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PSYCHIATRY AND INTERNAL MEDICINE*

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AN invitation to discuss the subject of Psychiatry in its relation to medical practice cannot but be accepted with diffidence, for strangely enough, the problems of mental disease are supposedly outside the pale of internal medicine, even though their proper understanding is of paramount importance to the success of every physician.

What the term psychiatry really means is by no means clear to the profession as a whole, for to not a few it applies only to the care of inmates of the "madhouse."

The nomenclature, in its appalling looseness of application has formed a bone of contention between various groups of nerve and mental specialists. How wide or how narrow is the range of psychiatry? How intimate shall be its association with the hysterias, the neurasthenias, and all the other mental and so-called nervous disturbances, on which the physician delights to confer the title "functional?"

If hysteria is regarded as an abnormal state which may be produced by, or cured by suggestion, one may well include many of its phases in the narrowest scope of psychiatry. But what of all the functional disabilities, the reflex paralysis, and the myriads of types we have seen during the past five years of world-conflict?

The experiences of the War, however much they have stimulated research in and understanding of neuroses, have failed to establish a nomenclature that is universally satisfying.

So difficult has been the problem of differentiating between cases that are neurological, and those that should come under the aegis of the psychiatrist, that the newer and more inclusive title "neuropsychiatry" now obtains in many clinics.

It is in this broader sense that I beg leave to consider the subject.

Perhaps nothing is more striking in the evolution of medical science than the persistence with which therapeutic traditions have lived on

*Read before the meeting of the Ontario Medical Association, Toronto, May, 1920.

through the centuries, traditions filled with superstitution, with occultism and mysticism.

The ancient Egyptians with little knowledge of scientific medicine may be forgiven for seeking a cure for disease at the Temple of Isis; the Orientals, with their atmosphere of mysticism, may be pardoned for their worship of the magic and occult; we may excuse the Latin and the Anglo-Saxon of mediaeval times for their credulous adherence to the alchemy of Paracelsus. Nor is it a matter of wonderment that Mesmer's house was thronged with seekers after health by means of magnetism and the "universal fluid" at a time when scientific medicine was advancing by leaps and bounds.

But what are we to say of the modern physician, the modern clinician and teacher, who look with equanimity upon the inroads of charlatanism upon scientific medicine, who fail to stem the tide of illegitimate practice, who watch with apathy the success of occult methods, and who see the failures of their consultants made conspicuous through the success of those engaged in the practice of mystic arts.

Nor can we, after all, deny that in the methods of modern occultism there lies a fundamental germ of truth, the understanding of human nature, the domination of personality over personality—the treatment of the individual rather than of the disease.

In general practice to-day far less time is devoted to the study of personality, temperament, character, or disposition, than to the detection of organic lesions and focal disease.

Etiology.—The etiology of psychopathic change presents many problems of intense interest. Is it physical in origin, or is the factor chiefly psychic? If physical, is it anatomical, bio-chemical, or molecular? To what extent is the Mierzejewski effect worthy of consideration, I mean the disharmonious development of gray and white matter (gray being in excess), by means of which the commissural system is thought to be deficient? And again, what about the so-called "normal-looking" brain of the feeble-minded? Is there such a thing as functional feeble-mindedness? Are the psycho-neuroses merely discords played upon good instruments? as Southard asks. Consider, with Fernald, all the problems that associate themselves with mental disease: developmental mechanics, glandular dysfunction, unequal development of organs, dislocation of cells, their premature pigmentation, the effects of alcohol, of syphilis, of heredity, and we see how far-reaching may be the effects of the physical on mental processes.

Most striking of all the newer research is that concerning the association of the glands of internal secretion with mental disturbance, and the effects of glandular therapy. The remarkable observations of

Fernald on the thymus gland, and on the relation of psychic changes to endocrine function are but other instances.

But perhaps the physical origin of psycho-neurosis has been somewhat *overdone* by the internist who has oft-times confused the effects of the knife and the drug with those of suggestion.

We have been apt in the past to ascribe to auto-intoxication, to low-grade sepsis, etc., the factor in obscure psychoneuroses, and more recently the extirpation of the colon has rivalled extraction of the teeth in curing all manner of functional disturbances. At times, it is true, results would seem to justify the performance of some of these radical measures, but sadly enough the psychiatrist vainly waits in oblivion, outside, for an invitation to counsel and help.

That even the moral character may be obviously changed and that various mental complexes may arise through direct physical agency is well exemplified in the case of one individual under my own observation, who, at the age of forty-five, became a moral degenerate without appreciable cause. It was the subject of criticism in the community, until the oculist discovered a choked disk, and the neurological surgeon removed a tumour from the brain.

Organic conditions, then, and physical defects are undoubtedly responsible for mental conflicts, conversions, complexes, etc., but I protest bitterly and earnestly against the surgeons who undertake independently the supervision of such cases without previous reference to the psychiatrists, who alone are capable of forming a sane judgment.

Regrettable as the confession may be, we are all of us familiar with instances where operations have been done for the mental effect. Is it not appalling to learn that a surgeon of repute would, without psychiatric advice or consultation, operate for this purpose upon a woman aged sixty-five, the unfortunate victim of the mental delusion that she was pregnant?

So much, then, for the physical cause of mental disease.

Psychic Causes.—As to the psychogenesis of mental and physical disease much might be written. It must be assumed that many physical conditions are directly preceded by psychic factors, that headache, vomiting, delusions, etc., are often psychogenetic in their origin. There is no doubt whatsoever that subconscious disturbances may equally affect the mental health and act upon the functions of synaptic groups. Nay more, when we consider how in every motor act but two or three neurones are concerned, that with sensation but four or five, how much more complex must be the mental states with shocks and associated memories, where innumerable neurones and synapses are involved.

Worry, disappointment, grief, are all factors in producing insomnia,

irritability, abstractions, or worse. The cause may be a concealed one, but it is the psychic factor alone which needs treatment. One must remove the cause of the emotional change rather than administer drugs.

The fact of the matter is that all this goes to show that in the detection of mental abnormalities a correct *etiological diagnosis is essential*—a diagnosis of both the physical and mental conditions, for the complexity of psychopathic cases is beyond all belief.

It is important to remember that many people are committed to asylums who would be far better off elsewhere, and that mental disorders and mental symptoms are not synonymous terms.

One is apt to talk rather glibly about a patient having "lost his reason", having "lost his senses", when, as a matter of fact, the mental disturbance may in no way have affected the intellect or the reason, while the changed emotions *alone* may be responsible. The patient has merely "lost his table of values," and is much like a child who cannot adapt himself to his environment, and the inner harmony is lacking.

It is in just such conditions as these that the physician, be he a general practitioner, or be he skilled in the refinements of physical diagnosis, is apt to fall short.

No inconsiderable training is required before one's opinion becomes of value.

Etiologically and symptomatically, the behaviour of the sane and insane is largely one of degree; certainly this is the case with neurasthenics. The chief difference between them is in the mental conflict which requires careful analysis and consideration. The general practitioner is called upon to decide between the sane and the insane, to diagnose exactly, if he can, between the various types of psychoneurosis between the different types of personality, if you will, and to advise as to disposal. To commit, or not to commit, that is the question, and the decision is oftimes an urgent one. He is called upon to decide as best he can between the emotional and the intellectual, to deal with disorders of human adjustment, and with distorted methods of meeting the complex situations of life, all of which are problems the solution of which requires specialized training.

He must be skilled in questions of mental hygiene, of adaptability to environment, and the reactions that arise therefrom, and no one untrained in psychology should presume to offer a final opinion.

It is obvious that the general practitioner is called upon to decide something in which his previous training has been defective. He has not learned to appreciate the degrees of personality, in fact, he probably does not pre-suppose a personality in most of the patients that come within his ken. Now psychiatry teaches us that each human being

may be categorized so far as his personality is concerned in one of three groups, such, for example, as Adler suggests:

(*a*) Paranoiac, *i.e.*, the egocentric individuals, the reformed, the altruist, the seeker of the lime-light, or the ill-natured and unappreciative personality.

(*b*) Inadequate personality, which includes the mentally defective, the feeble-minded.

(*c*) The emotional, unstable personality, excitable, irritable, hypersensitive.

Now, inasmuch as the pathological personality may form that large class known as the border-line type, it is obvious that a training in psychiatric diagnosis requires a fundamental knowledge of psychology.

Unless the physician can appreciate that human conduct is dependent upon certain fundamental reactions, unless he can understand the patient in all these relations, his task of disposal and treatment is a difficult one. Consider the immense multitude of people outside of institutions, who would be the better for such care. Consider the numbers under supervision, or parole—recall, in fact, the myriads of border-land types in every country, and we can gauge the magnitude of the physician's task in diagnosis and disposal.

It is just in these very matters that the physician is apt to fall far short of the ideal, to lose patience, to become apathetic, indifferent or critical. It is a lamentable, but well established fact, that many of these psycho-neurotics, as a result of mal-adaptation, or what not, commit offences of a major or minor importance, and are regarded merely as infractors of the law and not as psychopaths.

The jails and reformatories are filled with people of this kind, who should long ago have come under the skilled attention of the psychiatrist.

Consult the statistics of Bernard Glueck, and you will realize that feeble-mindedness is a matter of crime and degeneracy, that it is a great economic burden on any country, and that its recognition is an urgent matter of Governmental policy.

In Auburn prison alone 67.1 per cent. of the inmates were mental abnormalities. In Westchester County penetentiary 57 per cent. likewise were mentally pathological.

The general practitioner, as a rule, is more or less in despair over mental cases unless the type he be confronted with is an outspoken one of mania, dementia, or melancholia.

One can well picture the helplessness of the average physician who is consulted about a feeble-minded child as to disposal or treatment, or any other information.

Indeed, I fear it is a rare thing for a physician to take sufficient time with a psychopathic patient to get more than merely the broadest outlines of his trouble.

It is a wearisome matter for physicians—these tales of worry and grief, and failure—and the patient is more apt than not to be told to forget his worries, to take a holiday, or to go to work, the physician forgetting that work should be the sequel, but not the substitute for the doctor's own labours.

Not alone is this the case with psychopathic cases, but in all organic nervous disorders the physician overlooks to a surprising degree the functional element.

Medicine of the War has demonstrated this, and Hurst at Seale Hayne, and many others have shown the degree to which the functional side may be developed.

Two striking instances are noteworthy:

(1) A hemiplegic, bed-ridden 11 months, and with contractures, was made to walk in forty-eight hours, the lesion resulting from his cerebral haemorrhage having been so slight as to leave but a few evidences of organic disease.

(2) Friedreich's ataxia, crippled, but so cured in a few days that he could resume his vocation, the pathologcial reflexes and a few other signs alone remaining as evidence of the underlying organic disease.

The Neglect of Psychiatry.—Wherein lies the difficulty, and what is the result?

The causes are many. First and foremost, we must depart from ancient traditions and prejudices. We must learn to look on patients with mental disturbances as something apart from madhouse inmates. We should be done with the era of straw and chains, and patients with all forms of mental disease should be as carefully and considerately observed, treated and relieved, as those with any disease of the lungs, or heart, or digestive tract.

In almost every Medical School in Anglo-Saxon countries, psychiatry is dealt with as a minor subject. The course consists of a few didactic lectures; a few, very few, visits to a lunatic asylum where the demonstrations are apt to be more a theatrical than an educational sight. Chiefly, the rare well-advanced types of mental disease are exhibited veritable caricatures of mentality.

The teaching of psychiatry has well been compared to a course of instruction in navigation, carried on by the inspection of a few wrecks; or by a training in engineering, through the exhibition of a few broken-down dynamos—and all this, too, in spite of the fact that there are in public institutions more insane patients than of all other diseases put together.

Border-line cases, on the other hand, unusual personalities, cases on parole, can neither be stressed or discussed, for *ipso facto*, they do not exist in asylums, when no case can enter an asylum that is not legally committed. The result is that instruction in our schools is necessarily limited, and few students have opportunities to study the most important feature of psychiatry, viz., the border-line cases.

We must treat cases early, and treat early cases; must recognize the importance of treatment out of asylums; of forming pavilions or departments in general hospitals, where till now such cases have always been unwelcome guests.

We must educate the public away from fear and prejudice, and cast off the stigma that attaches so wrongfully to these types of disease. Prevention is still better, by medical clinics in the courts, by education, and by the organization of adequate social service.

Moreover, there is urgent need of an adequate course on psychology in its application to medicine and psychiatry. It must be made a living subject, and in order that it may be duly appreciated, its study should follow upon the instruction in anatomy and physiology.

These two latter subjects should be (and I am glad to say now usually are), dealt with in a much more practical manner, the former emphasizing the relation of functions to structure, while in physiology mental processes are being more and more emphasized.

Personality in all its relation to abnormal and normal conditions must be an important consideration in every general clinic.

It may be claimed that the study of personality is an easy matter. Nevertheless, let a doctor be ever so talented, he cannot by personality, by natural insight, and understanding alone, deal with mental disorders, any more than he can decide by his personality as to hepatic or renal or cardiac insufficiency. One must be taught to study the reaction of disease, and too much stress cannot be laid on the importance of the functional element in all organic lesions.

Let us see to it that not only are students and physicians given all opportunity to learn more of mental diseases, but let us, by every propaganda at our disposal, educate the public to appreciate the greatest hygienic and economic problems in state medicine.

Thus, and thus only, can our country be saved from waste of energy and capital, and from an incubus of misery and inefficiency that is to-day appalling.

Light is happily coming, and through the efforts chiefly of the patient persistent and patriotic physicians of your own city, psychopathic establishments are growing, and with the co-operation of all members of the profession and State, we may be justified in some optimism.

CHILDHOOD: THE GOLDEN PERIOD FOR MENTAL HYGIENE*

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THE outstanding fact that present-day psychiatry emphasizes is that mental illness is a type of reaction of the individual to his problems of adjustment which is conditioned by two factors—the nature of those problems and the character equipment with which they are met.

The first of these factors, the nature of the problems, we can dismiss with the general statement that any individual, theoretically at least, may break under the stresses of adjustment if only the stresses are sufficiently great. For any material, be it physical or mental, no matter how strong its make-up, a force may be conceived great enough to break it.

The second of these factors, the character equipment, is the important one for our consideration in this connection, for mental hygiene is calculated to reinforce the weak points in character while it may often be at a loss to change the nature of the problems which present themselves for solution, although both factors are proper subjects for its consideration.

A generation ago, psychiatry approached the various types of maladjustment from a purely descriptive standpoint, classifying the several disease pictures solely upon an enumeration of the symptoms. This was the period of studying mental illness in cross section. Later, under the influence of the Kraepelinian teaching, mental illnesses were classified upon the basis of their course and outcome. This was the period of studying mental illnesses in longitudinal section. To-day it is generally accepted that mental illnesses are only reactions of the individual as a whole. Pathological reactions, then, are only a portion of the total behaviour of the individual and can be understood only after a sufficient analysis of the personality make-up has made clear how the symptoms are the outcome of a certain character equipment brought to bear upon certain problems of adjustment. This is the period of behaviouristic psychology and interpretative psychiatry.

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*Read as part of a symposium on the Mental Hygiene of Childhood before the Third Convention of Societies for Mental Hygiene, the Waldorf-Astoria, New York City, February 5, 1920.

Mental illnesses, defects of adjustment at the psychological level are, therefore, dependent upon defects in the personality make-up, and as this personality make-up is what it is as a result of its development from infancy onward, it follows that the foundation for those defects which later issue in mental illness are to be found in the past history of that development.

This is a somewhat abstract statement of what is found, as a matter of fact, in every psychosis as it passes in review in our clinical work. A study of the individual patient always discloses elements in the character make-up which have made for maladjustment over a period of years until finally, owing to some acute disaster or merely by the accumulation of stresses, the breaks or, in individuals more seriously burdened, the defects have conditioned a series of pathological symptoms which have resulted in marked and more or less continuous inefficiency. In other words, mental illnesses are found to be the outward and evident signs of intra-psychic difficulties—conflicts we call them—which conflicts in turn are found to be dependent upon traits of character that have their origins in the childhood of the individual. The capability of the individual for efficient adjustment becomes progressively weakened much after the analogy of two lines that start at a given point and pursue diverging courses. Finally they get so far apart that no bridging of the distance is possible; each pursues its own course independent of the other, and we have the symptoms, for example, of a split personality.

