MENTAL HYGIENE

VII.

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Mental Hygiene

Introduction:

Mental Hygiene is one of the newest developments of the science of medicine, having its first beginning just before the turn of the last century. During these short intervening years it is with a feeling of wonder that one observes the numerous branches which have developed from a small beginning. Mental Hygiene is a science which is peculiar in the fact that it is always so closely allied to the human being, no matter what branch one is attracted to, we find that same special feeling, a more human feeling which exists between the worker and his subject.

The great interest that the lay group is continually showing in this subject will demonstrate the fact that they must feel a need of this service. For past years there has been a realization that something was needed, however anything which was concerned with the functioning of the mind was a hazy matter; an intangible subject which no one understood and therefore studiously avoided.

The wide range of appeal which mental hygiene has for the public is worthy of notice. It enters into practically every walk of life, and has a recognized influence if it is allowed a chance. The family is where it should play its most important role, for here we have the very center of the life of the individual, and if he starts life with a well-balanced idea of life it will carry over into other phases of his existence. In professional and business life it is just beginning to play a recognized part. Business people are finding out the fact that good mental hygiene in its staff not only makes for more satisfied and happy employees, but is also a positive factor from the economic viewpoint as well. In schools this subject of mental hygiene

is likewise getting a better foot-hold as time passes. Normal schools, recognizing a need that their students will meet in the future as teachers, are trying to give them more on this subject while in school. They feel that the teacher, if she cannot deal with the problem herself, should be capable of recognizing it and referring it to the proper persons. Teachers not only recognize and deal with problems, but they are also interested in the positive side of mental hygiene and teach it to the students, usually through other subjects or by teaching good habits.

Another field which uses mental hygiene, probably more freely than any other, is that of the social welfare groups. Their work, is of a necessity intimately tied up with this subject, for these workers are dealing almost exclusively with people and their problems.

The child has never before assumed quite so important a place in any field of science as he has in this one. He is recognized as the heart of the situation around which the rest will revolve. To understand the individuals problems, we must have a knowledge of his childhood in order to discover the cause of his maladjustment, for before evolving a plan of treatment we must find the cause. Prophalaxis is assuming a major position in practically all physical disorders and this is also true of disorders mental in nature, and mental hygiene prophalaxis revolves around the child. If one discovers a disorder in an incipient stage, how much easier it is to correct. No real problem or suffering has disturbed the childs development and much time, energy and money on the part of the worker is saved.

It is something we may be proud of, to know that mental hygiene first took root and began growing in this country. That it was our own countrymen who fostered this new science. The growth in knowledge was

very rapid, likewise the growth in its strength as an organization was amazing. Not only within our own country did it become a recognized program, but other countries as well avidly sought to have it introduced into their homelands.

The colorful history of mental hygiene, while short in years, has a relatively long story of accomplishments and progress.

History:

While Mental Hygiene, as we think of it, has been in existence between twenty-five and thirty years, the history of mental conflicts and maladjustments are as old as life itself. Some of the earliest bibical recordings give us the facts of many such instances. The story of Cain and his uncontrollable jealousies is outstanding as an example of this.

The care of the mentally afflicted seems from the earliest time to have been connected with the medical profession. The interest in this subject, perhaps, received its first real impetus from Hippocrates, the father of medicine, at least it is true that he had some very definite treatments which he used, and it is fortunate for humanity that he wrote these down in such a form that they have come down to us through the ages in a wonderfully inspiring form.

Like Egypt, and even older countries, Greece traces her medical art back to mythological times. Gods were supposed to have existed upon earth at some very ancient time, and left very definite proceedures and laws which the people followed religiously for centuries. Apollo and Asklepios were the representatives of medicine and health. At this very early time it is interesting to remember that most important of Gods were those of medicine. From this we can see that the science of medicine is very old, that the ancient Greeks were nation-

nally interested in its development.

In 1134 B.C. a temple was raised to Asklepios in the Pelloponesus for the care and healing of the sick. Perhaps the need for institutions to care for the sick poor had not been felt so keenly before, as care of these individuals was a sacred obligation of these people, a part of their religion.

A few years later more temples for care of the sick were erected, and the people, recognizing an obligation to their less fortunate countrymen, supported these institutions by taxes.

When the patient arrived, everything for his physical and especially his mental comfort was carried out. The atmosphere of the temple was one of peace, of leaving ones cares and worries behind. Perhaps the important ritual of a cleansing bath and the donning of a white gown repeated this suggestion.

