the ex-service men in the provincial hospitals should be cases of dementia praecox is a very striking fact. Believing, as we do, that this disease is a constitutional and developmental one, it is not going too far to say that the war in the majority of the cases met with merely stirred the slumbering embers to a blaze. In some of the milder cases, particularly those with very short periods of service, there is evidence that the condition on discharge from the army was not worse than on enlistment. In others, taking into account the progressive character of the disease, although on discharge the condition was manifestly worse than on enlistment, it would be quite impossible to say what part of this aggravation, if any, was the direct result of service conditions, rather than an expression of the natural advance of the disease process. On the other hand there can be no doubt that stress of service has made active many latent mental conditions. This applies not only to certain cases of dementia praecox, but especially to defectives and other mild or so-called border types.

In inspecting a group of men such as those represented in the accompanying tables, one cannot escape the impression that in many instances the tragedy was precipitated in persons who might have got along with a modest degree of efficiency had they not been subjected to the unusual strain of service. In other words they might have remained at their normal, a poor thing at the best, but still of some usefulness. This was particularly true of many farm helpers and other ordinary labourers who found themselves completely unable to measure up to the exacting military duties. To the uninitiated the number of such people in a community does not appear to be large; to those familiar with the facts the number is not inconsiderable. Under ordinary circumstances they get through life, serving as hewers of wood and drawers of water with a certain amount of success; but removed from favourable surroundings and required to assume responsibilities even moderately severe, they break sooner or later under the strain. The war has rendered a service in forcing upon the attention of psychiatrists and neurologists the fact that the number of mental weaklings in every community is by no means negligible.

Comparing again the two groups in the table the cases of primary mental defect and manic-depressive psychosis are found to be less than half as numerous in the provincial hospitals as in the other group. The reasons are obvious. With the defectives, their disability is often naturally of a mild nature, and while incapacitating for military service does not preclude their return to civil life or to the supervision of their families. In a considerable number of these individuals a psychotic episode developed during service but subsided more or less promptly, leaving them no worse than before. In the manic-depressive cases the phase of the disease being by nature self-limited, it is clear that many recovered and passed under their own control without requiring to have been transferred to a provincial hospital.

It is desired to make special reference to the cases of neurosis. This disability constitutes the storm centre of military medicine and, one may add, of reconstruction medicine as well. As is well known these cases were treated in special neurological clinics, and did not figure largely either in the Cobourg material or in that of the other sources covered by this report. 12.4% of the cases shown in the first group, or 9.7% of the thousand cases represented various forms of neurosis—neurasthenia, hysteria, etc. The point upon which we wish to lay special emphasis in this connection, however, is that no single case of neurosis was found among the 216 ex-service men in the provincial hospitals here represented. This fact should constitute a definitive reply to the

complaint not infrequently heard that cases of "shell shock" are being confined in provincial hospitals for the insane. By this it is not implied that neurotic symptoms and reactions are not sometimes met with among these patients. Many defective and psychotic cases are conspicuously susceptible of developing neurotic complexes. The point at issue is that these patients are confined and under treatment in institutions not because of such accidental neurotic manifestations, but by reason of their underlying major mental disability.

It will be seen that the diagnosis "malingering" has not been included in our classification. In the first place the suspicion or conviction of malingering, as the case may be, according to the temperament of the examiner seems to have been closely, if not exclusively, associated with the neurosis group which, as has been shown, is relatively small in our material.

It is not to be denied that a few "lads with the lead" were met with, several of whom were able to give rather wonderful demonstrations. But it is our belief that malingering is not a diagnosis but a symptom, and that as a rule it is *prima facie* evidence of an abnormal mentality. No difficulty was experienced in classifying these cases according to their underlying disability. In our experience malingerers who are normal are rare and should not be difficult for a trained observer to detect, as it requires unusual mental capacity to simulate the most subtle of all diseases. As a matter of fact highly intelligent and normally developed individuals are not ordinarily found in situations where malingering is likely to be resorted to.

One of the striking lessons to be learned from a survey such as the foregoing is that there is urgent need of greater attention being paid to psychiatric instruction in the medical schools of Canada. Trained men in this line of work are relatively few, and mental hospitals everywhere are understaffed. Already such universities as Toronto and McGill have taken account of the requirements in this connection, and in the new six years curricula psychology and psychopathology will receive more adequate attention; and in addition to the regular courses in these subjects, there will be an important series of options available for those who are inclined to make psychiatry their life study. While it is realized that accomplished specialists of any kind cannot be developed during the years of training in a medical school, it is during this time that the foundation must be laid, and it is hoped that the teaching attitude in the universities will tend to direct the attention of medical students to the opportunities and possibilities in the wide and still too little occupied field of neuro-psychiatry, and help to decide the careers of those whose inclinations may lie in the direction of this special branch of medicine.

Diagnosis	Toronto, Cobourg, Ottawa		Ten Provincial Hospitals		Total	
Dementia Praecox	245	31.5%	137	63.4%	382	38.2%
Primary Mental Defect	199	25.3	24	11.1	223	22.3
Manic-depressive Psychosis	94	12.	11	5.1	105	10.5
Neurosis	97	12.4	....	....	97	9.7
Cerebro-spinal Lues (incl. Paresis)	24	3.	15	7.	39	3.9
Not Yet Diagnosed	23	2.9	10	4.6	33	3.3
Alcoholic Psychosis	23	2.9	5	2.3	28	2.8
Paranoid Conditions	20	2.5	6	2.7	26	2.6
Psychopathic Inferiority	20	2.5	1	.5	21	2.1
Epilepsy	20	2.5	1	.5	21	2.1
Hyponchondriasis	7	.9	....	....	7	.7
Organic Brain Disease	3	.4	3	1.3	6	.6
Delirium	3	.4	1	.5	4	.4
Cerebral Defect from Skull Wound	2	.3	....	....	2	.2
Involutional Depression	2	.3	....	....	2	.2
Somatopsychosis	1	.1	1	.5	2	.2
Arteriosclerotic Psychosis	....	....	1	.5	1	.1
Brain Tumour	1	.1	....	....	1	.1
	784	78.4	216	21.6	1,000	

MENTAL EXCITEMENT IN A PSYCHOPATHIC HOSPITAL: ITS PREVENTION AND CARE

BY NURSING SISTER ELIZABETH MILLS, C.A.M.G.
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THE diminution of noise and mental excitement in a Psychopathic Hospital is a very important and practical problem which goes to the root of many difficulties connected with the management of the insane. It is universally accepted that in any institution of this kind the amonut of disturbance should be reduced to a minimum and the extent to which this has been accomplished may be taken as an index of the good management of the hospital. The difference between the state of the "Bedlams" of the past and the mental hospitals of the present day, is largely the result of better methods of securing that quietness which is indispensable for the successful treatment of patients. Since consideration of prevention is inseparable from that of causation our starting point is clearly indicated; we shall refer to several specific factors which are most commonly present to break that peace which should be characteristic of any institution devoted to the treatment of mental disease.

One of the chief causes of disturbance is mental excitement of the patients. This excitement may be either of two kinds; there is on the one hand the mental excitement due directly to disease as of the person suffering from the delirium of an acute toxic psychosis; this is an essential excitement caused by some abnormal stimulus arising within the body; in many cases no external sense impressions reach the patient's consciousness; it is therefore amenable only to treatment which has an effect on the disease itself. Obviously the control of such excitement must be left to the medical officers, the nurse's only duty being to report its occurrence immediately and execute the physician's orders. Such cases are comparatively rare—in fact in the Cobourg Military Hospital not more than six cases coming within this category can be found on our wards at any one time.

There is, on the other hand, the mental excitement which is the reaction to some irritation in the environment acting on patients sensitized to irritation. This may be called non-essential excitement, it is temporary and paroxysmal in character and naturally subsides with the removal of the irritation. It is this preventable excitement which causes by far the greatest proportion of disturbances on our wards and its prevention and control devolve chiefly not on the medical officers but on the nursing staff. The best means of influencing this kind of excitement lies in the discovery and removal of the source of the irritation. A well directed

attempt to grapple with this problem will test to the utmost the originality, resourcefulness and powers of observation of the mental nurse. However the reward is great and the benefits follow so speedily that the relationship between cause and effect are obvious to all.

The sources of avoidable irritation to patients are innumerable. Demented individuals, like infants, when restless and troublesome, are usually suffering from some bodily discomfort. We have known such patients to become quiet after the relief of a distended bladder or rectum, a gastric lavage, the extraction of decayed teeth, the removal of an ingrowing toe-nail, or surgical attention to a suppurating ear. Night nurses have maintained quietness by giving a drink of warm milk, a soda biscuit or a little tobacco to their charges. Numerous other ways of sparing the feelings of excitable patients and sheltering them from a multiplicity of irritating stimuli will occur to any thoughtful nurse who studies the habits and environment of her patients. It is obvious that such discriminating enquiries cannot be carried out in an atmosphere of turmoil and confusion, wherein abnormal physical conditions are almost certain to be overlooked and misunderstood; the nurse responsible for the treatment of mental excitement under the latter conditions is merely groping in the dark.

Every noisily excited patient should at once be placed where he cannot disturb his fellow patients; therefore, provision has been made on each ward for a partially isolated room to which the disturbed sufferer can come accompanied by one or more nurses to administer suitable treatment until calmness is restored and the danger of inflaming the others has passed. At the same time measures directed towards the improvement of the general health of the patient and which operate indirectly to reduce the severity of mental symptoms must be undertaken; the more serious cases are prescribed treatment in the continuous bath, or some other form of hydrotherapy; the dietary must be generous, —the ration issued in the main dining room having a food value of 4000 calories with over 150 gms. of protein; special and extra diets are provided where indicated and whenever possible occupational treatments and amusements are given in the open air. Such measures in the vast majority of cases produce the necessary calmative effect, thus making it unnecessary to employ chemical hypnotics and sedatives with their well-known deleterious effects.

The Cobourg Military Hospital, being organized on the so-called "non-restraint" system, seclusion and mechanical restraint are prohibited by the Standing Orders of the Officer Commanding and all methods of a harsh intimidating or repressive nature are vigorously proscribed. Coercive measures, we have learned, lay the foundation for future irritability by engendering a spirit of antagonism towards the

Hospital and resistance to its therapeutic agencies. Undesirable accidents such as destructive episodes, violent outbreaks, suicides and escapes are prevented by a close but unobtrusive supervision of each individual patient; doors to all dormitories occupied by patients are therefore kept open except when a nurse or orderly is in attendance. Every precaution is taken to foresee and avoid situations which might lead to violent conduct.

There is no doubt that women nurses though they cannot command effectual physical means of controlling them, manage mental patients with less irritation and fewer outbreaks than occur when male attendants are in charge. Nursing sisters in this Hospital are almost ubiquitous. They are found not only on all wards both by day and night, but, if the visitor passes to the dining room, the recreation hall, occupational therapy groups on the lawns—in fact to any portion of the premises where there are patients, he invariably sees one or more nursing sisters directing the operations and watchful for ominous symptoms. Those who feel that the insane will take advantage of the milder methods of treatment little appreciate the power a well poised properly taught expert nurse can exercise by calm persuasion and mental suggestion. Ward disorders can be more easily prevented by the judicious words of a quiet, self-possessed gentle-toned woman nurse than by the threats and stormy commands of an angry orderly.

The following brief case summary serves to illustrate the difference between the modern treatment of the mental case and the older methods:

Private C—— was admitted to this hospital from a convoy. His documents showed that he had made an attack on an orderly in an asylum and he was described as homicidal; information was given that on account of his violent and destructive propensities it had been necessary to confine him in a padded room and to keep him restrained by mechanical means for a considerable period. He came to us in a straight jacket with severe bruises over his entire body and the tips of his fingers deeply excoriated from his efforts to free himself. His facial expression was one of extreme terror and when the orderlies approached to transfer him from the stretcher to the bed he gave a frightened shriek. His escort warned the nurse that if the jacket were removed the patient would surely kill somebody; nevertheless the matron without hesitation entered his room alone, placed a cigarette between his lips, lighted it for him and at once proceeded with her scissors to cut the offensive confining apparatus from his body. The sight of the nurse's uniform seemed to bring both surprise and reassurance for he asked, "Do you have nurses to take care of us here?" The words were at once an indictment of the shackling and terrorizing methods of his former treatment and a touching testimony of the confidence reposed in the nursing sisters by the wounded

soldier—even the soldier "wounded in mind". This patient did not speak an irrational word during his treatment here; within a few days he was given parole privileges and in less than three months was discharged to his home fully recovered.

