

HISTORY OF MENTAL DISORDERS

The Public Health Nurse in the Mental Hygiene Movement

IV.

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OUTLINE

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History of Mental Disorders —

The Public Health Nurse in the Mental Hygiene Movement

"There was a house in the Village of Arking Arthdale which had long been haunted by a bogie. At last the owner adopted the following plan for expelling it. Opening the Bible, he placed it on a table with a lighted candle and said to the bogie, 'Now thoo can read or dance or dea as ta likes'. He then turned around and walked upstairs, when the bogie in the form of a gray cat flew past and vanished in the air."

"This is real mental hygiene Light - light to recognize the existence of the fear complex and to see it for what it is - is the first essential. And the second is the courage to face our own emotional reactions as part of our life problem, to let them dance as they will, but to discount them with a tolerant humor that robs them of their own souls."

Mental disorder in different forms has been recognized since the beginning of history but it has scarcely been a century that people have attempted seriously to study and understand it. In the old days insanity was ascribed to demons taking possession of the body or to magic wrought upon a person by some enemy. Early Egyptian and Babylonian records describe incantations and ceremonials to be used for freeing the insane person from magical spells.

In 1500 B.C. we find a record referring to senility as a condition "when the heart grows heavy and remembers not yesterday." The folk-lore of primitive peoples contains similar allusions. Greek poetry and mythology give us brief sketches describing episodes of frenzy affecting the Heroes, as: the story of how Ajax was

tortured by the Furies till he fell upon his own sword; and again we read how Ulysses simulated madness to justify his abstention from the Trojan War. The famous Greek Oracles may partly be explained as hysterical manifestations similar to those found in the medium of the present day.

In ancient times if the phenomena manifested were in harmony with the religious views the person was revered as an exceptionally holy person, if his conduct conflicted with the dominating ethical code he was the victim of a malignant devil.

The first authentic cases of mental disorder are recorded in the Books of the Old Testament where we read of Saul's recurring periods of depression when "the evil spirit from the Lord was upon him", and again in the delirium of Nebuchadnezzar in which he believed himself changed into an animal, and how after seven years his reason was returned to him, Daniel V.

The first record of nursing care for the mentally ill is found in Plato's Republic Book XI C 13, "If anyone is insane let him not be seen openly in the city but let relatives of such a person watch over him at home in the best manner they know of, and if they are negligent let them pay a fine."

In 460 B.C. Hippocrates first laid down the principle that the brain was the organ of the mind and that insanity was merely the result of some disturbance of this organ. He treated his patients along the lines of ordinary medicine. A letter written to Hippocrates gives this interesting statement, "Hellebore when given to the sane person pours darkness over the mind, but to the insane is very profitable."

During the first century B. C. two divergent treatments of mental disease have been attributed to Asclepiades. One was the use of starving, chains and flogging, because under such treatment those who refused food started to eat and in certain cases the memory was refreshed. The second treatment he made use of venisection and fomentations of poppy and hyoscyamus and maintained that every thing possible should be done to divert the melancholic. Sports, music, reading aloud, rocking in the hammock and the sound of waterfalls were approved methods of treatment. Themison, a pupil of Asclepiades, recommended a liberal diet, baths and fomentations. Much credit should be given Caelus Amelianus, for he placed his patients under the best conditions of light, temperature and quiet and recommended that everything of an exciting character should be excluded. References in his writings were made to tactfulness in attendants for the avoidance of antagonism, and to the limited and cautious use of physical restraint. Theatricals, entertainments, riding, walking and work were also recommended during the period of convalescence. Topics of conversation were to be such as would suit the patient's condition. Traveling by land and water, and various other distractions were used. He denounced semi starvation, bleeding, chains and excessive drug therapy.

Next we turn to the New Testament and find many references of healing of mental disease by Jesus. Matthew IV, 24 - "and they brought unto Him all sick people that were taken with divers diseases and torments, with those which were possessed with demons, and those which were lunatick and those that had palsy; and He healed them". Other references of demon-possessed persons being healed are many throughout the Gospel books. For a long time the Christian era held

that mental disease was a punishment for some sin, that it was therefore sent by God, who might remove it by prayer and sacrifice. Another group attributed it to the habitation of the human body by wicked spirits while superstitious beliefs in witchcraft flourished. Insanity was regarded as a manifestation of the powers of evil and many suffering from mental diseases were confined at the monasteries, where scourging and many other physical tortures were inflicted to drive out these demons. Outside the monasteries insane persons were often burned, hanged or drowned because they were believed to be practicing witchcraft and sorcery.

