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LIPPINCOTT'S  
NURSING MANUALS

MENTAL HYGIENE AND THE  
PUBLIC HEALTH NURSE

BY

V. MAY MACDONALD, R.N.

*Formerly Assistant Superintendent of Nurses, Johns Hopkins  
Hospital; Formerly Secretary of the Connecticut Society  
for Mental Hygiene; Lately Organizer of Social Work;  
National Committee for Mental Hygiene*

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# LIPPINCOTT'S NURSING MANUALS

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LIPPINCOTT'S NURSING MANUALS

MENTAL HYGIENE AND THE  
PUBLIC HEALTH NURSE

PRACTICAL SUGGESTIONS FOR THE NURSE OF TODAY

BY

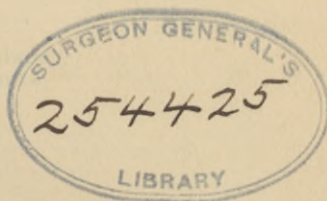
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WITH A FOREWORD BY

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OF THE NATIONAL COMMITTEE FOR MENTAL HYGIENE



PHILADELPHIA, LONDON & CHICAGO  
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WITH GRATEFUL ACKNOWLEDGMENT TO THOSE WHO  
FIRST OPENED MY EARS AND HEART TO THE GREAT  
CRY OF THE MENTALLY AFFLICTED AND GAVE ME  
HELP AND ENCOURAGEMENT DURING PIONEER EFFORT.

"It is evident that some knowledge of the principles of mental hygiene and of the sources that are available for dealing with mental illness and the mental factors in general illness must increasingly be a part of the public health nurse's equipment. . . . . She can hardly be a witness to the disintegrating effects of psychopathic conditions in the family circle and remain content merely to observe the play of forces of which she is ignorant. She cannot be content to see the feeble-minded mother set the health standards of a home without wishing to possess knowledge of the avenues of instruction and encouragement that are open to the feeble-minded. . . . . It goes without saying that to be successful, the public health nurse must not only be aware of these facts (concerning mental disease and defect) and vigilant to detect them, but she should be trained also to know whatever practical resources exist for dealing with them."

—*Report of the Rockefeller Foundation Committee  
for the Study of Nursing Education.*

## FOREWORD

DURING the years that saw the birth of nursing and the greatest growth of medicine as a science there came into the thought and speech of those working in both fields an unfounded distinction between mind and body that was destined to cause an untold amount of needless human suffering. When asylums and shelters for the sick were transformed into hospitals in which the new resources of medicine and surgery could be applied, the mentally ill were left behind in institutions that were capable of providing only custody and protection. When the new profession of nursing brought greatly increased comfort and chances for recovery to the sick, its benefit did not reach as far as those institutions in which men and women suffering from mental diseases had been left. When the prevention of disease became a practical aim instead of a pious hope, the most glowing prediction of what might be accomplished by hygiene and sanitation failed to forecast the control of disorders of the mind.

Slowly this "deadly parallelism" between mind and body is disappearing, and last summer a great leader in science said that man must again be looked upon as an integrated organism if the secrets of disease are to be fully revealed. Again, after a century of separation, mind and body are being studied together in preparation for the care of the sick, and today mental hygiene has a place in every broadly conceived program for the prevention of disease. Nevertheless, the isolation of mental medicine has not been fully destroyed and there still remain many of the differences of viewpoint and of practice that came into existence during the long period of parallelism.

It is of the utmost importance that those who are working in allied fields in nursing, health and medicine should know the aims and methods of mental nursing, mental hygiene and mental medicine. There is need for books, clearly, simply and correctly written, to hasten the time when there shall be a reintegration of man in the prevention of his diseases as well as in their scientific study. Such a book is that which Miss MacDonald has written, chiefly for those who are to become public health nurses, but for a much larger group of readers as well. Drawing upon her own wide experience as well as the work of those who are adding to our knowledge of the mind in disease, she has brought together the information that is certain to be most useful to the public health nurse who is desirous of widening her own vision of her task.

Columbia University,

February 8, 1923.

THOMAS W. SALMON.

## INTRODUCTORY

### PREVENTIVE MEDICINE

**Protection Against Special Diseases.**—For many years now an increasing emphasis has been put upon the *prevention* of disease, and great advances have been made in this most productive field of endeavor. One by one the great scourges of human life are giving ground before the protective processes which are robbing them of their former easy victories. Small-pox, diphtheria, tuberculosis, typhus fever, malaria, syphilis, typhoid fever and many others have had the secret of their power dragged to light, and powerful weapons have been forged to overcome them. It is now possible to protect the human body to a great extent by the methods of science.

We have thus our armament for the fight against special diseases. But many weaknesses are revealed in the men and women who suffer these attacks. These weaknesses in adult life are very often the result of bad health habits in childhood. Could these not have been prevented? Good habits may be fostered rather than bad ones. Beyond the crowded ranks of those carrying the burdens and bearing the ills of adult life we see the oncoming millions of those who in their turn must be subjected to the common dangers. Can we not make of them a hardier race? Can we not envelope them from childhood in a protective covering of good health habits? Eminent authorities encourage us to believe this possible.

Side by side, therefore, with the increase of preventive and curative medical discoveries is growing the belief that in the education of children in habits of health lies the greatest promise of success in the campaign for public health.

**Preventive Measures in Mental Disease.**—Not until very

recently has there been any wide recognition of the possibility of similar methods producing favorable results in the field of mental disorder. For centuries men have seen the splendid machinery of the human body rendered useless through disorders of the governing intelligence, and have accepted the condition as divinely ordered, inexplicable, hopeless and unpreventable. Now at last the light of science has brightened the wards where long rows of hopeless, helplessly idle men and women have sat through the long years waiting for death. It has penetrated the dark corners of almshouses where the mentally sick have been herded with the pauper, the idiot, and the senile. It has revealed the cage which even today is still found in some districts of more than one of our enlightened countries as the sole method of treatment for a distraught mind. But still more far-reaching in effect, it is bringing to men's knowledge the laws of mental health, and we are learning slowly how mental stability may be promoted, mental vigor secured.

**The Nurse as an Agent for Prevention.**—The public health nurse is recognized as one of the most important agents in the struggle against disease and in the promotion of the physical health of our people. "In the campaign against disease the nurse is not merely an agent for the alleviation of suffering, but also the most powerful force at our disposal for its prevention and control."<sup>1</sup> The nurse is already obtaining wonderful results by implanting in children the simple basic habits of bodily health. She cannot longer ignore the field of opportunity that now lies before her to assist in the promotion of mental hygiene and in the detection and prevention of mental disease.

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<sup>1</sup>C.- E. A. Winslow, Dr. P. H., Director of Dept. of Health, League of Red Cross Societies. *International Journal of Public Health*, Sept.-Oct., 1921.

Education in the laws of mental health and training in good mental habits will of course be the most constructive form of effort to reduce the burden of mental disease. No nurse, however, who has been brought into contact with mentally afflicted patients will be willing to ignore the suffering of those already definitely affected, and the present day hope of curing or arresting many forms of mental disease will make her eager to secure proper treatment for incipient or suspected cases. The public health nurse will therefore be not only an advocate of good mental training but also an agent to secure treatment for the mentally sick. Her work in constructive and preventive mental hygiene must inevitably be linked up with efforts to meet the needs of those already afflicted. Writing of preventive medicine Dr. Haven Emerson says, "It has been quite inevitable, because of the peculiar genius of American effort, that the obvious, the immediate, the so-called practical needs of the sick should be first met, and the theories and principles of prevention and action looking towards health promotion and protection be left until a new public opinion and a keener vision of relative values in medical services could be developed." Advances in psychiatry have been so rapid and so recent that public understanding has not kept pace with them. The needs of the mentally sick must therefore be explained and met while we strive for a more general comprehension and application of the laws of mental health.





# CONTENTS

	PAGE
INTRODUCTORY	
PREVENTION OF DISEASE, HEALTH EDUCATION, APPLICATION OF THESE PRINCIPLES IN THE FIELD OF MENTAL HEALTH.....	vii
SECTION I.	
THE PUBLIC HEALTH NURSE AND MENTAL DISORDERS	
CHAPTER I.	
PREVALENCE, COST, AND NATIONAL RESULTS OF MENTAL DISORDERS.....	4
PREJUDICE, BLINDNESS AND SELF-DECEPTION OF THE PUBLIC.....	6
NEED FOR EDUCATIONAL AGENTS.....	8
CHAPTER II.	
TRAINING TO RECOGNIZE CASES THAT NEED SPECIAL ADVICE.....	9
SYMPTOMS TO AROUSE SUSPICION.....	13
CHAPTER III.	
COMMUNITY CONTACTS FOR THE MENTAL HYGIENE NURSE.....	19
CHAPTER IV.	
FIELD OF WORK.....	24
SECTION II.	
THE PUBLIC HEALTH NURSE AND MENTAL HEALTH	
CHAPTER V.	
MENTAL HEALTH OF CHILDREN.....	33
CHAPTER VI.	
PREVENTABLE FORMS OF MENTAL DISORDER.....	47
CHAPTER VII.	
MENTAL DEFECTIVES.....	56
CHAPTER VIII.	
OPPORTUNITIES FOR GIVING INSTRUCTION IN MENTAL HYGIENE.....	63



SECTION I

**THE PUBLIC HEALTH NURSE AND MENTAL  
DISORDERS**



# MENTAL HYGIENE AND THE PUBLIC HEALTH NURSE

## CHAPTER I

### THE SIGNIFICANCE, SIZE AND URGENCY OF THE PROBLEM

**Mental Defect and Disease Hamper Success in Efforts for Public Health.**—The hampering influence on the success of their efforts for public health which is exerted by mental defect and disease in the community is being recognized by workers in all branches of the work. Good results from careful instruction in pre-natal hygiene and later in the care of the infant depend very largely on the mental status of the mother and her capacity for intelligent coöperation. The most dangerous to the community of all tuberculosis patients is the mental defective who cannot be trained to observe precautions and does not realize the necessity for the protection of others. Communicable diseases can be controlled with difficulty when the sick child's mother or the germ-carrying man himself cannot grasp or carry out the regulations for isolation and disinfection. Personal hygiene is not possible without comprehension and memory, and health teaching makes little impression on a dwarfed intelligence. It is apparent, therefore, that full success in the field of general hygiene is of necessity linked with the development of mental hygiene.

To the honor of the nursing profession it may be safely said that no sooner is an epidemic reported than trained nurses are found ready to grapple with it, often under trying conditions. If it were possible to foretell a visitation of a new and devastating sickness that would claim 50,000 victims within the coin-

ing year the whole body of nurses would hasten to learn everything known about the prevention, the early symptoms and the treatment of the expected scourge. Such devastation *will* come upon this country this year, but because it will be spread over the whole country rather than dramatically attacking one locality, nurses may ignore this challenge to their skill and sympathy.

