

MENTAL HYGIENE AS A PROBLEM OF PUBLIC HEALTH

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The accomplishments of medical science in controlling infectious diseases both by prevention and by cure are so well known to the general public that there can be little doubt as to the main facts. In spite of the opposition of a relatively small but determined number of dissenters the science of medicine has gone on in an uninterrupted sequence of achievements. Typhoid fever, small pox, diphtheria, and tuberculosis have all yielded to the medical attack. Even in those conditions in which the etiology and specific treatment are still obscure a great deal has been accomplished in prevention. The average expectancy of life has been lengthened in one generation from thirty-three years to fifty-six years, and predictions are now being heard, based on reasonable assumptions, that the span of life will be further increased to sixty or even the Biblical three score and ten years.

It is natural that such a growing accumulation of knowledge has produced a marked effect on the community aspects of the general health problem. Public Health has developed into one of the most important agencies in the safe-guarding of the community welfare. Hygiene has made it possible for increasingly large groups to enjoy the advantages of close association in cities without the dangers to health which formerly were an invariable accompaniment to concentration of population. This ability to safe-guard health has been felt also on the farms and in industry. It has made possible the management of large armies, the conquest of the tropics and the arctics, the building of the Panama Canal. In addition to the prolongation of life and to the protection of citizens has been the progress made in the reduction of infant mortality.

Medicine has not yet reached the final triumph over disease. In spite of the advances made in cancer, heart diseases, the disease of the respiratory organs, meningitis, syphilis, and tuberculosis, these diseases still exact

too heavy a toll. But enough evidence has been obtained to indicate that however difficult the problem may seem at the moment, an ultimate victory is reasonably assured.

It is probable that most of this success has resulted from definite discoveries made often as a by-product of another research. The mere recognition of a danger or of an unsatisfactory state of affairs does not solve the problem. Discontent and rebellion, however justifiable as emotional manifestations, have not contributed much to a solution.

The functions of the Public Health organizations are largely those of applying available knowledge. On account of the tremendous urgency of the problems dealt with there is little time to attempt research. Nevertheless our Public Health Agencies have managed to contribute important new knowledge; thus diphtheria anti-toxin was in large measure the result of the Public Health interests of its discoverer, von Behring.

It is natural that Public Health has been forced to concern itself within the last generation with the practical problem of physical health, and the advances in scientific knowledge have been largely in the direction of specific treatment in an increasing number of physical diseases. The advances in laboratory technique have been responsible for the preventive work on a large scale. There is one branch of medicine, however, which has long been recognized as one of the most important, but which has lagged behind the general advance in clinical medicine. This is the field of mental science. Largely due to the complexity of the problem and to the relative inaccessibility of the central nervous system to available methods, there is an apparent discrepancy between our effectiveness in this field as contrasted with the physical diseases. Nevertheless psychiatry and psychopathology have not been inactive, and considerable advance has been made of late, so that now we are in a position to apply, in some degree at least, therapeutic and preventive measures.

It is natural that the first advance should have been made in the recognition and the diagnosis of mental disorders rather than in their treatment and prevention.

This has perhaps contributed to a certain amount of scepticism on the part of those outside towards the practical value of the methods of mental science. It is interesting to note also in this connection that the extension of life and the saving of infant lives, of which medicine is so proud, have served to complicate the problem from the mental side. A favorite comment of journalists on this topic is to the effect that medicine is now saving the unfit, that we are tampering with nature's law of the survival of the fittest and thus increasing the numbers of the unfit who endanger the welfare of the more favored individuals; that all that has been accomplished has been to protect the weak and inadequate without benefit to anyone. I need not examine this argument more closely at this time or point out all the fallacies involved. The struggle for existence and the survival of the fittest may be shown to be still active even in our social organization of today. It is true that since the progress of science is uneven, inequalities may arise and that at a given moment in one or another direction the difficulties may be increased rather than lessened. Nevertheless, it must be perfectly obvious to any fair-minded observer that the sum-total of gain is far in excess of any circumscribed losses. Whatever inequalities of this nature may now exist will undoubtedly be wiped out by the further progress of knowledge and by our increased control over ourselves and our environment, to which we can confidently look forward.

