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The National Committee for Mental Hygiene

FOUNDED 1909 INCORPORATED 1916

370 SEVENTH AVENUE, NEW YORK CITY

August 1, 1922.

Dr. Harry Pratt Judson, President,
University of Chicago,
Chicago, Illinois.

My dear Doctor Judson:

At a meeting of the Board of Directors on June 29th 1922, Dr. Frankwood E. Williams was appointed Medical Director of The National Committee for Mental Hygiene to fill the vacancy caused by the resignation of Dr. Thomas W. Salmon. Doctor Salmon will continue his active interest in the work of the Committee as a member of the Executive Committee and as Chairman of the Advisory Committee on Delinquency. The members of the Board greatly regret the loss of Doctor Salmon as the director of its work but have confidence that Dr. Williams, who is familiar with the various activities of the Committee, will ably carry on its work. Doctor Williams has been a member of the staff of the National Committee since January 1, 1917, as Associate Medical Director, Acting Medical Director (during the absence of the Medical Director in England at the beginning of the war); Vice-chairman of the War Work Committee, Director of the Division on Education, and Editor of Mental Hygiene.

Sincerely yours,

Walter B James

President.

October 28th, 1922.

Dr. Harry Pratt Judson, President,
University of Chicago,
Chicago, Illinois.

My dear Dr. Judson:-

As it is desirable to know as far in advance as possible how many will attend the luncheon in connection with the 13th Annual Meeting of the National Committee for Mental Hygiene at the Pennsylvania Hotel, Thursday, November 9th, will you kindly indicate on the enclosed card whether you will be able to come. The luncheon hour is set for one o'clock and the meeting will begin soon after.

The minutes of the 12th Annual Meeting will be sent you within a day or two. Members are requested to read them before the meeting so that they can be presented for approval without delay. Those members who could not attend the meeting in 1921 are especially urged to acquaint themselves with the record of accomplishment contained in these minutes. A review of the work of the previous year will help all to appreciate better the significance of the advances made since in the field of mental hygiene.

Sincerely yours,

T. O'Connor

Assistant Secretary.

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

370 SEVENTH AVENUE, NEW YORK CITY

PRELIMINARY NOTICE OF THE 13TH ANNUAL MEETING

October 19th, 1922.

To the Members of the National Committee for Mental Hygiene:

The 13th Annual Meeting of the National Committee for Mental Hygiene will be held Thursday, November 9th, 1922, at 1:00 P. M., at the Pennsylvania Hotel, this city. The meeting will be of the same informal character as that held last year and will begin with a luncheon to which all the members are cordially invited.

Will you please note this date (which the By-laws require to be the second Thursday of November) on your calendar so that no other engagement may interfere with your attendance at this meeting? An interesting program is being prepared and it is hoped that all will avail themselves of the opportunity to hear of the important developments during the past year in the various fields of work in which the organization has been engaged.

P. O. Komora

Assistant Secretary.

October 19th, 1922.

To the Members of the National Committee for Mental Hygiene:

The 18th Annual Meeting of the National Committee for Mental Hygiene will be held Thursday, November 9th, 1922, at 1:00 P. M., at the Pennsylvania Hotel, this city. The meeting will be of the same informal character as that held last year and will begin with a luncheon to which all the members are cordially invited.

Will you please note this date (which the By-laws require to be the second Thursday of November) on your calendar so that no other engagement may interfere with your attendance at this meeting? An interesting program is being prepared and it is hoped that all will avail themselves of the opportunity to hear of the important developments during the past year in the various fields of work in which the organization has been engaged.

Assistant Secretary.

Minutes and Proceedings of the 12th Annual Meeting of

The National Committee for Mental Hygiene, Inc.

held at New York City

November 10, 1921

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Minutes of the 12th Annual Meeting of the
National Committee for Mental Hygiene, Inc.
held November 10th, 1921.

The 12th Annual Meeting of the National Committee for Mental Hygiene was held on Thursday, November 10th, 1921, at 1:00 P.M., at the Pennsylvania Hotel, New York City.

The following members and officers of the National Committee were present: Dr. Samuel A. Brown, Dr. Louis Casamajor, Dr. L. Pierce Clark, Dr. William B. Coley, Dr. Charles L. Dana, Dr. Charles B. Davenport, Prof. Stephen P. Duggan, Dr. Haven Emerson, Miss Elizabeth E. Farrell, Dr. Bernard Glueck, Mr. William J. Hoggson, Dr. Walter B. James, Mrs. Helen Hartley Jenkins, Dr. William L. Russell, Dr. Bernard Sachs, Dr. Edith R. Spaulding, Dr. Henry Smith Williams, of New York; Dr. C. Macfie Campbell, Dr. George M. Kline, of Boston; Dr. Owen Copp, of Philadelphia; Dr. William A. Neilson, of Northampton, Mass.; Dr. Austen F. Riggs, of Stockbridge, Mass.; Dr. Arnold Gesell, of New Haven; Dr. C. Floyd Haviland, of Albany; Dr. Charles S. Little, of Thiells, N.Y.; Dr. Arthur P. Herring, of Baltimore; Hon. Richard I. Manning, of Columbia, S.C.

There were also present the following guests: Mrs. Geraldine Thompson, Dr. Helen MacMurchy, Mrs. L. Pierce Clark, and Dr. Samuel W. Hamilton.

Of the staff Dr. Salmon, Dr. Williams, Dr. Anderson, Dr. D'Alton, Mr. Beers, Miss Furbush, Dr. Pollock, Miss Wagenhals, Miss Morrison, Mr. Keen and Mr. Komora were present.

Dr. James presided.

The minutes of the 11th Annual Meeting, held February 4th, 1920, were presented for approval. As copies of these minutes were sent to all members early in 1921, they were not read, but it was

Voted, that the minutes of the 11th Annual Meeting of the National Committee be approved and placed on file.

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The Chairman then appointed Dr. Haviland as a Committee on Nominations, and Dr. Russell and Dr. Campbell as a Committee on Resolutions.

The Chairman made a brief address, and was followed by a verbal report on the work of the National Committee since the last annual meeting by the Medical Director, Dr. Salmon.

Reports of Dr. Williams, for the Division on Education, Dr. Anderson for the Division of Mental Deficiency, and Miss Furbush for the Bureau of Statistics were presented in written form and mailed in advance to those who planned to attend the meeting. This was done to save time and enable the meeting to proceed with greater dispatch. Copies of these reports are included in the proceedings.

The Chairman called upon President Neilson of Smith College, who spoke on the progress in the teaching of psychiatric social work at the Summer Training School for Social Workers at Smith College. President Neilson was followed by former Governor Manning of South Carolina, who referred to the reorganization of facilities in his State for the care and treatment of the insane and the practical assistance rendered by the National Committee for Mental Hygiene in connection with this work. These talks were reported verbatim and are recorded in the proceedings.

Other speakers were Dr. Campbell, Mr. Keen and Mr. Beers. Dr. Campbell showed the need for voluntary health organizations to supplement and stimulate the work of official agencies and emphasized the importance of extending the educational activities of the National Committee. Mr. Keen presented an outline of his plan for a financial campaign and Mr. Beers discussed the possibilities of such a campaign with regard to the development of a strong system of State Societies for Mental Hygiene.

The Chairman then called for a report from the Nominating Committee, which recommended that the present officers of the National Committee be re-elected to serve until the next annual meeting of the National Committee, viz.:

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President	Dr. Walter B. James, New York
Vice Presidents	Dr. Charles W. Eliot, Cambridge
	Dr. Bernard Sachs, New York
	Dr. William H. Welch, Baltimore
Treasurer	Mr. Otto T. Bannard, New York
Secretary	Mr. Clifford W. Beers, New York

The Nominating Committee also recommended that the following members of "Group E" of the Board of Directors whose terms expire in 1921 be re-elected for a term of five years:

Dr. Edwin A. Alderman, Charlottesville, Va.
Dr. William B. Coley, New York
Dr. Owen Copp, Philadelphia
Dr. William L. Russell, New York
Dr. William H. Welch, Baltimore
Dr. Robert M. Yerkes, Washington

The following members of the National Committee belonging to "Group #5" whose terms expire in 1921 were nominated for re-election for a five-year period, dating from this annual meeting:

Dr. Rupert Blue
William H. Burnham
Dr. L. Pierce Clark
Dr. William B. Coley
Dr. Charles L. Dana
Stephen P. Duggan
Irving Fisher
Arthur T. Hadley
William J. Hoggson
Marcus M. Marks
Dr. Frederick Peterson
Dr. William L. Russell
Dr. M. Allen Starr
Dr. Charles F. Stokes
Dr. William H. Welch
Dr. William A. White

The Nominating Committee also recommended for re-election the following members of the National Committee assigned to "Group #6" whose terms expire today:

David P. Barrows
Dr. Robert H. Bishop
Dr. Malcolm A. Bliss
Dr. E. D. Bondurant
Dr. Samuel A. Brown
Dr. George W. Crile
Dr. Harvey Cushing
Dr. Hawen Emerson
Dr. J. M. T. Finney
Dr. J. E. Goldthwait
Dr. S. S. Goldwater
Dr. Menas S. Gregory
Learned Hand
Dr. C. Floyd Haviland
Frederick C. Hicks
Charles W. Hoffman
Dr. L. Emmet Holt
Franklin C. Hoyt
Surg.Gen. M. W. Ireland
James H. Kirkland
Ernest H. Lindley
Dr. William F. Lorenz
Henry N. MacCracken
Dr. Carlos F. MacDonald
Richard I. Manning
Dr. Henry W. Mitchell
William A. Neilson
Dr. Samuel T. Orton
Dr. Hugh T. Patrick
Roscoe Pound
Dr. Austen F. Riggs
Dr. Forrest C. Tyson
Dr. George L. Wallace
Dr. Ray Lyman Wilbur
Arthur Woods

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Dr. L. Pierce Clark	Dr. Frederick Peterson
Dr. William B. Coley	Dr. William L. Russell
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Stephen P. Duggan	Dr. Charles P. Stokes
Irving Fisher	Dr. William H. Welch
Arthur T. Hadley	Dr. William A. White

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Dr. Samuel A. Brown	Dr. William P. Lorenz
Dr. George W. Crile	Henry N. MacCracken
Dr. Harvey Cushing	Dr. Carlos F. MacDonald
Dr. Haven Emerson	Richard I. Manning
	Dr. Henry W. Mitchell
Dr. J. M. T. Finney	William A. Neilson
Dr. J. E. Goldthwait	Dr. Samuel T. Orton
Dr. S. S. Goldwater	Dr. Hugh T. Patrick
Dr. Menas S. Gregory	Roscoe Pound
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Dr. C. Floyd Haviland	Dr. Forrest C. Tyson
Frederick C. Hicks	Dr. George L. Wallace
Charles W. Hoffman	Dr. Ray Lyman Wilbur
Dr. L. Emmet Holt	Arthur Woods

Upon motion duly made and seconded it was

Voted, that the foregoing report of the Nominating Committee be and it hereby is accepted and that the Secretary be instructed to cast a ballot electing to the various positions and groups those persons mentioned.

The Secretary cast a ballot as instructed.

Dr. Russell reported on behalf of the Committee on Resolutions and spoke of the loss of four members of the National Committee, who died since the last annual meeting: Mrs. Elizabeth Milbank Anderson, James Cardinal Gibbons, Miss Florence M. Rhett and Dr. E. E. Southard.

He then read the following communication from Miss Lillian Wald on the death of Mrs. Anderson:

"Mrs. Anderson was richly endowed with enthusiasm and humor that kept her young of heart and mind -- qualities that helped to make her the unusual promoter of good works that she was, and a very delightful friend to those privileged to the more intimate personal relationship.

She was not afraid to acknowledge a very real respect for her instincts which she found excellent guides to measures and men (and women, too,) qualified to develop protection for the helpless and advancement for the ambitious, and through her own tolerance she fostered the spirit of liberty in individuals and institutions. These tender and lovable attributes marched with her very great respect for efficiency.

Every one whose interests in community work were shared by her must have been sensitive to her rare attitude toward the measures to which she gave her money -- she did not 'patronize' them, but rather shared, and gladly, in their support, and gave good fellowship with her generous gifts. Often, discerning a need or a deficit in some worthy and inconspicuous venture, she did not wait to be petitioned, but offered her help.

Breadth of view and depth of understanding characterized her, and the wide range of her interests gave her a kind of intimacy with the world, yet withal she cared for the individual and herself was most appreciative of little attentions. All in all, Mrs. Anderson leaves the picture of a great woman of our generation and a great friend. Long will she be affectionately remembered for what she did and what she was."

Dr. Russell thereupon offered the following Resolution which was unanimously adopted:

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Dr. Russell thereupon offered the following Resolution which was unanimously adopted:

RESOLVED, that the members of the National Committee for Mental Hygiene record here their unanimous expression of deep regret at the loss, by death, of Mrs. Elizabeth Milbank Anderson and of profound appreciation of her generous support of the National Committee's work.

RESOLVED, further, that the foregoing communication be and it hereby is adopted as expressive of the sentiments of the National Committee for Mental Hygiene with reference to Mrs. Anderson, its greatest benefactor.

Eulogies of Cardinal Gibbons and Dr. Southard by Dr. Campbell, and of Miss Rhett by Dr. Russell, are recorded in the proceedings.

Mr. Beers presented for Mr. Bannard, who was unavoidably absent, the Treasurer's report, which consisted of the auditor's financial statement a summary of which appears in the proceedings.

Meeting adjourned at 3:30 P.M.

(Signed) Clifford W. Beers

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Mr. Beers presented for Mr. Barnard, who was unavoidably absent, the Treasurer's report, which consisted of the auditor's financial statement a summary of which appears in the proceedings.

Meeting adjourned at 5:30 P.M.

(Signed) Clifford W. Beers

Secretary.

Introductory Remarks by the President.

This very pleasant and informal gathering, ladies and gentlemen, marks the completion of ten years of the life and work of the National Committee for Mental Hygiene and so it is naturally expected that those who are particularly well posted in the affairs of the Committee look backward, look at the present and look into the future of the Committee. The work of this Committee seems to me to be exceedingly interesting during these ten years that have gone by. Coming into a field that was practically new and untilled it has had full scope for its activities and I think that we may point to a good deal accomplished through its efforts. I am not going to take up your time rehearsing these accomplishments because a little later I hope that one of the officers of the Committee, very much better qualified than I to do this, will give you the benefit of his experience, but there are just one or two things that have come under my own view that have been to me exceedingly interesting.