Of all individuals connected with the Hospital none can do more to disturb its peace than the nurses and orderlies; therefore, it is of the utmost importance that only capable conscientious individuals should be chosen to fill the ranks of the staff. In dealing with the psychoses good nursing is much more important as a rule than medicinal or surgical procedures and therefore the general intelligence and natural disposition of its personnel supplemented by their conception of duty and knowledge of nursing, determine in large measure the curative atmosphere by which the patients are surrounded during their hospital residence. Those who show a lack of suitable temperament and of sound, sensible, dependable qualities and who persist in disturbing the wards by boisterous behavior and frivolous conduct, show a glaring want of consideration for their patients and must undergo careful training to eradicate these defects. Noisiness amongst psychotic subjects is as infectious as measles, therefore, the staff must learn to handle keys, dishes, doors and furniture gently and quietly. They are requested to wear rubber heels and cultivate a noiseless tread; they must understand the necessity of promptly answering the telephone and waiter. Shouting commands to patients or fellow workers is regarded as inexcusable. Nurses must acquire the habit of speaking lowly and distinctly—if a nursing sister is negligent in these matters she need not wonder if her orderlies regard them lightly.

The corridors in the hospital have been covered with battleship linoleum and rubber treads, to abolish the noisiness caused by the irritating tramp of many feet on hardwood floors; the blowing of whistles and ringing of bells has been restricted to emergency alarms. It has been found that even a disorderly appearance of the wards is suggestive; hence the importance of keeping the hospital at all times scrupulously neat and clean from roof to cellar; and of repairing immediately accidental damage to walls, paint and equipment; no detail is too small to deserve attention in our campaign to reduce to a minimum the number of irritating stimuli from every source.

It must not be forgotten that in the less acute cases occupation promotes quietude. We have all noticed how much more excitable patients become when for any reason the usual amount of occupation cannot be arranged. Fortunately for the patients here, provision has been made for carefully graded bodily and mental exercise for every suitable case: basketry, bead work, typewriting, carpentry, shoe-making, painting, athletic sports, musical drill, educational classes, dancing and

musical instruction have been so organized that a definite programme may be mapped out for each patient to fill the entire day from the time of rising till bedtime. Even in the case of those whose bodies must remain inactive, employment and diversion are provided at the bedside by the ward aides detailed to the acute dormitories. Much is lacking in the endeavours of any nurse if listless and unemployed patients are a customary sight on her ward.

Owing to the excellence of the therapeutic facilities in this hospital one misses many unseemly spectacles which are all too common in Institutions for the Insane less generously staffed and equipped. There is an absence of "herding", of the drooling statuesque, unkempt appearance of advanced dementia; visiting psychiatrists have frequently commented on the fact that the special attention and supervision provided has given our cases the appearance of an exceptionally mild type. The morbid process is the same however and there is no doubt that under less favourable conditions mental disintegration would be as rapid and complete in the case of our patients as in those seen on the chronic wards of any asylum where patients are given only custodial care.

Though cognizant of our inability to attain perfection and to secure the entire abolition of maniacal excitement in our hospital, yet, as the staff become more proficient in the application of the newer methods we are approaching closer and closer to that ideal. Experience has convinced me that by unceasing vigilance in checking troublesome and disorderly tendencies before they have formed into habits and by perseverance in an attitude of kindness—towards the patient—not a mere sentimental kindness—but a constructive kindness based on an understanding of the deeper springs of the aberrant behavior of the mentally deranged, the atmosphere of any institution for the mentally afflicted can and should be made as quiet and peaceful as that of any well-conducted General Hospital.

THE SOCIAL SERVICE PROBLEMS OF THE JEWISH IMMIGRANT

BY DAVID H. FAUMAN, M.B.
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"'Ere's a stranger Bill, 'eave 'arf a brick at 'im."—*Punch.*

IN return for the privileges of citizenship granted the immigrant, his complete and rapid Canadianization is desired. To obtain this result the immigrant must be helped along the right path. Effective aid cannot be rendered unless the racial peculiarities and particular problems of each immigrant group are definitely understood.

The important causes of Jewish immigration are religious and political, therefore the Jewish immigration comes in periodic waves, as the tides of persecution in the countries of Eastern and Southern Europe ebb and flow.

From the standpoint of social service there are three classes of Jewish immigrants. First, the older people—the parents; second, the babies brought here or born shortly after arrival; and third, the young people just entering adult life. Each class has distinct problems and points of view that require different methods of solution.

It is not easy for the Jew to emigrate, and he is firmly rooted even in those countries that force him to leave. He has lived there for centuries, the fields are partly fertilized with the blood of his massacred ancestors, his language has adopted words and phrases of his step-country, he has grown up in its customs, has developed traditions there and his own culture and ethics have been furthered there for ages.

Suddenly he must break all ties and start once more on his wanderings. He remembers quite well how other countries have treated his people and deep down in his heart arise both the question and fear as to his probable reception.

When he arrives amidst a strange people with a foreign language and customs, he seeks the prior arrivals of his own people, who, because of different dietary and religious requirements are already living in one neighbourhood. Thus there develops the Jewish section of the city.

Now comes the process of disintegration before construction can begin. At home the Jew was usually the sole support and master of the family. The boys received a good Hebrew education and also a secular one if the laws of the land permitted such to be acquired, the girls remained at home. In Canada the father alone cannot support the household, the children must go to work, help maintain the family and become economically independent, and the parental authority must perforce weaken. The strict orthodox religious views are gradually modified and

finally more or less discarded by the children, and the children themselves develop according to the customs of the country. Their parents' ways are no longer their ways, points of view are no longer in accord, and an invisible wall arises. The old traditions are gone, new ones are not yet fashioned.

The Jewish paterfamilias stands bewildered among the tottering pillars of his old established customs and traditions; the present is uncertain and the future doubtful to him. Constantly he lives in the fear that all this peace and quiet which he is enjoying are but temporary and he mistrusts his surroundings, gazing anxiously at the political horizon to discern the old signs of impending persecutions which the history of two thousand years have taught him to expect. He has good cause "to fear the Greeks tho' they bring gifts".

The passing years lull his suspicions; so he has his compensations and amidst all the hardships of body and soul he lives at least in peace. Then there are the children. They grow up into free citizens, enter business and the professions and ordinarily take honoured places amongst their fellow men.

So the Jew in his declining years gazes out into the future praying that perhaps here at last a permanent, peaceful haven has been found.

Let us now consider the immigrant child. In the foreign section in which he lives, neither his environment nor companions are of the best. Besides the Jewish children, his associates usually are the children of the poorer natives or of the foreigners of various nationalities. He sees a good deal of the seamy side of life. Often he must assist in the support of the family so that after school hours he is a newsboy, a telegraph messenger, etc. Here again his environment and associates leave much to be desired, and he becomes world-wise very young in life.

Otherwise he is like any other child and grows up a typical citizen of the country. There is, of course, a certain amount of friction with his Christian neighbour but it does not assume serious proportions.

Better opportunity for the children is one of the causes for Jewish immigration. To the "People of the Book" education is of supreme importance. Very often an entire family for years practises the greatest economies and self-effacement so that one or more of the children may get a professional education. For centuries the Jewish communal leaders were the educated men and no work is too hard for the parents and older brothers and sisters in order that the young ones may obtain an education.

But whether the Jewish immigrant child realizes it or not, his greatest problems are not with the strangers but in his own home and community. He grows up under surroundings and associations different than those his parents faced but he realizes that he must get a double education,

secular and Hebrew. His parents' ways, manners, customs and entire conception of life are different from those with whom he comes in contact. He is young, malleable, adaptable, whereas the parents do not so readily accommodate themselves to changes, religious regulations are not so important to him and he finds things irksome and unreasonable at home. Parent and child do not readily see eye to eye, and an invisible wall arises between them. It is the age-old conflict between the young and the old doubly intensified here because completely different conceptions of life and civilization are in battle.

The child matures and if he possesses the proper qualities, he does not become estranged but pulls his family up with him into the light. Jewish family life and the mutual devotion of parent and child are things of beauty. The pity of it is that both parents and children must fight their battles alone, not always comprehending the underlying causes.

Then there is the young adult who comes here in the early twenties. His problems are different, and although he usually has a good education, yet shortly after arrival must enter the factory or shop. He realizes quickly that his salvation lies in mastering the language and manners of the country; however, he must help at home, so he spends all day at hard work, and at night hurries to the evening schools. Naturally his progress is slow, for while his mind is alert and he is too far advanced for his parents, yet he cannot keep pace with the growing youngsters.

He reads voraciously for he can here obtain translations in Yiddish of the best works almost on any subject. The new world does not fill him with enthusiasm as he is a thoughtful individual and too frequently introspective. Not only is he nationally conscious to start with, but poor economic conditions and labour exploitation soon make him fully class conscious. Among the great middle class of his people he is the intellectual leader, and is a staunch trade unionist; new movements for social or economic improvements obtain converts from such as he. Having seen or suffered from oppression and persecutions in the old country he is ready to be the champion and often the dupe of any cause if it appears to be worth while.

Whereas the parents are contented here because peace has been found and the babies grow up into citizens knowing no other life, he expects and demands in a democratic, liberty-loving country, social and economic fair play and justice not only for himself but for all mankind. The writer is convinced that the best instincts and characteristics of the Hebrew which can be of value to the country are to be found in the large silent body of young immigrant Jews.

The immigrant may remain a tailor or shoe-maker all his life, but he

is a thinking man. Having suffered and studied he inspires his children to attain high ideals and principles. The immigrant child who grows up here may become a good citizen but at times he drifts from his people completely and does not bring forth that distinctive Hebraic contribution to civilization for which two thousand years of peculiar heredity and environment have prepared him. Here, as is the rule all the world over, it is the large silent middle class which forms the nation's foundation.

It is now readily apparent that these three groups with their different social problems and mental aspects require different methods of approach and development.

A few words on the so-called Jewish neurosis are needed before we discuss these developments. The Jew is often, and with some truth, called a neurotic, or "highly nervous". As a race, nervous maladies are frequent amongst them. The causes, perhaps, are less well known.

For centuries the Jew of Russia, Poland, etc., was segregated and not allowed in the professions, on the farms or in the skilled employments. His main source of a livelihood was in trading amongst his own people or with the native peasantry. Against the brute force of the ignorant peasant and the sullen priesthood he had to match his wit and cunning. His living was a precarious one, and he had plenty of cause to mistrust his neighbour and government, as periods of peace were always followed by persecutions. Living always with the feeling of being on the edge of a precipice, his mental tension was great, and being constantly under great mental pressure the result was a marked effect on his nervous system. It is interesting to note how the old immigrant Jew and his children or grandchildren who grow up here react to the same tests. Whatever neurosis the second or third generation may present they are generally those due to the high pressure and complexity of our modern civilization from which all alike suffer. It proves that the hereditary factor amongst the Jews at least in that regard is not so important as the environment.

The Jew in the old country lived a much simpler life, and the rapidity and complexity of life here affect the first few generations more readily. They are not so prepared to stand this new strain. The same thing is often found in the rural native population that is suddenly thrown into the vortex of a large city.

From the standpoint of social service to the Jewish immigrant, how must those three classes above-mentioned be approached? Primarily patience, a broad spirit of tolerance and fair play, and a knowledge of the people are essential. The old Jewish immigrant must be made to understand that he has nothing to fear, that there is "no chipmunk in the wood-pile", that the full privileges of citizenship are his in return

for loyalty and decency. His superstitions and ignorance of modern life which he brings from the out-of-the-way little villages of Russia, must not be scorned, but patiently removed. All his confidence must be obtained, as he needs assurance and encouragement.

