

NEW YORK OFFICE
THE ENGINEERING FOUNDATION
29 WEST THIRTY-NINTH STREET

MAR 21 1931

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Mental Health
CABLE ADDRESS
NARECO
WASHINGTON, D. C.

NATIONAL RESEARCH COUNCIL

Established in 1916 by the National Academy of Sciences
under its Congressional Charter and organized with the cooperation of the
National Scientific and Technical Societies of the United States

B & 21st STREETS, WASHINGTON, D. C.

March 12, 1931

Doctor Alan Gregg
The Rockefeller Foundation
61 Broadway
New York City

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Dear Doctor Gregg:

^{xed} Since you visited me here and brought up the subject of psychiatry I have been playing with the idea of how best it could be developed.

The prime essentials are, I believe, to extend the basic experimental sciences of physiology, cytology, biochemistry, pharmacology, psychology and pathology into the field of psychiatry and to fertilize it through importation of young, vigorous and well trained investigators.

This can perhaps be done by establishing a committee made up of a psychiatrist and of leaders in the sciences mentioned. My idea is that each would be an active investigator with a fairly large entourage of young people. The granting of a generous honorarium for his services would indicate at once that something very definite was required of him. Before accepting he would be apt to consider very carefully the program of the committee and his ability to set aside a sufficient amount of time to act effectively. Such a committee would be of much greater use than the ordinary ones on which the members serve more or less half heartedly and without recompense because they feel that they are helping a worthy cause. Their duties as members always suffer in competition with their other activities and are the first to be neglected. The chairman of the committee in seeking anything unusual in the way of assistance must always preface his request with an apology.

In order that the proposed committee may function properly it must be given definite responsibility in advising the financing organization about the disbursement of funds for special research projects designed to improve methods of prevention and treatment of mental disease. Several objects might be gained by proceeding in this way:

1. Those who make requests for assistance would profit by being led to formulate their programs with care along lines most likely to yield results, and the best of them would be helped both by a grant and by the advice which might develop from a consideration of their problems from many angles.

Committee!
RAB

2. The assistance given would not end by the making of a grant and preliminary advice, as is generally the case. That would be just the beginning. The progress of the research made possible would be followed step by step by the committee. Members of the committee would visit the recipients and would strive in every way to be helpful.

3. The members of the committee by their deliberations and by visits from time to time to various psychiatric institutions would have their eyes gradually opened to the hitherto unsuspected possibilities of extending their own science, pharmacology, biochemistry or whatever it may be, into the little explored domain of psychiatry. They would indeed come to act as purposefully educated liaison officers. The same results could not be secured by creating at great expense a psychiatric institute or by strengthening one already established, and by trying to add similar leaders to its staff, because the foremost of them could not be induced to leave their chosen fields. The central idea is, on the contrary, that they should retain these activities for which they have become recognized and by virtue of which they are able to be of assistance. Personally they would gain by the broadening of their horizon.

4. The most desirable of all results might follow, namely, the induction by these liaison officers into the field of psychiatry of young men from among their following, armed with techniques not adequately used thus far in psychiatry and supported by the mature guidance of their leaders. This would break down the inhibitive barrier of separation at present existing about psychiatry, not only by bringing in new blood but also in some cases by dragging out into the limelight problems likely to be solved in the laboratories of the sciences fundamental to it.

Yours sincerely,

E. V. Cowdry

E. V. Cowdry, Chairman
Division of Medical Sciences

EVC:er

1931

Mental Health

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Mental Health

Wp In first considering program the Trustees of the Rockefeller Foundation decided in 1914 to give attention to the subject of mental hygiene. This decision was reached in the hope of determining in what ways contribution could best be made to the discovery of needed facts and to the diffusion of the most reliable information by which this field is governed.

At that time this activity was looked upon as an important phase of public health work. It was further considered that participation in such work would provide means through which many social and economic problems depending upon mental factors could be more effectively dealt with.

Dr. Thomas W. Salmon, formerly of the U.S. Public Health Service, and at that time Scientific Secretary of the National Committee on Mental Hygiene, was secured as adviser. He was appointed a member of the staff of the Rockefeller Foundation from January 1, 1915 with the understanding that his services for the next two years would be at the disposal of the National Committee primarily for the promotion of state surveys. This arrangement with Dr. Salmon continued until June 30, 1921.