For patients entering the temple with definite symptoms of mental ill health, the same soothing procedures were carried out, likewise special interest and attention was given them. Many of the specific treatments and suggestions could be used to-day and still be modern treatment. A truly scientific minded person must have instituted these procedures; each patient was considered as an individual. Their individual likes or dislikes were respected. Many interesting programs were in process; a general plan whereby each patient had his own work, a type particularly interesting to him, and which would take up a considerable amount of his time. This work was made prominent and praised by the attendants and people coming in contact with him.

The more specific treatments were:
When a patient with negative tendencies refused to eat, he was placed between two persons with very active appetites and left. Very often the power of suggestion would accomplish much,

where insistence would have produced the opposite effect. Nervous patients were rocked in hammocks, and often kept near the fountain where the soothing effect of the falling water could be obtained. Music, soft and sweet, was often brought into use; sweet perfumes and oils were gently and soothingly massaged on the feet or face. Some patients reacted well when their ears or temples were lightly scratched.

The diet was most carefully supervised, and served with greatest care. Most patients were given light diets. Their elimination was also carefully watched and regulated.

Friends and relatives were taught to be more understanding and considerate of the afflicted person. They were recognized as having a large part in the cure, andtheir part came when the patient was taken on long trips, where the surroundings must be kept peaceful and undisturbed by outside conflicts.

Melancholias were treated in a slightly different manner. They were to hear amusing stories, and stories with happy endings. Bright, cheerful music was played for them.

As yet there had been no real scientific investigation of cases as we know them to-day, yet by the use of good common sense and a real understanding of human beings these people very likely accomplished more for the good of suffering people than any other group up until the modern age.

With the decline of the Greek Empire and culture, most of the valuable findings fell into disuse and would have been completely lost to the world, if they had not been so well recorded and carefully preserved.

After this brief period of enlightenment, darkness again settled down, completely covering the world, and except for a few understand-

ing individuals there was no progress whatsoever until the nineteenth century. Christ is one of those understanding persons who stand out so clearly during the dark age. He is an example of understanding kindness and consideration to the mentally afflicted.

From the beginning of the Christian Era until the seventeenth century the dense clouds of poverty, ignorance and superstition were non-penetrateable. What unthinkable misery and suffering must have existed during these intervening years. Extreme poverty was prevalent and when scourges such as plagues or fevers came, whole families and settlements would be wiped out. The majority of the people of these times so seldom had a chance to raise themselves to a decent standard of living that it is not difficult to understand why an intelligent and helpful attitude was not taken toward those afflicted with mental troubles.

However during the seventeenth century after Christ this dark cloud began to shift again, and this time it was the country of France which first began to lighten. St. Vincent de Paul, a French catholic priest, who was greatly revered and trusted by the people of his country, as well as by many outside France, began spreading the doctrine of kindness and sympathy to the people in regard to those who were "possessed of the devil." To be kind and give a helping hand to these creatures, was to be working with God. Before long we find an attitude has been developed in France in which the poorest peasant to the highest personage leaves his door open to these afflicted ones. It was not unusual to find these people wandering around the country, and they were never molested, but were always treated with kindness, as on who is under Gods protection.

In 1792, another Frenchman, Philip Pinel, was instrumental in bringing about changes in the laws of the country which concerned

the care given mental patients in the institutions.

Institutions for the Insane were common throughout Europe at this time, but the patient was treated more as a prisoner and often very cruelly. Pinel became convinced that much more could be done for the patient, or at least a number of them, if they ceased treating them as vicious and untrustworthy animals. He made a rather startling demonstration of his plan, when he established a hospital of his own, picked and trained attendants and then procoured a number of patients from an institution upon whom he carried out this experiment. He was called crazy--many told him that he was exposing himself to certain death if he went through with it. However, he proceeded with his plan of removing the chains from all of his patients and began treating them as human beings. Kindness and judicious treatment produced wonderful results, and some of the patients were sent home, restored to their normal environment. This exhibition was so dramatic that it was almost instantaneously acknowledged by the French authorities, and the institutional reforms for the Insane rapidly developed and spread to England, Germany and then to a number of other countries.

In this country during the eighteenth century, we find William Tuke, who instituted a kinder treatment of these people. He came from a group of people, the Quakers, who are noted especially for their kindness and helpfulness to those in distress. He taught that the insane patient should be treated as one who is ill, mentally.

By the nineteenth century it had been definitely recognized by the interested and intelligent people of the country that segregation was an important part of the care to be given, and it was also seen that the mentally ill and the mentally deficient presented two different problems, and therefore should be segregated into separate institutions. This separation and segregation made possible the first

reasonable and understanding treatment of the insane.