The problem of the child is more within reach though difficult, and this young member of society needs above all, a decent environment and proper companions. The slums of any city affect Jew and Gentile child alike. The East Side of New York produces its gangsters irrespective of their nationality. Overcrowding, the presence of brothels, moral and mental defectives and unsanitary conditions in any section are not conducive to good citizenship.

The young adult immigrant needs, above all, more opportunities for education and technical training; plenty of night schools, where also vocational training can be obtained. Liberty at times is a dangerous intoxicant, but material welfare and economic prosperity are potent factors in the development of a sane conservatism. The young immigrant is anxious enough to work and study to improve his condition, and we must give him those opportunities so that he does not feel himself exploited, and it is essential to remove whatever lurking discontent or disillusionment to which he is subject. The country must assume the duties of parenthood in order to obtain parental respect and devotion.

One may claim that what has been said of the Jewish immigrant is in a large measure true of all foreigners who come here. That is so, but the case of the Jew is further complicated by the following facts:—

The Russian, Italian or any other immigrant brings with him something which forms a ready and intimate bond with the native citizen, and admits him instinctively more readily into the bosom of the family, as it were. That is the question of religion, and it is right and proper that it is so. These have the great factor of a common spiritual understanding and the Christian foreigner has in his religion a strong, earnest, sincere and powerful all that prevents him from feeling completely alone.

Furthermore, the immigrant from Italy or Russia, for example, brings with him a great faith and pride in the power of the country of his birth. He has something tangible to depend on or appeal to in case of need or abuse. The foreign representative or council of his native land is able and ready to protect him if necessary, so that the foreigner has a solid foundation and does not feel himself completely helpless.

With the Jew it is different. His religion keeps him apart, and only too often has he suffered because of it. There is no powerful native land to protect or intercede for him, and while it is true that he may mentally exaggerate these facts, yet they contain a large measure of truth. Two thousand years of wandering have proven this to him. It is a handicap which the Jew k[illegible]alizes.

This article is not meant to be a polemic on immigration or the Jewish immigrant. Sufficient to say that the Jew brings a certain definite contribution to the sum total of the country's civilization, and that as a race he also gives his share of mental and moral undesirables. One could draw up a list, as it were, on one side placing all the good qualities and famous names among the Jews, and on the opposite side list all the crimes and criminals, but one cannot thus readily card-index or catalogue a people. "You cannot indict a whole nation" said Edmund Burke.

We desire the Jew to assume the full responsibilities of citizenship. If we understand his problems, we can help him the more readily to reach that condition. Such was the purpose of this article. It is in our power to be of service and yet be well repaid. All that it requires is the application of those Christian principles of charity, forbearance, tolerance and fair play which the Jew of Galilee so ably preached.

APPLICATIONS OF PSYCHIATRY TO INDUSTRIAL HYGIENE*

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WE are nowadays being constantly reminded that we stand on the threshold of a reconstruction period. Warnings and advice emanate from varied sources—statesmen, financiers, industrial leaders and unemployed workers. A glance at the daily papers shows us that social unrest and industrial discontent are problems of immediate importance. A study of the more technical literature in the fields of political economy, education, industrial management, psychology, medicine, and social service, shows that a great many people are thinking, and thinking intelligently, about these problems. The hopeful aspect of the situation is that, whether the point of view is that of the industrial manager trying to reduce labour turnover or that of the physiologist investigating fatigue, there is shown a feeling of broad humanitarianism, a desire to understand each member of the industrial system as an individual, and a reaction against the old system of exploiting labour to produce wealth.

It is in just this field of understanding, the individual worker and his reaction, that psychiatry is of use. Carleton Parker (1) even goes so far as to say: "Modern labour unrest has a basis more psychopathological than psychological, and it seems accurate to describe modern industrialism as mentally insanitary". Some causes of this mentally insanitary condition are brought out by Marot (2) in a book entitled *Creative Impulse in Industry*. Modern business enterprise and machine technology are said to have extinguished the joy of the creative experience; craftsmanship is a thing of the past; an article owes its existence to an infinite number of persons, and a worker's claim to the product of his labour is merged in an infinity of claims which totally impersonalizes the industry. The worker has become a mere factory attachment, and surrenders himself to the rhythm of the machine. Thus creative desire has been lost and the only reason left for labouring is the predatory desire to possess wealth—to get paid off and to do as little work as possible for as large a reward as possible. But this is only one of many difficulties. Among the economists, Parker has been the pioneer and has most vigorously preached the necessity of understanding human behaviour, and especially industrial behaviour, from an individual standpoint. In his paper, *Motives in Economic Life*, (1)

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he says: "We economists speculate little on human motives. We are not curious about the great basis of fact which dynamic and behaviouristic psychology has gathered to illustrate the instinct stimulus to human activity. Most of us are not interested to think of what a psychologically full or satisfying life is. . . . Our economic literature shows that we are but rarely curious to know whether industrialism is suited to man's inherited nature, or what man in turn will do to our rules of economic conduct in case these rules are repressive". When human motives are isolated, described, and compared, such phenomena as business confidence, the release of work energy, the decay of workmanship, decline in the thrift habit, and labour unrest may be analyzed with some intelligence. But the careless *a priori* deductions touching human nature which still dominate our orthodox texts must be discarded. As a substitute for the orthodox and vague concept of human nature Parker gives a list of "some sixteen instinct unit characters which are present under the labourer's blouse and insistently demand the same gratification that is, with painful care, planned for the college student".

In his analysis of the I. W. W. Parker (3) shows that thwarting these instincts and condemning the worker to a life of limited happiness, restricted personal development, and desolation when sick, brings about a state of mind which amounts to an industrial psychosis. He says the I. W. W. is purely a symptom, and can be "profitably viewed only as a psychological by-product of the neglected children of industrial America". In other words we must treat these "mentally insanitary" conditions not only by shortening hours and increasing pay, but by so educating the children that they will be able to use their time off in ways that give constructive satisfaction to the instinctive cravings we all have for gregariousness, productiveness, motherliness, exercise of initiative, acquisition, ostentation, etc.

Other economists are taking up a similar point of view: Taussig (4) has shown that the pay envelope is not a satisfactory motive for work—other satisfactions are equally or more important. Irving Fisher (5) looks forward to the day when we will have a truer understanding of the nature of human freedom, saying: "What we liberty lovers are really groping for is, apparently, not to do as we think we please, but to do what will actually please us after it is done; that is, to satisfy fairly well all the great fundamental human instincts, of which there are many besides the instinct of self-preservation or of making a living. The workman not only longs for more pay, but he hungers and thirsts for other things which he cannot formulate, because so largely unconscious". Tead (6) sounds the same note in his discussion of labour unrest, saying that a considerable part of it is really pathological and "might be called a definite industrial psychosis". Veblen, Wolf, and others are writing

in a similar strain. So it appears that the economists are becoming psychiatrists and are showing the way to the physician. If the physician is to take his rightful place in developing the mental hygiene of industry he must forget orthodox psychiatry (as the economist seems to be forgetting cut and dried political economy) and interest himself in a dynamic, individual psychology which recognizes the essentials of human nature and at last begins to analyze for us the elements of which human nature really consists, looking on each case as a human experiment in reaction to environment.

Sarah Murphy, aged 43, Catholic, a fur sewer in a department store in Boston, comes into the out-patient department of the Massachusetts General Hospital complaining of pain and numbness of her right hand. She goes to the medical, neurological, and industrial clinics, and after several visits acquires the diagnosis of "Occupational Neurosis". The social service department then takes her in hand, and finds out that the numbness of her hand began at about the time her oldest son went to France. Just previous to his departure he had married a Protestant girl, and because of his mother's antagonism to the match, the ceremony had been secretly performed in a Protestant church and the mother had not been informed until afterwards. The patient was in the habit of getting breakfast and supper for her other two sons whom she was educating in technical schools. Beside this she worked all day at the store. On Sundays she was too tired to do anything, but dragged herself to church as a duty. It was found possible to send her away for a two weeks' rest, a scholarship was procured for one son, and a job for the other whereby he was enabled to pay for his own tuition. With this relief, and a superficial explanation that her trouble was due to work and worry, a cure was brought about.

Any one interested in the psychogenesis of mental breakdowns can easily see the mechanism: the emotional shock of the older son's marriage taking the joy out of the mother's life; the feeling of self-pity arising from her long hours of work, the feeling that the situation was intolerable, and the inability to face this situation, all finally tended to bring about the hysterical escape through the development of her symptoms. This is exactly the mechanism we have become so familiar with in the war neurosis. And if the department store physician had been interested in psychiatric problems, a half hour's interview, a visit or two of the nurse to the home, and the cure would have been brought about expeditiously without recourse to the necessarily slow and cumbersome diagnostic machine of a great hospital; and both the store and the patient would have been saved some weeks of work. Such cases can be found everywhere, our wards and dispensaries are full of patients to whom the doctors apply long meaningless labels—"neurasthenia",

"psychasthenia", "psychoneurosis"—and for whom they do little. By an investigation of the patient's personal problems, an understanding of the usual reactions of the human being, and by simple help in readjusting the patient to the environment, a great deal can be done.

It is not only the cases of illness that should be attacked in this way. Many people with similar unbearable situations do not develop the usual symptoms that we recognize as illness. They merely become inefficient, restless, wander away from their jobs, or become radicals and bolshevists (7). Peabody (8) and his collaborators found an interesting example of this in the cases of Effort Syndrome studied at U.S.A. General Hospital No. 9. A striking number of the histories showed that in civil life these men drifted from one employment to another, never breaking down enough to consult a physician, but adding their number to the shifting, inefficient labour element so costly to employers. It took the rigour of army life, with no possibility of escape by moving on, to bring out their symptoms. Before these people have left their work or have been fired for inefficiency, they should be interviewed by someone competent to understand them and their probable troubles. At such times advice from a physician, the loan of some money, a visit to a sick child or wife, or any of the thousand possible personal and individual aids, might save the worker from becoming soured, keep him from joining the ranks of the discontented, and prevent the development of a litigant and paranoid personality. Employment managers are beginning to recognize these facts and are using various methods to alleviate the troubles: one firm employs a lawyer especially to watch the loan sharks and help out employees in financial difficulty. Others keep man-record charts (9) and watch carefully the workers' efficiency. Too often this is merely for purposes of sizing up the employee, but one firm has shown that frequently a drop in a man's efficiency can be traced to personal difficulties of a nature that can be helped.

So we get back to the necessity of understanding human nature and of giving to the fundamental human cravings an outlet. The instinct of self-preservation is partially satisfied with the pay envelope; welfare work helps to make possible satisfaction of the instinct of home-building; but with our present industrial system it is harder to see how the cravings for self-assertion, creation, excitement, and the like can be met. The atmosphere created by the division of labour and scientific management is repressive to all these instincts—the man may develop a feeling of inferiority, and unless given some outlet he will become discontented and get satisfaction through striking, drinking or other abnormal sublimation. These are mental problems and must be so looked upon by physicians interested in mental hygiene, but the whole problem is so

complex that at present most industrial physicians will consider it more expedient to watch for the psychotic symptoms to appear in individuals and then do their best to treat them sympathetically in the light of their knowledge of industrial psychology.

The recent work done in the personnel department of the army has awakened wide interest in the possibility of applying mental tests to applicants for industrial positions. The ultimate aim is to fit the job to the man so well that discontent will be minimized and labour turnover reduced. Ball (10) advocates the establishment of laboratories for the thorough medical and psychological examination of all employees; he believes that in this way men can be fitted immediately to the right occupation, without the costly experiment of trial. Although his paper reads well, it is not convincing and the methods advocated seem generally impracticable. In the army work, however, the psychologists certainly showed that they could pick out the capable men by comparatively short group tests, and Ball gives outlines of similar tests. In a more restricted way mental tests have been applied in industry for some years. Jaques (11) had excellent results in choosing typists and stenographers for certain types of work by psychological tests, and the results of these tests correlated well with the output later shown by these employees. Lamb (12) also reports success in gaining better judgment for selection and placement of employees by intelligence tests. On the other hand, Kelly (13) exposes some fallacies of the army rating system, especially in its application to industry. Strictly speaking, these tests have psychiatric interest only when used for the detection of subnormal individuals, but they seem to be of value from the prophylactic standpoint in reducing misfits in the shops—and mal-adaptation to environment is the basis for many mental breakdowns. In the present state of our knowledge perhaps Johnson's (14) suggestion is the best: he recommends that factory training departments be installed in all plants as testing places for applicants for factory work. And he claims that by thus eliminating incompetent and unqualified candidates the morale of the departments is kept at a higher level and labour turnover is decreased.