It is natural that character defects should first have attracted attention and been studied in those conditions in which the defects have produced gross and easily observable symptoms. A study of these gross defects of adjustment has shown, however, that the important etiological factors are not nearly as obvious as they were originally supposed to be, but on the contrary they are constituted of subtle defects which have been, often for long periods, quite successfully hidden from view.

The particular trait of character with which the individual has been struggling all his life—suspicion, cruelty, jealousy, timidity, curiosity, overconsciousness, etc.—the trait about which his difficulties arrange themselves, will be found on analysis to have been unfortunately conditioned early in life as a result of the influences exerted by the various members of the family or their surrogates. There is as yet no adequate appreciation of the continuity with which we express our affective states in our postural attitudes, our facial expressions, our voices, mannerisms, remarks, opinion, interests, aversions, and how subtly, half-consciously, often quite unconsciously, we read these signs in those about us and are correspondingly influenced. This personal world we live in is "not a world of formal thought only, but more a world of feeling, and moreover

a sentience so exquisitely fine and fluent as many times to be scarce conscious of itself and quite unconscious of its causal antecendets.* The child in the family is one part of an organism which is highly responsive to all that goes on in that organism. The influences which thus reach the child find it peculiarly plastic, much more so than later in life when the main character traits have become firmly established, structuralized.

All of this points quite unequivocally to the period of childhood as the golden period for putting into effect the teachings of mental hygiene. It is the period *par excellence* for prophylaxis and therefore the period, above all others, which must be studied if psychiatry is ever to develop an effective program of prevention.

These statements will, I think, be pretty generally agreed to, but in this connection I wish to refer to certain tendencies of thinking which I believe have operated against this enlarged conception of the importance of the personality. I refer particularly to the thinking which has been dominated by the germ-plasm theory of heredity and certain derivatives from this theory which have tended to the conclusion that practically all of our characteristics, mental as well as physical, are handed down to us by our ancestors and are something, therefore, which we can do very little about. The theory of the non-inheritance of acquired characters and the further theory that for every last trait there is a germ-plasm determiner has introduced a fatalistic element into our thinking which has made for a therapeutic nihilism by turning attention away from a consideration of the possibilities of effectively modifying the fundamental elements of the character make-up. In this connection Ritter† very aptly says that the germ-plasm dogma is "chargeable with the grave offence of having added its weight to a conception of human life, the overcoming of which has been consciously or unconsciously man's aim throughout the whole vast drama of his hard, slow progress from lower to higher levels of civilization—the conception that his life is the result of forces against which his aspirations and efforts are impotent."

Even allowing that certain fundamental traits are inherited, that does not mean that nothing is to be accomplished in an effort to utilize those traits to better advantage. A congenital deaf mute does not have to give up all effort to communicate with his fellows just because he cannot do it in the usual way. A person may be from early childhood intensely curious. That does not mean that he must always use his curiosity in a socially offensive way. With proper opportunity and guidance, he

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*Maudsley, Henry. *Organic to Human, Psychological and Sociological.* London: Macmillan and Company, 1916.

†Ritter, W. E. *The Unity of the Organism or the Organismal Conception of Life.* Boston: Richard G. Badger, 1919.

may learn to use this trait to better advantage and may become a scientist utilizing his curiosity in searching out the secrets of nature rather than the secrets of his neighbours.

Apart from such considerations, however, there is much evidence that the theory of the continuity of the germ-plasm and the non-inheritance of acquired characters, in fact the whole subject of heredity, will have to be materially modified, particularly as it relates to those mental traits that we are accustomed to observe in our fellows and our patients. Not only are certain biologists beginning to think of the germ-plasm as being a part of the organism as a whole rather than as a substance which is handed on from parents to offspring in unmodified form, but there is much evidence that mental traits, particularly those which later on make for defects of adjustment, are developed in response to certain facts in the environment. For example, it is as logical to suppose that a son may develop traits like his father because he seeks to emulate him as it is to suppose that these traits were handed down to him through the medium of specific determiners in the germ-plasm.*

If it is true that defects in the character make-up can be explained as originating in traits which were acquired in early childhood as reactions to certain factors in the child's environment, then the way is opened for an attempt to prevent such undesirable traits by an understanding of the child and a modification or elimination of those environmental factors which produce such results. For example, we all know many persons who are afraid of lightning, yet Watson tells us that in all the babies he has worked with he has never seen a reaction of fear to sudden flashes of light.†

If the fatalistic ways of thinking engendered by the theories of heredity can be put aside, then we find another reason for considering that the period of childhood offers the golden opportunity for mental hygiene and for realizing that this is the period upon which effort must finally be centered in the development of a program of prevention.

What are the points of attack for the development of such a program?

First, there must be a real understanding and development of child psychology. This development must be along the lines of behaviourism, a study of what the child is trying to do in terms of the child psyche. Here, as elsewhere in dealing with children, the tendency has been to

*See discussion of heredity in my *Mental Hygiene of Childhood*. Boston: Little, Brown and Company, 1919.

†On the other hand, he tells us that loud noises will produce the reaction of fear in very young children. As the lightning is usually followed by thunder, the flash itself is soon reacted to by fear on the principle of the conditioned reflex. Watson, John B.: *Practical and Theoretical Problems in Instinct and Habits* in *Suggestions of Modern Science Concerning Education*. New York: The Macmillan Company, 1918.

think of the child as if it were a small adult and to project upon it those types of explanation which we as adults have found satisfying in our own personal experience. A behaviouristic child psychology must get away from this tendency and get at the original data from first-hand observation. Such a study of the development of types of reaction, a study of the primitive instincts and their unfolding in the more complex reactions as development progresses, is of the first importance.

Second, an understanding of the nature of the child's relations to its environment, particularly its personal environment and specifically to the members of the family, is also essential. Its relation to the family situation begins from the moment of birth, and from the symptoms that later develop in the psychoses we have come to learn how important those relations are for conditioning the later reactions for better or for worse. The fact has too long escaped notice that the family situation contains within itself certain elements of a disruptive nature.* It is as essential that the child should ultimately escape from its bondage to the family as it is that it should, during a certain period, be a part of that family and more or less subject to its direction. The complex interplay of these attractions and repulsions needs to be more fully studied as they express themselves in the symbolic mosaic at the psychological level.

And thirdly, a full understanding of all these matters must reach their application in education. Here again the effort has too often been to project upon the child something which we as adults may think desirable rather than to understand the equipment of the child and then try to develop that equipment in the best possible way. Education has been largely empirical and too much confined to teaching; it needs to be developed as a scheme for assisting and guiding the developing personality, based upon a real understanding of the principles involved and the equipment.

And finally, inasmuch as it cannot be expected that the child is going to acquire all this information and then apply it to itself, it is essential to develop some means whereby such information can be translated into effectiveness. The child is so intimate and so all-pervading an element in our social structure that any organized effort to influence it profoundly in its development must needs touch every part of that structure. The obviously more important points of attack, however, are the home and the school, of which places probably the home offers the least encouragement. The relations between parents and children are governed for the most part by crude instinct and it would hardly seem that we either have organized knowledge in a sufficiently practical form

*For a discussion of these elements, see my *Mental Hygiene of Childhood.*

or means at our disposal to alter this situation materially or even to interfere with it on a large scale, except in a superficial way, with anything like a sure touch. To be sure, much can be done by the trained social worker, but this is usually in cases where trouble already exists and even such approaches must come largely through the schools. That this is so is perhaps unfortunate, for there are of necessity many problems that cannot be touched in this way except perchance through the family physician, who should become more and more a reliable source of information, advice, and strength as the teaching of psychiatry and kindred subjects broadens out in the medical schools. Take, for example, the problem of the unwelcome child—the impregnation which was accidental and not desired, the months of childbearing endured without joy, the pains of parturition that are borne in bitterness, and finally the child to be the recipient of all this accumulated feeling of resentment.* "What is the later story of such a life?" "How could it be modified to advantage?" are the immediate questions, but perhaps of greater significance is the query how the problem of the unwelcome child relates itself to one of the burning questions of the day—birth control and the use of contraceptive measures. Man's antipathic tendencies, as well as his creative purposes, are sublimated and refined in the course of cultural evolution. The viable child is no longer plunged head down in a vase of water—the germ cells are not permitted in conjunction.

The school seems, therefore, to be the most practical place to work for results, although of course a great deal of knowledge must be acquired about the child before it is of school age. Work of this character we are trying to plan in Washington in connection with a private charity which ministers to the infant, helping the mother during her pregnancy and the child for the first six years. Arrived at the school, however, the teacher becomes the surrogate for the parent and perhaps in many ways, not only by education, but because of emotional detachment, is better calculated to be of real service than the parent. If the teachers, with the machinery of the schools, are going to be of real value, it will mean that the education in the normal school will have to be broadened, the final result of which will be somewhat older, more mature, better teachers, better paid.

All our approaches to the understanding of defective psychological adjustments point undubitably to childhood as the period when things

*These remarks are not intended to apply to phenomena usually considered under the designation "maternal impressions." I am referring only to the attitude of the mother toward a child that was not desired. Such an attitude conditions a feeling of inferiority which may be a serious handicap throughout life. A similar situation is produced when there are several children one of which is a favourite of the parents. In such a relationship the child feels keenly his inferiority in the family situation, as does the unwelcome child.

first go wrong, and the indication is therefore clear that this is the period which must be studied and modified to prevent the failures of later life. A great mass of evidence has been accumulated which goes to show that serious breaks in adjustment do not ordinarily occur without the co-operation of some lack of balance in the personality make-up, that they are rarely to be satisfactorily accounted for by the influence of extraneous circumstances alone. This evidence has been accumulated from the study of actual breaks as we see them in our patients—breaks which we have come to look at only as end results. The studies which have been made of delinquents show this very well indeed—how, for example, the young man who has finally come to a long-term sentence in prison will almost invariably show, if a careful survey of his past life is made, a long series of conduct anomalies which make the final outcome not only understandable, but often quite inevitable. I have in mind a recent case that came under my observation. A negro ran amuck, broke into several dwellings, and in one shot and killed a young woman. He was convicted of murder in the first degree and sentenced be to hanged. A behaviouristic survey of this man disclosed the fact that he had shown traits of lack of control, impulsive and irresponsible conduct from his early youth, that he early began to drink and to take drugs, that he had been arrested and served sentences upon many occasions for both major and minor offences, that there was all through his career a tendency to indulge in acts of violence and acts that were calculated to jeopardize the safety and the lives of others. The final homicide was the logical outcome of such a career, and at this late date execution seems rather a confession of impotence in dealing with this antisocial problem. No really intelligent plan had ever been brought to bear upon the problem he presented, but he was allowed to pursue his course to its logical outcome; whereupon society washes its hands of him finally and for all time. From the standpoint of responsibility, it might well be questioned which was the more responsible—the society that permitted all this or the defective youth who went his way.

One of the most important issues in mental hygiene, then, as I see it, is to correlate the sick adult with the knowledge we have that his illness is traceable in its beginnings to his early life. I have already indicated that this must be done by a more developed knowledge of the psychology of childhood, which is reflected in the home, in the school, and in the principles and methods of education. While all of this is true, we need not lose sight of the fact that much work which is at present being carried on has mental hygiene implications, some very directly. Such work as the Child Bureau is doing in attempting to determine the minimum requirements of food, clothing, wages, etc., is obviously important. We must first have a live child if we are to have

any problem at all. Efforts to improve the environment, even with reference to such obvious features as food, clothes, and ordinary sanitation, however, are not lacking in their general effect upon the mind of the developing child. Recent observations in the devastated countries of Europe have shown how quickly destitution, which takes all the joy out of life, is reflected in the mental make-up of the children. Here also come in such problems as the care of the pregnant woman, child labour, sex education, school sanitation, and more specifically the problems of the atypical child and juvenile delinquency, all of which can be better dealt with in proportion to our increased knowledge of child psychology, while such social problems as marriage and divorce, and, as already indicated, birth control, have very direct bearings.

All of these several factors will be seen to have their bearings when it is realized that the child is not a finished product, but the result of influences which play upon it from all these sources. It is a product of the past through heredity, of the innumerable elements, largely personal, of its environment, of its instincts as they work out in relation to that environment, of social and family traditions, and of the social standards of its time and place, and all of the various approaches indicated can be made more effective in the light of such knowledge. I am minded at this point to compare the broad behaviouristic program that I have indicated with the restricted scheme that is spanned only too often by the Binet-Simon scale. This scale, as devised by its originators, may be a very valuable tool in the hands of a skilled observer, but as the "be all and end all" of child psychology it may become quite as vicious in its results as the fatalism inspired by the false theories of heredity I have already mentioned.

And finally, inasmuch as many of the breaks, perhaps most of them, occur in the adolescent period or the period of early adulthood, it would, to my mind, be of inestimable value if some help could be systematically extended to the youth when, if he has not as yet broken, the symptoms of final disaster are quite apt to be discoverable. This might easily be done while he is still in school or college, if there could be connected with each such institution an adviser skilled in matters psychological and sympathetic and understanding of the problems of the young. This is a matter to which Dr. Paton has called special attention. I feel sure that such an adviser, connected with our large universities, would soon establish a large and useful clinic to which a great number of the student body would resort for advice and assistance in dealing with their life problems as they are beginning to unfold at this most critical period of life. It is of the utmost necessity that not only should our schools and colleges be equipped to offer instruction in any branch of learning desired, but that the individual should be consulted as to his

equipment, his personal tendencies and desires, his difficulties and shortcomings, as well as his special aptitudes and opportunities. Unless this is done, the big educational machines will go on grinding out their regular proportion of failures. When it is done, those failures can be minimized and it may be found that not a few may profitably be turned away from a higher education to a life of greater usefulness in some other direction.

This is the sort of effort that is calculated to adjust the educational machine to the needs of the individual. To-day that machine offers a fixed structure into which the individual is fed, to come out well or ill in proportion to his capacity to meet the requirements. The means I suggest would have the effect of helping to adjust the educational opportunities to the needs of the individual and would be a movement towards individualizing the student just as we have learned in psychiatry that any material advances in therapeutic efficiency must come along with a further individualizing of our patients.

These are some of the directions in which my thought is led by a consideration of the mental hygiene of childhood. If we are to produce a better race of adults, we must be able to control the influences which go to mold the adult character. A practical program in this field seems to me to be possible, and to offer a decidedly more workable scheme than an effort to go back of the returns with the eugenist and control the material. The more we know of what can be accomplished with the material given us, the better position we will be in to undertake the control of what that material shall be.

TRADE-UNIONISM AND TEMPERAMENT

THE PSYCHIATRIC POINT OF VIEW IN INDUSTRY

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THE philosophy of trade unionism is yet to be written.

Its history is acknowledged to be baffling. Its present status deserves no other term than "hectic," and its future seems quite beyond prophecy. There are many trade unionisms rather than any single trade-unionism; but, whether one or several separate trade-unionisms, most observers would regard the trade unions as a phase rather than an end, as a technique rather than a purpose, sociologically considered. I was led to the present reflections while trying to clear the way for concrete work on the mental hygiene of industry.

Under the auspices of the Engineering Foundation some workers have recently been trying to discern whether the principles of mental hygiene could not be applied with some reasonable hope of success to the problems of industry. Now the tools of the mental hygiene movement, that is to say, the mental hygiene personnel as so far developed, fall into at least three groups, (*a*) a group of psychiatrists, (*b*) a group of psychologists, (*c*) a group of social workers; and in point of fact a few psychiatrists, a good many psychologists and a number of social workers with more or less mental hygienic training are already at work under various auspices in industry. It is not my task here to speak of the beginnings and progress of that work summed up recently in papers by Dr. Stanley Cobb, of the Harvard School of Industrial Medicine, entitled "Application of Psychiatry to Industrial Hygiene," and by myself, entitled "The Movement for a Mental Hygiene of Industry." In the present communication I wish to speak in a narrower sense (*i.e.*, excluding psychology in its technical sense) of *industrial psychiatry*, that is of the psychiatric division of mental hygiene and the possibility of its application to a leading problem of industry, namely, trade unionism.