**Prevalence, and Cost of Mental Disease.**—The importance of the present day belief in the possibilities of prevention and the benefit of early treatment of mental disorders may be realized if we study for a moment the figures relating to their prevalence. In institutions in the United States on January 1, 1920, there were 232,680 patients with mental disease, or 220 for every 100,000 of population. From the latest available figures, about the same ratio is found in Canada. We learn that after careful investigation "it may be concluded that during the year 1919, there were approximately 50,000 new admissions with mental disease to the hospitals in this country and 14,000 re-admissions."<sup>1</sup> There is no adequate reason for considering that year exceptional. "From the point of view of cost, misery and the numbers of our people involved, mental disease constitutes a larger problem than any of the others. In addition to the beds reserved for the feeble-minded and for sanatorium care of the 'nervous breakdown,' there are as many beds for the insane in this country as there are hospital beds for all other diseases combined. And the significance of this is greater when we see that the needs of medical, surgical and tuberculosis patients are fairly met, while less than half of those suffering from nervous and mental disorders, who should be cared for apart from their homes, are at present provided for throughout the

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<sup>1</sup> "Social Facts Relative to Patients with Mental Diseases." Edith M. Furbush, Statistician, National Comm. for Mental Hygiene.

country."<sup>2</sup> Apart from the incalculable amount of human suffering which it entails, mental disease brings on the country an immense financial burden. The average cost of providing a year's treatment for a patient in an institution for mental disease has been carefully estimated at \$385. The average yearly earnings above their necessary maintenance of both men and women throughout the country have also been calculated. It is not difficult therefore, to compute the loss suffered by the country from the ravages of mental disorders. Accepting as a basis the results of a careful study of 46 widely separated state hospitals we find the general proportion of men and women among the patients and can arrive at definite conclusions. The total of the cost of care, and the sum of the earnings lost by these 232,680 patients with mental disease during that one year amounted to \$162,633,000.<sup>3</sup> Apart from humanitarian motives, this enormous loss in itself calls for every effort to lessen this public burden. These figures do not refer in any way to the great army of the mental defectives, or feeble-minded, both in and out of institutions. Their cost to the country must be studied less in the sums expended for institutional care and special teaching than in their large share of responsibility for the grievous burden of inefficiency, pauperism, prostitution, delinquency and crime.

**Possibilities of Prevention.**—If we read now the statement of an eminent psychiatrist, Dr. E. Stanley Abbot, Director of the Pennsylvania Mental Hygiene Committee, we shall discover the opportunity for preventive work. He writes, "An indeterminate but very large amount of feeble-mindedness can be

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<sup>2</sup>"Place of Mental Hygiene in the Public Health Movement." Haven Emerson, M.D., *Mental Hygiene*, April, 1922.

<sup>3</sup>"Social Significance of Dementia Præcox." E. M. Furbush, *Mental Hygiene*, April, 1922.

prevented; of the insanities proper, the alcoholic and drug psychoses and general paralysis—a fifth of all the cases occurring each year—can be absolutely prevented; of the fatigue psychoses a large proportion, possibly a half or three-quarters, might be avoided; possibly a small proportion of the dementia præcox and arteriosclerotic psychoses might be obviated; and a small proportion of the remaining forms also might be prevented. Thus if the means here suggested should be universally known and applied throughout the state, it would happen in the course of a generation that there would occur yearly, at a very conservative estimate, a quarter, and at a reasonable and moderate estimate, a third less insanity in the state, and I do not dare to say how much less feeble-mindedness—perhaps three-fourths.”

We have long realized our responsibility for the prevention of typhoid fever, a disease which, when not fatal, does not generally incapacitate the patient for more than eight or ten weeks. Here are a number of preventable diseases which remove their victims from home and work for years, if not for life. Surely this is a challenge to all the forces working for prevention.

**Prejudice, Blindness and Self-deception of the Public.**—When some bodily function is impaired and very obvious results soon follow, the sufferer is conscious from the beginning that all is not well, and his family soon seek advice from their own physician or the clinic or the hospital. Not so when symptoms of mental abnormality become apparent. There still lingers more than a hint of the mediæval attitude towards mental disorders. The victim is either “queer,” or considered hopelessly stricken. In any case it is a matter to be kept hidden as long as possible. The family is sometimes more concerned over its own “disgrace” than over possible treatment for the



sick one. Very often the fear of being required to "put her away" prevents a loving mother from revealing the queer behavior of her adolescent daughter. The hospital for mental disease is still for many people the old custodial asylum, over the door of which they think might properly be written, "Leave hope behind who enter here." The wonderful advances in the understanding and treatment of mental diseases in the last twenty years are not yet appreciated by the general public. They do not realize that psychiatry has passed from a science descriptive of groups to an analytical study of the individual, and that a new era has dawned. They do not know that treatment in the earlier stages means more frequent cure, or that proof of family devotion lies now most often in securing hospital care at the onset. With the legal barriers to admission to mental hospitals being removed by the increasing provision for voluntary commitment, much of the painful publicity and the resulting distress of the family will disappear.

Mental diseases are as a rule slow in development. Insidious in their growth, they are not soon recognized. It is true that Mary has passionate outbreaks of temper, becoming more frequent of late, but then her grandfather was always hot-tempered even before he made that murderous attack—and Mary probably "takes after him." Sarah is certainly growing very suspicious of everyone and will not join the other girls in their fun. She mopes by herself, and is growing very untidy in her dress—but then all girls are not alike. Mrs. Overtheway, who has those six little children and a drunken husband, has seemed queer ever since the last baby came, and talks in a very funny way—but who wouldn't be upset with all her worries? And so it happens that mental hospital superintendents say that hardly a patient comes to the hospital for treatment who has not had his disease for at least a year.

Perhaps, on the other hand, the behavior of a son or daughter or parent does arouse some apprehension. Then *any* reason is sought and accepted before the possibility of mental sickness is acknowledged. It is school, or business worries, or a love affair, or physical sickness—anything other than the early symptoms of an illness which demands very skillful handling.

Is it any wonder that with all this prejudice and blindness and self-deception it is still difficult to secure the best results from the discoveries already made? To do this there must be some means of bringing home to the community the scientific and more hopeful attitude of the present day towards mental disorders. Public health nurses, coming and going in innumerable homes in their districts, may prove themselves acceptable and effective agents for this service.

## CHAPTER II

### TRAINING FOR WORK IN THE FIELD OF MENTAL HYGIENE

#### **Training in Psychiatry Essential but often Inadequate.—**

The great increase of interest in psychiatry has been so recent that there are still only a few of the foremost schools of medicine that give adequate training in the treatment of mental disorders. Many do not give more than a few lectures on the whole immense subject, so that it is rarely one finds a general practitioner who is equipped to deal with these patients. This failure of medical schools to give sufficient instruction in psychiatry is reflected in the general training schools for nurses. One can readily count the few schools which give their pupils anything more than the briefest introduction to psychology and psychiatry. Fortunately in the curricula of eight or ten good general schools there is included a fairly comprehensive course of lectures and practical experience with mentally sick patients. This means a steadily increasing group of nurses who will remember that human beings have both mental and physical mechanisms, either of which may get out of order and react on the other. Post-graduate courses in public health nursing usually include a series of lectures on mental hygiene, an essential part of a good course. Special training in psychiatry and experience in this field are, however, absolutely necessary for the nurse who expects to take responsibility in the care of a mentally disordered person.

It is now being recognized that the cause of many physical sicknesses must be sought in the patient's mental condition. A large group of returned soldiers suffering from functional

heart disorders remained for months at a government hospital without improvement from the usual cardiac treatment. An eminent psychiatrist was sent to study their condition and under his management of the mental factors excellent results were soon obtained. In the forms of hysteria and the psychoneuroses it is easy to see the influence of the mind on the machinery of the body. The time is not far distant when no nurse will be considered fully trained who has not had at least three months of psychiatric training.

Meantime there are thousands of nurses already engaged in various forms of public health work who, if they will, may equip themselves to give valuable aid in mental hygiene by learning the basic facts about normal mental processes just as they understand the healthy functioning of the body, by familiarizing themselves with the early symptoms of mental diseases and bringing suspected cases to the attention of specialists, and by spreading a knowledge of the laws of mental health. More than this, they may disseminate their own common-sense, intelligent attitude toward mental disorders and promote a more sympathetic understanding of the needs of the mentally sick individual.

**Basic Facts of Psychology.**—The basic facts of psychology must be known if one would comprehend the machinery of our mental life. Nurses whose instruction has not included simple psychology should rectify this serious omission. The relation between the various mental processes forms a fascinating study, and community nurses who must deal with many individuals will find this study a help in solving their problems. Anatomy and physiology teach us the response of the nervous system to stimuli and the protection of the whole organism by the resulting impulses leading to suitable action. The action may be reflex, as in the hasty withdrawal of a finger from a hot

iron, or voluntary, representing a choice of action. The *perception* of sense impressions begins our mental life. All human beings are found to have from birth certain instincts with their accompanying emotions. These are the general inheritance of the race and are ever seeking expression throughout life. Their purpose is the preservation of the individual and the continuance of the race. We find, for example, the instinct of flight with the emotion of fear, pugnacity with anger, curiosity with wonder, reproduction with sex-love. Besides this general inheritance is the individual inheritance of a special temperament.

Habit formation is believed to be due to the formation of pathways among the brain cells by the repeated discharge of an impulse from a similar stimulus over the same route. Every repetition makes the path more marked and the response more immediate. This is true not only of muscular habits such as walking, piano-playing and the like, but also of habits of thought. These can be developed by practice just as surely as skill of fingers. Bad habits of either body or mind can most surely be broken by practicing healthful ones instead. It is not enough to try to drive out bad mental habits by force of will. New pathways must be formed in their place. Weeds always grow in an unplanted and untended garden.

Of greater importance is the fact that all mental impressions are retained either in the conscious mind or in the storehouse of the subconscious mind. The treatment of certain functional nervous and mental disorders is based on this fact. Other facts of basic importance are the growth of reason and judgment from the facts of experience, the influence of emotion on conduct, the control of impulses by the will, and the presence in man of a spiritual element expressed in ideals. A developed and normally acting mind brings about through these mechan-

isms an adequate adjustment of the individual to his physical and social surroundings. Such an adjustment is a test of mental health.

**Mental Disorder, Insanity and Mental Defect.**—By mental disorder is understood a departure from normal mental health. There are many types of mental disorder. *Insanity* is the condition of "those members of the community who are so far from able to adjust to the ordinary social requirements that the community segregates them (perhaps forcibly), and takes away their rights as citizens."<sup>4</sup> Many persons suffer from some form or degree of mental disorder who are not committable by legal measures to an institution for treatment. Paranoiacs in the early stages of their malady are not infrequently found whose delusions make them a nuisance to their friends, and yet whose management of their ordinary affairs makes it impossible to dispossess them of their freedom. There are many forms of mental disorder of varying causation, duration and prognosis. The condition may be acute, as in acute alcoholic psychosis, or chronic, as in dementia præcox; curable, as exhaustion psychosis, or hopeless, as senile dementia; organic, as general paresis, or functional, as maniac-depressive insanity. Many of these may develop on a normal makeup. *Mental defect* is a condition of checked mental growth, resulting in permanent mental childhood at a stage which varies with the individual. A mental defective may develop a mental disease, but the two conditions must not be confused. For those suffering from mental disorders there are appropriate treatments, expected to cure or to ameliorate the condition. For the defective there is education in good habits and simple crafts suited to the dwarfed intelligence, and social treatment calculated to protect both himself and the public, and to help him attain

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<sup>4</sup> *Outlines of Psychiatry*, William A. White, M.D.

whatever success his condition allows. Nurses must be careful to discriminate between the mentally sick and the mentally dwarfed. Much confusion of thought results from the too common confusion of terms.

**Odd Behavior Always Worth Noting.**—Sickness of mind most often registers itself first in altered behavior. The mind is the governing machine for our actions. Marked changes in conduct will arouse the interest of an alert nurse, since marked deviations from a person's usual standard of behavior are always worthy of attention. Actions are considered so significant that in modern mental hospitals "behavior charts" are carefully kept. Persons who are reported by their neighbors as "queer" are worth investigating. How often in a newspaper account of a murderous attack by an insane man does one read that for a long time his neighbors had noted his odd behavior but believed him harmless! That means that the early symptoms of a year or two previous had been overlooked or their significance not appreciated. Suitable treatment for the mentally sick man and the protection of the public alike demand that this careless attitude be abandoned. It is true that in following such clues, if given by the ignorant, the nurse may discover a person living an ordered life based on a standard different from his neighbors', or may even find a genius. These will be pleasant surprises, only too rare. Mental disease or feeble-mindedness is more likely to be revealed. No public health nurse would fail to follow up a rumor of an uncared-for case of bodily sickness, and her interest in a person described as "acting queerly" may serve to prevent a tragedy.