Fatigue is another subject that comes into the field of industrial psychiatry. A great deal of work has been done by physiologists on neuro-muscular fatigue, and by the psychologists on mental fatigue. Spaeth (15) has recently reviewed the whole subject thoroughly and brought the two points of view together. Though a biological physiologist, he has given the psychological element in fatigue its just due. He states that laboratory subjects and industrial subjects are absolutely incomparable units. He uses the term "industrial fatigue" for the daily and weekly weariness resulting from industrial work, and suggests

the term "industrial psychoneurosis" for the "gradually accumulating fatigue of the over-driven industrial worker". Overwork, however, is not the fundamental cause of neurosis or psychoneurosis. These disorders are fundamentally emotional breakdowns due to lack of satisfaction with life, so the theory that the etiology is "gradually accumulating fatigue" is untenable. The symptoms may simulate fatigue, but neuro-muscular fatigue is cured by simple rest, and these conditions are not. "Industrial psychoneurosis" are simply neurosis with an occupational colouring due to the work in which the individual happens to be engaged.

The mechanism of such a neurosis is typically something like this: An individual is in an intolerable situation which he is constitutionally unable to dominate; the reaction of a neurosis sets in with depression of spirits, irritability, preoccupation, self-pity, etc., but a conventional cause for the decreased efficiency must be found to rationalize the situation, so the individual calls it overwork. Obviously with this idea of overwork in mind the symptom usually acquired is fatigue or asthenia, but frequently symptoms more closely associated with the work are developed, such as paralysis of parts of the body necessary for work, muscular pains making work impossible, tremors, or even epileptiform seizures. The case quoted above is an example of emotional breakdown from personal causes taking on an occupational symptomatology. The work may have determined the form of the symptoms but there is no evidence that it had much to do with the development of the trouble. Work may, of course, be an etiological factor, but not through so simple a mechanism as accumulated fatigue. Work that represses emotional cravings often brings out neurosis, just as satisfactory work is the greatest curative agent we have for these conditions. Let us no longer fool ourselves into thinking that overwork, *per se*, is the cause of mental breakdown.

To sum up, the problems of industrial psychiatry are:

A. Prophylaxis of mental breakdowns by adapting the worker to his environments, and eliminating causes of discontent.

B. Treating psychiatric cases when they arise in a rational way according to the facts of each case, and considering as psychiatric phenomena many forms of behaviour that until recently have been given unsympathetic names, *e.g.*, "the groucher", "the kicker", "the trouble maker", and "the hobo".

As conditions are at present, a reasonable application of psychiatry to industry would seem to be the following:

1. Physical examination of all applicants for work.

2. Mental examination by (*a*) a period of training and observation, or (*b*) through mental tests.

3. Keeping in personal touch with employees' individual problems by means of (*a*) good foremen, (*b*) a system for watching individual efficiency, or (*c*) a sympathetic staff with a psychiatric point of view in the employment management office, thus salvaging the men who might otherwise be fired.

4. Training the industrial physician to a knowledge of how human nature is constituted, not in conventional terms, but in the light of a dynamic and living psychology that considers the behaviour of human beings in terms of instinctive sources of energy, integrated into motives, these motives needing outlet through energy transformation into *satisfactory* activity.

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MENTAL TESTS IN PRACTICE*

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THE measurement of intelligence is difficult, because it is the attempted estimation either qualitatively or quantitatively of something not easily defined, of which our conceptions are more or less vague. We may try to define it by resolving it into component parts as we conceive them, or by considering it as the outcome of the harmonious working of various mental processes. Among the latter are included sensations, perceptions, records of past experiences, projected combinations of elements of visual and auditory imagery, comparisons of these elements of thought with one another and conclusions made therefrom. All these lie under the directing power of attention, and are influenced to a variable and unknown extent by emotion. Binet's method of trying to define intelligence was to make tentative assumptions as to its nature and try these out with tests. Terman, in his revision of Binet's tests, quotes Binet as having ascribed three characteristics to the thought process or summation of processes called intelligence, namely, the tendency of a thought process to take and maintain a definite direction, the capacity to make adaptations to attain the desired end, and the power of auto-criticism. But Binet was too broad in his ideas to limit himself to any single conception of intelligence, and accordingly designed his tests to turn the spotlight on the unknown quantity from many angles in order to estimate the strength, scope and readiness of various results of the thought processes. These, more or less different from one another, were specified as constructive imagination, time orientation, three or four kinds of memory, apperception, language comprehension, ability to compare concepts and see contradictions, ability to combine fragments of thought into a unitary whole, and ability to comprehend abstract terms and to meet novel situations.

Various tests for the measurement of intelligence have been devised, but the Binet-Simon scale (Stanford Revision) is generally admitted to be the best. It must be understood that Binet did not claim his scale to be a test either of the entire mentality, or of sanity and insanity, nor a test of the special adaptation of the mind to any field of thought, nor a test of the emotions, nor of moral delinquency; consequently any criticism of the scale must be directed to the scale in relation to that for which it was devised and nothing else.

Let us now look over some of the tests with an eye to their value in estimating different thought mechanisms.

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Giving differences from memory—"What is the difference between a fly and a butterfly?" and two other similar questions. The test is one of judgment based on comparison of perceptions, with special regard to appreciation of essential differences. It is one of native intelligence, quite apart from school training.

Repeating digits backwards; a test of ability to manipulate mental imagery.

Ball and field test: A test of practical judgment, not depending so much on abstract reasoning and comprehension of language as other tests. In giving this test, I have been particularly impressed with the poor attempts made by feeble-minded subjects even of adult age to trace out a path sure to find the ball. Their minds either do not seem to grasp the problem, or else fail to find an effective solution of it.

Similarities: "In what way are wood and coal alike," "an apple and a peach," "iron and silver"? This test is one of the hardest for the feeble-minded, and in practice I have found it more difficult than the test for differences; in fact, the most frequent failure when any answer is given, is to give a difference instead of a resemblance. The higher thinking process is at fault, and the test is not influenced by school training.

Detecting absurdities: This test is little influenced by schooling; ideas are compared with one another and the critical faculty is brought into play. A most valuable test for the higher grades of mental deficiency.

Reading test and recalling sight memories, that is, recalling sight ideas from sentences read. The chief value of this test is the opportunity afforded the examiner of judging the subject's power of comprehension of what he is reading during the time of reading and his power of recall of ideas. That the test is largely dependent on schooling is undeniable.

Naming sixty words in three minutes: Terman claims that this tests power and rapidity of association and discloses poverty of associations in retarded subjects. "Language forms are the shorthand of thought." But there is no doubt that schooling through continual use of words used in different studies plays a large part in success in this test.

Abstract words as, "pity", "envy", "revenge", "charity", "justice". Comprehension of the meaning of such abstract words involves higher thought processes, namely the association and comparison of concepts of qualities common to groups of previous experiences. Terman says, "There is hardly any test in which twelve and fourteen year old intelligence more uniformly excels nine and ten year old intelligence."

Interpretation of fables is a test of generalization, of ability to understand underlying motives. It can easily be imagined how frequently feeble-minded or backward children would fail in this test, especially

moral delinquents. A mind of certain standard or above it has the power of generalizing from concrete instances, no matter whether schooled or not. It is a matter of common knowledge how many shrewd people there are in this world who have had very little school and no college training, but whose sagacity is proverbial. In common parlance, they can see through a stone wall or round a corner. Not only have they a vigorous power of generalizing from concrete instances, but they have that somewhat vague (to men at least) quality of mind called intuition which seems to be a rapid summing up and comparison of concepts summoned from unrealized depths with conclusions drawn therefrom. On the other hand, there are many people of higher education—but let us not unveil the converse. "Much learning hath made thee mad". Surely, if any mental test deserves to be ranked as one of the best in estimating general intelligence, the fable test is that one.

In reversing the hands of the clock and in the box test, success depends upon the power of manipulating visual imagery. Using the code requires close attention and steadiness of purpose, what may be described as dynamic form of mental power and may be open to criticism as a test of general intelligence because this particular application of mental energy may easily be improved by practice.

The tests for superior adults need not be considered here. Anyone, however, who may wish to have an half-hour's entertainment, can have it gratis and seated comfortably at home by putting himself through them, the only condition being that he shall examine and judge fairly.

A review of these few tests cited at random from the scale will, I think, show that each test fulfils the purpose for which it was designed; and the same holds with regard to the remainder of the tests, although it is admitted that the tests have not equal value. Binet himself is alleged to have considered certain tests more diagnostic of intelligence than others, namely, the following six:

Arranging weights.
Comprehending difficult questions.
Using three given words in a sentence.
Defining abstract terms.
Interpreting pictures.
Giving rhymes.

It is noticeable that no memory tests are included in this list.

Brigham, in his article on the diagnostic value of the Binet tests, gives results of investigations with regard to the relative value of different tests. He gave the tests to two groups of school children, one of which had progressed only half as far in school as the other, and was presumably composed of less intelligent children. The briefest possible summary of his results may be given as follows:

Test	*Percentage passed by Normal*	*Percentage passed by Retarded*
Repeating five digits	100	98
Using three words in a sentence	79	56
Comprehending difficult questions	70	20
Detecting absurdities in statements	95	42
Defining abstract terms	59	8
Reconstructing dissected sentences	100	29

Brigham concludes that the diagnostic value of six tests, namely, comprehending difficult questions, reconstructing dissected sentences, detecting absurdities, defining in terms superior to use, defining abstract terms and solving problems, is high, while on the other hand, certain memory tests, descriptions of pictures, counting stamps, and other similar tests are of low diagnostic value.

Many criticisms of the Binet and other methods of measuring intelligence have been made not only on general grounds, but with particular reference to details.

Porteous, for instance, assuming that there is a marked correlation between character and intelligence and that both should be measured, declares that a child displaying heedlessness, carelessness, inability to allow thought to precede action and of infirm temperament, may be glib tongued, quick-witted, and may appear brilliant as regards educational attainments with good record in school examinations and Binet and Simon tests. So he designed his maze tests in the endeavour to test the qualities of prudence, foresight, and ingenuity.

Higgins says that psychologists are beginning to believe more in performance tests with cubes, cylinders, etc., and that it is surprising how frequently a high grade moron shows mature judgment in dealing with generalities but is at sea in their practical application. He finds the value of the Binet scale greatly enhanced by the Stanford Revision, but questions its value in detecting the high grade moron.

Fernald contends that the Binet test does not register as defective certain persons who present plain evidence of mental defect in their personal history, school history, performance, etc.

In answer to the above opinions, it may be said that as yet no better scale has been devised, and that the results of mental tests should be interpreted in the light of all other data, such as physical health, social condition, language, conduct.

Binet's principle of grading intelligence according to age has been assailed on the ground that it assumes unjustly that intelligence is correlated with age, and that the individual tests correlate with both intelligence and age. In reply it may be said that while it may be granted

that intelligence does not grow at precisely the same rate in all children any more than their physical stature does, it is many-sided, growing unequally in different respects to a limited extent and that the elasticity of the Binet scale permits it to cover these inequalities and strike a series of averages. I think it may be safely assumed that the individual tests are correlated with intelligence, and as regards their correlation with age we cannot do better at present than to accept Terman's conclusions based on averages drawn from tests of two thousand children.

Binet's "all-or-none" method of counting has also come in for serious criticism, and superiority for the Yerkes-Bridge point scale in this respect has been claimed. The latter may be described as a series of tests arranged roughly in order of difficulty but not divided into age groups, and to each test a certain value in points is attached, the sum of values being 100. The final score is compared with a "norm" which is a variable quantity, allowance being made for environment, training, etc. It is difficult to see how reference to age can be avoided, and it would seem that the method of recording partial successes is more accurate than the "all-or-none" method. But it may be said in reply that Binet uses the method of partial scoring by using the same test in different grades of difficulty at different ages, for instance, memory, interpretation of pictures, weight discrimination.