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*Read at the opening session of the Third Convention of Societies for Mental Hygiene held at the New York Academy of Medicine, New York City, February 4, 1920. It represents a study made in connection with a research undertaken by Dr. Southard for the Engineering Foundation of New York and was the last paper read by Dr. Southard.

Pooling of Psychiatry and Economics

"Industrial psychiatry" is itself no new topic. The phrase was perhaps first used by Irving Fisher, Professor of Political Economy in Yale University. But the idea that the psychiatric point of view might profitably be applied to industry has become almost a popular idea with the publication of "An American Idyl," the remarkable biography of the late Professor Carleton Parker, of California and later of the State of Washington, by his widow, who has carefully noted the progress of the psychiatric idea through Parker's independent thinking and his personal contacts with American psychiatrists. In short, there has been a much more sudden and productive pooling of psychiatry and economics than either mental hygienists or sociologists could have hoped.

But is such a union of mental hygienic and sociological interests as those foreshadowed by Carleton Parker likely to be early fruitful? After all, are we not dealing with pious hopes rather than with productive conclusions? I am afraid that many practical business men find little to hope for and much to fear in any collection of theoretical ideas that we may tie together with the name "*ology*," or in any movement of the world dignified by the suffix "*ism*." Ologies and isms, the practical business man once might have risen to remark, have no place in American practice—to-day he knows he should know better. The close relation of ology to ism in practice is well enough shown even in Marxian socialism. There seems to be no doubt that Marx got many of his ideas from the German philosopher, Hegel, and many others from the French social philosopher, Saint Simon, and even some from the English economist, Adam Smith, and the followers of Adam Smith. The comprehensive history of European thought written by J. T. Merz, speaks of Marxism as a kind of materialistic paraphrase of the philosophy of Hegel and regards the materialistic results of Marx as working directly into the hands of the German historical school of political economy and jurisprudence. Herein socialism, a popular movement, has in turn influenced sociology, a theoretical science.[1]

[1]That ologies can influence isms is shown in two other examples that may be borrowed from Merz's analysis. Fichte, in some ways the most German of philosophers, wrote a short tract in 1800 called "The Closed Industrial State," and in 1826 the independent, landed proprietor, Von Thunen, wrote a somewhat similar work entitled, "The Isolated State with Respect to Agriculture and Economics", giving algebraical formulae for the natural wage of labour by eliminating rent. I commend to every reader the tenth chapter of Merz's work entitled, "Of Society," especially any reader who doubts the relation of theory to practice in the development of the present human situation. Written as it was before the Great War (the fourth volume published in the year 1914), this work gives the most comprehensive brief account of the total situation which we now possess.

A great many reasons, good and bad, have been given for the Great War, and there are even more predictions for the future of reconstruction than there have been explanations for the Great War. But whether we charge the receding terrors of the war or the febrile difficulties of the present to bad morals or faulty education of the people themselves or of their leaders, whether we regard the situation as good or ill in the hands of the slowly developing juristic system wavering between excessive individual liberty, or whether we throw the whole onus upon the shoulders of blind economic development—we would make a bad error if we left theory, science and philosophy out of the account.

The Banner of Theory

It has struck me that one of the nearest duties of Engineering Foundation, in entering work upon the mental hygiene of industry, is to carry the banner of theory rather more proudly than it is sometimes carried. The engineer, especially the modern personnel manager, is not doubt most receptive to whatever his colleagues from other arts and sciences have to bring.

I look to no concrete results from those widely advertised industrial conferences held in our country in the latter part of 1919, simply because management and the engineering profession in all its branches were, in so far as I could make out, not properly represented. Capitalists who have once been engineers are capitalists notwithstanding. Labour leaders are prejudiced, and no doubt rightly so, for the practical purposes of their leadership. The public has interests that are diffuse rather than concrete, and has no specialized knowledge either of financial systems and conditions of labour, or of the theory and practice of management. But when the over-conservatism of capital and the over-radicalism of labour and the nebulous vagaries of the public shall have failed, as they will surely fail, to solve the industrial problem, then will be the time for engineers, in the broadest sense of that term, to be thrown into the game.

But expert engineers who "make the wheels go 'round" are not quite so authoritative when it comes to questions of the wheels themselves: Shall the wheels be turned at all? At what rate? and, especially, What new wheels shall be called to service? I spoke above of the causes of the Great War as possibly lodging in a faulty education, in evil morality, in a jural system falsely evolving, and in purely economic developments. The problems of reconstruction are likewise possibly mental, possibly moral, possibly incidental to adjustments of government and law, possibly under the influence of economic laws, old or new. It will be the duty of engineers facing industrial problems to deal in no narrow spirit or mere technique with those problems. The problem is beyond the grasp of scientific management except in some broad inter-

pretation of that term which no one would be likely to accept. No mere education of expert managers, of workmen, of the public or even of the capitalists is likely to work, because the problem digs morally far deeper than in education within the grasp of the much vaunted modern publicity method. But although the problem is not one of scientific management, neither is it one to be solved bodily by the methods of charity and welfare.

Justice the Cry To-day

Not happiness but justice is the cry to-day. The representatives of scientific management must come together with the representatives of social welfare. Those who stress the mental element must pool their proposals with those who stress the moral element. But the efficient engineer and the expert social worker must bear in mind the cry for so-called social justice. Those who raise this cry seem always in some sense to rely upon improvements in government and law, whether those improvements are such as to make us have "faith in Massachusetts" or such as to hearten the legions of Bolshevism. The spokesmen of representative government in America or of the Soviet system in Russia claim with equal vivacity that they are out for social justice, and all intermediate types of politicians not only argue for social justice but would resent the statement that the principles of organized welfare work and, in the end, also the principles of scientific management, would not be successful at all alongside, and even by virtue of, the principles of social justice.

Thus we have advanced appreciably from the standpoint of Carl Marx. Carl Marx stood for self help, on the part of the scientists. There was no immutable principle of natural justice which would save the workmen. They would have to help themselves, as Lismondi cried: "What! is wealth then everything? Are men absolutely nothing?" Marx's facts such as they were seemed to have been derived from Adam Smith, from Ricardo. The statisticians had built up a fabulous but harmless creation, "the average man". Ricardian economists then got up something which proved to be more of a Frankesntein, namely "the economic man". The theory of wealth upon its tripod of wealth, wages and profit, was the result of British economic thought. The economic man was a machine upon the Ricardian theory, and it was against this mechanical idea of the worker that Carlisle inveighed and Carl Marx leveled his suggestions for a complete overturn of the social order.

The Best Is Behind Scientific Management

I am inclined to see in the great movements for scientific management, for social welfare and for social justice the best efforts of the

Head, the Heart and the Long Arm to solve the problem. Of course, we must not charge the Ricardians of old any more than a member of the Taylor Society of to-day with delusions in human sympathy, and no doubt the movement for scientific management in its modern aspect has made much room for the moral motive, particularly in its study of the fatigue factor in industry. Again, it would not do to charge Carlisle of old or Jane Addams of the present day with irrationalism, or with a tendency to behead the system and run it by means of a heart only. As for the representatives of the Long Arm of the law, among the most liberal jurists whom I have had the pleasure of listening to, I fancy that none wants to acknowledge the desire either to behead the social animal or to tear out its heart. To be sure, if one took the principles of Austinian jurisprudence quite literally, the Long Arm and even the Big Stick are its most obvious forces.

Noble Endeavours Have Not Solved the Industrial Problem

You will rightly say that I have wandered far from the topic of trade unionism and temperament. My purpose in thus wandering was to show that a great series of noble endeavours has quite failed to solve the industrial problem. Some economists, both followers of Marx and ardent scorners, are still inclined to think that economics might well be left to solve its own problems as the blind were once commended to a system of representative leadership by other blind, who, let us hope, had strongly developed the sixth sense. But the great war and the problem of reconstruction do not argue strongly for the program to let things stew in their own juice. Neither the *laissez-faire* plan, nor the neatly rounded little Utopian systems of one or another economical theorist, practically works. Accordingly the Head, the Heart and the Long Arm of science tried their luck. Scientific management, social welfare, and social justice became by-words, each accomplishing something or a great deal according to the times and seasons. One great profession, that of medicine, had no share in these matters, unless very indirectly by influencing university teachers of men of science, moralists and lawyers. To-day we see signs that medicine is to be called in. We cannot otherwise explain the numerous increases of interest in industrial medicine shown in more than one country and by more than one type of agency, official or voluntary, in our own country. Departments of hygiene are securing important contacts with industry, either solving the problems derived from the works, or carrying new laboratory results back to the plants themselves, or in a few instances laying down programs for aid in the personnel problem.

I want to make a plea for the inclusion in the program of industrial

medicine of the neglected field of mental hygiene. I call attention to the fact that Engineering Foundation, representing the engineering profession, has taken up concrete beginnings of research upon this problem of the mental hygiene of industry, which will so develop that industry will shortly demand from the psychiatric branch of the medical profession various consultants who will not do their duty either by medicine or by psychiatry if they do not look attentively into these new matters. I think the ordinary physician, even the industrial physician, would look upon the topic of trade-unionism as very remote from his interest or knowledge. I am afraid that most mental hygienists would feel themselves wholly at a loss confronting trade-unionists. Nor will I make extravagant claims for mental hygiene or for its personnel. The problems which mental hygiene will attack are practical problems, and no practical problems are ever solved (so far at least as they deal with individual situations) *in camera*. Nevertheless, mental hygiene might have something to say in many problems.

Hoxie's Theory of Trade-Unionism Types

Let us take the late Professor Hoxie's work, "Trade-Unionisms in the United States", published in 1917. Hoxie, according to his introducer, Dr. Downey, was originally trained in the "straitest sect of cloister economics", and was very able to sharpen a keenly analytical mind upon the subtleties of marginal utilitarianism. Hoxie spent more than ten years in intensive study of American trade-unionism, which led him into various fields of inquiry, such as wage theory, socialism, pragmatic philosophy, social psychology, employers' associations, scientific management. His "Scientific Management and Labour" is well and favourably known. I want especially to speak of Hoxie's theory of the four functional types of Trade-Unionism in America. To give some idea of Hoxie's methods, at the same time pointing out some relations of this work to mental hygiene, I propose to list a number of items taken from the report of Hoxie's students upon the trade union program (embodied in appendix 2). From paragraph 1, "Aims" may be quoted:

> Expression of self, personality, temperament, group philosophy.
>
> Higher intelligence and capacity for enjoyment.
>
> Improvement of working conditions in health, exertion, independence, personal dignity, supervision and control.
>
> Improvement of living conditions and standard of living; uplift of the working class; uplift of the community as a whole, self-help.

From paragraph II, "Principles and Theories", may be quoted:

> Essence of social maladjustment is the wage system.
>
> Low wages cause of most human ills.

Belief in the wage fund theory, or "lump of labour theory," causes opposition to industrial schools and immigration.

All workers are of the same benefit to society, whether skilled or unskilled, and all should therefore receive the same wages.

Competition between man and man is healthy, but between man and machine is injurious to man.

Society's obligation to the worker to help him obtain his rights, including the right to leisure, and right to education.

Organization is essential to freedom from oppression. Cheap workmen's hotels, minimum wage, etc., simply retard the one right way to better things—organization (Might is right when unionists win).

Right and justice are the rules of the game of the ruling class. Unions justified for the good they do, no matter how great the corresponding damage.

Ends justify the means.

From paragraph III, "General Policies," may be quoted:

Organization for mutual insurance.
No affiliation with welfare plans of other groups.
To act pragmatically.
Make use of:
Self-help only,
Strategic position,
Monopoly,
Strikes,
Boycott,
Violence if necessary,
Methods "within the law",
Mediation,
Arbitration,
Conciliation.
To maintain efficient and high moral character.
To encourage industry, education.
Sabotage.
General strike.
Violence.
To discountenance violence.
To use any method in a pinch.
To educate and uplift union personnel.

From paragraph IV, "Demands," a few items may be quoted:

Equal pay for men and women.
No piece work.
Abolition of rushers, speeders.

No scientific management.
No change in class.
Protection against occupational diseases.
Sanitary shops.
Abolition of child labour, night labour.
Regulation of hiring, discharge, fining, docking, promotion.
Settlement of disputes.
Legislative demands.
Prevention of high-speed schemes.
Workmen's compensation.
Old age pensions.
Public as against private welfare plans.

From paragraph V, "Methods", may be quoted:

High moral requirement for membership.
Violence.
Intimidation of employers.
Scabs.
Sabotage.
Educational work through emotional appeals to public.
Education of public.
Inconvenience of public.
Social ostracism.
Mutual aid and insurance.
Grievance boards.
Moral suasion.
Control through superior competence and efficiency of union labour.

Practically the whole of paragraph VI, "Attitudes," might well be quoted since almost every item has some relation to mental hygiene.

Moral and industrial worth, not wealth, the standard of human greatness.

Physical power the motive force of everything; might is right.

The church and the State, the great pillars of capitalist society.

Contented workman is a pitiable object.

Those who kick without reason are better than those who do not kick at all.

Employers can meet with workers on a basis of justice to both, or on the other hand, "contracts with employers are not sacred."

Every welfare plan has a joker in it.

Conflict between materialistic bread-and-butter unionists and the idealistic members.

Trade-Unionism—the bulwark of capitalism.

A. F. of L. if not a labour organization is simply a combination of job trusts.

When a man gets too wild for the A.F. of L. he goes to the I.W.W. so that the I.W.W. is a good thing.

A man is a scab when he gets in the way of your job, no matter how badly he needs the money.

Men's unions have bosses—women's do not.

Four Types of Trade-Unionism

All the foregoing mass of even contradictory and various statements about unionism would form much grist to the psychiatric mill. The point of view of mental hygiene certainly needs to be applied to industry if such analyses of Hoxie's students are at all representative. The insight of Carleton Parker is certainly justifiable.

Perhaps Hoxie's most interesting contribution is his distinction of five function types (four, if we exclude the group of so-called dependent trade unionism, which relies upon the support of other forms of unionism, or is "yellow" in the sense of being created by employers).

These four main types of unionism are:

Business unionism,
Uplift unionism,
Revolutionary unionism,
Predatory unionism.

Assuming that Hoxie's account of the functional types of trade unionism is approximately correct, so far as it goes, let us see whether the psychiatrist can find any grist for his mill in an endeavour to learn what these functional types of trade unionism might mean in terms of the great fundamental psychic trends. Trade unionism looks like a phenomenon of mass psychology. No doubt the final account of trade unionism will be in terms of mass psychology, but at the present day we do not know too much about this so-called mass psychology. Moreover, it might be dangerous to apply modern and incomplete ideas of mass psychology to a social problem so red hot as the trade unionism of the present day.

Very near to the surface of the modern psychiatrist's consideration of any problem is the question of temperament. What temperament may mean in terms of mass psychology is, to say the least, doubtful. We can serve ourselves best with the distinctions of the psychology of the individual, simply because we have no mass psychology, in the matter of temperament. Granting that Hoxie was right in his definition of the functional types of trade-unionism, may we not profitably inquire how his results fit with what we know of temperament. I shall shortly be able to show that four main types of trade-unionism discussed by Hoxie,

correspond rather neatly with the classical types of temperament. However, my first point is not that trade unionists of one functional type are all temperamentally equipped in a certain way. In the second place, there is no question whatever that the labour leaders in a given way are necessarily men that would prove to be the vehicles of a particular temperament. Nor in the third place is it at all certain that the founders of particular trade union tendencies give pure examples of a temperament corresponding with their particular unionism. I am rather inclined to think that evidence will be forthcoming to prove the genesis of the different trade unionisms due in great measure to certain temperamental trends.

Four Types of Temperament

I do not trust to my own analysis of trade-unionism, since, indeed, I have no special claim to training that would fit a man for such analysis. Likewise, I shall confine myself to the safe ground of a very ancient account of the temperaments. The psychiatrist cannot help having personal, and even partisan and political views of a topic like trade-unionism. The psychiatrist, like any other citizen, might therefore, import his own private views into the analysis. Without further preface let us consider the classical temperaments as they have descended to us from Hippocrates and Galen. The "temperaments" of these Greek physicians were in the literal sense "humours", and good humour and ill humour have come down to us as results of Hippocratic and Galenical ideas. These men distinguished the following four types of temperament: The phlegmatic, the sanguine, the melancholic, and the choleric.