In the middle of the nineteenth century we find in our country a concerted effort to bring about those things which were recognized by some as necessary--the segregation of the insane into suitable institutions. The name of Dorothea Dix is the most outstanding one we find in this particular story. At this time, during the middle of the nineteenth century, when traveling over the country, she found it impossible not to contact innumerable pitable conditions. In poorhouses, jails, or wandering ainlessly over the country were people who were irresponsible and incompetent of caring for themselves. Their exposure and sufferings were extreme.

In New Jersey a number of investigations were carried on. Many poor houses were found to be caring for or keeping insane and epileptics under their roofs, and their care was most inadequate, as the Superintendent had a full time job in just running the farm, for he must make this a profitable business if he were to keep this position. As a result, what attention was given to these unfortunate beings was given by the paupers who lived there.

Miss Dix gathered enough authentic information concerning the care of these individuals in the state of New Jersey to arouse popular feeling and instill in them the desire for a state hospital. Her next move was to approach the Legislative body and lay the facts before them, giving them reasons as to the necessity for legislative action.

At the beginning of the twentieth century we find a real awakening of the world to this so far neglected branch of the profession. This interest was manifested in several ways. The so-called "descriptive psychology" was the beginning or basis for our modern conception of psychiatry. This was a study of the description, diagnosis

and an attempt at classification of mental cases.

Almost directly after this is Freud who perhaps does his greatest piece of work by swinging the emphasis so forcibly to the importance of a knowledge of "the cause." He aroused world-wide interest in the motivation of human thought, their feelings, urges, thwarting of fundamental urges and the resulting reasons for our behavior. Psychoanalysis is another phase of this work that is beginning to come to the front. This is an investigation of the dynamics of the mental life of an individual, and takes in to consideration that every person has in his mental life a number of innate drives or urges, which are suppressed and diverted into channels which are acceptable to society. In this suppression and direction of these urges we tend to cultivate a great many things of which we are not aware, which are held in obeyance, at least for a certain time, in what is known as the unconscious mind. Psychoanalysis bring before the patient many of the things from out of this unconscious background, explains them to him and in this way presents him with a reason for his present problems and maladjustments.

The first intelligence or mental tests were made by Binet and Simon and this also was done in the early part of this century. This was a minutely worked out test whereby they attempted the grading or measuring of intelligence of the individual.

This test and ones similar to it were used extensively in schools, almshouses, jails and etc. Many interesting factors were brought out by these tests in relation to crime, difficulties in school work, and any one of the numerous maladjustments which arise. Statistics were compiled concerning the state institutions and it was found that fifty per cent of the inmates had a mental defect of a hereditary type.

By the time a quarter of this century had passed, many theories and interesting facts concerning ~~the~~ metabolism and endocrinology were being formulated. Case studies were done on Dementia Praecox patients; metabolism tests were given and fifty percent of these individuals were found to be deficient glandularly. The pituitary and thyroid were the glands most often involved.

X-rays were taken of a group of Mongolian type of individuals and it was seen that they had an abnormality of the pituitary gland in eighty-five to ninety per cent of the cases.

Many such lengthy studies were made, and as a result many substances such as Insulin, Lugols solution and Pitutiary extracts were discovered and have been used extensively.

Another movement started in 1908 which, while quite different from the others, had the same end in view--the alleviation of suffering among the mentally ill. This new movement had a dramatic beginning. It so happened that an intelligent, college-bred, man became mentally ill. He had just finished at a well-known university and started out on a successful career, when this mental defect became so prominent that it was impossible for him to continue. This malady which was attacking him was based on a fear or a phobia which had no actual foundation, and as this phobia grew and became more real, he became more susceptible to the difficulties he must meet in his everyday life. Finally a climax arouse, and feeling that he was unable to meet it, he attempted suicide, and while this did not result fatally, it was only by chance that it did not. His parents and friends were so concerned and shocked by this unexpected happening that they did what they thought was the only thing left to do--sent him to an institution for the care of the insane. During his lucid and reasonable periods he utilized his powers of

intelligent observation regarding what went on about him, and came to conclusion as to himself and others: that the treatment they received was not beneficial, and often was quite the contrary. Later he spent time also in a private institution in which he found much the same conditions. In a few years, after he had had quite a complete experience of what the institutions of our country had to offer, he returned to his friends and family, apparently cured. With him he brought the resolve to better the institutions of this country. Making use of his literary ability he wrote a most remarkable book which consists of a portion of his life history and the experiences and impressions he had formed during the time of his mental disability.