In the hope that such surveys would go far toward permitting the insane to share more equitably in the advances characterizing the treatment of other classes of the sick, an appropriation was made to enable the National Committee to complete surveys already begun.

In the years immediately following funds were appropriated for studies at the psychiatric clinic at Sing Sing and for war work in mental hygiene.

Following conferences in 1920 between the officers of the Foundation and others interested in mental hygiene, it was decided that it did not seem wise for the Foundation to undertake direct work in that field.

In 1924 the Director of the Division of Studies presented a statement of program in human biology which included the following as one of the main lines of research to be emphasized: the fostering of the mental sciences including the study

Mental Health (Continued)

of the normal mind and possibilities in education, child guidance etc., as well as the study of mental disease and their possible cure and prevention, and research in the evolution of the human mind from primitive man, subjects that are generally included in the terms psychology, psychiatry and anthropology. With that general objective in mind, an opportunistic policy in considering individual proposals for work was followed.

About this time the LSRM was carrying on a program in child study, criminology, anthropology and, beginning in 1925, made certain appropriations for research in mental diseases.

SEE - Appropriations listed on following sheets

Compiled in 1921

MADE IN U.S.A.

MENTAL HYGIENE - GENERAL

Appropriations made by LSRM and RF

NATIONAL COMMITTEE FOR MENTAL HYGIENE - RF

1915-1929	For salary and expenses of Salmon and his successor and for general expenses	\$ 147,000
1915-1929	For surveys of care and treatment of the insane	470,000
1916-1921	For studies in psychopathology of crime, including psychiatric clinic at Sing Sing	77,800
1917-1920	For war work in mental hygiene - buildings for naval psychiatric unit, investigations, etc.	60,000
1918-1923	For establishment of uniform statistics	23,250
1924-1931	For fellowships	90,000

CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE

1924-1929	For studies re application of mental hygiene to problem or delinquent children in Canada. Grant divided between McGill University and University of Toronto.	75,000 RF
1928-1933	For development of training centers for advanced students in mental hygiene in Canada	150,000 LSRM
1931-1936	Continued by RF	50,000

MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

1928-1931	For statistical and record study of mental defectives (amended by RF)	91,000 LSRM
1931-1934	Continued by RF	25,000

STATE CHARITIES AID ASSOCIATION - LSRM

1927-1931	For study of records of mental disease (amended by RF)	64,000
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YALE UNIVERSITY - LSRM

1923	For one year's study of mental development in Pre-school years	2,000
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YALE UNIVERSITY - INSTITUTE OF HUMAN RELATIONS

1924-1931	For building and equipment; development in psychiatry; research in psychology, child development and social science work	334,300 LSRM
1929-1939	Continued by RF	4,000,000

PSYCHIATRY

Brought up to date
December 1, 1932
March 31, 1933

Appropriations made by LSRM and RF

AMERICAN PSYCHIATRIC ASSOCIATION - LSRM		
1928	For Expenses of a conference	\$ 2,750 LSRM
BEHAVIOR RESEARCH FUND, CHICAGO		
10/1/31 - 9/30/33	Toward budget for two years (2 grants)	50,000
FELLOWSHIPS - RF		
4/13/32		50,000
FORSCHUNGSANSTALT FUR PSYCHIATRIE, MUNICH - RF		
1927-1928	For erection of building	325,000
1932-1940	For research by Drs. Spielmeyer and Plaut (including research aid grants)	97,300
KWG INSTITUTE FOR BRAIN RESEARCH, BERLIN - RF		
1929	For building program in removing Institute to Buch	317,000
1932-1934	For special apparatus and maintenance of chemical section for two years	14,200
*MAIER, PROF. HANS W. - RF		
1927	For visit to psychological and psychiatric institutions in United States	3,000
MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES		
1928-1931	1. For statistical and record study of mental defectives.	91,000 LSRM
1931-1934	2. Continued by RF	25,000
MASSACHUSETTS SOCIETY FOR MENTAL HYGIENE		
1925-1930	For statistical studies in psychiatry	64,000 LSRM
1931-1934	Continued by RF	50,000
NATIONAL COMMITTEE FOR MENTAL HYGIENE		
1916-1921	1. For studies in psychopathology of crime, including psychiatric clinic at Sing Sing	77,800
1917-1920	2. For war work in mental hygiene - buildings for naval psychiatric unit, investigations, etc.	60,000
THOMAS, DR. W.I.		
6/22/31	Visit to make survey of psychiatric and criminological work in Belgium, Holland and Germany.	1,200
UNIVERSITY OF BERLIN - MEDICAL CLINIC - RF		
1931, 1932 and 1933	For research work of Dr. W. Jaensch of psycho-physical and constitutional disease department (research aid - 3 grants)	9,000
*UNIVERSITY OF IOWA - BRAIN PHYSIOLOGY - RF		
1925-1927	For special studies of school children - departments of neurology, psychology, psychiatry and education, cooperating	62,500