We distinguish sharply the power of a man's intake of sensory stimuli from his motor power of responding in various ways to these stimuli, present or past; but between intake of stimuli and discharge of responses man interposes his intellect and his emotions; the intaken stimuli are somehow combined in the mental processes termed intellectual (that is, inter-ligating). The behaviour of man, that is, the shape his responses, muscular and glandular, take, is thus not merely a matter of his sensory intake of stimuli, but also a matter modified by memory, imagination and other intellectual combinations. However, besides sense, intellect and will (to use the old terms for these functions), we have also to deal with a man's emotions that may influence his behaviour essentially and sometimes almost regardless of his sensory intake, his intellectual combining power and even the natural lines of his motor responses. There is an attitude of pleasure, of pain and perhaps of emotional indifference which modifies behaviour. These are very inadequate words in which to describe what a man does as modified by what he takes in, mulls over, and has pleased or pained feelings about;

but these over-simple words will serve for the moment to make my point, that sensory and motor power on the one hand and emotion on the other hand are apparently much more than the intellect. With these same senses, perhaps with the same muscles, the same glands, and no doubt with the same brain equipment, two men might act differently. We should be included to ascribe these differences to temperament.

Comparison of Trade-Unionism and Temperament Types

Thus, if we are analyzing trade-unionisms from a temperamental viewpoint, we are not discussing how logically well or ill conceived these trade unionists are, that is, their intellectual value in the logical world; nor are we discussing their values in behaviour, except as behaviour is influenced by temperament. Let us now show the four trade unionisms and the temperaments in parallel columns.

Classical temperaments	Functional trade unionisms
Phlegmatic	Business
Sanguine	Uplift
Melancholic	Revolutionary
Choleric	Predatory

There are obviously certain logical connections between the ideas conveyed by the terms for temperament and the terms for unionism. The phlegmatic temperament of relative indifference to pleasure or pain of ordinary degrees is precisely the every-day temperament of the majority not only of labouring men and all labour leaders but also of people in general. From business unionists in Hoxie's sense as from all persons with phlegmatic temperament we may expect business-like reactions, not too highly coloured nor influenced by the extremes of temperament. In accordance with the warning previously expressed, I do not wish to say that business unionists may not now and again vivaciously, melancholically or vituperatively argue their points, but the logical machine of the business trade union in Hoxie's sense appears to be a machine in which vivacity, melancholy and irascibility are not effective forces. We do not regard the esteemed leaders of the American Federation of Labour as swayed by their different logical considerations, since we concede their proper partisanship for the men they represent.

As Hoxie sufficiently indicates, the uplift phenomena of unionism are still nigh universally displayed by the different types of craft and industrial unions. Perhaps there is no single actual union that expresses uplift, and nothing but uplift, in its work. Can we not safely conclude, however, that something like what underlies the sanguine temperament underlies the uplift movement? The modern psychiatrist would have to say concerning sanguine persons that they are often subjected to an opposite feeling, "the blues". Many such persons, technically called

cyclothymic, belong by temperament to the uplifters. Whatever and whoever demands uplift gets the sympathy of these persons, whose interest may shift from week to week and month to month from one proper object of sympathy to another equally proper object. Perhaps we owe much of our effective social welfare work to the existence of the sanguine in the world. Not even their blues, or what were originally called the blue devils, remain valueless, since on the upswing of their temperament they depict in glowing colours the terrible things felt by them when possessed of their devils.

Each of these temperaments, the phlegmatic and the sanguine, has its peculiar virtues. Each of us has felt each trend at different times. Is it not of practical social value to bear in mind the possibilities of these trends to evaluate not only other people's but one's own temperamental trends in this way?

Melancholic Temperament and Revolutionary Trade-Unionism

Perhaps the least obviously effective comparison here made is between the so-called melancholic, or atrabilious, temperament, and the revolutionary type of trade unionism. There is no neat correlation between black bile and the I.W.W. or the I.W.W.'s quasianarchistic forms of unionism. However, there is some suggestion of a parallel in the mental attitude of the revolutionary and that of the confirmed melancholic. The confirmed melancholic, particularly of the more advanced years, is apt to centre thought upon certain ideas, which in frank cases of mental disease may amount to delusions. The point that we outsiders must bear in mind which might concern the revolutionary types of trade unionism, is not their emphasis on direct action, sabotage or violence, but the grounding of all their lives upon definite ideas or hypotheses. The emotional tone of this revolutionary unionism is almost always unpleasant. They are almost always in the state of felt passivity. The passivity they feel simply illustrates for them the passivity in which they conceive the world, especially the industrial world, to be.

If we approach the analysis of those revolutionary unionisms with the idea of their actual grounding in unpleasant violences and violences of felt passivity, we shall get on much better than if we try to interpret their behaviour along simple lines of direct action. The direct action advocated by Sorel in his classical work on violence is a type of behaviour grounded in an hypothesis philosophically held. We can best explain the direct action of Sorel on temperamental grounds, and this entirely aside from the logical accuracy of his conclusions. For aught we know, one or more of the revolutionary types of trade unionism may be logically

quite sound. Our one concern as psychiatrists would be to appraise correctly the share of temperament, in the total response or line of behaviour, taken by the revolutionary under examination—*e.g.*, by the philosophic syndicalist Sorel. Without stopping to inquire whether Hippocrates and Galen would concede our modern analysis of the melancholic temperament to be correct, let us concede that there does exist a type of revolutionary temperament of unpleasant feeling tone and of a felt passivity, quite capable of explaining many proposed revolutionary programmes.

Choleric Temperament and Predatory Trade-Unionism

Far easier is it to see the choleric temperament in the so-called predatory trade unionisms. Here are men working not upon the comparatively high intellectual levels of the revolutionary unionists, but upon lower, instinctive levels. The revolutionary and the predatory unionist may advocate and perform the same acts of violence and sabotage. The revolutionary will have his reasons—the predatory will act on impulse; the revolutionary will have a predominating emotional tone of unpleasantness and will feel decidedly in the passive voice, like many a victim of out-and-out delusions. The correctness or accuracy of his belief makes no difference to his temperament. The felt passivity may be actual passivity or a fancied passivity. The effect upon the revolutionary's behaviour is the same whether the felt passivity is real or imaginary. On the other hand the predatory unionist may well feel himself frankly and gloriously in the active voice. His emotional tone may be unpleasant enough, though in the midst of anger or serene pleasure. However, the predatory unionist, like any impulsive predatory person, is not a very pleasant fellow on the whole, either taken from the inside or from the outside.

I do not know how sound these parallels between the ancient temperaments and the modern unionism types may be. Upon some such lines, however, I am convinced that we shall learn to distinguish not only the functional types of trade unionism, but also other types that function in the modern world. We are very far removed from the Average Man of the French statisticians and an Economic Man of Ricardo and his abysmal failure. The world looked for many years for statistical resemblance amongst men. We should now look for qualitative differences. If it should turn out that Hoxie has made a fundamentally accurate study of the types of trade unionism, the analytic point of view of modern psychiatry may be of considerable help in the further study of these trade unionisms. The psychiatrist may not be sure that Hippocrates and Galen were more than approximately correct in their account of the temperaments, but he may be able to add a

little here and a little there to the classical doctrine, or he may be able to overthrow the classical distinctions altogether. Upon some such analytic line shall he be able to help the world in its confrontation of many problems.

Mental Hygiene Promises Help in These Problems

It will not turn to be a matter of the Head alone, that is of a particular logical and scientific evaluation of the proposed system. It will not turn out to be a matter of the Heart alone, that is a matter of social welfare, rose-tinted or morocco-bordered by the temperaments of uplifters. It will not be a matter of the Long Arm of the law until the law, so to say, can tell its left hand from its right, can distinguish individuals one from another more than its general relations now permit. Mass psychology and mass psychiatry may be in the future of undreamed proportions and quality. We have only the minds normal and abnormal of the individual man to go upon. Can we discern in the nebulous and mobile outlines of trade unionism once more recurrent, the classical trends of temperament? If we can be sure of our analysis here, we can no doubt meet the problems of trade unionism with much more understanding and with very much more sympathy.

Mental hygiene, I venture to say, as represented both by psychiatrists and by psychologists, will make in the long run a considerable contribution to sociology. Out there we speak in terms, more of dreams than in performance, but for that matter the trade unionisms are themselves no better off in this respect, nor has the Head with its scientific management, the Heart with its welfare programme and the Long Arm of the law in its ideal of social justice, given us much more than promise.

WORK OF A PSYCHOPATHIC HOSPITAL*

BY A. G. MORPHY, B.A., M.D.

IN all civilized countries the needs of persons suffering from somatic disorders have been well provided for. Hospitals have been built and furnished with every appliance which science or ingenuity could supply. Physicians and surgeons are trained in diagnosis, pathology, treatment and prophylaxis of disease. Of the necessity of all this work there is no question. Somatic disorders are manifested by some physical discomfort or disability demanding relief, and we may safely say that our primary object is the restoration of the patient to health for his own sake.

In the case of the insane the situation is quite different. Their malady manifests itself in abnormal behaviour and the protection of society is of supreme importance, hence the system of herding the insane in asylums removed from large centres, in sequestered places where they are out of sight and out of mind—for the old proverb applies here as in other things; in asylums, a system hoary with antiquity and still encrusted with mediaevalism, notwithstanding the wonderful advances made in the bettering of asylum conditions during the past century. Let us emphasize this point that, while in somatic diseases the first and last considerations are the treatment of the patient, in insanity the dependency of the insane on public support and their behaviour towards society are the prime considerations, treatment being a secondary matter. And no wonder. The study of mental has not kept pace with that of physical disease. It is more difficult because, for one thing, the brain, the organ regulating conduct, is disordered in the insane person; hence the wish to get well which drives the patient with physical disease to place himself under conditions favourable to recovery, is apt to be lacking in the insane patient and so we lose his co-operation. Mental disease is more intangible, more elusive, and there has never been the same inducement, as far as monetary gain is concerned, for men to make it their specialty as there is in other branches of the medical profession. And we must make allowance for the fact that we are all more or less obsessed with the idea that insanity is incurable or at least that there is very little to be done for it. Hence the deplorable outcome that the treatment of the obviously insane has remained a secondary consideration in the public mind and even among ourselves, and the questions of prophylaxis against insanity, special study and treatment

*Read before the Medico-Chirugical Society, Montreal, January, 1920.

of early and curable cases, and even care and systematic following-up of cases discharged from asylums as cured or sufficiently improved to warrant their discharge, have been and still are given very little attention or entirely neglected.

With regard to the whole problem of the insane, one is almost tempted to describe the general state of mind of the public and of the medical profession as one of melancholia with delusions. But let us take courage in beholding the grey dawn of a new era lightening up this gloomy picture, dispersing the shadows one by one and giving promise of a day when we shall "see things as they are." I refer to the ever-increasing interest among our profession and many of the laity in mental disorders and defects, the devotion of many of the best brains throughout the world to their special study, a more optimistic attitude generally toward the scientific study of mental disease, and the work that is actually being done by various organizations and individuals along these lines.

This new interest has gained impetus principally from two sources: first, the formation of the National Committee for Mental Hygiene in the United States ten years ago, thanks to the work of Mr. Clifford Beers, followed by the organization of the Canadian Committee in 1918; and second, the urgent necessity created by the late war for the study and treatment of psychoses and psychoneuroses.

Binet's work in constructing practical tests for measurement of intelligence has also contributed to arousing interest in mental abnormalities by providing us with a scientific instrument of considerable accuracy.

The New Thought, after long and difficult labour, has given birth to the idea of the institution of special hospitals in which all degrees and kinds of mental abnormality could be studied from a new point of view, namely, intensive study of the patients for the sake of their disease, protection of society being a secondary although intimately associated consideration; hospitals equipped with the best possible laboratories for examination and research and staffed by qualified laboratory workers; hospitals in which physicians, psychiatrists, psychologists, social and laboratory workers would work together for the common end, the study of mental abnormality from the physical, mental and social standpoints.

It was apparent that there were numerous cases which were not taken care of by any existing institutions, neither by hospitals for the insane nor general hospitals, namely, cases of insanity in very early stages and often curable, cases of insanity of mild type and not committable, and large numbers of cases of mental abnormality not easily classified under the term "insanity," in which careful observation and investigation for a week or ten days were necessary for diagnosis.

In order to make such a scheme practicable, special legislation was indispensable, and accordingly the Commonwealth of Massachusetts

enacted the "Temporary Care Act" as preliminary to the establishment of the Boston Psychopathic Hospital. This Act provides that ë

> "The manager or superintendent of any hospital for the insane whether public or private, may, when requested by a physician, by a member of the Board of Health, or a police officer, of or by an agent of the Institutions Registration Department of the City of Boston, receive and care for in such hospital as a patient, for a period not exceeding ten days, any person who needs immediate care and treatment because of mental derangement other than delirium tremens or drunkenness."

The wisdom of making an exception of the last named cases is apparent, for, had this not been done, the Boston police would have made the psychopathic hospital a dumping ground for all their delirium tremens cases, and a number of beds would of necessity have been occupied by them to the exclusion of other cases more suitable to this type of hospital. The reports for 1917 and 1918 show, however, that numbers of these cases were admitted, and Dr. Southard, the former medical director, drew attention to the successful treatment given, namely, hydrotherapy instead of drugs, claiming that the hospital has done missionary work in this respect and hoping that other institutions will profit by it.

The Temporary Care Act enables the Boston Psychopathic Hospital to carry on its work. Not only are patients brought in through the various organizations mentioned above, but a considerable proportion come in voluntarily. The public know that the same stigma does not attach to a sojourn in a Psychopathic as in a State Hospital for the Insane, and so have less prejudice against it; and no doubt, the attitude of the medical staff towards mental abnormality, that is, looking at it rather from a medical than from a legal point of view, begets confidence.

A brief survey of the work done by the Boston Psychopathic during the few years of its existence will enable us to judge whether it has justified its foundation and continuance.

Its capacity is 110 beds. During the six years ending September 30th, 1918, there were over 11,000 admissions to the wards. Of these, 9,000 were temporary care cases of whom 2,250 were brought in by the police. In this last group of cases dementia praecox, alcoholic psychoses and mental deficiency predominate. The number of voluntary admissions is surprising, almost 2,000, an evidence of the confidence of the public in this hospital. An important feature is also the number sent in by the criminal courts for examination pending their trial, seventy-one cases.

Of the total number of cases admitted during these six years, 4,500 were subsequently committed as insane, and 6,500 were returned to the

community as not requiring hospital care or treatment. Of the psychotic cases, 52 per cent. required commitment, and the remainder were d s-charged. Let us note carefully, then, that an average of 614 cases per year were discharged as insane but not requiring hospital treatment. These figures prove that there are a considerable number of insane persons in the community whose malady is such that they do not require to be sent to hospitals for the insane, and compel us to conclude that there are very numerous cases in which observation during a period of ten days or thereabouts is necessary in order to determine whether they are commitable or not.

It is to be most clearly explained that a psychopathic hospital is only in a very limited sense a reception ward for commitable cases, at least in the State of Massachusetts, for in that state the state hospitals have their own reception wards into which the patients are admitted for observation pending commitment, and it is the policy of the probate courts to commit the obviously insane directly to the state hospitals. Consequently the psychopathic hospital is concerned with the cases whose ultimate disposition is uncertain and needs to be determined, and herein lies one of its principal functions, which no other type of hospital can fulfill.