Binet's method of finding the mental age is confessedly arbitrary, but it a practical and easy method, whatever its faults, and must stand until a better is devised. Details need not be given here, as a complete description is given in Terman's book on the Stanford Revision.

Any test may be unjustly criticised, the real fault lying with the examiners. An examiner needs the following qualifications: familiarity with directions for giving tests and with the rules for interpreting responses, ability to adapt procedure in testing to special instances and to adapt himself in attitude to the mental level of children of different ages in order to obtain their best efforts, and a general appreciation of the necessity of adhering strictly to all rules of testing and of careful work.

Finally it must be borne in mind that any measuring scale is in fact only a convention adopted for practical purposes and should only be used in connection with a complete study of each case, including all obtainable data, medical, educational, and social.

The association of moral delinquency with mental defect can only be mentioned here and not discussed. Pratt, of Toronto University, reporting conclusions drawn from results of clinical studies of nearly 1,500 pupils in the public schools and of several hundred children examined in the Toronto General Hospital, says: "I think the tests are invaluable for the purpose for which they were constructed. If it is understood that their function is limited and they are not pressed into service

for which they were never intended, they can be of great practical aid in psychological investigations. The tests are almost unerring in diagnosing the class of the definitely feebleminded and distinguishing them from normal children. The fact that they are so little dependent upon technical school training and are designed to appeal to the ordinary common sense and practical intelligence of a child, accounts for their utility. They furnish a definite percentage (I.Q.) which can be used when, for example, the Judge of the Juvenile Court asks for exact information about the delinquent's mentality. Where the tests are lacking is on the emotional and moral side. They need to be supplemented by social data derived from the home, the playground, and the family history. They are not tests of insanity or criminality as such, but are of great value when in addition to the above abnormalities mental defect is disclosed. I think that any investigation into the correlation between mental defect and moral delinquency must be based upon a thorough and scientific use of such tests as the revised and developed form of Binet and Simon."

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SURVEY OF GUELPH PUBLIC SCHOOLS

IN October, 1919, at the request of the Guelph Public School Board, Dr. C. K. Clarke and Dr. C. M. Hincks, of the Canadian National Committee for Mental Hygiene, made a survey of the Guelph Public Schools. The following report was sent to the chairman of the Public School Board in Guelph:—

As requested by the Guelph Public School Board, the Canadian National Committee for Mental Hygiene undertook a survey of the Guelph Public Schools on October 20th, 1919, with the view of determining the number of subnormal children in attendance.

When the Committee made this survey it hoped to be in a position to bring forward recommendations of a practical nature dealing with the problem from a constructive point of view. It goes almost without saying that at the present time Public School Boards are greatly hampered by the fact that no Provincial machinery has been devised to deal with the situation unless the Auxiliary Class Act be cited as an attempt to give material help.

Guelph being situated in one of the admittedly good centres of Ontario we might expect that the children in this community would prove of especially good type, and as a mattter of fact they measure up to the best standards found in such localities. At the same time, the proportion of children met whose intelligence quotient falls below 75% is by no means small, and it is a true saying that as long as the endeavour is made to treat the individuals coming in this category by the methods at present employed, nothing but failure can result.

In making an analysis of the cases submitted for examination, we would state that no less than 183 pupils were submitted to us for mental tests, etc. Of these 40 were not considered as requiring more attention than could be given to them under ordinary circumstances, if the other pupils who require special attention were removed from the classes. Thirty-eight were apparently of average mentality but who require special attention for reasons stated in other parts of the report. Twenty-seven were backward pupils in the true sense, and require more attention than is ordinarily given in the general class. The important fact gleaned, though, was that no less than 3.34% of the whole public school population of Guelph (2,245 pupils) had an Intelligence Quotient of 75% or less, and require special treatment in industrial classes to be referred to when discussing this whole question. This percentage is about the same as found in the majority of schools we have investigated in different parts of Canada. It is in the interests of these pupils, as well as in the interests of the whole school population, that they should be studied with the greatest care. Not only that, they must be regarded

as seventy-eight individuals who present a problem of importance to the whole community. It may be urged, why direct more attention and care to the mentally handicapped than to the brighter pupils? but when it is remembered that it is the duty of the State to provide every child with an education best suited to its needs, these children must be considered. These particular pupils, if left to themselves, become a care to the State, are often made anti-social and criminal through neglect, and are a serious menace to society. If carefully educated along the best known lines many may become fairly useful and self-sustaining citizens although never reaching a high plane of intelligence. It is only too apparent that the organization of the ordinary classes was not intended to meet their needs and unless their cases are studied sensibly and prescribed for properly, they do more harm than good in school classes. Naturally they receive little or no attention; their course through the school is punctuated by failure and criticism; they interest nobody; they are not interested themselves, and soon arrive at the stage of complete indifference and discouragement. How different the picture when treatment is provided, and if Guelph did nothing more than institute two industrial classes under the direction of properly trained teachers, the results would be so gratifying that the School Board would not rest until it had established at least four classes of fifteen pupils each.

A brief analysis of these facts makes it evident that practical methods of meeting the situation should be developed.

The first duty is to settle on a policy likely to bring the best results. Taking it for granted that our survey has unearthed many important generalities regarding the subnormal children in the schools, and that we have made a fairly accurate estimate of the members, it by no means follows that in such investigation, it has been found possible to prescribe the best treatment for each individual. That can be determined by further investigation, and we can only lay out in a general way the lines it would be best to follow. About the lowest grades of feeble-minded children, there can be no difference of opinion. The number in the schools is small, and for them institutional care is probably advisable. It is a different question, however, with the few children of psychopathic type who should be removed at once and given the prolonged outdoor treatment so necessary to enable them to cope with lions waiting in their path. Most of these children have already developed dementia praecox or are showing manifestations of this dread disease. Whatever the treatment may be, their presence in the school room should not be permitted.

With the group measuring high—if judged by standards of intelligence—and yet doing badly in class, a definite policy of individual

study should be undertaken with a view to determining whether the fault rests with pupil or teacher. To a certain extent this problem can be solved by the principals of the schools. It frequently happens that certain children of more than average ability, but of sensitive disposition, find that they are out of sympathy with their teachers and fail to react to appeals made to them. Such children require careful treatment to get the best results, and it is here the teacher with the greatest power of making a good psycho-analysis succeeds. After all, any survey of a school should include a careful scrutiny of those who are entrusted with the mental development of the children committed to their care. A poor teacher is often in a position to make or mar a child of high mentality but high strung nervous type.

With the children showing an intelligence quotient of 75% and under, the problem should at once pass into the hands of teachers specially trained to deal with undeveloped individuals. These teachers should be advised by a psychiatrist of experience, and he in turn should have the assistance of a specially trained nurse who would make the home investigations, the studies of the parents, the environment, etc., and collect all facts bearing on the case.

Recommendations

Bearing the foregoing facts in mind, we would make the following recommendations:

The establishment at once of two industrial classes for the mentally handicapped.

Each class should provide for fifteen pupils selected from the list furnished as a result of the survey.

The first class established should be under the guidance of a teacher who has had the training necessary to enable her to follow approved lines of industrial development. The success or failure of this work will depend largely on the personality and knowledge of the first appointment. If the teacher is of the right type, she will be able to instruct other teachers and thus guarantee the success of the classes instituted.

The Canadian National Committee for Mental Hygiene will be pleased to co-operate with the School Board in selecting a properly qualified teacher.

When these classes are instituted, the Board should bear in mind that at least four industrial classes will be required to meet the needs of the present school population.

The part time services of a psychiatrist, well trained in school work, should be secured. He would study each child recommended for an industrial class and map out the line of development to be followed by the teacher. At first two days a month would enable a psychiatrist to cover the work satisfactorily.

Our opinion is that the Provincial Department of Education should be asked to contribute a proportion of the salary of the psychiatrist. If this recommendation is approved, the Canadian National Committee for Mental Hygiene will be pleased to interview the Minister of Education regarding this matter.

The curriculum of the industrial classes should comprise formal or academic work, handiwork, games, gymnastics, etc. The endeavour should be made to develop each child to the limit of his capacity and train him in healthy, physical, mental and moral habits.

The foregoing recommendations are made as the result of the following facts:

In cities that have adopted the industrial class system it has been observed that:

(1) More rapid progress had been made by pupils in the regular classes because of the absence of defectives.

(2) Marked decrease in delinquency among defectives as a result of special training. (In Vancouver truancy among defectives in industrial classes has practically ceased to exist.)

(3) Improvement of the morals of children in regular classes, because they are freed from the danger of contamination by certain types of defectives.

(4) A proportion of children trained in industrial classes can, on gradation, succeed in the general community under supervision, in this way ceasing to become a menace to society and imposing an unnecessary burden on the municipality.

(5) A great saving of public funds. Although the cost per pupil in an industrial class is greater than that of one in the regular classes, nevertheless the cost entailed is much cheaper than institutional care and is an important factor in increasing general efficiency of the school system.

(6) The removal of the mentally handicapped from the general classes will give teachers of regular classes opportunity to devote the attention necessary to achieve results, to normal pupils who are retarded simply as a result of illness, unfavourable environment, etc.

The Canadian National Committee for Mental Hygiene beg to acknowledge the great courtesy and kindness extended by the Public School Board of Guelph to them while making their survey, and trust that the interest shown in the work will eventuate in developments which will place Guelph on the list of advanced school cities.

Appended will be found the analysis of the 183 pupils examined.

SUMMARY

Total pupils examined	183
" " " in ordinary classes	78—42.62%
" " " " industrial "	78—42.62%
" " " " backward "	27—14.75%
Backward pupils	27
Average mentality but requiring special attention	38
Not considered as requiring special attention	40

MENTAL HYGIENE AND THE BABY WELFARE EXHIBIT AT HALIFAX

BY MISS I. N. COLE

WHEN the Baby Welfare Committee of Montreal decided, in response to a request from Halifax, to send their exhibit to that city early in November, it was thought to be an opportune moment to send the Mental Hygiene Exhibit. This was done, the writer going in charge of it and also taking charge of the Social Hygiene Exhibit sent by the Local Council of Women of Montreal, as the two subjects are so closely related. The material on these two subjects made three very interesting booths which were prominently displayed and attracted much attention.

The connection between mental and social hygiene and baby welfare was strongly emphasized not only in the demonstrations in the booths, but in the eighteen addresses given by the writer during the twelve days' campaign. The ground was taken that it was of little use to agitate for pure milk, fresh air, better housing conditions, etc., while we continued to allow so many babies to enter the world handicapped by feeblemindedness and often infected with venereal disease.

That this was a phase of baby welfare little thought of before, was brought out by the many comments heard and by the eagerness of the public to hear more on the subjects of mental and social hygiene in their various phases. Seldom has such enthusiastic interest been seen.

In addition to the regular lecture programme carried out at Trinity Hall, where the Exhibit was held, most of the clubs and other organizations in the city invited the writer and others to address them. Among these were the Progressive, Rotary, Fortnightly Clubs, the W.C.T.U., I.O.D.E., Y.W.C.A., Y.M.C.A., Board of Directors of the Halifax Dispensary, Graduate Nurses Association and the Victorian Order of Nurses. The writer also gave three addresses at Dalhousie College and it was most gratifying to see the keen interest of the students in mental and social hygiene.

Perhaps one of the most interesting groups addressed was that at the Commercial Club Luncheon where, under the caption of "Making the Baby Fit for the World", the writer had the privilege of speaking to the nearly two hundred men assembled on mental deficiency, venereal disease and the double standard of morals, showing their relation to baby welfare.

Several opportunities were also afforded to speak to mothers on the question of sex hygiene, the necessity of teaching children early the

sacred facts of life, and methods by which such instruction could be given. These talks seemed to be very much appreciated.