PSYCHIATRY (CONT.)

UNIVERSITY OF ROCHESTER - PSYCHIATRY - RF

1929-1934

For habit training clinic

\$ 124,000

* YALE UNIVERSITY - INSTITUTE OF HUMAN RELATIONS

1924-1931

For building and equipment; development
in psychiatry; research in psychology, child
development and social research work.

1929-1939

Continued by RF

334,300 LSRM
4,000,000

*Appears elsewhere

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PSYCHOLOGY

Appropriations made by LSRM and RF

AMERICAN PSYCHOLOGICAL ASSOCIATION - LSRM			
1926-1936	For publication of Abstract journal and Index	\$	75,000
FELLOWSHIPS - RF			
	Social science fellowships are open to candidates in psychology		
*INSTITUT DES SCIENCES DE L'EDUCATION (J.J. ROUSSEAU)			
1925-1932	For general budget		45,000 LSRM
1931-1932	Continued by RF		10,000
MCGILL UNIVERSITY - SOCIAL SCIENCES - RF			
1931-1936	For development of research including psychology		110,000
*MAIER, PROF. HANS W. - RF			
1927	For visit to psychological and psychiatric institutions in United States		3,000
*NATIONAL RESEARCH COUNCIL - LSRM			
1923-1927	For Committee on scientific problems of human migrations		132,000
1928-1929	For conferences and Committees of anthropology and psychology (Publication)		20,000
1925-1928	For Committee on child development (of Divisions of anthropology and psychology)		48,000
Pinard, Dr. William J. 10/26/32	For aid to continue his studies of tests of perseverance (research aid grant)		450
*UNIVERSITY OF IOWA - BRAIN PHYSIOLOGY - RF			
1925-1927	For special studies of school children - departments of neurology, psychology, psychiatry and education, cooperating		62,500
UNIVERSITY OF VIENNA - PSYCHOLOGICAL INSTITUTE - RF			
1931-1935	For general program		16,000

PSYCHOLOGY-INDUSTRIAL

HARVARD UNIVERSITY - INDUSTRIAL HAZARDS AND INDUSTRIAL PSYCHOLOGY			
1926-1931	For research (amended by RF)		215,000 LSRM
1930-1937	Continued by RF		835,000
NATIONAL INSTITUTE OF INDUSTRIAL PSYCHOLOGY, LONDON			
1926-1930	For general budget and research program		70,000 LSRM
1931-19326	Continued by RF (2 years)		400,000