In order to form an idea of the variety of cases admitted and the relation of the different classes to one another as regards numbers, let us now consider the statistics of admissions for the year 1918. Under the title "Provisional Diagnosis in Temporary Care Cases", we note the following:

Traumatic psychoses	3
Senile psychoses	32
Psychoses with cerebral arterio-sclerosis	54
General paresis	124
Psychoses with cerebral syphilis	23
Psychoses with other brain and nervous diseases	19
Alcoholic psychoses	115
Psychoses with somatic diseases	33
Manic depressive psychoses	169
Involutionary melancholia	13
Dementia praecox	436
Paranoia and paranoid conditions	44
Epileptic psychoses	30
Psychoneuroses and neuroses	45
Undiagnosed psychoses	12
Not insane	339
No diagnosis (removed 2nd day)	29
Total	1,540

Of the not insane cases, 111 were cases of constitutional psychopathic inferiority, 84 of mental deficiency, 32 of epilepsy, 27 of alcoholism, and the remainder were cases of organic nervous diseases such as are found in the wards of general hospitals.

These records show how far removed a psychopathic hospital is from being merely a receiving ward for a hospital for the insane. The large proportion of psychoses is notable, and yet in the great majority of these cases there was reasonable doubt at the time of admission as to the existence, kind, and degree of psychosis, and the same remark pertains to the non-psychotic cases with regard to the nature of their malady.

Those who have been in general practice for a number of years can testify as to the difficulty often experienced in making a diagnosis of mental abnormality, in the unmistakably psychotic cases whether the patient is legally commitable or not, and in the doubtful cases whether the patient is insane at all and what is the nature or cause of the mental abnormality. As matters stand at present in this Province our means of settling these questions are very limited. After completing our physical examination we are often still in doubt as to the mental condition, and are fain to call in a psychiatrist for an opinion. And then, at what disadvantage the latter works. He has no opportunity for repeated observation, a very essential thing in mental cases, as their mental state is apt to vary from time to time, and he is often deprived of the benefit of special tests which would be made as a matter of routine in a psychopathic hospital, notably lumbar puncture and psychometric test. He is in consequence obliged to make the best of the circumstances and give an opinion based on what he has been able to find out from his own observation and that of the attending doctor and the friends. It is needless to multiply instances in which the general practitioner may be in doubt as to the diagnosis of his patient's mental state, but a few might be cited, such as cases of dementia praecox or manic depressive insanity resembling hysteria or other psychoneuroses, cases of epilepsy with automatism or dream states resembling psychoses, even the delirium of typhoid or other febrile states mistaken for insanity, cases of cerebral syphilis in which psychotic symptoms are so prominent that the organic condition is apt to be overlooked, alcoholic psychoses such as hallucinosis, or Korsakoff's syndrome in which history of alcohol is either not given nor not suspected, cases of constitutional psychopathic inferiority with or without psychosis, some of which are difficult of diagnosis, cases of conduct disorder in which the simple type of dementia praecox, constitutional inferiority and mental deficiency must be eliminated before a conclusion can be reached, and so on, almost *ad infinitum*.

The general practitioner in this province is often in a dilemma as

to what to advise for these doubtful cases. It is always a serious matter to certify a patient as insane and commitable, especially if one has a shadow of doubt as to his diagnosis, and some hesitation is inevitable. On the other hand, if one is really in doubt as to the question of insanity, perhaps rather inclined against it, and if the patient is restless and perhaps noisy, where is one to send him? General hospitals do not like to admit patients of this type, and there is no half-way house between the general hospital and the asylum. That is just where the psychopathic hospital comes in. Its function is to take care of cases in which a decision has to be reached as to a patient's destiny. Is he to be sent to an asylum, to a general hospital, to an institution for the feeble-minded, or a reformatory, or a jail, or to a home for the aged, or to a sanatorium for tuberculosis, or to a private sanatorium or nursing home, or to be returned to his friends? In this the psychopathic hospital is unique; it does not replace any other existing institution. Accessibility is a vital factor of its existence. It must of necessity be in the centre of things, not removed to a secluded spot like a hospital for the insane. It is the centre of a co-operative system consisting of general hospitals whose specialists are called in for consultation, of social workers who are in touch with the public through the various Social Agencies found in a large city, of all the associations connected with the proximity of numerous colleges and hospitals, of its own visiting staff who attend the out-door department, of the laboratory research work being carried on under the commission on mental diseases, and last but by no means least, the police. The conclusion that this accessibility and co-operation work together for the good of the patients and for the advancement of science is so inevitable that it hardly needs to be mentioned. And what place or institution could be better suited to teaching students the rudiments of mental disease? I use the word rudiment advisedly, for it is well known that mental disease takes a very secondary place to physical in our curriculum. The great variety of cases is an advantage. The marked and distinct types of insanity can be seen, the early and incipient cases, and the cases included under the term psychopathic, such as feeble-minded, constitutionally inferior, and so on. In addition this study would be conducted in a hospital devoted to the study of mental disease from a scientific standpoint, with the advantage of the co-operation of neighbouring general hospitals. It would be hard to over-estimate the value of such educational opportunities to any university in which students are taught medicine, and it is very much to be regretted that such an institution is lacking in this large city.

The work conducted in the Boston Psychopathic Hospital is a marvel of co-operation. Psychiatry combined with medical examination, laboratory work, social service and psychology, this is the underlying

idea. One portion of this dynamic force is useless without the others, and the whole constitutes what might be termed a fighting unit.

The following points of routine practice may be of interest. When a patient is admitted, notes are taken by the Admitting Officer. Once admitted, the patient is given a brief examination by the interne to whom he has been allotted, and is visited by the staff on morning rounds (8.10 a.m.) for inspection, a few questions, and sight diagnosis. His blood is taken for Wasserman test by an interne whose special duty is to do this, and his urine is examined as a matter of routine in the laboratory. The interne who has the case must then make a complete physical and mental examination, following accurately a printed schedule. He must also put in a requisition for lumbar puncture, unless there is some decided contra indication to the same, and for psychometric test (made by the psychologist), and he must get reports obtained from patient's relatives or friends by the social service worker whose special business it is to get them, or in case no one comes to see the patient, to communicate with the patient's friends or relatives by having a soical worker go and find them in order to get the required information. The interne must have his case report complete on the fifth day to present to the staff on staff rounds, giving diagnosis and reasons for same. The chief medical officer is sure to ask questions, often disagrees with the diagnosis offered, questions the patient himself, and then asks the opinion of each member of the staff in turn about the case. It is beyond question that the prosspect of being criticized, perhaps severely, has a wonderful influence upon the care, thoroughness and accuracy of one's work, and that the discussion of each case is very beneficial to the staff. The interne must also make daily notes on his patient during his stay in the hospital, and profits by having the opinions of the staff and the chief on the progress of the patient. As each interne has on an average one new case per day, he is naturally a busy man or woman. That inevitable fifth day is always before his mental vision.

A final diagnosis of each case is made by the Discharge Board at the time of the patient's discharge, and the disposition of the patient is also decided.

The following cases may be of interest, as giving examples of the different types of cases:

J. V., Italian, age 20, epileptic, deteriorated. Conduct disorder at home. Says people held him too tight, and he wanted to kill his mother. Mental age 5 years, graded irregularly. Insane, dangerous, commitable.

S. B., male, age 20, Weak in childhood, never played, introspective, got on fairly at school, but was hindered by poor health. Four years ago became more seclusive. Lately has been apprehensive. Range of

ideas is very narrow, is very religious, quite accessible. Says that God talks to him, but has no definite hallucinations. Diagnosis probably dementia simplex. Schizo-phrenia not pronounced. Says he used to have depressed periods, and is interested in history and biology.

David X.—Says he feels fine and has no trouble with any one. Oriented, no memory impairment, no drugs. Began to have ideas of reference two years ago. Thought that he was being watched (possibly true) and got ideas of his food being poisoned, and of some definite force working against him. Diagnosis, paranoid condition. In paranoid praecox the symptoms would probably have appeared sooner.

J. R.—Trouble with his wife, refused to support her. Suspicious of her. Arrested. Not alcoholic. No hallucinations. Emotional condition, indifferent. Does not worry about anything. Praecox, with some doubt.

Francisco X., Italian. Some hallucinations and delusions. Says that pains in his stomach are the same as the pains he had from eating poisoned mushrooms, and that there was poison in the bed to cause the pains. Very slight memory defect, oriented. Had lues 8 years ago. Pupils are stiff, knee jerks absent—spinal fluid shows 192 cells. Paresis, tabetic type.

Pearl B., married. First husband killed himself. Patient was a prostitute, spent some time in reformatory, has been married three times. Went with present husband to hospital where her child was, and when doctor refused to discharge child, became very violent, and slapped her husband's face. Police were sent for and brought her to Psychopathic Hospital. Examination: is not worried over present state of affairs, rather cheerful, attractive in appearance and manner. Psycho metric, 10 years. Diagnosis: moron with criminalistic tendencies.

H. B., aged 62. Came into hospital dazed and disoriented. Later consciousness became clearer. Oriented for personality, not for time. Memory very defective. Fills in gaps with confabulation. Has dizzy spells, having fallen in the street several times. Alcoholism admitted. Began to deteriorate two years ago. Diagnosis cerebral arteriosclerosis —Korsakoff?

T. C., labourer, age 38. History of D. T.'s Admits having drunk heavily since the age of 20. At present has delusion that eyes are fixed in his head so that he cannot move them. Emotional tone somewhat blunted. Diagnosis of alcoholic deterioration offered, but chief medical officer remarks that this type of delusion is infrequent in alcoholic deterioration, *i.e.*, a kinaesthetic delusion, and that in these cases the tone is humoristic-emotional. Patient's delusion and indifferent tone suggest dementia praecox.

Jane J. F., aged 74. Had slight stroke 10 years ago. Walks about all night, half dressed. Says she is 55, and this is the year 1865, and that we have not had a Sunday for two weeks. Is confused, somnolent, disoreinted suggestible. Diagnosis, presbyphrenia, confabulatory type.

Alice B., aged 22, brought in by the police, having been found in a doorway. Says the sun faded away yesterday. Dementia praecox.

Addie L., aged 47. Married at 28. Had nervous breakdown at this time, lasting six weeks, but was cured by marriage. Perfectly happy. Divorced husband, seven years later married again. Second husband used to drink and abuse her. Left him and went to work. Last October had influenza and got frightened about stories she heard about it. Got very nervous. Began to have obsessive thoughts, but no marked depression. Had peculiar feeling in head when reading, and spasm of neck muscles. Diagnosis, hysteria or psychasthenia? Suggestibility is in favour of the former, and contraction of neck muscles, if really a tic, is in favour of latter.

Esther B., aged 20, had meningitis at four years. Graduated from High school at 19 with honours. Has always been delicate. Lately has lost much weight, has visceroptosis, pain after meals. Thought of committing suicide. Went out to pond, but as water was dirty, decided not to do so. Doctor thinks she is rather apathetic about her illness. Diagnosis, natural reaction to depressed condition of health.

James H., aged 31, brought in by the police. Charged with annoying a girl by proposing to her. Was scattering flowers along the street in honour of the approaching marriage ceremony. Had bought ring and marriage license and published intentions, but girl knew nothing about it. Dementia praecox.

The outdoor department of the Boston Psychopathic is a large psychiatric clinic. Social service and psychology are indispensable elements of its function. Cases are followed up in a systematic method. A large number of the patients are patients discharged from the hospitals whom the outdoor look after. Numerous patients are sent by various organizations. In fact it may be said truthfully that a psychopathic hospital, indoor and outdoor, is a kind of last resort for socially difficult cases which other societies, hospitals and organizations have found it difficult or impossible to deal with.

A notable feature of the work done by the outdoor department is that of investigating the families of syphilitic patients, and persuading them to submit to tests and to treatment when indicated. Much good has been done in the way of treatment, and many valuable data has been gathered with regard to juvenile paresis and tabes and congenital syphilis. This work is prophylatic, as well as curative. Nearly 20 per cent. of all patients admitted to state institutions are syphilitic, though

not all of these have paresis, and not all are mentally diseased because of syphilis. An interesting record in this connection is that of 300 untreated cases recently reviewed only five were capable of self-support, while among 200 treated cases fifty were capable of self-support. It is also pertinent to remark here that patients are attracted to a psychopathic hospital at earlier stages of the malady than those going to hospitals for the insane, and are consequently more curable. This is undoubtedly a field in which a psychopathic hospital with its highly efficient organization can do very valuable work, preventive as well as curative, of which the results may not be apparent for a long time, but may ultimately make a perceptible difference in the number of cases of insanity due to syphilis admitted to hsopitals for the insane.

The outdoor department, with its medical social and psychological services, forms a unit somewhat separate from the hospital as a whole, and it is satisfactory to find by experience that an effective psychiatric clinic may be operated in connection with a general hospital. And there is no reason why such a psychiatric clinic should not do as good work as that connected with a psychopathic hospital, provided that it is well organized in all its departments and the workers are qualified and devoted. The problems of the neuroses, the psychoneuroses, the borderline cases, the feeble-minded, and the mild and incipient cases of insanity, are the special case of a psychiatric clinic.

SUMMARY

FUNCTIONS ARE

1. To admit cases of mental abnormality of any kind for observation and diagnosis.
2. Brief treatment of incipient psychoses.
3. In the Province of Quebec as emergency hospital for commitable cases.
4. Intensive study of mental disease.
5, To advise social agencies about difficult cases.
6. Community and individual work through the social workers (syphilis, feeble-mindedness, delinquency, etc.).
7. Teaching and research.
8. Centre for mental health work and intensive study of social problems.

THE WORK OF THE MANITOBA PSYCHOPATHIC HOSPITAL

BY A. T MATHERS, M.D.

Director

Manitoba Psychopathic Hospital

BEFORE giving you a brief account of the work of the Manitoba Psychopathic Hospital, I have thought that a review of the role of Psychopathic Hospitals in general might prove timely and of interest. Such institutions represent an attempt to bring to the investigation and care of cases of mental disorder, the maximum efforts of present day scientific medicine. The argument for their existence like that of hospitals generally rests upon a tripod of objectives. The main object of existence of any hospital is the humane and efficient care of the sick. Scarcely less important objectives are education and research or at least an attempt to correlate and expand the existing knowledge of disease.

We know that the modern idea of treatment includes not only the provision of material care and comforts, not only the careful and thoughtful overhauling of each patient, but also includes a reaching out into the world from whence the patient came to discover, if possible, through what fault of individual or society at large we find our patient as he is. By this means new light is being thrown upon the genesis of disease, be it physical or mental. The four walls of the hospital do not limit its activities. They can never again be an obstacle to that shuttle—*social service*—that constantly works back and forth between the hospital and its community. And if the hospital where the results of accidents, fatigue, infection, etc., finds its activities in no small part extramural how much more must this be true for the hospital where the results of maladjustment, bad heredity, etc., are cared for. The Psychopathic Hospital is the centre of a circle, the circumference of which is coterminus with the boundaries of the community itself.

It is the purpose of the Psychopathic Hospital to receive all types of psychoses and many psychoneuroses, misfits and cases of maladjustment generally. The actual psychoses that give promise of yielding to treatment in a short time are kept in every case possible. The institution is by no means a clearing house only. Aggravated psychoses and those promising long duration are passed on out of the Psychopathic Hospital since it is felt that these are rightly material for the Provincial hospitals. Some phases of manic depressive psychosis, some cases of Dementia

Praecox, most cases of toxic or infectious origin can be kept during the whole course of the episode.

The psycho-neurotics form an exceedingly interesting group that in many cases well repay careful investigation and thought. Numbers of life's misfits, cases of consistently bad luck in all ventures, etc., drift into the hospital often enough voluntarily, and one feels that in many instances they are helped. The set reactions and methods of thinking of adult life are, however, often the bar to permanent readjustment. The occasional good result makes all effort worth while.

Next to the care and treatment of patients, the teaching of medical students and pupil nurses is a most important function. The teaching of psychiatry has only of late shown a tendency to an approach to its rightful position in courses of medical instruction. The hospital gives an opportunity to students and nurses to come into close contact with cases of mental disorder and to have demonstrations of methods of investigation and care. Not only do these students in this way become somewhat acquainted with the manifestation of abnormal mentality, but the work seems to broaden their outlook upon disease generally and to bring into their future calculations that intangible thing, personality. It seems to me that all teaching has been too much interested in solid "pathology." Few students or nurses consider the given case as anything but physical disease that runs more or less true to text book form. But we know that in all probability the greatest and perhaps the only distinguishing mark of the physician or nurse with a reputation for results is that an adequate recognition of the influence of personality, both their own and the patient, has been attained. To some, we know, this seems to come instinctively; in others it is the result of a slow unfolding, attained perhaps only after much discouragement. If, then, the Psychopathic Clinic can bring to students an appreciation of this one factor in the distresses of the world, it has already gone a long way toward a justification of its existence.