Many of his friends were interested in his book and his ambition for betterment of the institutions for the insane, and helped him in obtaining the interest of influential people. The interest of some well known citizens and a number of philanthropic institutions was aroused and help was given in the establishment of the mental hygiene movement. Within a year this movement had traveled so quickly and gained the interest of so many, that a National organization was formed. This newly found interest did not stop with the country in which it started, but spread to other nations. Within our own states we had fifteen societies and committees at the close of the first four years.

"Mental Hygiene," a magazine, was published in 1917. It is an understandable magazine and is especially for the intelligent layity.

Under the auspices of the National League for Mental Hygiene a number of interesting tests were conducted. Among numerous others there was a psychiatric clinic held at Sing Sing; Surveys of mental deficiencies and surveys of the care of the mentally diseased were made.

Psychiatric clinics were sponsored by this organization in the Childrens courts.

By 1929 there were nineteen states having Mental Hygiene Societies and sixteen nations having National Societies.

In 1930 at Washington, D.C., U.S.A., there was held the first International Congress on Mental Hygiene. Over three thousand people attended this Congress, and as numerous countries were represented, it was necessary to have speakers who addressed the audiences in English, French, German, Italian, Spanish, Russian and Japanese.

Much information and experience in the various fields of mental hygiene was exchanged. Through organized movements greater interest in this subject was aroused and information spread to the public concerning the preventive program, particularly. Special committees made reports or suggestions to the society concerning uniform statistical records, which were to be very complete, including classification of the mental diseases, diagnosis, defects, discharges and deaths. Also an account was to be kept of the personelle, and a complete financial report was to be made by each institution.

The committee on Institutions thought there should be a classification of insanity and therefore a separation of these into groups. Trained people should be in charge and the ratio of patients to Doctor should not exceed one Doctor to each hundred patients, and there should be a ratio of one attendant to eight patients.

The control of the institution should not be in the hands of the polititian who has not time or interest for the patient and is not capable of understanding the situation.

There should be institutions numerous or large enough to care for the patients without crowding them, as is the very common practice of to-day.

The report on Legal Measures and Laws was especially interesting. The U.S. has such variable laws, and it is thought that it would be advantageous to have more uniform rulings in these matters. It was suggested that an admission to the institutions be made informal and similar to that of a general hospital. Discourage the committment on the responsibility of a sheriff, jury, etc., but rather seek to make the committment a voluntary thing on the part of the patient.

A report on Clinics was made and it was suggested that more educational work be done among the layity in order that they will desire to have more Mental Hygiene clinics established. Normal schools should be encouraged to give courses to their students in Mental Hygiene so that they may have a better understanding of the children in their care and their problems.

Educate the Social Agencies, Criminal courts, Juvenile courts, Court of Domestic Relations and Probation department to see how invaluable these clinics may be to them.

The report coming in from the Prison and Delinquent Committee emphasized the necessity of mental examination of the prisoner before his trial. Every court should have expert psychiatric advise at hand, so that when a convict is found to be a psychopathic case he may be transferred to a mental hospital for treatment. It was deemed advisable that juvenile offenders be tried by a separate court from that of the adult and with the idea of correction as the important motive.

The report on dependency stated that there was a great need for the trained social worker in relief and social agencies and that these workers should have training in psychiatry. An interesting study is suggested, to see the effect that dependency has on the personality and behavior of the individual.

Suggestions as to Psychiatric Social worker were that there be an increase in the personelle of these people in the State Hospital, clinic, schools, courts and social agencies. These workers will have as their function a social investigation according to the approved case-work method and with the emphasis on the psychiatric end of it. This worker will have an excellent educational background, holding a college or university degree. Field experience is quite as valuable to this individual as the theoretical side. The status of this individual shall be recognized by the community as an equal to those other recognized professions and her salary shall be in accordance also.

The high standards which these committees have put forth most certainly gives us something high to aim for and it is only when we have something so valuable in sight that we keep on in the right path.

It seems impossible to believe that so much has been accomplished in such a relatively short time. Mr. Beers has done much of what he set out to do--dissipate ignorance, fear and superstition which surrounds the mentally diseased.

A real understanding of Mental Hygiene has always been needed, a method by which we may look at the situation in a rational manner, analyze the situation and proceed in the way that the best will result. We should not allow abnormal fears to interfere through ignorance, such as relatives of the unfortunate person feeling that they have a permanent stigma attached to them. While it is not so surprising to find individuals who have a reaction such as this, it is unexpected to find such an attitude in our hospitals, centers of medical learning.