Professor Haggard in his chapter on The Mental Contagions describes the Dancing Mania, the queerest emotional disorder that has ever affected large groups of human beings. It took place in the beginning of the 15th Century, and he attributes the emotional instability of the people to the effects of that period of great pestilence just preceeding, known as the Black Death. The Dancing Mania first started in the town of Aix-la-Chapelle. There one morning the inhabitants awoke to find their city invaded by a strange band of people from Germany. Silently, intent only on their own purposes, they walked through the streets until they came to an open square. Then forming in a circle they began to dance. But it was a dance no one in the city had ever seen. Slowly at first, then faster and faster, until finally they were writhing and jumping in a frenzy, screaming, their eyes fixed, foam dripping from their mouths. One by one they fell from exhaustion but as they dropped their places were taken by townspeople. The contagion of the Dancing Mania-- a mental contagion, one of sympathy of suggestion, was spread by the mere sight of the dancers. Shops were closed and crowds

followed in the wake of the dancers. In 1418 the mental turmoil reached its climax. The priests tried to comfort and soothe the victims of the mania. They took St. Vitus as their patron saint and appealed to him to save them from their own wild outbreaks. That was 500 years ago but the term St. Vitus dance still survives and is applied to a disease of chorea, characterized by twitching of face and arm muscles.

The Dancing Mania was merely the physical expression of intense emotional excitement. This explains similar behavior seen among people aroused to great religious enthusiasm. Some religious sects have been named after the queer behavior which marked their earlier days, as the Shakers, Jumpers, the Rollers or the Quakers.

Most of the mental epidemics before and since this one have taken some form other than mere purposeless muscular activity. The Crusades to the Holy lands, especially those incited by Peter the Hermit, and certainly the Children Crusade, were good examples. While a far sadder epidemic was the persecution of witches which started in the fourteenth and lasted to the eighteenth century.

Lunacy legislation first appeared in England in 1320 in Edward II's reign, when it was enacted that the property of lunatics should be vested in the Crown.

The first record of hospital for the insane was opened at Jerusalem in 491 A.D. and the second did not appear until the twelfth century when the House of Grace at Bagdad provided a refuge for the patients with mental disease. Garrison in his History of Medicine states that: "The Arabians were far ahead of their European contemporaries in their kindly treatment of the insane". And this was true for more than five centuries.

The first European hospital was "St. Mary's of Bethlehem," being a monastery and converted into a hospital in 1547. During the time the Arabian institutions were made comfortable for the patients and especial attention was paid to serving of attractive food and soothing music, the English asylum became "Bedlam". Both at "Bedlam" and the Viennese asylum known as the "Lunatic's Tower" (1784) the public were allowed to view the insane like animals in a menagerie, on payment of a small fee."

This treatment continued until the eighteenth century. One writer sums up the treatment during the eighteenth century as follows: "Melancholia was treated by opium, excited states by camphor, and a mysterious power was ascribed to belladonna..... a mustard plaster on the head, venesection at the forehead and both thumbs, enemata and plasters of Spanish fly were other resources... A melancholic woman was treated with a volley of oaths and a douche of cold water as she lay in bed... A sensitive, self-conscious patient was confined in a cold, damp cell, fed on hard bread and otherwise treated as a criminal."

The modern era in the treatment of mental illness is said to begin with the nineteenth century and this era has been divided into three distinct periods, namely:

1. The period of human reform and with it are associated the names of Pinel and Esquirol of France; Tuke in England; Reil and Kraepelin in Germany; Morgegni, Chiarugi and Daquin in Italy.

2. The introduction of non-restraint by Gardner, Hill, Charlesworth and Connolly in England, and in America by Bond, Kirkbride and Rush.