I naturally, perhaps, as an internist, look at psychiatry and have looked at mental hygiene from the viewpoint of medicine in general. I have always, long before I became actively associated with this Committee, been struck by the tendency to departmentalize separately from the rest of medicine on the part of psychiatry, but that was something not peculiar to psychiatry because during, for instance, all the early part of my own medical life there was a tendency for medicine to break up into separate fields, a tendency which indicated the fact that medicine was growing so fast that no one man could conquer or carry in his mind all the different fields together. That, like most movements of the kind that went on, was carried too far. Medicine split up into separate entities and it is very interesting to see now that during the past eight or ten years there has been a very active tendency toward gathering together the different departments, toward unifying the entire science of medicine and putting the specialization - the department

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idea of medicine - on a more rational and scientific and productive basis. It always reminds me of Siegfried's sword. It was an ineffective weapon and unsatisfactory to the warrior, so he broke it into bits and then he heated them in the fire and welded them together into a weapon that was more satisfactory and effective than the one from which the original pieces had come. I believe that medicine is going to show us the same phenomena and I only trust that, unlike Siegfried's sword, it will not be necessary to go through this process a good many times before we can get exactly what we want. The sword of medicine in its more unified character is promising to be a much more effective weapon for our needs and I think that all of us are probably glad to see psychiatry heated in the forge of medicine along with the other portions that go to make up the science, for no department of any great science can live long apart from the rest. It is too much like an eddy. Certain departments of medicine have seemed to me at times to be exemplifying the eddy which occasionally serves some useful purpose, as conveying the canoe of the boatman up the stream instead of down, but in the long run, as the logs for instance, which come into the eddy, whirl about in the same circle and every now and then bump into one another and make a lot of noise - local noises - until a big log comes along and pushes them out into the main stream and then they travel down to the end of the river and are taken into the mill and made up into useful lumber so, when I see psychiatry and other departments of medicine pushed out into the main stream of life, I think it is one of the most promising factors that I know, and in all of this in the pushing of psychiatry out into the main stream of life in getting the people acquainted with psychiatry and with mental hygiene, in making the vast learning that the psychiatrists have accumulated through all these years available for the practical use of the people, I do not believe that any other agency has played nearly so promising a part as has the National Committee for Mental Hygiene. Through Mr. Beers and his splendid

work and Dr. Salmon and the other officers of the Committee, I believe that mental hygiene has come today to occupy a position that is most durable and most effective. Think of the wide diffusion that the knowledge of some of the doings of this Committee has had. Only the other day I met casually an eminent medical administrator who had come over from Africa to look into what New York State was doing for the advanced care and scientific care and study of its wrongdoers in Sing Sing Prison. He told me that effort on the part of New York State was known in Africa and he found it was known all over the world. That was the outcome of an effort that began and was carried out in this Committee. Thanks to the farsightedness of Dr. Salmon and the co-operation that he had in the State departments, we have today, as probably you know, in Sing Sing, a very remarkable institution now almost completed. I had the pleasure of going through there the other day with Governor Miller and it was very impressive to see this first effort being made at the rational study of our criminals and our felons in their prisons. It is something that makes one feel that perhaps some day we shall see as much intelligent interest and study put upon human beings as is being put in materials like iron, oil and petroleum and that sort of thing and on the lower animals. If that time should come, we will see a tremendous advance in human accomplishments, so that I think we may all feel that the National Committee has every reason to be proud of what it has accomplished during these years. I speak with modesty because I have been associated with it for only a few years as President, all these matters having been started before I came in and I have played only a very modest part in helping to put them through.

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REPORT

of the

MEDICAL D.RE[illegible]

Dr. Thomas W. Salmon.

Mr. President, ladies and gentlemen. You have noticed that reports by those who actually do the work have been mimeographed and sent to each member, so that our talk need not be occupied with going over the details of what has been undertaken during the last year. That is the great advantage of permitting these reports to be read at leisure and digested more completely than they can be in the course of another type of digestion. I think there is also something to read between the lines which I feel it is my duty and privilege especially to bring to your attention. That is the story of understanding, faithful and loyal effort on the part of those who carry on the active work of this organization. Dr. Williams has been confronted with the task of making bricks without straw. Our financial condition has been such that his department, being an extension activity, has suffered the most and still as you read his report you see a list of activities which would very well justify the expenditure of some of the large sums which other national health movements are able to spend for their work of education.

Dr. Anderson is in the field work. We rarely see him in the office except when he comes back for more ammunition with which to carry on his excursions into the West and South, and I suppose no member of the Committee is better known outside of New York and less in it than Dr. Anderson. His task is to persuade hesitating Governors, Legislatures, and boards of charities to make requests for surveys and having secured such request to persuade the State commission that the subject is one which requires their attention. It would be exceedingly interesting some day to devote a meeting to the experiences of these little psychiatric outposts as they attempt to

REPORT

of the

MEDICAL DEPT.

Dr. Thomas W. Salmon.

Mr. President, ladies and gentlemen. You have noticed that reports by those who actually do the work have been mimeographed and sent to each member, so that our task need not be occupied with going over the details of what has been undertaken during the last year. That is the great advantage of permitting these reports to be read at leisure and digested more completely than they can be in the course of another type of digestion. I think there is also something to read between the lines which I feel it is my duty and privilege especially to bring to your attention. That is the story of understanding, faithful and loyal effort on the part of those who carry on the active work of this organization. Dr. Williams has been confronted with the task of making bricks without straw. Our financial condition has been such that his department, being an extension activity, has suffered the most and still as you read his report you see a list of activities which would very well justify the expenditure of some of the large sums which other national health movements are able to spend for their work of education.

Dr. Anderson is in the field work. We rarely see him in the office except when he comes back for more ammunition with which to carry on his excursions into the West and South, and I suppose no member of the Committee is better known outside of New York and less in it than Dr. Anderson. His task is to persuade hesitating Governors, Legislatures, and boards of charities to make requests for surveys and having secured such request to persuade the State commission that the subject is one which requires their attention. It would be exceedingly interesting some day to devote a meeting to the experiences of these little psychiatric outposts as they attempt to

advance the principles for which we stand in all distant corners of the country.

Mr. Beers has no report in the proceedings which are before you but every one knows what Mrs. Beers' functions are. He is the manufacturer of the silver lining by which all our clouds are robbed of their forbidding aspect. You will find in Dr. Williams' and Dr. Anderson's reports much that is indirect evidence of the activity of Mr. Beers.

Miss Furbush is one of the statisticians who see beyond the serried rows of figures the human beings to whom these figures relate, and who see in statistics a mode of expressing living facts as useful literature, but in a little different way from poetry or art. I feel that it would be wrong on this occasion, if never before, to fail to give credit to those other workers who with their hands or with their brains are carrying on the work in the office in many different capacities. Most of them have been with us for a number of years and each one is imbued as thoroughly with the aim of service as those who have the opportunity of playing their parts upon a little wider stage.

This method of presenting reports has another advantage. It shortens our meeting and gives an opportunity to devote a little attention to mental hygiene itself rather than to the mechanism by which we try to achieve our goal. It is justifiable now after ten years of work to ask ourselves quite frankly what that goal is. What is the real objective toward which all this earnest work is directed?

I almost hesitate to state that objective, it seems so broad and so big compared with those things which we are willing to put down on paper, but that objective is no less than to try to help in reducing the amount of mental disease in the world and to try to help in increasing the amount of mental health. When we state the objective in those grandiloquent terms and consider what we have accomplished toward that purpose, there is a marked contrast.

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If we ask ourselves to what extent mental disease has been reduced so far and at what rate, and when the irreducible minimum will be reached we can only reply that we do not know. We are, however, but little less able to answer those questions than any other body of health workers. No one, even those dealing with very tangible types of casualties like the infectious diseases, can see just to what extent a given effort has resulted in the reduction of diseases or whether it has resulted in any reduction at all. In our field, however, we were confronted by quite a different situation. The main objective is seen but ahead of this objective there are minor objectives and those objectives have to be taken first. All those who saw Mont Sec in France will realize the difference between the major objective and the minor [illegible] one. That barren mountain looked down on French troops for four years and many months on American troops. It was cursed in a great many different languages, including the Scandinavian. For years that objective was only a few miles away from allied lines, and then one September afternoon, without any special effort apparently, our troops sailed over the top and thereafter looked upon its reverse slopes. Yet, even in the great emergency of winning the World War, that objective had to wait until four years of preparation had made it possible to take it. Some of that preparation took place on the coasts of the North Sea, some of it in the ammunition factories in Indiana, and some of it a little nearer the final objective, but it required patience and vision to see that the time was not wasted in making preparation for the easy capture of an apparently impregnable position. I think that the simile helps us a little to understand the difference between some of the immediate aims of our organization and the great objective that we hardly dare to name. One intermediate objective is to change the point of view toward mental diseases which has floated along, as Dr. James said, in an eddy almost untouched by the main current of scientific research and humanitarian progress.

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One intermediate objective is to change the point of view toward mental diseases which has floated along, as Dr. James said, in an eddy almost untouched by the main current of scientific research and humanitarian progress.

It is perfectly useless to attempt to attack in childhood those distorting influences upon personality that we think have much to do with the later development of mental diseases when the problem itself can hardly be discussed with intelligent people without meeting prejudices and arousing fear. So the National Committee, not through choice but of necessity, has had to devote a large share of its activities toward the reduction of these subsidiary objectives. I think progress has been made. The point of view toward mental disease is not yet the same as the point of view toward tuberculosis and the infectious diseases and infant mortality but when we compare it with the point of view of ten or twelve years ago, we can see that a very marked change has taken place.

The same is true with standards of treatment. With the asylum casting its shadow over everything associated with mental disease how could we push into the school room and into the clinic with resources that we had hardly commenced to use effectively in the great repositories for unsolved mental problems that the states maintain in their public institutions for the insane? Still progress has been made toward this objective too. It has been a source of bitter disappointment to most of us that progress in raising standards for the treatment of mental diseases has been least important in the care of the disabled ex-service men suffering from mental diseases. In England the attention of thinking people had been directed to mental diseases more by the problem of mental disorders among ex-service men than by anything which has happened for several generations. The entire system of hospital care in England on this account, is under the closest examination. The question of commitment and various other legal phases of insanity are being restudied solely with reference to the problems created by the return of the mentally disabled soldiers. With us, for reasons which it is hard sometimes to understand, even when one has been very close to the problem, the same result has not taken place, and the opportunity presented at the end of the war

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- such an extraordinary one for spanning in a few years the distance that it would have taken many years to cover - has passed. That, however, is, I think, not so much in the nature of a setback as failure to make a rapid and dramatic advance.

In its own field of health work the National Committee has encountered a difficulty which apparently has not existed in any other of the great national movements toward preservation of health. That is the reluctance or the lack of equipment on the part of the medical profession to lead. In the other advances against disease, not only the infectious but the so-called social diseases, the physicians of the country were naturally interested. There never seemed to be any question as to the type of leadership or any very serious question as to the fitness of the leaders who appeared. In the specialty dealing with mental disorders there has been no such leadership. Doctors generally have regarded mental diseases as a non-medical subject and mental hygiene as something which might be of interest to philosophers social workers and "uplifters" but outside the field of practical preventive medicine. A slight change in this attitude is taking place and I think there are some exceedingly promising indications of a tendency to broaden health ideals to encompass our own, but thus far they are only indications. The National Committee for Mental Hygiene was invited to become a charter member of the National Health Council, a new organization including all the important national health agencies. This, I think, would not have occurred had the National Health Council been formed five or eight or ten years earlier. We are in our new quarters, in close contact with other great health movements such as tuberculosis and infant mortality and social diseases and this is an indication that even the obstacle I have named is less formidable than it was a short time ago.

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Education is the most productive of our activities. If we had to go over the last ten years again and pick out one activity to carry on and to cultivate at the expense of all the others, I think it would be education in its broadest sense. Education must certainly form the chief activity of the next ten years, if we are to profit by the lessons of what has already been accomplished.

A new objective altogether and one that has grown directly out of those already taken, is that of securing adequate personnel - physicians, psychiatric social workers and others as mental hygiene workers. To have secured that personnel before there was mental hygiene work to do would have been to put the cart before the horse. Now, however, the need is urgent. The demand for mental hygiene workers in clinics, prisons, schools and courts and indeed almost any environment in which human beings undergo mental stress, is great. The need is manifestly greater than the personnel available and this is quite similar to the situation which confronted general sanitarians only a few years ago when new discoveries in medicine opened new fields for sanitary victories and the trained workers were lacking. So it seems to me that second only to education, during the next period of ten years, must be our efforts to secure by every possible means the highly trained medical and lay personnel to work in all the outlying fields of mental hygiene. Fortunately a very powerful ally has come to our aid in securing trained personnel. The General Education Board, as shown in Dr. Flexner's last report, has recognized the importance of training physicians in psychiatry and has placed it among the chief needs of medical education today. Already three universities have received endowments to put departments of psychiatry on a full-time permanent basis, and within the next year it is hoped that no less than five additional medical schools will secure this help from the General Education Board.

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Perhaps we will hear in a moment or two from those who have been very close to the effort to provide psychiatric social workers of the progress being made in another field. It is obvious to those who have to deal with mental disorders in their extra-hospital relationships that the doctor, no matter how well trained he may be, is helpless without the psychiatric social worker, the one who can actually take into the home and the daily affairs of life, the methods of treatment and prevention which the doctor can often only prescribe.

Another activity in which the National Committee should take a more active part during the next ten years is that of stimulating research so that more knowledge can be obtained regarding the preventable causes of mental disorders. It must be remembered, not in excuse, but in explanation, that the direction of our activities has been largely determined by special funds which can be used for one purpose and for that purpose only. The National Committee during the last five years has not deliberately turned away from this activity nor from the field of education, which has been so poorly supported financially. It has been due to the fact that the large sources of income have come from organizations which have outlined very definitely the purposes for which the funds shall be spent. I believe that we should make every possible effort to stimulate research in much the same way that we have stimulated the psychiatric education of physicians, not by trying to secure money or even by making grants from our own little funds, but in interesting those upon whom the responsibility of research rests in the fascinating and important problems for research which lie within the field of psychiatry and in helping to make known their specific needs.

We have reason to be thank ful for the success that the National Committee has had during its first ten years. The essentials of success, I believe, consist in confidence in the soundness and practicability of what we are trying to do, first on the part of our Executive Committee, and the full-time executive officers, secondly, on the part of the membership of the Com-

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mittee as a whole, and thirdly on the part of the public. I believe that there is no executive officer of the National Committee who does not sincerely and honestly believe that he is engaged in a sound and fruitful activity, and I believe that there is not a single executive officer who would care to exchange his work for any material advance. Confidence on the part of the membership generally has been shown by their support on every possible occasion when it has been asked. There is, too, a certain measure of confidence on the part of the public. Opportunities for leadership are constantly increasing. Time and again the National Committee for Mental Hygiene is looked to for such leadership.