His Honour, Lieut.-Governor Grant gave the Conference his sympathetic and active support and presided over a very important meeting held at Government House. At this meeting, after Judge Wallace had spoken on "Better Housing, Better Babies", Dr. John Cameron, of Dalhousie University, gave a most enlightening address on "Eugenics", while Dr. B. Franklin Royer, Executive Officer, Massachusetts-Halifax Health Commission, spoke on "The Peril of Venereal Disease". The last-named speaker also spoke on "The Influence of Unfit Marriages on Babies" before the Ministerial Association and before the Archbishop and pastors of the Roman Catholic Church.

Another special meeting of great interest was that held in the Province Building by invitation of the Premier of the Province, the Hon. G. H. Murray. Here, Col. John Amyot, Deputy Minister of the Federal Department of Health, Ottawa, spoke on "Babies, the Nation's Promise", laying special emphasis on the subject of venereal disease. Dr. J. D. Paget, Chief Medical Officer of the Port of Quebec, spoke on "Mental Hygiene". Dr. Royer spoke most convincingly on Health Centres and their value to the community, while Dr. W. H. Hattie, Provincial Health Officer, ably opened the discussion.

The Conference and Exhibit, as a whole, was a great success. In addition to the mental and social hygiene booths and the three splendid booths sent by the Baby Welfare Committee of Montreal, there were ten booths, prepared by Halifax organizations, containing graphic exhibits on different phases of health. The programme of lectures and moving pictures could not well be excelled and was splendidly carried out. The whole project was one that Halifax and Nova Scotia may well be proud of, as it was the verdict of those who had attended such exhibits for years, that they had never seen one as good.

The Local Council of Women, with the co-operation of other organizations, took the responsibility of holding this Exhibit and one cannot speak too enthusiastically of the splendid committee of women under the leadership of Mrs. William Dennis, who had the work in charge, nor of the men associated with them, notably Dr. Hattie and Dr. Royer, who were untiring in their efforts and contributed so much to the programme. Doctors, nurses, and social workers of Halifax also gave generously of their time and energy both in the booths and on the lecture platform, while from all over the Province men and women gladly responded by coming to give most valuable and practical lectures on the many sides of the question of Health.

One must not overlook the educational moving pictures shown each morning to four hundred school children and accompanied by splendid

talks given by Miss L. N. Drew, the expert Health Centre worker sent by the Baby Welfare Committee of Montreal. These in themselves were worth all the time and money spent on the Exhibit.

That the Conference was productive of much good is seen by the fact that the public is fully aroused to the necessity of the immediate establishment of a psychiatric clinic in Halifax, while the Local Council of Women and other organizations feel encouraged to again make a united effort to secure appropriation from the legislature this coming session for the establishment of a school for feebleminded. The little I.O.D.E. Home for Feebleminded is an admirable institution, but will accommodate only about a dozen children. It is to be hoped that this may be used as a nucleus for a larger institution.

Another project now under way is the creating of a Department of Public Health at Dalhousie University.

With the keen interest shown throughout Nova Scotia, it seems as though it would not be long before that Province will be leading us in the great question of Health, both physical and mental.

ABSTRACTS

STATE HOSPITAL STATISTICS

Horatio M. Pollock, statistician of the New York State Hospitals Commission, and Edith M. Furbush, statistician for the National Committee of Mental Hygiene, have recently published statistics relating to the mental institutions in the United States. The figures are based on the returns of January 1, 1918. The daily average population of all the state hospitals for the insane in the United States was given as 211,916. The total cost of maintenance for the fiscal year 1917 was $43,926,888, which is a per capita cost of $207.28. There is a table showing the increase of patients in institutions from January 1, 1910, to January 1, 1918, compared with the increase of general population. In the whole United States the increase of patients, during the seven years was 52,029 or 27.7 per cent. while the percentage of increase of general population was only 13.6; in other words the state hospital population increased twice as fast as the general population. The compilers also state that the marked increase of insane in institutions is due in most states to the additional provision for their care. On the first of January, 1918, there were 125,919 men patients in State hospitals and only 113,901 women patients. The relative percentage of population of the sexes in these institutions had shifted very little during the last eight years.

OCCUPATIONAL AND INDUSTRIAL THERAPY FOR THE INSANE

The extension and improvement of occupational and industrial therapy in the treatment of the insane should receive more adequate attention, says the "Boston Medical and Surgical Journal". A pamphlet by L. Vernon Briggs, M.D., reviews the research work in this field which has been reported in medical literature, and surveys the occupational work being done in our schools and hospitals at the present time. It is interesting to observe the policy toward the insane in the middle of the nineteenth century, as compared with the attitude which is taken toward this class of sufferers to-day. Then, such methods as the straight waistcoat, the tranquillizing chair, the deprivation of customary pleasant food, the "pouring of cold water under the coat so that it descended to the armpits" were some of the methods to which physicians resorted.

One physician of this time, however, disagreed with these modes of coercion and advocated bodily labour as one of the measures necessary for the moral treatment of the insane. Dr. Amariah Brigham, superintendent of the Utica Asylum, recommended that workshops where

dressmaking, tailoring, basket-making, and other industries could be taught should be connected with institutions. For some patients, he believed that mental training would be beneficial, and that reading, drawing, music, arithmetic, natural sciences, and other studies could be taught with good results. In 1847, he advanced his theories against the prevailing views on coercive treatment of the insane saying that he believed that employment in order to benefit the patient should be for its own sake and separated from the idea of gain. He organized an asylum school, and introduced great variety of occupational instruction; he established a whittling shop, a printing office, and other industries in connection with his institution. These schools were a part of the hospital routine.

The author of this pamphlet believes it probable that except for the addition of gymnastics and dancing, and the development of the more strictly artistic handicrafts, little has been devised in any State hospitals in this country since Dr. Brigham's day for the diversion and occupation of patients. Would it not be advantageous, perhaps, to put these matters, still under medical direction, into the hands of educators trained in the knowledge of occupational therapeutics? Compared with progress which has been made in the fields of therapeutic occupation for the blind, the crippled, and other handicapped individuals, therapeutic occupation for the mentally ill has not received the impetus which it should have received. A comparison of statistics covering the work of a purely therapeutic nature shows little increase in the past two years. Although ward and farm work has increased, this is probably due to economic reasons rather than therapeutic application of this work to individual needs.

In order to make it possible to have all the patients working, an adequate hospital force is one of the first requisites. In addition to expert teachers, a corps of instructors among the nurses, who had taken a course in therapeutic occupation in the training school, would be of valuable assistance in studying the needs of patients. A careful study made last year by the Massachusetts State Board of Insanity of the working capacities of the State institutions under their care shows that they had on June 1, 1916, a total of 17,683 patients, and that the working capacities of the institutions could have provided employment of some sort for 92.54 per cent. of the patients. On that date, 72.66 per cent. of all patients were reported as occupied. Of these, only 3.03 per cent. were occupied in shops and 8.94 in industrial rooms, making a total of 11.97 per cent. of the patients in scientifically directed branches of occupation under specially trained teachers. Many of these patients work but a small part of the day.

The importance of occupational therapy is recognized, and a more

thorough, systematic organization of occupational and industrial work and educational instruction would benefit the patients and contribute valuable material to scientific research.

The Institutional Quarterly—State of Illinois, Sept., 1919.

The Educational Treatment of Defectives, by Alice M. Nash and S. D. Porteous. *The Training School Bulletin*, by Vineland, N.J. November, 1919. The purpose of this article is to put down Vineland's educational experience. Its plan is to take each subject in turn and to attempt to justify its position in the curriculum either of the special school or special class. A summary of the conclusions of their findings is:—

1. In a great many cases the special class fails because it is not fitting the defective for any occupation or because he does not follow in after life the occupation for which he has been trained.

2. Children vary just as much in their capacities for manual training as they do in scholastic abilities. In the great majority of instances special classes are not paying attention to this fact. Teaching a defective some scraps of woodwork or basketry is not helping very much to solve the question of his ultimate self-support.

3. There are indirect advantages of special class work with defectives, the main one being that the regular grades may do better when the feeble-minded are eliminated.

4. An important point is the right selection of children for training in the various departments. For scholastic training the Binet tests give the best basis of classification. For industrial abilities the Porteus tests give the best indications.

5. Some labour-saving rules that have been evolved from our experience are:—

(1) Children two years or less mentally (average Binet-Porteus age) are excluded from kindergarten because they are found to make no permanent gain.

(2) Children of seven years and less, Binet age, make no use of reading, whether for pleasure or profit. Children with I. Q.'s below 50 should not be given any instruction in ordinary school subjects at all.

(3) As regards number work, defectives mentally less than nine years per Binet, unless displaying special aptitude, should be given only the most elementary work. Operations involving the use of pen and paper are utterly useless for such defectives. They either do not use or do not understand such operations.

6. Needlework is one of the most practical occupations for defectives because it suits the middle as well as the higher grades, the equipment is cheap, there is ample demand for workers, and, finally, it must eventually contribute, if not to self-support, at least to self-help. The best work is not always done by those grading highest per Binet.

7. Woodwork is one of the most attractive of occupations for defectives, but its value is seriously limited by the fact that the trades which it leads to are too highly skilled for the defective to achieve competency in them. A few with special aptitudes may find scope here, but, for the majority, it must remain hobby work.

8. Domestic training has great value because it has range enough for all kinds of defective ability and it presents to the higher grades a means of livelihood. Within an institution it is essential to have well-trained workers.

9. Basketry is one of the poorest means of training, because it is slow and unprofitable, and has no future as regards the child. It is much in favour because children's work may provide an attractive exhibit and it is, to certain children, a pleasurable occupation. The defective who can and does earn his living hereby is very rare.

10. School gardening on a practical scale is not possible in the city school systems where most of the special classes are. It is fine work for children, but suffers from the fact that farm labour to which it leads is very often drudgery from which the high-grade defective quickly escapes to take up easier and better-paid work as a factory hand.

The Speech Movement in America, by W. B. Swift, A.B., S.B., M.D. Boston. *The Lournal-Lancet.* August 15, 1919. The Speech Defect Movement is in some quarters unknown. It started in 1912 in the Speech Clinic in Boston. It soon enlarged and went to the Mass. General Hospital. There are over 250 students who have now taken the courses at these Clinics and Clinics founded elsewhere. The movement has also founded "Authoritative Instruction Centers". Seven cities have adopted the methods of Speech Correction. Our Society is behind the movement, The National Society for the Study and Correction of Speech Disorders. To this Society over 200 papers have been received and 50 have been published. One of the efforts is prevention of Speech Defects. The article mentioned above shows what sort of training should be behind the instruction in the subject. The movement is spreading widely all over the United States with great rapidity.

Speech Correction in the Feebleminded as a Function of Public Schools and State Institutions, by Walter B. Swift, A.B., S.B., M.D., Boston. *Journal of Psycho-Asthenics.* Fall, 1919. The feebleminded and ungraded cases should be given speech correction as a part of their regular training. The mentally backward are amendable to a great deal of speech improvement by speech drill. It is more than speech correction —it is mental adjustment or readjustment and also a developer of the mentality. Speech correction in this field really means mental development.

COUNTING THE COST

THE state of California is poorer by $6,300 on account of the unrestricted sex activities of one defective and delinquent woman, according to the monthly bulletin of the California State Board of Health (July, 1919). The following report of this case was submitted by a social worker:—

At 15, girl eloped to San Francisco with man who promised to marry her. Placed her in house of prostitution, from which she escaped. Man then married her and both went to hop fields. There he wished her to earn living. She refused and returned to —— with syphilis, remaining in county hospital two years. Then she eloped with second man, who went through mock ceremony in Arizona. One child born. Man became insane; placed in Patton; later freed and returned to his wife and children in the East. Woman then married third husband, 66 years old. Two children born. Man died March, 1918.

January, 1918, all children and woman examined by Dr. Williams, psychologist, Whittier. All children low-grade, feebleminded; woman low-grade moron. In May, 1918, woman was urged to go to county hospital for hysterectomy, which finally was done. Woman fair mother; feared by community because part of her nose and cheek eaten away by disease.

Estimated cost to county

Two years in county hospital at $2 per day	$1,460.00
Funds provided by county	598.63
Amount needed for care of children until they are 16 years old	4,320.00
	$6,378.63

The Social Hygiene Bulletin, December, 1919.

