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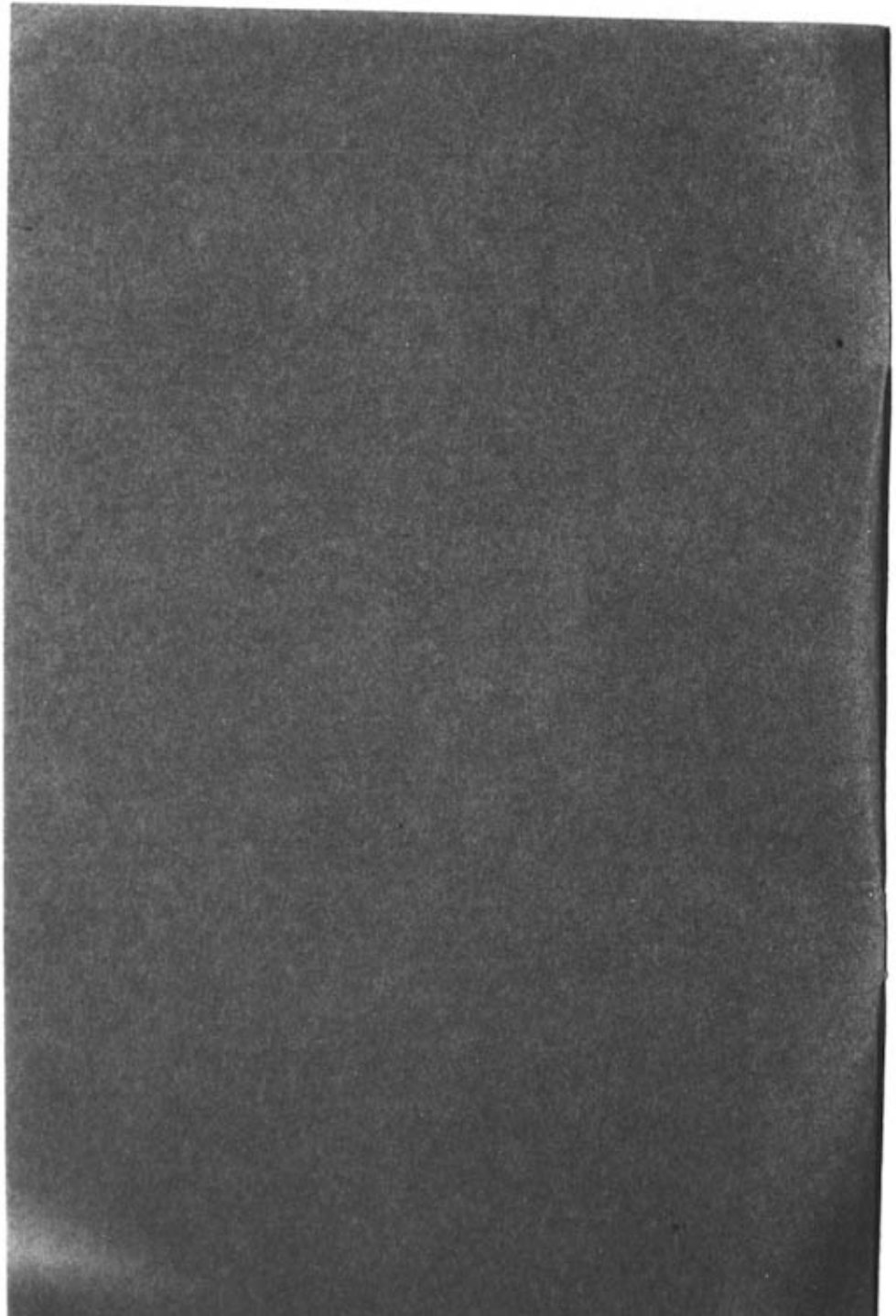
WE ARE ACCOUNTABLE

By LEONARD EDELSTEIN

Pendle Hill Pamphlet Number Twenty-four



WE ARE ACCOUNTABLE:
A View of Mental Institutions

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PREFATORY NOTE

We Are Accountable: A View of Mental Institutions was written in response to an award offered by the Pendle Hill Publications Committee to members of Civilian Public Service. The award was divided between Leonard Edelstein and Wallace Hamilton, author of **Clash by Night.**

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We Are Accountable

This is the story of the mental institution. It is not a literary symphony. It is not a glorious tale that will thrill the human heart with fancies of man's conquests; nor will it quicken the pulse with triumphs over evil.

It is an ugly story of man's failure; and the undeserved suffering that springs from it. It is a dissonance of jangled notes and broken chords — the blare of man's neglect and apathy. But beyond this it is a plea for warmth and comfort, for love and understanding, for all the important little things that make for human dignity.

It is written by one man, but it is shouted by many — the discouraged and deserted, the ill-treated and abused, the lonely in heart. It is the story of a mother wailing behind walls for a child she cannot see; of a punch-drunk invalid in a broken wheel-chair waiting it out while disease creeps up his spine. It is told between the twists and turns of the afflicted in their spastic fits. It is the lament of the thousands — sitting on wooden benches, alone, neglected, forgotten, society's "missing men."

Thumb back the pages of history one hundred years and you will find these words by Charles Dickens describing a newly opened "lunatic asylum" which he had just visited in America.

> . . . and everything had a lounging listless, madhouse air which was very painful. The moping idiot, cowering down with long, disheveled hair; the gibbering maniac with his hideous laugh and pointed finger; the vacant eye, the fierce wild face; the gloomy picking of the hands and lips with munching of the nails: there they were all, without disguise, in naked ugliness and horror. In the dining room, a bare, dull, dreary place, with nothing for the eye to rest on but the empty walls, a woman was locked up alone. She was bent, they told me, on committing suicide. If anything could have strengthened her in her resolution, it would certainly have been the unsupportable monotony of such an existence.

One hundred years later the following paragraphs were written about a modern state hospital:

> Life here is quite inconceivable to you who have never been "on the inside." This ward for example — a large empty room, a mammoth gymnasium, and looking just as cold and dreary. The walls are dirty, the old paint scabs off, cracks reach out like spider strands from the corners, and here and there are pock-marks where plaster has crumbled and given way. The lavatory — a small stone cell with one filthy wash bowl and a couple of toilets, accommodates two hundred and fifty men. There is no toilet paper, no soap, no towels. The water faucet is turned by a wrench, and the water is usually left flowing. Sometimes it is turned off and forgotten so that patients are left without water. A toilet is broken and clogged. It spawns its waste over the brim and it oozes out upon the stone floor of the main room. Often there is no cup from which to drink, or if there is one, it is used indiscriminately by all — the old man with infection on his face, the syphilitic blind man, the weak and sickened one they think might have T. B.
>
> The men are haggard-looking, some naked or bare-footed, or shabbily clothed, with fingernails an inch too long, blackened by filth that has accumulated beneath them for weeks. All day long they sit in this room, or walk back and forth from wall to wall waiting it out, from minutes to months, from months to years — till time runs out of the sandglass.

One hundred years. How great have been the scientific miracles of those hundred years — the expansion of our country, the welding of north and south, the industrial revolution, the genii dreams of nineteenth century Aladdins springing out to speed on highways and streak the skies. One hundred years from Dickens' day of horse-drawn vehicles, mud-bed streets, and wooden water clocks. Yet in spite of such awe-inspiring advance, one of our modern mental institutions might well be the very place Dickens described.

The remarkable advance in psychiatry, medicine and hospital administration has not reached the greater number of our state institutions, though well established private hospitals are today staffed by competent professional

persons and in some state institutions progressive measures are being taken to make psychiatric and medical treatment available in addition to mere custodial supervision. But sadly enough these descriptions are still true for too many of our modern public institutions in which are housed tens of thousands and even hundreds of thousands of "forgotten men."

Let us first note the evils of a modern mental institution and then trace these evils to their basic roots. The end-products of abuse, filth, and waste are obvious. Finally let us look to see what is being done in an ambitious, constructive effort to awaken society to the institutions' needs and prepare the way for a new social concept of the mental patient and his institution.

In a basement of one institution there is scrawled in lead on the stone wall of a ward that is called the dungeon, "George was kill here 1937," eloquent memorial to a patient committed for care and treatment only to be beaten to death. We have passed the age when specially contrived machines were built to torture patients, but there are still types of abuse which can be just as harmful and torturing to our afflicted fellow-beings.

One neat, simple measure employed by attendants to pacify patients without leaving traces of physical injury is the "neck-choke" or the "towel-gag." An eye-witness described the incident. A large middle-aged bed-patient who had been confined to the institution for several years was generally calm, good-natured, lucid, and reasonable; but at times he would become irritable and obstreperous. One night the attendant on duty walked down the aisle. As he approached this man's bed he was greeted by a volley of blasphemy. The patient kicked his partly-filled urine bottle which fell to the floor. The attendant, enraged by this carelessness, ran to the wash-room, soaked a large turkish towel in water and after wringing it out, stood at the head of the bed, clamping the towel around the patient's neck. He pulled the ends together and began twisting. First a full twist to tighten the noose, then a slow turn to let the man realize what was happening. The patient became panicky and pleaded for the attendant to stop. But still, the slow

twist — until the man's eyes bulged from his head and his breath came hard and fast and his tongue swelled. Then the tension broke — the weight sagged and the head fell back on the pillow. The towel was released. The man's face was white. He did not seem to breathe. He lay still five minutes — ten minutes — fifteen — till finally life began to creep back in his big frame. He had been subdued.

The next Sunday when this patient's wife and young child came to visit him, the attendant was at the door, gentle and smiling, a "gracious looking man of tender heart," waiting for his tip and the usual query — "How is my husband? You'll take good care of him I know."

This is merely one example of brutality. There are other cases where the provocation was even less, but the treatment quite as harsh and arbitrary. One attendant, for example, would require all the patients to remain behind a chalk line which he drew upon the floor. One day a patient stood about one foot beyond the line. The attendant rushed forward, plunged his fist into the patient's stomach, and followed this with blows to his ribs — while the patient stood amazed and defenseless, too bewildered even to ask the reason for his maltreatment.

One night in a large ward a lone patient sat in a chair and stared blankly at the wall ahead. "Come on buddy, time for bed," called the attendant. There was no answer. "Let's get going, mister, time for bed!" Still no answer. Finally the attendant walked over to the patient and found him with tears in his eyes. He was in pain. He had tried to respond but he couldn't move. Another attendant was called, and the man was carried into the office. There he slowly mumbled his story.

"They beat me up — this morning — three of them. They took me down stairs and the attendant . . . he said to the other two . . . 'Give it to him good' . . . and they did." Next day the attendant who had reported the mishap was berated by his fellow attendants. He had "squealed" to the authorities.

These are only a few selected instances of brutality. Reliable reports tell of attendants in some institutions who

maliciously or negligently administer over-doses of drugs which have serious effects upon patients. And some brutality occurs under the description of teasing and taunting, with attendants for their own amusement playing upon phobias — aggravating fears and helping to crystallize into reality the warnings and threats that patients hear from the voices of their minds. They agree with a poor sufferer that he has snakes in his stomach, they steal out from dark corners and slap unsuspecting patients from the rear, or threaten in jest that patients are to be deprived of food or "drawn and quartered at dawn."

This is a type of brutality that can be as destructive to a sickened mind as a blow in the abdomen or a beating with a rubber hose. It is the type of maltreatment most often inflicted by the class of attendants within our institutions who are commonly termed "floaters." These persons have had little or no formal education. From childhood they have faced rugged conditions. They can do no better than accept the plight of an attendant's job with all its unpleasant features, low wages, depressing atmosphere, conditions distressing from the point of view of both personal maintenance and social life. Perhaps they are destitute and alone, drifting from place to place, grasping at a job that lasts a week or a month till the vagabond spirit captures them again and they go packing off to some other institution. In the words of one such floater, upon assuming duties at a certain institution, "This old place is the last on my line. I start the circuit all over again when I get kicked out of here."

They are a queer lot, these "floaters" — utterly different from the men and women who serve their institutions in loyalty and their patients in kindness. Some are alcoholics, bounding from the pillar of one institution to the post of another, working just long enough to make possible an alcoholic spree; some are themselves psychopathic personalities who enjoy the perversions of behavior which are less inhibited within than outside an institution. Or perhaps they are persons like a certain man named Dan, who himself needs help and understanding.

Dan is young, fine-looking, energetic. At an early age

he was deserted, became his own master — pushing, striving, learning, working — a lone member running outside the pack. Finally he married and found the warmth and security he had been seeking for so many years. This was to be the happy reward for all of his struggles. This was his compensation. But soon his wife became ill, and although her condition at first appeared simple, complications set in. As he lifted her out of bed, one night, and held her in his arms, her eyes closed and she turned cold. He remembers nothing more. When he "awakened" a year later he was told that he had provided the funeral arrangements, and had seen her buried, but for the rest — "It was like floating high above everything looking down but not being a part." He was never committed to an institution. His friends took care of him, and although he has recovered, the traces of his illness remain.

Dan is a "floater," but a kind and sympathetic one. And just as Dan's historical background can be broken down and each effect tied to a cause, so all the "floater" tribe can be analyzed, in terms of understanding. One must conclude that there are sufficient reasons for their behavior. They should be pitied and helped. But such persons ought not to be appointed to deal with the delicate aspects of human nature; their rough hands and harsh words too easily crush the fragile fragments that form the missing parts of a healthy mind.

While it is distressing to learn of the incompetence of attendants, because they are the persons who are in most constant contact with mental patients, it is equally disturbing to realize the inadequacy of some of our doctors and nurses. In mental institutions greater care is frequently required for physical needs than in general hospitals because physical causes often aggravate mental disturbance. Instead of appreciating the importance of individual attention, not a few nurses and doctors treat their patients with austerity and indifference. Doctors entering wards of fifty to one hundred patients cast a hasty glance about as a rancher might check on his herd, turn quickly about, and leave, while patients with open sores, fever, headaches, even

symptoms of more serious illness, are left to suffer without treatment.

There are some nurses who do nothing more than write daily reports and distribute medications. One such nurse complained to a new attendant on his first day of employment, "Your job is to keep your eyes on the patients. In the back ward you will find a man lying on a cot. Be sure to watch him and let me know if and when he dies. I hope he goes by tonight. We want to use his bed."

Another nurse, though diligent and conscientious, is high-strung and a slave to the conventionalities of the nursing profession. If on her evening tour of the wards a patient is brought to her attention who needs help, she protests vigorously that he should have complained earlier. But she grudgingly cares for the patient's needs. No consideration is given to the fact that the disturbance may have recently developed, or to the effect of such censure upon the patient's feelings.

One incident which illustrates the attitudes of professional members of an institutional staff occurred when a patient died, and the attendant on duty phoned to the supervisor of attendants. "Patient B has apparently died," reported the attendant. "Will you call the doctor?" A gruff voice answered the request, "What do you mean, he apparently died? Did he or didn't he die?" "Well," explained the attendant, "I'm not a physician and I have been instructed never to state that a patient has died until the doctor pronounces him dead." The supervisor's voice drops, "Well — yes, that's true, but I want to be sure that he's dead before I bother the doctor."

When the doctor arrives to observe the patient, he shows a similar attitude. He glances at the body from a distance, and, without checking for heart-beats, says, "Pack him up. Ship him out."

Such cold indifference extends to the institution's administrators. A superintendent, discussing patient-needs, declares, "All we're concerned about is that our wards are covered." There is no recognition of the fact that mere

"coverage" of wards by attendants may overlook the even more important question of proper coverage by kind and sympathetic persons.

Such attitudes on the part of attendants, nurses, supervisors, and doctors bear directly upon the character of an institution. The following are a few of the general conditions which they help to engender. First let us take a look into the dining hall of one of our public institutions. At meal-time approximately two hundred patients form a long line before a large, uninviting room filled with tables and chairs and a long serving bench. The smell of sour food — remnants of former meals — permeates the air. The patients file in slowly and pass to the bench where the meal is being served. The clatter of metal pots and plates is sharp and cutting to the nerves. Each patient takes a tray of food and carries it back to a table. The food has been served by fellow patients who have not washed for days, dirty black hands in contact with clean white slices of bread which they clutch. All is piled on the same tray regardless of appearance or taste. Cocoa is spilled on bread, pudding is splashed into stew. The patients eat with filthy hands, digging into their meat and potatoes. A few use eating-utensils which they carry in the dirty pockets of their pants. The others, less fortunate, grovel like animals. Food is spilled on the tables and floor. Patients grab from each other; the clatter of metal rises above the roar of voices. Worker patients bark their orders. Some walk up and down the aisles seizing trays and plates from patients as they scrape last morsels to their lips.

The appearance of the dining room has none of the warmth of a family table. This in itself is enough to spread the pall of loneliness. The noise and confusion, the rush of activities, these are enough to give sound men troubled nerves and bring to hearty stomachs the plague of gastric disturbance.

Even more disheartening is the sight of a large room used as the sick ward. Located in the basement of an old building, it is dark and damp. Patients call it the dungeon. Small windows high overhead let in a few dim rays of light. Here sick patients lie in long rows and look at

dirty gray stone walls that close them in. The beds are stripped each morning, and the odor of urine and faeces soaking the mattresses permeates the air and clings to the walls. Human waste lies for hours before being removed. The floors are sluiced with water to cleanse the filth, and are left wet to the bare feet of the ill patients. There is no privacy. All are together. The disturbed and restless patient lies next to the passive patient, and at night men who are physically well file down from the day-room to occupy beds next to those who are ill.

Here in this room where the sick should seek recovery, there is no sanitation, and little hospitalization. Insects crawl over the pillows. Mice scamper about the damp floors. A mangy cat slinks into the room and scratches its back on a metal bed-post. At meal-time worker patients bring trays of food, the same diet that all the others receive, often cold and lacking in flavor. Dirty trays lie about uncleaned for hours — drawing flies and other insects. Here in the gloom of the dungeon lie the patients sick, both in mind and body, dirty and neglected, eating heavy food from grease-caked plates, drinking water from a communal cup, pestered by insects, dulled by the deep monotony and the fetid, pungent air of the so-called "sick ward."

On the floor above is the day room and here, too, reigns monotony. From morning until night, with the exception of brief meal periods, two hundred patients are locked in, a lone attendant watching over them, keeping order, that is, trying to prevent arguments and conflicts. His manners resemble those of drivers of some lesser species of the animal tribe, where orders are barked instead of requests made. Occasionally patients are favored with a "luxury." The attendant throws handfuls of bread or tobacco on the filthy germ-laden floor and the patients scramble like dogs for a bone.

Small wonder that the scene is pandemonium, restless spirits break loose in conflict, blind seniles are crowded with taunting juveniles, epileptics and disturbed patients elbow the timid and the haunted. Small wonder that patients show few signs of recovery when jumbled with others in states even more deteriorated.

We can gain only a partial understanding of the problems within a mental institution by peering into its wards and observing the behavior of its employees. To comprehend adequately the distressing situation we must sense the intangibles of administrative and legislative controls. We must probe for weak links of inefficiency or rasping restraint which riddles the whole system of institutional care.

At the head of the administration is the institution's superintendent, frequently a political appointee who may have proved his ability as a physician without having had the least experience in the art of administration. Slow-moving, heavy-handed administrators mark the political miscarriage of our society. Their persistence can be traced to the party machines which make place for such social misfits.

Some institutions are fortunate in being administered by physicians who successfully coordinate their business arrangements without neglecting patients' needs. This, however, is no guarantee of a smooth-running organization. The superintendent may be subservient to lesser employees who flourish in a hot-pot of political favor. Even if the superintendent is himself free from political commitments and even if his employees are cooperative, he must still work out his functions through a maze of obstacles. One doctor complained, "I have requisitioned from the government time and again supplies for blood tests. Months have passed and we have received no answer. We have no means of checking on our syphilitics. And yet any corner drugstore could have furnished what we need."

One of the greatest difficulties for almost every superintendent is the operation of his institution on severely limited funds. Shrewd financiers might gloat over the fact that giant "mental factories," five and six times the capacity of the world's largest hotels, can be operated so inexpensively. Perhaps it is a source of satisfaction to some taxpayers that the cost of operating such hospitals in thirty-three states of this country is less than seventy-four cents per patient per day, including food, shelter, clothing, transportation, medical and psychiatric care and supervision. Perhaps state governments can point with pride to their budgetary manipulations, but the consciences of men who know conditions realize that the loss is too high and expenditures far too low.

Another cause of institutional difficulty is found in the dust-cloaked tomes of ancient laws. These laws were formulated to govern institutions in the days when mental charges were sold on the auction block like slaves, or were confined in establishments called "pauper palaces," where inmates were displayed to the jibing public like freaks in a circus side-show. In those days concepts of insanity proceeded from the premise, "Once insane, always insane." The institution was an isolation chamber or a human dumping ground .

Some states still require a jury trial before a person mentally ill is committed to an institution. In most instances this procedure is as irrelevant as to require trial by jury for a man stricken with pneumonia. Yet this mandatory requirement remains. It was initiated in the desire for justice and a guarantee of human rights. A Mrs. E. P. W. Packard, who had been committed to an Illinois hospital in the 1860's, contended that she was sane and had been maliciously forced into the institution by her hateful husband. Whether or not this was true has never been fully established, but upon release from the hospital she waged a campaign that swept the country and ended with the adoption of her proposals by several states. Thus jury trial became mandatory before commitment. Despite the humanitarian qualities that motivated this woman, her efforts have resulted in a cumbersome impediment to the treatment of the mentally ill.