*Appears elsewhere

CHILD STUDY AND PARENT EDUCATION

Appropriations made by LSRM and RF

AMERICAN ASSOCIATION FOR ADULT EDUCATION - LSRM		
1928	For conference on parental education (amended by RF)	\$ 3,000
AMERICAN HOME ECONOMICS ASSOCIATION - LSRM		
1926-1929	For program in child study and parent education (amended by RF)	114,000
BUREAU OF EDUCATIONAL EXPERIMENTS OF NEW YORK CITY - LSRM		
1925-1926	For assistants and research facilities - study of physical and mental growth of young children	9,000
CHILD STUDY ASSOCIATION OF AMERICA - LSRM		
1923-1930	For conference and general program	270,000
CHILD STUDY - FELLOWSHIPS - LSRM		
1924-1926	For program	302,500
CHILDREN'S VILLAGE, INC. - LSRM		
1926-1929	Support of National training school for Institution executives and other workers	36,000
CLEVELAND FOUNDATION - LSRM		
1926-1932	For program in child study and parent education	39,000
COMMITTEE ON PRESCHOOL AND PARENTAL EDUCATION - LSRM		
1927-1929	For conferences expenses	2,000
CORNELL UNIVERSITY - CHILD STUDY - LSRM		
1925-1930	For development of work in child study and parent education	151,000
*INSTITUT DES SCIENCES DE L'EDUCATION (J.J. Rousseau)		
1925-1931	For general budget - child psychology	45,000 LSRM
1931-1932	Continued by RF	10,000
IOWA STATE COLLEGE OF AGRICULTURE AND MECHANIC ARTS - LSRM		
1925-1933	For program in child care and parent education	52,500
IOWA STATE TEACHERS COLLEGE - LSRM		
1926-1929	For work in child study and parent training	22,500
MCCULL UNIVERSITY - LSRM		
1925-1930	For study of normal child development and and parent education, and for equipment (rounds out work being done with funds from Canadian National Committee for Mental Hygiene)	51,500

*Appears elsewhere

CHILD STUDY AND PARENT EDUCATION
(Continued)

MERRILL - PALMER SCHOOL - LSRM		
1926-1927	For conference on child study, parent education and home making	\$ 6,000
MILLS COLLEGE - LSRM		
1927-1930	For program in child study and parent education	36,600
NEW YORK STATE DEPARTMENT OF EDUCATION - LSRM		
1927-1933	For child study and parent education work	80,500
TEACHER'S COLLEGE, COLUMBIA - LSRM		
1923-1934	For support of Institute of child welfare research and for child study (amended by RF)	1,001 750
UNIVERSITY OF CALIFORNIA - LSRM		
1927-1933	Establishment and maintenance of Institute of child welfare	295,000
UNIVERSITY OF GEORGIA - STATE COLLEGE OF AGRICULTURE - LSRM		
1925-1932	For child study and parent education work	72,000
UNIVERSITY OF IOWA - CHILD STUDY AND PARENT EDUCATION - LSRM		
1923-1938	For child study, parent education and Iowa child welfare research station	1,014,500
UNIVERSITY OF MINNESOTA - CHILD STUDY AND PARENT EDUCATION - LSRM		
1925-1938	For child study, parent education and child welfare research	965,000
UNIVERSITY OF TORONTO		
1925-1930	For child research and parent education and for laboratory equipment - connected with department of psychology and Ontario Mental Hygiene Society	52,000 LSRM
1930-1940	Continued by RF	175,000

NEUROLOGY

Brought up To date
December 1, 1932
March 31, 1933

Appropriations made by RF

ARMITAGE, GEORGE (General Infirmary, Leeds)		
1931	For apparatus for research in neurology (research aid grant)	\$ 1,000
CAIRNS, DR. HUGH (London Hospital)		
1930-1935	For development of neurosurgery (including research aid grants)	63,500
DONALD, CHARLES (London Hospital)		
1931 and 1932	For training in neurosurgery (research aid grants)	4,000
GRANIT, DR. RAGNAR A. (University of Helsingfors)		
1931-1932	For equipment for nerve physiology work (research aid grants)	550
McGILL UNIVERSITY		
4/13/32	For building and endowment in development of teaching and research in neurology, neurosurgery, and physiology and pathology of nervous system (conditional grant expiring 7/1/33)	1,232,652
7/1/32 - 6/30/33	For expenses of development of teaching and research in neurology for one year.	50,000
MAIDA VALE HOSPITAL FOR EPILEPSY AND PARALYSIS, LONDON		
1931	For promoting neurosurgical field in England	3,000
NEUROLOGICAL CLINIC, HAMBURG		
6/17/32	To Prof. Dr. Nonne for equipment for research work of Dr. George Schaltenbrand on central nervous system. (research aid grant)	2,500
SHERRINGTON, PROF. SIR C. (Oxford University)		
1930-1932	For equipment for research in nerve physiology	7,500
UNIVERSITY OF Breslau - NEUROLOGICAL LABORATORY		
1930-1932	For investigations (research aid grants)	2,000
1930	For building laboratory	50,000
*UNIVERSITY OF IOWA - BRAIN PHYSIOLOGY		
1925-1927	For special studies of school children - departments of neurology, psychology, psychiatry and education, cooperating	62,500
UNIVERSITY OF PARIS - DEPARTMENT OF CLINICAL NEUROLOGY		
1931	For research work including neurology	3,000