The next essential to success is continued co-operation between this voluntary agency and the Government agencies which are charged with so large a share of the work of dealing with mental disorders. The relations of the National Committee with the States have grown exceedingly close. There has not been a single State in which a survey has been made in which relationships of mutual confidence have not continued. In fact, it has been a source of embarrassment to us, when we have spent money rather liberally in making a survey, not to be able to help in the practical work of making our recommendations effective.

Of course, the essential of all is adequate financial support. We have always needed that. Maybe you have heard the story of the social worker who was making a study of unemployment. She went into a two-room tenement and asked the lady of the house "In what year did your husband leave his last employment"? The lady turned around and said, "Mike, when were we married in 1888 or '89?" The National Committee has needed financial support from the day it was born, but it seems to me that it now needs not so much an increased support as a different kind of support, a more firm and substantial and continued kind of support than it has had before. Mr. Beers has enjoyed the adventures of sharpshooting for support more than anybody else, but even he is now bored by the sport and every one of the executive officers longs

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It is rather pleasant to be able to conclude what I have to say, especially after the inevitable story of our poverty, with a piece of news that came to me only a few hours ago. The Commonwealth Fund, at the request of many different agencies in different parts of the country, has been for a year studying opportunities whereby aid might be given in the prevention of crime. One conference after another took place and finally the officers of the Fund became convinced that the field of juvenile delinquency offered the best opportunity and that there, better than anywhere else, could persons be deterred from embarking upon criminal careers. After an exhaustive study of ways and means the Commonwealth Fund finally decided that three agencies should be very largely aided in a definite attempt to apply in the field of juvenile delinquency some of the preventive measures which seemed so promising in other fields.

The National Committee for Mental Hygiene is one of these agencies and is to be given by the Commonwealth Fund the means to establish a Division for the Prevention of Delinquency and to carry that division's whole cost of operation for a period of five years. In addition to that, as one of the first, but not by any means the least, activities of that division, a psychiatric field service is to be established consisting of a number of different units, each unit made up of a psychiatrist, a psychologist and a psychiatric social worker to serve in different cities in connection with juvenile courts for periods long enough to demonstrate the service that such a clinic can render. Each one of those clinics is to be generously supported to the extent of $25,000 a year and one of them will be put in the field just as quickly as personnel

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Remarks by ex-Governor Manning.

Mr. President, ladies and gentlemen - It may seem a little strange for me to be called on here today because I suppose I am one of the youngest members of this body - I do not mean in length of days - but in length of membership in this Committee; secondly, because I am a layman and I am confronted by those who have intimate knowledge and training in the subjects which are of interest to this Committee. But you must pardon me for being a little personal when I say that I cannot fail to express the deep sense of gratitude which I and the people of my State have toward this Committee for the work which it enabled me to do and which has resulted in a great benefaction to the State, to those thousands of unfortunates who are inmates of the State Hospital, formerly called the Hospital for the Insane, of South Carolina. When I was elected Governor, I felt that there were many reforms needed in the State and I decided to visit the different institutions. When I visited that hospital and saw its condition and realized that it had been a matter of legislative investigation, that it had become a football in politics with the result of an abominable administration - those people were in a condition that appealed to the heart of any man who had a heart - I determined the day after I was elected to start at once, as the first thing I would touch, a reformation of that institution in the treatment of those inmates. As it had been a political question in the State, I felt that the first thing to do was to get accurate information and advice. I felt that no matter whom I appointed in South Carolina, who had been concerned more or less in the question, that I would not settle the matter in the public mind. If I appointed a man from one political party, the other party would feel that his report would be partisan and it would not carry weight. If I took the opposite course and appointed somebody from the other party, there would be the same feeling on the other side. So I turned to Dr. Salmon. I came to New York to visit him at his office and I laid the matter

Remarks by ex-Governor Manning.

Mr. President, ladies and gentlemen - It may seem a little strange for me to be called on here today because I suppose I am one of the youngest members of this body - I do not mean in length of days - but in length of membership in this Committee; secondly, because I am a layman and I am confronted by those who have intimate knowledge and training in the subjects which are of interest to this Committee. But you must pardon me for being a little personal when I say that I cannot fail to express the deep sense of gratitude which I and the people of my State have toward this Committee for the work which it enabled me to do and which has resulted in a great benefaction to the State, to those thousands of unfortunates who are inmates of the State Hospital, formerly called the Hospital for the Insane, of South Carolina. When I was elected Governor, I felt that there were many reforms needed in the State and I decided to visit the different institutions. When I visited that hospital and saw its condition and realized that it had been a matter of legislative investigation, that it had become a football in politics with the result of an abominable administration - those people were in a condition that appealed to the heart of any man who had a heart - I determined the day after I was elected to start at once, as the first thing I would tough, a reformation of that institution in the treatment of those inmates. As it had been a political question in the State, I felt that the first thing to do was to get accurate information and advice. I felt that no matter whom I appointed in South Carolina, who had been concerned more or less in the question, that I would not settle the matter in the public mind. If I appointed a man from one political party, the other party would feel that his report would be partisan and it would not carry weight. If I took the opposite course and appointed somebody from the other party, there would be the same feeling on the other side. So I turned to Dr. Salmon. I came to New York to visit him at his office and I told the matter

before him. Dr. Salmon showed interest at once and, after spending a morning with him, I asked him to furnish me a man trained and competent to make this investigation and to send me his report. He kindly conferred with Dr. Herring and I arranged for him to come to South Carolina. He was in my office a few hours after I was inaugurated and I gave him letters securing him absolute entry into the institution at any and all times. As a result he soon submitted a report. That report I transmitted to the Legislature and I invited that Legislature to go with me through that institution and see for themselves, with their own eyes, the conditions which existed there. I then appealed to the Legislature to pass the acts which made those reforms possible and, while th there was bitter partisan opposition, after that report and after the visit to the institution, with an address by Dr. Herring and myself the Legislature passed all the acts necessary to bring about those reforms and, although there was the usual cry of economy, every dollar called for in that report was given without a dissenting voice. I feel, ladies and gentlemen, that if you could see that institution now and those reforms which have been put into effect, you would say that now it is a hospital, whereas before it was a prison. All those old methods of restraint are no more to be seen. Occupation is given to those patients and diversion of various kinds, and it simply fills my heart with gratitude to God that I was the instrument, helped by the National Committee for Mental Hygiene, by Dr. Salmon, to have accomplished these results. The people of our State no longer regard it in any political way and, although I had to go before that Legislature to justify some of the steps that were regarded as radical, it is a matter of gratitude to my people that at the conclusion of those addresses, when the questions were presented, they passed resolutions endorsing the action, even though some of them thought I had gone beyond the limit of the law as it was written. So I feel that this Committee has done a service to South Carolina which I can hardly express or exaggerate. I do not wish to deal in superlatives but I will say that these results are now so well admitted that, although other questions come up and call for bitter

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fights before the Legislature on the matter of appropriations, from that year, 1915, whenever appropriation bills have been considered for that institution they have been passed without a record vote. So, you can see how I feel toward the work of this Committee.

Now, it is not for me as a layman to speak about the work of the Committee or to say what ought to be done. I feel that the service which you rendered in South Carolina has been of infinite value. I feel, however, that in the future, speaking as a layman, and I ask for pardon if I am going too far, it is simply a matter of education, of education of the public to know and realize what the plans of this Committee mean for the advancement of the good of those people who are mentally ill. I cannot think of any kind of human suffering that is greater and more painful than that of mental trouble, and if the way can be pointed out so the people can understand, so they can see how they can help relieve these sufferings, I know of nothing that can appeal to the sympathies of the human heart to the same extent.

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REPORT

of the

DIVISION ON EDUCATION

Dr. Frankwood E. Williams, Director

A very real problem faces the Director in charge of the educational work of the Committee in how he may best divide his activities in order to meet the demands upon him at as many angles as possible and at the same time not dissipate his energies too much. This same problem, no doubt, faces every one who has a piece of work in hand that is at all worth while. It is peculiarly true in the present instance, however, in view of the fact that the interest in mental hygiene has considerably outrun the means organized to direct it: at the present time the systematic educational work of the Committee is in reality the work of one individual. Every activity of the Committee has its educational value and much important educational work is done incidental to other undertakings, but such systematic, definitely formulated work as is undertaken is the work of but one person, assisted by a secretary and one lay, technical (editorial) assistant. No other national educational campaign was probably ever conducted with just this type of organization.

A limited organization of this kind means that the work cannot be much elaborated; that it must be confined both in amount and in type to the things that one person may be able to do or may be able to get others to do gratuitously--not a dependable or effective means; that many things it were desirable to do, in fact many things that it is a loss not to do, must be left undone. So far as the general educational work is concerned, therefore, about all that one can hope to do is to keep in as close touch as possible (1) with the various individuals and organizations throughout the country who are interested in problems of mental hygiene, assisting them, where possible, to meet some of these problems, encouraging them, [illegible]

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helping them to retain their interest; and (2) with organizations that are dealing with mental hygiene problems more or less unrecognized, pointing out these problems to them, helping them to understand the problems, encouraging them to meet some of them, bringing to their attention the experience of others who have had to deal with similar problems -- in other words, one may hope to foster such interest as exists, direct it and advise it where possible, stimulate it here and there where it should but does not as yet exist, until such time as an organization can be built up to handle adequately the many diverse problems, some of them highly technical, that are involved.

The work of the Director divides itself, therefore, into two major parts: the editing of MENTAL HYGIENE, the quarterly journal of the Committee, and the fostering and, in so far as possible, directing of mental hygiene interest throughout the country by personal contact, by conference, by correspondence, by public speaking and writing, and -- in the mind of the Director, probably the most effective means -- by service upon committees of organizations planning programs or outlining policies.

MENTAL HYGIENE

With the October number, MENTAL HYGIENE completed its fifth volume. In this volume, as in the previous ones, the attempt has not been made to print a "popular" journal of mental hygiene, but to present mental hygiene in its various aspects in such way as to be useful in informing and directing the thought of those laymen who have to deal with mental hygiene problems in one form or another. It would seem that, for the present, at least, the clientele for MENTAL HYGIENE lies in such a group.

Since the last Annual Meeting (including for the computation the issue of January, 1920) MENTAL HYGIENE has presented 88 articles, 39 abstracts, and has reviewed 111 books.

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mental hygiene activities in order that the readers of the journal may have as comprehensive a view of the field as possible. Much more material is presented for publication than can be used, but there is not yet enough additional material to warrant a more frequent publication. Some of this additional material could be used were it possible to circulate in another type of publication, as, for example, a monthly bulletin, some of the news material that it is now felt necessary to publish in MENTAL HYGIENE under Notes and Comments. That the material published in MENTAL HYGIENE is being found useful is evidenced in the increase in circulation, particularly in the increasing number of subscriptions from libraries and universities, in the additional amount of space being given in other journals to material abstracted from MENTAL HYGIENE, and in the constantly increasing number of references made to material in MENTAL HYGIENE in articles published in other journals and in recently published books.

Although the subscriptions to MENTAL HYGIENE have steadily increased since the first issue (the rate of increase has been greater this year than in any previous year) and the number of subscriptions is larger at this time than it has ever been, the circulation is much below what it should be. There must be at least five persons (one feels sure there are many more) for every person now on the subscription list whose interests are the same and who should be and might be subscribers were the matter brought to their attention. There has been no organized campaign for subscriptions since the first campaign in 1917. In the last eight months 300 new subscriptions have been recorded as follows:

March	43
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CIRCULATION OF REPRINTS

An important by-product of the publication of MENTAL HYGIENE is the reprints, which form the basis of the educational material circulated by the Committee. Although nothing has been done, through lack of funds, to attract attention to this material, the demand for it is increasingly great. This is particularly true of those reprints which deal with mental defect, nervous children, education, industry and delinquency. The requests for this material comes both from individuals--private and official--and from organizations. University, college and normal school libraries, and departmental libraries (particularly psychology and sociology) in all parts of the country call for this material. It is quite evident that in many courses MENTAL HYGIENE and reprints from MENTAL HYGIENE are used as assigned reading. In many instances those in charge of courses write for reprints in quantity; in other instances it is evident that those in charge have made selections from the Committees List of Publications and directed their students to write for them. This use of material is one that should be encouraged.

As a result of material so placed, come later requests for bibliographies. These again come both from students and from those in charge of courses. An increasing number of calls are being received for outlines of courses with bibliographies.

While calls such as these are a source of encouragement, they are also a source of embarrassment at present. Of the reprints in the List of Publications Distributed by The National Committee for Mental Hygiene, the supply of sixty-six is exhausted. In this group are practically all of those most called for. Lack of funds has made it impossible to restock our supply, so that we are unable now and have been unable for several months to supply not only such quantities as are called for for classroom work but even single copies.

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Another interesting use of the educational material issued by the Committee is that made by the psychiatric social workers of the American Red Cross who are working with ex-service men. On being discharged from hospitals, many men return home to distant communities. The psychiatric social worker who has been supervising the patient must then turn over the matter of supervision to the local representative of the Red Cross, who is an untrained, volunteer worker, and who not infrequently gets into a flurry as soon as she learns that her new client is a "nervous" patient. By correspondence, explaining the nature of the patient's difficulty and by sending reprints, pertaining to the situation, selected from those issued by the Committee, the social worker finds that it is possible to allay the local worker's fears in regard to the patient and to gain her cooperation and arouse her interest, not only in supervising the convalescence of the patient in question, but in the larger problem of which he is representative.

PSYCHIATRIC SOCIAL WORK

There developed during the war a need for a lay worker, who could supplement the work of the psychiatrist in the supervision of his patients. Because of the peculiar relationship that exists between the condition of the psychiatric patient and his environment, the most suitable person for this work seemed to be one who had had training as a social worker. It was evident, however, that a social worker, no matter how excellent her social training, was not adequate to the task unless there could be added to her community training an understanding of the very special problems the psychiatrist is required to meet. To provide such a worker, Smith College undertook to organize a school for the training of psychiatric social workers. In order to assure that the training to be given in this school might in fact meet the needs of the psychiatrists, the planning of

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the curriculum was placed in the hands of a special committee, appointed by the National Committee for Mental Hygiene.