The rights of individuals must be guaranteed, from both a moral and a legal point of view, and every person must be guaranteed a trial by jury if it is desired — but to require each mental case to be dragged into a court is neither expedient nor judicious. The patient becomes terror-stricken with the thought of punishment and is stigmatized as a criminal. This may aggravate his illness and leave him bewildered and disturbed. To confine such persons in prison in contact with depraved criminals pend-

ing the outcome of proceedings can hardly be approved in the name of liberty or justice. One has only to witness the conduct of burly police-officers as they convey patients from prison to hospital to realize that these keepers of the law are neither sympathetic nor understanding. The delicate condition of mental patients in the early days of their illness may be aggravated into acute states merely by such treatment.

There is, however, a deeper objection to jury trial. Mental cases often require the keen perception of highly trained individuals. The dividing line between sanity and mental illness is frequently imperceptible, and the shades of human conduct drift impalpably from norms of sane behavior to extremes of abnormality. Some mental conditions are merely temporary derangements due to physical causes; while physical complaints are often the symptoms of an hallucinated mind. It often happens that neither doctors nor psychiatrists are able to discern immediately whether a person is physically or mentally ill. Yet in spite of all this, we leave to ordinary laymen, to merchants, druggists, farmhands, housewives, the important and difficult task of deciding the state of a man's brain. There are cases in which behavior is so erratic that any reasonable-minded layman can properly adjudge a person to be mentally ill, but how can laymen be expected to judge correctly in cases in which experts disagree? How can we morally sustain the right of a judge to issue court orders without expert psychiatric advice; or lay on him the authority to commit persons to institutions, when he has no real understanding of their condition? This is a travesty in human relations.

Some states provide for the commitment of persons to institutions on the examination and certification of one or two physicians, irrespective of whether these medical men are expert in mental disorders. The ability and skill of an obstetrician is not to be minimized, nor is the wisdom of a specialist on stomach disorders to be discredited, but these practitioners are not necessarily qualified to commit a mental patient to a state hospital. We patronize the fish peddler for fish but we do not ask his advice on the quality

of meat, merely because he like the butcher has the function of selling food.

The training and experience of the ordinary physician differ from that of the psychiatrist; yet people often fail to perceive the difference. In some instances they prefer the advice of the physician to that of the psychiatrist. As a result of injudicious procedures for commitment, a type of tragedy occurs from time to time that is known as "railroading." The number of such cases should not be exaggerated, but it is undoubtedly true that even today men and women are occasionally "railroaded."

Imagine yourself erroneously confined to an institution in the desperate and futile position of a man whom we shall call E. W. Several years ago E. W. picked up his morning paper to read an account of a bombing in an important government building. Displayed with the account was a picture of a note found near the scene of the bombing, apparently written by the saboteurs. E. W. studied the handwriting. It looked familiar to him. He had seen it recently — on his last trip — at the hotel — in the register book. He hastily scribbled a note to government officials stating his conclusion, directing them to the hotel where he had seen the handwriting. In the course of the criminal proceedings during following months, E. W. was called to a mental hospital for observation. This was done to help distinguish him from the many quacks who clutter the traces of evidence in criminal cases with their false, misleading messages. E. W. was adjudged sane and promptly released.

About a year later he was bolted from his sleep one night by loud voices from the floor above. Awakening in rage he stamped to the door of the tenant above, clothed only in brilliant red underwear. He stormed upon the door with his fists. It was opened by the feminine occupant of the quarters who was horrified by the sight of this enraged man bursting into her room scantily dressed and blaspheming at the top of his voice.

In terror she called the police who hustled E. W. to jail. When he was arraigned for hearing, it happened by an oddity of fate that someone in the court room recognized E.

W. as having been examined at a mental hospital the year before. This was made known to the judge, who shrugged his shoulders and ordered that he be sent to the county institution for mental observation. E. W. was trundled off to the institution despite his vociferous protests and for some unexplained reason he was certified to be mentally ill.

Time dragged on. He tried desperately to make his case known to persons who might come to his defense, but the greater his efforts, the more certain his failure. Every effort was interpreted as the machination of a sickly mind. When he wrote letters to officials of the Department of Justice, bitterly complaining that the Bill of Rights was dead, these protests only served to confirm the conviction that he was mentally ill. When he was uncooperative with the hospital administration and loudly attested to his sanity, this was cited as further evidence of his alleged mental illness.

Approximately sixteen years after he was committed, a relative sauntered into a lawyer's office requesting that a writ of habeas corpus be prepared for E. W. "Of course he's insane," proffered the relative, "or they wouldn't keep him all these years. And I have medical reports which state that he is chronically ill. But he has been saying for so long that he wants a writ of habeas corpus, that I would like to get him one. More important, it will give him a ride to the city and I shall buy him a good dinner."

The lawyer complied with the request and though he was not expected to press for a hearing, or even to talk with E. W., he interviewed him. Much to his surprise, E. W. was coherent. His account was logical. When E. W. left his office, the lawyer searched the records to learn what the story had been sixteen years before. He discovered in the records practically the same description that E. W. had given him in his office. By this time the lawyer was disturbed. How strange that a person with delusions should be able to retain and restate the same facts over so long a period of time. Further interviews followed. Investigations ensued, until the lawyer was convinced of E. W.'s sanity and pressed the hearings to a successful conclusion. E. W. was adjudged sane after sixteen years of anguish in a

mental institution, after sixteen years of protest to deafened ears and empty walls. He had been railroaded.

There is a further chapter in E. W.'s tragic story. A judge, still unconvinced of his sanity, was determined to have a re-examination, despite the lawyer's protests. On discharge from the institution E. W. had established a business. Six months later he was comfortably providing for himself when one morning a mail carrier arrived with a letter — a court order calling for a re-examination. A few hours later E. W. was found slumped on the floor with the court order beside him. Hardship and desperation had finally taken their toll on his over-worked heart. He was no longer to be harassed. He had received his final discharge.

There have been other cases like this, and undoubtedly there are today sane men and women within our institutions. This is due to inadequate legal provisions. Other evils arise from the same cause. For example, some statutes place full responsibility for the maintenance of institutions within the control of the state finance board. In such cases institutions may be operated with the cold mechanical regularity of an adding machine; patients are viewed as units rather than human beings. Nor is it surprising to find that when institutions are inspected by state officials, primary consideration goes to the account books. A tour of the wards takes on the semblance of a property inventory or museum visit.

Other evils of inadequate statutory provisions result in burdensome discharge procedures and incompetent social welfare machinery. Part of this difficulty lies with the institutions themselves, especially in wartime, when medical and nursing staffs are so critically limited. Many patients in some institutions have not received medical or psychiatric examinations of any kind for months and even years. It has been reported that in some cases hospital records list examinations that have never been made. This may explain E. W.'s hospital record on which was periodically written, "Patient is chronically ill." Patients who have been restored to health are neglected instead of being discharged and rehabilitated for a purposeful life in society.

While it is true that a layman is not able to speak with authority about the mental condition of patients within an institution, it seems incredible that all the patients one meets within an institution are too ill to be discharged. This becomes especially evident after they have been observed over long periods of time. Perhaps these patients should not be discharged to society at large. Their behavior may be normal when they are confined to an institution, but they might disintegrate mentally when thrust back into the community. Regardless of this possibility, it seems only fair that they be periodically examined. And it is a matter of constitutional right that persons restored to health be released from confinement.

Other patients apparently restored to health must remain "behind the walls" for other reasons. Perhaps the relative who has committed one refuses to "sign him out" and assume responsibility for his supervision; or perhaps the relative is dead and there is no other person to assume responsibility. If this is so, the patient may be doomed to institutional bondage unless he can devise some way to appeal to an outsider. It is not uncommon to see patients attempting to impress the visiting minister in the hope that he will arrange for their freedom.

Consider the feeling of futility that must sweep over a patient as he tries again and again to procure a release to which he is entitled, when from each appeal he is pushed aside by those who are too busy, or those who refuse the risks and burdens of such aid. Imagine the disappointment that comes in the wake of a family letter, "You know, John, we would love to have you home, but we are all so very busy, we wouldn't be able to give you the attention that you need — and it is so much better for you there." Or perhaps the despair of a patient who has written consistently to his one remaining friend and relative, and never receives an answer to his plea. "She is probably dead," he laments as dreams of going home fade off to oblivion.

While it can be plausibly argued that a patient should not be paroled to society unless some person or group will be responsible for his care, an agency might be established

for the specific purpose of assuming such responsibility for those who have no other sponsors. Such an agency could assure patients that provisions designed for their welfare would not be turned against them.

Where there is a social welfare department, it is often the valve through which patients are released. Charged with the function of looking into the patient's social background, this department recommends how he should be returned to society. It aids in his rehabilitation, helps him to secure employment, and sends its social workers to his home to talk with his family and keep track of his progress. This long arm of the institution is slowly withdrawn as adjustment is completed.

But fourteen states do not employ social workers in connection with their institutions, to say nothing of providing social welfare departments, and burdensome laws often hamper the activities of existing social welfare departments. For example, some states will not discharge a patient unless gainful employment has been offered him before discharge, or unless he is assured a steady source of maintenance. The social welfare department looks up opportunities of employment for the patient and if a job can be found little difficulty is encountered. During years of labor shortages this is not difficult. But in periods of business depression when millions of men and women tramp idly through the streets, and employers can pick and choose, there is little chance for the man from an institution. He comes to the personnel desk of the employer like a Jean Valjean with a yellow discharge paper in his pocket, and his pale face frightens those who see only the brand of insanity. It may be argued that patients should not be discharged in periods of economic depression, that they can be better sheltered in an institution and freed from financial worries and responsibilities. But depressions can last for years. The healthy-minded should consider seriously whether or not this is the protection we should want if we had been restored to mental health.

So far we have considered causes which bear directly upon the functions and management of institutions. These are hospital personnel, state control, legal restraints. But

there are other more basic influences which are insidious and subtly malignant. These we find in ourselves; they exist in each member of that huge aggregate, the public. We would gladly foist them on the unknown mass — society — with which we gallantly associate ourselves in times of glory, and which we often decry when blame is to be borne.

Here in our failure to assume responsibility is localized the crime of society in relation to the mentally ill and to mental institutions. Each citizen may well give attention to his own pangs of conscience and see if his own hands are clean.

First there is the damaging concept, "Once insane, always insane." This is a holdover from days when witches were burned at the stake for casting spells and hoaxes, when the sick or lagging mind was considered a devil incarnate or the product of demonic art, a time when each community, loath to assume responsibility for its mental sufferers, sent them travelling from town to town begging from door to door.

"Once insane, always insane," may have appeared true to those who decades ago faced disillusionment in their attempts to provide helpful treatment, but today it is no longer valid. Some hospitals are salvaging fifty per cent of their mental wrecks, and even from our poorer institutions approximately twenty per cent are returned to society. With advancement of learning and increased efforts in the field, we may some day achieve far better results. With the new treatments of electric shock, insulin, metrazol now snapping sick minds back to normality, with malaria fever baking syphilitic germs to impotency, there is no predicting what miracles lie ahead. "Once insane, always insane" is as out of date as the witches' cure, and those who hear and spread this notion are fostering an attitude of defeatism which breeds indifference and inactivity. Its corollary is, "Remove them, and forget them."

Closely related are the strange ideas which many people hold concerning the nature of mental illness or deficiency. A patient is abused in an institution and someone comments, "It is too bad, but then he is an imbecile; he doesn't

know the difference." We are mistaken if we believe that either mental illness or deficiency brings with it a benevolent dulling of the sensitivities. We are wholly wrong if we imagine that the mentally ill no longer feel little insults as deeply as do normal people. The sick or deficient are often more deeply affected, and their nerves more sharply jarred by a petty indiscretion. Personal affronts which are tossed aside by a healthy mind as meaningless improprieties sometimes loom as great breaches of faith to the mentally disturbed. A catatonic patient who remains in a deep stupor for months — who never talks, or moves of his own volition, who will not respond to normal stimulus — may yet be aware of all that goes on about him. He can sometimes relate incident by incident the treatment he received in the long period of his stupor. Mental patients like the rest of us can say, "If you prick us, do we not bleed? If you tickle us, do we not laugh? If you poison us do we not die?"

Another common misconception is that most of the mentally ill are violently mad, depraved beasts who stalk within caged cells like hungry jaguars. For this the photoplay, fiction plot, and lurid disclosures of newspapers are responsible. Not long ago a popular movie gave the story of a woman mentally sick. She was locked and bolted behind a massive door in the cold dark tower of a castle. Though her image was never visible, her moans and cries were often heard. The figures of strong men ravaged by this "unseen monster" appeared upon the screen. It is true that some of the mentally ill are disturbed to the point at which they become assaultive, but the great majority of committed patients bear no resemblance to weird pictures of chained monsters whose shrieks resound from the turrets of mediaeval castles.

In 1792 a French physician whom history will not soon forget amazed the civilized world by entering the asylum dungeons of the notorious hell-hole of Bicestre in Paris. Under stormy protests from his colleagues, this lone man, Dr. Pinel, struck the heavy chains from the ankles and wrists of the incarcerated patients. The onlookers who anticipated violence and bloodshed were amazed to find that

the chains had been in vain. This landmark in humane treatment occurred over one hundred and fifty years ago; yet chains still clank in the minds of the uninformed.

To some people the archetype of the patient who is mentally ill is the blustering Napoleon of the comic strips. For them mental incompetents are fitting butts for light-veined humor. Men of the nineteenth century paid fees to gaze upon and tease the inmates of institutions. Such traditional attitudes hinder a clearer understanding of the mentally afflicted. How different it is from the respect we pay to those who suffer from paralysis or blindness.

Another type can be called "the ashamed." They fear ridicule and humiliation because a friend or relative has become afflicted or because a member of their family is mentally deficient. Fear and humiliation often motivate persons to confine their relatives to institutions, to "put them away." The real sufferer becomes the skeleton in the closet, locked behind the door.

Related to the same problem, and also stemming from fear, is the attitude which some persons exhibit toward patients who have been restored to mental health and who seek an opportunity to adjust themselves to society. Recently a patient was released from an institution through the encouragement and assistance of a friendly attendant. Employment had been procured for him. It was the first job he had had for a long time. The work was unimportant, but it was simple and he performed it diligently. It was a good job to serve as a stepping stone back to self-confidence. At the end of a week's service he was politely informed that he need not return again. Upon asking the reason for his dismissal, his attendant friend was told that although the man had performed his duties properly, he "looked so pale and sullen." One of the women employees had had unpleasant dreams about him. This comment came from women engaged in humanitarian activities, who were trying in other ways to help their fellow-men, persons who should have shown more understanding. It was a harsh judgment to pronounce upon a man who could not lie in the sun for many months and who had had no healthy joys to dispel his sullen countenance. It was a

harsh decree to a man for whom employment was the most needed medicine.

There are many other strange concepts which we in society hold regarding our less fortunate brothers. We blithely wend our separate ways without much curiosity about the mental institution. We pay taxes and cast votes and assume that the government takes care of the rest. We have confidence that if mental institutions are called "hospitals" the patients are given the care and treatment offered by general hospitals.

All kinds of old wives' tales and witches' gossip, superstitions, slanders, wild runs of the imagination weave a web in society that blinds us to reality. Such stumbling blocks to progress hamper our transition to an enlightened age. These crumbs of untruths and mold-touched morsels of part-truths are the stale delusions that we harbor in the pantries of our minds.

So much for the sordid aspects of our institutions. Let us welcome a few visions of a world that might come. We have been informed by our doctors and psychiatrists that there will be a new era in the treatment of the mentally incompetent. They lure the imagination with glorious prospects. Here is the institution of tomorrow as conceived by professional men. It will be a center of mental health, a living organ in each community that reaches out through nurses, doctors and social workers to private homes and individuals. There in the home aid will be administered to disturbed persons to prevent total collapse. Families will be instructed in the care of their deficient children so that confinement will not so often become necessary. Through its public aid facilities, such a center will bring literature and movies to the community and conduct lecture tours for schools and adult groups. Preventive mental hygiene will be the chief emphasis — controlling and directing the mind before institutional aid is required. Persons in need of psychiatric treatment will have full opportunity without social humiliation. A visit to the psychiatrist will be as commonplace as a trip to the dentist. Schools will be equipped with psychiatrists and social workers who will investigate the problems of children retarded in their studies.

Factories, too, will have psychiatrists as members of the personnel department, to aid in the selection of personnel and in job adjustment. These psychiatrists will work in cooperation with the mental hygiene center.

Persons who desire treatment within the institution will have easy access to its quarters. All will be assured examination by skilled doctors and psychiatrists. Although guaranteed the right of trial by jury, no person will be forced into the courts and provoked by fears of punishment.

Within the institution, adequate staffs of doctors, nurses, psychiatrists and trained attendants will work cooperatively to provide quick, effective treatment. Instead of one doctor to a thousand patients per working shift, there will be one doctor to forty or fifty patients. Instead of one psychiatrist per institution, there will be enough so that each patient will receive adequate psychiatric care. There will also be enough nurses. Attendants will assume a professional role. They will be adequately trained, and their salaries will have been increased from the forty dollars per month which many receive today. They will share with doctors and nurses the knowledge of patients' infirmities. In cooperative action with the other staff members, they will come to realize the importance of their work and the necessity of satisfying patients' needs.

Large recreational and occupational therapy departments will absorb a great amount of the patients' time. By these means sickened minds will be absorbed with new interests and pleasures. Patients will no longer be left to sit in the agony of their tortured minds. The latest scientific treatments will be followed out with enough equipment for all. Quick, thorough treatment and rehabilitation to society will be the common practice; today's lengthy period of isolation will be unnecessary for the majority of cases.

As an integral part of the institution, laboratories will be established and scientists will be employed for the sole purpose of research. Physicians and psychiatrists will be encouraged, by security of tenure and adequate compensation, to spend time and energy in developing advanced

techniques of treatment. A training center will be established where attendants and nurses are taught, where employees will learn at first-hand the functions of the institution and the necessary part which their efforts play in the process as a whole.

This will be the healthful home for sick and lagging minds. It will be a ventricle in the great heart of a public health movement. It will bring mental hygiene to each individual and will destroy for all time the distorted viewpoints from which the public observes the abnormal mind. It will usher in a day of enlightened thought so that finally the dread of demon spirits and the curse of witches' spells will have become truly out-dated.

But these are dreams of the future and one hundred years from now our words may still be like those of Charles Dickens if we are merely to go on dreaming dreams. Nor is it enough if hopes are left to our doctors, for they are mere servants of the public, as are state boards of control and legislators and the staffs of institutions. Their desires are primarily dependent upon the will of the public. The future institutions will require money, bountiful supplies of taxpayers' money, for buildings to be constructed, staffs expanded, salaries paid, health and training centers maintained, public education fostered.

As long as there is a dormant public the progress of public institutions will lag. As long as we, the citizens, conceive of the institution as a dumping ground for broken and failing machines, we shall be dulled by the apathy that works like poison through our whole social system. But if we throw off the chains that bind our thoughts, as Pinel struck off the chains at Bicestre; if we are prepared to spend as generously for mental patients as we expend for super-highways and mammoth airports; if we are ready to recognize insanity as another form of illness and regard our mental sufferers with the respect we give to the physically hurt; if we bestir ourselves to wake our sleeping fellow-citizens to action, the future institution will become today's health center.

Despite the gloomy outlook that has been presented

here, there are many encouraging signs. Today the public is being shocked into recognition of mental illness by the large number of mental wrecks this war has produced. More families are being affected. They are becoming enlightened to the needs of the mentally ill. They are becoming "vested interest-holders" in this problem of adequate care and treatment. This growing group of our citizenry will be responsive to appeals for more progressive treatment. They may help to kindle a flame of effort among the members of the public.

To serve as a nuclear agency for promotion of this surging public interest, there is an organization already established which embraces all aspects of mental hygiene both from a professional and a lay viewpoint. This is the National Committee for Mental Hygiene. National in scope, with affiliated organizations in the majority of states, it embraces a program of activity which is international. In years to come it will probably serve as a strong link in the dissemination of scientific knowledge from one corner of the world to another.

Forty years ago the National Committee was a dream in a man's mind. But more than that, the dream was termed "an hallucination," for it came from a sickened mind. Confined to an institution for years as a manic-depressive, this man, Clifford Beers, suffered the tortures of hell. His illness was the result of unenlightenment, the same type of unenlightenment with which the public struggles today. His brother was an epileptic. Ignorant of the nature of epilepsy, he believed that he too would become epileptic. Instead of communicating his fears to his family or friends, he stifled them in his own mind. Year after year he battled this mental threat, fighting a losing conflict as he detected in himself what he thought were symptoms of epilepsy. Finally, the burden became too great and one day in the belief that the mysterious curse had seized him, he threw himself from the window of his home in a desperate attempt to end the mental strain.

He was discovered on the terrace only a few inches from a concrete walk. These few inches determined the future course of this man's life; and they also saved for

the mentally ill one of their most effectual friends. During the next few years Clifford Beers was mentally ill. He was confined to more than one institution where he experienced the terrifying abuses to which patients are subjected. Beaten by attendants, locked in chafing restraints for days, his pleas for mercy were dismissed as idle ravings.

It was during his recovery that Beers conceived a plan to awaken the dormant public to the conditions in such institutions. Working fervidly after release he gained the attention of interested laymen who, though wary at first, were soon convinced of his integrity and lucidity. Eventually, he wrote the story of his experiences under the title, "The Mind That Found Itself." This sincere message by a man who had deeply suffered soon became a rallying cry for institutional reform. A small group of persons in Connecticut organized a state society for mental hygiene. This flourished and grew into the National Committee which serves today as a stronghold in the field.