*Appears elsewhere

SEX RESEARCH

Appropriations made by RF

CORNELL UNIVERSITY
1929-1940

For travel grant and experimental work of
Dr. C. R. Stockard re influence of internal
secretions (sex research and growth and in-
heritance problems) \$ 251,200

NATIONAL RESEARCH COUNCIL
1931-~~1933~~ 1934

For work of Committee for research in problems
of sex, including psychological and anthro-
pological aspects (previously Bureau of Social
Hygiene) 225
~~150~~,000

UNIVERSITY OF CALIFORNIA
1929-1934

For study of the chemical aspects of vitamins
and hormones under Dr. H.M. Evans (sex research
and growth problems) (previously Bureau of
Social Hygiene) 50,000

SOCIOLOGICAL SURVEYS

Appropriations made by RF and LSRM

UNIVERSITY OF HAWAII - RACE BIOLOGY

1927-1933

For studies in race biology, including socio-
logical research re mental conditions

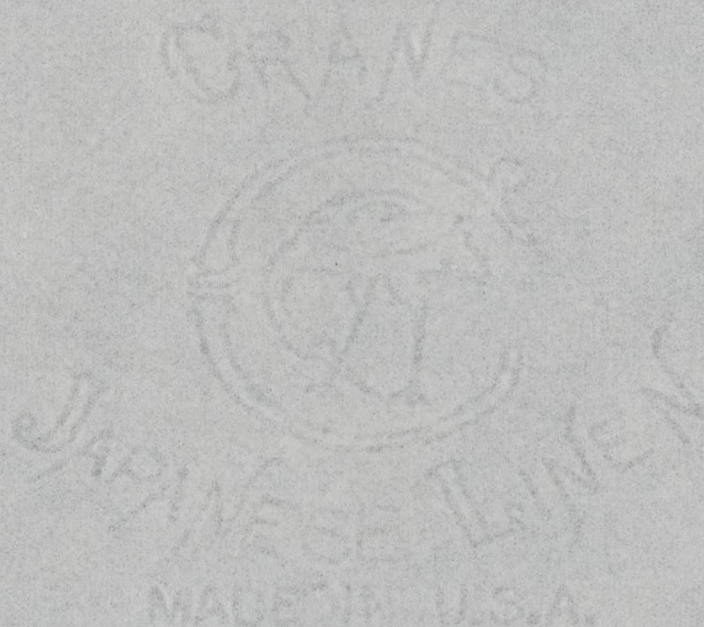
\$ 170,000

UNIVERSITY OF VERMONT - LSRM

1928-1931

For survey of rural regions, including psy-
chological and psychiatric phases (amended
by RF)

84,000



CRIMINOLOGY

Appropriations made by LSRM and RF

BUREAU OF GOVERNMENTAL RESEARCH , DETROIT - LSRM		
1927	For establishment of uniform system of accounting of crimes (amended by RF)	\$ 50,000
BUREAU OF SOCIAL HYGIENE , INC. - LSRM		
1928	For Crime Commission study by L.V. Harrison and study of scientific aspect of crime by Max Winsor	28,000
HARVARD UNIVERSITY - LSRM and RF		
1926-1929	For survey of crime and criminal justice in Boston	45,000 LSRM
1930 11/14/30	Continued by RF	25,000
UNIVERSITY OF CHICAGO - LOCAL COMMUNITY RESEARCH - LSRM		
1927-1932	For study of organized crime (amended by RF)	150,000

CRANES



JAPANESE

MADE IN U.S.A.