From the beginning the school has attracted a superior type of woman--at first experienced social workers who desired the additional training in psychiatric work; more lately, in addition to the trained social worker, college women who desire to work in this field. Although the school at Smith College is only in its fourth year, the graduates of the school have shown in so striking a manner the value that workers so trained can have not only to the psychiatrist but to general social work, that the school has had a very wide influence. Since the establishment of the Smith College School, similar courses have been organized at the New York and Philadelphia Schools of Social Work, and the graduates of all of these schools are in demand not only by psychiatric clinics and hospitals but by agencies doing general social work, who find that the psychiatric social worker brings to the work of the organization a point of view and a method that are distinctly helpful. Aside from its immediately practical value, the work of these schools in training these workers and the influence these workers exert in the communities where they are employed is as effective a piece of educational work in mental hygiene as is being done today.

It was the privilege of the Director to be associated with the Smith College school during the past summer and to obtain thereby a closer view of the work as it is being conducted. The student body was composed of young women, most of whom were graduates of one of the colleges for women or of one of the state universities. They came from sixteen different states. They were an emotionally stable, alert, intelligent and keenly interested group. There would seem to be no question that women of this type, adequately trained, are a desirable addition to the mental hygiene personnel, and that, given a few years of experience in the hospital, clinic, and social agency, they will begin to make distinct contributions in the medical-social field.

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CONFERENCE ON TRAINING OF PSYCHIATRIC SOCIAL WORKERS

With the increase in the number of schools for social work, giving courses in psychiatric social work, it seemed desirable that, allowing for a certain amount of experimentation, an agreement be reached by those responsible for the courses on certain fundamental matters--requirements for admission, length of course, subjects to be taught, allotment of time as between courses and as between didactic work and field practice, etc. To this end a conference of physicians, psychiatric social workers, executives of schools for social work, and workers experienced in general social work was called by the Division of Education of the National Committee for Mental Hygiene. The report of this conference (published in MENTAL HYGIENE, Vol. 5, No. 2, p. 434-35, April, 1921) has had a far-reaching effect in standardizing the training of the psychiatric social worker.

EDUCATIONAL CAMPAIGNS WORTH WHILE

An opportunity presented itself in the fall of 1920 to try out the effectiveness in the field of mental hygiene of an organized state educational campaign having a definite objective. Through the activity of the Colorado State Medical Society, a bill appropriating $350,000 for the construction of a state psychopathic hospital had been placed on the ballot to be voted on at the general election in November, 1920. It appeared evident early in October that, although the physicians of the state were heartily in favor of the measure, the bill would be defeated largely because the function of a psychopathic hospital and the service it might render to the state was not generally understood by the electorate. As the year was one of "economy" it was felt that the tendency would be to defeat all bills carrying an appropriation unless they were very thoroughly understood.

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campaign that would reach the general electorate. Headquarters were established in Denver and for the three weeks preceding the election an active campaign was carried on by means of public speaking, addresses before influential lay organizations-Rotary Clubs, commercial clubs, churches, women's clubs, labor unions; articles and editorials in newspapers; correspondence with officers of important organizations and individuals, the mailing of a considerable quantity of reprints on the subject of the psychopathic hospital and its function, etc.

Of the ten initiated bills on the 1920 ballot, six failed. The psychopathic hospital bill carried, leading in the size of its majority the three other successful bills with the exception of one initiated by the University of Colorado. There was nothing exceptional about this campaign, except the size of the odds against its success. That it was successful gives one reason to believe that similar campaigns conducted elsewhere would likewise be successful, and that the success of other activities of the Committee (such as surveys) might be greater and the results made more permanent were they accompanied or followed by carefully thought out plans for making more generally known the data gathered and thereby bringing to the program that has been proposed on the basis of the survey a wider support. Lack of funds makes such campaigns impossible at the present time. These things cannot be done without personnel and material.

THE TEACHING OF MENTAL HYGIENE IN NORMAL SCHOOLS

At the request of the Director of the Division of Education, Professor William H . Burnham of Clark University undertook early in the year a survey of the teaching of mental hygiene in the normal schools of the country. The survey revealed that, although few normal schools are giving definite instruction in mental hygiene, many are interested and desire to do so. The need of assistance in preparing suitable syllabi and bibliographies was frequently expressed. A special committee of the Committee on Education has

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been appointed to prepare the material. Professor Burnham's report was published in MENTAL HYGIENE (Vol. V, No. 1, p. 19-45, January, 1921).

A MENTAL HYGIENE POINT OF VIEW

As has been stated before, the Director feels that one of the services he can render, particularly in the present state of limited personnel, is to contribute to other organizations by personal contact, through service on committees, attendance at conferences or otherwise, such suggestions as may be valuable in the preparation of programs for meetings, or in the outlining of policies or activities. The Director has assisted, therefore, in the preparation of programs for the American Psychiatric Association, American Public Health Association, Division of Neurology and Psychiatry of the American Medical Association, the National Conference of Social Work, the American Red Cross, the Public Health Institutes of the U. S. Public Health Service, the New York City Women's Club, the New School for Social Research (special course on mental hygiene, in which fifteen prominent psychiatrists will take part); has served upon committees of the American Psychiatric Association (program, statistical, war work--compilation of final report for transactions), American Hospital Association (training of social workers), National Research Council (Committee on Human Ecology), Occupation Therapy Society of New York (Board of Directors), New York School of Social Work (Vocational Committee), American Red Cross--U. S. Public Health Service (plan of organization of social work in U. S. Public Health Service), American Association of Social Workers (Committee on Vocation),etc., etc.

Among the more important organizations before which addresses have been made are: American Public Health Association, National Educational Association. National Conference of Social Work, Alabama Education Association, faculty of the University of Alabama, student convocation at Smith College, Extension Course at Lehigh University, classes in sociology at Columbia University, class in public health nursing at Teachers' College,

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REPORT OF THE LIBRARY

Covering period Feb. 1920 - Nov. 1921

The Library of the National Committee for Mental Hygiene now contains approximately 1,100 books, 7,000 pamphlets and 211 sets of periodicals. This literature is available to all persons interested in the many subjects contained in the collection. The privilege of borrowing books and pamphlets for a period of one month is extended to all who furnish proper references. The Library is open for use every week-day, except Saturday, from 9 A.M. until 5 P.M., the hours on Saturday being 9 A.M. to 1 P.M. Pamphlets published and distributed free of charge by the National Committee may be secured through the Library, either by letter, telephone or personal calls. The National Committee pays postage on all literature sent out in response to requests.

During the period covered by this report the Library has responded to nearly 3,000 requests for information and literature on all phases of mental hygiene and its related subjects. As the staff personnelwas reduced to two, following the resignation of the Librarian on February 1, 1921, it was found necessary to limit the amount of time spent on these requests in order that the other duties of the Library might be carried on. Therefore the customary routine of writing letters to accompany material being sent out was eliminated when possible.

Some of the interesting bibliographies compiled in response to requests received were references on the following subjects: Narratives of illnesses by patients suffering from mental disorders; Relation of the ductless glands to adolescence; Relation of environment to juvenile delinquency;

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Remarks by Dr. Neilson

I am very glad to have the opportunity to convey, for the first time more formally, to this Committee the thanks of the institution I represent. In the Spring of 1918, when all the educational institutions of the country were attempting to justify their continued existence during the war by doing something that had some bearing upon the war, Dr. Southard proposed to me the institution of a school for the training of psychiatric social workers. After several conferences with Dr. Southard and with the definite support which this Committee gave me the scheme finally took shape and the undertaking was launched under its auspices. The school has been in existence for four years and is now planning its courses for next summer. I should like to assure Dr. James that it is really permanent, but difficulty is difficulty and of course we have ours in connection with this work. We have been getting from the endowment of Smith College a share of the allotments for the normal work in Winter. At the beginning by special efforts we raised most of the extra cost of the training of psychiatric social workers outside. The financial support of the course has come almost entirely from the work itself and the comparatively small amount of money, $5,000 or $6,000. which it has cost the college thus far, is drawn from the college's permanent resources. The exact legal bearing of the precedent I shall not inquire into, so long as I can induce the trustees of the college to continue this support, but I am afraid that we may have to find some other basis of financial support, although we have no reason to doubt that it will be forthcoming next Spring. I shall not trouble you with any further details about that, as some of the members of this Committee have been actively interested in the general support of the course and in teaching in the school itself, but I want to say just one word with regard to the indirect effects of this Committee upon the work in our American colleges, because, in spite of the array of results which your reports show and the multiplicity of activities with which you credit yourselves,

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there are a great many others that you probably know nothing about. There are, for example, three definite items in the life of Smith College that are the outcome of this Committee. The ordinary courses of hygiene in the college now contain a section of mental hygiene. All the students of the college during the first two years receive a certain amount of instruction with regard to the preservation of mental as well as physical health. Last year we tried the experiment of adding to the staff of the college a psychiatrist. While that position was not made a permanent one the college has since gone into psychiatric studies to a considerable extent and I expect that we shall always have some one on the staff whose services will be available in connection with the many cases of trouble that turn up in a college teaching two thousand young women. The third point is the initiation this year, on a very small scale, of work with retarded children in connection with the Department of Education. The State of Massachusetts has passed a law requiring the schools to provide special instruction for children who are found to be more than three years behind their grade. It has not provided the means for enforcing this law and only here and there is more being done that a survey. The college is undertaking this part of the work on behalf of the State. It has engaged a trained worker in the Department of Retarded Children and that person will train what I hope will be graduate students this year in the work of surveys and tests of children in the schools who have fallen behind their comrades and they have been equipped with a little school of experiment for training and education in actually handling such cases. As you are aware, of course, we are here again confronted with the great difficulty of obtaining personnel. There is a great demand now in our State, and I suppose elsewhere, for trained teachers who know something about handling that particular type of case. We hope to send out a constant stream of college graduates with an extra year of training in psychiatric social work. These are the three different items in addition to the course for psychiatric social service

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REPORT OF
the
MENTAL DEFICIENCY DIVISION

Dr. V. V. Anderson, Director.

Early in 1920 a report "On Institutions for the Feebleminded" was prepared and published. This was a study of the various leading institutions for the feebleminded in the United States, their layout, construction, organization and operation. There has been a steady demand for this report from various state institutions for the feebleminded, as well as hospitals for the insane, boards of trustees and other state officials. Later in the year 1920 a study was made of the educational training given in the various private and public institutions for the feebleminded and in the special classes in the public schools throughout the country. A report of this study was published and it has been, we believe, of great service to the public schools in connection with the development of their special class work.

It has seemed to us there is a demand for a handbook that will deal with the care of the feebleminded and epileptic. With this in mind we have, during recent months, undertaken a very complete study of the laws and facilities of the different States for dealing with these problems. We have now in shape this material for presentation in the form of a handbook. It will contain a careful analysis and comparative study of the laws of various States for dealing with the feebleminded and epileptic; pointing out the weak and good points in the different laws, with constructive suggestions for model laws. It will also contain our study of the different private and public institutions, their facilities in the way of buildings, medical staff and other employees, type of industrial, academic and other training, classification of inmates, etc. As regards the Special Classes, we have now material from 300 cities which will give a fair picture of the character of the work being done for the feebleminded and epileptics by public schools. The handbook will also

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SURVEYS

Probably the most important development in relation to surveys has been a standardization of methods and technique. We have developed inspection blanks that are used by the field staff in connection with studies of almshouse "dependent" schools, orphanages, state prisons, reformatories, industrial training schools, jails and courts. These inspection blanks enable us to record in detail the facilities of these institutions and agencies for dealing with their problems. They are kept as permanent records at our office and are to be used in the studies of jails, almshouses, and other institutions throughout the country. We have developed a system by which data obtained from the study of individuals, while surveys are being made, is transferred from the clinical record sheets of the workers in the field to statistical cards in the New York office. There, under the supervision of our chief statistician, Miss Furbush, all of the material bearing upon the problems of mental deficiency and delinquency, and related problems that is gathered by our field force, is being worked up into statistical form. In this way we shall in a short time possess statistics of a medical, psychological, psychiatric and social nature bearing upon crime, dependency and other causes, that will be of great scientific and practical value.

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During the years 1920 and 1921 we have conducted surveys in Wisconsin, West Virginia, Missouri, South Carolina, Maryland, and Cincinnati, Ohio. We have just started a Mental Hygiene Survey in Arizona, and will begin a very intensive study in Louisville about the first of December.

It has been quite impossible, even if we wished to do so, to limit our investigations simply to a study of the feebleminded. Our surveys have, in fact, become Mental Hygiene Surveys. The widespread interest wherever we have gone has led to a demand for well-rounded studies from a psychiatric, psychological and social point of view of the various individuals dealt with.

In order to determine the possibilities in the way of prevention, thoroughgoing studies of a large number of public school children have been made. We have to date, in this way, examined about 30,000 public school children. The material we have gathered in the investigations of delinquency, dependency and education has been of unquestioned value to public authorities in mapping our their programs. In one state, Wisconsin, we examined approximately 4,000 delinquents and dependents and 8,000 public school children.

In Wisconsin, as a result of the survey, about $350,000 was made available for new buildings at a new institution for the feebleminded at Union Grove. Also new buildings were provided for at the State Institution at Chippewa Falls. Among our other Wisconsin recommendations we strongly urged the provision for proper mental examinations of public school children, special classes for mental defectives, and, what we consider most important of all, some centralized State authority for supervising mental defectives in the community. The Legislature appropriated $9,000 for a Mental Clinic for the public schools. It also appropriated $25,000 for a Bureau within the State Board of Control to supervise feebleminded persons in the community. Another recommendation was the provision for proper classification of the inmates of state penal and correctional and other institions. We were assured by the State Board of Control that this would

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be done from the Budget that they had already made out. While in Wisconsin we made a very intensive study in Milwaukee. As a result of this investigation, there was developed great interest in the establishment of a Mental Hygiene Clinic for the city and the Commissioner of Health has decided to ask the City Council for a Bureau of Mental Hygiene within his department, which will provide such clinics for the public schools, courts, and city institutions of Milwaukee.

Our recommendation in West Virginia was that there should be established a separate institution for the feebleminded, there being none in the State. Early this year (1921) the Legislature of West Virginia passed an Act authorizing the State Board of Control to provide a separate institution for the feebleminded.

The Missouri Legislature decided to co-ordinate all of the Mental Hygiene activities of that state under a State Commission whose Director should be a psychiatrist. This legislation will be greatly to the advantage of the insane, feebleminded, and epileptic in Missouri.

Our Maryland Survey has just been completed and recommendations have been placed in the hands of the Governor. It is interesting to note that the Governor of Maryland has shown great interest in the survey and has attended every meeting of the Advisory Commission that was appointed by him. At his request, the Chairman of this Commission has appointed a separate committee which is to meet with the Governor and discuss measures for making effective in the form of legislation such recommendations as are contained in our report.