There is another encouraging sign which may appear unimpressive, but which is pregnant with possibilities. After the entry of the United States into the second World War, provision was made for the nation's conscientious objectors. These men, duly approved as sincere in their religious objection to war, were accorded the opportunity of rendering alternative service to the country — performing work of national importance unrelated to the war effort. This program of alternative service is called Civilian Public Service and although some of the work it undertakes is materially insignificant, one particular phase of the service may be truly classified as "nationally important." Conscientious objectors assigned to large base isolation camps have been given the opportunity of volunteering to serve as attendants and in other menial capacities in state mental hospitals and training schools.

More than two thousand of these men, and a considerable number of their wives, are helping to bolster the war-weakened mental institutions. Located in at least sixty hospitals and training schools in many sections of the country, they have replenished staffs which were curtailed by fifty and sixty per cent of the normal quota. Their services

though of a menial nature have been considered essential by the superintendents of these institutions.

Not only have these men and women brought up the quota of employees, but they have brought to the patients warm and humane care. Although this type of treatment has been rendered previously by a small number of kind and faithful attendants, it is unusual for so large a number within any one institution to approach the patients in such a spirit of sympathetic understanding. This has had a favorable effect, not only upon the patients but upon institutions' superintendents. Some have been heard to state that in the future their personnel policies will exclude the barnstorming "floater," and that they will employ men and women who accept their duties as a service to their fellow-men.

In particular instances the efforts of these men from Civilian Public Service have resulted directly in reforms which may work lasting improvements. At the Eastern States Hospital in Williamsburg, Virginia, some of these objectors, in cooperation with a former employee, raised protests against the treatment being accorded the patients. A state commission was appointed to investigate the charges. At the conclusion of the probe, the findings of the commission confirmed the testimony offered by the men. The superintendent of the institution was replaced and other steps were taken to promote higher standards. Recently it has been indicated that the laws of Virginia will be revised as a consequence of these activities.

At Cleveland, Ohio, another group of objectors, shocked at the inhumane conditions, organized a campaign of public enlightenment. This too has resulted in material progress. The superintendent of this hospital was replaced, a new commissioner of mental health for the state was appointed, the state mental hygiene activities are now undergoing revision, and the legislative statutes are being examined for the purpose of revision. Nationwide publicity has brought the Cleveland situation to the attention of the public.

Recently at Lyons, New Jersey, one of these conscientious objectors protested the brutal treatment of veterans of the present war and of previous wars. This one protester, Robert Hegler, has brought the generally desperate plight of Veterans Administration hospitals, both general and mental, to the attention of the public, and drastic reforms are assured.

In addition a special program of activities has evolved through the efforts of these Civilian Public Service men and women, mainly in their leisure hours. It is called the Mental Hygiene Program of Civilian Public Service. This has developed from the desire of these attendants to exchange views on institutional matters and ultimately to raise the standards of care. They try to become better qualified themselves in understanding the problems within institutions so that they may be better able to interpret them to society.

This Program issues a monthly publication, "The Attendant," which is distributed to every federal, state, and county mental institution in the United States and its territories. It is the first publication to be prepared by and for attendants and promoted on a widespread scale. It gives opportunity for attendants everywhere to profit from their respective experiences and make known their desires for greater recognition.

Another phase of this Program consists of a legal survey. This survey draws upon the training and experience of lawyers and social scientists in Civilian Public Service for investigation of existing state mental hygiene laws. A compilation of these laws is being prepared for ready reference by hospital employees, social workers and others concerned in the rights and privileges of patients. In cooperation with experts from various professional fields three members of the Program are drafting a model mental hygiene law. The legal staff is also preparing recommendations for improvement of existing laws. These recommendations will be submitted to various state legislatures by associations for mental hygiene and by other interested groups.

The Mental Hygiene Program of Civilian Public Service also concerns itself with public education. Attempting to

reap the benefit from their experiences, participants in the Program are preparing a statement of conditions now prevailing within institutions, with recommendations for change. Through the aid of several prominent hospital superintendents and doctors, the wisdom of progressive leaders in the field of mental hygiene has been contributed to these efforts.

What will happen to these activities when the men from Civilian Public Service are released from the draft? This much can be stated with a fair degree of assurance. The men will drift back to their communities and return to the pursuit of their former interests, but wherever they are and whatever they may be doing, they will be enlightened interpreters of state institutions to the general public. And though they themselves cannot visualize the role which they will play, they will strive to improve the standards of care and treatment of patients and to aid in the enlightenment of the community.

This assertion may seem unwarranted and the importance of the work of this relatively small group of persons may appear to be exaggerated. In this connection the work of Clifford Beers shows what can be accomplished by one determined individual. Although the two thousand members of Civilian Public Service have not undergone the same personal experience as Beers, they are young, ambitious and socially conscious. They are anxious to help their fellow-men.

Some months ago there appeared at the quarters of a certain Civilian Public Service unit located in a mental hospital, a gray-haired, slender, tense-looking individual, wearing the uniform of a captain in the Merchant Marine. He remained a few hours and departed. His visit, though it seemed quite natural while it lasted, left ringing in his hearers' ears the wisdom of a prophet.

Years before in France, this man had encountered a group of monks. They belonged to a religious order which believed in associating with those who opposed them in order to reveal to their enemies the spirit of godliness by which they were motivated. Upon becoming acquainted

with one of these monks, the captain was advised to seek employment in a mental institution. "This will be one of your greatest living experiences," he was told, "one of your finest educations."

Years later in America, the captain accepted a job as attendant in a mental hospital. There he worked for the patients' welfare, learning from the extremes of their behavior the natural functionings of human nature. He worked at the institution until he was discharged for protesting the abuse of patients by other attendants. As the captain told his story, his eyes began to sparkle. "I have been to college, I have roamed the seas, but here in the institution I find my Alma Mater. More than that, it has left me haunted — haunted by the thought that here are men and women who need help and there are so few who will come to their assistance." His voice dropped low, and he looked into the faces of the young men about him and as though he could trace the course of destiny, he said in measured words, "You men will be haunted too. You have given your time and energy, but that is not all. As long as your suffering brothers need help behind these walls, you will hear their cries of despair, and you will quicken to their needs. You too will be haunted."

Perhaps the old sea-captain will see his prophecy come true. Perhaps he will some day see the achievement of other "haunted men." But whatever is done will ultimately depend upon the cooperation of the public through a large number of communities. There are many ways in which all can help. One of the greatest contributions might come from religious groups who have been brought close to the problems of the mental institutions. Such are in particular, the Society of Friends, the Mennonites, the Church of the Brethren and other denominations who are now encouraging the program of mental hygiene that is being conducted in Civilian Public Service. Through their efforts, opportunities for this kind of service have been afforded to conscientious objectors. Due to their energies and financial support, units are administered and activities promoted such as the Mental Hygiene Program of Civilian Public Service.

These religious groups, each of which has previously been recognized for outstanding humanitarian achievements, have entered a field of action where there are genuine opportunities for social service. The Society of Friends was responsible for much of the early development of mental institutions and for advanced treatment of the mentally ill. A hundred and fifty years ago, appalled at the conditions which they saw in mental institutions they undertook experiments which made a real advance in institutional care.

The religious approach followed by the Friends at a time when conditions in institutions were inconceivably horrible, has proved extremely successful in ministering to mental patients. It is for this reason in particular that there is need for the help of religious groups in the field of mental hygiene. Clergymen can do a great deal from their pulpits to rectify the attitudes of their congregations. In counseling the family or friends of the mental patient they can do much not only in comforting but in preparing a proper foundation of attitudes toward the afflicted.

Religious groups as a whole can participate in a program of mental hygiene activities, by visiting their local institutions, and by providing patients with comforts which will make them feel that they are still members of society.

Exclusive of the work that religious agencies might do there is important work which social and charitable organizations could perform. At present, interest is expressed by some of these groups. Veterans' organizations entertain patients regularly. Members of the Salvation Army make visitations, and various other organizations and groups provide occasional small luxuries for patients, especially at holiday seasons. But this is done in a partial and limited way and too often the patients who are deserving of such attention are overlooked or forgotten. Another way in which these groups can play an important role is to encourage reading by their members of up-to-date material in the field of mental hygiene. They might also become affiliated with state and national mental hygiene organizations in the effort to bring about and hasten needed reforms.

Individually, each citizen could serve in several capacities. Educators could teach their students proper attitudes and encourage them to work in institutions for practical experience in social work and psychology. Social workers, doctors, nurses, can convey to the layman greater insight into the problems of mental illness. Students, lawyers, administrators, can help prepare new laws and better procedures; each person regardless of his occupation can join the growing ranks of men and women who are waking up to the needs in the field of mental hygiene.

The results of any one person's efforts along these lines may not seem to be important; they may even be disappointing, but if anybody doubts the need for his participation, he should watch the disintegration of the patient deprived of proper care and treatment. Those who think such efforts thankless and unrewarding need only to receive an expression of gratitude from one who has been restored to health and to a happy home. This gratitude well repays the efforts expended. The gratitude of recovered patients is incentive enough to anyone who receives such moving testimony.

We are living in a turbulent, muddled world. We face the critical task of establishing a peaceful community of nations with liberty and security for each individual. The murderous conflict in which we have become engaged is the tempestuous eruption of great masses of people whose minds have been clouded and whose spirits have been beaten. We build the future world on a foundation of broken dreams and frustrated desires. The blemishes of racial discrimination, economic injustice, and class conflict which break out upon the complex structure of society are mere sore spots of a deeper cause. They are the superficial outbreaks of the sickened mind or spirit.

Before we shall truly conceive an enduring peace, before our sweet dreams are fulfilled, we must probe to the core of our malady. We must strengthen the spirit with renewed faith, with love and understanding. As for the mind — there must be established in the human mentality the power to face fear and conflict, the ability to curb the

emotions and to fuse both thought and spirit in a concordat of strength and maturity. But before we can begin to build these traits in mind or spirit we must cast aside our prejudice and petty fears. We must cast aside the old wives' tales and witches' gossip, and clean our minds of stale delusions.

What greater opportunity do we have to accomplish these ends than by learning from our mental victims; what better means, than by observing in the extremes of their behavior the reflections of our own shortcomings? And in return, what greater blessing can we give than the love and understanding that will satisfy their pleas, that will bring warmth and comfort in the solitude of their bewildered minds?

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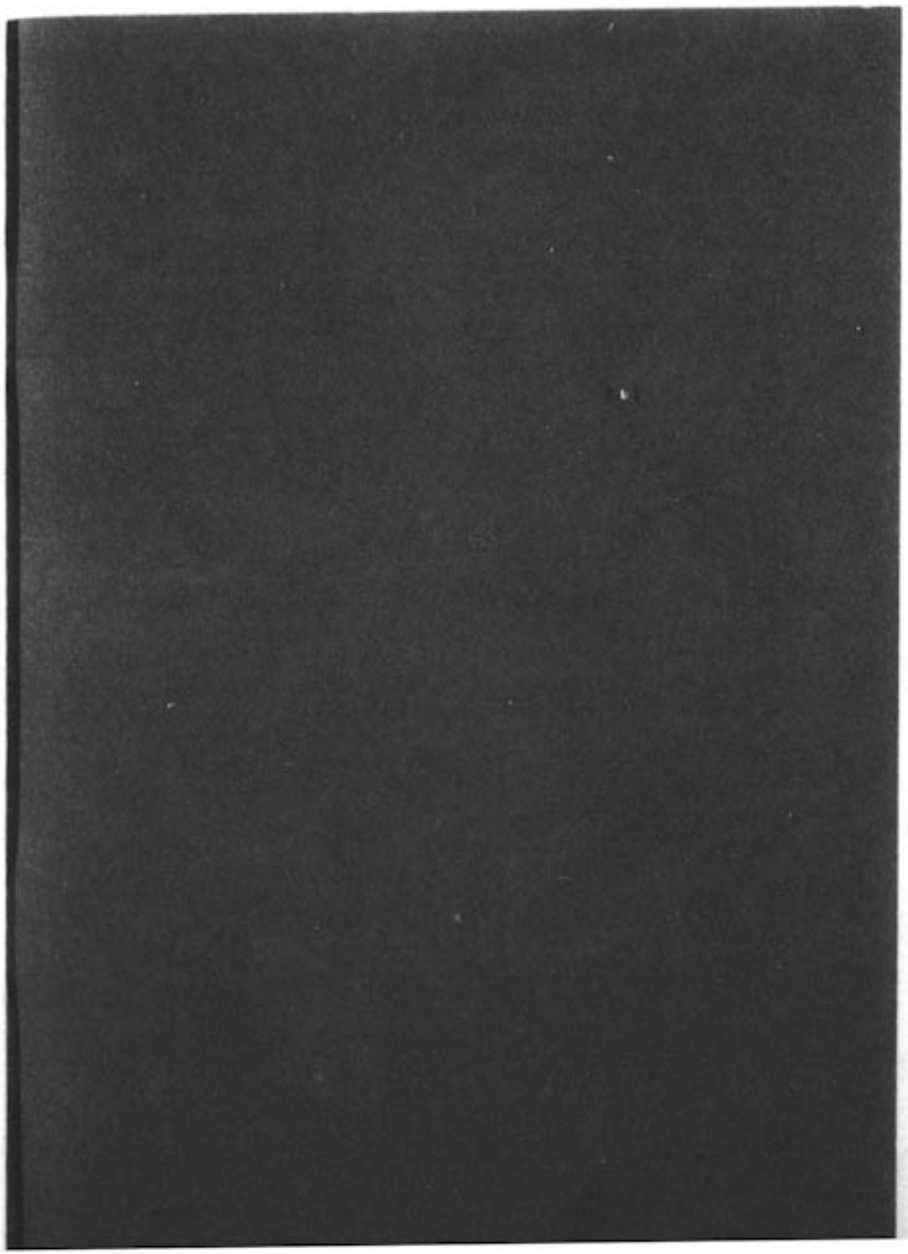
Information may be had from the Directors, PENDLE HILL, Wallingford, Pennsylvania.



FOR 35 YEARS

FINDING A WAY IN MENTAL HYGIENE

1909 1944

Annual Report

1944

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Today is your day and mine;
The only day we have;
The day in which we play our part.

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.
1790 BROADWAY
NEW YORK 19, N. Y.

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Hyg in the Greek word "hygiene" is the same as the root *vig* in the Latin word "vigor". "Hygiáinein" means to become, and to be, sound and healthy and vigorous. "Mental hygiene" is the science and practice of attaining and maintaining soundness and vigor of mind.

OUR OBJECTIVES

A voluntary organization of physicians and laymen, The National Committee for Mental Hygiene works for the development and protection of mental health; for the prevention or alleviation of mental and nervous disorders; for the improved care and treatment of the mentally ill, and for the special training and supervision of the mentally deficient. Our organization is constantly seeking to enlarge its own knowledge of these subjects and to educate the public both as to the general meaning and purposes of mental hygiene and as to its relation to education, medicine, industry, delinquency and dependency. Nil humanum alienum—in the broad field of human behavior there is nothing that is not in some way connected with the science of mental hygiene.

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OUR PROCEDURE

The National Committee stimulates research into the nature and causes of nervous and mental diseases and mental deficiency; conducts studies of mental hygiene problems, applies the knowledge gained from such studies in bringing about improvement in community services and in legislation affecting mental health; promotes child-guidance and other mental hygiene clinics and the training of personnel in the field of psychiatry and mental hygiene; and coöperates with governmental and unofficial agencies whose work touches at any point the field of mental hygiene.

These are the major responsibilities of The National Committee for Mental Hygiene. Now, however, as the following pages will reveal, almost the whole of our general funds and almost all our services are used for activities directly connected with the war.

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Founded in 1909 by Clifford W. Beers[1]

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[1] Deceased 1943.

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A BOOK WHICH STARTED A GREAT MOVEMENT

On a bright June morning in 1900, a young man attempted to commit suicide by jumping out of the fourth-story window of his home. He was picked up seriously injured but alive. For the next three years he was kept in various institutions for the insane. He was treated with an indifference and cruelty which aggravated the serious mental disease which had led to his attempt at suicide. Once, when particularly violent, he was kept in a straight-jacket for twenty-one consecutive nights. Through all this period he felt himself, as many insane patients had done, to be a victim of persecution. He vowed, as many insane patients had done, to reform the whole system.[1]

Clifford Whittingham Beers did not forget his self-imposed mission to improve the conditions of the mentally sick when he emerged from his third mental hospital in 1903. The idea burned within him more fiercely than ever.

The result was that classic autobiography, *A Mind that Found Itself*, published in 1908. This absorbing and compelling book started a great movement. It was not a mere recital of personal suffering. It did more than expose existing evils—it proposed wise remedies. Its author declared:

> A permanent agency for reform and education in the field of nervous and mental diseases is one of the great needs of the day... Though the improvement of conditions among those actually insane and confined should ever be an important factor in shaping the policy of such an organization, its most important work would be the waging of an educative war against the prevailing ignorance regarding insanity. Thus, to cure the disease by preventing it, is the only effective cure known. The watchword of such an organization might well be the significant phrase: Mental Hygiene...[2]
>
> Suffice it to say that the 'National Committee for Mental Hygiene' (I present the name for consideration) would be equally the friend of the physician and the patient; also the friend of the patient's relatives, to whom, when burdened with an actual or impending affliction, it would become an unfailing source of information, advice and comfort. In a word, it should be a friend to Humanity, for no man knows when he himself may have to look to it for assistance.[3]

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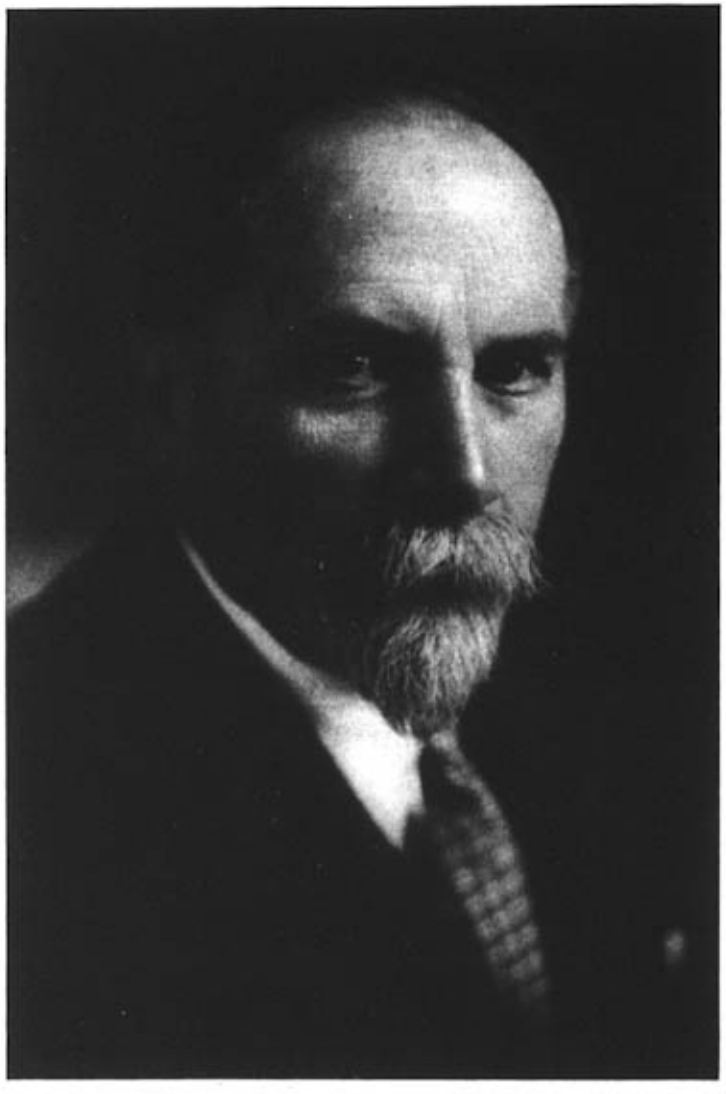
[1] *Health Through the Ages*, Metropolitan Life Insurance Company.)

[2] It was Dr. Adolf Meyer, then Director of the New York State Psychiatric Institute, who suggested to Mr. Beers the phrase "mental hygiene" as the key term of the movement.

[3] *A Mind that Found Itself*, Clifford Whittingham Beers, New York, Longmans Green, 1913, pp. 295-296. Orders may be placed with The National Committee for Mental Hygiene, 1790 Broadway, New York 19.



ADOLF MEYER, M.D.

OUR HONORARY PRESIDENT

The National Committee for Mental Hygiene at the
clusion of its thirty-fifth year of service desires to pay tri
to its Honorary President, Adolf Meyer, M.D., Profe
Emeritus of Psychiatry, Johns Hopkins University.

To quote from one of the voluminous references to
Meyer in *One Hundred Years of American Psychiatry:*

> No single person in the history of American Psychiatry has
> done more to bring about the recognition of psychiatry as a
> specialty on its own account than Adolf Meyer . . . Adolf
> Meyer is responsible for the difference between the form and
> the concept of psychiatry as a specialty as we know it today
> and the specialty of psychiatry of which Pliny Earle spoke
> in 1868.

Said Clifford W. Beers[1], ". . . To Adolf Meyer I owe
unrepayable debt—and so does our cause." And the
which The National Committee for Mental Hygiene owe
Dr. Meyer has grown with the years.

Dr. Meyer was one of the twelve charter members[2] pre
at the historic meeting on February 19, 1909, which mar
the founding in New York City of The National Commi
for Mental Hygiene. Since that date Dr. Meyer has serve
President three times and as Honorary President from 19

We are grateful that we have had the opportunity thro
the years to absorb Dr. Meyer's concept of the ideals
purposes of The National Committee for Mental Hygi
We who have had the benefit of his wise counsels are
foundly thankful that we can continue to benefit from
serene wisdom and genial humanity.