Out of almost five thousand general hospitals, it is found that only some sixty or seventy of them admit and care for psychiatric

~~psychiatric~~ cases. Therefore it is only in our state and private institutions that we find a place for these people. The general hospital states that it has not means by which they may care for these patients, and this is undoubtedly true. First of all, they have no trained personell who will understand our patient, also there is no special equipment or plan worked out for their care. It does seem that there is a sad lack in the greater part of our country where we have state institutions which often give only custodial care, and private institutions which are often very similar to the state and is, in addition, more expensieve than what the average man can afford.

Perhaps it seems that too much stress is put on the general hospital, but when one considers the enormous number of people being placed in overcrowded institutions, forcibly, because there is no other place for them, it does not seem so absurd.

It is estimated that one person in every three hundred twenty-five are receiving institutional care, that is, as a total, four hundred thirty-eight thousand patients are confined to the state hospitals and annually cost $80,000,000. This number is being added to at the rate of ten thousands per year.

Our responsibility does not end with these figures. The figures quoted above pertain to those people who are confined to institutions, and many times are cases coming to public attention as being dangerous and in need of special care. However, we still have large numbers in our communities who are not dangerous, perhaps, but still need care, who are staying with relatives.

Mental Hygiene from the Nurses point of View.

In nursing, mental diseases are being recognized as a very definite field. It is perhaps one of the newest fields and

shows promise of being a very active one shortly. In the past, as well as in the present, to some extent and in some places, nurses are not considered necessary in caring for mental cases, however this attitude is being gradually dissipated.

In the U.S., it is quite recently that our best training schools have begun to recognize a need for their students obtaining training in this field. More and more our schools are beginning to affiliate with psychiatric hospitals, and are sending their students there for at least a three month period. Likewise, arrangements are being made for studies in the theory of psychiatry. Post-graduate courses are being offered from a number of good schools.

In Europe it is surprising to find that the progress is retarded in those countries which one would expect most of. In England and the rest of the British Isles, they have no education or training for the student nurse, but there is a special training and examination for those doing psychiatric work. In Germany and In France there is a sad lack in the education of the student nurse.

It is up in the northern countries, Norway, Sweden, Denmark and Finland that we find splendid progress. Most of the general hospitals affiliate with a mental hospital and their students get a sound psychiatric training. Post-graduate courses are also given. In Sweden it is interesting to note the active interest the state takes in this type of work, and as a result their standards are of the highest. A ll of the supervisors have training and courses in Psychology, Psychiatry and Mental Nursing.

For a nurse to be a good psychiatric nurse, Mrs. Harriett Mitchell gives the following characteristics.

1. She must, above all, be mentally and emotionally mature.
2. Stability and adaptability are greatly needed.
3. Imagination is indispensible, for it is by this means that

that we really reach an understanding with the patient; really feel what the patient feels and never considers the patient and what he does as absurd.

4. To be truly kind and sympathetic toward the patient we must have real knowledge and a real interest and desire to help him.

5. Mental alertness should be stressed. At times the graduate nurse, especially, cultivates the idea that there is not much for her to learn. She does not observe closely and therefore misses important and invaluable knowledge.

6. Cultural and informational background should be broad. The more experience and background the nurse has, the more understanding help she has to offer her patient.

While the nursing profession is taking such strides in the education of the nurse for psychiatric work, the physicians are likewise showing marked interest in this field. They are advocating courses in neuropsychiatry in their medical schools, and indicating a desire for the internes of the hospitals to have services in the neuropsychiatric wards, just as they do in the Surgical, Medical, and Obstetrical wards.

With such ideals and purposes to be found in both branches of the medical profession it seems very probable that we will see a great advance in the scientific care of mental cases in the near future.

Mental Hygiene and its relation to the child in the Home.

All branches of psychiatry and especially Mental Hygiene are pointing the way to their most effective program which is centered about the child.

The first years of a childs life, the years when he is more

exclusively with his parents than at any other time, is more important to him than any other period during life. It is here that the real foundation is laid, upon which everything else coming after must fit or be adjusted.

The belief that heredity to the child is of a predominent importance often brings about an attitude of indifference, a feeling that the child will conform to a certain mold and there is nothing to do about it. The real reason for startling behaviorism, in which the child is "exactly like someone else in the family," is that he is a first class imitator and is far more intelligent in his observations and imitations than the family realizes..