MANAGEMENT OF MENTAL CLINIC CASES NOT REQUIRING INSTITUTIONAL CARE*

By Dr. Clarence O. Cheney

Assistant Director, Psychiatric Institute; Chief of Clinic, Department of Psychiatry, Cornell Medical School Dispensary

THE clinic for mental cases maintained at the Cornell Medical College Dispensary is operated by the Department of Psychiatry, of which Dr. Kirby is the head, in conjunction with the Mental Hygiene Committee of the State Charities Aid Association, the latter organization furnishing the social service assistance. Clinics are held on Tuesday, Thursday and Saturday mornings and Thursday afternoons and evenings; each clinic is in charge of a different physician and a social service worker is always present.

During the past year exclusive of parole patients 201 new cases and 140 old cases made a total of 419 visits to the clinic. Analysis of the sources of a group of cases shows that the majority of patients are referred by organizations in New York City. Thus of 90 cases, 23 were referred by the various district committees of the Charity Organization Society, 19 were sent by various committees of the State Charities Aid Association, 9 by the Home Service Section of the Red Cross, several by the Y.W.C.A. and by the National Committee for Mental Hygiene, and 1 each by the Association for Improving the Condition of the Poor, the Society for the Prevention of Cruelty to Children, the Visiting Teachers Association and the Henry Street Settlement. Cases also reached the clinic through the suggestion of private physicians, the families of other patients, or other patients themselves, probation officers, librarians and friends who had been informed of the clinic, apparently by publicity. A small number of cases were referred from the Neurological Clinic and other Cornell Dispensary departments. It is interesting to know that only 8 cases out of 90 came to the clinic of their own volition, about half of these as a result of the publicity of popular talks on mental diseases and the distribution of leaflets indicating the clinic. The majority of these cases coming of their own accord were psychoneurotic.

The clinic material presents a wide variety of problems in diagnosis and management. Cases were brought by the various organizations in general for advice as to diagnosis and for recommendations in future management. These patients had aroused in the minds of the workers of the organizations the possibility of mental abnormality because of

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various difficulties experienced in attempts at adjustment in the home or at work, or because of complaints that the patients had made regarding themselves. Thus children were referred because of incorrigibility in the home or school. In other cases the problem arose as to whether mothers were in a suitable mental condition to care for their children at home. Again the question as to why a patient could not keep a position was asked and a solution of this requested. The relief organizations were, of course, interested in knowing whether, if financial assistance were given, the patient was likely to become a permanent burden or needed only temporary relief. A number of cases were brought for a decision as to whether or not they needed institutional care.

In the attempt to solve these various problems it has, of course, been the aim to first obtain as many facts as possible, not only regarding the patients themselves, but also regarding the home and family conditions. It has been found to be of distinct advantage to have a written history record brought by the organization worker with the patient. The value of these records varies, of course, with the ability of the one who has taken the history, but it is believed that with the increasing interest in psychiatric social work more workers will become qualified to present very valuable histories to the clinic physician. If this history is not presented at the time of the clinic visit, the organization worker is interviewed before the patient is seen and an outline of the history and problem obtained. While the clinic physician is interviewing a case, his time for the acquiring of a working knowledge of other cases, who have appeared at the clinic without histories, is saved by having the clinic social worker interview these patients and obtain as full a history as is possible in a short time. The question of the advisability of having social workers obtain medical histories is, perhaps, a debatable one. It might be argued that patients would not want to tell their story to one other than a physician or that the repetition that might be necessary would be a source of irritation to them. Both arguments, we believe, are more or less valid, as it is our general experience that the entire history is not obtained by the social worker and we have seen cases who have shown irritation because of the repeated inquiries, but we believe that in general the histories obtained by social workers are of more benefit in the saving of time in the clinic and as a guide to the physician than of a disadvantage in the management of the patient. The question as to whether intelligence tests should be carried out by the physician or by a psychologist or social worker, is also perhaps a debatable one. We believe that where the social worker or psychologist is well experienced in intelligence testing, these tests may be carried out by her, but should not be accepted without deliberate evaluation by the physician along with his own knowledge of the case and we feel

that the recommendation should be determined, not by the mere intelligence quotient, but by a general sizing up of all the facts available.

We are expected to speak of the management of cases not requiring institutional care. One of the first things, however, that a mental clinic physician learns, or should learn, is that the expression of his opinion that a patient requires treatment in an institution will not necessarily result in such treatment. However we might wish it to be, it is a fact that there still remains with the public a feeling of apprehension and sometimes distrust of mental hospitals, and this has to be coped with. Whether or not this misconception is decreasing to any great extent we do not feel qualified to state definitely.

Another factor that militates against getting patients in hospitals is the difficulty, and sometimes impossibility, of convincing courts that an individual should be in an institution. Workers are sometimes met by rebuffs or refusals of summonses when this means seems to be the only available one to get institutional care. And we have in mind a paranoic who is still in the city as a potential trouble maker because a magistrate after reluctantly giving a summons, dismissed the case as he believed the threatened son's story was "fishy", notwithstanding the fact that he had before him the written opinion of the clinic physician that the man was of unsound mind and a menace. Personal discussion between the magistrate and the worker or physician is usually necessary.

A first hand knowledge of the overcrowding in the institutions, moreover, induces the clinic physician to weigh carefully all available information, not only regarding the patient, but also regarding the possible sources of family or other care before deciding as to institutional care. And if it appears that the patient can be kept self-supporting or even partially so, one is inclined to consider this as a strong argument for extra-institutional management, not only because of economy but also because of the benefit to the patient in a curative or alleviating direction. These factors bring about the condition that there are many mental cases in the community that require management and can be managed who are in certain respects as unwell mentally as many patients who are in institutions. Experience in a mental clinic leads to the belief in the truth of the statement that there are more mentally abnormal persons out of institutions than in them. There are many clinic patients, however, about whom institutional care is to be considered hardly if at all.

It may be said in passing, moreover, that experience in a mental clinic with the difficulties of commitment, and with the trouble and expense that patients may cause to families, organizations or outside individuals, makes a hospital physician more insistent upon presentation of actual facts as to conditions into which a patient will go before he consents to or recommends the parole or discharge of a patient.

A consideration of the various types of cases may be taken up according to diagnostic groups. Regarding the organic mental cases we may first mention paresis. As the records of cases paroled from hospitals show, paretics may be cared for in the community and be self-supporting. A case seen at the clinic demonstrates the possibility and a method of management. He was a college graduate of 64 whose first wife had divorced him. The second had died of paresis and the third wife was bed-ridden in the City Hospital because of tabes. He showed definite but mild physical signs of paresis, lack of concentration and a moderate memory defect. As his family had cut off his allowance he was attempting, rather unsuccessfully, to support himself by addressing envelopes. Brought by the Charity Organization Society to whom he had applied for aid, he was urged to submit to lumbar puncture and treatment which previously he had refused at the New York Hospital. He accepted this advice, received treatment for several months, meanwhile being given financial aid. A marked improvement was the result, best shown perhaps by the fact that he is not only able to support himself, but his wife who has left the hospital. One cannot, of course, expect to obtain always such satisfactory results. A case of cerebral syphilis that was sent to Harlem Hospital for treatment became worse and was committed after the social worker and physician impressed upon the wife the advisability of this procedure. Another form of management is exemplified in the case of a woman suffering from brain tumour and evidencing a marked paranoid trend. She had been carried along by the Charity Organization Society for a number of years, but when she refused to take the advice that she needed hospital and possibly surgical treatment, it was recommended that the Society relief be stopped. She is now being cared for at home by her friends.

The management of arteriosclerotic cases naturally varies with their condition. Where there is marked irritability, wandering about or other behaviour that causes disturbance in the entire family, commitment is strongly urged. But when the home conditions are good and the patient gives no trouble, advice as to regulation of hygiene and diet is to be given, with visits by the social worker or visiting nurse to supervise the regime. Some of these patients may be self-supporting, as is one old lady past sixty who has maintained herself in a hotel position in spite of her memory defect.

Epileptic patients have to have their lives regulated according to the character and frequency of their attacks. One man whose attacks had become severe only after enlisting, these continuing so after discharge, was advised to resume his former farm life in which he had had no attacks. Another case, formerly in an institution, is being kept practically self-supporting by the regulation of his life, including the performance of work he likes.

An idea of how cases of dementia præcox can be managed may best be gotten by a brief statement concerning individual cases. A young girl showing catatonic symptoms was cared for at home until her sister had to take up outside work, at which time commitment was necessary. Commitment was at first advised in the case of a man discharged from the army, but the family insisted upon his staying at home and this was agreed to, as it appeared they understood him and were in a position to care for him. A case with frequent visions, but calm behaviour, is maintained without difficulty in an apartment by her sister; the patient cares for herself but cannot be induced to take up any form of work. A woman with a child is supporting herself as a cook. She is very paranoic, becomes quite emotional at times, visits the clinic and gives vent to her feelings with apparent relief. She has thus far gotten into no trouble. A young girl seen several years ago and diagnosed dementia præcox was worked with intensively by a clinic social worker; the patient's interests were aroused and she is now a regular worker in one of the relief organizations.

Of the manic-depressive cases we believe it is only very exceptionally that a manic excitement can be well managed outside an institution. Because of the over-activity, difficulties, particularly those of sex, are apt to be encountered and supervision is very difficult if not impossible. It is conceivable, however, that in an intelligent family a patient's activities in a mild excitement might be directed in the way of music, basketwork or even typewriting, in a way that would not be objectionable. The depressed cases are more easily managed. A mild depression can be relieved of family care and worry by being sent to a convalescent home and often two or three weeks make a marked change—even relief from the care of children by placing them in homes of relatives is beneficial. Such patients will often not agree to institutional care for the children and in fact this should be avoided where possible. Results are obtained by discussion of the trouble with the patient, the exhibition of an understanding on the part of the physician and worker, frequent visits and encouragement by the latter, and explanation of the nature of the trouble to the family, so that they adopt a more helpful attitude.

Where the depressions are reactions to family difficulty, financial aid is given if necessary and as far as possible family difficulties are removed; the environment is changed by moving to new quarters; the alcoholic husband is dealt with, sometimes with the aid of a priest. One deserted woman with a child, longing for a quiet place in the country, was found a home with a broad-minded woman, and in helping with the housework and a small store was made to feel more independent and happy. A widowed woman, tired of doing housework and seeing nobody, was found work in an establishment making flowers at which

she is efficient and in which situation she came in contact with others. An Italian man was brought by a worker to the clinic with the report that he seemed indifferent or unable to do the work recently gotten for him. We had had him under our care previously in the hospital in a stuporous condition which had developed after undertaking work he did not like. We found at the clinic that he wanted to work as a fireman instead of in a stable where he was afraid of the horses. We advised that he do this; in a month he called to show how well he was, and was apparently recovered.

May we say a word for the psychoneurotics? We know that these cases tend to arouse a feeling of impatience and a feeling that they are hopeless with their introspection and complaints. We believe that they not only require but deserve patient consideration. No patients are more appreciative of benefit than the psychoneurotics. In the clinic a point is made of listening to them and of not hastily shutting them off with the remark that there is nothing wrong with them. Again and again we find sex conflicts, often engendered by the reading of quack literature. Advice is given as to sex hygiene and the handling of conflicts. Inquiry is made into details of their work and their play, if they have any play; often they do not. Assistance in getting agreeable productive work is given; it does not do to merely give advice about recreation; often the psychoneurotic must be led to it. The Y.M.C.A. or Y.M.H.A. and settlement clubs are available where the patient may be drawn away from himself and become interested in others. The psychoneurotic may come back to the clinic with the same story and for further encouragement, but he should be listened to with the same patience as before; if not he will go elsewhere, to his detriment, where he will not be understood and may fall into the hands of quacks, if he has not already had that experience. We may not expect to cure all or many of these patients, but the clinic has shown that they can be kept self-supporting and comparatively happy.