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[1] At the opening session of the First International Congress on Mental
giene, in Washington, D. C., May (5 to 10) 1930.

[2] Llewellys F. Barker, M.D., Clifford W. Beers, Professor Russell H. Chi
den, Horace Fletcher, August Hoch, M.D., Professor William James, Miss
Lathrop, Marcus M. Marks, Frederick Peterson, M.D., Jacob Gould Schur
Reverend Anson Phelps Stokes, Jr.

EUGENE MEYER

EUGENE MEYER, NEW PRESIDENT OF THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

The Board of Directors of The National Committee for Mental Hygiene, at its annual meeting in New York on December 14, elected Eugene Meyer, editor and publisher of *The Washington Post*, to the presidency of the National Committee. This office had been vacant since the retirement in 1943 of Dr. Adolf Meyer, now honorary president of the organization.

Mr. Meyer, the first layman ever to serve as president of the National Committee, has had a distinguished career both in business and in public life. He has held appointive positions under five presidents—Wilson, Harding, Coolidge, Hoover and Roosevelt; has been President of The Washington Criminal Justice Association since its organization in 1936; and has served for many years as a member of the Board of Trustees of the Community Chest, Washington, D. C. He is also a Trustee of the National Institute of Public Affairs, Washington, D. C.

A graduate of Yale University, Mr. Meyer holds the degree of LL.D. from his alma mater, from Syracuse University, and from the University of California.

Mr. Meyer's interest in mental hygiene was awakened by the study of psychology which he pursued at college. The contacts which he had in Washington with Dr. William A. White of St. Elizabeths Hospital further stimulated and developed his interest in the subject. Since the outbreak of the war, Mr. Meyer has given much attention to the psychiatric aspects of war-time activities, both civilian and military, and *The Washington Post* has published a number of special articles dealing with the problems and work of the Army and Navy in the psychiatric field.

Mental hygiene is the greatest need of our war-wracked world. It calls aloud for men of good will and social conscience. The call is not always answered, but in our president we see the type of human being and wise publicist who strengthens our hope for the world's health. The National Committee for Mental Hygiene recognizes with gratitude that it is being given the services of a man of wide sympathies, unflagging zeal and a high sense of public duty.

SELECTIVE SERVICE ADOPTS MEDICAL SURVEY PROGRAM

For the first quarter of 1944 Dr. Luther E. Woodward continued to serve in his capacity of Field Director, Liaison with Selective Service, assisting Selective Service to get the Medical Survey Plan well under way. The Program was studied at two regional meetings of the American Public Welfare Association, which together covered all states west of the Mississippi River, and also at the annual meeting of state and local public welfare administrators held in Chicago. The latter was attended by virtually all state directors of public welfare and assistance, as well as by local administrators of Selective Service from communities in all states. Similar discussions of the Program were held at the state conferences of social agencies in Florida, Kansas, Minnesota, Missouri and Pennsylvania, while organizations in several of the larger cities held special meetings to interpret the Program.

Visits were made to state Selective Service Headquarters and coöperating public and private social agencies in the states of Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, West Virginia, Wisconsin, and the District of Columbia. The National Committee on Social Service, appointed by the Director of Selective Service, has met several times to thrash out matters of finance, personnel and supervision. Dr. George S. Stevenson,[1] Medical Director, The National Committee for Mental Hygiene, is Chairman of this committee; Dr. Luther E. Woodward is Secretary.[2]

By the end of 1944 the Medical Survey Program was operating wholly or in part in forty-six states and in the District of Columbia. An indication of the size and importance of this work of history-taking may be gathered from the appropriation of $1,000,000 made for it by Congress for the fiscal year, 1944-45.

[1] Consultant in Mental Hygiene to the U. S. Public Health Service; Chairman, Mental Hygiene Advisory Committee of the Children's Bureau; Chairman, National Advisory Committee on Social Service, Selective Service System; Member, Advisory Council of Vocational Rehabilitation Bureau of Federal Security Agency.

[2] Our work to improve psychiatric selection of men for the armed forces was largely made possible by a grant from the Rockefeller Foundation.

The Medical Survey Program once well launched, The National Committee for Mental Hygiene willingly relinquished its leadership in this project. Dr. Woodward, released from his duties as Field Director, Liaison with Selective Service, accepted the post of Field Consultant to the Division on Rehabilitation, which, pending the conclusion of his Selective Service responsibilities, had been kept open for him by the National Committee.

DIVISION ON REHABILITATION

By the end of June, 1944, from a total of 15,000,000 men examined by the armed forces induction stations, more than one and a half million, or 10.2 per cent, had been rejected for psychiatric reasons. This group comprised 36.2 per cent of the total of four and a half million rejectees.

By the end of 1944 it was estimated that the number of men *discharged* for psychiatric reasons was approximately half a million. In no branch of the armed forces did such discharges constitute less than twenty per cent of the whole number of disability discharges, in some branches they constituted as much as forty-five per cent of the whole number.

These figures reveal a staggering need for the creation of psychiatric facilities for the care of mentally disabled veterans.

Early in 1944 our Division on Rehabilitation, of which Dr. Thomas A. C. Rennie[1] is Director, in collaboration with the Division on Community Clinics and with the assistance of a grant from the Commonwealth Fund, made a survey of the psychiatric resources of the country. The results of this survey have been published in the form of a booklet entitled *Directory of Psychiatric Clinics and Related Facilities in the United States with Special Reference to Rehabilitation needs.*[2] The Directory was compiled primarily as a book of reference for medical officers and other professional staff in the armed forces and the American Red Cross, whose responsibility it is

[1] Attending Psychiatrist, Payne Whitney Psychiatric Clinic, New York Hospital; Associate Professor of Psychiatry, Cornell University College of Medicine, New York.

[2] Copies of the *Directory* can be obtained from The National Committee for Mental Hygiene, 1790 Broadway, New York 19, N. Y., price twenty-five cents.

to advise men about to be discharged where they may apply for psychiatric treatment and related services. It is being used by Red Cross personnel and by the staffs of Army Separation Centers, and through the aid of the Josiah Macy, Jr., Foundation[1] it has been put in the hands of neuropsychiatrists in all military hospital installations.

The Directory contains:

A. State-wide facilities listed by state, including (1) all state hospitals and other institutions for the mentally handicapped; (2) divisions of state government that conduct community or traveling clinics and can give information regarding location, time and group served; (3) state societies for mental hygiene; (4) Veterans Administration neuropsychiatric hospitals; and (5) Veteran Administration regional offices.

B. Community psychiatric clinics and other resources listed by state and city, including (1) clinics; (2) family societies; and (3) councils of social agencies that have full-time information service.

The Directory brought to light two startling facts:

a) There are twenty-five states without a single community clinic.

b) There are vast areas in other states where no psychiatric help is available.

Out of the total number of established hospitals and clinics in the entire country only 139 certified to our Division on Rehabilitation their preparedness to treat mental casualties. With the best will in the world the Veterans Administration[2] and the State Vocational Rehabilitation Bureau cannot provide psychiatric treatment when neither clinics nor psychiatrists are available. The majority of mentally disabled men can, fortunately, be restored quite quickly to functional efficiency, provided treatment is readily available. One simple rule permeates most psychiatric treatment: the longer a man is sick the more difficult it is to cure him. Obviously the shortage of clinics is wasteful, serious and inhuman.

The number of Veterans Administration neuropsychiatric

[1] For other work financed by Josiah Macy, Jr. Foundation, see pages 22-3.

[2] The Veterans Administration plans to use community psychiatric clinics for employed veterans who live at home, but need some help.

hospitals is at present limited to thirty.[1] They offer hospitalization to all who need it but there is overcrowding. The most serious deficiency, however, occurs in connection with out-patient treatment. Because many of these hospitals are located near large cities the out-patient treatment which they have to offer is impossible for men who live in the country. Besides, the Veterans Administration cannot furnish or find anything like adequate out-patient clinic facilities for all those dischargees who do not need to be hospitalized but do require psychiatric treatment. This lack of out-patient care is very serious. Both in the interest of the veteran and in the interest of the citizenry at large, psychiatric care should be available throughout the country; this would necessitate increasing the present number of psychiatrists by at least 10,000 together with the necessary auxiliary staffs.

The psychiatrically handicapped, a group now defined to include civilians as well as veterans ineligible for pensions, are provided for by the establishment of the Vocational Rehabilitation Bureaus of the Federal Security Agency, which pays the administrative costs and fifty per cent of the service and training costs of the State Vocational Bureaus. For years this service was limited to the physically handicapped, and for years The National Committee for Mental Hygiene worked to have the services extended to include all the handicapped. It was a source of much satisfaction when the Barden-LaFollette Bill became law on July 6, 1944. The psychiatrically disabled are now eligible for vocational retraining and for medical and psychiatric services if the diagnosis indicates a handicap which partially limits the man's employability, and if the prognosis indicates likely improvement with vocational training or medical, psychiatric or social services. By this humane provision the man with a mental condition is kept in the stream of normal civilian activities and this counteracts in a measure any tendency he may have to think of himself as a man cut off from his fellows.[2]

[1] It would be highly desirable if Veterans Administration facilities could be located near centers of research and medical training, as it has been found that hospitals so located provide a higher quality of service.

[2] In states where the attention of our Field Consultant has been called to the needs of the mentally handicapped civilian and returning service man without a service-connected disability rating, he has helped prepare plans to obtain psychiatric study and treatment for these individuals.

The survey directed by Dr. Rennie showed that individual states had little or no conception of the extent of the problem being precipitated by the steadily rising number of psychiatric dischargees, and no plan for coping with it. The states must be made aware of their responsibility in this matter and must be persuaded to include a psychiatric treatment program in their rehabilitation plans. It is clear that many veterans will be ineligible for treatment through the Veterans Administration, and that many others may not have access to a clinic. Unless a large number of casualties are to go untreated, communities must provide the necessary facilities and must see that use is made of them. To neglect this obligation will be costly in the long run since if we do so we shall be called upon to pay compensation awards in the billions of dollars. It is estimated that every hospitalized psychiatric casualty of World War I has cost the taxpayer to date $30,000. If further legislation is required in order to equip our country as a whole with the means by which to give our veterans clinical facilities, let us impress this fact upon our lawmakers without loss of time.

All this was forcibly driven home by Dr. Stevenson in his speech in September, 1944, before the Subcommittee on Wartime Health and Education of the Committee on Education and Labor of the Senate. Said an editorial in *The New York Sun* of September 26th:

> Treating the matter in great detail, Dr. Stevenson made more than a score of interesting and useful suggestions. . . . He recommended the locating of psychiatric centers close to those for medical research, to which they should be linked; the establishment of out-patient clinics by federal aid if necessary, in the ratio of at least one psychiatrist to each 100,000 of the population to serve both civilians and veterans; the training of at least 12,000 psychiatric social workers and 10,000 psychiatrists, as well as changes in medical education to enhance the psychiatric capacity of all physicians; and, especially, wider public education which will bring general recognition of the fact that bending under one set of strains does not preclude ability to stand erect under another.

To encourage and stimulate the establishment of the much-needed clinic, community organizations and personnel groups in the towns and cities of twenty-six states have been addressed by Dr. Luther E. Woodward, Field Consultant of the Division on Rehabilitation. The dearth of trained personnel handicaps the establishment of new clinics, but under the leadership of Dr. Rennie[1] an increasing number of communities are making special provisions for rehabilitation clinics by recruiting psychiatrists and social workers, wherever they can be found, and "teaming" them for rehabilitation work one or two evenings a week. Two out-patient clinics, with in-patient service, are operating in Chicago, Illinois; San Francisco, California, has a new and substantially complete veterans' clinic; Duke Clinic, Durham, North Carolina, has organized a traveling unit to cover the entire state and is also offering service to South Carolina and Georgia. St. Louis, Missouri, has recently established a Veterans' Readjustment Service which is essentially a psychiatric clinic. The clinic is housed at a neutral location between St. Louis University and Washington University, and the staff is drawn from both institutions. Baltimore, Maryland, has recruited twelve or more psychiatrists and established a rehabilitation clinic after the pattern used at the New York Hospital, except that it has a paid instead of a volunteer staff. Houston, Texas, has made special provision for its casualties at the local Bureau of Mental Hygiene, with four psychiatrists, including one who is a naval induction officer. Kansas City, Missouri; Cincinnati, Ohio; Richmond, Virginia; and Milwaukee, Wisconsin, are now setting up similar clinics, and all psychiatrists in the state of Wisconsin are giving time to rehabilitation work. At least two clinics in Los Angeles, California, are extending service to include more time for veterans.

For over a year, the Commonwealth Fund has made it possible for the New York Hospital to operate a clinic for rejectees and discharged veterans.[2] This is not officially connected with The National Committee for Mental Hygiene, but Dr. Rennie, Director of our Division on Rehabilitation, is in charge of this clinic. The offices of the Division are maintained in the New York Hospital adjacent to the rehabilitation clinic, and the experience of the clinic is drawn upon to determine:

[1] A Plan for the Organization of Psychiatric Rehabilitation Clinics, by Thomas A. C. Rennie, M.D., *Mental Hygiene*, Vol. 28, No. 2; April, 1944.

[2] A brief report on the first six months of operation of the New York Hospital Clinic was read before the Annual Meeting of The National Committee for Mental Hygiene. Reprints of these papers are available upon request.

a) the best method to use in the organization of other clinics throughout the country

b) the results which may be expected from group therapy methods and other methods of treatment

A special study is being made of the factors involved in the development of a state plan for a complete psychiatric rehabilitation program, in the hope that a framework will emerge which states everywhere can use as a guide. At the request of the Hogg Foundation for Mental Hygiene, the study is being made in the State of Texas, and the Division on Rehabilitation is working in close coöperation with the Foundation in the development of the plan. Colleges, universities, councils of social agencies, personnel associations, service groups, churches, and official state agencies, are coöperating with our Division in this work. State Selective Service Headquarters supplied the information on the number of psychiatric dischargees in Texas. A written summary of the plan should be available by the summer of 1945.

We are glad to report that the Veterans Administration has recently authorized three new developments which relate to our work:

1) contracts with private and public clinics for outpatient treatment of men who have service-connected psychiatric disabilities and who have been discharged to their homes;

2) employment of group therapy teams (psychiatrist, clinical psychologist, and social worker) for psychoneurotic patients in certain general hospitals;

3) establishment of one or two treatment centers, patterned after the Mill Hill Institution in England.[1]

For the guidance of the Veterans Administration, the American Psychiatric Association at our instigation has prepared a set of standards by which a clinic may be evaluated. Furthermore, with the aid of information obtained from the New York Hospital clinic and other dispensaries throughout the country, we have assembled data by which the government

[1] Where the recovery of the patient is graded.

agency may arrive at a suggested scale of fees for the reimbursement of clinics operating under contract. Similar data have been supplied to the Federal Bureau of Vocational Rehabilitation.

Dr. Woodward lists the major developments of the Division during the past year under three heads: (1) public education designed to enlighten the civilian population in regard to the needs of returning veterans; (2) promotion of more clinical and related facilities; and (3) liaison service between the various governmental, professional and other groups. There is an especially great need of better understanding by the public of the nervous casualty, but it is also important that the public should understand the problems which even the normal G. I. Joe has to deal with in readjusting himself to civilian life.

The National Committee for Mental Hygiene makes some suggestions on what families can do for the returnee in a pamphlet containing two talks, *When He Comes Back* (and) *If He Comes Back Nervous*,[1] by Thomas A. C. Rennie, M.D., and Luther E. Woodward, Ph.D. There is a chart showing where veterans may go for a job, an educational course, a loan, or specialized advice. A discussion of the pre-occupations of fighting men when they think about their homecoming is concluded by a matter-of-fact discussion of psychoneurosis, symptoms of which, it is pointed out, are more than likely to be based on a man's "worry about himself" rather than on "organic damage."

Religious bodies of various denominations are active in helping their pastors and congregations understand the problems of the veteran. Conferences have been held with the representatives of many large church groups and we have assisted in the preparation of pamphlets and other material. Assistance was given to the Welfare Department of the National Lutheran Council[2] in the preparation of material for one of its series of leaflets which dealt with the reception and treatment of returning service men. Liaison is maintained with the Army, the Navy, Veterans Administration, Office of the

[1] Fifteen cents a copy, The National Committee for Mental Hygiene, 1790 Broadway, New York 19, N. Y.

[2] An order for 15,000 copies of *When He Comes Back* has just been received from the National Lutheran Council.

Surgeon General of the Army, Bureau of Medicine and Surgery of the Navy, U. S. Public Health Service, Vocational Rehabilitation Bureau of the Federal Security Agency, American Red Cross, the Selective Service System, American Medical Association, American Psychiatric Association, American Association of Psychiatric Social Workers, Family Welfare Association of America, Community Chests and Councils, National Publicity Council of Health and Welfare Services, the Writers' War Board, and the various state bureaus of vocational rehabilitation of the Classification Replacement Branch of the Adjutant General's Office, which conducts the Army Separation Centers.

We have had numerous consultations with both management and labor in the interest of the veteran. The two groups agree on the necessity for finding the right job for the psychiatric casualty. Unfortunately some employers have questioned whether they should take back men rejected or discharged on the ground of psychiatric conditions. Over and over again, however, we have been assured by large-scale employers that psychiatric dischargees have turned out to be among the most conscientious and productive men in their employ. In the formation of a veteran's reëmployment program there have been numerous conferences among various groups of personnel men, medical officers, management staffs and our Division on Rehabilitation.

We have in press a handbook on the subject entitled, *Jobs and the Man: A Guide for Employers, Supervisors, Interviewers, Counselors, Foremen and Shop Stewards, Designed to Impart a Better Understanding of Workers, Whether Veteran or Civilian.*[1] Another project under way consists of a survey of all the literature dealing with mental hygiene in industry and the reëmployment of veterans, with a view to the publication of a bibliography on this subject.

To keep abreast of developments in industry which affect the veteran, we maintain liaison with the Industrial Hygiene Foundation of Pittsburgh, the National Association of Manufacturers, the National Industrial Conference Board, the

[1] This *Guide* was prepared by Luther E. Woodward, Ph.D. and Thomas A. C. Rennie, M.D. Expected price $1.00. The National Committee for Mental Hygiene, 1790 Broadway, New York 19, N. Y.

editors of *Factory Management and Maintenance,* the national organizations representing industrial management and leaders both in the American Foundation of Labor and in the Congress of Industrial Organizations. From time to time the Division on Rehabilitation issues a bulletin which reports on legislative and other progress made in this field, and new publications.[1]

On October 4, 1944, Dr. Stevenson and Dr. Rennie, both of whom are members of the National Council on Rehabilitation, spoke on behalf of the mentally handicapped before the Committee on Labor, Subcommittee to Investigate Aid to the Physically Handicapped (House of Representatives, Seventy-eighth Congress, Second Session, Pursuant to H. Res. 230, October 4, 1944.) Both men made impassioned pleas for the inclusion of the mentally handicapped in the provisions of the Bill. Two radio talks were given during the year by staff members of the Division, and Dr. Woodward participated in the Chicago Round Table Discussion, November 19, 1944, on The Psychiatric Cost of War.

The Division on Rehabilitation has by no means been able to meet the demand for public addresses, pamphlet material and consultations with state and community groups interested in planning and coördinating services. To meet these demands it would be necessary for the Division to have on its staff several field representatives with regional responsibility. It is largely owing to the substantial contribution of the Commonwealth Fund to our Division on Rehabilitation that we are able to do as much as we do.

The following articles have been published in professional journals:

Community Organizations for Meeting Problems of Psychiatrically Disabled Veterans—Round Table on Rehabilitation, by Thomas A. C. Rennie, M.D., and Luther E. Woodward, Ph.D. *American Journal of Orthopsychiatry,* Vol. 14, No. 4; October, 1944.

[1] In order to be placed on the mailing list for this bulletin, please write to The Division on Rehabilitation, 525 East 68th Street, New York 21, N. Y.

Rehabilitation of the Psychiatric Casualty, by Thomas A. C. Rennie, M.D., and Luther E. Woodward, Ph. D. *Mental Hygiene*, Vol. 29, No. 1; January, 1945

The Need for National Planning for Psychiatric Rehabilitation, by Thomas A. C. Rennie, M.D. *American Journal of Orthopsychiatry*, Vol. 14, No. 3; April, 1944

A Plan for the Organization of Psychiatric Rehabilitation Clinics, by Thomas A. C. Rennie, M. D. *Mental Hygiene*, Vol. 28, No. 2; April, 1944

Experiments in a Psychiatric Rehabilitation Clinic for Ex-Service Men, by Thomas A. C. Rennie, M.D. *Journal of the Medical Society of the County of New York*, Vol. 3, No. 24; June 10, 1944

Rehabilitation of the Psychoneurotic, by Thomas A. C. Rennie, M.D. Published by the National Council on Rehabilitation, in New York City; June, 1944

Rehabilitating the Psychiatrically Handicapped, by Luther E. Woodward, Ph.D. Illinois Mental Hygiene Society. Also published by the *Southern Medical Journal* and by the *Mental Health Bulletin* of the North Carolina Mental Hygiene Society

Operation of the Medical Survey at the National and State Levels, by Luther E. Woodward, Ph.D. *Mental Hygiene*, Vol. 28, No. 4; October, 1944

Planning for Veteran-Civilian Readjustments, by Luther E. Woodward, Ph.D. *Community Services News Letter*, issued by the National CIO War Relief Committee, Vol. 1, No. 9; November, 1944

Mental Hygiene Aspects of Veteran-Civilian Readjustments, by Luther E. Woodward, Ph.D. *Bulletin* of the Michigan Society for Mental Hygiene; January, 1945

KEEPING MENTAL HYGIENISTS IN THE SERVICES IN TOUCH WITH SCIENCE

Your source of information is the only academic and thought-provoking professional literature which is available to me here in China.