**Symptoms Which Should Arouse Suspicion.**—There are certain early symptoms of mental disorder for which a nurse should be on the alert, just as she is quick to perceive conditions which suggest possible tuberculosis. "A better knowledge

of these early danger signals should be useful to all those who have to deal with children and young people. . . These *earliest* signs deserve more particularly to be pushed into the foreground. They undoubtedly represent unhealthy ways of living."<sup>6</sup> There are three strong reasons for the *early* treatment of persons with mental disorder. It is the most hopeful period for obtaining the best results for the patient. It will most surely prevent serious social consequences resulting from the neglect of irresponsible people. It will prevent suicide in a large number of cases, a reason sufficient in itself. In 1920, there were 8,959 suicides in the registration area of the United States. We may conclude that there were 10,899 suicides in the whole country during that year.

The nurse will not attempt to diagnose the condition of a suspected case, and she must not suggest to the family the possibility of mental disease, but she will know whether special advice should be sought. Conditions which should arouse her suspicions are not of necessity always followed by insanity. The following are among the more important :

Persistent unhealthy emotional states, such as exaggerated anxiety, groundless fears, moodiness, sadness, without sufficient continuing cause.

Marked change in disposition and temper, as from good-natured to irritable and violent, from prudent to foolishly extravagant. This is well exemplified in the early stages of general paresis.

Seclusiveness, reticence, gradual withdrawal from ordinary social intercourse. The girl will not join with others of her age, the woman refuses for months to go outside her own door.

Marked suspiciousness of others without cause.

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<sup>6</sup> *Early Manifestations of Mental Disorders*, by August Hoch, M.D.



## SYMPTOMS WHICH SHOULD AROUSE SUSPICION 15

Ideas of persecution, as when a man believes that the factory foreman arranges the work to *his* disadvantage, that fellow-workmen are conspiring against him, that people are trying to poison him, that electric currents are being turned on him, etc.

Ideas of self-reference. A woman believes that neighbors stopping to converse must be talking about *her*, people in street cars are saying evil things about *her*, the simple overheard remarks of strangers refer to *her*. In short, that all the common happenings of the world around have a special reference to herself.

Marked inability to work harmoniously with others. Frequent dismissals from employment for this reason.

Marked and increasing exaggeration of any one set of ideas, as *self-importance*, seen in the grandiose ideas of the paretic; *feelings of inferiority*, self-depreciation—many of the depressed types believe that they have committed the “unpardonable sin.” Religion, *disproportionate fervor*, as in the case of a woman who neglected her house and starved herself by continuous praying.

Delusions, false beliefs which cannot be shaken by argument or proof.

Hallucinations, sensory impressions without foundation in fact. Generally of hearing, smell, sight. Often unconfessed for a time, but the patient is seen in a listening attitude when there is nothing to hear, or may be overheard when alone replying to “the voices.” Patients with this symptom should have immediate attention because they may feel compelled by “the voices” to commit impulsive acts.

It will be noted that most of these conditions result in altered *conduct*. Mental disorder most often reveals itself in departures from normal conduct before there is any change in the intellectual faculties. The first recognition of mental disease will not be a matter of tests of intelligence, but of carefully noted behavior which habitually differs from the man's usual custom and the accepted standard. The difference tends to become greater and brings the patient into conflict with accepted laws and customs.

**Epilepsy.**—"Epilepsy and the mental disturbances connected with it are so intimately related that they can hardly be considered separately."<sup>6</sup> In the mild form of the disorder (*petit-mal*) there is a slight momentary loss of consciousness without convulsions. The patient does not fall, and proceeds with whatever he was doing, so that spectators may consider the attack only "absence of mind." The condition tends to grow serious. True epilepsy (*grand mal*) is characterized by sudden attacks of complete unconsciousness, often with some premonitory sensation, in which the patient falls wherever he may be. A rigid state is followed in a few seconds by a jerking of all the voluntary muscles. This lasts some minutes, rarely up to ten, and the patient sinks into a stuporous sleep. If he apparently regains consciousness between the convulsion and the sleep he should nevertheless be carefully guarded because he is *not* at that stage responsible for his actions.

Epilepsy is essentially a home problem, since comparatively few of these sufferers are sent to an institution for treatment. It is a disorder which is often allowed to go without adequate attention because the obvious symptom is accepted as summing up the whole situation. The nurse can do much to make the

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<sup>6</sup> *Mental Diseases*, by James V. May, M.D.

family understand that suitable occupation and recreation and an unirritating environment may do much to control the condition. L. Pierce Clark advocates teaching adjustment to the surroundings, reducing environmental friction, and finding suitable outlets for the individual's desires. He has reported a series of cases showing that the frequency and severity of seizure can be greatly influenced, "with the more or less permanent arrest of the disorder in not a few cases."<sup>7</sup> The general tendency of epilepsy is toward mental deterioration, but patients may carry on guarded occupations for years. Because of the suddenness of the seizures they should never be employed around machinery, fires, boilers, or on elevated places. Epileptics showing marked irritability, excitement, moodiness or depression should have medical supervision at once.

In Jacksonian epilepsy, which is due to pressure in some area of the brain, the convulsive twitching begins in one set of voluntary muscles and may spread till all are affected. The mother should be taught to observe carefully the progress of an attack. At the instant of seizure she should note the exact spot, which finger or toe, first begins to twitch. The accuracy of her observation will guide the surgeon to the spot needing surgical relief.

**Psychoneuroses.**—There is a group of disorders which present both mental and physical symptoms and hence are often spoken of as border-line conditions. These are the psychoneuroses, including neurasthenia, psychothenia with its obsessions, doubts, anxiety, phobias, and the forms of hysteria. These disorders are very frequently the result of unhealthy modes of living, and all require re-education as an important factor

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<sup>7</sup> "Clinical Studies in Epilepsy" (Concluded). L. Pierce Clark, M.D., *Psychiatric Bulletin*, January, 1917.

in treatment. They will be discussed in the section on prevention.

#### RECOMMENDED READING

*Elements of Psychology*, Thorndike.

*Social Psychology*, MacDougall.

*The Psychology of Insanity*, p. 176, Bernard Hart, G. P. Putnam's Sons, N. Y.

*Outlines of Psychiatry*, William A. White, M.D.

*Nursing Mental Diseases*, Harriet Bailey, Macmillan Co.

## CHAPTER III

### COMMUNITY CONTACTS

THE nurse who hopes to bring help and comfort to the much neglected group of the mentally sick must first of all have a right attitude herself towards mental disorders. Any levity or word of ridicule about the mentally abnormal is beneath the dignity of her profession. No nurse who even guesses at the depth of suffering endured by a mentally sick person and his family will be guilty of the bad taste and heartlessness of facetiousness about "nuts," "freaks," etc. One such remark may check the revelation of an unsuspected family problem needing her help. On the other hand, her sympathetic attitude will make people ready to talk to her of their carefully concealed anxieties.

**How Incipient Cases May Be Found.**—Since there is so little public understanding of the nature of mental disorders and the possibilities of modern treatment, it follows that the early cases must be looked for in the community if they are to receive the help their condition demands. The public health nurse goes into many homes and may locate at firsthand an incipient case. But the claims on her time are many, so that if she wishes to do much preventive work in mental hygiene she must enlist other eyes and ears and understanding minds to help her find those who need special advice. There are in the community many means of contact through responsible people who are in touch with large groups. A few minutes' description of the misfit persons whom she seeks from a desire to help them will result in securing the coöperation of these men and women in reporting possible patients to the nurse for her investigation.

The nurse should explain to the local *clergymen* and *church visitors* what preventive work and early treatment will do, and ask them to let her know which are the problem cases among their people. *Settlement workers* see many young men and growing girls, and can point out the *odd* one who does not fit in with the usual groups. The superintendent of the *Salvation Army* shelter will know the hopeless "repeater" among his protégés who seem "not quite right." The secretaries of the Young Men's and Young Women's Christian Association will always have two or three members of their clubs who cause them some anxiety because of abnormal behavior.

The nurse should go into the factories and tell the *overseers and foremen* why she would like to be told of the men or women who cannot work harmoniously with their fellows. *Welfare workers* in factories can bring to her attention not only the tuberculosis suspects but also the mentally unstable employe who is always a problem. The possibility of helpful treatment for these difficult people is only beginning to be thought of in factories, although in a few progressive places mental hygiene in industry is recognized as a problem important enough to justify employing a special worker for its promotion. One printer, who was the representative for his shop of a workmen's anti-tuberculosis association, exclaimed on hearing of the possible use of mental clinic, "If we had only known this last year we might have saved a man in this shop who was queer for a long time and then committed suicide." The stress of daily work and constant adjustment to one's fellows often reveals the incipient mental case.

It is highly desirable to make the acquaintance of the *local judge*, the *parole officer* and the *chief of police*. The nurse should ask them to let her get special advice for the epileptic who is often in court, for the growing boy so often in trouble,

and for the man who has made repeated assaults on his family. One man had been arrested four times for drunken attacks before a mental hygiene nurse learned of his behavior and had him examined by a psychiatrist. He was a definite case of alcoholic insanity, and instead of receiving another useless jail sentence was sent to a mental hospital. An old Italian had been three times jailed for riotous behavior which was ascribed to drink, when a friend sought out the nurse to say that the old man was temperate, and perhaps was *sick*. Examination disclosed a mental disease. In many large centres there is now a psychiatrist and a psychiatric social worker attached to the city court, but this sensible provision is yet comparatively rare. When not already well informed, parole officers should be made acquainted with the literature on the connection between feeble-mindedness and delinquency.

*Employment bureaus* all know the pitiful woman who cannot keep a place longer than a few days because the "voices" she thinks she hears all night goad her into noisy rejoinders. *Playground supervisors* can point out the very difficult children who seem always to be a storm centre. There are sometimes mental defectives among the group who are a moral menace to the others.

In a rural community there is little chance of news of mental clinics or hopeful treatment reaching isolated farm-houses. The nurse will do well to ask for a hearing at a meeting of the local Grange or other *farmers' associations*, to tell them what early treatment might do for cases allowed too often to remain on the farm for a year or two without advice. A widow was reported to be sacrificing her farm and stock, little by little, in a vain effort to work the place herself and keep her mentally sick son from "having to go to the hospital." One afternoon of persuasion and explanation of conditions resulted

in her placing the crushing responsibility where it properly belonged.

An invitation can be procured to speak at the first meeting of local *school-teachers*. They should be asked to report the children who are truants, who are often excused from attendance, who are "repeaters" in classes. Among these one finds often the mental defectives. It will also be well worth while to have reported the day-dreamers, those of solitary habit, the over-wrought child, and the child of passionate temper. Such children need comprehending government to assure mental stability. "Children who suffer from an intense self-consciousness and shyness, who are fearful and apprehensive, who are markedly unsocial and do not mix with other children, who show tendency to depression, who are dreamy and unpractical, or who are apathetic and passive with little active interest in anything, are not recognized as problems because they give little or no trouble. They are frequently excellent in school-work and are models of good behavior. They are, nevertheless, quite as badly adjusted as the more spectacular group and in need of a training which will get at the root of their difficulties and help them to overcome their unhealthy tendencies."<sup>1</sup> Mental hygiene in some of its phases at least is now being included in the training at many normal schools, and nurses will find many teachers able to point out children who show unhealthy mental tendencies.