3. The Hospital period.

In modern times the administration of hospitals for mental patients has steadily improved. The curative side in mental illness has become well developed while public attitudes towards these hospitals have necessarily improved. Women nurses have gradually taken over much of the work on the male as well as female wards, Dr. Samuel Hitch having first introduced female nurses into the Gloucester General Lunatic Asylum. The standards of mental hospitals are gradually becoming the same as on our regular medical and surgical wards.

The twentieth century development of psychiatry was characterized by speed and progress as has been true of all sciences. Many new psychopathic hospitals were built and only chronic cases were sent to state institutions. Psychiatric clinics for adults and children, although originating in Europe, found fertile soil in America and soon developed far beyond those of their native land. Rapid strides have been made in the field of psychology. The beginnings were in Germany and Russia but the impetus given to child study and the psychology of the emotions by G. Stanley Hall and William Burham at Clark University and later by the work of Watson, Baldwin and Gesell with infants and pre-school children soon placed United States in the lead. Of great importance from the preventive angle were the psychological tests which were used to measure the intelligence of the child and to gather information which formed the basis for educational and vocational guidance. Clinical psychology and scientific psychiatry set the stage for a new order. Gradually from the curative and therapeutic angle came the preventive aspects of the new movement. True, there were many schools of thought both in psychology and psychiatry but these divergences have tended to come together in the

synthetic movement called Mental Hygiene. The more progressive in both fields began to think not only of therapy but of prevention when brought face to face with the problems of human adaptation. By trying to better understand man and his adjustment to life in all the various degrees of his maladjusted state, or as one author has put it, "The profound task of salvaging human nature..... is the humble task set for itself by mental hygiene."

No new disciplines were necessary for the practice of mental hygiene, but only to use the tools already in existence, more efficiently.

"Mental Hygiene as organized interest of men is a product of the last quarter century..."

"To name those who have contributed would be to name every astronomer, physicist, chemist and scientist who ever made and recorded an accurate observation. The presence of this host can be felt but cannot be known. There are others however -- working in many lands, recording in diverse speech during the past one hundred and fifty years whom we can name, whose work built upon their heritage has a closer bearing."

A few of these men and a brief summary of their effects

will follow.

Some of the people instrumental in the progress of mental disease treatment and now known as pioneers of mental hygiene, are:

"PHILIPPE PINEL (1745-1826) The name Pinel is synonymous with humane treatment of the insane. While not the first to react against an age of witchcraft and demoniacal possession, his practical demonstrations and their influence put him in an uncontested position as pioneer. The early career of this French physician established a sensitivity to the personal needs of the patient, and his "Traite Medico-Philosophique sur l'Alienation" (1791), was an extension of this to psychiatry, a branch of medicine that the art had barely touched. His appointment to Bicetre in 1792 and to Salpetriere in 1794 gave him an opportunity to demonstrate the favorable response of psychotic patients to the removal of restraint and to decent hygiene. Withal, this achievement was but one item in the life and contributions of this scientist and medical philosopher.

WILLIAM TUKE (1732-1822) Known to psychiatrists and philanthropists as the founder of the York Retreat at York, England. His attention had been called to disgraceful and inhumane treatment of patients in the York Asylum, and with the assistance of several of his fellow members of the religious Society of Friends, he established the Retreat in 1792. It soon became noted for the humane and successful care of patients, and Tuke, who was the real moving spirit in its conduct, found that his advice was widely sought as to the construction and conduct of similar institutions. In 1818, Samuel Tuke, his grandson, published the "Description of the Retreat", which had a wide circulation and great influence in promoting the better care of mental patients. Dr. D. Hack Tuke (1827-1895), a well-known English psychiatrist, author, and editor, was William Tuke's great-grandson.

VINCENZO CHIARUGI (1739-1822) Best known as the first exponent of the humane and "moral" treatment of mental disease. He was appointed medical director of Bonifacio Asylum at Florence, Italy, in 1788, thereupon instituting medical treatment and abolishing all severe forms of restraint, and thus antedating by ten years Pinel's reforms at the Bicetre. In 1793 he published his best-known work, "Dalla Pazzia in Genere e in Specie con una Centurie di Osservazioni." He was one of the first to attempt a systematic classification of psychoses.