M. J. G., *Sergeant, AUS*

Recently I received a package of psychiatric reprints which I had requested. . . . Being in the wilds of New Guinea much of the literature is not available. I will be greatly pleased to receive them in the future, and would be more than glad to pay for any cost or expense, if such is in order.

H. A. S., *Captain, AUS*

. . . a most worthy collection of reprints. This is one of the few ways we doctors can keep posted on new developments and thoughts in medicine.

J. L. P., *Major, MC, AUS* (somewhere in Italy)

The regular dispatches of literature sent to us by your generosity are being forwarded to Australia where they are made available to the field officers by arrangement with Colonel Downie of the A.A.M.C.

N. WHIFFEN, Australian Legation,
Washington, D. C.

. . . and from all over India, from West Africa, East Africa, the Middle East and Italy, we in the War Office get letters of appreciation (which we really should send on to you, I think, but have not), about this bit of post-graduate education that you are doing.

BRIGADIER J. R. REES[1], (British Army)

From Alaska and the China Sea, from Australia and England, from the Philippines and Italy, come letters of thanks from members of the Armed Forces for the reprints of scientific articles which they receive. For the second year, psychiatrists, psychologists and psychiatric social workers have been kept abreast of developments in their chosen field through the Josiah Macy, Jr., Foundation, which generously provides the reprints, and the unstinted volunteer help of Mr. and Mrs. Harry Frank, who assemble and mail the material. Through the coöperation of the Federal Council of Churches of Christ in America, we have commenced a similar service to chaplains, as it is becoming increasingly evident that the soldier who is mentally disturbed makes a confidant of his religious advisor. Should enough chaplains feel that these mental hygiene papers are helpful, the service will be extended and continued.

DIVISION OF CHILD GUIDANCE

Induction statistics indicate that in the early prime of life one out of every six or seven men suffers from some form of neuropsychiatric disability of sufficient severity to exclude him from military service. Furthermore, as Major General Norman T. Kirk, Office of the Surgeon General, points out, ob-

[1] Speaking at the Twelfth Series of the Thomas William Salmon Lectures, Brigadier Rees said that Volume X of the *United States Medical History* had been the "bible" for military psychiatry in Great Britain in World War II. *(The Medical Department of the United States Army in the World War*, Volume X, *Neuropsychiatry*, by Colonel Pearce Bailey, M.C., Colonel Thomas W. Salmon, M.C., Lieutenant Colonel Frankwood E. Williams, and others. Washington, U. S. Government Printing Office, 1939.)

servation of patients, civilian and military, in the medical and surgical wards of general hospitals indicates that in about one-half of the ward cases, physical ailments are complicated, if not caused, by neurotic disturbances.[1]

Dr. Milton E. Kirkpatrick, Director of the Child Guidance Division, and Miss Helen A. Sanders, Assistant Director, regard these facts as an indictment and a challenge. The notion that young folk if left to themselves will necessarily outgrow any behavior kinks they may have is indeed a pernicious fallacy. Many kinks are to be sure outgrown in the natural course of things but in many cases help is needed—and should be given while the personality is malleable. In their clinical studies of mental patients, psychiatrists have found again and again that many mental disorders are traceable to adverse personality factors and environmental causes which began operating in childhood and early youth. It is very possible that many of the mental health problems which burden us today would never have occurred if the symptomatic behavior of the problem child of yesterday had been observed and corrected. In the main, the War does not cause the neuroses of the psychiatric casualty; it merely brings to a head sensitivities which originated in childhood and were disregarded.

The challenge is clear. The need is the same need which echoes all through the pages of this report; more mental hygiene clinics, more community psychiatric services, more technical capacity on the part of those agencies that see problems in the making. The National Committee for Mental Hygiene in its preventive program lays special stress upon work with children. The importance, even the necessity, of child guidance clinics is slowly coming to be recognized, but a long uphill fight lies ahead. This is made clear by visits paid by Dr. Kirkpatrick and Miss Sanders to fifty-eight clinics in forty-six cities situated throughout the country, by a growing volume of correspondence, by community surveys and by discussion at conferences attended by child guidance clinic personnel. It is thirty-seven years since the establishment of the first child guidance clinic in Chicago, and twenty-four years since the National Committee with the support of the Commonwealth Fund instituted its five-year demonstration program; yet vast areas of the country still have no community clinics at all. Furthermore, it is rare indeed to find a community where psychiatric service even begins to meet the demand.

[1] The Bulletin of the U. S. Army Medical Department, July 1944, p. 40, Medical Field Service School, Carlisle Barracks, Pennsylvania.

An ever-increasing number of communities are trying to establish new clinics and expand present services—an often hopeless effort, but a noteworthy sign of the times, in view of the acute shortage of trained men and women. Much of this effort is due to the leadership of local or state mental hygiene societies which serve powerfully to reinforce the work of the National Committee by doing locally what the parent organization does on a national scale.

The transfer of staff workers from many child guidance clinics to war service has accentuated weaknesses, gaps and conflicts in clinical service. It is obvious that after the war the solution of these problems must become a public responsibility through local, state and federal action. We have constantly recommended laws to this end. During the year, the Division held two of a series of three projected conferences on the training of psychiatrists for child guidance. It is expected that the deliberations of these conferences will be the basis of a monograph from which guidance can be drawn for the improved training of clinic personnel. Through these conferences it has become possible to define more clearly the raison d'être of the clinic. The primary function is therapy for children, but the clinic also has a responsibility for working with the community in such a way as to help it mobilize its forces for meeting all the needs of children. The essentials for good service are a well-trained professional staff to give community leadership, an interested, active lay group to contribute intelligent moral as well as financial support, and a community awake to the welfare of its citizens.

Continuous efforts are maintained by the Division to recruit and train new personnel to meet the specialized requirements of this field. To this end the Commonwealth Fund, our generous benefactor in child guidance work for twenty-four years, has provided us annually with five fellowships. The Division selects and interviews promising candidates, subsequently arranging for their training, supervision and ultimate placement. Two Commonwealth Fund fellows, Dr. Elizabeth A. Bremmer and Dr. Dorothy A. S. Macnaughton, completed

their training in 1944. Dr. Bremmer is now in the Army; Dr. Macnaughton divides her time between the Home for Little Wanderers and the Habit Clinic, both located in Boston. Another fellow, Dr. Gertrude L. Muller, is in training at the Judge Baker Clinic in Boston. A plan has been worked out for short-term fellowships. This arrangement will be of benefit both to those who wish to take refresher or advanced training in psychiatry and to those who can take advantage of the interim period between military service and civilian life to reorient themselves in their specialty.

An important event last year was the organization of community child guidance clinics into a formal association to provide channels for sharing experiences and to take the responsibility for setting and maintaining standards. Committees have been appointed and plans for this work will be presented at a meeting in February, 1945.

DIVISION OF MENTAL HOSPITALS

The Mental Hospital of Today— It Resembles Too Closely the Asylum of Yesterday

Speaking before the Senate Subcommittee on Wartime Health and Education of the Committee on Education and Labor (September 19, 1944) Dr. Stevenson said:

> The situation of the psychiatric casualty and the rejectee highlights the conditions of our mental hospitals. In some states these facilities still are excellent, although everywhere some deterioration has occurred during the war, but in other states there is no place, no, not excluding our jails and the third degree, in which the rights of the human being are so seriously violated as in some of our state mental hospitals.[1]

[1] A group of public-spirited residents of a southern state called upon this organization for advice as to ways of reducing to a minimum the decline, through shortage of manpower, in the quality of state care and treatment of the mentally ill. To get such data Dr. Robert C. Woodman, Consultant on Mental Hospital Services (serving us without compensation), sent a letter of inquiry to the hospitals situated in states which might fairly be considered to represent a cross section of the country. The superintendents proved so cooperative, their response so factual and comprehensive, that it was felt a digest of their experience should be put in the hands of the superintendent of every state hospital in the country. This was done. The National Committee for Mental Hygiene has also forwarded at various times, to all state hospitals: (1) a report on the subject of "Insulin Shock Therapy"; (2) reprint of the paper, "Problem of Control of Tuberculosis in Mental Hospitals with Reduced Personnel", by George W. Weber, M.D., Robert E. Plunkett, M.D., Frederick MacCurdy, M.D., *American Journal of Public Health*, Vol. 34, No. 9, September, 1944.

And again in October speaking before the Committee on Labor, Subcommittee to Investigate Aid to the Physically Handicapped,[1] Dr. Stevenson brings home with even greater force the shocking state of affairs in mental hospitals:

> Man's inhumanity to man is nowhere so evident as in our mental hospitals. Treatment facilities are deplorable and the standard of care has seriously deteriorated. Commitment processes and laws are very often ill-conceived and based on a moral or criminal interpretation of mental illness. All too frequently the public is content to delegate its conscience to public officials in order that it may wash its hands of matters which it should make its concern.
>
> The loss to the individual and to the community through mental ill health is staggering and in its seriousness is not approached by any other disorder. In common humanity and respect for the individual the care of the mentally ill should become a matter of concern to every taxpayer and to every community. Our community preventive health centers should become a focal point from which those discharged from our hospitals, those confined in our mental hospitals, and those threatened with a breakdown may receive help at a time when help is most needed.

Dr. Frank F. Tallman gives this alarming description of present conditions in mental hospitals:[2]

> . . . Poor physical facilities have resulted in a denial of timely, efficient treatment to many and the herding of people together in an inhuman manner. . . .
>
> The professional and nursing staff are too few and badly trained. It is not uncommon to visit a hospital staffed with several doctors only one or two of whom have had any real training in psychiatry. . . . Special and important programs such as recreational and occupational therapy are almost unknown. . . . Employment by a hospital does not entail experience nor guarantee that the employee will be taught what is necessary. . . . Changing the name from 'asylum' to 'mental hospital' has not been sufficient to put such institutions on a hospital basis. Specialists in other branches of medicine are used either not at all or as an extraordinary service only called in under very exceptional circumstances. . . . Thus state hospital physicians are put in the position of being 'jack-

[1] House of Representatives, Seventy-eighth Congress, second Session, Pursuant to H. Res. 250, October 2, 3, and 4, 1944.

[2] Commissioner of Mental Diseases, Ohio Department of Public Welfare, Columbus, at the Annual Meeting of The National Committee for Mental Hygiene, in New York, November 8 and 9, 1944.

of-all-trades'. They are expected to know all about all specialties as well as their own. Indeed, a superintendent of a state institution is traditionally in need of being a good engineer, a good farmer, and too often, unhappily, a good politician.

Dr. Samuel W. Hamilton,[1] Director of our Division of Mental Hospitals, adds his warning:

> . . . We should seek to assure our hospitals of a material number of psychiatrically experienced nurses. It would be wonderful if we could have one such nurse to twenty-five patients. We can do a very good job with one to fifty, and if you give us one to seventy-five, we will get along; but, of course, you do not give us even that ratio.
>
> . . . A state that thinks so little of its physicians that it does not give them an opportunity to live comfortably has no right to expect that it will get the services of very able men for any length of time. . . . Of course terms of appointment and security of tenure enter into this, and those states in which a physician can expect to lose his job the next time the Governor changes, are not the states that can expect the best medical service. I think there is a tendency among hospitals toward stability, but it may be simply the decrease in the supply of physicians by reason of the war that has made things seem more stable in some states where the primary purpose of the state hospital is thought by many important people to be to bolster the dominant political group by furnishing jobs to its henchmen.
>
> . . . The most important work that is done for our patients is in the stated interviews with their physicians, and where stated interviews are few and brief, the best standard of treatment does not exist. Our hospitals should not depend on everything else except working directly with the state of mind of their patients. . . .

The Mental Hospital of the Future—
But the Future must be planned TODAY

We quote again from Dr. Tallman's speech at the Annual Meeting:

> Centers of medical education realize how deficient they have been in their feeble attempts to interpret psychiatry to the medical students. . . .
>
> . . . new interest, combined with post-war building programs and state surpluses, presents us with another chance.[2]
>
> . . . the mental hospital of the future will be the center of psychiatric and mental hygiene activities in its community. The buildings will be adequate in size and structure. The hospital will be architecturally built around the function for which it is intended . . . the whole plant will be 'patient centered'. . . . Its buildings will never be so high that patients once in them rarely feel the ground under their feet, and it will be set in beautiful grounds which are there for the mental health of the patients rather than as a 'front'. These buildings will contain all the necessary equipment to give quick and adequate physical and mental care.

In the address from which we quoted above, Dr. Hamilton thus envisions the mental hospital of the future:

> It is a natural meeting place for groups from the country round who are in search of information about mental illness and mental health, about mental defects, alcoholism, delinquency, criminality and other social problems that depend on the state of mind . . . Mental hospitals have a tremendous scope for usefulness in the community through active participation in the life of former patients. . . . The first opportunity here is to develop an active and highly competent social service. . . . Though a worker can bring reports to the physician at the hospital, his judgment . . . should not depend entirely on long distance reporting. The hospital should develop suitable out-patient posts, giving the physician opportunity to go to them at stated intervals and see such former patients as need his help. . . . If people do not have the means to consult psychiatrists in private practice, it is somebody's duty to see that the community provides the clinical help that is needed.

[1] In an address before the mental hygiene executives attending our Annual Meeting. Dr. Hamilton is Mental Hospital Advisor, Division of Mental Hygiene, United States Public Health Service and President-elect of the American Psychiatric Association. He is serving The National Committee for Mental Hygiene without compensation.

[2] Considerable interest is being shown in post-war construction in the mental hospital field by states and communities alike. A steadily increasing number of inquiries are being received requesting assistance in planning additional buildings or complete hospitals. For 30 years the National Committee has maintained an extensive file of hospital plans designed to contribute to the comfort of hospitalized patients. These are at the service of architects and hospital administrators. The countries of South America are calling upon the services of the Division of Hospital Service for assistance in the construction of new hospitals and in the development of psychiatric services in general hospitals. Psychiatrists from Brazil, Peru and India have visited our offices to learn how the U. S. is caring for its mental patients in and out of hospitals and what is being done in the prevention of mental ill-health through public health service.

To strengthen and supplement the activities of the Division of Mental Hospitals, the National Committee in 1936 joined forces with seven other medical bodies in the formation of a Mental Hospital Survey Committee for the purpose of a nation-wide appraisal of prevailing conditions. The Committee has remained intact since the beginning of this work and surveys continue uninterruptedly under the auspices of the Division of Mental Hygiene of the United States Public Health Service. The well developed program of this Service testifies to the upsurge of Government interest and activity in mental health problems. It is the hope of The National Committee for Mental Hygiene that the close coöperation which exists between the United States Public Health Service and our organization may bring into existence a new kind of mental hospital—one which will aim at stimulating the establishment of psychopathic wards in general hospitals. In this way, as Dr. Tallman says, the mental hospital, will do all those things that are scientifically possible to make its own existence unnecessary."[1 and 2]

Civilian Public Service

In our report of last year we called attention to the fine type of service being rendered mental hospitals and schools for mental defectives by conscientious objectors who volunteer to serve as attendants. Under any conditions the services of this body of men, 1,800 in number, would be gratefully received, but in present circumstances their contribution is of inestimable value. This group, designated as Civilian Public Service has drawn up for itself, as an outgrowth of its experience in mental hospitals, a Mental Hygiene Program.[3] The essence of this Program is defined in these words:

> As men who have volunteered under Selective Service to work in mental hospitals and training schools for mental deficients, we wish to serve constructively. We seek to improve the quality of our own work, and to that end we propose to share with one another those elements of knowledge and experience which are related to our daily tasks. By helping public institutions to fulfill more adequately their essential purpose in the structure of present day society, and by helping to develop a deeper public understanding of institutional needs and problems, we seek to make a contribution which will be concrete and enduring. To these ends we unite our efforts in The Mental Hygiene Program of Civilian Public Service.

[1] Dr. Frank F. Tallman, addressing Annual Meeting.

[2] Studies made under the direction of Dr. Hamilton show that there are 90 general hospitals manifesting interest in the development of psychiatric departments, ranging all the way from a few beds set aside for the purpose to separate buildings.

[3] Selective Service has asked the National Committee to undertake the responsibility for the program and such a move is now under consideration.

The Mental Hygiene Program of Civilian Public Service has as advisors:

Earl D. Bond, M.D., Administrative Director, Pennsylvania Hospital, Philadelphia, Pennsylvania

Samuel W. Hamilton, M.D., Mental Hospital Advisor, Division of Mental Hygiene, United States Public Health Service, Washington, D. C.

James Lewald, M.D., Superintendent, District Training School, Laurel, Maryland

George S. Stevenson, M.D., Medical Director, The National Committee for Mental Hygiene, New York, New York

Charles A. Zeller, M.D., Superintendent, Philadelphia State Hospital, Philadelphia, Pennsylvania

The National Committee for Mental Hygiene is encouraged to hope that the interest shown by this group in the care of the mentally ill will not cease with the war's end. No one can deny that members of the Civilian Public Service unit have first-hand knowledge of conditions in our mental hospitals. Since they know whereof they speak their voices may well be hearkened to, and their influence in their communities may well break down the lethargy of the public in regard to present conditions in mental hospitals.

DIVISION OF PSYCHIATRIC EDUCATION AND PERSONNEL

At the outbreak of the war there were between 180,000 and 190,000 practising physicians in this country. In view of our overcrowded mental hospitals it is surprising that the directory of the American Psychiatric Association[1] reveals that of the large body of physicians practising medicine before World War II only 2800 were members of the Association. More-

[1] It is safe to assume that 90% of the qualified psychiatrists belong to this Association.

over, it is unlikely that in any one year there are more than 150, or at most 200, new entrants into the profession of psychiatry.

Dr. George S. Stevenson has recently compiled statistics relating to the mentally ill. The result of his analysis of these figures has been translated into a tabulation which gives a graphic picture of the psychiatric needs of the country: psychiatrists needed for mental hospitals (to give anything like adequate service), 6,000; for community mental hygiene clinics, 1,300; for general hospital consultation, 3,000; for ex-patients of mental hospitals, 600; for medical schools, 250; for public schools and courts, 1,075; for institutions for mental deficiency, 260; for the mentally retarded and mentally defective, 300; for private practice, 6,000. Even if we allow for a maximum of overlapping, at least 10,000 additional psychiatrists are urgently required for our present needs.

There is need, as Dr. Stevenson has pointed out, of federal leadership in promoting psychiatric research and in enlisting and training mental hygiene workers. There are still many state hospitals which have not yet been approved, for residencies in psychiatry, by the American Medical Association and the American Board of Psychiatry and Neurology; the Division of Psychiatric Education and Personnel[1] is making strenuous efforts to induce these state hospitals to take the steps required for obtaining this recognition. Progress in this direction will, of course, facilitate the proper training of prospective psychiatrists.

The Division has completed its fifth year as a clearing house of information on all aspects of personnel work in mental hygiene and related fields. As peace comes nearer, it is clear that this phase of our work will become increasingly important. It is expected that the psychiatric war casualty will be responsible for a heavy increase in new clinics and community services, while at the same time psychiatric service will be resumed in areas where shortage of personnel forced a temporary discontinuance. These activities will entail a heavy drain on available personnel. Recruiting programs must be developed which will attract promising candidates to this highly specialized field; there must be no let-up in our efforts to improve the

[1] Colonel Franklin G. Ebaugh, M.C., Director, on leave of absence for war service.

quality of training of psychiatrists, psychiatric social workers and psychologists. Until the supply of workers is more commensurate with the need this aspect of the personnel question must remain the most vital function of the Division.

DIVISION OF PSYCHIATRIC RESEARCH

DEMENTIA PRAECOX

Dementia praecox, the most prevalent of all hospitalized disorders, is undoubtedly a central factor in the overcrowding of our mental hospitals. Half the beds of all state hospitals are occupied by patients suffering from this ailment. In scientific investigation lies our chief hope for the ultimate control and prevention of this formidable foe of mankind. It is, therefore, with a profound sense of appreciation that The National Committee for Mental Hygiene announces that for the tenth consecutive year the Supreme Council 33° Scottish Rite, Northern Masonic Jurisdiction, under the leadership of Commander Melvin W. Johnson, has appropriated $50,000 for an integrated program of research on this difficult psychiatric problem. The members of the Committee on Benevolences of the Supreme Council, besides being men of good works, are men of vision. Each one of them, Commander Johnson tells us, has known from the start of this bold enterprise that neither early nor spectacular results were to be looked for.

Dr. Nolan D. C. Lewis, the Director of our Division of Psychiatric Research, and Director of the New York State Psychiatric Institute and Hospital, is coördinator of the program and the field representative for the National Committee; there is also an Advisory Committee composed of eminent scientists. Dr. Lewis reports that leading investigators in thirteen scientific centers are engaged in approaching the problem of dementia praecox from various angles—psychiatry, psychology, neurology, pathology, genetics, chemistry, physics, physiology, pediatrics, and so on. The institutions in which research projects are being conducted include Henry Phipps Psychiatric Clinic, Baltimore, Maryland; Emma Pendleton Bradley Home, East Providence, Rhode Island; University of Chicago, Chicago, Illinois; St. Elizabeths Hospital, Washington, D. C.; University of Pennsylvania, Philadelphia, Pennsylvania; California Institute of Technology, Pasadena,

California; Department of Neurology, Harvard Medical School, Boston, Massachusetts; Division of Psychiatric Research, New York State Psychiatric Institute and Hospital, New York, New York; Psychiatric Division of Bellevue Hospital, New York, New York; and Department of Physiology, Albany Medical College, Albany, New York.