The South Carolina and Cincinnati Surveys will not be completed until the first of December. Great interest has been shown in both places in the work we are doing. Particularly do we believe that the Cincinnati Survey will be one of the most valuable pieces of work yet done by our Division of Mental

Deficiency. It may be mentioned that in addition to our study of the delinquents passing through the courts, and our study of the dependents in city institutions and in contact with the var[illegible] relief organizations, we are studying also the problems of illegitimacy and unemployment. The local health authorities are participating in this survey and we are making physical, psychiatric and psychological examinations of several thousand school children. Through the agency of our own social service staff and many voluntary workers, home investigations are being made of all of these children. One special piece of work that promises great results is a study of several hundred feebleminded persons who left the special classes in the public schools during the last six or eight years. It may be worth mentioning that the officials of the University of Cincinnati together with certain heads of social agencies and business men, have already started a movement to make available a large fund for the establishment of a Mental Hygiene Clinic in connection with a Psychopathic Hospital in that city.

Special credit in connection with the work that has been done in the field is due our field staff: Dr. Thomas H. Haines, Dr. Smiley Blanton, Dr. Christine Leonard, Dr. Arabella Feldkamp, and Dr. Rose Dintzess, -- psychiatrists; Dr. Frank O'Brien, Mr. Frank Fearing and Mr. C. F. Hultgren, -- psychologists; Mrs. Flora May Fearing, Miss Mina Sessions, -- social workers; and Miss Elsabelle Krauss, -- secretarial assistant.

Needless to say, our Division of Mental Deficiency is constantly called upon for advice by officials and groups in many States where no surveys are under way. The Director has been able also to render help by speaking at various important conferences and meetings and meeting personally a great number of people who are directly interested in mental deficiency and delinquency.

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REPORT OF
the
DEPARTMENT OF STATISTICS

Edith M. Furbush, Statistician

The activities of this department have been mainly along the following lines: (1) the promotion of uniform statistics in hospitals for mental diseases and in institutions for the feebleminded, (2) the organization of an information file, (3) assistance in the survey work of the Committee, and (4) special statistical studies.

UNIFORM STATISTICS

The Department has continued its work for the promotion of the standard classification of mental diseases and the uniform statistical system advocated by the American Psychiatric Association. It has published a second revised edition (3,000 copies) of the statistical manual, containing the classification, suggestions for diagnosis and for the preparation of annual statistics; it is supplying tabular forms and statistical record cards to hospitals for mental diseases; it has answered by correspondence numerous inquiries relative to the tables, and has spent considerable time in checking up annual reports received from hospitals, and in calling attention to various errors found. At the present time, 128 of the 156 state hospitals in this country, in addition to a number of the larger private ones and a few county and city hospitals, are known to be using the classification. Of the other state hospitals, several have written for copies of the manual for their medical staffs have requested our tabular forms, or are using our statistical record cards. Some have written that they favor the classification and plan to adopt it. In fact, there are only eight state hospitals from which either no reply or an unfavorable one has been received. The classification was adopted during the war by the Surgeon General of the United States Army and is now in use in

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the United States Public Health Service Hospitals.

It may be of interest to know that the statistical manual, which was designed primarily for the use of hospitals for mental diseases, has been sent upon request not only to these hospitals and their controlling boards, but also to general hospitals, medical societies, practicing physicians, medical students, social workers, psychologists, teachers, librarians, and policemen. Requests for this pamphlet have come from individuals in a number of foreign countries.

The first essential to good statistics is a system of carefully worked out record cards that provide for all the data called for in the tables to be compiled. Such cards were prepared by the Statistical Department in 1918, at the request of hospital superintendents, who have since ordered over 170,000 of them.

Already the influence of the new system of statistics in hospitals for mental diseases is being reflected in better reports and more attention to medical work in some institutions from which a few years ago it was thought impossible ever to obtain reliable clinical information. A vast amount of material will soon be available for study. Two studies have been published by the Department, based upon uniform statistics received from state hospitals for the year 1919, a monograph dealing with 1920 statistics is in the course of preparation, and special studies to include statistics for the year 1921 are now being planned. These publications are discussed elsewhere in this report.

The plan of collecting uniform statistics from hospitals for the treatment of mental diseases has proved so successful that on May 29, 1919, the American Association for the Study of the Feebleminded voted to appoint a committee on uniform statistics and to invite the cooperation of the National Committee for Mental Hygiene. The committee was appointed, held several meetings with representatives of the National Committee for Mental Hygiene, and

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prepared a system of uniform statistics which was embodied in its report to the Association at its annual meeting, June 4 - 5, 1920. This report was unanimously accepted and the Association voted to continue the committee for the purpose of perfecting the plan and introducing it into the institutions for the feebleminded throughout the country.

Since the adoption of the statistical system by the American Association for the Study of the Feebleminded, the Statistical Department of the National Committee, in cooperation with the Association's Committee on Statistics, has published a statistical manual, record cards, and tabular forms for institutions for the feebleminded. Manuals and sample record cards have been sent to all state institutions for the feebleminded and the larger private ones. The uniform system of statistics is being favorably received and has already been adopted by many of these institutions.

INFORMATION FILE

The information file is concerned chiefly with legislation, institutions for patients with mental disease, mental defect, epilepsy, and inebriety, and general statistical information in mental hygiene and allied fields.

Since January, 1917, the Department has annually secured the session laws enacted by the several state legislatures. During the past year there have been extracted from these volumes all legislation pertaining to our field. Important laws have been summarized and published from time to time in the "Notes and Comments" section of MENTAL HYGIENE. It is planned to prepare in the near future a publication outlining laws of especial interest that have recently been enacted.

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ASSISTANCE IN SURVEYS

In addition to furnishing information for survey work, as above mentioned, the Statistical Department has assisted in the work of the state surveys of the Committee by outlining forms and checking up reports. In October the supervision of the statistical work of the mental deficiency surveys was turned over to the Statistical Department and tabulations are now being made from report schedules sent in from the field.

STATISTICAL STUDIES

The Department took a census of patients with mental disease, mental defect, epilepsy, and inebriety in institutions in the United States, in January, 1920. This study was published in the January, 1921 issue of MENTAL HYGIENE. In the April number of the same magazine appeared another publication of the Department, entitled "Mental Diseases in Twelve States." This study, including data from 46 state hospitals, discussed especially the forms of mental disease presented by over 16,000 new admissions to these hospitals during the year 1919. Another study, based upon the first admissions to the same hospitals, was published in the July, 1921 number of the magazine, under the heading "Social Facts Relative to Patients with Mental Diseases." This latter study presented data relative to nativity, citizenship, environment, economic condition, age, and alcoholic habits of patients admitted to state hospitals for mental diseases for the first time.

In addition to special studies, the Department has published a new revised edition of the "Statistical Manual for the Use of Institutions for Mental Diseases" and a similar pamphlet as a statistical guide for institutions

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CONTACTS WITH OTHER ORGANIZATIONS

The Statistical Department has been closely affiliated with the American Psychiatric Association and the American Association for the Study of the Feebleminded in the promotion of uniform statistics in institutions for mental disease and mental defect. The consulting statistician and the statistician have met with the Committee on Statistics of these two Associations and attended the meetings of the Associations at Cleveland in May, 1920 and in Boston in June, 1921. The consulting statistician read a paper on "Standardization of Statistics of State Institutions" at the annual meeting of the American Statistical Association in December, 1920. The statistician had an opportunity to present at the same meeting an outline of the activities of the National Committee for Mental Hygiene in establishing uniform statistics in hospitals for mental diseases and institutions for mental defectives.

The statistician has attended the annual meetings of the National Conference of Social Work and for the past three years has served as Secretary of the Mental Hygiene Division of that body.

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The statistician has attended four meetings of the Statistical Conference Group called by the National Health Council to consider the common statistical interests of the organizations represented.

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The Statistical Department has cooperated with the Educational Division of the National Committee, principally in criticising manuscripts for statistical style and accuracy and in furnishing news items and summaries of important legislation for the quarterly magazine.

Its cooperation with the Mental Deficiency Division has been primarily in connection with surveys, but it has also assisted in the preparation of questionnaires and schedules and in the assembling of information for that Division's files on the subject of institutional care and legislation pertaining to mental defectives.

In closing, the statistician wishes to express her appreciation of the advice and encouragement received from the executive officers and the consulting statistician, and to acknowledge gratefully the loyalty and interest of her assistants, without whose support the various phases of the Department's work could not have been accomplished.

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SUMMARY OF THE REPORT OF THE TREASURER FOR FISCAL YEAR 1920, TAKEN FROM THE FULL REPORT OF THE AUDITOR MR. ARTHUR B. SINCLAIR, CERTIFIED PUBLIC ACCOUNTANT.

Balance - January 1, 1920	$ 12,926.18
RECEIPTS:	
CONTRIBUTIONS:	58,700.00
SPECIAL APPROPRIATION ACCOUNT:	
Rockefeller Foundation	78,223.65
ANDERSON APPROPRIATION ACCOUNT:	
Mrs. Elizabeth M. Anderson	10,000.00
HARRIMAN MENTAL DEFICIENCY FUND:	
Mrs. E. H. Harriman	5,000.00
INTERNATIONAL FUND:	
Mrs. Elizabeth M. Anderson	2,000.00
Loan from New York Trust Company	9,461.85
Sale of Statistical Cards and Manuals	1,368.71
Subscriptions - MENTAL HYGIENE	3,452.16
Refund - Missouri Mental Disease	2,500.00
Interest on Bank Balances	353.61
Sale of War Work Instruments	613.31
Total	$184,599.47

N.B. - Copies of the full report of the Treasurer will be ready for distribution at the Annual Meeting.

SUMMARY OF THE REPORT OF THE TREASURER FOR FISCAL

YEAR 1950, TAKEN FROM THE FULL REPORT OF THE AUDITOR

MR. ARTHUR B. SINCLAIR, CERTIFIED PUBLIC ACCOUNTANT.

Balance - January 1, 1950	$ 12,926.19
RECEIPTS:	
CONTRIBUTIONS:	88,700.00
SPECIAL APPROPRIATION ACCOUNT:	
Rockefeller Foundation	78,225.65
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Brought Forward $184,599.47

DISBURSEMENTS

Administrative	$ 40,819.39	
Education Publicity	8,650.63	
Mental Hygiene Quarterly	2,876.73	
Library	6,863.52	
General Statistics	3,939.28	
Reconstruction Work	12,311.43	
Direction of Surveys	8,308.96	
Cleveland Mental Disease Survey	3,185.17	
North Carolina Mental Disease Survey	8,002.83	
Missouri Mental Deficiency Survey	5,772.08	
New Jersey Mental Disease Survey	5,716.13	
Bureau of Uniform Statistics	4,947.06	
Missouri Mental Disease Survey	4,781.99	
Mississippi Mental Deficiency Survey	1,913.88	
Anderson Appropriation for Psychiatric Social Work	8,718.31	
Special Studies in juvenile delinquency; and suicide	8,069.47	
Maryland Mental Deficiency Survey	5,863.66	
Clerical Assistance on Surveys	3,103.69	
Wisconsin Mental Deficiency Survey	8,183.83	
Philadelphia Mental Disease Survey	987.82	
Finance Committee Fund for use in raising funds	1,140.22	
Louisiana Mental Disease Survey	2,858.33	
West Virginia Mental Deficiency Survey	5,283.02	
Harriman Mental Deficiency Fund	3,338.07	
War Work Fund	394.00	
Special Study of economic phases of Hospital Management in Illinois	2,493.64	
Refund to Rockefeller Foundation, unexpended balances	2,082.34	
International Fund for stimulating interest abroad	400.00	
Interest on note	236.37	
Advanced for Reconstruction work in 1921	400.00	
	169,035.85	
Less - Salaries charged but not paid until after Jan. 1, 1921	2,804.80	166,831.05
Bank Balance December 31, 1920		17,768.42

Brought Forward $184,599.47

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Harriman Mental Deficiency Fund	3,538.07
War Work Fund	394.00
Special Study of economic phases of Hospital Management in Illinois	2,493.84
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Bank Balance December 31, 1920	166,451.05

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Remarks of Dr. Campbell on Dr. Southard and Cardinal Gibbons

I hesitate to speak in an impromptu manner about the accomplishments of Sr. Southard and the position he occupied not only in relation to this Society but in relation to the medical world. I who have taken up his work at the Boston Psychopathic Hospital, who have come into contact with those who have worked with him and have seen his great accomplishments, am, perhaps, in a peculiar position to be able to appreciate the value of what he accomplished. He was a man of very distinguished personality, brilliantly endowed, a man who was not only very bright himself but a source of brightness in others, who stimulated his pupils to their very best endeavors and who seems to have won almost universally their very intense devotion. The accomplishment of such a man is not to be measured alone by the result of his public works, in themselves a very great contribution, but it is to be measured in terms of the influence which he had upon others. What we admired most in Dr. Southard was not merely his brilliancy, not merely his continued devotion to his work, but the way in which his genius slowly, maturely ripened and the way in which he started out with perhaps the same rigid and formal conception of some task which we are dealing with, and how he finally came to an extremely broad conception of the implications of his chosen field of medicine, the influence which he has had on mental hygiene in his own community, the influence which he has had in the establishment of such an institution as the Boston Psychopathic Hospital. Of course it is much easier to carry on work like that, once it is begun, than to go through the very trying period of tentative construction. The influence which he has had upon the whole community is something which I can hardly do justice to in these few words, and I am sure in his loss, at the very height of his career or perhaps when he was attaining to still greater heights, in him this Society has lost one of its most brilliant members and one who held the promise of still greater usefulness.

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by

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Medical Director, National Committee for Mental Hygiene

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Published by
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National Committee for Mental Hygiene
50 Union Square, New York City

THE CARE AND TREATMENT OF MENTAL DISEASES AND WAR NEUROSES ("SHELL SHOCK") IN THE BRITISH ARMY

by

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No medico-military problems of the war are more striking than those growing out of the extraordinary incidence of mental and functional nervous diseases ("shell shock"). Together these disorders are responsible for not less than one-seventh of all discharges for disability from the British Army, or one-third if discharges for wounds are excluded. A medical service newly confronted like ours with the task of caring for the sick and wounded of a large army cannot ignore such important causes of invalidism. By their very nature, however, these diseases endanger the morale and discipline of troops in a special way and require attention for purely military reasons. In order that as many men as possible may be returned to the colors or sent into civil life without disabilities which will incapacitate them for work and self-support, it is highly desirable to make use of all available information as to the nature of these diseases among soldiers in the armies of our allies and as to their treatment at the front, at the bases and at the centers established in home territory for their "reconstruction".