JOHANN CHRISTIAN REIL (1759-1813) A contemporary of Pinel's, he was a widely recognized clinician and research worker in all fields of medicine. He was the son of a pastor and early developed an interest in natural history which turned him to medicine rather than to his father's calling. He finished at

Halle and succeeded his tacher, Goldhagen, until he was called to Berlin. He early worked on the anatomy of the brain, his dissections being remarkably fine. As a psychiatrist Reil was a true Hippocratic teacher. The life instincts lay in the structures of the body, and he had strong vitalistic leanings with a healthy materialistic balance. He laid great emphasis upon psychical factors in the treatment of mental disorders. His "Rhapsodien" is a work well worth reading at the present day. He may well be said to be the outstanding figure of the eighteenth century as a rational psychotherapeutist.

BENJAMIN RUSH (1745-1813) Graduated at Princeton 1760; studies medicine under a physician six years; went to Edinburgh 1766, receiving his M.D. in 1768; worked in London and Paris hospitals, 1768-9. Returning to Philadelphia in 1769, he soon became a teacher of medicine in the College of Philadelphia, and when it was absorbed by the University of Pennsylvania, became professor of theory and practice of medicine. He became visiting physician to the Pennsylvania Hospital in 1783, and there and in his classrooms exercised a profound influence upon medical thought and practice in America. He was a signer of the Declaration of Independence, and during the early years of the Republic was active in political affairs. He was a voluminous writer. From 1789 to 1798 he brought out five volumes of "Medical Inquiries and Observations". In 1812 he published "Medical Inquiries and Observations upon Diseases of the Mind", the first work on mental disorders by an American physician.

JEAN ETIENNE DOMINIQUE ESQUIROL (1772-1840) Pupil of Pinel at the Salpetriere and later his assistant. In 1811 became physician of the Salpetriere, in 1823 chief inspector of the University of Paris, and in 1826 chief physician of the asylum at Charenton. He was one of the first, if not the first clinician to give lectures in psychiatry. His "Maladies Mentales" (1838) was his chief work. He followed Pinel in simplifying the classification of mental disease. He early drew attention to the differences between illusions and hallucinations, and also emphasized the great importance of puberty as a critical period for the development of mental disturbances. He was indefatigable in founding mental hospitals.

DOROTHEA LYNDE DIX (1802-1887) "Patron saint of the insane", she was reverently called. At the age of forty she undertook to champion the cause of the mentally ill, interesting herself first in the deplorable treatment of the insane in prisons and poorhouses of her own state, Massachusetts, and later assailing similar conditions elsewhere in the United States and in Europe. Again and again she became an instrument in the founding of institutions for mental sufferers, in which they could be cared for in comparative comfort and privacy. Her method was always that of first-hand observation and quiet, but resolute attack upon existing abuses. Always physically frail, and herself a

victim of emotional stress, she was remarkable for vigor of purpose and for rare vision in a field that in her day was too little heeded.

WILHELM GRIESINGER (1817-1868) Born in Stuttgart, graduated from the University of Tübingen, Germany. His "Mental Pathology and Therapeutics" marked the final emergence of psychiatry from its long bondage to metaphysical and theological speculations and gave it recognition among the material sciences. In this respect it was, perhaps, the first modern textbook in psychiatry. Griesinger was the first to urge the establishment of special psychiatric clinics, as we now know them. From these he developed the concept of the psychopathic hospital for early or incipient cases, with emphasis on active treatment. His untiring efforts caused the psychopathic-hospital movement to spread rapidly in Germany with later extension to the United States, where the first institution of the kind was founded at the University of Michigan, Ann Arbor, in 1909.

THOMAS W. SALMON (1876-1927) By virtue of his personal achievements in psychiatry and mental hygiene, and of his services as first medical director of The National Committee for Mental Hygiene, in which office he devised, organized, and carried into successful operation, in war time as in peace, nearly every form of organized mental-hygiene endeavor that has thus far been undertaken, Dr. Salmon is a figure of commanding preeminence in the mental-hygiene movement. The value of his contributions is shown in the permanent and progressive character of the advances he brought about, and in the extent to which the standards and sound ideals that he so clearly and earnestly advocated and worked for have continued to be an inspiration and guide to others.

