

social worker. These men and women are trained to penetrate into the family, school, workshop, prison, etc., in order to get into contact with individuals, to study their special conditions of existence, and to facilitate their admission into hospital or clinic.

In Switzerland mental prophylaxis has been aimed at for years past by the societies of patronage of the insane. The object of these societies is to overcome popular prejudices in regard to the insane and asylums ; to educate the general public as to the nature and causes of mental trouble, their curability, and their prevention ; to fight against alcoholism and other social causes of mental troubles ; to take the initiative in legislative reforms ; and in particular to call in the services of the psychiatrist in urgent cases so that he may order the appropriate treatment in time.

The Swiss alienists have faith in the efficacy of the polyclinic for the treatment of psychopaths and incipient cases. Statistics demonstrate the fact that large numbers of these cases escape asylum and private care, and efforts are being made to get them to attend the polyclinics.

It is affirmed that the development of polyclinics would ensure a wider outlook in psychiatric teaching, and would make it possible to show the student mental cases in their early stages, and of a type more commonly met with in general practice. NORMAN R. PHILLIPS.

- (1) *The Field of a State Society for Mental Hygiene.* (*Amer. Journ. of Ins., January, 1921.*) Abbot, E. S.
- (2) *Medical and Social Aspects of Childhood Delinquency.* (*Amer. Journ. of Ins., January, 1921.*) Brown, Sanger.
- (3) *The State Psychopathic Hospital.* (*Amer. Journ. of Ins., January, 1921.*) Barrett, A. M.

These three papers emphasise the necessity for the promotion of mental hygiene in the community, and the organisations necessary for this and for the treatment of mental disorder when it arises.

The writer in the first paper sums up what mental hygiene connotes as follows : "Mental hygiene touches or includes within its field of interest the fostering of normal mental developments and activities, the prevention of abnormal developments and reaction-types, the case of those who are mentally handicapped, and the supply of *personnel* and facilities to put these into effect. It is interested in *environments*, that they may be wholesome and exert a good influence upon the development of right mental attitudes and habits and upon the correction of wrong ones ; in *persons*, that they may have the best surroundings and develop and preserve or regain the most healthful types and habits of mental reaction ; and in *institutions* and *agencies* that they may carry on investigations and researches, provide the best guidance and aid in improving environment, and teach, train and help individuals." An account is given as to how these aims may best be promoted. In many States societies have been formed for this purpose, and although no one State society can cover all the necessary ground at one time, it may take one, two or three objects as its major activities, these being determined by the special needs, conditions or opportunities within the State. In Pennsylvania there was need of the segregation of feeble-minded women of child-bearing age but no facilities. A survey was

made by the State society, and through its influence a village was opened up for the care of that class. The same society carried on an effective propaganda throughout the State to demonstrate the value of special classes for the exceptionally able in public schools, and for those so handicapped in any way as not to be able to receive proper education in ordinary classes. It also helped in framing good provisions and laws relating to the insane and feeble-minded, and, later, to get them through the legislature.

The second paper is the result of a survey on the underlying causes of delinquency in a probationary school in New York City by the National Committee for mental hygiene. In each delinquent it must be asked whether the conduct disorder—truncy, petty thieving, disobedience, gambling, an antisocial state of mind—is due to some physical defect, or does it rest in the mental sphere, possibly on a basis of unrecognised mental deficiency; or is it one of personality, or due to a faulty environment, or is it the result of definite mental conflicts?

*Nervousness.*—A fair number of the children show nervous symptoms—insomnia, over-activity, inactivity, neurotic physical symptoms—producing shyness, seclusiveness, and consequent maladjustment. Many of these mental states with nervousness can, however, only be explained on a psychological basis, and not on mere nervousness.

*Mental deficiency.*—It has been shown that a considerable number of delinquent children are mentally deficient; with the greater number, however, the problem is one of mental maladjustment rather than of mental defect.

*Personality.*—It seems likely that delinquencies are indications of a special personality in these children naturally predisposing them towards conduct disorders. This personality, however, is probably something acquired as the result of unfavourable influences in early childhood, as the symptoms—solitary and seclusive tendencies, suspiciousness and antisocial traits—generally appear to be the result of some definite cause which can be discovered or understood. Some children have tendencies towards mental development in very special directions, causing inattentiveness in routine studies, solitariness, and leading to truncy and delinquency. Here it seems to be a question of special interests and not so much one of personality.

*Environment.*—Some cases of delinquency and truncy can be ascribed to faulty environment, bad companions, improper home training and other similar factors.

*Recommendations.*—Association with child-welfare societies is necessary, as in the majority of cases the social and environment problem is the most important one. The children should be separated from the general classes in the school as they need individual observation and study. In many cases a change in environment is necessary. The children after leaving school should be followed up by trained social workers and the necessary guidance given. We must free ourselves from the idea that these conditions are inherent and inherited and that nothing can be done for them. If proper assistance be given during childhood before these tendencies become rigid and fixed there is reason to believe that a cure can be effected. Several interesting illustrative cases are given.

The third paper deals with the necessity for the psychopathic hospital and the problems it must attack. For efficient work the hospital should only have a limited number of patients—between fifty and a hundred—it must be adequately staffed by specially qualified psychiatrists, and it should have ample laboratory facilities. As well as dealing with the case of those mentally disordered, it must co-operate with schools, courts, state mental institutions, mentally deficient homes and welfare organisations. The fundamental activities of the hospital are—(1) observations, (2) treatment, (3) research, (4) teaching. The legal provisions governing the admission of patients should be as free as possible from formalities that may in any way produce social embarrassment for the patient, although legal restraint of some sort is necessary. There should be intimate co-operation between the psychopathic hospital and the State mental institutions; material for study can be furnished by the latter and the results communicated to them; patients can be transferred from one to the other where it be deemed advisable. If possible the hospital should be within easy access to a medical school, as one of its most important functions is to serve as a teaching centre for psychiatric training. In its connection with criminal and juvenile courts it can be of great service in the determination of mental disorders in those accused of crime or delinquency. The hospital should maintain out-patients' clinics, travelling field services, and should, through its social workers, carry on investigations that concern their patients in respect to family, school and occupational life. The position and facilities of the hospital should make it a leader in the field of mental hygiene, and a force for educating the public regarding whatever is active in impairing the mental life of the people.

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*Patients with Mental Disease, Mental Defect, Epilepsy, Alcoholism and Drug Addiction in Institutions in the United States on January 1st, 1920. (Fourn. of Ment. Hygiene, January, 1921.) Pollock H. M., and Furbush, Edith.*

A census of these patients was made by the National Committee for Mental Hygiene in 1917, 1918 and 1920. The present survey includes those actually in institutions—*i.e.*, not on parole, etc.—on January 1st, 1920. 625 institutions are represented, *viz.*, Public Health Service hospitals, State, city, county, and 237 private institutions. Almshouses, penal and reformatory institutions are not included. A. *Patients with mental disease*: These number 232,680, 52 *per cent.* being males and 48 *per cent.* females. 9,238 were in private institutions and 1,040 in institutions for temporary care. The latter number 21, distributed among 12 States, and comprise psychopathic hospitals, psychopathic wards in general hospitals and detention hospitals. Mental and nervous cases are also admitted temporarily to nearly all the 54 Public Health Service hospitals for ex-service men and women. The total proportion in institutions—220 per 100,000 of the general population—has increased in recent years more than the incidence of mental disease. There is great disparity in the different States in sex distribution and in the total number in relation to population.