The question that I wish to deal with today is not whether mental science is worth while, but rather are we applying effectively all the knowledge now available; are we dealing with such problems as those just suggested as well as we now are able. Psychiatry deals with mental disorders. From the Public Health aspect, however, it deals less with the mental disorders themselves than with a subsidiary phenomenon, namely, human behavior. Thus a person is not considered insane because his mind is deranged, but because of what he does as a result of such derangement. Every psychiatrist has observed repeated instances of individuals with gross mental disorders who

have not been declared insane, who have not presented any major problem to the community or themselves mainly because their behavior was not disordered to the degree which the law specifies is to be considered as a menace to themselves or to the community. To say that medicine and especially psychiatry now have interests, therefore, in behavior is to indicate that medicine has social relations and an interest in the social organization much more far reaching even than the social implications of communicable diseases, which are so well recognized at present. The medical attack, however, is made easier by being confined to a limited part of the problem and is not officially concerned with social problems in general. The medical interests must be based on the problem of pathology, and it is this point which I particularly would like to stress.

There is one other general consideration which I think it is important to note, namely, that the logic of medicine cannot be transferred from the clinical field of physical diseases to that of mental disorders without some modification. The generalization which covers this is perhaps best stated thus: there is no specific relationship between the nature and degree of the organic involvement in the nervous system and the behavior manifestations to which it gives rise.

It is this latter consideration probably to which we must ascribe the aloofness of the general medical practitioner in his attitude towards mental problems. The physician, perhaps merely as a human being, prefers problems in which the sequence of cause and effect can be clearly determined. Where the cause is often so elusive or so apparently insignificant as contrasted with the effect, as it is in mental disorders, both layman and physician refuse to commit themselves.

There is one specific subject in which after a very hopeful beginning a great deal of distrust has resulted. I refer to the subject of feeble-mindedness. When Binet devised his system of tests, which have since become famous, great enthusiasm was manifested because it seemed as though at last we had an accurate quantitative method for determining this important phase of mental disabil-

ity. An enormous amount of observational material has been accumulated both here and abroad in connection with mental tests in our schools, in the Army during the war, and in industry. The results seemed surprising to many, and talented writers whose imaginations were fired by some of the apparent implications have run wild in their generalizations. Evidence of the danger of too hasty generalizations in this field is furnished by the numbers of books that have come, often from the pens of distinguished writers, in regard to Race questions. Present discussions in regard to immigration often lead to bitter differences of opinion in regard to the possibility of erecting hard and fast rules based on mental tests.

The situation may be simplified in the following way: Intelligence is probably not measured directly by these tests at all, but in the ordinary individual the results of these tests may be regarded as a fair sample of the mental ability of the subject including his intelligence. For statistical use, therefore, the method is probably reasonably sound. We are dealing with the approximate measurement of a quality which is universally possessed by all human beings. It comes under the category therefore of *more or less*. It is comparable to the quality of tallness or shortness, the quality of pigmentation, and to other similar qualities. If determinations are made on sufficiently large groups the results will be observed to follow one or another curve of distribution. There is no evidence adduced so far to indicate that a particular rating on such an intelligence scale will indicate the presence or absence of pathological factors. In spite of repeated attempts to do so, all who have tried to indicate at what point on the intelligence distribution curve for the United States Army the pathological threshold may be placed have failed. On the contrary during the war it became apparent that a very low rating by intelligence measurement did not indicate *feble-mindedness*, even though the rating was well within that regarded as characteristic of the mentally deficient. Large numbers of men thus rated were found to be extremely useful in various types of labor and employment, and in fact were more satisfactory than those who rated higher. Most of the actual

labor involved in the embarkation and debarkation of men and materials, the building of the strategic railway in France, the building of cantonments, the construction of trenches and similar hard labor was performed by men whose rating placed them in the group of the unfit.

If it is true that ten per cent of our general population falls in this classification it is a matter for serious consideration, if we are to consider them because of that mentally deficient and a menace to themselves and the community. There is, however, evidence which will indicate that there are not grounds for alarm. If we regard this matter of intelligence distribution as a matter of *more or less* a generally possessed faculty we must look for something else in order to make the diagnosis of pathology. This latter quality is not subject to the category of *more or less*, but is a matter of *all or nothing*. Like disease or deformity in the physical sphere an individual either is or is not pathological. If he is pathological then it may be a matter of *more or less*. This point of view would therefore vitiate the common belief which is often facetiously expressed in the statement that all men are more or less insane. They may be more or less intelligent, more or less mentally strong, more or less alert, more or less well integrated, but in order to determine whether they are more or less disordered it is necessary to ascertain first whether they are disordered at all or not. Applied to this mental problem, therefore, a person may be highly intelligent or he may be stupid, and it is probable that this is an inherent quality and that there is a maximum beyond which he cannot develop. This maximum is predetermined in his individual make up.

But mere stupidity, however severe in itself, is not a sign of pathology. It will be seen, therefore, that the reliance on the mental tests alone will not determine this point. Positive evidence of some special disability, inherited or acquired, must be obtained in order to identify an individual as feeble-minded. This emphasis that I have placed on the importance of the pathological factors must indicate that medicine has a distinct function in re-

gard to this very large and important problem, a function which it has not exercised sufficiently up to date.