The hospital is a factor, too, in altering the attitude of the public toward mental disorder. The influence of glimpses of clean hospital wards, the hydrotherapy and occupational departments on patient's friends is great. Mental disease, in this way, often comes to occupy in their minds a position closely akin to that held by physical disease. And this is as it should be. We believe that one of our best pieces of propaganda is the allowing of friends to visit patients in their wards and not in a special reception room.

But the teaching function is not confined to students, nurses and the public. The staff doing their work as they should are constantly under instruction. They see the many instances of well-defined symptom complexes but they are always being given ample opportunity for

picking out and thinking over entirely unexpected, and, one might say, unhearted syndromes. The Psychopathic Hospital, with its kaleidoscopic train of patients, does not tolerate well the presence of a staff of medical men and nurses who feel that their education is complete.

The avenues for research are many; one has many choices. Work in the pathological histology of mental disease is but in its infancy. Alzheimer, Nissel, Southard, Barrett, have but blazed the beginning of the trail that leads into an unexplored wilderness. It has always seemed to me that the field of psychotic manifestations accompanying somatic disease must be a veritable treasure house had we but the magic means of entering.

Research in the social field is another avenue for effort. We know so little regarding the influence of abnormalities of personality in society generally. But what we do know promises much. In this day of quivering, and perhaps crumbling social structures we look about us with a fearfulness hidden under the outward trappings of equanimity for the solution of the great riddle of social justice and standards. Work in schools, courts, among charitable agencies, and in fact the daily experience of each of us leaves no ground for the denial of human inequality, and yet we have drifted along, maybe to the verge of ruin, where our cherished social traditions and structures have trembled under the onslaught of mass action cunningly set in motion by irresponsible and unstable minds. Shall we even think of a choice where such a field for research lies fallow? Is it a matter of choice or is it a demand based upon unrelenting necessity?

So much then for our brief survey of the role of Mental Hygiene in general and of Psychopathic Hospitals in particular.

May I ask your indulgence while I tell you something of our work in Manitoba. The Manitoba Psychopathic Hospital forms the centre of the provincial system and was built and is maintained by the Government of the Province. It stands in close relationship to the Winnipeg General Hospital and the University of Manitoba, to the advantage, doubtless, of all concerned. The building itself is a long way from being a perfect structure and illustrates in a very tangible way the result of poor understanding by architects of the work and function of such an institution.

Patients may enter the hospital in one of three ways, namely, (1) voluntary admission—the only requirement being a willingness on the part of the patient to conform to necessary rules and regulations. (2) General admission for observation and treatment at the request of physicians, relatives, etc., and without legal formality. (3) The ordinary committment on order of the magistrate. The third method is one very seldom employed now, the great majority of the patients being either voluntary or general admission cases.

To date there have been two hundred and fifty admissions since the hospital opened during the last days of October, 1919.

During their stay in hospital, which has averaged twenty-nine days, the patients are gone over as carefully as possible, both physically and mentally when all laboratory examinations relative to the case are made, and when it is felt that a fair idea of the generalities has been attained, the patient is started on whatever treatment we feel may help. The usual general hygienic measures and hydrotherapy are routine. We look upon occupational work as of very great value not only because of its diversional powers, but also because it does so much to quietly restore that orderliness of mind that so many cases lack and need. One can gain most tangible evidence of improvement by watching the changing attitude toward and character of work done by the patient in the occupational department. The bead chain that at first shows by its disorderly arrangement the presence of attention defect and complete dissociation of thought and motor response, comes by its growing orderly arrangement to indicate a returning power of concentration, and a gradual disappearance of the self-absorption that resulted in the previous hodge podge.

Records are done in duplicate, typed and carefully indexed according to name of patient, diagnosis and each outstanding symptom. In our classification we follow as closely as possible the Statistical Manual of the American Medico Psychological Association and the National Committee.

Our classification of the first one hundred and fifty cases was as follows:

Dementia Praecox	35
Psychosis with Somatic disease	17
Not Insane	16
Manic Depressive Psychosis	12
Constitutional Psychopathic Inferiority	12
Neuro Syphilis including G.P.	10
Feeble-mindedness	9
Involution Melancholia	9
Senile Psychoses	7
Paranoid Conditions	6
Alcoholic Psychoses	5
Not diagnosed	4
Epilepsy	3
Drug Addiction	2
Chorea	2
Parosmia	1

Thirty-seven per cent. of the cases were committed to Provincial

Hospitals. Five per cent. died, but in all except one case these were instances of somatic disease. The remainder of the patients went home and, according to our follow-up reports, are able to get along. A few cases discharged on trial had to be taken back and committed, but these are included in the above mentioned thirty-seven per cent.

The classification by committments shows that:

80% of the Manic Depressive Psychosis were committed
71% of the Senile cases
69% of the Dementia Praecox
66% of the Involution Melancholia
60% of the General Paresis
44% of the Feeble-minded
33% of the Paranoid Conditions
6% of the Psychosis with Somatic Disease.

Something over three hundred and eighty examinations have been made at the request of the Juvenile Court, Children's Aid, etc. Only such cases are referred from the Juvenile Court as seem to indicate by appearance, nature of crime or recidivism, the possibility of mental defect being one of the genetic factors.

A report to the judge is based upon a physical examination, investigation of family and personal history, school progress and social and moral reactions in addition to the psychological examination.

We have so far had very limited opportunities to do work in the schools but we are looking forward to the time when this very important work will get the attention it deserves. It seems to us that all Mental Hygiene effort should be centralized, and although we of the Psychopathic may not actually do the detail work, we are anxious to keep it under our supervision, thus in one more way binding ourselves to the community at large.

One feels a very definite personal opposition to statements of intentions and aims. No doubt Lord Fisher's motto, "deeds not words", is the correct principle. All that we can say is to repeat Southard's summing up of the aims of mental hygiene. They include all that we shall be permitted to do, all that we could ever do. "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 defects 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 the elaboration of the obvious".

SURVEY OF THE TORONTO PUBLIC SCHOOLS

ERIC KENT CLARKE, M.B.
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DURING the autumn and winter school terms of 1919-1920, as School Psychiatrist under the Department of Public Health, City of Toronto, I have made a survey of thirty-eight Public Schools throughout the city, representing a school population of 32,347 pupils. These schools were not selected, but were chosen in rotation in answer to requests for surveys received from the principals of the various schools of the city. It is by no means a complete survey of the city, which has some eighty-seven Public Schools, not including the Separate Catholic Schools. As these schools are widely scattered, however, I feel that the report would be of interest to students of mental abnormality, as it gives a fair estimate of what the conditions will prove to be when a full report is completed.

On the total of all the schools surveyed 1.66% of the total school population was found to be mentally defective. In individual schools the percentage was found to vary from .32% to as high as 6%. In two schools the percentage ran as high as 8% and 16% respectively. These schools were not regarded as fair examples of the Public Schools, being in connection with the Boys' Home and the Girls' Home.

The subnormal pupils were found in the various class-rooms of the schools, the great majority coming from the Jr. I, Sr. I, and Jr. II grades, a few in Sr. II, and an occasional one in Jr. III. In the cases found in Sr. II and Jr. III grades it was discovered that the children were there on account of their physical size, rather than mental capabilities.

Practically all these pupils were reported upon by the teacher as being over-age for their grade, slow and dull in class work, and in many instances chronic truants, troublesome, and hard to manage. Through their inability to assimilate knowledge imparted to the other children, their lack of attention and application, they played an important role in holding back the general progress of the class work. The fact that these children were over-age and over-size added to the difficulty of handling them under the prevailing conditions.

Many were repeaters in the grade, and had become discouraged by seeing smaller pupils come in from lower forms and pass on to higher ones, while they stayed on, covering the same ground again and again.

As the classes ranged from 45 to 55 pupils there was little opportunity for the teachers to devote individual attention to these unfortunates. Where it was possible to devote special attention the response was in many instances worthy of the effort.

To give a brief analysis of the schools surveyed names will be suppressed, giving a brief description of the school instead.

Type of School	*Pupils*	*Defectives*	*%*
(1) Foreign (Jewish, Italian, etc.). Canadian district. Middle class. Mechanics, shop owners, etc	800	8	1
(2) British. Labouring. Poor district	870	27	3.1
(3) Foreign. Downtown school	978	24	2.45
(4) Canadian. Skilled mechanics, etc	1,253	4	.32
(5) Canadian. Skilled mechanics	669	8	1.2
(6) Foreign. (Downtown poor district)	554	13	2.34
(7) Canadian. Labouring type	1,126	17	1.54
(8) Canadian. Better class mechanics, etc	1,433	14	1
(9) British. Canadian. Labourers and skilled mechanics	1,065	21	2
(10) British. Labourers. Downtown. Poor	339	20	6
(11) Canadian. British. Middle class. Skilled labourers. Mechanics	690	14	2
(12) British. Canadian. Poor labourers	1,335	24	1.80
(13) Foreign. Labourer	410	9	2
(14) British. Foreign. Labourers. Poor	400	12	3
(15) Canadian. Skilled labourers and mechanics	1,000	23	2.3
(16) Canadian. British. Downtown district. Poor labourers	1,030	17	1.65
(17) British. Canadian. Skilled labourers. Outlying district	700	8	1.1
(18) Foreign. Canadian. Poor	952	17	1.77
(19) Canadian. Outlying district. Middle class	500	8	1.6
(20) Canadian. Good residential district	1,200	9	.75
(21) Canadian. British. Labourers	862	29	3.36
(22) Canadian. Fair residential district	1,350	17	1.26
(23) Poor. Foreign district. Chiefly senior grades in schools	460	6	1.30
(24) Canadian. Good residential district	492	4	.81
(25) Canadian. Fair residential district	565	10	1.94
(26) Foreign. Poor labourer district	271	10	3.70
(27) Orphanage School	101	4	4
(28) Canadian. Foreign. Poor	750	10	1.33
(29) Canadian. Fair residential district	879	6	.68
(30) Boys' Home. Children mentally examined prior to admission	50	4	8
(31) Girls' Home. Children not inspected	51	8	16
(32) British. Canadian. Poor residential district	1,051	14	1.33
(33) Canadian. British. Fair residential district	159	1	.63
(34) Foreign. Poor labourers	1,741	26	1.49
(35) Canadian. Poor residential district	931	20	2.15

Type of School	*Pupils*	*Defectives*	%
(36) British. Poor residential district	1,335	19	1.39
(37) Canadian. British. Poor and middle class residential district	1,075	21	1.95
(38) Foreign. Downtown. Very poor residential district	450	22	4.88

By analyzing this report one sees that of the 538 children found to be subnormal, 357 of them came from poor districts, chiefly downtown "slum" districts. Here the home conditions in many cases were found to be anything but desirable—two to seven families living in small, overcrowded quarters. Also the juvenile delinquency problem was a larger one here as the children were prone to play on the streets, due to lack of playgrounds and so forth. There are playgrounds here, but not in sufficient number—the streets proved to be more alluring. Of the 538 subnormal children found, 215 were found to have an Intelligence Quotient of 75-71%, while 323 were 70% or under.

Not included in the above number, 59 psychopathic children were detected, and in 83 families more than one mental defective was found. In nearly all of the schools, well-organized "gangs" were discovered, the ranks all having a goodly number of mentally defective children in them.

Truancy was a constant factor in all schools amongst these subnormals—chiefly for two reasons: (1) Lack of interest in scholastic things, resulting in loss of attention and restlessness. (2) Lack of will-power—leading to a ready response to suggestion.

In a similar manner tales of immorality were heard in many of the schools visited. In the majority of these instances the immorality could not be definitely proven but was "suspected"; the suspicions being based on firm ground. Here again, the unfortunate mental defective was found to be the real instigator of wrong-doing, due to want of home training, lack of will, faulty judgment, and general in- capacity.

At the time this survey was made three classes for "backward" children were in progress in the city. These classes were primarily promotion classes. Investigation revealed, however, that the classes were filled with mental defectives, of a low order, in fact one room alone harboured five imbeciles suitable for institutional care. In this way these classes, which were doing excellent work under adverse conditions, rather defeated their purpose, as the children were in no way suitable for promotion, but rather for industrial classes. It was recommended that industrial classes be substituted and this was subsequently done in two of the three schools. The "Ungraded Class for Backward Children" was kept going, to be used for "catch-up" work, and another class organized as well for definitely subnormal cases.

Further recommendations were also made to the Board of Education for the establishment of 22 more industrial classes throughout the city. Of this 15 were recommended for large schools, where a sufficient number of children were found to fill a class and an overflow to act as a constant source of refill. The remaining seven were to be used as common classrooms, between two schools. This was done for several reasons: (1) Where two adjacent large schools did not have a sufficient number of children in each to fill and maintain a class; (2) to link up a small six or seven room school with an adjoining large one; (3) to be a common room for three small schools in the same district.

The schools where this latter arrangement was suggested were all close together, and so the increased distance for the pupils to go was of but little consideration.

The schools belonging to the Orphanage and Boys' and Girls' Homes cannot be taken as fair samples of the public schools. These children were placed here for various reasons, and constituted a definite problem of their own. At the present moment the need for classes in other schools is so urgent; no immediate action was suggested on account of the frequent change in school population.

In making this report I wish to thank Dr. Hastings, Chief Medical Health Officer of the City of Toronto, under whose Department this survey was carried on and whose permission was given to make this report public, Mr. R. H. Cowley, Chief Inspector of Schools, whose co-operation made the work much more easy; Miss E. de V. Clarke who assisted me in the work at schools and homes, and to one and all the principals and teachers of the schools visited.

The Board of Education have the matter of establishing the industrial classes under consideration, and it is to be hoped that by the opening of the autumn term many, if not all, of these unfortunate subnormal pupils will be received in a room where work will be provided that will interest them, and advance their education along lines not heretofore attempted in Toronto.

It is hoped that eventually a Central Clinic or Clinics may be established. These will aid the work materially and enable the Psychiatric Department to make an intensive study of each mentally handicapped child discovered in the various schools. Possibly this is one of the most important problems to be considered as without such an aid the results are apt to be haphazard.

AN EXPERIMENT IN GRADING CHILDREN*

BY ELISABETH A. IRWIN
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The Plan of the Experiment

THE experiment in grading children, in Public School 64, Manhattan, has now reached the end of its third year.

The relation of the many aspects of the work that have evolved from time to time will be more clearly understood if the progress of the experiment is traced from its original outline.

The original plan was to test psychologically and physically every child who enters school, and on the basis of these findings, to classify them in tentative groups for purposes of teaching. By this means it was hoped eventually to know the human material in a school of 3,200 children in such a way that no talent, no defect, no individual need would go un-noted. Each entering class in a school of such size contains from 100 to 200 six-year-old children. In addition to these each term brings new children into the grades already studied and classified. The first seven grades, from 1A to 4A inclusive, in P.S. 64, including thirty classes and about 1,000 children, have thus far been classified. From this sorting have come, as was anticipated, the following types of classes:

I. Terman classes, for very superior and gifted children. A special enriched curriculum is provided which obviates the skipping of grades by bright children. These comprise 4 classes with registers of 25 each.

II. Slightly above the average classes, for children able to do about the same work but a little more intensively than the average and occasionally to make an extra term. These comprise 7 classes with registers of from 30 to 40 each.

III. Average classes, for children mentally and physically normal. These comprise 7 classes with registers of about 40 each.

IV. Slightly below the average classes, for slower children, who are not definitely backward. These classes exist only where the grades are large enough in number for three regular groups. Not all grades have them, therefore there are at present but 2 classes, with registers of 40 each.

V. Opportunity classes, for children definitely backward but not mental defectives. This group is most in need of a special curriculum. A beginning has hardly been made in handling them. The registers are smaller than in the average classes. The register does not exceed 30, and especially patient teachers have been assigned. There are at present 3 classes of this character.