The examples given above by no means exhaust the means of contact with the individuals who need special advice and guidance to avoid mental breakdown. They will serve, however, to indicate the methods by which incipient cases may be discovered. In securing the coöperation of the individuals and agencies with opportunities of seeing large numbers of people the nurse must use discretion in discussing mental symptoms.

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<sup>1</sup>"How Can We Safeguard the Child Against Mental Disease?" Jessie Taft, Ph.D.



There is so little knowledge of the subject even among otherwise informed people that statements may be misinterpreted or misquoted if care is not taken. It will be wise to stress the idea of *prevention*, and to arrange that she shall be allowed to approach the individual in her own way.

It is a curious fact that cases of mental disease may have been recognized and known, even to members of the medical profession, and yet no responsibility felt to secure treatment for the patient and protection for others. This is a deplorable result of medical training that considers mental disease as a thing apart. A visiting nurse reported to a Mental Hygiene Society that the mother of a three weeks old baby who had lately come under her notice was acting and talking curiously, a condition which neighbors had noted for some months. The doctor attending the confinement said that she was intemperate and perhaps insane. He had taken no further steps, however, though he said he was sure the infant would die from mishandling or neglect. The condition was common knowledge in the neighborhood. The mental examination revealed an alcoholic psychosis with ideas of persecution and a tendency to impulsive acts which made her a dangerous guardian for the child. Immediate arrangements were made for the care of the baby and hospital treatment for the mother. The public health nurse proved to be the means of protecting both the mentally sick and the helpless infant.

The establishment of a mental clinic will of itself bring to light many cases needing advice. In the Thirty-third Annual Report of the New York State Hospital Commission, 1920-21, we find that out of the 13,328 visits made during the year to the 37 clinics maintained by the state hospitals, 4,609 visits were made by persons who had had no previous connection with the hospital. Of these, 2,861 were first visits. These figures should remove any doubt that accessible mental clinics are a necessity in the campaign for mental health.

## CHAPTER IV

### THE FIELD OF WORK

**Special Knowledge of the District Needed.**—The public health nurse who means to include mental as well as physical sufferers among her patients should equip herself at the beginning with full knowledge of all the agencies for diagnosis<sup>1</sup> and treatment that are within her reach. The state hospital should be visited, and all the cheerful modern provision for care and treatment particularly noted. It will be very helpful in breaking down ignorant prejudice against “asylums” in a family whose son should have institutional treatment to be able to describe the wards and the occupations and diversions so that they may visualize the place as a hospital and not a prison. The nurse should make the acquaintance of the superintendent and the chief members of his medical staff and discuss with them possible coöperation in the work of prevention and early care. Where there are special social workers employed by the hospital they will be glad to assist her in securing treatment for her patients.

**Mental Clinics.**—Mental clinics within reasonable distance should be located, and the hours for attendance and the names of the doctors and special workers ascertained. These clinics are now being established in many cities. All state hospitals are enlarging their horizons and realizing that the early clinic case may be kept from requiring institutional care. The secre-

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<sup>1</sup> By “diagnosis” is meant, throughout this book, a statement of the problems presented by the individual case, the special dangers, the proper disposition of the case, and the prognosis, rather than the exact labelling of the condition. The latter sometimes requires months of observation.

tary of the New York State Hospital Commission reported that "During the year ending June 30, 1920, a total of two thousand one hundred new cases attended these forty-one clinics (maintained by New York state hospitals). None of these patients had ever been in a state hospital, and the advice given them at the clinics was of sufficient value to enable them to continue their work in their own homes throughout the year." Since clinic treatment tends to relieve the over-crowding in the state hospitals it is in the general interest to have reliable mental clinics widely accessible. In several states they are maintained in four or five towns by the neighboring state hospital. In a state where no mental clinics exist the public health nurse can give valuable public service by demonstrating the need for them by the number of cases needing advice which she discovers in the community. A plea for the establishment of a clinic, based on evidence of this kind, will not fail of result. If no clinic facilities are available the state hospital can advise as to which private physicians in the locality have most experience in dealing with mental cases. The National Committee for Mental Hygiene has compiled a nation-wide list of mental clinics and private physicians interested in this branch of medicine.

**Admission to Mental Hospitals.**—It is characteristic of many types of mental disease that the patient has no realization of his abnormal condition. He may refuse hospital treatment, or once in the hospital, may refuse to stay. Since no citizen may be deprived of his liberty and the control of his property without due process of law, hospital authorities could not hold him against his will, though he might be a menace to himself and to the community. For this reason the law has provided for his safety and for the protection of the public by a method of legal restraint, or commitment.

The regulations governing commitment to a mental hospital vary in different states. In general it is provided that some relative or friend shall make application to the court for the patient's commitment. An appointment is made for the hearing, and a notice is sent to the patient, who is privileged to appear and contest the proceedings. At the hearing the magistrate receives the sworn testimony of two qualified physicians who have examined the patient. If the evidence proves that "the acts, declarations and conduct of the person are inconsistent with his previous character and habits," and the physicians agree that he is a proper person to be taken charge of and detained for care and treatment, judgment to that effect is given, and he is committed to a hospital for mental diseases. The term of commitment is not set by the court but depends entirely on the patient's condition. The cost of commitment and of hospital care is met differently in different states. The entire cost may be borne by the state, or it may be divided between state and city, or the whole or a part may be paid by the family. The nurse should acquaint herself with the regulations in her locality, so that she may assist in facilitating arrangements for hospital treatment when it is necessary.

**Voluntary Admission.**—Essential as a safeguard for liberty and a protection against conspiracy as such legal procedures may be, their application is detrimental in many cases to the mental condition of the patient. In a confused mind courts are apt to be connected with guilt, crime, and punishment, and delusions are often more firmly fixed by this contact. The publicity and what seems to the ignorant the alarming character of such proceedings often deter a family from seeking the necessary treatment. Of late years there has been an increasing extension of the provision for voluntary admission to state hospitals. Many patients who realize their sickness are thus

enabled to secure hospital treatment without legal intervention. The nurse should know whether this is a possibility in her community.

**Securing an Examination.**—When the nurse visits a family where it is suspected that there is a mentally sick person it will often require fine tact to secure their consent to seek special advice. The mistake must never be made of suggesting the possibility of insanity. People are still too unwilling to entertain such an idea. When a little talk has revealed the existence of "nervousness," depression, hallucinations, excitability, etc., the suggestion of a visit to a doctor who has made a special study of "nervous" diseases will be well received. Since families are often only half convinced of the necessity it is always easier to get their consent to a special examination when there is a free clinic. Of course families that are well able to pay a specialist's fee should be expected to do so. If the examination proves the need of a period of hospital residence the nurse can give invaluable aid in securing the family's coöperation.

A small but important point for the nurse to remember is never to be guilty of speaking of the institution for the care of mental patients as an "asylum," but always to call it the mental hospital. The word asylum brings to mind all the gloomy, hopeless features of a place where people were hidden away as so much scrapped material, the dumping ground for human wreckage. A hospital suggests at once doctors and nurses and suitable treatment. The old word, inherited from an age when the mentally sick were shut up with paupers and idiots, usually for life, still lingers in many places and must be dropped. This suggested habit of speech will do much to foster a better conception of modern institutional care. In state after state the official name of the institutions is being

modernized to suit present day ideas, but nurses should abandon the old offending name without waiting for official action.

**Types of Helpful Service.**—All public health nurses may give practical help in the fight against mental disorders. Having learned the early symptoms they will be alert to detect those conditions which demand a special examination, and can help to secure it. They can teach the public the value of early treatment. If hospital care is advised they can break down the prejudice of the family against mental hospitals. Public health nurses *who have been adequately trained in psychiatry* will have opportunities to assist in advising and supervising patients who have been allowed to return to their homes on a trial visit. Most state hospitals now have after-care workers, but their territory is often too large to allow the patients being visited frequently enough to see that their adjustment to work and to home life is proceeding satisfactorily. Occasional visits at the request of the hospital authorities would be a service that the nurse might well give.

**Special Training Essential for Supervision.**—In the majority of early cases treatment will consist in visits to the clinic, with supervision, guidance and readjustment of conditions. This should be undertaken in a responsible way *only by those who are trained for this special work*. Mental clinics usually have their trained assistants, psychiatric social workers are increasing in numbers, mental hospitals have their field workers. The public health nurse without adequate training in psychiatry should turn over to these workers, who are experienced in dealing with the mentally abnormal, patients who require this type of supervision. In a locality where no such specially trained nurses or social workers are available, and the responsibility must remain for a time with the public health nurse, she must follow with scrupulous care the recommendations of the

doctor in guiding the patient in work and recreation, in family and social relationships.

It will require only a little contact with the needs and sufferings of the mentally sick to make every nurse realize that they are a group with an unescapable claim on her interest and assistance. Psychiatry is a science which is progressing so rapidly that constant reading is necessary if one would keep abreast of the new developments and applications of recent discoveries. Fortunately, the most important facts and their application to daily life are recorded in a large number of publications by acknowledged leaders in this long neglected field of medicine—publications for the most part written so simply that their lessons are easily learned. All nurses are urged to secure for their personal library a selection of the pamphlets issued free of charge by the National Committee for Mental Hygiene. They comprise the addresses and papers of all the leading psychiatrists, and treat of subjects with which every public health nurse must be acquainted if she is to do her work intelligently and thoroughly.

### RECOMMENDED READING

*Mental Hygiene*, a quarterly magazine, National Committee for Mental Hygiene, New York.

*Principles of Mental Hygiene*, p. 323, 1917, William A. White, M.D., Macmillan Co., New York.





SECTION II  
THE PUBLIC HEALTH NURSE AND  
MENTAL HEALTH



## CHAPTER V\*

### MENTAL HEALTH OF CHILDREN

THE modern public health nurse is first of all an educational force in the community. Whether she specializes in infant welfare, school-nursing, industrial hygiene, or any other type of community work, her most valuable contribution will be her teaching of health habits. The best school-nurses arrange drills, competitions, prizes, to assure the *habitual* carrying out of measures necessary for bodily health. We have come to realize that the inculcation of good *mental* habits is equally necessary.

**Habit Training Needed from Infancy.**—Attention to the mental hygiene of children should not be deferred till school age. "It is not sufficiently realized that mental hygiene should begin when the child is put to the mother's breast."<sup>1</sup> The ignorant mother who feeds her child every time it cries is doing more than interfering with its digestion. She is teaching it to dominate the situation by violence. The same child will be found at five shrieking with rage when crossed—not a good preparation for adjustment to a world where individuals must respect the rights of others. "This (infancy) is the period when all the tendencies which are to be the motive forces in the future history of the individual acquire their initial direction."<sup>2</sup> "As the child passes through the various phases of his develop-

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\* Part of the material in this chapter and in Chapter VII has appeared in the *American Journal of Nursing*, and is reprinted by permission.

<sup>1</sup> "The Experiences of the Child: How They Affect Character and Behavior," by C. Macfie Campbell, M. D.