Last June the men and women engaged in carrying through these research projects met in an all-day conference with the advisory group. At this meeting progress was evaluated, experiences exchanged, methods and objectives discussed and plans made to coördinate pursuit of the studies.

In the opinion of the Advisory Committee not the least of the results derived from our concerted attack on this obscure disease is that in the course of research into this special problem the whole field of mental disorders has been illumined. It may be said, indeed, that the generous and farsighted help of the Supreme Council 33° Scottish Rite, Northern Masonic Jurisdiction, is enriching the whole world of medicine.

PSYCHOSOMATIC MEDICINE

Early in the year The National Committee for Mental Hygiene announced the establishment of a fund for research in psychosomatic medicine, which deals with the relation between the emotions, on the one hand, and physical states on the other. (*Psyche* is, of course, the Greek word for soul; *soma* is the Greek word for body.) This fund, which started with a donation of $10,000 from a member of the Board of Directors of the National Committee, has already been doubled and may be expected to keep on growing as the public becomes more and more aware of the importance of this new branch of medicine. Dr. George S. Stevenson, by whom the Fund will be administered, states that the purpose is to stimulate and subsidize study of the psychosomatic aspects of those diseases which are chiefly responsible for disability and death.

The National Committee has named as Director of the Fund Dr. Edward Weiss, Professor of Clinical Medicine at the Temple University School of Medicine, Philadelphia. Dr. Weiss and Dr. O. Spurgeon English, Professor of Psychiatry at Temple University, are co-authors of the book *Psychosomatic Medicine,* published in 1943.

Projects submitted for support by this Fund will be considered by the following committee: Dr. George E. Daniels, Attending Psychiatrist, Vanderbilt Clinic, New York, New York, Chairman; Dr. C. Anderson Aldrich, Department of Pediatrics, Mayo Clinic, Rochester, Minnesota; Dr. Franz Alexander, Director, The Institute for Psychoanalysis, Chicago, Illinois; Dr. Stanley Cobb, Bullard Professor of Neuropathology, Harvard Medical School, Cambridge, Massachusetts; Dr. David M. Levy, New York, New York; Colonel William C. Menninger, Medical Corps, Head of the Neuropsychiatric Division, Office of the Surgeon General, War Department, Washington, D. C.; and Dr. John Romano, Professor of Psychiatry, University of Cincinnati Medical School, Cincinnati, Ohio.

Dr. Weiss has recently estimated that emotional factors are present in the ailments of about one-third of the patients who consult physicians. From this it follows that a great many patients need to be treated by some combination of medicine, psychiatry, and sociology, but the technique of using the resources of these three fields in conjunction with each other is only now being worked out.

In calling attention to the tremendous possibilities for human welfare that lie in psychosomatic medicine, Dr. Weiss says:

"The large percentage of men turned down by the Selective Service process because of psychoneurosis and the even greater percentage discharged from military service for the same reason, together with the large number of psychoneurotic casualties from the war zones, have made thousands of physicians aware of the great importance of psychological factors in producing disturbances in bodily function. World War I saw the establishment of psychiatry on a firm scientific basis; World War II is seeing its final integration into general medicine—in other words, psychosomatic medicine."

PROPOSED ESTABLISHMENT OF A NATIONAL NEUROPSYCHIATRIC INSTITUTE

Mental illness takes an enormous toll, both of individual lives and of individual and community wealth. At this writing, there are more beds in mental hospitals than there are in

general hospitals; yet at the time that this annual report went to press mental hospitals labored under the handicap of a shortage of some 110,000 beds. Patients awaiting admittance have to be locked up in jails and almshouses for want of any other place to which they can go.

For several years The National Committee for Mental Hygiene has been emphasizing the need for a mental hygiene program more commensurate with the extent and severity of the problem of mental illness. Before Congressional Committees, at our annual meetings, in all his public utterances, Dr. Stevenson has been uncompromising in his attitude on the necessity for research on a scale far beyond the reach of private philanthropy. The magnificent pioneer work which the Supreme Council 33° Scottish Rite, Northern Masonic Jurisdiction,[1] have been doing for ten years in dementia praecox research has led to better planning and to the discovery and training of research talent, but this systematic scientific investigation needs to be vastly augmented if it is ultimately to result in the control of mental disease and the consequent reduction of the enormous public debt which mental disease entails.

It is for this reason that during 1944 the National Committee has been urging with redoubled zeal the establishment of a National Neuropsychiatric Institute. This Institute would be a part of the United States Public Health Service; thus for the first time the Federal Government would be giving its support to the effort to control and prevent mental disorders, train mental hygiene personnel and establish community clinics.

THIRTY-FIFTH ANNUAL MEETING OF THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

The Thirty-fifth Annual Meeting of The National Committee for Mental Hygiene was a departure from custom in that its program included, in addition to the usual Annual Luncheon Meeting, a two-day session of papers and discussions on mental hygiene aspects of some of the most vital current issues—reconversion, its human and social implications; rehabilitation; the mutual adjustment of serviceman and civilian; the serious situation of the nation's mental hospitals.

[1] Pages 33-4.

The meetings were held at the Hotel Pennsylvania, New York, on Wednesday and Thursday, November 8 and 9.

The interest of the public in the topics discussed at the meetings could be measured by the attendance. At one session—that of rehabilitation—it was impossible in the quarters available to accommodate all who wished to hear the addresses. The National Committee for Mental Hygiene takes this opportunity to express its deep regret to all those who were turned away.

The success of the two-day session in 1944 has led to the adoption by the National Committee of a plan for the same type of meeting in 1945. Headquarters will again be at the Hotel Pennsylvania, New York, but this time in quarters large enough to provide for all who wish to attend.

THE LASKER AWARD IN MENTAL HYGIENE

Early in 1944, our Medical Director announced that the Albert and Mary Lasker Foundation, Inc. had established an Award of $1,000 to be called the Lasker Award, and to be given annually through the National Committee for outstanding service in the field of mental hygiene.

The Award, which was conferred for the first time last November, is to be a regular feature of each year's Annual Meeting. A special aspect of the field of mental hygiene is to be selected each year and an anonymous jury is to be obtained, the members of which are to be chosen for their competence to judge accomplishment in the field selected. The work of the candidate must either have been accomplished, or have been tested and won general acceptance, within the year preceding the granting of the Award.

The National Committee has developed plans for the Award through an Award Committee consisting of Lawrence S. Kubie, M.D., Chairman, Associate in Neurology, College of Physicians and Surgeons, Columbia University, New York, New York; Frederick H. Allen, M.D., Director, Philadelphia Child Guidance Clinic, Philadelphia, Pennsylvania; and Nina Ridenour, Ph.D., Assistant Executive Secretary, New York City Committee on Mental Hygiene of the State Charities Aid

Association, New York, New York. The Award Committee formulates the principles of selection and names a jury of from seven to nine persons which makes the final choice among the applicants.

The first Lasker Award for outstanding service in the field of mental hygiene was conferred upon Colonel William C. Menninger, Medical Corps, Head of the Neuropsychiatric Division, Office of the Surgeon General, War Department, Washington, D. C., at the Annual Luncheon Meeting of The National Committee for Mental Hygiene on November 9, 1944. The presentation was made by Brigadier General Raymond W. Bliss, Assistant Surgeon General, United States Army.

The Citation to Colonel Menninger began:

> The Board of Directors of The National Committee for Mental Hygiene, having reviewed the recommendation of the Jury of Award and the record of achievement of its nominee, Colonel WILLIAM C. MENNINGER, hereby designates Colonel Menninger to receive the Lasker Award. This Award, for the year 1944, is given for outstanding contribution to the mental health of the men and women of our Armed Forces.

The Citation continued:

> Under his direction preventive psychiatry has been enhanced by a series of lectures on personal adjustment for all officers and enlisted men. These lectures help officers to fulfill their responsibilities as leaders of men and thus prevent emotional disorders. Through his efforts the emphasis on diagnosis and disposition has been shifted to active treatment, retraining and reconditioning for resumption of military duty or return to civilian life. Equally important has been his participation in the indoctrination of all medical officers in order to strengthen their psychiatric understanding. To the soldiers who are within his jurisdiction he has brought the collaboration of clinical psychology and, to a degree, psychiatric social work, and has assured to them internes and nurses strengthened by courses on psychiatry and neurology. He has collaborated with Selective Service in the improvement of the processes of selection.

Colonel Menninger assumed the duties of Chief Consultant in Neuropsychiatry on December 10, 1943. Part of his speech made in acceptance of the Award is quoted on pages 43-4.

ACTIVITIES OF THE JOINT POST-WAR COMMITTEE

The Joint Post-War Committee is composed of delegates from the several organizations working in related fields: American Psychiatric Association, Lieutenant Colonel Douglas A. Thom; The American Neurological Association, Dr. Harry C. Solomon; The American Society for Research in Psychosomatic Problems, Dr. Edward Weiss; American Branch of International League Against Epilepsy, Lieutenant Colonel Douglas A. Thom; American Orthopsychiatric Association, Dr. Marion E. Kenworthy; American Association on Mental Deficiency, Dr. Edward J. Humphreys, and The National Committee for Mental Hygiene which is represented by Lawrence K. Frank, Chairman of the Committee.

The whole Committee has been formally adopted by the National Committee as its Post-War Committee.

A STUDY OF THE GERMANS

Intensive discussion and deliberations covering several months have been devoted to the German character and German institutions. Conferences called by the Joint Post-War Committee were held privately at the College of Physicians and Surgeons, Columbia University, and eminent anthropologists, sociologists, philosophers, educators, economists and representatives of government agencies and of various branches of the armed services were invited to attend. The conferences grew out of the conviction that to make an enduring peace with Germany would require more than merely military, political or economic measures; it would require the reëducation of the Germans and the remaking of German institutions.

A report of the conferences, "Germany After the War," has been sent to some one hundred and fifty prominent Government officials and to a group of outstanding men and women in the worlds of letters, education, business and finance.

SCHOOL STUDIES

In a very short time the children who were born in the early days of the war will begin to enter the public schools. With fathers in the service and mothers at work, a large number of

these children have not had an easy time. From studies that have been made, it is evident that school age will find many of these youngsters handicapped by emotional difficulties. It would be desirable if kindergarten and elementary school teachers could receive special training which would give them an insight into what these children have been through, and what their experiences have done to their personalities.

Any program looking toward a better coördination of community services for the mental health of children must (1) be based upon certain assumptions and (2) be directed toward specific goals. The Joint Post-War Committee has prepared a statement of assumptions and purposes, and has outlined a mental hygiene educational program for pre-school children, elementary children and high school youth. This study offers many valuable suggestions; it is being put in the hands of leading educational authorities.

IN THE SPHERE OF EDUCATION

This past year has seen an enormous increase of public interest in psychiatry, psychology and related subjects. There has been a heavy demand upon our Education Division for books[1] and pamphlets[2], and there have been many new subscribers both to *Mental Hygiene* and *Understanding the Child*. In fact, the orders have been coming in at such a rate that with the existing paper shortage it has been impossible to fill them all.

The Writers' War Board[3] has generously assisted the National Committee in trying to bring about a better understanding of the problems of service men returning to civilian life. Through the efforts of the Board a twelve-point program, drawn up by Dr. George S. Stevenson, Dr. Luther E. Woodward and Dr. Lawrence S. Kubie, was sent to magazine and newspaper editors, top-flight fiction and article writers, editorial writers, syndicates, radio commentators, and women's

[1] We are glad to report that our efforts to develop a mental hygiene first aid pamphlet for use in the armed forces met with success. The booklet, *Mental Hygiene First Aid for Pre-Combat Casualties*, was written by Major Harry L. Freedman. Some twenty thousand copies have been distributed to non-medical officer personnel.

[2] Our Publication List will be sent upon request.

[3] The Board is a private organization, privately financed. Its members receive no salary or reimbursement for expenses from the government.

program directors. The twelve-point program asks for coöperation in promoting discussion and action. Dr. Stevenson, Dr. Woodward and Dr. Kubie are members of the Writers' War Board Rehabilitation Committee.

A book, *Soldier to Civilian*,[1] which is highly praised by reviewers and in wide demand by the public, has been written by a former member of our staff, George K. Pratt, M.D., Psychiatric Examiner, United States Armed Forces, Induction Center, New Haven, Connecticut, formerly Assistant Clinical Professor of Psychiatry, School of Medicine, Yale University. In his foreword to this book, Dr. Stevenson says:

> An attempt is made in the pages that follow to show how reasonable are the quandaries of the veteran, considering what he has been through, and how reasonable it is that we should not throw the whole burden of finding his way upon shoulders that are new to this type of responsibility, nor take from those shoulders loads that they can carry. . . .

Our National Health Library,[2] located at 1790 Broadway, New York 19, New York, has compiled a special bibliography to meet the rising tide of interest in mental hygiene literature. For this bibliography more than 500 issues of 146 different magazines have been consulted in the past year, and a total of 1,268 articles selected. One of the best collections on public health matters and allied subjects is housed in this Library, to which Associate Service Members of The National Committee for Mental Hygiene are given reference and loan privileges.

We should be ungrateful if we did not mention the valuable service rendered by the firm of Richard Hudnut. On December 24, there appeared in the twenty-one city newspapers of the "This Week" group a full page advertisement over the signature of this firm. Instead of featuring the Hudnut products, the page bore the conspicuous heading, "When He Comes Back" and consisted entirely of quotations from our booklet of that name. The advertisement stimulated a great demand for the pamphlet and it has consequently been widely distributed.[3]

[1] Whittlesey House publication, $2.50. Orders may be placed with The National Committee for Mental Hygiene, 1790 Broadway, New York 19, N. Y.

[2] Joint project of the agencies which belong to the National Health Council.

[3] At the time this report goes to press an edition of 84,000 copies is almost exhausted.

IN MEMORIAM

The voting body of The National Committee for Mental Hygiene consists of persons elected to membership by the Board of Directors in recognition of a signal contribution to the advancement of the cause of mental hygiene. In the course of the year, twelve Elected Members have died; it is with deep regret that the Board of Directors records their demise:

C. W. Brand, Cleveland, Ohio
Miss Edith N. Burleigh, Los Angeles, California
William A. Bryan, M.D., Norwich, Connecticut
Russell H. Chittenden, LL.D., New Haven, Connecticut
Charles B. Davenport, Ph.D., Cold Spring Harbor, New York
Theodore Diller, M.D., Pittsburgh, Pennsylvania
E. M. Green, M.D., Harrisburg, Pennsylvania
J. Jastrow, LL.D., New York, New York
Arthur M. Lucas, Atlanta, Georgia
Mrs. William S. Monroe, Wayne, Illinois
Bernard Sachs, M.D., New York, New York
Philip Smith, M.D., New York, New York

ELECTED TO MEMBERSHIP

In the course of the year, the Board of Directors has conferred on the following distinguished persons the honor of Election to Membership:

Mrs. Marion R. Ascoli, New York, New York
Alvan L. Barach, M.D., New York, New York
Lauretta Bender, M.D., New York, New York
Robert H. Felix, M.D., Bethesda, Maryland
Harry Frank, Kintnersville, Pennsylvania
Mrs. Harry Frank, Kintnersville, Pennsylvania
Frank Fremont-Smith, M.D., New York, New York
R. Finley Gayle, Jr., M.D., Richmond, Virginia
Captain Forrest M. Harrison, Bethesda, Maryland
Moss Hart, New York, New York
David M. Heyman, New York, New York
Miss Jane Hoey, Washington, D. C.
Edward J. Humphreys, M.D., Columbus, Ohio
Major General Norman T. Kirk, Washington, D. C.

Robert P. Knight, M.D., Topeka, Kansas
Lawrence S. Kubie, M.D., New York, New York
Eugene Meyer, LL.D.
Lieutenant Colonel John M. Murray, Fort Thomas, Kentucky
Basil O'Conner, LL.D., New York, New York
Thomas Parran, M.D., Washington, D. C.
Thomas A. C. Rennie, M.D., New York, New York
Mrs. Anna M. Rosenberg, New York, New York
Miss Mildred C. Scoville, New York, New York
Benjamin Sonnenberg, New York, New York
Frank F. Tallman, M.D., Columbus, Ohio
Senator Elbert D. Thomas, Washington, D. C.
Edward Weiss, M.D., Philadelphia, Pennsylvania
Luther E. Woodward, Ph.D., New York, New York

This, in brief, is our accounting of our stewardship in the cause of mental hygiene for the year 1944—a year marked by all the obstacles and difficulties of a time of trial and trouble. The passing of the third year of war sees our responsibilities become immeasurably greater, and there is stern need to bridge the dangerous gap which so frequently exists between plans and resolutions on paper and their translation into actualities.

We should like to close by quoting an eloquent passage from the address of Colonel Menninger[1] at our Annual Meeting:

> . . . we are very much on trial—all of us in the fields of psychiatry and psychology and social work and mental hygiene. Never was there a greater need for what we have to

[1] In his speech of acceptance upon receiving the first Lasker Award.

offer, never a greater opportunity. . . . What are we planning in recruiting and training workers? What are we doing to educate the public—a public eager to learn? What are our plans for community provision for the returning veteran? Are we guiding those in authority in legislative measures to help meet our problems? Are we in psychiatry and mental hygiene challenging community agencies, civic clubs, industrial and professional groups, labor organizations, with the problems our vantage point or special training forces us to see? . . . Only here and there have we more than scratched the surface. If there was ever any doubt about the need, the urgent need, for The National Committee for Mental Hygiene, the opportunity stares us in the face now. Certainly no other organization is so well equipped in its aims and its membership and its state organizations to give energetic and prompt and effective leadership toward the solution of these problems. Nor can it be merely the job of the medical director and his staff. It must be the combined and organized and planned effort of every man and woman interested in the mental health of America. *May we have the vision, the courage, and the integrity to do the job!*

REPORT OF THE TREASURER

GENERAL DIVISION*

DEFICIT, January 1, 1944			($ 8,254.14)
Receipts:			
Contributions and Memberships	$ 47,618.77		
Grants from Funds and Foundations	9,253.00		
Special Division Fund Appropriation to General Division	2,500.00	$ 59,371.77	
Subscriptions to "Mental Hygiene"		$ 8,330.10	
Subscriptions to "Understanding the Child"		1,467.49	
Sale of educational literature and books (including pamphlets, reprints, et cetera)		5,052.88	
Miscellaneous Receipts		603.50	74,825.74
Total Receipts for 1944			$ 66,571.60
Expenditures:			
Medical Direction, Mental Health Surveys and Programs; and Administration thereof		$ 23,470.58	
Personnel Services to Clinics and Hospitals		2,965.18	
Consultation and Organization Services to State and Local Mental Hygiene Societies		3,529.83	
Memberships and Contributions; and Public Information		17,303.45	
Educational Literature and Books		5,935.84	
Publication of "Mental Hygiene"		10,142.81	
Publication of "Understanding the Child"		3,108.64	
35th Annual Meeting Expenses		76.75	
Transferred to Extension & Field Service Fund and Selective Service Fund		167.84	66,700.92
DEFICIT, December 31, 1944			($ 129.32)

LIFE MEMBERSHIP

Balance, January 1, 1944 and December 31, 1944	$ 1,000.00

SPECIAL DIVISIONS

DIVISION OF PSYCHIATRIC RESEARCH

Dementia Praecox Research:		
Balance, January 1, 1944	$ 476.87	
Receipts	38,760.11	
Total Receipts		$ 39,236.98
Disbursements		35,793.30
Balance, December 31, 1944		$ 3,443.68

* The General Division provides the basic organization and framework for the Special Divisions and Special Projects. We have been able to obtain Special Grants and Funds for these special activities only because of this continuing general program.

REPORT OF THE TREASURER *(Continued)*

Fort Monmouth Study:		
Balance, January 1, 1944	$ 746.39	
Receipts	300.00	
Total Receipts		$ 1,046.39
Transferred to Dementia Praecox Research Fund		1,046.39
Follow-up of Dementia Praecox Cases into the Armed Services:		
Balance, January 1, 1944		$ 846.22
Disbursements		6.42
Balance, December 31, 1944		$ 839.80
Psychosomatic Research:		
Balance, January 1, 1944		$ 10,000.00
Receipts		10,150.00
Total Receipts		$ 20,150.00
Disbursements		501.87
Balance, December 31, 1944		$ 19,648.13

DIVISION ON COMMUNITY CLINICS

Child Guidance Clinics:		
Balance, January 1, 1944		$ 621.36
Receipts		12,000.00
Total Receipts		$ 12,621.36
Disbursements		11,610.73
Balance, December 31, 1944		$ 1,010.63
Child Guidance Fellowships:		
Balance, January 1, 1944		$ 758.33
Receipts		3,896.74
Total Receipts		$ 4,655.07
Disbursements		4,333.40
Balance, December 31, 1944		$ 321.67
Community Clinics Reserve:		
Balance, January 1, 1944 and December 31, 1944		$ 2,094.63

DIVISION ON REHABILITATION

Balance, January 1, 1944		$ 219.74
Receipts (Including $16.83 transferred from Selective Service Fund)		12,329.66
Total Receipts		$ 12,549.40
Disbursements (Including $116.49 transferred to Dementia Praecox Research Fund)		11,359.65
Balance, December 31, 1944		$ 1,189.75

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.
1790 Broadway
New York 19, N. Y.

Dr. George S. Stevenson, *Medical Director*

Enclosed is $_____ to be used immediately to expand your war work and further your general program for the prevention of mental illness and the protection of mental health.

NAME _____

STREET _____

CITY _____ ZONE NO. _____ STATE _____

All contributions to The National Committee for Mental Hygiene are deductible from your income tax.