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VI. OBSERVATION UNGRADED CLASSES, for children much below the average in mentality or in response to school demands. Some of them are actually mental defectives. Others return to the regular grades after a term or so of observation, special care, medical attention and individual teaching. There are now 5 classes with registers of 15 each.

VII. NUTRITION CLASSES, for children who are underweight and need special physical attention. Health is made the centre of the curriculum. Home visits and mothers' classes are used to get necessary attention to construct health habits. There is now but 1 class with a register of 40.

VIII. NEUROTIC CLASSES, for children who are not mental defectives, but behaviour problems, temperamentally peculiar, or in need of a period of study and adjustment. There is now but 1 class with a register of 10 or 12.

Previous to this experiment none of the types of classes above outlined existed. Now, at the end of each term in P.S. 64, a tentative classification of all children six years old is made on this basis, and changes are subsequently made from term to term growing out of the experience and recommendations of the teachers and the results of observations freely exchanged between classes. The actual changes in the upper grades amount to between three and five per cent., and, although they are important for the individual child, they do not, in general, alter the original grouping very much.

Once this classification has been made it is possible to undertake different kinds of experiments in content and method with a knowledge of the human material with which the school must work.

These special experiments have been organized in P.S. 64 because of the appreciation of the necessity for a careful study of the nature and mental capacity of the children before beginning to educate them. It is not at all surprising that more problems have been revealed than could possibly be solved by the existing staff. It has, therefore, been necessary from time to time to invite properly equipped individuals and organizations to come in and assist. The amount of such co-operation enlisted during these three years as a result of these experiments and at the invitation of the Public Education Association has been so great that it will give a better idea of the whole work to outline it briefly, than to describe at length a few special features of it only.

PSYCHOLOGICAL AND PSYCHIATRIC WORK

As many as 20 students from Teachers College and Columbia University have done psychological testing and research work in connection with the grading experiment. Dr. Hollingworth and Professor Woodworth, in particular, have sent advanced students of good training and ability. The amount of assistance given by these students in the aggregate amounts practically to the full-time work of one person for between one and two years. Two of the students have become so interested this year that they have obtained New York City teachers'

licenses and are hoping to remain at Public School 64 to work on class-room problems.

Dr. Leonard Blumgart, psychiatrist of the Mental Hygiene Committee of the State Charities Aid Association, has held a series of clinics at the school and rendered valuable assistance in selecting children for the neurotic class and in planning its curriculum.

Dr. George M. Parker is giving his services two mornings every week for clinical work at the school. One of these mornings is given to problem cases brought by the visiting teacher, the psychologist or the class teachers. The other morning is spent in the study of the emotional trend of children, in the hope of offering to the school suggestions for the modification or extension of the curriculum in response to certain universal needs of children which the present school courses are not attempting to meet. Mr. Louis Marks, the principal of the school, is especially interested in this work and frequently spends a morning with the psychiatrist in this study.

Class-Room Experiments

The most important experiment in connection with actual modification of the curriculum is that which is being undertaken by Mrs. Marietta Johnson of the School of Organic Education, Fairhope, Alabama. Mrs. Johnson has raised her own budget and provided her own equipment and supplies as well as the salary of a specially trained teacher. This experiment is being tried with the children slightly above the average, classified above in Group II.

Several of the regular teachers have also undertaken experiments on their own initiative with this same type of child. In the traditional school the temptation has too often been to have the child do an extra term of work rather than to modify or amplify what is usually covered. Under this experimental treatment, however, the old idea of skipping children is changed to that of letting whole groups of such children do more than a term's work by enriching and deepening the content.

The work for children whose great need is for help rather than for great accomplishment, also calls for material modification of the curriculum. While a beginning has already been made for these children, much yet remains to be done for them. Accordingly the classes for slow children, who are included above in Group IV, will receive close attention next. The principal is already elaborating the plans for this group next year.

Social Co-operation

The Boys' Club: Avenue A and 10th Street, has co-operated with the visiting teacher on problem cases, and its work with individuals has

been almost immeasurable. Were it not for this chance for gymnasium, club work, summer outings and personal attention to special cases, fully half of the recommendations of the psychiatrist would be impossible to carry out. So many school problems are solved by proper after-school activities.

The Christodora House has also co-operated with the school in a remarkable way by enlarging the scope of the experiment during school hours. For a whole year it has lent its beautiful music room for special classes in music, and has allowed the use of its smaller rooms for tutoring, testing, and numberless small undertakings for which the school building is too crowded. The Christodora House has also done very extensive summer work for individual children and one season took care of all the children from the nutrition experiment for the whole summer. It has, in addition, a Boy Scout group which has taken a number of boys recommended by the school and handled their problems.

The Children's Aid Society has been most generous in lending its building just around the corner for special types of work.

The Local Branch of the New York City Public Library has also done special work with the classes for gifted children.

Art and Music

The Neighbourhood Art School of Greenwich House, although in a different part of the city, has given two teachers for a year and a half to work with the gifted children, in the Terman group. This work is very much more extensive than anything of the kind undertaken by the regular school department and has offered a chance to develop creative ability in modelling and colour work.

Mrs. Harriet Ayres Seymour's Music School, for one year, contributed the services of one of its best teachers to work with the gifted children. This help was most exceptional. Unfortunately, it has to be discontinued this year for lack of financial support, but its spirit has been carried on by one of the regular teachers in P.S. 64, who was herself one of Mrs. Seymour's pupils. It is hoped that this work will be started again, as it means so much to the school, not only because of its demonstration of a particular method of teaching music, but also because of its contribution to the special training of individual children.

Health Work

The Board of Health Eye Clinic, which is fortunately located in the school, has done a great deal in the way of examining the children of the entering class and in following them up promptly for glasses. This type of work is not usually done in the public schools until the third year.

The value of thorough examination at the very beginning of school life, however, has been proven by the fact that about 27% of the six-year-old children have been found by this clinic to need immediate attention to their eyes. In this connection, a special student from the School of Social Work assisted materially in following up the children in the classes of the first three years and in getting the parents to provide glasses for those who needed them.

Dr. Leichter, a neighbourhood dentist, who feels strongly the needs of the school children, has spent several mornings a week in examining the children. As he could not cover all the children, he has centered his efforts upon those in the nutrition group and in the Terman classes. There is a great need for a permanently established dental clinic in the school and especially for a dental hygienist such as was provided one term. This work has been dropped all over the city, however, by the Board of Health under this Administration, but it is one of the strategic points in conserving children's health which should be resumed at the earliest possible date.

The Nutrition Experiment which has been carried on in the school for two and a half years by the Bureau of Educational Experiments, while essentially intended for research, has a practical aspect, which, from the point of view of the general experiment in grading, is of great importance. This year all the children in the entering class in September were weighed and measured the first week of school. Those who were seven or more per cent. underweight were placed in a special class and problems of health made the centre of their curriculum. Much home visiting has been done and mothers' classes have been held in connection with this work. This has been a very thorough piece of work, and should be taken over and made permanent as a part of the school. The Bureau is not going on with it next year as it feels that the experimental stage has been passed.

Special Assistance from the Board of Education

Special co-operation with the experiment from different departments of the Board of Education has been particularly helpful.

The Department of Ungraded Classes has created special observation classes for young children so that those who are not necessarily mentally defective, but in need of an extra start, might be rescued from the discouragement of failure in the regular grades. Some of these children have been found to be real defectives, but many of them will be able to go back to the regular grades.

This department also made possible the Neurotic Class, the only one in the city. This class, in particular, has been very interesting to visitors who come from other cities where this problem has not yet been

met. It fills a long-felt want in the handling of children who tend to be abnormal but not necessarily subnormal. The problems of these children are largely emotional, rather than intellectual.

Owing to the grading experiment, the ungraded work in the school has tripled in size, as the children are now taken from every grade, including the lowest, as they are discovered, instead of from the 5th and 6th grades, as heretofore, after they have become discouraged and unnecessarily retarded.

The Department of Physical Education has also co-operated on special problems. Dr. Harry I. Goldberger of this Department, has given his expert services as a pediatrist in the individual examination of special groups of children and in examining the second term group of the nutrition experiment. The regular work of the Board of Health has unfortunately not been of a character to be of much practical assistance in really studying the health of children.

The Bureau of Reference and Research is now making an extensive study of mental and pedagogical tests in this school, in order to obtain adequate data for recommending certain tests throughout the system for similar experiments. These constitute group tests intended for the study and classification of children roughly in large numbers. P.S. 64 was chosen by the Bureau for this purpose because of the intensive work with individual tests and grading which had already been inaugurated there. It is hoped that this survey will eventually result in a comparison of the value of the several group tests based on their correlation with each other and with the individual tests. It is of interest to note that P.S. 64 is the first school in the city to be allowed to use the tests of the National Research Committee.

The Visiting Teacher

In closing it seems pertinent to speak of the work of the visiting teacher in connection with the grading experiment. Miss Emily Leonard of the Visiting Teacher Staff of the Public Education Association was placed in P.S. 64 to co-operate in the plan. In looking over the list of school activities it is quite evident how large and important a part she has played in the work with individuals and how impossible it would have been to conduct such an experiment without a visiting teacher. Attention should be called, however, to the fact that by means of the grading method, the visiting teacher receives the cases that are really visiting teacher problems more promptly than in the traditional school and indeed, almost automatically, for the children who are in need of special attention but whose difficulties have not yet become manifest in the classroom come to the notice of the psychologist and the teacher

at once as a result of the studies made, and are referred directly to the visiting teacher. Especially is this true of the scholarship cases, which come to light through the knowledge of the child's ability in the face of his achievement. When these do not match, the child is recognized at once as a "scholarship problem", needing special study and adjustment.

The part of the work which now needs to be rounded out is the health side. In addition to the work already being done and the excellent co-operation of the neighbourhood agencies, a whole time health worker to deal constructively and practically with the health habits of children in the early grades of school is absolutely essential to the successful carrying out of this interesting and promising experiment.

ABSTRACTS

THE EMOTIONS AND THEIR MECHANISM IN WARFARE

DR. TOM A. WILLIAMS, WASHINGTON, D.C

(*Journal of Abnormal Psychology, April-July; New York Medical Journal, September 12th, 1919*)

The Role of Emotion in Military Unfitness. The allegation has been made that the emotional strain of the war is the direct cause of many functional disturbances of long duration among the soldiers. Statistics gathered at the French army centres do not bear out this statement. They show that a relatively small number of men apart from those having organic disease or toxic condition show nervous perturbation. The number of emotional cases are very small in comparison with the definitely hysterical and rapidly curable cases. Moreover, patients of the emotional type are able to remain at the front without greater inconvenience than they would experience in civil life, provided they are not given responsibilities beyond their ability to bear.

One must remember that in severe states of fear, physical signs such as palor, changes in pulse, sweating, pilomotor reactions and pollakiuria are always present. Tremour can so easily be assumed that it is not an aid to diagnosis, nor is tachycardia because it is so often the result of other states such as cardiac exhaustion, intoxication, or disorders of the thyroid gland. True anxiety states which the patient is able to control during his waking hours are often manifested during sleep in terrifying dreams, in which the patient's dread overcomes him while his volition is partly in abeyance. Such dreams gradually lessen his resistance. These cases are very different from the alleged emotive type, which is really the hysterial type, and when genuine must be absolutely differentiated from asthenic conditions. The real mechanism in such cases is an associational fear psychosis.

In practice it is most important to make this distinction because such cases are readily curable, but only by the proper psycho-therapeutic methods, whereas it is quite useless to attempt to cure asthenic symptoms by psychic means. Moreover, the latter class of patient is unfit for military service on account of physical weakness. The men under consideration are those who break down suddenly because of some alleged emotional shock or long sustained emotional strain. Among these there are two types: (1) those who are suffering from fatigue and hence have lowered powers of inhibition, and (2) the psy-

chogenetic cases. The real mechanism of this type is the conditioning of the mental attitude by the conviction that the patient has that he is no longer able to withstand, what he believes to be the exceptional psychic strain at the front. This vicious mental attitude has to be changed in order to help such patients, and they can be cured in a comparatively short time by a proper understanding of the patient, and a reconditioning of his reactions to the situations which formerley were provocative of fear. Showing him the mechanism of the origin of his particular phobia is an important factor in enabling him to understand the real nature of his condition. Only when the patient possesses this understanding can he view his reactions rationally and almost impersonally, and because he has learned how these reactions occurred is able to forestall them. The fear provoking situation must not be treated with a cowardly avoidance, but faced open-mindedly, the patient always analyzing his relation to the situation each time it arises and by viewing it in a scientific light, stripped of its emotional aspect and nullifying its morbid affect.

The old methods of treating phobia were very different, and not only failed in many cases, but were often definitely harmful. Ridicule helped not at all, the rest cure gave the patient time to brood over his trouble, occupation and recreation often multiplied the occasions capable of provoking the phobia, and hypnotism increased suggestibility. None of these methods aimed at the cause of the trouble as all medical art should attempt to do. In such phobias the essential cause is a conditioning of the affective reactions towards a given situation, because of a misconception regarding it.

The following military case should be studied in relation to the foregoing factors and those to follow.

Acute Emotional Syndrome. A sergeant, a hairdresser in civil life, just returned from a six weeks' rest, saw a nearby comrade beheaded by a stray shell which buried itself in the ground behind him without bursting. The man gave to emotion, weeping, cursing, and trembling violently, but after securing a stimulant at the dressing station, returned to his post. A few hours later he was seen with a bullet wound in the thigh. Though it was not serious, two years later he had still not been to the front.

It is a significant fact patients can be taught to control these provoked tremors in a single sitting by the use of faradism, or through skilful psychotherapeutic treatment even without the use of these painful electric currents.

Simulation of Emotivity. It must never be forgotten that the condition of emotionalism is easily simulated, as has been shown by the

confessions of repatriated prisoners who used this means to convince their captors permanent disability for further service. Under other circumstances, such confessions would be impossible to obtain, as they redound to the patient's discredit.

Perseverating Pseudomotivity. It is a very delicate task to persuade these patients that though they originally had justification for their manifestations, the physical states which caused them have long since ceased, and their present manifestations are illegitimate, and to enlist their aid in the restoration of their own health.

Influences Adverse to the Cure and Welfare of these Men. The policy of the army towards functional nervous diseases, and of the country towards causes of cerebral commotion, and the pernicious effect of popular articles on shell shock combine to interfere with the soldiers' recover, and even encourage him in efforts to remain ill.

The Mechanism of Some Fear States. Most people become inured to accustomed dangers because they feel they are not apt to happen to them. This same wise direction of the imagination very soon lessens the soldier's first fears. Few men feel that an impending battle is to be their last. In cases of desperate enterprise where the men face the chance of almost certain death other motives such as a high sense of duty, fear of seeming afraid, desire for glory, or belief in luck remove fear. Collective suggestion, which depends largely upon the officers, is a most important factor in keeping up the courage of troops. When a man does not respond to this influence the neurologist tries to explain to him that he really has no legitimate excuse for not going into battle, and is mistaken in the motivation of his illness. If he is rational this suffices. Some men are reached more easily by persuasion, and some can be touched only by the certainty of disagreeable effects. There is more than a suspicion of dishonesty in some of these latter patients, but it is wiser for the physician not to expose the patient's guilty motives because they must be able to hold up their heads among their companions.

It must not be forgotten that many men flinch morally because they are suffering from a reduction of the resiliency of the organism, which prevents them responding to a difficulty which they could normally submit with ease. The greatest attention should be paid in the beginning of cases to the milder functional incapacities of circulation, internal secretions, metalbolism, and neurone reaction. Even disorders of the associational systems may be dependent upon purely physical functional disorders. It is only through attention to details of mental examination

that one can pass upon the character of such manifestations, many of which can be successfully imitated or may occur from a purely psychogenetic mechanism. It is impossible to exercise too great caution in regard to one's findings.

The Principle of Cure. If the patient can be convinced that his fears are groundless his qualms can quickly be overcome. Even when his fear is well founded his reactions towards the fear provoking situation may be changed by imbuing him with a different attitude towards it. This substitution of a different set of ideas is a common procedure—in fact it is the means by which most men enable themselves to face willingly the probability of serious injury or death in war. In cases where that powerful aid, *esprit de corp*, fails to uphold a man, and he becomes dominated by fear, the psychotherapeutist must recondition his reactions to difficult situations.