<sup>2</sup> *Mental Hygiene of Childhood*, by William A. White, M.D.

ment he has to meet a series of tasks: he has to learn to adapt himself in an orderly manner to the problems of sleep, of nutrition, of cleanliness; he has to learn to accept certain social restrictions and conventions, to allow for the rights of others, to modify native self-assertiveness, to distinguish between make-believe and reality, to respond to standards of truth and honesty and decency, to put forth effort in the face of his tasks, to develop independence of judgment and action and feeling. The way in which the simple problems of childhood are handled moulds the child's habits, and the ability to meet the later tests of life will be modified by his training in relation to the early tests. The child, capricious in diet, insistent on his own sleep conditions, obstinate in refusal of regular toilet habits, gaining his own ends by a display of unpleasant tantrums, will have difficulty in adult life in adapting himself to the demands of a real world, which is not prone to bow before tantrums, which exacts inexorably the price for neglect of simple hygiene habits; at an age when these problems should have been turned over to habit, leaving the man free for his real tasks, we find him tinkering with his bowels, studying his diet, groaning over his unsatisfactory sleep."<sup>3</sup>

Mental disease has been described as a marked failure of adjustment to one's surroundings. Mental hygiene must deal, therefore, not only with intellect but with conduct, and the child must be trained to think generously and to live harmoniously with others in his little world. Habits of mind must be formed with at least as great care as table manners and social graces. Each of us is a compound of tendencies inherited from a variety of ancestors, and, while a child of recognized neurotic inheritance requires more careful mental guidance, all should be pre-

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<sup>3</sup> "The Experiences of the Child," C. Macfie Campbell, M.D.

vented from developing unhealthy habits of thought and conduct.

A primary tendency in all children is imitation, and parents may be directly responsible for certain characteristics of their children which are credited to more remote ancestors. Hampering fears may cling through life to the girl who has seen her mother terrified in a thunder-storm. Uncharitable comments on the neighbors will teach the listening child to be suspicious of others. "The sneer, the jeer, the anxiety, the insincerity, do not have to be understood as such by the child, any more than it is needful for him to understand the nature of the physical calamity that might befall him, in order to have the fear of lightning engendered in him. All that is needed is that the attitude of fear when the lightning flashes shall be taken in his presence by others. Let the attitude of parents and adult members of the family toward their daily occupations at home or in the office be that of dread, dislike or boredom, let real joy and lightness of heart appear only when the holiday, the rest hour or the diversion are being spoken of or experienced, and the child begins the formation of attitudes towards work that must be eradicated later if he is ever to find himself in his work as an adult." <sup>4</sup>

**Self-control.**—Among the lessons that come first both in time and in importance is the steady teaching of self-control. Primitive instincts clamor for satisfaction, but they must be curbed and controlled if the child is to live a happy, civilized life. The needs of others around him soon modify the gratification of his desires. He must await his mother's convenience. He learns not to grab at his food. He is made to say "please" before receiving the coveted toy. Gradually the accepted mode

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<sup>4</sup>"Mental Hygiene and the Parasite," Margaret J. Hamilton. *Mental Hygiene*, vol. v, No. 1, Jan., 1921.

of conduct is imposed on him. Later on forces stronger than his instincts are developed and brought into play. The tempting apple is *not* eaten, because it belongs to another. The cake is shared with his little sister.

Some children, especially those of poor nervous inheritance, are given to outbursts of temper. These occurrences should be prevented as far as possible by avoiding likely causes of irritation, or by fixing the child's attention on something else when the storm is threatened. If the outburst has come, the child should be quietly but firmly carried away from its companions for a time, or even put to bed, though never left alone in a dark room when overwrought emotionally. None but a very ignorant or thoughtless person will find amusement in a childish outburst of rage. Unfortunately parents are found who think it good sport to goad a young child into a display of impotent wrath, not realizing the injury to the nervous system. A nine year old girl in a family of highly neurotic makeup destroyed all peace by her frequent rages over the most trifling incidents. When the despairing mother was induced to apply the remedy of isolation a few times, and the child had been shown between tantrums what an object for ridicule such conduct made her, there was a rapid and most gratifying improvement. Lack of self-control permitted through childhood resulted a few years ago in the murder of a hotel clerk by a bell-boy who shot him in a fit of ungovernable rage. "If a young infant be kept in a normal routine, despite any emotional outbreak which it may manifest, an excellent start in the training of the emotions will have been made. If a child learns that by crying or by an exhibition of temper it can gain the thing which it thinks desirable, a very bad start will have been made. Children should early be given to understand that they must control themselves before their desires will be gratified.

The substitution of self-mastery for emotional outbreaks is easy when begun early but very difficult if begun late in life.”<sup>5</sup>

“The temperamental tendency toward oversensitiveness to the markedly painful or markedly pleasant emotions and sensations is perhaps the most common and fundamental element which, if unrecognized and uncorrected, makes for later nervous breakdowns. This element is recognizable even in the early months of life. The training (of children with this characteristic) should have in view the distinct object of moulding the sensitiveness itself into a useful force.”<sup>6</sup> The child may be shown that he can act *in spite of* his disturbing emotions. If he is afraid of the dark he should be told that lots of children have that silly feeling but *of course* he will not let that stop him from getting what he wants from the unlighted room. By actually going into the dark room and getting it he will be shown how foolish his fear was and how worth while to get what he wanted in spite of it. Every effort should be made to make the interest in doing things and the results of doing things always stronger and more enticing than the interest in his own feelings. He must be encouraged to become a “good sport” rather than the slave of his fear or his anger.

**Self-reliance and Independence.**—If a mother wants her son to be self-reliant and self-controlled, the delicious sense of her child’s dependence on her during the first three or four years must give way before the need to prepare his mind and spirit to fight independently in the arena of life. When should a child be allowed to walk three miles? Obviously, when by easy stages he has learned to walk one—then two—without undue

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<sup>5</sup> Principles of Mental Hygiene Applied to the Management of Children Pre-disposed to Nervousness, Lewellys F. Barker, M.D.

<sup>6</sup> “Nervousness: Its Cause and Prevention,” Austin Fox Riggs, M.D., in *Mental Hygiene*, April, 1922.

fatigue. When should he be expected to assume individual responsibility in serious matters? When by little steps he has acquired the habit of successfully accomplishing small duties. Putting away his toys when through with play, picking up his discarded clothing, remembering each day to water his little plant, giving his rabbit its daily food—all these are a steady education in order, thoughtfulness for others and independence of action. He must not be spared the consequences for his failures, for it is by our mistakes that we most surely learn. It is better to let his plant die than to water it when he has neglected his responsibility. "Another mental attitude that bears watching is the craving of the child for sympathy. Parents are really unkind in yielding too much to such a craving. True kindness will teach the child to rely more upon self-help. Another manifestation common in children is vacillation. While there are some children of the "hair-trigger" type who have to be taught deliberation in making decisions, there are more who have a tendency to doubt and indecision and who should be taught that it is better, after due consideration, to make a decision, even though it be wrong, and to stick to it, rather than to remain undecided." <sup>7</sup>

**Endurance.**—Unwise sympathy which leads to self-pity is a damaging atmosphere with which to surround a developing mind. There are few children who will not shirk tasks which demand the full extent of their mental powers, unless encouraged to put up a good fight for success. As judicious exercise is necessary for physical growth, so definite mental efforts in steady progression are needed for mental development. The child who coaxes to be excused from learning his lesson, who will not concentrate or try to solve a difficult problem in arithme-

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<sup>7</sup> Principles of Mental Hygiene Applied to the Management of Children, Lewellys F. Barker, M.D.



tic, is losing more than his good marks for the day. He is delaying the growth of his mental powers. Too easily secured sympathy is destructive of moral fibre as well, even in such simple matters as physical hurts and bruises. The ability to take necessary knocks smilingly, to endure pain courageously, if learned early in life brings poise and self-control in later crises.

**Whims Regarding Food.**—A source of much unnecessary distress to both mothers and children is the indulgence of whims regarding articles of food. From earliest years, so soon as general diet is permissible, no refusal to eat any suitable article of food should be tolerated. Infinite discomfort for the individual and the family results when petty dislikes of this and of that must be recognized. Physical health often suffers later when these unfounded aversions, unchecked in childhood, have formed a definite neurasthenic habit. Conformity to general standards in small things reduces friction, and tends to render easier the necessary adjustments of adult life.

**Association with Other Children.**—A healthy-minded child will share in the games and interests of other children. While all are not alike in temperament none should be allowed to indulge often in solitariness, to pass long hours in day-dreaming, to be suspicious, grudge-bearing, or sullen. Such unhealthy habits of mind may soon become the dominant characteristic. They are usually included in the childhood history of dementia præcox cases found in state hospitals. A mother weeping over her sixteen year old daughter, a patient in a mental hospital, said, "Doctor, I cannot understand it. She was the sweetest little girl. She would never go out to play with other children, but always sat at my knee and was so good."

"Children naturally live in the present. They should be taught to live one day at a time, to settle their moral accounts

every night, never to hold a grudge, never to let the sun go down upon their wrath, to look upon each morning as a new day in which to improve, but not to carry their troubles over from yesterday." <sup>8</sup> Ungenerous suspicions of playmates are very harmful, and must be checked. The tendency to feel aggrieved, to consider oneself unfairly treated, to think all prohibitions and general criticisms aimed at oneself, to carry a chip on one's shoulder—all these are habits of mind which make for unhappiness and consequent withdrawal from healthy companionship with other children. While these habits are most often broken up in the hurly-burly of school-life, there are frequent cases where bad habits grow into dominating moods, and later, when the more difficult adjustments of adolescence are required, there is no healthy mental attitude with which to meet the situation. A generous open habit of mind is the best bank account with which to pay the demands of life.

**Day-dreaming not Encouraged.**—Practical activities must be provided for growing minds and bodies. Day-dreaming, if a marked characteristic, should give place to some active pursuit. A lively imagination is a delightful attribute of many children, but there must be no lack of ability to return to the practical affairs of every day. They must never lose touch with the real world in their attempted flights into the unreal.

**Fair Play.**—The egotistic tendency of a child to secure every advantage for himself, a tendency which conflicts with the necessary social doctrine of the rights of others, can be most readily overcome by means of the games of childhood. The great principle of fair play must be implanted at the beginning of play experience, and the further concepts of generosity to playmates and of the dishonor of accepting an advantage

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<sup>8</sup> "Success and Failure as Conditions of Mental Health," William H. Burnham. Read before Mental Hygiene Section, National Conference of Social Work, Atlantic City, June 5, 1919.

cannot be too early taught. Children who cheat at croquet, who peep when eyes are blindfolded, who let another take their rightful blame, should be made to feel the disapproval of their world. One removal from playmates for the afternoon because of these infringements of the moral standard will make the lesson sink deep in memory. Much more serious mental and moral conflicts of later life will be decided along the lines of habitual thought graven in the childish mind. William James has shown us clearly the potency of habit. He says: "Could the young but realize how soon they will become mere walking bundles of habits, they would give more heed to their conduct while in the plastic state."

**Acceptance of the Possible for the Unobtainable.**—From the earliest years the child should be taught to substitute the possible for the unattainable. The tears shed for the desired moon may be dried by the tangible toy, and the moon remain but a bright spot in the sky. If a heavy rainstorm prevents the looked-for picnic, provide some merry indoor games and do not let the children stand at the window and pout. If the noisy strumming on the piano must be stopped, suggest in its place a drawing contest, and train the children to enter into the new game with zest. Through life there must be no backward glances at the forbidden city, if we would escape consequences worse than the saline fate of Lot's wife. The cheerful acceptance of the next best when the best is unobtainable, if steadily taught from childhood, will enable the boy in later years to meet disappointment with a cheerful courage. It will help the girl from whom family joys may be snatched away to find an outlet for her emotional life in service for others. Repressed and unsatisfied longings for which no substitute is found are a potent cause of mental breakdown. Safety lies in frankly acknowledging the natural longing for the satisfaction

of normal desires, while accepting and developing to the utmost the best available substitute. Useless repining is a practice which corrodes the mind.