So many difficulties could be avoided if the parent but realized what development was actually taking place in their child and what they could expect of him. Through child study groups and good literature, much valuable information may be gained. In these groups they associate with people who have children of a similar age with similar problems, and while hearing their difficulties discussed it cannot be said that their time is wasted.

Parent education was first advocated in 1888 by Adler. He was far in advance of his times and it was not until recent years that his plan has been used. A few of these early pioneers of child welfare advocated that the child be considered as an individual, and as a child. That he should occupy an independent field of his own and not be treated as a young adult. These early pioneers began to see that the child had a different set of rules than the adult and he encounters difficulties when he is given the adult set of rules by which to abide.

That the child may fit into his environment and meet the social demands of society, his training should began with his advent into world. His habit and emotional training cannot begin too early.

During his infancy the child is perhaps more interested and involved with his own personal impulses and desires, and the outside world and contacts do not make such an impression upon him as they do in the period immediately following which is known as the pre-school age.

In this period the family and especially the mother, is the most important to the child. Never will we find him such plastic material, never so responsive to his environment as during these few years. The outside world begins to look interesting to him. His curosity is wheted and he avidly seeks for new experiences and discoveries. In order that his behavior will be understood one should know what his reactions are influenced by or composed of. The appetites are the basic needs of every child and person and they are: hunger, thirst, sleep, elimination, play and sex. These sppetites must work to-gether if the individual is to be relatively free of conflicts. Around each appetite we find built a set of habits which allow the appetite to be expressed in a manner acceptable to society, that is, if the child has cultivated satisfactory habit.

As the child is going through a stage in which he is very responsive to suggestion, it will be just as easy to help him form good habits as to allow unsatisfactory ones to come in.

The Emotions of the individual differ from the Appetites in that they are not relatively constant demands, but rather, arise at intervals and in response to some external stimulus. The arousing of emotion has a decided effect upon one or more of the appetites. Closely connected with the emotions and appetites of the child we have the attitudes. An Attitude is known to have a motor reaction of two types;

on the one hand we have that of approach, and on the other of withdrawl.

In connection with the appetites, we find them so very closely associated. There is the approach if one of these appetites is to be satisfied, and the withdrawl after satisfaction has been achieved. In Emotions we have somewhat the same relationship in that we consciously accept or reject an exciting stimulus which will produce an emotion.

On the whole we might remember that to develop or break a habit, or to do away with undesireable fears etc., in the child, we must make the correct response seem more satisfactory to him than the other one and to put the undesirable reaction in an unpleasant and dissatisfying light.

So much importance is attached to the childs first few years in the home with understanding, intelligent and interested parents that the fact of his parents being all they should, cannot be overemphasized. What the child will be in his future adult life, how he will make contacts with the world, whether he will succeed in his chosen work and if he will find a satisfying and happy life is very closely linked with these few years of his child-hood.

The child and the school.

Usually by the sixth year the child's former routine is shattered and he finds it is expected that he shall conform to another set of rules, those of the school. If his parents have been wise they shall have seen that he has become accustomed to meeting new situations, so that this one will not be unexpected and therefore probably disliked.

We find that in most school programs the subject of health receives considerable notice. It seems that good health and mental health are working side by side. So many of our mental problems are the result of or are advanced by poor health, that one cannot but see how indispensible it is that the child have the best of medical care and health instruction in the schools.

A routine medical examination by a Doctor, in order that physical defects may be discovered, if any, is done at the beginning of the year. The teacher and the nurse stimulate interest and seek the cooperation and help of the parents in this matter, as these examinations are not required, but depend upon the willingness and interest of the parent, and cannot be done unless there is a written consent from them. When the examination is done it is very desireable to have one or both of the parents present, as they may be of considerable help to the Doctor in giving history and any other information desired concerning the child, likewise, they may ask the Doctor any questions they may have been wondering about. If there are any corrections to be made, the Doctor can explain why it is important that they should be done , in a more satisfactory manner than if it is relayed to the parent through another medium.

Necessary corrections at the beginning of school often help a child adjust himself more easily and has a decided influence in preventing his health from breaking under the added strain of school life.

In teaching the subject of health to the younger children, a certain set of habits tied up with health are given to the children in a pleasing manner and after numerous repetitions of performance they usually become a part of him. The child is not given an explanation as to the value of certain habits to him, but accepts them from the person who is teaching him. As he is now at a stage when he will imitate those whom he likes, it behooves the teacher to have correct health habits herself.

Among the methods by which children learn are devices--that is--they acquire knowledge of a subject by working with some interesting apparatus or object which is closely related to the subject being taught.