ADOLF MEYER (1866-) Born in Zurich, Switzerland; graduated at the University of Zurich; came to the United States 1892; since then has worked and taught in our hospitals and medical schools. Dr. Meyer has been the man most responsible for the reorganization of psychiatric work along sound lines, particularly as evidenced in the general clinical methodology of to-day. From the beginning he has urged the collection of "facts", historical and clinical, regarding the individual in his total situation and the study of the individual in the light of those facts. Conservative, but with broad vision, at all times in contact with his own anatomical, physiological, and psychological laboratories, he has for many years given a powerful stimulus to the healthy development of the functional "dynamic" conception of psychiatry. A teacher from his earliest days in the United States, his influence on psychiatry expressed through his pupils is well known abroad. Closely identified with the mental-hygiene movement from its inception, he has continually been actively engaged in its inner councils and in the furtherance of its work.

Perhaps the one man whose work crystallized the need at this time by organizing the movement was Clifford W. Beers. As a youth in New Haven, Connecticut, there was nothing unusual to record. He had finished the high school course and just entering Yale University when his brother was suddenly stricken with epilepsy. During his college years he spent much time with his epileptic brother and at length became obsessed by the fear that he too might be smitten with epilepsy. He worried his way through college with great nervous suffering, doing his work but keeping his fears and dispairst locked tightly within his own soul. After three years in the business world, he collapsed mentally, underwent the delusion that he was a confirmed epileptic; and as he preferred death to the life of an epileptic he attempted suicide. He survived and was placed in a hospital where the barred window developed the delusion that he was a prisoner to be tried for a crime -- a delusion that lasted over two years. His relatives became deceiving doubles, substitutes and sometimes detectives. Yet he recovered after years of mental illness suffering and maltreatment and devoted himself to an idea that he had conceived while a patient, namely, the proper care of the insane.

His book, "A Mind that found itself", describes in vivid detail the care of the mentally ill in both public and private institutions as he actually experienced it, but more than this, he puts forth in the last few chapters of his book a method by which mental patients might be helped. It was a National Committee whose purpose should be "the spreading of a common-sense gospel of right thinking in order to bring about right living". A State Committee of Mental

Hygiene was organized in Connecticut in 1908 but the following year a National Committee for Mental Hygiene was formally organized. The first three years were passed in raising funds to carry out its program and in securing the co-operation of physicians and educators whose professional training and backing gave it the sound footing necessary for the rapid yet wholesome growth it has enjoyed to the present time. The roll of mental hygiene organizations has increased steadily. The majority of the states (28 in 1930) now have their own State Mental Hygiene Society and many foreign nations since 1920 have formed National Leagues for Mental Hygiene. The first International Congress of Mental Hygiene was held at Washington, D. C. in 1930. *TP* The work of the National Mental Hygiene Committee has been in making surveys, rousing public conscience by the facts of these surveys, followed by legislative changes which enabled the concrete plans for better care of the insane to be carried out. Next came, investigation of penal institutions, which awakened the public to the necessity for humane treatment of delinquents and criminals. Both state and national organizations have been active in promoting out patient clinics as part of mental hospitals, independent mental hygienic clinics, and many facilities for the treatment and prevention of mental disease and delinquency. The most striking of all its accomplishments has been in the field of education. The quarterly journal, Mental Hygiene, published since 1917 has given articles upon a range of topics as wide as the whole scope of human adjustments, to the educated layman as well as to professional people, interested in Mental Hygiene. Leaflets, pamphlets and longer reports upon every phase of mental hygiene are also published by the National Committee to be had either free or at cost price. It is interested in going much farther into the whole life adjustment of

the human individual. Thus education, marriage, parenthood, industry-- all the relationships of individuals to each other and to their environment-- have their mental hygiene aspects. Many of the finest achievements have been possible by grants from the Rockefeller Foundation, the Laura Spellman Memorial Fund and the Commonwealth Fund.

In summary, Mental Hygiene has done for psychiatry what the Public Health movement has done for medicine. It has brought untold benefit to the masses, it has created public opinion, it has started the preventive work on a world wide scale that would not have been possible by the older methods.

Now let us turn our attention to the role of the public health nurse in this field of work.