**Necessary Stimulus of Success.**—No stimulus to healthy mental growth is more important, and more often ignored, than success. From the first glimmerings of intelligence and through the aspiring efforts of maturity it is success which step by step lures us on. The tiny infant making wavering clutches at his foot gurgles with satisfaction when he grasps it. "From this initial success all through the wonderful achievements of learning to walk, and to talk, and the various motor accomplishments of ordinary life, the same stimulus of success is continuously active; and without it in large measure, arrest of development would occur." Physical health also is affected by this stimulus. It is thought that the glands of internal secretion are involved, and the whole system toned up by it. Failure, if frequent or continuous, is inhibitory, and may depress functional activities, especially in children. Little successes should, therefore, be part of every day's experience. Has the boy failed to accomplish some new task after honest effort? Then see to it that this is offset by a second task within his powers, so that discouragement does not kill his capacity for further attempts to succeed in the first. Is he cast down because he lags behind in the arithmetic class? Set him a copy for the writing he can do so well, and then show him why he must learn the multiplication table. But desirable and helpful as frequent little successes are, boys and girls must be shown that success is not in itself the thing of greatest value. Teach them that it is not the winning of the prize but the worthy running of the race that counts most. Were this more generally impressed on children we would not have that most deplorable of records, the annual account of girls or boys who have *committed*

*suicide* because of failure in a school examination. Such tragedies reveal a shocking lack of instruction in proportionate values.

“For thence,—a paradox  
Which comforts while it mocks,—  
Shall life succeed in that it seems to fail:  
What I aspired to be,  
And was not, comforts me:  
A brute I might have been, but would not sink i' the scale.”

**Success and Failure.**—Necessary to our mental growth as is success, we could ill do without the corrective of occasional failure. Superficiality and conceit are the dangers of those to whom success comes to easily, and occasional failure is the needed antitoxin. Full growth is not attained without difficulties to overcome. Both success and failure play a part in the healthy growth of a child's mind, and with a disproportionate amount of either comes a poor result. Constant sunshine withers tender plants, and unrelieved shadow produces pallid leaves. In the growing season we have long sunshiny days and short nights. In like proportion children should experience success and failure.

**Need for Proper Sex Instruction.**—A sure foundation is needed upon which the child may begin to build his house of life, and he naturally finds this in his implicit confidence in mother or father. He depends first on the unflinching interest shown in all his small affairs, the sympathy for his troubles, the explanation of all his problems. He unburdens himself with wholesome frankness. Soon comes a day when answers are evasive. Information repeatedly withheld arouses a brooding curiosity more acute than any concerning subjects frankly discussed. Every adult can look back to some such experience in childhood, and most of us can remember how long the unanswered

question remained clearly defined till some perhaps less desirable instructor enlightened us. More serious still, the first recognized evasion breaks the child's perfect trust, and deprives him of his main support.

No questions are so inevitable from children as those touching on sex and reproduction. The child of six or seven will accept as a matter of course the statement of the responsibility of the mother rabbit for the arrival of the little bunnies. A new baby arrives next door and dawning powers of inference send the child breathless with the news and eager with questions. In how many cases is he met with the story of the cabbage-patch or the doctor's satchell, and silently goes away, *not believing*, and with the feeling of a barrier between him and his mother. He scents a mystery and seeks information elsewhere. Sooner or later he picks up garbled or unclean hints, and becomes what has been aptly called a "graduate of the hired man." The question that confronts the mother is not, "Shall or shall not my child be told early the simple facts of life?" but rather, "Shall I tell him naturally and gradually, or shall I let some coarser person poison his mind towards one of the fundamental facts of existence?"

Modern psychiatry is uncovering the far-reaching effect on the mental health of adolescents of a vicious presentation of sex matters to immature minds. This is strikingly shown in the study of juvenile delinquents by Dr. William Healy. Among boys and girls alike are found many instances of acute sex-consciousness, exaggerated shyness and much mental stress, the result of misinformation or a total lack of instruction on the subject. This mental distress may even approach mental disease, as may be seen in the following authentic case. A refined girl of fifteen had been plunged the year before into the industrial world without any proper sex instruction. Her

fellow workers at the factory were of coarser grain, and she could not help hearing suggestive and indecent stories while at work. Her natural shrinking from impurity, coupled with the shock of the revelations, set up a serious distress. She became greatly depressed, lost much weight, could not sleep, wept incessantly and finally was contemplating suicide. Her mother realized the cause, but said she "could not talk to a girl about things like that." The family physician considered her in an early stage of mental disease, and as a last resource sent her to a mental hygiene clinic. Six months of supervision by a nurse who gave her proper instruction and a wholesome point of view on sex matters, coupled with the needful regulation of work and recreation, rescued her from mental breakdown and set her successfully in the path of normal, happy girlhood.

A boy attempting to drive a high-powered automobile through heavy traffic with no knowledge of the source or of the control of the force carrying him forward could hardly escape unscathed. Young people flung out into life without proper training for the control of one of the fundamental instincts can hardly avoid serious consequences. A wholesome attitude towards questions of sex is a safeguard against many mental difficulties of adolescence, and should be fostered from early years. It is the natural outcome of frank confidence between mother and child, accompanied by honest instruction suited to tender years.

Children who are found to have formed bad sex-habits should not be driven into fear and concealment by harsh scolding. They should be talked to sensibly, encouraged in efforts to break the habit, assured of affectionate help. Active work and outdoor play, prompt rising as soon as awake, and carefully chosen playmates will help to eradicate this evil.

In mental life as in physical life it has been the study of disease which has uncovered the mechanism and revealed the laws of healthy growth, and mental hygiene now aims at guiding minds which are not diseased to the best possible development. The so-called normal child is just as much in need of mental hygiene as the neurotic child. For the latter, however, careful guidance is essential if serious difficulties in later life are to be avoided. After careful study of a large number of "mal-adjusted" persons at a Conference Centre for Women and Girls in New York the psychiatrist in charge was convinced of (a) the need for early detection and wise handling of such hampering tendencies as fear, suspicion, discontent, seclusiveness, lack of self-control, dependence (on people, on the opinions of others, etc.), morbid or unproductive day-dreaming, a tendency to the dispersion of energy and interest, inferiority feeling, depression and secretiveness; (b) the need for rapport between children and parents and teachers; (c) the need for simple, straightforward but biologically sound sex instruction to children and adults.<sup>9</sup>

#### RECOMMENDED READING

*Mental Hygiene of Childhood*, p. 193, William A. White, M.D., Little, Brown & Co., Boston.

\* *Nervous Children and Their Training*, C. Macfie Campbell, M.D.

\* *The Experiences of the Child*, C. Macfie Campbell, M.D.

\* *How to Avoid Spoiling the Child*, Lewellys F. Barker, M.D.

\* *Principles of Mental Hygiene Applied to the Management of Children Pre-disposed to Nervousness*, Lewellys F. Barker, M.D.

\* *Success and Failure as Conditions of Mental Health*, William H. Burnham. Those marked \* are pamphlets distributed by the National Committee for Mental Hygiene, New York City.

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<sup>9</sup> "What Can Be Done for the Mal-adjusted?" *Mental Hygiene*, vol. iv, No. 2, Apr., 1920. Anne T. Bingham, M.D.



## CHAPTER VI

### PREVENTABLE FORMS OF MENTAL DISEASE

A CHILD may be trained to observe all the rules of personal hygiene, but that will not certainly prevent him from becoming sick if he drinks milk infected with typhoid fever or bovine tuberculosis. His mental life may be established on wholesome lines but if he later acquires certain infections or toxæmias he may develop a type of mental disease. In other words, it is not enough to establish good mental habits in childhood. It is also necessary to avoid the causes of the preventable forms of mental disease due to infections and poisons. Public health nurses are building for the future in promoting the mental hygiene of childhood. They must also help in the present by spreading the knowledge of the known causes of the preventable forms of mental disease.

**Syphilitic Mental Diseases.**—The most important single preventable cause of insanity is syphilis. "In spite of contributing factors and modifiers it is a true saying that there is no general paresis without an antecedent syphilis." There are also other forms of syphilitic insanity, so that we find that ten out of every hundred new cases coming to the state hospitals throughout the country are due to this infection.<sup>1</sup> The highest rate is found in Colorado with fifteen per cent., Rhode Island with nearly fourteen per cent., and New York with thirteen per cent. More than four times as many of these patients come from towns and cities as from villages and rural districts.<sup>2</sup>

<sup>1</sup>"Comparative Statistics of State Hospitals for Mental Diseases, 1920," Pollock and Furbush, Nat. Comm. Mental Hygiene.

<sup>2</sup>"Mental Diseases in Twelve States, 1919," Pollock and Furbush, Nat. Comm. Mental Hygiene. *Mental Hygiene*, vol. v, No. 2, Apr., 1921.

More persons die of paresis in New York City than die of typhoid fever.

General paresis, often called by the public "softening of the brain," is a syphilitic disease of the brain which usually shows itself towards early middle life, the result of an infection which may have occurred many years earlier. It progresses steadily to dementia and paralysis. The earliest symptoms are often overlooked or ascribed to other causes. From slight changes in disposition the patients gradually show marked alteration in conduct and character, become boastful, garrulous about private affairs, choose undesirable associates, and show great lack of judgment. It is at this stage that their families are often involved in financial disaster by their ill-judged management of affairs. Absurd ideas of self-importance and grandeur are very characteristic.

The prevention of the syphilitic insanities is of course linked up with the campaign against venereal disease, for "the vast majority of syphilitics acquire the disease through prostitution and clandestine intercourse." A few become infected unknowingly and innocently. An infected husband may give the disease to his wife. Public drinking-cups, towels, soap, basins, bathing suits, a borrowed pipe, or a lead pencil which has been put in the mouth, any of these may be the medium of infection.

**Alcoholic Mental Diseases.**—Another definite cause of mental disease is the continued use of alcohol. Not only the excessive drinker but also the so-called moderate drinker is liable to develop alcoholic insanity. Fortunately with the increase of temperance during the last ten years, and more recently with national prohibition, this type of mental disease is growing less common. "The most remarkable change since 1919 has been the reduction of the alcoholic psychoses, the percentage having dropped from 4.6 to 2.3. This is apparently due to

more rigid restrictions of the liquor traffic. It will be noted that a few hospitals report *no* alcoholic cases. The gradual reduction of alcoholic cases from about 10 per cent. in 1910 to about 2 per cent. in 1920 is a noteworthy accomplishment." <sup>3</sup> Besides being the chief cause in the alcoholic psychoses, alcohol is a contributing factor in many other forms of mental disease. That means that the individuals in the latter groups had proved able to withstand the strain of necessary mental work and adjustments, often in spite of unfavorable tendencies, until their stock of mental strength was undermined by alcohol. It has been shown conclusively by a series of careful experiments that "the man who habitually drinks even a couple of glasses of beer three times a day keeps his efficiency in accuracy, amount of work and general judgment ten to fifteen per cent. below his normal; but he does not realize it. Alcohol, even in moderate doses, diminishes sensibility, physical, mental and moral. It lessens self-control, both moral and muscular."<sup>4</sup> It is evident from these findings that alcohol has no place in any plan of life designed to promote the mental health of the individual.

**Dementia Præcox.**—By far the most important type of mental disease, both from a numerical standpoint and from the comparative infrequency of cure is that group of mental disorders known as dementia præcox. It occurs chiefly in youth and early adult life, and is responsible for at least a quarter of all new hospital cases each year and for more than half of all under treatment at any given time.<sup>5</sup> The cause of this disease has not yet been determined, and is a subject of

<sup>3</sup> "Comparative Statistics of State Hospitals, 1920," Pollock and Furbush, Nat. Comm. Mental Hygiene.