The applications of psychiatry as a part of Public Health to the behavior problems of the community are not, however, confined to the group of the feeble-minded. Keeping in mind the essential importance of the pathological, it is clear that medicine has developed to the point where it is able to render a service in connection with behavior problems which are even less obviously matters of mental disorder than is feeble-mindedness. In the first place, there has been an extension of psychiatry during the last few years to include a consideration of not only the gross behavior disorders such as criminality and delinquency, but less obvious difficulties affecting the happiness and success of individuals and families. As I have said before, medical science has made it possible to live in large, congested centers of population. We have conquered the physical obstacles and we are now coping with the mental difficulties. There are a great many manifestations of individual weaknesses, of nervous disorders in themselves unimportant, perhaps, but decisive in their effect upon the economic and social life of the individual. Our experience during the war with shell shocked cases, in which the American Army justly deserves great credit, shows what correctional therapy can do in dealing with behavior problems. Shell shock, or more properly, war neurosis, belongs to the group of psycho-neurosis, hysteria, and neurasthenia. Though more spectacular than the ordinary manifestation of these disorders in civil life it does not differ in quality from the latter. The same procedure which worked so well with the military cases secures favorable results with the others. It is interesting to note, however, that the world has been dealing with these manifestations since time immemorial without recognizing that they represented a medical problem. Disciplinary measures of the crudest kind have always been resorted to in the attempt to correct such behavior. In war time summary court martial, execution, disgrace and imprisonment were always relied upon to achieve results. These same methods in perhaps less summary form are constantly being applied

in the field of delinquency and criminality. There is a tremendous work to be done by the medical profession in this field, and it is to be hoped that the public health officials will presently recognize their share in the responsibility.

While a great deal can be accomplished in dealing with the offender a great deal more can be done in the prevention of delinquency. This requires in the first place adequate recognition of the problem as a problem in pathology, and adequate provisions for administering such methods of treatment as our present knowledge supplies.

There is probably no department of our social organization in which more can be done than in the department of education. In education up to now the main emphasis has been placed upon intelligence and the acquisition of knowledge as manifested by the progress of the child through the grades and farther. A closer study of the mental problems presented by any of the ordinary grade schools, or by the high schools, as well as by the universities, such as has been carried out by the Institute for Juvenile Research in this State, especially in connection with the High School at LaSalle, by the Bureau of Children's Guidance in New York, by the National Committee for Mental Hygiene, and other agencies, has shown that many a child or adolescent is acquiring habits which are bound to prove dangerous or at best serious handicaps, on the basis of individual peculiarities or traits which in themselves need not cause such difficulties. A perfect understanding by analysis and examination before the major damage is done, before fixed habits are formed, and before the accumulation of results of behavior present insurmountable obstacles, will often save these children for effective and happy careers.

Finally there is a field in which the application of mental hygiene is beginning to make itself felt both on the treatment as well as on the preventive side. This is the field of industrial relations. Very promising work is being done here in connection with industrial difficulties, by contributions to the management of personality peculiarities and difficulties which have important bearings

not only on vocational training but on industrial assignment. Labor very frequently looks askance at any method which suggests that an attempt is being made to cajole the worker into acceptance of unsatisfactory industrial conditions. A great many attempts to ameliorate the condition of the worker through so-called welfare departments have met resistance on the part of union and non-union labor. None of these objections applies to the medical program, which is free from any implications of the sort just mentioned, which are applicable equally to the employer and the employe, and which, as all medical procedures should, has as its main objective the rendering of a service to the individual. It is therefore partisan only in the sense of being for the patient and is not concerned with any partisan struggle.

Time does not allow me to discuss in detail any of these propositions, nor to take up the consideration of many other important subjects directly connected with this topic. It is a waste of time to emphasize the importance or the urgency of the problems presented by behavior disorders. What we are concerned with is the possibility now offered to medical science through psychiatry to render a service in the treatment and the prevention of these behavior disorders with all their associated consequences of social waste, of economic loss, unhappiness and danger both to the individual and to the community. Dr. Frankwood E. Williams, Director of the National Committee for Mental Hygiene, says: "This year in this country there are 250,000 boys and girls of high school and college age, all of whom in five years will be confined in hospitals for the insane." A conservative statement would allow at least an equal number who will in five years come into serious conflict with the law. To this must be added a large number who are hopefully looking to life, who will meet with bitter disappointment and who will meet with unhappiness and unsuccess. A very large portion of these individuals can either be saved from their impending fate or at least benefited by prompt and suitable relief measures. Can there be any valid excuse for inaction in the face of such need?