"The movement of mental health like the general public health movement of which is a part, must concern itself with the early recognition and treatment of mental disease, the prevention of mental maladjustments and the development of the optimum mental and emotional poise of which the individual is capable."

The true appreciation of mental hygiene has come upon health workers like many other discoveries, with an almost overwhelming force and we realize that this something has always been a part of our thinking selves but which was only vaguely understood and almost never analyzed. "Like a sound wave brought in by the radio, mental hygiene has always been there, but a new instrument was necessary to enable us to hear these sounds."

The good public health nurse has always practiced more than the hospital technique or the technical understanding of family case work. It is the combination of these arts plus that hitherto unnamed art of mental hygiene that has in the past earned the title "a borned

nurse."

True, we have the visiting teacher who is a trained psychiatric worker, and has formed an important link between the school and the home. But, to date there has not been a sufficient number so qualified to even take over the work of the school-age child and do the long follow-up mental-readjustment prescribed by the psychiatrist with this one group.

The public health nurse has already made her place in the community -- because of her friendly contact with the family and is ready to render a timely service to those who are ill and need her care. Health is necessary to normal happy living -- now we enlarge the concept of our job.

"We must realize that mental and physical health are inextricably mingled and interdependent and must be eager to reenforce our health teaching by the sane approach to health problems which the knowledge of mental hygiene will give to us."

What is there in the training and informal preparation of the public health nurse which equips her for mental hygiene work?

It has been said concerning a group of nurses by co-workers in the mental hygiene service that they represent a potential force which should not be overlooked in this field. It is believed that the graduate nurse has weathered her general training period, has learned lessons of self-discipline, hard work, persistent attention to detail, the importance of routine and a habit of following orders. She has inculcated the habit of maintaining a consistent concern for the welfare of her patients. In addition, the nurse who has selected the field of public health is usually considered to be a more aggressive, inquiring and social-minded woman who may bring to her work in mental

hygiene a peculiarly useful life experience and a relatively good ~~em~~otional balance.

Frankwood E. Williams has conceded: "A really good nurse may serve as an advance guard in the recognition of unhealthy emotional habits and reaction patterns especially in children and of nervous and mental diseases and defects and in the instruction of parents as to the unhealthy emotional level of their children, but that she should not strive to become a psychiatrist, psychologist, or psychiatric social worker."

Let it be added a really good nurse has also been gounded in ethics and would be the last person by reason of this her philosophy to usurp the role of any worker in a field for which she has not been especially prepared. But there is no reason why she should not be trained to assist the psychiatrist just as she now assists the physician and surgeon in all other branches of medical service. Why could not the public health nurse be trained to assist in the mental hygiene campaign if necessary? She has already established an intimate relation with her families. The nature of her work, her contacts with health clinics have already given her a position of respect, dependence and authority in the neighborhood.

Conceded that the public health nurse is interested in this field of work, what are the principle functions that she as a county nurse is expected to carry out in order to intergrate this service into her program? They may be stated briefly as:

1. She must familiarize herself with the basic facts of normal mental behavior and the correct habit formations of childhood.
2. She must learn to recognize the early symptoms of mental disease.

3. She will be expected to do a good piece of case finding-- that is discovery of suspected cases and help them to the psychiatrist.

4. She shares the responsibility for the spread of knowledge and laws of mental health with the teacher, social case worker and visiting teacher.

Just as prevention in all other public health work is of primary importance, it becomes the corner-stone of her work in mental hygiene.

One big way of meeting the needs of any community is, at every opportunity, to break down the superstitions of past beliefs with sound facts of what science teaches today. These may be quoted as follows:

What some people believe:

1. That "insanity" is either a disgrace or a mysterious affliction that cannot be presented or cured.
2. That "insanity" is a single disease of only the most serious kind.
3. That "insanity" comes suddenly and without warning.
4. That people are helpless to prevent "insanity".
5. That emotional shock, loss of dear ones, disappointment in love, loss of money, or other misfortunes, cause "insanity."