The constitutionally unstable individual often presents a difficult problem to the organization worker. Sometimes the difficulty lies in the irritability aroused in the applicant when her past affairs are inquired into and things become blocked. This has been seen not only in women but more recently in discharged soldiers who have applied to the Red Cross—the patient is then brought for a diagnosis of his or her mental condition and for advice in what often seems to be a hopeless situation. In the clinic the difficulties are unravelled, a more complete understanding is attempted, the patients' stories or difficulties are gradually brought out, and the whole situation carefully gone over with the worker and the patient, so that there is more co-operation as a result of the understanding. Recommendations are made for the future in line with

the patient's wishes, if these seem reasonable, or time is taken to get the patient to see that some other plan would be more advantageous; frequently a compromise has to be made. We believe that better results are obtained in the long run by consulting the patient's wishes than by forcing an unwilling patient to accept the plan of some worker who is constitutionally and socially not in a position to have the patient's viewpoint. We can hardly agree with the social worker who attempts to have committed as insane an Italian destitute mother with three children who becomes anxious and talkative in a rather excited way after waiting several weeks for financial aid. The approach by another worker with a more complete understanding of the case smoothes out the difficulty. We believe the young mother whose husband enlisted because, as he said, she did not look after him properly, will get along better boarding in a respectable family, working and putting her child in a day nursery, than if she tried to continue living with a nagging mother who had previously shown no evidence of understanding her children. We believe two young women sisters will be happier and seem less incorrigible if, while working, they live in a girls' guardian home instead of remaining with an irritable, alcoholic father, and cigarette-smoking stepmother who is so devoted to lessons in painting that she cannot give time to the girls. To one physician there seems nothing left outside of institutional care for an old lady past sixty who for years has lived on her friends, insisting that she was unable to work. If, however, she meets another physician who takes a more encouraging and at the same time a strongly advisory attitude towards her, and one finds that after this meeting she has undertaken successfully the duties of a nurse in the children's hospital, one is inclined to believe, as we do, that there are few cases of absolutely hopeless maladjustment.

And what of the feebleminded? We do not believe, as we have heard stated, that a mother brings her child to the clinic simply to have an intelligence test made, or that she is satisfied with the figure of the intelligence quotient. We are of the opinion rather that the child is brought because it has been observed to act queerly or differently from other children and the mother wants to know why this is and what can be done about it. The problem does not end with the decision that the child is feebleminded but begins there and the consequence of this decision is not necessarily an institution. A recommendation as to home care or institutional care depends upon the attitude of the mother, the nature of the difficulty with the child, whether or not there are other children in the house who are perhaps influenced by or neglected because of the defective one, and whether or not the parents seem intelligent enough to give as proper training to the child as might be gotten in an institution. Detailed instructions to the mother and visits from the

social worker offer encouragement and benefit to the mother with her problem. With the older defective children there are the possibilities of the ungraded classes, the trades school or the placing-out-farms of the private or organization type, the latter variety being maintained by the Big Brothers. With the defective adults, what we believe has been beneficial advice has been given to the various organizations, including the Red Cross, in regard to the discharged soldiers, as to the limits and possibilities of occupation.

In a review of the records of the clinic cases it becomes obvious that in order to know more about our cases and be able to judge from results whether our recommendations have been sound, it is necessary to have a follow-up system of inquiry. A rather large number of cases brought for advice by various organizations or individuals are seen only once at the clinic and in many of these cases it does not seem necessary that the clinic social worker keep in close contact with them. We believe it quite necessary, however, if the most benefit is to accrue to the patient and to the clinic, that an inquiry be made as to results obtained at a definite stated interval, either by letter or by personal visits of the clinic social worker By this means attention would be called to the necessity of further advice or recommendations with cases who had evidently not shown the expected benefit after the first visit, but who were considered by the organization worker to be doing as well as could be expected. In such cases further visits at the clinic might show that the difficulty was due to some misunderstanding or that some detail had been missed that seemed unimportant. Where there is any reason to believe that the clinic social worker can be of service to the patient, either directly or indirectly, by assisting the organization worker, co-operation should be maintained, but care should be taken to avoid overlapping or duplication of activity. Although we feel that the clinic has been of distinct use, we believe that its usefulness would be amplified by the maintenance of a close relation between the clinic and the organization as long as any one thought this relation might be of assistance. It is urged that when a patient has once been seen and a recommendation been made to him to or an interested organization, the interest of the clinic in that patient has not ceased but rather has begun.

NOTES AND NEWS

NEW YORK STATE

New York Programme for New Buildings for the Insane and Feebleminded—Contracts totalling $3,302.750 for new construction at State institutions for the insane and feebleminded are being let by the State of New York. Several contracts were awarded during June and several others are now being advertised. These buildings are sorely needed to relieve overcrowding in the institutions.

S.C.A.A. News, August, 1919.

Need State-Wide System of Mental Health Clinics—Among the proposals made by the State Commission for Mental Defectives in its report submitted to the Governor and the 1919 Legislature was one for a series of State-wide joint clinics for the out-patient diagnosis and treatment of mental diseases and defects.

In accordance with this proposal plans are now being made for the establishment and operation of such clinics in various parts of the State. Dr. Pearce Bailey, Chairman, and Dr. William C. Sandy, Psychiatrist of the Commission, are actively interested in the project. It is hoped that one or more of the joint clinics will be started within a month.

Clinics of this sort have been made use of by the State Hospital Commission for a number of years and there are now about thirty such clinics in connection with the State hospitals. It is obvious, however, that other State departments and agencies need the services of such clinics, and the conclusion is practically unanimous after conference among the State departments concerned, that they can effectively co-operate in providing such clinics jointly in various communities throughout the State. These would afford facilities for expert diagnosis, for advice as to treatment, and, in many instances, for treatment itself. Such a system of clinics would co-ordinate well with the proposed "health centres" which the State Department of Health is to establish throughout the State.

S.C.A.A. News, August, 1919.

Attorney-General Warns Officials Against Putting the Insane in Jails.—Sheriffs and police officials throughout the State have been notified by the State Commission of Prisons that Attorney-General Newton, in a recent opinion, holds that the detention of an insane or alleged insane person in a county jail or lockup constitutes a violation of Section 87 of the Insanity Law. The intended place of confinement under the statute is one where the insane person shall be "cared for in a place suitable for the comfortable, safe and humane confinement of such person" pending a determination as to his sanity, and it is the duty of the health officer to select some suitable person to act as attendant.

The State Hospital Commission has frequently called attention of local authorities to violations of the law in locking mentally sick people in jail. No one would think of treating a pneumonia patient or other physically ill person in such a manner! Every community should provide a suitable place—preferably in a hospital—for the temporary care and treatment of the mentally sick.

S.C.A.A. News, September, 1919.

Letchworth Village, New York State.—In his address at the dedication of the new building, the Governor said that there are at least 33,000 defectives in the State and only about 5,000 are properly provided for. Both the Governor and Frank A. Vanderlip, President of the Board of Managers of Letchworth Village, urged the speedy completion of this model institution which will eventually house 5,000 patients and be the largest of its kind in America.

"The care of the feebleminded is of immense importance", said the Governor. He declared that the programme now being developed by the State Commission for Mental Defectives "will have an important bearing on the future well-being of the entire population of the State".

S.C.A.A. News, July, 1919.

Push Plans for Housing Insane and Defectives.—The Hospital Development Commission of the State of New York is making steady and substantial progress toward increasing the State's accommodations for the insane and feebleminded. Dr. Pearce Bailey, Chairman of the State Commission for Mental Defectives, called attention to the very serious and immediate need of additional accommodations for mental defectives. He said that the examination of men for military service had strikingly confirmed previous estimates of the prevalence of mental defect in the community and that there are undoubtedly between 40,000 and 50,000 mental defectives in New York State, of whom only about 6,000 are in institutions. He discussed the extension of colony care for the feebleminded and also suggested the State's leasing or buying available buildings in various communities for the temporary housing of feebleminded while the State proceeds with its programme to enlarge existing institutions on a permanent basis.

S.C.A.A. News, July, 1919.

United States Senator William N. Calder has placed in the Federal Appropriation Bill an item of $350,000 to cover the expense of deporting about 1,000 alien insane patients now in the New York State Hospitals whose deportation was impossible during the war.

MICHIGAN MAKES MENTAL TESTS OF SEX OFFENDERS

Mental statistics for the first 900 cases examined by the Social Service Department of the Venereal Disease Division, Michigan Department of Health, illustrate graphically the important percentage of sex offenders who are mentally subnormal.

These examinations resulted as follows:

First cases examined	900
Feebleminded needing institutional care	214
Feebleminded (release recommended under supervision)	538
Insane or epileptic (institutional care)	27
Normal	94
Superior adult	2
Diagnosis incomplete	25
	900

23.8%	Testing ten years or less
59.8%	Needing careful supervision
3.0%	Insane and epileptic
.22%	Superior
10.4%	Normal
2.78%	Incomplete diagnosis

The Social Hygiene Bulletin, October, 1919.

DR. E. E. SOUTHARD

DR. ELMER ERNEST SOUTHARD of Cambridge, Mass., Asst. Prof. of Psychology at Harvard University and Bullard Prof. of Neurology at Harvard Medical School, one of the most eminent of the American Psychiatrists, died suddenly of pneumonia in New York on February 8th. Dr. Southard was a Director of the Boston Psychopathic Hospital and occupied a unique position in psychiatric affairs on this continent, as he was full of initiative, an original thinker and of a philosophic turn of mind. He was at all times outspoken and it went without saying that wherever Southard appeared those with whom he came in contact required all of their mental alertness to keep pace with him. A man of the broadest culture, a delightful companion, with a keen sense of humour, and a versatility that enabled him to take a prominent part in a discussion on many subjects, he almost invariably became the central figure in any meeting at which he was present. His point of view was always fresh and full of interest. He took the deepest interest in the National Mental Hygiene Movement, and was especially interested in the affairs of the Canadian Committee for Mental Hygiene. In Canada he was greatly beloved because he

made it so evident that he was willing to assist in anything likely to advance psychiatry in our country. His death at such an early age must be looked upon as a calamity, when as never before, psychiatry requires the aid of men who can rise superior to the frills and fads which have hampered this branch of medicine of late years.

SIR WILLIAM OSLER, BART., M.D., F.R.S., ETC.

CANADA and the world, especially the medical profession, lost, on December 30th, 1919, in the death of Sir William Osler, one of its most prominent men.

Sir William Osler was born at Bond Head, Ontario, in 1849. His father was the Rev. F. S. Osler, M.A. (Cantab.), a Church of England clergyman. Sir William was educated at Trinity College School, Toronto; Trinity College; Toronto University; and McGill University, Montreal, where he graduated from Medicine in 1872. He then went abroad for two years and studied in London, Vienna and Berlin. On his return to Montreal in 1874 he was appointed to the Chair of Medicine at McGill University and held this Chair for ten years.

In 1885 Dr. Osler was called to Philadelphia to the Chair of Clinical Medicine at the University of Pennsylvania and in 1889 he accepted the Chair of Medicine at Johns Hopkins University, where he remained until 1904. While at Johns Hopkins he wrote his celebrated text-book on "The Practice of Medicine", which achieved immediate success and up to the present day is the most valuable single text-book in medicine ever written.

In 1904 Dr. Osler was called to Oxford University where he was Professor in Medicine until his death. He was made a baronet in 1911 and besides received many honours from home and foreign lands, being the honorary member of many foreign societies. He was also an F.R.S. and F.R.C.P. of London.

As a clinical teacher Dr. Osler was probably at his best. For not only was he an accurate diagnostician and a clear expositor, but he treated his hospital patients most kindly as human beings and not as mere cases. His influence on medicine has been unique for it has been exercised both on this continent and in Europe so that his death will be felt seriously over the whole world. He was an author on subjects not exclusively medical as is shown in his works entitled "Counsels and Ideals" and "The Alabama Student and Other Essays". As a writer he had an excellent style, terse and to the point, every word telling, short sentences and no obscurity. He said what he wanted to say and then stopped—a rare quality in a writer. Mental hygiene as well as general medicine has lost a great friend as Sir William Osler had taken a keen interest in the mental hygiene movement in Canada.

Members of The Canadian National Committee for Mental Hygiene

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