<sup>4</sup> "Preventable Forms of Mental Disease and How to Prevent Them," L. Stanley Abbot, M.D. *Boston Medical and Surgical Journal*, vol. clxxiv, No. 16, Apr., 1916.

<sup>5</sup> "Mental Diseases in Twelve States," Pollock and Furbush, Nat. Comm. for Mental Hygiene. *Mental Hygiene*, vol. v, No. 2, Apr., 1921.

wide research and discussion. For this reason it is not possible to prescribe definite methods of prevention. "One theory lays stress upon mental factors as causes, regarding the mental symptoms as outgrowths from and developments of faulty ways of meeting difficulties, shown even in early childhood. . . . In a fairly large proportion of cases it may be one of the contributing factors."<sup>4</sup> These faulty ways, or bad mental habits, have been discussed in the preceding chapter. In general they are secretiveness, grudge-bearing, day-dreaming, brooding, withdrawal from companions. "The best way we know to prevent this psychosis is for parents and teachers to begin at the first appearance of these traits, perhaps even as early as infancy, and to continue till adult life, to make unremitting, tactful and sympathetic efforts to get into the little mind, to understand its point of view, to suggest happier and healthier ones, to lead the child to more objective and so more healthful contacts and interests, to teach more practical substitutions and aims, better ways of reacting and better attitudes towards persons and life. These better ways cannot be imposed upon the child from without, but the seed must be planted and must grow from within."<sup>4</sup> Sir Thomas Clouston, the famous Scotch psychiatrist, gives these general principles of prevention. "Build up bone and fat and muscle by means known to us during the period of growth and development. Make fresh air the breath of life of the young. Develop lower centres rather than higher where there is a bad heredity. Do not cultivate, rather restrain the imaginative and artistic faculties and the idealisms generally in cases where such tend to appear too early and too keenly. They will be rooted in a better brain and body basis if they come later. Cultivate and insist upon an orderliness and method in all things. Fatness, self-control and orderliness are the three most important quali-

ties for them to aim at." Since dementia præcox is, in general, characterized by the tendency of the patient to withdraw into himself, to avoid contacts with the world about him, to give himself up to day-dreams about which he is reticent, it is evident that the successful uprooting of these tendencies in childhood will be a safeguard against the later development of the disease.

**Psychoses with Fatigue as an Important Factor.**—A large group of preventable cases is that found suffering from the "fatigue" psychoses. About a sixth of the yearly admissions to mental hospitals are "due to breakdowns in persons who are unable to withstand the hard continuous work, or the exhaustion of illness and pain, or the sudden intense or the long continued stress of conflicts between opposing desires, ambitions and duties, or the strain of prolonged responsibility, or the various combinations of these." The causes of this lack of endurance are inherited tendencies, advancing years, physical illness, unhygienic modes of life. Frequently among this group are found the mother worn out with anxiety, work, and too frequent child-bearing; the young man carrying too heavy a load of responsibility, the over-ambitious college youth, the over-active, energetic person who never takes the necessary rest. Public health nurses can do much to prevent the occurrence of this form of mental disease by insisting upon and helping to arrange for a period of rest and freedom from responsibility for those who are obviously carrying too great a burden. An explanation of the mental danger will secure the coöperation of relatives or some philanthropic society to provide the necessary change of surrounding conditions.

**Drug Addiction.**—A small number of mental hospital patients are found there because of addiction to some drug, such as morphine and cocaine. Prevention of this habit will of

course mean the prevention of the disease. In certain cities one finds that in spite of strict laws many boys of twelve and fourteen find means of obtaining one of the habit-forming drugs, and think it smart to use it. Information regarding its dangers, and the provision of suitable means of recreation for these boys will help to break up these practices.

**Pellagra.**—Pellagra is responsible for hundreds of cases of mental disease in the localities where it is prevalent, chiefly in the southern states. The usual mental symptoms are a confusion with melancholy or dreamy delirium. There is also a great tendency to suicide by drowning. The definite cause of pellagra is not yet known, but it has been recognized for many years that a faulty diet is largely responsible. After a study of the cotton mill communities of South Carolina to compare the diet of pellagrous and non-pellagrous households the opinion was formed that the disease could be prevented by "including in the diet an adequate supply of animal protein foods (particularly milk, including butter, and lean meat)."<sup>6</sup>

**Psychoneuroses.**—On the border-line between mental and physical disorders is a group of maladies with both mental and physical symptoms. These "psychoneuroses" include hysteria, neurasthenia, psychasthenia, and the anxiety neuroses. Prevention depends on a frank, courageous attitude towards the problems of life, coupled with a hygienic mode of life without undue strain. These disorders need skillful handling by a physician well versed in modern psychiatric methods, and a sympathetic but firm attitude in those who help in the re-education of these patients. The typical psychoneurosis of the war, miscalled "shellshock," well exemplified the need for an intelligent attitude in dealing with these patients. The paralyses, blindness,

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<sup>6</sup> *Journal of the American Medical Association*, Sept. 21, 1918.

deafness, mutism, etc., of the affected soldiers soon disappeared when the psychic origin of their symptoms was explained to them and they were helped to a better adjustment to circumstances. Similar conditions developing in civilians under the stresses of ordinary life have aptly been called "life shock," and need the same probing by the physician and the same comprehending assistance in re-education from the nurse. Persons suffering from fears, phobias or anxieties need sympathetic treatment. Their false ideas will not be removed by ridicule, but new habits of thought repeatedly suggested may help to displace the old painful ideas.

**Prevention of "Nervousness."**—In addition to all these more or less definite disorders of our mental machinery mental hygiene is deeply concerned with the prevention of that vague condition, "nervousness," that hampers efficiency, destroys peace and leads often to "nervous breakdown." We are daily learning more concerning the unnecessary mental effort and friction with which many of our tasks are accomplished, and the resulting exhaustion of nervous force. Dr. Austin Fox Riggs gives some excellent practical suggestions for the prevention of "nervousness."<sup>7</sup> Briefly stated they are as follows:

1. Neither run away from emotions nor yet fight them. Control them and use them.
2. Be efficient in what you do. Do things *well* in the *easiest* way.
3. Do one thing at a time.
4. Make clean-cut, practical decisions. They may be changed if new facts come to light.
5. Avoid hurry by better planning and by not attempting the impossible.

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<sup>7</sup> "Nervousness: Its Cause and Prevention," Austin Fox Riggs, M.D., *Mental Hygiene*, April, 1922.

6. Avoid worry. Decide if the problem is *your* business, if it is your business *now*, and, if so, decide what to do and *do it now*.
7. Keep work, play, rest and exercise in their proper relative daily proportions. Keep them separated.
8. Shun *overconscientiousness*.
9. After making a decision do not waste energy in "getting ready" to act. Just act.
10. Recognize your problem as the universal one—to keep your ideals clear, to make them live in practical, everyday action, to *play the game*.

**Mental Defect.**—While the mentally sick constitute a large and serious problem, the largest group of mentally abnormal persons is that of the mental defectives, or feeble-minded. No preventive efforts or curative measures will change the level of their mental stature. The public problems resulting from this condition must be met by provision for suitable training, supervision and protection. Since mental defect is generally inherited, efforts toward prevention must aim at arousing public sentiment so that wise methods may be adopted to prevent a new generation of feeble-minded persons. It is estimated that eighty per cent. of feeble-mindedness is due to heredity. Matings of defective persons must be prevented. Syphilis in one or both parents frequently causes mental defect in the child. Alcoholism in the parents is suspected as a cause, though not proved. Head injuries during birth or in childhood, acute inflammation of the brain or its coverings during childhood, and some rare bodily diseases are responsible for a small percentage of the cases. "Eugenics requires that parents be well, unfatigued, and free from alcoholism at the time of conception." The accepted methods of dealing with the feeble-minded individual will be given in the next chapter.



## RECOMMENDED READING

- \* Menace of Syphilis to the Clean-living, Public, by J. Harper Blaisdell, M.D.
  - \* Preventable Forms of Mental Disease and How to Prevent Them, by E. Stanley Abbot, M.D.
  - \* The Relation of Alcohol and Syphilis to Mental Hygiene, by Frankwood E. Williams, M.D.
  - \* General Paralysis as a Public Health Problem, by Thomas W. Salmon, M.D.
  - \* Mental Adaptation, by Frederic Lyman Wells.
  - \* Mental Disorder in Adolescence, by Milton A. Harrington, M.D.
  - \* Anxiety and Fear, by Frankwood E. Williams, M.D.
  - \* What is Practicable in the Prevention of Mental Defect, by Walter E. Fernald, M.D.
  - \* The Right to Marry, by Adolf Meyer, M.D.
- Those marked \* are pamphlets distributed by the Nat. Comm. for Mental Hygiene, New York.

## CHAPTER VII

### MENTAL DEFECTIVES

**Prevalence of Mental Defect.**—Whether her work lies in town or country it will not be long before the public health nurse is confronted with the problem of the feeble-minded. Unfortunately, mental defect is not a rare condition. It is not limited to any special stratum of society. It is found in every country, and is coming to be universally recognized as an important factor in most of the difficult social questions. Careful surveys have proved that between one and two per cent. of public school children are unable to profit by the regular grade work because of mental deficiency. They are a burden to the teacher and a constant hindrance to the other pupils. We know also that the greatest single source of supply of delinquents, of vagrants, of unmarried mothers, of paupers, and of prostitutes is this unnumbered army of the feeble-minded. Paradoxically, it is those who are less affected who are more of a problem, because the gross defect seen in idiots and the low-grade feeble-minded is apparent to everyone. The high-grade defective, or moron, is often recognized as such only when he tragically fails to stand up under the responsibilities of adult life. What can be done about it?

**Permanent Childhood.**—The mentally defective individual is a child no matter how long he may have lived—a child of six or ten or twelve, thinking the thoughts, enjoying the games, wanting the daily interests, needing the constant affection, requiring the supervision and guidance natural to normal children of his permanent age. The late Dr. Pearce Bailey, of

the New York State Commission for Mental Defectives, wrote: "They can be taught to do useful things, and thrive and bloom under kindness, approval, praise and reward. Their affections are lively and attach readily to whoever wins their confidence. If all defectives could be brought up in good homes they would cease to be the social menace they are now." Because of the great part that mental deficiency plays in our most serious social problems we are apt to consider a feeble-minded person as necessarily a menace. Do we not sometimes fail to realize that it is our faulty treatment or our neglect of him that brings the danger? The royalty of kings lies chiefly in the attitude of their subjects towards them, and the menace of the feeble-minded is in proportion to the public misunderstanding and neglect of his needs.

The increasing possibility of scientific diagnosis of the condition is now relieving hundreds of teachers from the hopeless task of trying to force into heads incapable of reasoning a knowledge of arithmetic or civics. The defective children are sorted out for classes where the teaching is centred on training in habits of obedience and on skill in simple handiwork. Goddard says, "The one thing that fits all of these children, the one thing that draws out whatever is to be drawn out of them, is training of the hand, manual training, industrial training." We have to acknowledge that all our modern science cannot add one cubit to the mental stature of the feeble-minded. "No amount of training will ever make him a skilled workman, or ever enable him to direct his affairs with good judgment, common prudence and reasonable foresight." Fortunately we have had our eyes opened to the possibilities that lie in the development of the simple manual crafts among these permanent children.