Most patients of this type exaggerate their emotional reactions in order to justify apparent cowardice which they themselves honestly reprehend.

It must always be remembered that an emotional reaction to sudden and unexpected fright is natural, though it varies in different individuals. It is only its persistence which is abnormal. This persistence is due not to the quality or gravity of the emotion, but to the fact that the emotional state is fostered by the patient, who allows himself to believe that he can no longer control every childish reaction, and continues to play a part which he has assumed.

EMPLOYABILITY OF SOLDIERS AS AFFECTED BY FUNCTIONAL NERVOUS DISORDERS OF WARFARE

Before the American Academy of Medicine in session at Atlantic City, Monday, June 9, 1919

DR. TOM A. WILLIAMS, WASHINGTON, D.C.

IT is natural for the employer to be intolerant of the peculiarities of those suffering from functional nervous disorders, yet it is his duty to co-operate in every way possible with the physician in the restoration to industrial efficiency of those soldiers, who during the war have become incapacitated in this way.

Every man thus restored is a valuable asset to the community, who otherwise becomes not only an actual loss, but a source of discontent.

In many instances all that is necessary is a slight modification of the conditions of work, and a sympathetic understanding and consideration by employers and fellow-workmen. In some cases, however, the expert advice and skill of a neurologist are necessary to re-educate these men and help them to a new mental attitude toward themselves and toward life.

This readjustment does not require long or complicated treatment, and has proven most successful. In practically every instance men suffering from functional nervous disorders have been restored to their full efficiency. It is, therefore, a patriotic duty that this restoration be done after the war in the same spirit that personal sacrifices were made for the sake of military efficiency during the war.

NOTES AND NEWS

THE formation of the Ontario Neuro-Psychiatric Association has just been decided. Its object will be to promote a greater interest in nervous and mental cases. Its work is designed to be more widespread, however, and will extend to the study of defective children, to social welfare work, to the question of greater care in the selection of emigrants, to the many and varied problems relating to the feeble-minded, to psychoses and neuro-psychoses.

The following officers have been elected: President, Dr. E. Ryan, Kingston; vice-president, Dr. H. Clare, Toronto; secretary-treasurer, Dr. C. Crawford, Whitby; executive committee, Dr. W. M. English, Hamilton; Dr. Goldwin Howland, Toronto; Dr. Beemer, Mimico; Dr. R. H. Armour, Toronto; Dr. C. K. Clarke, Toronto.

Dr. E. Pearl Hopgood has been appointed second Assistant Woman Physician at the Nova Scotia Hospital, Halifax, N.S.

35 STATE MENTAL HYGIENE CLINICS NOW IN OPERATION

FREE CONSULTATION AND AID FOR CASES OF NERVOUS AND MENTAL DISORDER

A NEW directory of clinics, recently published by the State Hospital Commission, indicates the progress which has been made in the organization of out-patient work by the State hospitals. Thirty-five clinics are now being conducted by the State hospitals at various points throughout the State. Eleven of this number in which the State Commission for Mental Defectives is co-operating are listed as joint clinics.

These free mental clinics are conducted as an aid in re-establishing paroled and discharged patients in their respective homes and communities, and for the benefit of persons in the community who may be suffering from nervous or mental disease or defect.

At each clinic there is present a specialist from one of the State hospitals who makes diagnosis and gives advice. In certain of the joint clinics, additional personnel has been furnished by the State Commission for Mental Defectives. Physicians from the State Schools for Mental Defectives have been detailed as special consultants, and psychometric examiners have been furnished through the State Board of Charities. A hospital social service worker attends the clinic to give patients needed assistance in adjusting themselves to their environment.

Nervous and retarded school children are examined upon request of parents and advice in regard to special training is given. Any person who desires a frank interview about his own mental condition or that of a relative or friend is invited to visit the clinic nearest his home. Physicians, clergymen, social workers, teachers and social agencies are requested to bring or refer cases to the clinic for consultation.

Arrangements are being made for the co-operation of the State Hospital Commission with several of the other State Departments in holding clinics for mental and nervous cases in the principal cities of the State. Such joint action will eventually enlarge the scope of some of the clinics.

S.C.A.A. News.

CINCINNATI FEDERATION URGES EUGENIC REFORMS

THE Public Health Federation of Cincinnati, composed of all social welfare organizations of that city, is featuring various public health needs of the community through newspaper and other forms of publicity.

A series of four leaflets, issued by the Federation, urging the necessity for adequate appropriations and facilities for the care and training of mental defectives, is one item in the campaign and has caused favourable comment from many sources.

In May, 1919, $650,000 was appropriated by the state legislature for a new custodial institution, but no steps have been taken as yet towards its building. To show the need for immediate action in this direction one of the leaflets gives an outline of the subject under the heading, "What is Feeble-mindedness?" The points made are:

Feeblemindedness is a mentally *dwarfed brain* in a growing physical body.

The brain of a mental dwarf can never be older than *twelve years*, though his body may grow to old age.

Feebleminded persons *can not control* their bodies nor direct their affairs wisely.

Ohio has at least 10,000 *feebleminded* persons, and the number is increasing.

Less then 3,000 are *adequately* cared for. The others are unsupervised in the state.

Cincinnati has 2,000 of these feebleminded persons.

Less than 400 are in special classes in the public schools; the others are unsupervised in the city.

Feeblemindedness is *inheritable*. It *must* be *prevented*.

Feebleminded persons should not be allowed to marry or to become parents.

The Federation, in summing up, says:

It is not a question of paying—we do that anyway. It is a question of *what we pay for*. Shall we pay for *prisons and reformatories*—for *destitution and disease*? Or shall we pay for *directed care* which will make *control and prevention* of mental defect possible?

Feeblemindedness is a menace to public health.

It can be prevented.

Public opinion promotes public health.

YOU ARE THE PUBLIC.

Social Hygiene Bulletin, April, 1920.

BOOK REVIEWS

NERVOUS AND MENTAL DISEASES. By Archibald Church, M.D., professor of nervous and mental diseases, Northwestern Medical School, Chicago; and Frederick Peterson, M.D., formerly professor of psychiatry, Columbia University. Ninth edition. 949 pages with 350 illustrations. Price, $7.50. Publishers: W. B. Saunders Company, Philadelphia & London, 1919.

This book is the ninth edition of what has proved to be a standard text-book for students and practitioners so that a detailed review of it is superfluous. This edition differs little from the preceding one except that, as the authors say, the subjects of general paresis and traumatic insanity have been re-written. In the section on nervous diseases there perhaps might have been more careful revision as one notices that the definition between Tic and Spasm is not clearly differentiated, and that the treatment of trigeminal neuralgia is perhaps not quite modern.

The chapter, however, on arterial brain diseases, tumours of the brain, spinal cord lesions, and epilepsy are splendid. The section on mental diseases is, on the whole, excellent. However, enough attention has not been given to manic depressive insanity, dementia praecox and general paresis. On the other hand too much attention has been given to the physical standpoint of mental diseases.

From a general viewpoint this book still remains an excellent one for students and practitioners.

THE DON QUIXOTE OF PSYCHIATRY. By Victor Robinson, Ph.C., M.D., Ned York Historical Medical Press, 206 Broadway. 1919.

Shobal Vail Clevenger, Jr., the subject of this biographical sketch, was born in Italy, by the Arno, in March, 1843, of humble, though talented, parents. His father had been a stone cutter in Cincinnati until the day that he chiselled a man's head in the rock and all the city recognized the Editor of the Cincinnati *Evening Post*. Following this the father's talent as a sculptor became recognized and many notable American statesmen of the day were among his sitters. However, while in Italy studying his art, he acquired tuberculosis and died on his way home at the early age of thirty. Young Clevenger at this time was only six months old. The boy's schooling did not amount to very much; driven out of New Orleans by the epidemic of yellow fever, from which his brother died, he settled in St. Louis. First he worked as a clerk in his uncle's boot store. Then, through great influence, he

was put in the State Saving Institution as a messenger and was soon promoted to a collectorship. He enlisted in the Civil War under Sherman and obtained the rank of lieutenant. After the War he settled in Montana where he held the office of Justice of the Peace at Fort Benton and made meteroological observations for the Smithsonian Institute. The long winter evenings at the isolated fur trading post gave him leisure to cultivate himself, and having a natural bent towards scientific things, he soon had a contract to survey the military reservations. He built the first telegraph in the State of Dakota, thus connecting isolated Yankton with the outside world. In order to make a success of his engineering he found it was essential to stand in with politicians. Disgusted, he resolved to follow a new calling where politics could not enter and at the age of 40 he took up the study of medicine at the Chicago Medical School, now the North-Western University. In those days the hogs still roamed through the business section of Chicago and when it rained hard the placard "No bottom" was posted through the chief streets, and an old hat floating down with the warning, "Keep away—I went down here", was a ghastly reminder that men and horses could drown in mud.

Very interesting sketches are given of the faculty under whom he studied. Robert Laughlin Rea, who climbed from the plow to a professor's chair, was the teacher of anatomy. Edmund Andrews, the Rabelais of the faculty in his love of humour, who rose from a farmhand to the leadership of the surgical profession in the mid-west, was Professor of Surgery. William Heath Byford, a mechanic's son and tailor's apprentice, occupied the chair of Gynecology.

Clevenger graduated in 1879 and became engaged in carrying on neuro-pathological studies, performing autopsies at the Dunning Asylum, bringing the brains to his room for detailed investigation. He hoped he'd seen the last of political grafters. About this time there was a proposition to appoint a special pathologist to the Asylum and Clevenger was the logical candidate. He was moreover well recommended by prominent physicians in Chicago and the Superintendent of the Asylum was favourably disposed to his appointment. However, that was not all that was necessary in those days. To Clevenger's astonishment the Superintendent brought him one day to a drinking saloon on Clark Street; the proprietor, an ordinary looking fellow, was leaning on the customer's side of the long counter. Dr. Spray went over to him and Clevenger heard him whisper, "This is the doctor I was telling you about". At these words the saloon-keeper raised himself, looked at Clevenger for a moment, nodded quietly, and put out one finger for him to shake, and he had the appointment. It seemed like a joke, yet they were in a serious place; on the first floor were wines and liquors, on the

second floor were the roulette wheels and faro layouts, while the third seemed limited to more immoral interests—yet that den was the true City Hall of Chicago, and Clevenger had touched the hand of royalty. It was King Mike McDonald whose nod had made him Special Pathologist to the Cook County Insane Asylum, and had Mike turned away from him, all the recommendations of the physicians in Chicago would have availed him nothing. His natural doubts vanished, however, when he entered the Asylum as Pathologist. The materials for original study were so vast, every one of the seven hundred patients presented so many interesting problems. He was surprised to find that no records of cases had been kept, so he secured large blankbooks and wrote up the histories from all available data. Day and night he was on the go—diagnosing new cases, re-examining old ones, making post-mortems, cutting with his microtome, he filled scientific periodicals with his contributions.

It was not long before he heard that the milk given to the patients in the dement wards frequently caused fatal epidemics. Examining the milk he found it of low specific gravity and of acid reaction, but he found no suspicion of cream. Examining further, he learned that out in the yard were expensive kennels where King Mike kept his hunting dogs, and the attendant skimmed the cream from the milk cans to give to the dogs.

Clevenger's struggles with the politician managers of the Asylum make most distressing reading. His efforts even to have the cases classified according to the diseased types which he had worked out was met with an absolute refusal. His applications for necessary drugs were not complied with, although the same week it is stated that $1,500 was spent on whisky, wine and cigars and charged up as sundry drugs. These served to provide entertainment for the Saturday night frolics of the gangsters and their women. The expensive Turkish and Russian baths which had been built "for the patients" became the regulation places for the politicians to sleep off their debauches. Politics ruled the asylum, while science was the despised outcast; the meanest attendant there knew that his job was more secure there than the physician's. The dope bottle was frequently dosed out to patients to keep them quiet, directly against the doctor's instructions. Mechanics had keys to the female wards and visited them at all hours of the night.

Clevenger's efforts at reform very soon lost him his position, and even exposed him to a great deal of danger. Plots were laid for him by calling him to unfrequented parts of the city, but he was astute enough to send a private detective in his place who exposed these. On one occasion he was shot at, while in his study, the bullet burying itself in one of the books of his library.

"Thirty-five years have passed, but in the current issues of the December *Tribune*, 1918, we read that conditions are not changed at Dunning; the same sort of brutal attendants, and the same sort of brutal murders; again we hear of a dozen or more violent deaths at the Dunning Asylum, and Dr. Shobal Vail Clevenger's life-work has ended in failure".

It is gratifying to know that at present there is no political domination of the State Hospital at Dunning, Ill. This institution is now one of the best run of its kind in the United States.

STUDIES IN MENTAL INEFFICIENCY is a new quarterly issued by the Central Association for the Care of the Mentally Defective, of London. It is apparently to have the editorial supervision of Dr. G. E. Shuttleworth and Dr. A. F. Tredgold. In the initial issue, dated January 15, 1920, Dr. Shuttleworth presents an editorial foreword setting forth the aims and purposes of the Association. Dr. Tredgold contributes a paper on "Moral Defectives." An article by Lucy Fildes discusses "Individual Studies, their Educational Significance." This journal should be an excellent stimulus toward advanced legislation. The publication office is Queen Anne's Chambers, Tothill Street, Westminster, S.W. The subscription is three shillings per year.

Findlay, J. J. AN INTRODUCTION TO SOCIOLOGY FOR SOCIAL WORKERS AND GENERAL READERS. Manchester, at the University Press; and London, Longmans, Green & Co. 1920. Pp. xi,+304.

Professor Findlay is the Sarah Fielden Professor of Education in the University of Manchester. If he held a chair in an American University, where education is much more differentiated than in Britain, he would almost certainly be called Professor of Educational Sociology. For educational sociology is his field. Trained in history at Oxford he turned his attention to the study of the social aspects of education first in Germany and then in Cardiff and Manchester. Time has broadened his field and enlarged his vision. His training, however, explains some curious features which his work exhibits. He is, for example, excellent in broad generalization which he drafts with a skilful pen, but in the *minutiae* of his subject he is apt to lack scientific accuracy.

The work under review is divided into three sections. The first deals with Principles. In it are discussed such fundamental problems as number, space, time, property, communication and power. Findlay rejects the spatial element in Maciver's definition of Community, classifying it (*e.g.*, in the state) as an illusion of the soil. The true line of evolution in man is a heightened capacity for sociality; the adjustment of self and alter to a mutual harmony.

Section II, which is by far the best section of the book, deals with Types of Social Groupings. Here his wide knowledge of education is brought fully into play. He makes a new contribution in the careful analysis of the widening groups and circles with which the growing child comes into successive contacts. His scheme of social groupings is as follows:

I. Primary Groups: family, sex, period, friendship, neighbourhood.

II. Universal Groups: Spiritual (Religious) contrasted with the secular (state); and caste or class as antithetical to these.

III. Self-regarding Groups: Occupation, leisure.

The discussion in this section brings out very clearly the struggle that an enlarging sphere of sociality always engenders. For example, the enlarging sphere of children causes them to grow away from the family—a process often misunderstood and almost always resented by parents. The enlarging sphere of modern woman causes her to grow beyond the limits of interest represented in the kitchen or the home, resulting (to some) in that terrible movement—the feminist movement. One obvious point he misses here is that of the feeble-minded. Sociologically, the problem of the feeble-minded is their inability to expand socially, or rather, to expand at the normal rate of their fellows. But, like John Gilpin, Findlay keeps the balance true. Local interests and local ties must be fostered. There can be no true internationalism without local patriotism.

Section III deals with Organization and in it are discussed such topics as the leader, the official, the representative, government, law, symbol and form.

Lack of space forbids more. The reviewer found the book both stimulating and fascinating, and confidently recommends it to the notice of all workers in mental and social hygiene in Canada. Findlay's Introduction to Sociology should certainly be one of the texts studied in our schools for social workers.

P. S.

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