England has had three years' experience in dealing with the medical problems of war. During that time opinion has matured as to the nature, causes and treatment of the psychoses and neuroses which prevail so extensively among troops. A sufficient number of different methods of military management have been tried to make it possible to judge of their relative merits. My visit to England was for the purpose of observing these matters at first hand so that I could contribute information which might aid in formulating plans for dealing with mental and nervous diseases among our own forces when they are exposed to the terrific stress of modern war.

I. INTRODUCTION

Acknowledgments

I wish, at the outset, to record my appreciation of the many courtesies which enabled me to use the limited time at my disposal to the best advantage. The Army Council, upon the request of Ambassador Page, agreed to place at my disposal every facility for studying mental and nervous diseases. The medical officers of the special hospitals for mental and nervous cases gave me opportunities to observe the work of the institutions under their charge. Others actively engaged in dealing with various administrative and clinical phases of these problems not only gave me valuable information but very kindly offered suggestions as to practical means by which our Army might profit by the experience of British medical officers. I would mention especially Lt. Colonel William Aldren Turner, the principal advisor to the Government in these matters; Lt. Colonel Sir John Collie, President of the Special Pension Board on Neurasthenics; Sir William Osler, under whose direction work is carried on in the special hospital for functional disorders of the heart; Dr. C. Herbert Bond of the Board of Control; Dr. Henry Head, who represented the Medical Research Committee in the conference upon nervous diseases among soldiers held in Paris in April, 1916; Dr. H. Crichton Brown who has prepared a thoughtful memorandum on the subject for the war office; Lt. Colonel Sir Robert Armstrong-Jones and the American liaison officers in London - Brigadier-General Bradley and Lt. Colonel Lyster of the Army and Surgeon Pleadwell of the Navy. Dr. William Morley Fletcher, Secretary of the Medical Research Committee, which from an early period in the war has directed attention to the importance of nervous diseases, presented me with a motion picture film showing some of the more common symptoms in soldiers suffering from the neuroses. Dr. John T. MacCurdy, Associate

Acknowledgments

in Psychiatry at the New York State Psychiatric Institute, who was studying the war neuroses in special hospitals in London, very kindly visited the Moss Side Military Hospital at Maghull and the Craiglockhart Hospital for officers near Edinboro and furnished me with reports on the facilities for treatment at these institutions (1).

Scope of report

I have omitted entirely any account of the treatment of organic nervous diseases or of injuries to the central nervous system or the peripheral nerves. Organic nervous diseases are not especially frequent and seem to present no special military problems. Injuries of the central nervous system are frequent and severe. Those that do not prove fatal very quickly are well cared for at first in general surgical wards where the services of neurologists and neurological surgeons are available and later in special hospitals or special hospital wards. A very serious difficulty in dealing with destructive brain and cord lesions is that the patients sooner or later pass from hospitals in which special care and nursing are provided to their homes or to poorly equipped auxiliary hospitals in which many soon get worse or die. Injuries to the peripheral nerves are frequent and important, in fact there are few extensive injuries to the extremities in which important nerves escape. With neurological advice, the surgeons deal with these cases successfully in the base hospitals and their after-treatment is well carried on in the "reconstruction centers" for orthopedic cases. Neither of these classes of injuries concerns especially the treatment or military management of mental and functional nervous diseases except

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(1) Appendix III

for the fact (to be commented upon later) that the treatment of the war neuroses might be carried out advantageously in home territory in co-operation with orthopedic reconstruction centers.

Although the problems presented by mental and functional nervous diseases have many clinical and administrative features in common and although these disorders should be dealt with by medical officers with the same kind of special training, it seems desirable to consider their treatment in England separately in this report.

My observations as to the nature of the neuroses met with in war are based partly upon the very extensive literature upon this subject which has come into existence since the commencement of the war, (1), but chiefly upon personal conversation with medical men engaged in treating these cases in England. It is almost needless to say that during a short period largely spent in securing information regarding facilities for treatment and administrative methods of management and in examining special hospitals for the care of these cases, I had no opportunity to make original clinical observations, although I saw and examined superficially many cases of all degrees of severity.

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(1) Appendix I

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II. MENTAL DISEASES (INSANITY)

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Prevalence

For many years war military life has been called the "touchstone of insanity" on account of the high prevalence of mental diseases in armies even during peace. Medical statistics of the present war are as yet untabulated and so it is impossible to state the rate per thousand for mental diseases. The only means of estimating their incidence is by considering the number of cases diagnosed officially as "insane" in the military hospitals at a given time. On March 31, 1917, about 1.1 per cent of all patients in military hospitals of Great Britain were officially diagnosed as insane. The percentage among expeditionary patients was 1.3 and among non-expeditionary patients 1.1. The enormous prevalence of wounds in patients from the expeditionary troops reduces the percentage of all other conditions and so the excess of mental cases among expeditionary cases is much greater than is apparent. Among non-wounded expeditionary patients the percentage was about three times that among the non-expeditionary cases. The rate among officers was only one-third that among men in expeditionary patients and about the same in non-expeditionary patients. This has an important bearing upon the fact that the rate for the war neuroses ("shell shock") among officers is five times as high as among men. About 6,000 patients are admitted annually from both the expeditionary and non-expeditionary forces to the special military hospitals for the insane. As one such hospital with a large admission-rate is a "clearing hospital" and distributes its patients to other special hospitals, some patients are obviously counted twice in the only statistics available. To offset this is the fact that a much larger number of mental cases do not go to special military hospitals at all but are discharged to

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For many years war military life has been called the "incubators of insanity" on account of the high prevalence of mental diseases in armies even during peace. Medical statistics of the present war are as yet unstandardized and so it is impossible to state the rate per thousand for mental diseases. The only means of estimating their incidence is by considering the number of cases diagnosed officially as "insane" in the military hospitals at a given time. On March 31, 1917, about 1.1 per cent of all patients in military hospitals of Great Britain were officially diagnosed as insane. The percentage among expeditionary patients was 1.3 and among non-expeditionary patients 1.1. The enormous prevalence of wounds in patients from the expeditionary troops reduces the percentage of all other conditions and so the excess of mental cases among expeditionary cases is much greater than is apparent. Among non-wounded expeditionary patients the percentage was about three times that among the non-expeditionary cases. The rate among officers was only one-third that among men in expeditionary patients and about the same in non-expeditionary patients. This has an important bearing upon the fact that the rate for the war neuroses ("shell shock") among officers is five times as high as among men. About 6,000 patients are admitted annually from both the expeditionary and non-expeditionary forces to the special military hospitals for the insane. As one such hospital with a large admission-rate is a "clearing hospital" and distributes its patients to other special hospitals, some patients are obviously counted twice in the only statistics available. To offset this is the fact that a much larger number of mental cases do not go to special military hospitals at all but are discharged to

friends, with or without an official diagnosis of insanity, or are sent directly to local institutions for the insane. This is the rule in the case of non-expeditionary troops. It can be estimated, from all the data available, that the annual admission rate is about 2 per 1,000 among the non-expeditionary troops and about 4 per 1,000 among expeditionary troops. The rate in the adult male civil population of Great Britain is about 1 per 1,000.

There is statistical evidence which indicates that the insanity rate in the British Army is less at the present time than it was in the first year of the war, and that it has not reached some of the high rates reported in recent wars. The high and constantly increasing rate for the war neuroses suggest that the latter disorders are taking the place of the psychoses in modern war. How much this phenomenon is due to an actual change in incidence and how much to former errors in diagnosis cannot be stated accurately. There is a strong suspicion that the high insanity rate in the Spanish-American War and the Boer War was due, in part at least to failure to recognize the real nature of severe neuroses, similar to those grouped under the term "shell shock" in this war. This may account for the remarkable recovery rate among insane soldiers in the two wars in question. It is certain that in the early months of the present war many soldiers suffering from war neuroses were regarded as insane and disposed of accordingly. When one remembers that the striking manifestations seen in these cases are unfamiliar in men to physicians in general practice, it is not surprising that some of the severer disturbances should have been interpreted as signs of insanity. The benign course and rapid recovery of many of these cases upon their return to England, together with increasing familiarity with the symptoms of functional nervous diseases, soon enabled the medical officers

serving with troops to recognize their real nature. Even at the present time, however, it is by no means rare for soldiers with functional nervous diseases to be sent to England as insane or for insane soldiers to be sent to hospitals for the war neuroses. This is shown by the records of the Red Cross Military Hospital at Maghull, a hospital for the treatment of war neuroses. Since this hospital was opened, ten per cent of the 1749 patients admitted (1) were found to be suffering from mental diseases and sent to hospitals for the insane. On the other hand, twenty per cent of the 6755 patients received (1) from France since the commencement of the war at "D Block" of the Royal Victoria Hospital at Netley, a clearing hospital for mental cases, were subsequently sent to hospitals for functional nervous diseases. On the whole it may be said that medical officers serving with troops are becoming more familiar with the symptoms of functional nervous diseases and that fewer such errors now occur.

Treatment.

The return to England of considerable numbers of mental cases, commencing early in the war and steadily continuing, soon led to rather difficult questions as to their disposal. Before the war, the army maintained a small department for the insane at the Royal Victoria Hospital at Netley. This department which is known as "D Block" and constitutes practically an independent unit, accommodated only 125 men and 3 officers. For years the annual admission rate averaged 120. The only cases received were soldiers who had served at least ten years in the regular army or those with shorter service whose insanity seemed clearly to

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be due to such causes arising in line of duty as head injuries, tropical fevers, exhaustion, wounds, etc. As it was manifestly impossible to care for more cases at Netley, the insane soldiers who were first sent home from the Expeditionary Forces, as well as those from the home forces, were "certified" (i.e. legally committed) and sent to the local "County Lunatic Asylums" as they are called, unless their relatives and friends took them off the hands of the Government and disposed of them otherwise. The appearance of soldiers from the front in the district asylums, where they were burdened by the double stigma of lunacy and pauperism, aroused public disapproval that speedily made itself felt in Parliament.

About this time arrangements had been made to take over one county or borough asylum in each group of ten in the United Kingdom for use as a general military hospital for medical and surgical cases (1). This made it possible to establish special war hospitals for mental cases. A department of the Middlesex County Asylum (re-named the Napsbury War Hospital,) was opened for mental cases, and the District Asylum at Paisley, Scotland, (re-named the Dykebar War Hospital,) was turned over entirely for this purpose as was part of the Lord Derby War Hospital at Warrington which had been the Lancashire Asylum. Later the Belfast District Asylum in Ireland was taken over as the Belfast War Hospital and still more recently the Perth District Asylum was taken over as the Murthley War Hospital, both being used entirely for the insane. A pavilion at the Richmond District Asylum, Ireland, accommodates 100 and a small hospital in London (Latchmere House) cares for about 84 officers. An annex in connection with the Dykebar War Hospital has recently been opened so that there are now about

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No attempt has been made to care for the insane in France, the policy of the War Office being to send all cases to the clearing hospital at Netley and then to the special institutions named as soon as possible. There are available in France only 125 beds, all for the temporary detention of mental cases.

Of the twenty-one asylums and similar institutions in Great Britain and Ireland which have been converted into military hospitals, (1) three are used wholly or in part for functional nervous diseases. In spite of the fact that the names of all these asylums were changed when they were taken over for their new use, a suspicion apparently exists among the public that soldiers with mental or nervous diseases are still being sent to district asylums as "pauper lunatics", the official designation of such patients. It is not easy for us in America to understand the importance of this aspect of the question for in most states our state hospitals enjoy a reputation which would no more stigmatize insane soldiers than it does their sisters or daughters when they require treatment obtainable only in these institutions. In England, however, insanity and pauperism have been closely linked and it is the latter which is very largely responsible for the stigma attached to these institutions. The Government was obliged, therefore, early in 1915 to announce that it has adopted the policy of sending to the District Asylums only the following groups of cases from the Expeditionary Forces:

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1. Patients with general paralysis of the insane
2. Patients with chronic epilepsy
3. Patients with incurable mental diseases and those giving a history of insanity before enlistment

There is power to apply the pension of the soldier toward his support in these cases and he is thereby prevented from coming "on the rates". The separation allowances are discontinued when the pension is commenced. All insane soldiers from the Non-expeditionary Forces are certified and sent to the District Asylums unless it can be shown that the disease was caused or aggravated by military service.

The results of these arrangements are not wholly satisfactory. There is a strong tendency to adopt an entirely different attitude toward insane soldiers than the wonderfully generous one which the nation has adopted toward the wounded and those suffering from physical disease. In the latter, the Government readily admits its responsibility and makes liberal provisions for treatment, pension and industrial re-education, while in the former every effort is made to place the burden of responsibility and of support upon the patient or his relatives by magnifying alleged constitutional tendencies and minimizing the effects of military service. It is quite apparent that the conditions of actual service have much to do with the development of mental disease. Even in the case of general paralysis of the insane it is by no means certain that a young soldier with a positive Wassermann test would have developed general paralysis if he had not been exposed to the supreme ordeal of service at the front. This official attitude toward mental disease results in an average period of treatment far shorter than is required in even the most benign psychoses in civil life. It is evident that mental cases are insufficiently treated in military hospitals.

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During 1916, the number of mental cases passing through the 3,400 beds available for their care in Great Britain and Ireland was about 6,000. The recovery rate in military cases is much higher than in the mental cases admitted to civil hospitals but the rapid movement of population results chiefly from the custom of "passing on" these cases. Insane soldiers of the Non-expeditionary Forces are sent almost invariably directly to District Asylums from general hospitals without even going to "D Block" where an inquiry could be made by experts to estimate the part played by military service in the causation of mental illness. When relatives and friends are induced to take insane soldiers from the military hospitals the next step is usually admission to the district asylums. During the year ending May 31, 1917, 900 insane soldiers were admitted to the local asylums. A considerable proportion of the insane, even from the Expeditionary Forces, sooner or later find their way into the institutions out of which Parliament was intent upon keeping them.

The disposition of mental cases is well illustrated by the following table showing what was done in the case of 5,473 patients admitted from September 1, 1914 to May 31, 1917 at "D block", Netley - a clearing hospital for mental diseases.

11.

DISPOSITION OF CASES ADMITTED TO "D BLOCK" NETLEY FROM THE BEGINNING OF THE WAR TO DECEMBER 31, 1916.