**Personality of Defectives Most Important.**—An additional and most helpful light has been thrown on the whole problem

in very recent years. Following upon the recognition of the fact that feeble-mindedness is incurable, attention was fixed on the hereditary character of the condition. Then investigations began to show the frequency of mental defect among all classes of undesirable citizens, and lifelong segregation or sterilization of all feeble-minded persons was advocated. This accepted idea that the only place for most defectives to be safe and harmless was in an institution brought little but despair to social workers because of lack of accommodation. The conviction has now grown among the leaders of research in this field that the emotional makeup and tendencies of the defective play as great a part as his mental status in determining his fitness for a supervised life in the community. "There is a group of feeble-minded whose members give promise of delinquent careers, who from their very childhood show strong determiners for criminal conduct. This group is ordinarily egotistic, selfish, inconsiderate of others, suspicious, indolent, unappreciative, unsympathetic, unwilling to acknowledge mistakes, resists authority, and will not be guided by advice. There is such an apparent shallowness in the moral feelings of these individuals that they exhibit no desire to do better or to profit by their mistakes. Supervision of these persons outside of institutions is impossible. There is another group whose members show fairly good social adaptation, have reasonably good manual dexterity, are active, ambitious, persevering and industrious; are usually conscientious, honest and truthful; accept authority and show a willingness to be guided by advice. These can undoubtedly be supervised in the community."<sup>1</sup> The analytical study of the individual child has made possible the establishment of colonies of graduates from the institutions for the feeble-minded. The Rome State School at Rome, New York, has over

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<sup>1</sup> *Mental Clinics in the Court*, Nat. Comm. for Mental Hygiene.

eight hundred more " children " under its supervision than the actual capacity of the school.

**Careful Training Needed.**—With the adoption of the newer point of view institutions for mental defectives are becoming less custodial shelters and more educational training schools, a boon and a necessity for all those defectives who need a more intensive training and closer supervision than can be obtained by the pupils of the special classes of the public school system. Progressive communities are making use of both the classes and the institutions to provide the special training so essential for these handicapped children. The first step, then, is to find out what is the matter with the dull boy or girl who cannot keep up with the class in school. He may be backward owing to some rectifiable physical condition and need special care and instruction, or he may be mentally defective. We must have a diagnosis on this point. Dr. V. V. Anderson of the National Committee for Mental Hygiene writes, " All serious minded students of mental deficiency deplore the hasty superficial methods employed by untrained persons, who, armed with a set of Bient tests, plus a few weeks training in abnormal psychology, pose before school authorities as diagnosticians of mental defect. Mental tests in the hands of a skilled psychologist who has had adequate laboratory training and ample clinical experience are of immense value in gathering essential data that are to be used in the final diagnosis of the individual child. These tests do not give, however, all of the facts in the case, and sometimes not even the most important facts are thus obtained. The mental diagnosis of the individual child, the recognition of mental defect as against epilepsy, or psychopathic personality, or incipient mental disease, is a very complex matter requiring not only a training in general medicine and in normal psychology, but a highly specialized training in the field of

psychiatry." And again he says, " The determination that a child is a proper subject for a special class is of serious consequence to its future welfare. If the decision is correct, it means an opportunity partially to overcome his prodigious handicap; but no greater injustice can be done a child than to class him as feeble-minded and at a critical period of his life surround him with feeble-minded children when the difficulty is but a temporary retardation in his mental processes which will disappear with the treatment of his physical disabilities and the removal of such other causes of his mental backwardness as may be found."<sup>2</sup>

**Diagnosis by Competent Persons.**—The rapidly increasing number of mental clinics will make it possible to obtain more easily a dependable diagnosis. What should be said, then, to a mother who is beginning to suspect that Willie is perhaps not just disobedient, but possibly cannot learn the usual lessons? She must be urged to secure a diagnosis from a recognized authority, and then to face the problem frankly and courageously. If a period of training in a public institution is advised, she must leave no stone unturned to secure this special education for the boy. It means the safety and happiness of his whole future. If he ought to remain at home and enter a special class she must learn to understand and supply his special needs when out of school. A feeble-minded child living at home should not be deprived of his share of the family affection and interest. Sometimes because of family pride such a boy or girl is kept out of sight or sent away into isolation with an attendant. This is cruelty when the victim is a simple-minded affectionate child though grown to adult stature. Spe-

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<sup>2</sup>"Education of Mental Defectives," by V. V. Anderson, M.D., National Committee for Mental Hygiene. *Mental Hygiene*, vol. v, No. 1, Jan., 1921.

cial care should be taken to provide him with suitable amusements and tasks in the watchful protection and affectionate warmth of the home.

**The Nurse's Share in Dealing with Mental Defect.**—Dr. Walter Fernald writes, "Those defectives whose defects are recognized while they are young children and who receive proper care and training during their childhood are as a rule not especially troublesome after they have been safely guarded through the period of early adolescence." This indicates very clearly the duty of all nurses who meet with this problem. They must seek to secure a careful diagnosis in suspected cases, assist in getting the child placed in a suitable class or training school if his condition demands it, and instruct the families in the kind and extent of supervision these children will need for life. Such action is called for not only for the defective's own sake, but also because untrained, unsupervised defectives in the community can (as has been already pointed out) render unavailing much of the nurse's effort in other forms of health work. Dr. Haven Emerson says, "The worst spreader of tuberculosis is the feeble-minded open or active case. Irresponsibility is no more a personal liability alone than is communicable disease. The presence of the feeble-minded or of those otherwise irresponsible and incompetent in a family or in a community constitutes the danger point in all the communicable and occupational diseases and drug addictions. . . . If we were free of the incubus of the feeble-minded our control of the venereal diseases would be infinitely simplified. . . . In the saving of maternal and infant lives we come upon the irresponsible mothers of the illegitimate, where the infant deathrate is ten times that among children born in wedlock and reared with understanding of the simple rules of cleanliness, the necessity of constant protection of babyhood." The neglected defective has thus a blighting

effect on the health of many others in his neighborhood, and careful provision for his needs will help to secure good results in many other departments of public health work.

#### RECOMMENDED READING

*Feeble-mindedness: Its Causes and Consequences*, by Henry H. Goddard, Ph.D., Macmillan Co., N. Y.

*Brightness and Dullness in Children*. Woodrow. J. B. Lippincott Co.

\* *Colony and Extra-institutional Care for the Feeble-minded*, by Charles Bernstein, M.D.

\* Distributed by the National Committee for Mental Hygiene.



## CHAPTER VIII

### OPPORTUNITIES FOR INSTRUCTING IN MENTAL HYGIENE

FOR average people in the community mental hygiene has as yet little meaning and therefore little interest. Those who think of it at all are likely to consider it as relating to unfortunates in institutions and in no way touching their own family. For this reason much educational work must be done to bring home to the public the significance and value of present day efforts to have the balance wheel of human machinery set running and kept running smoothly.

Public health nurses are constantly engaged in instructing individuals and groups in precautionary and preventive measures that will tend to secure bodily health. Very little has been done so far to draw attention to the need of protecting mental health. A nurse who realizes the importance of safeguarding the efficiency of the *whole* machine can find many opportunities to give instruction in constructive mental hygiene.

**Mother's Clubs.**—Talks to mother's clubs on the promotion of their children's health are surely incomplete if they leave the mothers without some idea that the inculcation of the healthy mental habits described in an earlier chapter will be a desirable protection against future difficulties in the child's adjustment to life. The health and strength of the mother herself will be conserved also if she learns the necessity of establishing in her tiny infant the habits of self-control, orderliness (as in regularity of feeding) and obedience from the first dawning of intelligence. These habits will prevent later domestic misery from the tyranny exercised by a self-willed, unmanageable child.

**Young Women.**—Groups of young women should be given a clear idea of the contagious and hereditary character of syphilis so that they may realize why husbands should be chosen from the group of clean living men. They should know what sort of crop they and their children may reap from the "wild oats" sowed by possible future husbands. Girls must be shown the necessity of securing regular healthful recreation even though it means economizing still more in dress in order to secure gymnasium or athletic club privileges when work interferes with day-time sports. They should be encouraged to seek out a reliable older woman as a confidante and adviser in situations which worry and distress them. Fortunate are the girls who from childhood have kept an unbroken frankness of relations with their mothers.

**Boys' Clubs.**—Growing boys will show an amazing interest in the recital of the temperance habits of their baseball heroes, and of the reasons why alcohol would destroy their skill. The regulations of great railways for total abstinence in certain groups of their responsible employes will let them see that there are fine opportunities of success that are closed to young men who have a habit of drinking. The story of the later stages of the drug habit may show them that it is not just "a lark" to take the cocaine that some boy has got from a Chinaman. The lesson that games and plenty of exercise and the avoidance of any unclean habits will make such men of them that success will be infinitely more assured will not be without result. Leaders of boys' clubs will welcome a brief talk on this subject if it is handled with discretion and due consideration for the youthfulness of the group.

**Women's Clubs.**—Women's Clubs offer a splendid opportunity for presenting the subject of mental hygiene in its broader aspects. These clubs usually include most of the thoughtful

and progressive women of the community. Their interest will be keen in the possibilities of prevention of mental disease and the best methods of dealing with the problem of the feeble-minded. A thoughtful address given at the annual meeting of the Federated Clubs will spread its influence through a whole state. If the institutional provision for mental cases in the state is inadequate, a picture of the real needs shown at such a meeting will secure valuable support for a movement to establish a clinic, or hospital or training school for defectives.

**Rotary Clubs.**—Rotary Clubs are showing a fine, constructive interest in matters of public welfare. Public health nurses are often invited to speak at their luncheons, and could put before them the salient facts regarding the need and the value of a mental hygiene campaign. These would be the men who could find ways and means of establishing a free mental clinic to do the preventive and curative work needed for the early or suspected cases whose presence in the community the nurse can show. They will be able to influence the school board to establish a special class for the defectives whom they will want to prevent from becoming a burden and a menace in the community in a few years.

**Teachers' Association.**—A meeting of the Teachers' Association of the district provides a favorable occasion for discussing with them the mental hygiene of the school child. While a considerable number of teachers have been given at least an introduction to the subject during their training, there are still many who are apt to give their attention to the subjects required by the curriculum to the exclusion of any critical observation of the personality of the pupils. Mutual helpfulness will result from a clear presentation of the aims and scope of mental hygiene.

**Civic Clubs.**—Civic Clubs bring together men and women interested in the betterment of conditions, and in broad policies framed to meet existing needs. They should be reminded of the true public economy which is shown in attacking problems at their source by adequately providing for preventive work. Mental disease which yearly removes thousands of citizens from productive work, and mental defect which daily fills up the ranks of the delinquents, the prostitutes, the vagrants and the criminals, must receive the earnest attention which their seriousness demands. Women as well as men can now impress in a practical manner upon their representatives in the Legislature their desire to have modern and effective provision for the care of mentally afflicted people. It is the responsibility of all workers in the field of public health to see that the needs of these groups are widely known.

It is a noteworthy fact that after such simple talks as are indicated above there are always individuals who linger for a private word with the speaker. One invariably hears of the friend or relative whose conduct has been causing some anxiety but for whom no reliable advice has been secured. This means that such educational efforts not only help to secure an informed public, but they also pave the way for helpful work for threatened individuals.

There is, then, a great opportunity for the public health nurse, and a great responsibility to make use of it. No field of public health is so little tilled, none offers a greater harvest of suffering alleviated, of devastating misery prevented, and of wholesome living promoted. By her comprehending efforts for individuals she may be the means of preventing the development of disease, or secure the special training that will enable handicapped individuals to reach the limit of their possible

effectiveness. By her educational work she may arouse the public interest and touch the public conscience so that suitable provision will be made for "the most afflicted of all God's creatures." By her enthusiasm and her steadily growing knowledge of this fundamental division of public health she may prove to be an immense force for good in her community, and may assist in bringing about that desirable time "when human brains will be so naturally endowed and so nurtured that people will think better, feel better, and act better than they do now."





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*J. B. S.*

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