What Science Teaches Today:

1. That "insanity" includes a group of the more severe types of mental disease. They need early medical treatment just as heart disease and no one need be ashamed of this sickness.
2. That there are many DIFFERENT KINDS of mental disease; some mild, some serious. The symptoms also are different.
3. That mental disease DEVELOPS GRADUALLY and displays warning signs in advance.
4. That DANGER SIGNALS (symptoms) of an approaching breakdown can usually be recognized, and if these are given prompt medical attention the threatened mental disease can often be prevented.
5. That shocks or losses may PRECIPITATE a mental disorder, but in such cases the real POSSIBILITIES of the illness have been present for some time but unrecognized.

6. That "insane asylums" are dreadful places, and that to go to one means never to come out.

7. That "insanity" is inherited.

6. That our "asylums" are now HOSPITALS from which 25 to 40 per cent of all patients are discharged as recovered or improved.

7. That some kinds of mental disease probably have an inherited background, but a greater number seem to arise from inability to adjust to a difficult environment.

Taken for granted that the nurse is sufficiently interested in her work to avail herself of the body of knowledge both by formal and informal education to equip her for the first two functions or duties in her role, let us consider the third function, that of case finding.

One opportunity may come as she goes into the homes by locating first hand an incipient case. But it is not enough, she must enlist other eyes and ears and understanding minds to help her find those who need special attention. By taking time to explain what preventive work and early treatment will do, she may win the co-operation of the clergymen and church visitor. Many times the settlement worker may point out the odd child who does not fit into the usual groups. Secretaries of Y.M. and Y.W.C.A. can always report a few in their group who has caused them anxiety because of abnormal behavior.

The foremen of industrial plants usually know of several who cannot work harmoniously with their fellow workers.

The local judge, parole officer or chief of police at times would welcome the services of a public health nurse for cases in their jurisdiction. Employment bureaus know some pitiful woman who cannot keep a place because she hears "voices" which goad her to noisy rejoinders. These are a few of the many ways by which a nurse may be

able to do a good piece of case finding. Lastly, the establishment of a mental clinic will bring to light many cases needing this type of advice.

On once finding the cases a nurse should know the agencies for diagnosis and treatment that are within her reach.

The greatest role of the public health nurse in this ^{Mental Hygiene} work is with the members of the family as found in the home. Here, she starts with the prenatal mother.

Until recently, very little thought was given to the Mental Hygiene of the prenatal woman and it was the skill and wisdom, developed by the mother herself which determined the measure of her baby's mental health. The mothers must have all help possible to make this period serene and wholesome. There are many unfortunate attitudes of ignorance and misapprehension which can be overcome to a great extent. The fear of "marking" the baby and the fear of heredity with many others, can be dissipated, if the nurse explains the scientific facts enough times to the inquiring mother. No less important is the mood of self-pity which often carries over and affects the child in its earlier years. It may be the mother did not want the baby and then the emotional turmoil is even greater. The nurse should give her plenty of outlets for her energy and keep her supplied with interesting things to do; encourage her to keep active and cheerful and to follow the sound advice of her doctor.

Following so closely as to be intermingled in many respects comes the period of habit formation of childhood. This is usually divided into age group period as infant, pre-school, school and adolescent. There is so much material now available for the wise parent that the nurse's responsibility lies in the ability to advise the best

books, pamphlets, lectures, and radio programs.

If parents realize that children are imitators, and if they see the parents always even-tempered, calm, courteous, kind, fair-minded, honest, and courageous, they are likely to have these qualities. The task of childhood is to form good habits and the nurse assists both parent and child to this end as well as to physical perfection. Dr. Esther L. Richards ends her lecture, "Protecting the Mind of Childhood" with this: "There is a popular notion that in our present age of scientific progress, with physical hygiene taking care of the body of the child, and psychology and education taking care of the mind of the child, the home can sit back and rest from its labors. Not a bit of it. Science offers no substitute for intelligent common sense training of a real home."

The public health nurse may help to spread the knowledge and laws of mental hygiene but she must work under the general practitioner, pediatricist, and if sufficiently trained, carry out the orders of the psychiatrist. Many nurses interested in mental hygiene now take the course necessary at the New York School of Social Science & Research.

The public health nurse realizes that her role in mental hygiene is ever growing and this is a challenge to prepare herself to meet these needs just as she has those of the past.

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