To institutions for the insane	
Lord Derby War Hospital, Warrington	1,424
Murthley War Hospital, Perth	210
Dykebar War Hospital, Paisley	611
Shorncliffe (Canadian Clearing Mental Hosp.)	147
District Asylums	28
Dartford (for insane prisoners of war)	
To war hospitals for functional nervous cases	
Moss Side Hospital, Maghull	509
Springfield War Hospital, London	680
To hospitals for organic nervous diseases and injuries	
Queens Square	4
Maida Vale (for pensioners)	2
To Royal Victoria Military Hosp. Netley (recoveries and nervous diseases)	1,007
To Almshouses	2
To Canadian Hospitals or returned to Canada	5
To Australian hospitals or returned to Australia	33
To other hospitals and institutions	204
Discharged to relatives and friends	258
Died	21
Furloughed	110
Returned to duty	58
Remaining in hospital	57
TOTAL	5,473

DISPOSITION OF CASES ADMITTED TO "B BLOCK" NETLEY FROM THE BEGINNING OF THE WAR TO DECEMBER 31, 1914.

To institutions for the insane	
Lord Derby War Hospital, Warrington	1,454
Murthly War Hospital, Perth	210
Dykebar War Hospital, Paisley	611
Bonnetlffe (Canadian Clearing Mental Hosp.)	147
District Asylums	78
Dartford (for insane prisoners of war)	
To war hospitals for functional nervous cases	
Moss Side Hospital, Maghull	609
Springfield War Hospital, London	680
To hospitals for organic nervous diseases and injuries	
Queens Square	4
Maida Vale (for cerebellar)	2
To Royal Victoria Military Hosp. Netley (recoveries and nervous diseases)	1,007
To Almshouses	2
To Canadian Hospitals or returned to Canada	5
To Australian hospitals or returned to Australia	33
To other hospitals and institutions	204
Discharged to relatives and friends	288
Died	23
Furloughed	110
Returned to duty	38
Remaining in hospital	57
TOTAL	5,473

Clinical types of mental diseases among soldiers.

Contrary to popular belief and to some medical reports published early in the war, no new clinical types of mental diseases have been seen in soldiers. There are no "war psychoses". The clinical pictures familiar in civil life have been seen, colored often by the experience at the front, but for the most part unchanged in their symptomatology, outcome and course. The distribution of the different psychoses has been strikingly different than in civil life but this has been chiefly due to the different age periods represented in patient for the army. The absence of the organic mental diseases of the later decades of life - which play so large a part in civil statistics - has resulted in abnormally high percentages for other psychoses. Although no statistics for the whole number of admissions in a single year are available, nearly a thousand admissions from expeditionary troops to the Dykebar War Hospital during 1916 have been tabulated by Major R. D. Hotchkis(1).

This series of cases is large enough to make some of the findings significant. They are borne out by observation made by Lieut. David K. Henderson at the Lord Derby War Hospital at Warrington which received 2042 mental cases during the year ending April 30, 1917.

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This series of cases is large enough to make some of the findings significant. They are borne out by observation made by Lieut. David K. Henderson at the Lord Derby War Hospital at Warrington which received 2000 mental cases during the year ending April 30, 1917.

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(1) See Appendix I (reference No. 46)

Mental deficiency. About 18 per cent of patients admitted to the military hospitals for mental diseases are mentally defective. Only such mental defectives as get into trouble or develop acute psychotic episodes of one sort or another gain admission to these hospitals. It is impossible therefore, from the point of view of the hospitals for mental diseases, to draw any conclusions as to the relation of mental deficiency to military service. The low grade of many cases received in the special hospitals is very striking and shows an amazing indifference on the part of recruiting officers to this type of disability. It is said that the worst types got in during the first rush of recruits under the voluntary system and that, since then, more pains have been taken to exclude them. Of the 151 mental defectives admitted to the Dykebar War Hospital, 37 were sent there simply because they had been giving trouble to other hospitals where they had been treated for wounds or diseases. Most of these soldiers were defectives of the restless, criminalistic type, many of whom had been civil offenders before entering the Army. It is believed that they represented but a small part of cases of this type in the military service, the majority being dealt with from a disciplinary standpoint without regard to existence of mental defect, thus following the precedent which, unfortunately, is so firmly established in civil life. The remaining 114 defectives sent to Dykebar had been able to earn their own livelihood before entering the Army. They had no criminalistic traits but had proved quite valueless in actual fighting. Sometimes these men were actually dangerous to their comrades and were permitted to load their rifles only when an attack was made. The very specialized activities of modern fighting discloses such individuals who under former military conditions would not have come to light. It is said that in the Boer War many boys from the special classes of the Birmingham and London

schools made good soldiers but apparently the military usefulness of the mentally defective has disappeared under the conditions of modern warfare - an exceedingly important point for the consideration of a nation engaged in raising a new army.

Among the defectives received in the military hospitals for mental cases are many in whom attention has been directed to their disability by episodes of confusion or excitement. The outlook is very favorable in such cases, the quiet routine of the hospital having a beneficial effect in a remarkably short period of time. Mental defectives develop war neuroses, in spite of statements to the contrary, but with striking infrequency. The generally high standard of intelligence among the patients in the "shell shock" hospitals is noticeable.

There is much difference of opinion as to whether or not men known to be mentally defective should be recruited for any military service. In favor of their acceptance it is said that they can be assigned to certain kinds of work at the bases for which they are particularly fitted and thereby release soldiers of more intelligence for duty at the front. When one remembers that not only the Army but the whole nation is at war it seems better, even for military reasons, to leave defectives at work in an environment to which they are accustomed than to try the experiment of even a special kind of military service. Certainly the army now has no means of assigning its work with reference to the limitations of such a special group. Moreover, when the Army knowingly accepts mentally defective recruits, it assumes a liability for their protection which it can hardly be expected to meet in all the exigencies of war. Much injustice is done in the Army by punishing mental defectives for military offenses which would have been condoned had the real mental condition of the offenders been appreciated.

There are sufficient grounds for excluding all mental defectives from the military forces except when the last available man-power must be utilized. When this is the case it will doubtless be found that their most effective service will be rendered at the base under the supervision of non-commissioned officers who have been especially trained in their management.

Syphilitic psychoses. About two per cent of the mental cases received in these special hospitals have general paresis. There is convincing evidence that the stress of war accelerates the progress of this disease. As older men enter the Army the proportion of paresis rises. In the Navy, which has been largely augmented by the enlistment of older men in the Naval Reserve, general paresis has attained a rate quite unknown in time of peace. Examinations to determine the prevalence of syphilis in recruits are extremely important and the experience of the British Army and Navy shows that no person presenting the slightest suspicion of syphilis of the central nervous system should be enlisted or commissioned for any military duty. In view of the social distribution of this disease and the generally higher age of officers, paresis is to be borne in mind especially in the examination of candidates for officers' commissions.

Manic-depressive insanity. Patients in this group supply about 20 per cent of all admissions to military hospitals for mental diseases. The great proportion of those with depressed phases is very striking. Delusions and hallucinations are almost invariably colored by military experiences.

Alcoholic psychoses. Soldiers with delirium tremens are admitted to special hospitals for mental diseases if they are stationed near such institutions. This disorder is now confined almost entirely to patients on leave from the front. During the early days of the war it was most frequently seen among

those who had just entered military service and found their supply of alcohol restricted. The delusional types of alcoholic psychoses are found in older men stationed at bases who have the opportunity to continue life-long habits of drinking to excess. Attempted suicides are very common among alcoholics seen in military service. Alcoholics should not be accepted for military service even if it is possible to prevent them from securing alcohol at the front. Furloughs furnish opportunities for drinking and the time and effort spent in training men are lost through attacks on such occasions.

Dementia praecox. Patients with this disorder constitute 14 per cent of those admitted. The histories of these cases show that in most instances symptoms were manifested shortly after entering the military service. It is apparent that many of them had been psychotic before enlistment. There seems to be no special modification of symptoms on account of military service.

Epilepsy. Seven per cent of cases received at Dykebar War Hospital were suffering from epilepsy. With one exception all had had the disease before enlistment.

Constitutional psychopathic states. A very large number of these cases are received in the special military hospitals for mental diseases. They probably represent but a small proportion of such soldiers in the Army for the percentage is large in the various disciplinary groups. Unfortunately the nomenclature used in the British Army did not permit the use of any term applicable to these cases until February 1916, when the War Office authorized the addition of "mental instability" to the list of mental diseases. Many of these cases are now being reported under this heading. The occasion of

their admission is usually an acute psychotic episode or a medico-legal situation.

Outlook in Mental Cases

There are no statistics available to show the outcome in the mental diseases treated in military hospitals. Discharge is much more likely to be regulated by administrative considerations than by clinical ones. Acute conditions seem to recover very quickly. Few return to "first line duty". The statistics indicate a much larger proportion than is actually the case. The number of those who go back to the colors is made up for the most part of patients who have recovered from delirium tremens and those with war neuroses who have been incorrectly admitted to institutions for the insane. Infective-exhaustive psychoses are much more likely to be regarded as "shell shock" than as mental disorders. The hospitals for mental diseases fail, therefore, to get these very recoverable cases and the recovery rate in such institutions suffers correspondingly.

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There are no statistics available to show the outcome in the mental disease treated in military hospitals. Discharge is much more likely to be regulated by administrative considerations than by clinical ones. Acute conditions seem to recover very quickly. Few return to "first line duty". The statistics indicate a much larger proportion than is actually the case. The number of those who go back to the colors is made up for the most part of patients who have recovered from delirium tremens and those with war neuroses who have been incorrectly admitted to institutions for the insane. Infective-exhaustive psychoses are much more likely to be regarded as "shell shock" than as mental disorders. The hospitals for mental disease fail, therefore, to get these very recoverable cases and the recovery rate in such institutions suffers correspondingly.

Summary

Sorely pressed to meet the tremendous medical problems of war, England first used her existing civil facilities for caring for mental diseases among soldiers. Public disapproval, based chiefly upon a mistaken attitude toward the insane and toward the local institutions for their care, forced a different method of management. The military hospitals for the insane, created without exception by converting civil institutions for mental diseases, failed to do much more than provide places for receiving mental cases and giving temporary care, the clearing hospital is woefully in size and personnel inadequate to determine the important issues which should be determined there and a solution to the problem presented by mental diseases among soldiers in England does not seem to be in sight.

For the United States, this experience carries important lessons. More important than all others is the result of careless recruiting. The problem of dealing with mental diseases in the army - difficult at best - has been made still more difficult by accepting large numbers of recruits, who had been in institutions for the insane or were of demonstrably psychopathic make-up. The next most important lesson is that of preparing, in advance of an urgent need, a comprehensive plan for using existing civil facilities for treating mental disease in a manner which will serve the army effectively and at the same time safeguard the interests of the soldiers, of the Government and of the community.

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III. WAR NEUROSES ("SHELL SHOCK")

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Although an excessive incidence of mental diseases has been noted in all recent wars, it is only in the present one that functional nervous diseases have constituted a major medico-military problem. As every nation and race engaged is suffering severely from these disorders it is apparent that new conditions of warfare are chiefly responsible for their prevalence. None of these new conditions is more terrible than the sustained shell fire with high explosives which has characterized most of the fighting. It is not surprising, therefore, that the term "shell shock" should have come into general use to designate this group of disorders. The vivid, terse name quickly became popular and now it is applied to practically any nervous symptoms in soldiers exposed to shell fire that cannot be explained by some obvious physical injury. It is used so very loosely that it is applied not only to all functional nervous diseases but to well-known forms of mental disease, even general paresis. Such a situation is most unsatisfactory and at the present time an attempt is being made to improve the nomenclature of the nervous disorders which prevail so extensively among soldiers.

Discussion of clinical features of the war neuroses is not within the scope of this report, which deals with treatment and military management.(1) It is impossible, however, even to define the problem with which we are dealing without a few general observations on the nature of the disorders which are grouped under the name "shell shock".

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(1) These extraordinarily interesting medical problems of the war are dealt with in a rapidly expanding volume of special literature. The July number of "Mental Hygiene" (Vol.1, No.3) contains a resumé of this literature. One hundred and forty-one references in English are given in Appendix I of this report. Attention is directed particularly to the contributions of Major Frederick M. Mott (71 and 72), Professor G. Elliot Smith (108), Captain Charles S. Myers (74) Captain Clarence B. Farrar (32), Captain M. D. Eder (28) and to the extensive report by Dr. John T. MacCurdy in the "Psychiatric Bulletin" (N.Y.) for July, 1917. (The numbers refer to the references in Appendix I.)

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The subject can be clarified a little by dividing the different conditions now included under the term "shell shock" into some clinical and etiological groups. First should be considered cases in which the patients have been actually exposed to the effects of high explosives.

1. There are a number of cases, just how many it is quite impossible to say, in which exploding shells or mines cause death without external signs of injury. Apparently death in these cases results from different kinds of causes, among them damage to the central nervous system.

2. In another group of cases severe neurological symptoms following burial or concussion by explosions appear in characteristic syndromes suggesting the operation of mechanical factors. The studies of Major Mott (1) indicate that concussion, aerial compression and the rapid decompression following it, "gassing" from the drift gases (carbon monoxide and nitric oxide) generated by the explosion and other purely mechanical effects of shell explosion may result in transitory or permanent symptoms of a type unfamiliar in the neuroses.

There can be no question of the propriety of supplying the term "shell shock" to these two groups of cases if a specific term is required.

3. Another group of cases, among those exposed to shell fire, includes patients in which there may or may not be damage to the central nervous system but in which the symptoms are those of neuroses familiar in civil practice even though colored in a very distinctive way by the precipitating cause. In this group of cases in which there is possibility but no proof of damage to the central nervous system, the symptoms present which might be attributable to such damage are quite overshadowed by those characteristic of the neuroses.

It is about these cases that much controversy exists. Mott includes them in his group of "injuries of the central nervous system without visible injury", holding that a physical or a chemical change at present unknown to us must underlie such striking disabilities. Others give less weight to the factor of physical damage and yet recognize its existence and reconcile the wide range of neurotic symptoms with the very minute amount of damage which may exist by terming these cases "traumatic neuroses". Others again feel that psychogenetic factors determine not only the continuing neurosis but even the initial unconsciousness and special sense disturbances.

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4. There is a fourth group of cases in which even the slightest damage to the central nervous system from the direct effects of explosions is exceedingly unlikely or impossible, the patients being exposed only to conditions to which hundreds of their comrades who develop no symptoms are exposed. In these cases the symptoms, course and outcome correspond with those seen in neuroses in civil practice.

If all neuroses among soldiers were included in these groups the use of the term "shell shock" might be defended. But many hundreds of soldiers who have not been exposed to battle conditions at all develop symptoms almost identical with those in men whose nervous disorders are attributed to shell fire. The non-expeditionary forces supply a considerable proportion of these cases.