The cafeteria with the supervised noon lunch might be considered a device in which correct food habits are being taught. The child learns

what a balanced lunch consists of and also, in the well supervised lunch room, acquires acceptable manners, if he has not already done so.

We learn a thing more thoroughly and have better opportunity to remember if it is associated with more than one thing; this is why teachers use the direct methods, devices and coorelation in putting over their subjects. In coorelation we teach the health habits through other subjects which the child is studying at this time. In his reading, a story concerned with some health habit, introduced in and his nature study class, while studying the habits of various animals he could draw a comparison between those of the animal and those which he possesses.

Posters and Educational Moving Pictures are coming into use more and more. These visual devices are another form of association to the child and pleasing to him.

The mental health program in the school is so closely related that of the physical, that there is overlapping at numerous points. Many times it has been found that mental maladjustments and behavior difficulties have had a foundation or been greatly abetted by some physical ailment.

If a good mental hygiene program is to be carried on in the school, the teacher as well as the child, must receive consideration. She should have classes of a size whereby individual instruction may be given, as this means more to the child than is often realized. Her relationship with other workers in this field should be an understanding and cooperative one for she cannot put over a complete program successfully without the help of the home, the rest of the school, the school board and some of the community organizations.

Her salary, her living conitions and to some extent, her social life is a responsibility of the community. They should see that she

is happy and that worries are not shifted to her that do not belong.

In school the child needs the resting and study periods to be arranged to the best advantage. With the young child, especially, these periods of study should not be too long, and distracting influences are best eliminated. The periods of rest in school are often inclined to be very active and exciting, and when the child returns to his studies he is too fatigued and restless to react well to the school-room.

The numerous facts which a child is sometimes obliged to learn are in reality not nearly as important to him as developing good habits of thinking, as concentration and industry, An ability to think things through in a logical manner will be something which the child may profitably carry over into adult life.

In a complete school program we will find provision made for the exceptional child. Mental tests, as the Simon and Binet, are given to segregate or classify the children. These tests are best not given at all if a specalist in this field is not obtained. Other specific tests are given in which certain needs or abilities are brought out. These mental tests are not meant to be given and then a definite conclusion drawn from them, but they are only used as a part of a whole. A home investigation and the report of the physician and teacher hold considerable place before any decision is made.

In Pennsylvania the state legislative body has passed a law whereby children who are very noticeably retarded in school, because of mental or physical difficulty, shall be examined by a proper authority and a recommendation sent as to the advisibility for special educational training. This law includes the blind, deaf, and mentally deficient. If the above tests show a mental retardation or the child isn't keeping pace with his classmates for some reason, instead of

keeping him in the same grade, demoting him or by doing any other thing which tells him he is just an all around failure in school; it is better to put him in a special opportunity room. Here the specially trained teacher has time to give her attention to a fewer number of children. The child is not left on his own to try and pick up what he can. He is watched and helped with his work, which is something from which he may obtain a feeling of success. There is more opportunity for the child to express what he wishes to do. The schoolroom is not so formal and he is not constrained by numerous rules. Naturally this results in a much happier child who takes heart again and goes at his lessons with a will.

The other child, he who has above the average of intelligence, does not fit into this regulated-mill anymore than the sub-normal child. IN his case, behavior problems are prone to crop out, for the work he is doing is too easy, it does not give him a chance to use all of his powers. He cannot find enough satisfactory outlets in the acceptable fields, so the normal and natural thing for him to do is turn to those which bring him more satisfaction, although they do bring him into conflicts with society.

A child with exceptional ability is best not held back in his grade just to keep him in the correct chronological age group for if he is capable of doing more advanced work he is better off busy and occupied. If he has abilities in dramatics, public speaking, athletics or any other extra-curricular activities it will be best to see he is occupied with these.

An ideal program of physical and mental health for a large school seems quite extensieve, and so far, it is still something for which we may strive.

The medical and mental health program is worked out together. The

The school is a center of investigation of the problem child in the school as well as for the surrounding districts. The schools equipment and space should be such that laboratories, clinic rooms, and special class rooms are planned for. On the staff there is to be a medical specialist on call and a school nurse who is there during the school hours. Highly trained special teachers are indispensible in the opportunity rooms. A psychiatrist, psychologist and psychiatric social worker are necessary. The visiting teacher plays an indispensible part in this program by bringing about a better understanding between the home and the school, as most of the problems have their beginning in the home, it is here that we must place the emphasis.