REPORT OF THE TREASURER *(Continued)*

SPECIAL PROJECTS

M. J. Hamilton Fund:	
Balance, January 1, 1944	$ 7,569.91
Disbursements	833.32
Balance, December 31, 1944	$ 6,736.59
Psychiatric Education Reserve:	
Balance, January 1, 1944	$ 254.26
(To be used for preparation and holding of conference on Psychiatric Education)	
Transferred from Book Fund—Psychosomatic Medicine	887.23
Total Receipts	$ 1,141.49
Disbursements	51.46
Balance, December 31, 1944	$ 1,090.03
Education & Membership—Revolving Fund:	
Balance, January 1, 1944 and December 31, 1944	$ 5,000.00
The Bluehill Foundation Fund:	
Balance, January 1, 1944	$ 1,498.38
Disbursements	631.15
Balance, December 31, 1944	$ 867.23
Chaplains Fund:	
Receipts	$ 250.00
Disbursements	6.00
Balance, December 31, 1944	$ 244.00
School Studies Project:	
Balance, January 1, 1944	$ 1,456.11
Disbursements	1,456.11
Selective Service Fund:	
Balance, January 1, 1944	$ 643.88
Transferred from General Division Fund	5.71
Total Receipts	$ 649.59
Disbursements (including $16.83 transferred to Division on Rehabilitation)	649.59
Book Fund—Psychosomatic Medicine:	
Balance, January 1, 1944	$ 904.19
Disbursements (including $887.23 transferred to Psychiatric Education Reserve Fund)	904.19

ACCOUNTANT'S CERTIFICATE

I have audited the books and records of the National Committee for Mental Hygiene, Inc., for the calendar year 1944 and have submitted a full report of findings, including detailed statements of its financial condition as of December 31, 1944, and the result of its operations for the year. I hereby certify that the foregoing summaries of balances, receipts and disbursements are in accordance with said report.

ARMAND L. BRUNEAU,
Certified Public Accountant
74 Trinity Place,
New York City 6

the Mental Hygiene Program

OF CIVILIAN PUBLIC SERVICE

● As volunteers under Selective Service to work in hospitals for the mentally ill and training schools for the mentally deficient, we wish to serve constructively.

● We seek to improve the quality of our own work.

● We seek to help public institutions to fulfill more adequately their essential purpose in the structure of present day society.

● We seek to promote a deeper public understanding of institutional needs and problems.

● In an attempt to make a contribution which will be concrete and enduring, we have united our efforts in The Mental Hygiene Program of Civilian Public Service.

Projects

THE ATTENDANT

THIS ISSUE:
Symposium — Patients' Leisure Time Activities
Mansfield in Review
Viewpoint

VOL. I, No. 3
AUGUST, 1946

OPPORTUNITY AND THE ATTENDANT
By Earl D. Bond, M. D.

Medical director of the research institute at Philadelphia's Pennsylvania Hospital and professor of psychiatry at the University of Pennsylvania, Dr. Bond is a past president and secretary of the American Psychiatric Association. He is psychiatric adviser to The Mental Hygiene Program of Civilian Public Service.

If I were an attendant I would try to learn psychology first-hand from the patients with an occasional glance at fellow-attendants, the physicians and

sets a closed-in space, a locked small room, an abrupt order which admits no argument, a hand on the arm, brings violence and continuing struggle. Undoubtedly many would lose the drive to struggle if they could be set free and yet freedom for them is clearly impossible in our present society, as an attendant can see. Here is where the attendant can see the good results of compromise: the greatest immediate freedom for the patient, as large as possible a space which symbolizes freedom, a request instead of a command, the restraint of training from laying on of hands.

A patient said of an attendant, "When he says 'come' he is gentlemanly and quiet about it, how or other you know you might

THE ATTENDANT

A monthly publication concerned with ideas, attitudes and methods which are directly related to work in mental hospitals and training schools. It strives to relate the knowledge and experience of professionals to concrete problems of institutional work, to serve as a medium through which attendants may share with one another the results of their experiences, and thus to encourage and serve all attendants.

LEGAL RESEARCH

A review of all state and federal laws which govern the commitment and care of individuals held in custody because of mental illness or deficiency, together with the preparation of a brief of the laws of each state, and the preparation of model statutes which might serve as reference for future legislative action. Further research and study will be directed toward formulating a body of principles underlying commitment, custody and treatment. The needs and responsibilities of society will be considered, parallel with the need for protecting the rights and dignity of the individual.

EXCHANGE SERVICE

An inter-unit exchange of materials which will be helpful to C.P.S. men in their work in mental institutions; for example: suggestions for recreational programs, methods of handling overactive patients, research results, resource bibliographies, and articles on attitudes and perspectives. We hope in this manner to accumulate material which will be useful in the preparation of orientation handbooks.

SUMMARY STATEMENT

A statement of conditions, based upon the experiences of C.P.S. men working in mental institutions, prepared in cooperation with and under the guidance of superintendents and other professional persons in the field. "Fact-finder" forms will be used, in part, to collect material for the statement. It is felt that discussion centered around the "fact-finders" will prove helpful in an understanding of institutional procedures.

PUBLIC EDUCATION

The preparation of ourselves and others with such a knowledge of the problems and scope of institutional service that we will be qualified to act as an intelligently vocal citizenry in helping to foster institutional development. The general results of all our efforts will later be made available to responsible agencies for further research and study.

ADVISERS

EARL D. BOND, M.D., Administrative Director of Philadelphia's Pennsylvania Hospital.

SAMUEL W. HAMILTON, M.D., President-elect of The American Psychiatric Association, and Mental Hospital Advisor of the U. S. Public Health Service.

JAMES LEWALD, M.D., Superintendent of the District Training School, Laurel, Maryland.

GEORGE S. STEVENSON, M.D., Medical Director of The National Committee for Mental Hygiene.

CHARLES A. ZELLER, M.D., Superintendent of the Philadelphia State Hospital.

LEGAL ADVISER

WILLIAM DRAPER LEWIS, Director of The American Law Institute.

AFFILIATION

The Mental Hygiene Program of Civilian Public Service is officially sponsored by The National Committee for Mental Hygiene, 1790 Broadway, New York 19, New York.

FINANCIAL SUPPORT

Funds are obtained primarily from Brethren, Friends and Mennonite agencies concerned with the administration of Civilian Public Service; from individual donations; and from subscription proceeds.

CENTRAL COMMITTEE

LEONARD EDELSTEIN	*Program Coordinator*
PHIL STEER	*Editor of* THE ATTENDANT
WILLARD HETZEL	*Legal Research Chairman*
HAROLD BARTON	*Education Chairman*
HERBERT STODDARD	*Treasurer*

ADDRESS

The Program's mail address is P. O. Box 7574, Philadelphia 4, Pennsylvania. Its telephone number is SOMerton 0534. Its offices are located at the southwest corner of 35th Street and Lancaster Avenue in Philadelphia. Visitors are always welcome.

MARKED COPY - PAGES 33, 35, 37

THE ATTENDANT

THIS ISSUE:

Twenty-three Letters

VOL. 2, No. 5
MAY, 1945

PERHAPS THESE ARE SOME OF THE ANSWERS

A Readers' Symposium

In the February issue, we printed an editorial, titled "Maybe We Can Find the Answers," in which we raised some questions about standards of attendant care. We invited comment from readers, and promised to summarize replies in the May issue.

For several weeks, it has been apparent that no mere summary could do justice to the abundance of helpful letters we have received. Therefore, we have postponed to July the "Here's How" feature we had planned for this issue, in order to share with you twenty-three selected letters. We hope you will enjoy reading them as much as we have.

We'd still like to hear from those of you who haven't written.

●

An attendant in a privately owned hospital for psychiatric patients:

" . . . Out of the last eight persons discharged [from this hospital], one was released for sheer incompetence, two for unnecessary brutality, and the other five were actually taken from their respective wards for drunkenness while working!

"You spoke, editorially, of raising the standards among the attendants. Of what use to urge a period of study or a course of lectures and training on such as these? They already know all there is to know about 'bughousing', as they call it. Haven't they been at this game for the past twenty-five years? Haven't they worked in every institution from Salem to Savannah? Haven't they been fired from better houses than this, all the way from Miami to Medical Lake? They have! . . .

"This type . . . will defy any and all attempts at standard-raising or improvement. Perhaps this condition will right itself after the war, when the many good attendants come back to institutional work, but right now it's deplorably, incredibly messy . . .

"For the many, this institutional work represents a fortunate, if paradoxical, admixture of economic security plus the freedom to come and go as they please. If they get fired here, there are plenty of other houses screaming for help . . .

"Frankly, some of them are not worth the wage they're getting. To paraphrase Churchill, 'never have so many been paid so much for so little.'

"I don't think it can be said, with truth, that this institution is alone in this predicament, for the very sound and simple reason that the people we get were formerly employed at other houses, and will work for still others when they leave here. They will carry with them, wherever they go, their own particular brand of work-trouble, be it incompetency or liquor . . .

"What is obviously needed is not an improvement of existing personnel (except by culling) but a higher standard set for entry into the profession . . .

"The role of attendant is difficult and complex. The aspirant needs be teacher, guide, therapist and, above all, friend! Nothing less will suffice. Harsh? Not a bit of it. Just good insurance for the ill in mind . . .

"[We should] offer the prospective attendant a career instead of a job . . . a salary instead of a wage . . . the security of license and prestige . . .

"An M. D., a Ph. D., a D. D.—these things are held in highest esteem, almost revered. Just as the other degrees merit recognition—M. A., R. N.—so would a Psychiatric Attendant (P. A.). I'd be willing to work towards a degree, but not for just a job. Anybody can get a job, but not everybody can get a degree. In spite of what might be said to the contrary, a degree is almost positive proof that the holder 'has what it takes' to do the work in hand . . . "

E. H. Crawfis, M. D., Superintendent of the Cleveland, Ohio, State Hospital:

" . . . I am thoroughly in agreement with the suggestion for a training course for attendants. On two occasions I have participated in a train-

(Continued on Page 34)

THE ATTENDANT is part of The Mental Hygiene Program of Civilian Public Service. The program also includes local projects contributing to patients' welfare, and a concerted effort to bring about better custodial and remedial care for mental patients everywhere. Drs. Earl D. Bond, Samuel W. Hamilton, James Lewald, George S. Stevenson and Charles A. Zeller are the program's psychiatric advisers.

THE ATTENDANT is concerned with ideas, attitudes and methods which are directly related to work in mental hospitals and training schools.

Single copies are available at five cents apiece postpaid. Ten or more copies sent to one address cost four cents apiece. A six months subscription costs twenty-five cents.

Communications concerning this publication should be addressed to Phil Steer, P. O. Box 6000, Torresdale, Philadelphia, Penna. For information about other phases of the program, write to Leonard Edelstein, Harold Barton or Willard Hetzel at the same address.

Names of May contributors appear with their letters, except in those cases where anonymity has been preserved in accordance with individual request or editorial discretion.

Galley proofs of articles scheduled to appear in THE ATTENDANT *are submitted each month to our five psychiatric advisers, who examine them from a professional point of view. From time to time, their comments appear in signed footnotes.*

No article appearing in THE ATTENDANT *is necessarily authoritative. Each represents the opinions of its writer, but perhaps not those of the editors or their psychiatric advisers.*

Each reader of THE ATTENDANT *is invited to become a contributor. Manuscripts should be directly related to work in mental institutions. We need articles of a general nature as well as for announced symposiums. The deadline for any issue is the tenth day of the preceding month.*

Copies of all past issues are still available. They may be secured at five cents apiece, or four cents apiece in quantities of ten or more sent to one address, from Phil Steer, P. O. Box 6000, Torresdale, Philadelphia, Penna.

"Mechanical Restraint in the Hospital" will be the title of next month's feature article. The article will be written by Samuel W. Hamilton, M. D., Mental Hospital Advisor of the United States Public Health Service.

ANSWERS . . .

(Continued from Page 33)

ing course for attendants, although each of the courses was rather short and not nearly as comprehensive as was mentioned; in both instances I was quite gratified by the response of our attendants to these courses.

"I feel that we are too critical of our present group of attendants. As psychiatrists we have had the benefits of long and arduous training, and understand our patients. We expect our attendants to have as good understanding of them without benefit of such training.

"Likewise, I am thoroughly in agreement with the attempt to raise attendants to a professional status. I believe this is the only method by which we will be able to offer our patients the care that they should receive . . . It seems to me that this is a particularly good time, since the nursing profession is now becoming aware of the implication and benefits of psychiatric nursing . . ."

Three attendants who work in a Veterans Administration Facility:

"Some hospitals . . . have concerned themselves with attendant training programs of various sorts. Yet we sense an inadequacy in these programs . . .

"The hospital training programs that we have become acquainted with have limited themselves to a discussion of diagnoses, an explanation of the routine duties of the attendant, and perhaps a smattering of suggestions and hints on the best techniques in approaching patients and securing their cooperation. Little emphasis has been placed on the necessity for concern in the field of character development on the part of the attendant . . .

"The result of this gross neglect is self-evident. We have witnessed veteran attendants, who were there to help those in difficulty, themselves slowly disintegrate until they, too, required hospitalization . . . We have watched men as they tried to handle the trying situations that inevitably arise in any ward routine, and find them responding in a very unhealthy fashion. It is not uncommon to see them cursing the source of their irritation, or demanding that the patient jump at the first word of the attendant, or retaliating in kind and in degree when [they are] physically assaulted, or refusing to give consideration to . . . simple requests . . . . or refusing to cooperate with fellow workers . . . . or taking three and four days off per week instead of the scheduled one, or any one of the innumerable other ways of displaying their lack of healthful integration . . .

"A philosophy that controls [an attendant's] behavior as the various situations arise . . . needs to be given attention in any training program that is instituted in a mental hospital . . . An intensive program of personal guidance and counseling would be of great value . . . [It] would assist the attendant to solve his own difficulties and thereby enable him to be more efficient in his work in the existing organization and more effective in his dealings with the patients. He would then be more qualified to discuss the patient's problems with him and to lend direction and purpose to his thinking. Without this personal integration, it is as though we, the blind, are attempting to lead others, just as blind, through the maze of obstacles and frustrations which are a part of life. With this integration, he would be a far more sympathetic, understanding and considerate individual whose presence would not be annoying, but rather, whose spirit would lift the morale of those with whom he came in contact . . .

"Attitudes do not change by lectures or the acquisition of routine skills. They are a product of an individual's thought and emotional makeup, and it is fruitless to attempt to change them on anything but a personal basis. Therefore, if any training program is to be at all effective, it must begin its education at the basic points and not in the more superficial areas."

Frank F. Tallman, M. D., Commissioner of Mental Diseases for the State of Ohio:

" . . . The editorial in the February issue of **The Attendant** . . . is well written and very pertinent. I am satisfied that well planned and carefully executed programs of instruction should be given to all individuals who work in intimate contact with patients in the institutions for the mentally ill, epileptic, and mentally defective. I believe such a course should include those who supervise patients at their daily work in the laundry, kitchens, or any other service department. In other words, any course should, whenever possible, include all those who are in a position to help the patient.

"The time may come when ward employees will all be registered nurses. However, there are many wards in an institution which do not really require the attention of full-time registered nurses, and it should be kept in mind that the mere fact of having a diploma in nursing does not guarantee any better understanding of mentally sick people than if the diploma were not obtained. I have seen many attendants who were more constructive in their working with patients than nurses.

"It should be pointed out, however, that while a course of instruction is important, the proper selection of personnel is even more so. There are many people who could successfully take the course and pass it, but whose own personality make-up is extremely authoritative and punishing. This type of individual should be eliminated, preferably by refusal of employment, but certainly within the first two or three months of employment. Equally unfortunate are the individuals who consider themselves a martyr to the cause and who make the patients feel [themselves] the object of fulsome pity and the unhappy charges of a corps of martyrs . . .

"I think that the question of adequate compensation, not only taking into account length of service but putting a premium on satisfactory service is very worthy of discussion.

"I am completely in accord with a proper accredited course for attendants. Not only do I think the course ought to be approved by the American Psychiatric Association, but I think the diplomas obtained upon its completion should also be accredited and a new category set up by each Board of Examiners for Nurses . . .

"While I believe it is important to give the attendants a reasonably sciantific background for their work, I believe it more important to give them a psychiatric attitude and to continuously stimulate their curiosity and interest. Finally, due recognition should be given the attendant for his good work with the patients."

George S. Stevenson, M. D., Medical Director of the National Committee for Mental Hygiene:

" . . . Preparation of the attendant for his job involves two considerations. First, there are many technical processes that an attendant has to learn, and many aspects in so large an organization as a mental hospital with which he must become acquainted.

"There is the attendant himself as a person. The second element depends upon the training that the attendant has been given over the whole of his preceding life, and is only superficially subject to alteration by anything short of a process comparable to therapy. The insurance of a good attendant from this second standpoint is chiefly a matter of careful examination and selection.

"For the first consideration a curriculum can be evolved that should be effective, and the size of the problem justifies serious attention to it."

Arthur E. Morgan, of Yellow Springs, Ohio; formerly a director of the Tennessee Valley Authority:

"The editorial in the February **Attendant,** like publication of **The Attendant** itself, promises a new day for care of mental cases. Your work may prove to be of historic importance.

"I should like to make one suggestion with reference to training and licensing attendants. In one field after another professional status has been sought for and achieved, and generally a certain amount of formal professional training is required. Very often this requirement eliminates some of the finest prospects in

the field who do not have such training . . .

"If standards are set for attendants—and they should be—it would be a pioneer step in the process of measuring qualifications to make provision for fine personalities who are adequate to the work, whether or not their adequacy came by formal training. I am familiar with all the arguments to the contrary—how reliance on judgment can be made a means for accepting the unfit, etc. However, I think the field of attendant should not be arbitrarily narrowed by requiring formal training in every case, and the field of work should not be closed for qualified persons who have not arrived by the standard process . . .

An attendant serving a Veterans Administration Facility:

". . . No one likes to be a lackey. Yet this is the plight of the average attendant in a mental hospital. He is assigned to menial tasks of housekeeping and key-turning requiring no specific training or ability. Since his work is unskilled, the attendant finds none of the satisfactions which come from doing an important job and doing it well. Is it any wonder, then, that chronic alcoholics, homeless men and derelicts are the only persons who seek employment in a field which could make use of the most intelligent and highly skilled manpower?

"The first requirement, therefore, is to give the attendant duties and responsibilities which require semi-professional training and skill. Once this is accomplished, the attendant gains a new status which entitles him to the respect of doctor and nurse as a trained fellow worker, rather than a subordinate of indifferent quality. This fight for . . . professional status has been fought in every new employment field—most recently in teaching and social work. It must be fought and won by mental hospital workers if we are to expect a quality of work equal to the task.

"It is futile, in my opinion, to expect the attendant to change from an unskilled worker to a semi-professional worker within our present institutional framework. This means that our mental hospitals must undergo a radical change. Custodial care must be replaced by a program of intensive therapy employing the best methods of modern neuropsychiatric treatment. A custodial institution can 'get by' with untrained attendants picked at random from the streets. Its entire 'treatment program' is of such a low quality that a trained person would not only find his talents wasted—he would find that he is actually not welcome.

"If we are to expect better people to come into the field we must start at the top—we must first find competent psychiatrists, competent administrators, and competent psychiatric nurses. Once we have stepped up the quality of the professional people at the top, we can begin to raise the standards of those down at the bottom. This, in my opinion, is sound administrative practice and it is a sound basis for tackling the problems which you have posed."

James Lewald, M. D., Superintendent of the District Training School at Laurel, Maryland:

"The article . . . appearing in the February issue of **The Attendant** is timely and provocative of thought.

"It is essential that a better type of personnel be recruited for attendant duties and that they be given a course of within-service training so that they will have a proper approach to the various problems that arise in the regular day's work, and for which the attendant must be equipped with knowledge and judgment so that he may not only satisfactorily handle the immediate demands made upon him but may aid in the social and economic rehabilitation of the patient.

"The approach must be through better pay, reasonable hours, sufficient manpower to handle the patients with kindness and consideration, security for the employees in their job and reasonable assurance that good service will be rewarded by greater responsibility, increased pay and other rewards for meritorious service. The trend has been toward these objectives but it has been slow.

"Adequate and informative material must be given publicity through any means available so that the general public will be awakened to the needs that exist and so that eligible persons will seek this type of employment. Once a nucleus of proper personnel is obtained, the program will proceed at a better rate, as good employees attract others who are potentially good employees while the adverse is also true.

"Your publication can do much to stimulate this very urgent reform measure."

Robert C. Woodman, M. D., consultant on mental hospital service of the National Committee for Mental Hygiene:

"I . . . have revolved the matter in my mind several times not knowing how to answer briefly concerning a matter which has no final answer and which is a matter which must be answered over again every day.

"It seems to me that it is first a matter of getting the best possible people to take up the work. They will always be people who are looking for work. The duties give satisfaction to those sorts of persons who like people, have a well developed herd instinct, and . . . like animals and pets. Persons in search of showy careers or big money are never going to be satisfied with the work nor to give satisfaction in it. Money cannot attract or make good attendants. Training and good examples can improve and inform those with some natural talent.

"It takes time to make a good attendant. He must find his primary interest in his or her patients and work. He must identify himself with his institution and his patients, or he is not really good.

"These ends can be well served only when responsibility and direction are centered in the institution itself. I see a serious deterioration in the character of the services rendered the insane when the attendants receive their appointments somewhere else, expect advantages from somewhere else, and their loyalties are elsewhere.

"I am for pay enough to bring in applicants. Let them be selected on the job, trained for it on the job and responsible to their superiors on the job, be appreciated on the job, and with the kind of ambition that gets its satisfaction from service to others. There should be security of tenure during good behavior, security for old age, and a willingness to serve in the ranks as a large majority of the people must do in any walk of life, and then the attendant can live a good and satisfactory life.