To state that, in the cases included in the last two groups of cases in which shell explosions play a part, the mechanism is that of a neurosis by no means excludes the operation of physical causes. Very little is known, however, regarding the physiological basis of the disorders in this group or even in those in the first two groups in which the issues are apparently predominantly organic. It may be that in the latter two groups endocrinitic disturbances are important. Minute injuries of the cord may exist and factors such as exposure, exhaustion, vascular disequilibrium and disorders of metabolism may enter into their causation. Treatment directed along the lines suggested by such an etiology has thus far proved quite ineffective, however, and there is only the most slender basis of experimental work to show that such factors are important. This is a fertile field for research. It is earnestly hoped by all those consulted in England that the United States Army, coming freshly into contact with this problem, will organize a working party of psychiatrists, neurologists, neuro-pathologists and internists and try to clear up some of these issues.

It is the opinion of most psychiatrists and neurologists who have been studying and treating "shell shock" in the British Army that the fourth group is the largest and most important and that, whatever the unknown physiological basis, psychological factors are too obvious and too

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important in these cases to be ignored. In support of this view there is much evidence, some of which it may be worth while to give.

1. The excess of war neuroses among officers. The ratio of officers to men at the front is approximately 1:30. Among the wounded it is 1:24.(1) Among the patients admitted to the special hospitals for war neuroses in England during the year ending April 30, 1917, it was 1:6.

2. The rarity of war neuroses among prisoners exposed to mechanical shock (2).

3. The rarity of war neuroses among the wounded exposed to mechanical shock.

4. The clinical resemblance of the war neuroses to the neuroses of civil life in which the element of mechanical shock is lacking while the psychological situations are somewhat alike.

5. The fact that severe war injuries to the brain and spinal cord are not accompanied by symptoms similar to those in "shell shock", in which injuries of less degree are assumed.

6. The success attending therapeutic measures employed with reference to the psychological situations discovered in individual cases.

These suggestive facts require some elaboration. The high prevalence of "shell shock" among officers corresponds with the distribution of the neuroses, with reference to education and social grouping, in civil life. Soldiers who are wounded and those who are taken prisoners in battle are exposed to wind concussion and rapid decompression and other mechanical factors in the same degree as their comrades who suffer from neuroses. One must conclude from the fact that they escape that being wounded or being captured provides them with something which the neurosis provide for others. The symptoms exhibited usually bear a more direct relation to the existing psychological situation than they could possibly bear to the localization of a neurological

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(1) Analysis of 381,983 casualties between Aug. 4, 1914--Aug. 21, 1915, reported in a statement in Parliament, and 901,534 casualties between July, 1916 and July, 1917.

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(1) Analysis of 381,089 casualties between Aug. 4, 1914--Aug. 21, 1915, reported in a statement in Parliament, and 201,554 casualties between July, 1916 and July, 1917.

(2) References given by Capt. C. S. Myers (Appendix I, reference 32).

injury. Thus a soldier who bayonets an enemy in the face develops an hysterical tic of his own facial muscles, abdominal contractures occur in men who have bayonetted enemies in the abdomen. Hysterical blindness follows particularly horrible sights, hysterical deafness appears in those who find the cries of the wounded unbearable and men detailed to burial parties develop anosmia.

The psychological basis of the war neuroses (like that of the neuroses in civil life) is an elaboration, with endless variations, of one central theme: escape from an intolerable situation in real life to one made tolerable by the neurosis. The conditions which may make intolerable the situation in which a soldier finds himself hardly need stating. Not only fear, which exists at some time in nearly all soldiers and in many is constantly present, but horror, revulsion against the ghastly duties which must be sometimes performed, emotional situations resulting from the interplay of personal conflicts and military conditions, all play their part in making an escape of some sort mandatory. Death provides a means which cannot be sought consciously. Flight or desertion is rendered impossible by ideals of duty, patriotism, and honor, by the reactions acquired by training or imposed by discipline or by herd reactions. Malingering is a military crime and is not at the disposal of those governed by higher ethical conceptions. Nevertheless, the conflict between a simple and direct expression of the instinct of self-preservation and such factors demands some sort of compromise. Wounds solve the problem most happily for many men and the mild exhilaration so often seen among the wounded has a sound psychological basis. Others with a sufficient adaptability find a means of adjustment. The neurosis provides a means of escape so convenient that the real cause of wonder is not that it should play such an important part in military life but that so many men should find a satisfactory adjustment without its intervention. The constitutionally neurotic, having most readily at their disposal the mechanism of functional nervous diseases, employ it most

frequently. They constitute, therefore, a large proportion of all cases but a very striking fact in the present war is the number of men of apparently normal mental make-up who develop war neuroses in the face of unprecedentedly terrible conditions to which they are exposed.

One of the chief objections to the use of the term "shell shock" is the implication it conveys of a cause acting instantly. The train of causes which leads to the neurosis that an explosion ushers in is often long and complicated. Apparently in many military cases mental conflicts in the personal life of the soldier which are not directly connected with military situations influence the onset of the neuroses. Thus men who have been doing very well in adapting themselves to war develop "shell shock" immediately after receiving word that their wives have gone away with other men during their absence.

Approached from the psychological view-point, the symptoms in the war neuroses lose much of their weird and inexplicable character. Most of them can be summed up in the statement that the soldier loses a function which either is necessary to continued military service or prevents his successful adaptation to war. The symptoms are found in widely separated fields. Disturbances of psychic functions include delirium, confusion, amnesia, hallucinations, terrifying battle dreams, anxiety states. The disturbances of involuntary functions include functional heart disorders, low blood pressure, vomiting and diarrhea, enuresis, retention or polyuria, dyspnoea, sweating. Disturbances of voluntary muscular functions include paralyses, tics, tremors, gait disturbances, contractures and convulsive movements. Special senses may be affected producing pains and anesthesias, mutism, deafness, hyperacusis, blindness and disorders of speech.

In all of these the soldier is afflicted with more or less incapacity without obvious expansion. This is a condition involving grave dangers.

His condition is degrading and is often rendered more so by the punishment or ridicule to which he is subjected. For this reason, immediately after the onset of the symptoms of the neurosis, the patient passes through a very critical period. Improper management may add to the primary neurological disability - which is largely beyond our power of preventing - secondary effects which go even further in producing nervous invalidism. Long continued treatment in general hospitals, confusion of the neurosis present with the organic nervous diseases, unintelligent management, all tend to produce the chronic "shell shock" cases which are so familiar in the special hospitals for these disorders. Symptoms which were at one time quite easily removable become fixed and refractory or new ones are constantly produced. The mental attitude - the patient's morale as a soldier and his attitude toward his disorder - reaches a very low level, will is seriously impaired and a chronic invalid replaces a temporarily incapacitated soldier. These are matters in the realm of clinical psychiatry and psycho-pathology and are outside the scope of this report. Space is given to them here only because of their very important bearing upon treatment and military management.

Prevalence

The medical statistics of the war are as yet untabulated. Even if the records contained the information desired it would be very difficult to state the prevalence of the neuroses on account of the defective nomenclature employed. It is doubtful if there is another group of diseases in which more confusion in terms exists. Nervous or mental symptoms coming to attention after the soldier has been exposed to severe shell fire, are almost certain to be diagnosed as "shell shock", and yet when such patients are received in England, well-defined cases of general paresis, epilepsy or dementia

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praecox, are often found among them. This source of confusion tends to swell the number of cases reported under the term "shell shock," but there are many other errors which tend to diminish the apparent prevalence of the war neuroses. Chief among these is reporting the neuroses under the name of the most prominent somatic symptom. The largest group of cases in which this is done is made up of patients diagnosed officially as having disordered action of the heart ("D.A.H."). Where the only symptoms are cardio-vascular ones of neurotic origin, a legitimate question of medical nomenclature exists, but one sees in the wards or hospitals given over to functional heart disorders, patients with hysterical paralyses, tics, tremors, mutism, anxiety states, and other severe neurotic symptoms. Another source of error is the practice, made mandatory by a recent order, of returning these cases (when occurring in soldiers engaged in actual fighting) as "injuries received in action".

With a view to discovering the prevalence of the neuroses and insanity, Sir John Collie, President of the Special Pension Board on Neurasthenics, made an analysis of 10,000 discharge certificates for disability, interpreting the diagnoses given in the light of his very large experience. He found that of these 10,000 consecutive cases, the neuroses constituted ten per cent.

The number of cases treated in the special hospitals in England give some idea of the prevalence of these disorders, but the fact that the number of troops in the Expeditionary and the Non-expeditionary Forces is confidential, makes it impossible to give the rates for the two great divisions of the British Army. During the year ending April 30, 1916, approximately 1,300 officers and 10,000 men were admitted to the special

hospitals for "shell shock" and neurasthenics in Great Britain. The 1,800 beds in these special hospitals constitute less than half the total provisions in Great Britain for such cases as neurological departments exist in the large territorial general hospitals and in the Royal Victoria Hospital in Edinboro. Moreover, a constantly increasing number of these cases are being treated in France. The recoveries in the hospitals there diminish, to an unknown degree, the number of cases received in the hospitals in Great Britain. It is the belief of those who have made an effort to ascertain the prevalence of the war neuroses, that the rate among the Expeditionary Forces is not less than ten per thousand annually, and among the home forces not less than three per thousand.

Treatment

General arrangements. When soldiers suffering from functional nervous disorders began to arrive in England from the Expeditionary Forces in September 1914, no special civil or military hospitals existed for their reception. In the case of mental diseases it was an easy task to convert "D Block" at the Royal Victoria Hospital into a clearing hospital and to utilize civil institutions for the insane for continued care but in England, as in the United States, there are no public civil hospitals that are engaged exclusively in the work of treating the neuroses. The special civil hospitals for organic nervous

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diseases were soon filled with patients suffering from severe neurological injuries and were able to do very little on behalf of those with functional nervous disorders.

For a short time it was necessary to care for all such cases in general military hospitals for medical and surgical conditions. The rapid increase in the number of such cases during October and November 1914 led to the detail of a special medical officer to ascertain their special needs and to prepare a plan for meeting them. The recommendations of this officer that special institutions be provided for functional nervous diseases was approved and when, in December, 1914, the Moss Side State Institution at Maghull was turned over to the war office, the first military hospital for functional nervous diseases was available. This institution was particularly suitable for this purpose. It had been completed but not opened for the care of mental defectives of the delinquent type and consisted of detached villas accommodating 347 patients. (1) The number of these patients was so great, however, that general hospitals were still called upon to deal with them. The establishment of neurological departments in these hospitals partly met the situation until additional special hospitals could be provided. The second such hospital was secured by using a detached portion of Middlesex County Asylum in London. This hospital, accommodating 278 additional patients, was renamed the Springfield War Hospital. (2) The foresight of Sir Alfred Keogh and his advisors thus enabled England to make provision for these cases in special military hospitals at an early period in the war.

With more than one hospital available it was possible to make different provisions for different classes of patients suffering from war neuroses. A clearing hospital was therefore established early in 1915 at the Fourth London Territorial General Hospital. The Maudsley Hospital, a psy-

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chopathic hospital for the County of London, (1) was nearing completion at this time and, as it adjoined the Kings College Hospital which formed the larger part of the Fourth London Hospital, it was utilized as a nucleus for this clearing station. The Maudsley Hospital accommodates 175 men and 20 officers; the neurological section - "the Maudsley extension" - accommodates 450 men and 80 officers. Thus by the Spring of 1915, England was provided with a clearing hospital for war neuroses and two special institutions for their continued care. Notwithstanding this provision, by far the greater number of cases were cared for in general hospitals in England and no special provision for continued treatment existed in France. The disadvantages of attempting to treat functional nervous disorders in general hospitals was very apparent and so neurological sections were established in territorial general hospitals in England, Scotland and Wales and in the Royal Victoria Hospital at Netley. Other special hospitals have been provided since, a directory and descriptions of those visited being given in Appendix III. (2)

When the submarines began sinking hospital ships indiscriminately last year a great deal of the medical work previously done in England was undertaken in France and so special provisions for functional nervous cases were made at Havre, Ireport, Boulogne, Rouen and Étaples. Formerly little more than establishing the diagnosis was done in France. It is likely that the work of caring for these cases will be turned over more and more to the special hospitals in France as the results of treatment there have been, on the whole, much more successful than in home territory.

A recent extension of treatment is that of providing care nearer the front. The striking results obtained in Casualty Clearing Stations and

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similar advanced posts in the French Sanitary Service (postes de chirurgie d'urgence) are confirmed by many observers.

> Capt. William Brown, a psychiatrist who has recently had the opportunity of working in a Casualty Clearing Station of the British Expeditionary Forces, reports that of 200 nervous and mental cases which passed through his hands in December, 1916, 34 per cent were evacuated to the base after seven days' treatment and 66 per cent returned to duty on the firing line after the same average period of treatment. Four of these cases reappeared at the same Casualty Clearing Station.
>
> Capt. Louis Casamajor of the U. S. Army, neurologist to Base Hospital No. 1, British Expeditionary Force, says in a recent letter: "It is a mistake to send these cases to England. We need an intermediate step between the general hospital and the convalescent camp. Of course they never should get into general hospitals at all but should be sent from Casualty Clearing Stations direct to neuro-psychiatric hospitals..... I hope our Army will have a psychiatrist in each Casualty Clearing Station to weed these cases out and send them to their proper places and not have them knock around from one general hospital to another, being pampered into hard-set neuroses."
>
> Lèri, working in the neuro-psychiatric center of the 2nd French Army, reports that 91 per cent of the cases received from July to October 1916, were returned to the fighting line. Marie reports that the neuroses are less frequently met with in Paris, now that they are treated immediately upon their appearance in the Army neuro-psychiatric centers. (1)
>
> Major Frederick W. Mott says: "I regard this matter of preventing the fixation of a functional paralysis as of supreme importance both in respect to the welfare of the individual and from the economic point of view of the State."
>
> Roussy and Boisseau (2), describing the work of an army neuro-psychiatric center say: "The results obtained after six months show that a neuro-psychiatric center can render incontestable services to an army both from a medical and a military point of view. For functional nervous cases it avoids sojourns (more dangerous the more they are prolonged) in the hospitals at the rear where these patients are generally lost. It allows of the treatment of other nervous or mental cases that are quickly curable and the direct evacuation to the special centers in the interior of those more seriously affected."

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(1) Revue-Neurologiqe (Nov.-Dec., 1916)

(2) Paris médicale, 1:14-20 (Jan. 1, 1916)