By having a complete staff of child guidance workers in the school, duplication and contradiction may be avoided. The workers are doing a more unified piece of work as they may keep in such close touch with one another. The child has the advantage, too, in that he is no longer being treated by a number of agencies and getting tired and confused by it all. Numerous advantages, it is felt, will be obtained through having the clinic in connection with the school. It is felt that a more useful program may be carried on, for we are reaching practically all of the children when we work through the schools.

Another feature is that part of the staff is already connected with the school anyway. The permancy of this type of work, once it proves it value is assured, at least in normal times.

The child is often made to feel that it is unusual and something to be ashamed of when he goes to a psychiatric clinic, however if the set up is in the school and being constantly used, the child will make a friendlier and more natural contact.

The school has already a fairly good background of each child, and it is comparatively simple for the Visiting Teacher to obtain what other material is desired.

In carrying out the treatment the clinic can work directly with the school, and through the Visiting Teacher, with the home. This close tie-up brings unified action from each division, and it is through this means that real results are obtained, and with the elimination of so much waste.

The school and the home are concerned over a common subject--that of the child, so there should be an understanding and felt cooperation between the two. Often the mother feels that she is too busy to make a conscious effort to know the teacher. The teacher likewise feels that she has as much as she can do without going out of her way to meet each parent. Perhaps the P.T.A. is a solution that is commonly used. The school nurse brings a more direct contact between the two, as she works in both spheres and has a knowledge of the problems in each, and a capacity to stimulate a solution for the problem existing between the parent and teacher. Not only does the school nurse put her influence into the home during troubles, but she carries on other works which are chiefly educational, such as first aid classes, little mothers classes, home hygiene classes and gives talks on subjects within her profession which are of interest to the community. These latter works doubtlessly pave the way for her when she enters the home to help with more personal matters.

The Child Guidance Clinics.

The present day Guidance Clinic serves the whole city. Some of the cases are voluntarily brought by the parents and in some cities it is understood that the clinic will work with cases from the Juvenile Court. However, numerous cases are referred from the school for many problems come to the surface when the child is under a strain of making social contacts and making new adjustments, for which he may have had no preparation. A study of the individual commonly discloses the fact

that the break which appears in school is of a long standing. The real maladjustment occurred in early childhood and has been gradually growing larger, until an added strain is met and the child does not have any method of meeting it.

At an early period of the childs life he is decidedly in a close relationship with his family, under their directions and guidance. This relationship is often prolonged by the family who is prone to consider the child a little child for a longer period than is necessary. A struggle ensues, for he wishes to break away from some of the family ties and find his own way about. If a sane equilibrium is to be maintained there is a necessity for a continuous process of readjustment. A realization that the child is gradually changing from a dependent into an independent being. This process is desirable and it would be a sad state if the child never developed any independent action. Before he starts to school this independence should be encouraged to develop. He should have work to do and realize that it is his responsibility to see it is done. Playing with other children is something that should take place before he starts to school. It is to his advantage to know how to meet and mix with others.

These are a few of the items which, if they are not carried out, provides a need for the Child Guidance clinic.

A Staff for a Child Guidance Clinic: (usual one)

A psychiatrist who will devote three half days a week to the clinic. The psychiatrist does the personality study, utilizing the findings of the rest of the staff, and formulates the plan of treatment to be followed.

The psychologist is working on the half time basis. He is an expert in giving the various types of mental tests which are necess-

ary in finding the mental abilities of the individual. The social worker is a full time worker and should be able to make six satisfactory case reports weekly. The environment in which the child has grown up in; his home, school, and community play a large part in his development. It is in these places that one sees the child as he is, free from fears and inhibitions that may come to the surface while he is on a clinic visit. The social worker is one who is particularly adapted to meeting him in his own environment.

Volunteer workers, preferably with some training, are used on cases which the social worker selects, such as follow up work to see how an old case is getting along.

The stenographer cares for all of the records and office work, and this is a great time saver to those who are actually doing the work.

The child guidance clinic is doing much to correct errors which have occurred in childhood. In most cases the clinic is sadly overworked and could carry out a better program for the community if they had a larger staff and more facilities. Their case load in most instances is far beyond what it should be.

Conclusion:

The history of Mental Hygiene, to me, is a series of colorful events and I have chosen a few of the most interesting and important points in its development, with special emphasis on its more recent development in connection with the child.

The child during his development is in contact with a number of persons and different environments. To help him make the most of his life it seems that there should be a closer relationship between these different people and the places they represent, a clearer understanding of what they are individually trying to do,

and as a result a definite relationship worked out between them.

These people foremost in childs life should also have a well defined knowledge of the child himself and the part they are to play in developing the best in him.