"Many others will take up the work on a temporary basis. Well disposed young people starting to make their way in the world can do very well by their patients if well led by some older reliables, and a fraction of them make the old reliables of the future.

"My best wishes to your attempts to improve the standards of the attendants themselves."

Laura W. Fitzsimmons, R. N., Nursing Consultant of the American Psychiatric Association:

"Your editorial 'Maybe We Can Find the Answers' I consider excellent and timely. The fact that I have worked unceasingly to encourage the establishment of courses for attendants will indicate my agreement with your general thesis of their importance in the mental hospitals . . . I believe the following excerpt from the manual for the instruction of attendants now being prepared gives my opinion as to the place of the attendant in the hospital: 'The attendant should understand that he has a position of responsibility and trust and that his ability to develop certain intangible qualities will be rated equally with his ability to develop certain arts and skills. His position in the hospital is one of dignity and importance, but he must guard against the abuse or over use of authority.' . . . I am convinced that the establishment of courses is the first step in gaining the recognition long over due for this group of hospital employees.

"There is one point in the editorial with which I would disagree and that is that every attendant must be a high school graduate [as quoted from Dr. Tarumianz]. While I am thoroughly in favor of education, I have seen some mighty fine attendants who were not high school graduates. Understanding human beings and reacting kindly toward them are innate spiritual qualities often evident in people who have had few educational advantages and sometimes, I regret to say, conspicuously absent in some of those with university degrees. I trust that you will not construe this to mean that I believe any ignorant person can be an attendant . . . "

Pearl Buck, author and lecturer:

" . . . The conditions in so many of these [mental] institutions are deplorable, and I have felt that the basic reason for this is the low type of person generally used for attendants.

"My own belief is that the most important persons in such institutions are the attendants, or those who are in direct contact with the patients. Anything which [you] can do to set higher standards of care and kindness for the unfortunate patients is one of the greatest contributions that could possibly be made to mankind. I have seen cases where kindness and patience brought a patient to surprisingly high levels of intelligence and behavior. Correspondingly, cruelty and carelessness can wreck what is left of a sick mind and a weak body . . . "

An attendant in a state institution for the mentally defective:

"I believe you have something there . . . You are correct in stating that the work of an attendant should be called professional. That is the only way that high uniform standards can be attained and maintained. If one state could adopt these standards, a training program would have to be begun. Or perhaps if some hospital would institute a training course, and a society of Registered Attendants organized, some state would conform to the standard. And when we get one state to adopt these proposals the great problem is solved. With time the others will certainly come around. Then the difficulty will be that of arousing public interest enough that legislators will appropriate the money to pay these attendants professional salaries. Let's keep working on the idea."

Robert A. Clark, M. D., Clinical Director of Western State Psychiatric Institute, Pittsburgh, Pennsylvania:

" . . . I found the editorial . . . interesting and well written. I agree heartily with your feelings that the attendant be given more recognition and better training.

"First—higher pay would be needed, with raises for length and efficiency of service.

"Second—as suggested by Governor Dewey's

committee in New York, some certification, perhaps as practical nurses, could be given to the attendant after he passed a training course and served well for at least a year.

"Third—interested and intelligent attendants of the ordinary type could be encouraged to take up training as nurses or technicians or O. T. workers . . . and in that way the caste system so prevalent in state hospitals might be partially broken down.

"Fourth—attendants should be able to live outside the hospital with pay in lieu of maintenance if they wish, so that they may marry and have children, own their homes, have gardens and in other ways live like ordinary humans. Husbands and wives could both work in the hospital under such an arrangement.

"Fifth—at the Rhode Island State Hospital, we used ex-patients as attendants when they seemed to be interested and seemed to have the proper personalities. We felt it was much better to hire an ex-alcoholic or psychoneurotic whose past history we knew, than to hire a person with similar difficulties whom we didn't know.

"Sixth—a better type of attendant could be attracted to those hospitals nearer to educational centers by offering part-time and summer jobs to students . . .

"Seventh — after the war, conscientious objectors or pacifists could continue the services which they are now giving, perhaps as work projects of the Peace Churches, or when the younger people are attending school and need money and experience. [Ed. Note: Assigned to 'work of national importance' by Selective Service, approximately two thousand conscientious objectors to war are now serving sixty mental institutions in twenty states. Most of them are attendants.]

"It is unfortunate that the only time a state hospital superintendent can get good attendants is during an economic depression. Anything which [you] can do to help this situation will certainly be a useful contribution to the care of our psychiatric patients . . ."

Alden B. Mills, Managing Editor of "The Modern Hospital":

"I think that the proposal made . . . is an excellent one. It would be highly advantageous if you would promote better training for attendants in psychiatric hospitals.

"How can this be done? The only way is through the existence of a group of people who will constantly act as a public pressure group on state officials and legislators to elevate the standards of mental hospitals. The leadership toward such a program should come from the special people in the field — the American Psychiatric Association particularly . . .

"In our own small way we are attempting to do what we can to arouse the public and professional interest in the improvement of hospital treatment of psychiatric patients. I am enclosing an announcement of an essay contest which we are sponsoring to this end. I hope you can give attention to this competition and invite all of your readers to participate. [Ed. Note: An announcement of this contest will appear in the June issue.]

"In addition to this, we are publishing a special portfolio on hospital treatment of psychiatric patients in our May issue. There will be an editorial in this issue also that will be of interest to you . . ."

"An Observer", who writes from an address in Missouri:

" . . . The editorial on the first page of the February number throws much light on the possibilities of training and developing the attendants to a standard of efficiency which will add much to the comfort and happiness of the patients and perhaps bring some cases back to normal . . .

"Your determination to elevate to a high level the job of an attendant may add a new chapter to the already fast developing and constructive program of study for those who are mentally sick."

An attendant working in a Veterans Administration Facility:

" . . . The attendant is promoted to positions of clothing room clerk, truck driver, gardener, etc. For the most part and in most institutions it appears that the direction of promotion is away from the attendant . . . It becomes evident that status must be given to our attendants if mental institutions are to attract skilled and educated persons . . .

"I would propose that schools for psychiatric aides be established which will educate the individual to go beyond the mere custodial care which is now the accepted practice . . . Such a school could determine the suitability of the individual for work in a mental institution . . . It would prepare individuals for responsible positions, give them a professional status, and meet the demand for adequate remuneration. It would not exclude the individual whose capacity limits him to custodial care, but would institute a new concept of the place and function of the attendant in the rehabilitation process. Schools of this nature could be operated on a pay-as-you-go basis, similar to our nursing schools . . .

"It isn't enough to build a fine superstructure of administration when the foundation is faulty . . . The attendant group cannot lag behind administration if we are to achieve an enlightened and progressive functioning of our mental institutions. We cannot afford to permit the attendant to remain at the lowest employment level . . ."

Seward Hiltner, Executive Secretary of the Commission on Religion and Health of The Federal Council of the Churches of Christ in America:

". . . I have read with real interest the editorial in the February issue of **The Attendant** . . . It seems to me your editorial points out the problem in its proper light. Somehow we shall have to work along both sides of the problem, making the job itself more attractive in terms of salary, working conditions, etc., and working at the motivation of the proper people to undertake the job under something less than perfect conditions. . . ."

"The Federal Prison system, in seeking to improve the quality of its ordinary guard personnel, found it very effective, not only to raise salaries and improve Civil Service status, but also to change the name of this position from guard to officer. Even though the latter is a more ambiguous term, in itself it has made some contribution toward improved service. Another thing they have done is to recognize the fact that there are specialties of a kind involved and have made administrative effort to utilize men in specialties when they had a particular aptitude for them such as working in one of the shops instead of in a cell block, etc. Still another thing they have done is to open as many of the higher administrative positions as possible to those who come up through the ranks. I am not sure but that all of those things might have some relevance to the situation in mental hospitals.

"Another interesting analogical situation when understood would be that of the nursing profession. Apparently they have retained the term 'nurse' and of course have put an entirely different content in it from what it once possessed. I am not sure that I am right, but I have a hunch that further exploration along lines like this might yield some fruitful suggestions . . ."

Edith M. Stern, author of "The Attendant's Guide", and "Mental Illness: A Guide for the Family":

" . . . I am in complete accord with your editorial. As I see it, the first thing that must be done to raise attendant standards is to raise salaries to the point where the job will attract superior people who could make a good living at other work . . . The next step is to give training that will professionalize the work.

"Higher pay plus training, it seems to me, will win ninety per cent of the battle. There will remain only the setting of personal and educational qualifications as prerequisite for taking the training. Ideally, this should be the first step, but things being as they are, it seems to me, it must follow first of all higher pay and second the training that will draw a group from whom you can select."

A subscriber who writes from an address in a midwestern state:

"That is just what I would like to know: How come? — everything about the mental hospitals!

"After several years of visiting my sister at the _____ State Hospital, I am convinced that the untrained attendant is the biggest obstacle in her path back to mental and physical health. She knows that her intelligence is far above that of the attendant in charge of her, and that to respect this person is a huge joke.

"I think the attendant is not wholly at fault. It seems to me that most of them do the best they know, but it seems to be the policy of that hospital to do nothing. The wards are very quiet—so quiet that one has the impression of living dead people . . .

"I do think that trained attendants would be a start toward intelligent care of the mentally ill . . . I think you are doing a splendid job. I do not feel so desperate now that I know about the work you are doing."

Anton T. Boisen, Chaplain, Elgin State Hospital, Elgin, Illinois:

"The question which you raise is a significant one. There is indeed no one upon whom the mental patient's welfare is more dependent than the nurse or attendant who is with him all day long . . .

"The answer you are seeking is not easy to find. There is, of course, a crying need of more adequate salaries and of better living and working conditions and of protection from political exploitation. But the conditions which will make these possible can come only through a long process of public education. Your interest will be rather in what can be done now . . .

"It must in the first place be recognized that the attendant is essentially a nurse's helper or a 'practical nurse' who because of the shortage of nurses and the inadequacy of hospital budgets is serving as a psychiatric nurse. This means that the attendant's job is not to be thought of as constituting a separate profession, but rather as a branch of the nursing profession. What is needed, therefore, is the raising of the general level of nursing care in our mental hospitals . . .

"Psychiatric nursing should be recognized as something distinct from general nursing . . . Psychiatric nursing should then be made sufficiently challenging to attract ambitious young people of both sexes. Service on the wards would then become an essential part of the training program, and the general level of psychiatric care should be considerably raised . .

"It would still be necessary to employ a large number of untrained persons for service on the wards . . . These workers should be drawn, so far as it is possible, from those who come with the motive of service and with the desire to understand the experiences with which they are confronted in a mental hospital.

"Such persons might be found, first of all, among former patients. I am well aware that most mental hospitals frown on this. Many of them will not knowingly employ a man who has been a patient. Probably they have had bitter experience with former patients who have been chosen injudiciously. It may be that the injudicious choice may have been forced on them by political pressure. Nonetheless, I am convinced that from among recovered patients it should be possible to build up a corps of workers who would be motivated by an interest and by a type of understanding otherwise not obtainable. Discriminating selection would, however, be imperative.

"Another important source is to be found in the relatives of our patients. Here again discrimination is imperative . . . But among these relatives are many who have a true understanding of the problems involved and a genuine desire to be a help.

"Another source is to be found in those professions, other than medicine and nursing and social work, which are concerned with understanding and helping human beings in difficulty. I am thinking particularly of the ministry of religion . . . For the past twenty years [I have] been bringing theological students to the hospital, insisting that they serve on the wards, not merely because of the service they can render, but also because of the normal contacts which it provides with the patients. These students have found the experience much worthwhile. Such a plan might also be of value to teachers.

"All these suggestions pre-suppose a program of instruction which would set forth in clear relief the challenging features of the experiences which are included under the label of mental illness . . . "

N. S. Kupelian, M. D., Superintendent of Pownal State School, Pownal, Maine:

" . . . For some time we have been endeavoring to impress upon the State Officials and the Legislatures that institutional employment and especially the position of attendants, should be made attractive enough to draw capable men and women. In other words, living conditions and wages should be such that institutional positions would be considered as a career.

"We believe that the attendant has a great responsibility toward the patients of State institutions, as they are in daily, personal contact with them. I feel that the patients in these institutions are the losers until such time when we can secure attendants who are capable, kind, and understanding."

An attendant who works with mentally deficient patients:

" . . . I would advocate the following standards for attendants . . .

"(1) Good health; mentally and physically strong and active, as determined by physical and mental examinations and past work record.

"(2) Normal intelligence or above, as determined by an intelligence test.

"(3) Not less than sixth grade achievement in reading, writing and arithmetic, as determined by some test such as the Jastak Bijou 'Wide Range Achievement Test'.

"(4) Successful completion of a training and orientation course.

"(5) A fairly pleasing appearance and manner; proper attitude toward, and interest in, the patients; ability to control patients without the use of force; freedom from alcohol addiction or bad sexual habits; ability to work amicably with other employees; and general compatability with the ideals of the institution. (Some of this would be disclosed only after a trial period.)

"(6) Good community reputation; no convictions for law-breaking with the exception of not more than three traffic violations of a minor nature within the past five years.

"(7) Minimum age of 16 (or other minimum age legal in state if not less than 16 years), and maximum age of 50 years."

Ralf Hanks, M. D., Superintendent of State Hospital No. 3, Nevada, Missouri:

"I enjoyed very much the [editorial] entitled, 'Maybe We Can Find the Answers'. I think that it is a timely subject.

"While the class of attendants we are now obtaining in many cases is lower than we would like to accept, I think that we should all be making some plans for giving some training to our attendants when we are able to obtain a type of attendant who is capable of receiving the training.

"The State of Missouri has recently adopted a new constitution which makes it mandatory for the Legislature to place the mental hospitals under the Merit System . . . We can look forward to a better era."

Mental Hygiene

October 14, 1945

Dear Mr. Barton:

I have the report which you sent me and I think it is really horrible.

Will you let me know whether you want to bring a small group to see me on November 8th, from four to six at my apartment, as soon as you can? My time fills up so rapidly, I do not want to make any other engagements for that time if you are bringing a group.

Very sincerely yours,

ORIGINAL RETIRED FOR PRESERVA

THE MENTAL HYGIENE PROGRAM *of Civilian Public Service*

P. O. BOX 6000, TORRESDALE, PHILADELPHIA 14, PA. • Telephone: SOMerton 0534

LEONARD EDELSTEIN, *Program Coordinator*
PHIL STEEN, *Editor of The Attendant*

HAROLD BARTON, *Education Chairman*
WILLARD HETZEL, *Legal Research Chairman*

October 2, 1945

A terrible report sent to W. B.

Dear Mrs. Roosevelt:

I enclose some preliminary notes on conditions in a Veterans Facility.

Our information is meagre and not yet correlated but we hope this will give you a few points of interest. Mr. Edelstein will be forwarding additional materials to you tomorrow though it will relate to state institutions, I believe. It is rather certain that if more information were at hand, it would show that some of the basic and dynamic problems so prevalent in psychiatric care in the state hospitals were quite as prevalent in the facilities.

We were unable to get any exact figures on the number of veterans in state hospitals. An estimate of 80 would be fairly close for the institution represented in the pictures we had with us. The State of Pennsylvania probably has 400 to 500 and though there is a constant transfer of the veterans to facilities, yet the number seems to remain about the same. Many have permanent residence in the state institutions.

As a Program we have attempted to avoid the misunderstandings and needless publicity which comes from local exposes and we have general confidence in the readiness of the professional group to clean house when given an opportunity. I'm certain you will understand our failure to indicate exact locations.

Your gracious reception and sympathetic understanding of our concerns are greatly appreciated. I sincerely thank you!

Respectfully yours,

Harold Barton

Harold Barton

Mrs. Eleanor Roosevelt
New York City

NAT'L MENTAL HEALTH
FOUNDATION

October 31, 1945

Dear Mr. Secretary:

A short time ago I saw Leonard Edelstein and Harold Barton of the Mental Hygiene Program. I am enclosing some of the literature which they sent me.

As you know the care in our mental hospitals has always been poor and during the war this group has raised the standards. These young men wish to do a more permanent job and I am very interested in having them succeed.

I hope very much, if it is possible, that you will see them or write to them if you are interested.

Very sincerely yours,

Attached letter sent to following people:

Sec. of Comm. Henry Wallace
Mr. William Green
Mr. Phillip Murray
Mr. Bernard Baruch
Mr. William Paley
Mr. Robert McLean
Mrs. Lefell Dickinson
Ex-Justice Owen Roberts
Mrs. Winthrop Aldrich
Mr. Lessing Rosenwald
Mr. Henry Kaiser
Mr. Jack Straus
Mr. Walter Reuther
Mr. Henry Stimson
Mr. Walter Wanger
Rep. Priest
Surgeon Gen. Parran

HE MENTAL HYGIENE PROGRAM *of Civilian Public Service*

~~P. O. BOX 6000, TORRESDALE, PHILADELPHIA 14, PA.~~ • Telephone: ~~SOMerton 0334~~ BARing 5131

LEONARD EDELSTEIN, *Program Coordinator*
PHIL STEER, *Editor of The Attendant*

Box 7574
3500 Lancaster Ave.
Philadelphia 4, Pa.

HAROLD BARTON, *Education Chairman*
WILLARD HETZEL, *Legal Research Chairman*

October 24, 1945

Mrs. Eleanor Roosevelt
Room 901
342 Madison Avenue
New York, New York

Dear Mrs. Roosevelt:

We should be very happy if you send the literature to all of the persons checked on the list, (including those checked to attend the meeting). I will personally try to contact these persons after they have received your letter. This might be more effective than a meeting.

Mr. Barton will be busy developing educational projects, and will not be able to accompany me, and asks that his name not be mentioned.

I would appreciate your giving me some idea of your message to these persons, in order that my follow-up will be consistent with your introduction.

I shall await word from you before attempting personal contacts.

Sincerely,

Leonard Edelstein

Leonard Edelstein

LE:MS
Enclosure

E MENTAL HYGIENE PROGRAM of Civilian Public Service

P.O: 7574 Phila. Pa. Phone Baring 5131

LEONARD EDELSTEIN, Program Coordinator
PHIL STEER, Editor of The Attendant
HAROLD BARTON, Education Chairman
WILLARD HETZEL, Legal Research Chairman

October 17,1945

Mrs.Eleanor Roosevelt
Room 901
342 Madison Ave.
New York City

Dear Mrs. Roosevelt:

We were very disturbed to learn that you had not received the material and list of names sent October 4th. I personally dispatched the material special delivery. The package included reports of conditions in a state and a veteran's institution to supplement material sent by Mr. Barton. If this information will still be helpful to you, please let me know and I shall prepare it again.

November 8th sounds fine, unless you believe that so much delay has already accrued that it would be desirable to plan for a later date.

The following is a list of names we suggest. Please draw from the alternative list, or the larger list we left with you if you have particular reason to do so.

First list	Alternative list
1. Eric Johnston	Ex-Justice Owen Roberts
2. Henry Wallace	Surgeon-Gen.Parran
3. Henry Luce	Mrs.Winthrop Aldrich
4. William Green	Lessing Rosenwald
5. Phillip Murray	Henry Kaiser
6. Owen D. Young	Jack Strauss (Macy's)
7. Bernard Baruch	Walter Reuther
8. William Paley (CBS)	Henry Stimson
9. Robert McLean (AP)	Walter Wanger
10. Mrs.Lefell Dickinson (Am.Federation of Womens' Clubs)	Rep.Priest

I am enclosing literature and a couple pamphlets for your own perusal. Please use your own judgement re the material you will send to the invitees, and let us know if this is not satisfactory.

I shall phone your secretary tomorrow to determine if this has arrived. We are certainly grateful to your for your help at this critical period of our development.

Sincerely,

Leonard Edelstein

answers received from following and letters were sent to Mr. Leonard Edelstein 11/20/45

Mr. Walter Wanger
Mrs. Dickinson
Mr. Green
Mr. Murray
Mr. Priest
Mr. McLean

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON 14
(BETHESDA STATION)

IN REPLYING
ADDRESS THE SURGEON GENERAL
U. S. PUBLIC HEALTH SERVICE

November 9, 1945

Mrs. F. D. Roosevelt
342 Madison Avenue
New York 17, New York

My dear Mrs. Roosevelt:

Thank you for your letter of October 31, 1945 concerning Leonard Edelstein and Harold Barton of the Mental Hygiene Program of Civilian Public Service. I know of the good work this group is doing in raising the level of technical knowledge of mental hospital attendants. Their contribution has been very worthwhile.

Some of our doctors in the Mental Hygiene Division of the Public Health Service have worked with this group and I have asked Dr. Robert H. Felix, Chief of that Division to take the first opportunity to talk with Mr. Edelstein or Mr. Barton for me.

You might be interested in knowing that an essay contest was conducted recently by the Journal, Modern Hospital, on the subject "A Plan for Improving Hospital Treatment of Psychiatric Patients". The judges of the more than two-hundred essays submitted were Dr. George S. Stevenson, Medical Director of the National Committee for Mental Hygiene, Dr. Karl M. Bowman, President of the American Psychiatric Association, and Dr. Felix. It was gratifying to me to learn that the winner of second prize was Mr. Gerard Victor Haigh of the Civilian Public Service, who was serving as a volunteer under Selective Service at the Norwich State Hospital, Norwich, Connecticut.

Very sincerely yours,

Thomas Parran

Surgeon General

jrb

November 9, 1945

Mrs. F. D. Roosevelt
342 Madison Avenue
New York 17, New York

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Very sincerely yours,

(Sgd) Thomas Parran

Surgeon General