Same letter sent to:

Dr. R. H. Riley, Maryland State Dept. of Health
 Dr. G. H. Bigelow, Mass. " " "
 Dr. W. F. Draper, Virginia " " "

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Mental Health

April 1, 1932

Dear Doctor Osborn:

Have you thought of the advisability of undertaking in a suitable community, high grade county or town, an experiment in mental hygiene and methods for developing and applying knowledge in that field? I have seen one plan which suggests that for a community of 100,000 or less, in addition to the regular health, education, and welfare agencies, there be provided a full-time or part-time psychiatrist, a full-time or part-time psychologist, and one or more full-time social service workers who have had psychiatric training. These social workers may or may not have had training as public health nurses.

The mental hygiene work, I suppose, should be conducted by or through the local health department, but in close association with the departments of public education and public welfare. The experimental undertaking, moreover, presumably should be limited to one community until methods of procedure might be evolved that would lend themselves to the development of a program adaptable to extension and at a cost within the economic reach of the communities.

Please write me at your earliest convenience, giving me your views, and indicating what most wisely might be undertaken, where and how; what personnel would be necessary; what the cost would be, etc.

Very truly yours,

Doctor Stanley H. Osborn
 State Department of Health
 Hartford, Conn.

JOHN A. FERRELL

JAF:FEB

Mental Health - History RF Connection

In first considering program the Trustees of The Rockefeller Foundation decided in 1914 to give attention to the subject of mental hygiene. This decision was reached in the hope of determining in what ways contribution could best be made to the discovery of needed facts and to the diffusion of the most reliable information by which this field is governed.

At that time this activity was looked upon as an important phase of public health work. It was further considered that participation in such work would provide means through which many social and economic problems depending upon mental factors could be more effectively dealt with.

Dr. Thomas W. Salmon, formerly of the U.S. Public Health Service, and at that time Scientific Secretary of the National Committee on Mental Hygiene, was secured as adviser. He was appointed a member of the staff of The Rockefeller Foundation from January 1, 1915 with the understanding that his services for the next two years would be at the disposal of the National Committee primarily for the promotion of state surveys. This arrangement with Dr. Salmon continued until June 30, 1921.

In the hope that such surveys would go far toward permitting the insane to share more equitably in the advances characterizing the treatment of other classes of the sick, an appropriation was made to enable the National Committee to complete surveys already begun.

In the years immediately following funds were appropriated for studies at the psychiatric clinic at Sing Sing and for war work in mental hygiene.

Following conferences in 1920 between the officers of the Foundation and others interested in mental hygiene, it was decided that it did not seem wise for the Foundation to undertake direct work in that field.

In 1924 the Director of the Division of Studies presented a statement of program in human biology which included the following as one of the main lines of research to be emphasized: the fostering of the mental sciences including the study

Mental Health - History RF Connection (Continued)

of the normal mind and possibilities in education, child guidance etc., as well as the study of mental disease and their possible cure and prevention, and research in the evolution of the human mind from primitive man, subjects that are generally included in the terms psychology, psychiatry and anthropology. With that general objective in mind, an opportunistic policy in considering individual proposals for work was followed.

About this time the LSRM was carrying on a program in child study, criminology, anthropology and, beginning in 1925, made certain appropriations for research in mental diseases.

SEE - Appropriations listed on following sheets

83

MENTAL HYGIENE - GENERAL

Appropriations made by LSRM and RF

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1915-1929	For surveys of care and treatment of the insane	470,000
1916-1921	For studies in psychopathology of crime, including psychiatric clinic at Sing Sing	77,800
1917-1920	For war work in mental hygiene - buildings for naval psychiatric unit, investigations, etc.	60,000
1918-1923	For establishment of uniform statistics	23,250
1924-1931	For fellowships	90,000

CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE

1924-1929	For studies re application of mental hygiene to problem of delinquent children in Canada. Grant divided between McGill University and University of Toronto.	75,000 RF
1928-1933	For development of training centers for advanced students in mental hygiene in Canada	150,000 LSRM
1931-1936	Continued by RF	50,000

MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

1928-1931	For statistical and record study of mental defectives (amended by RF)	91,000 LSRM
1931-1934	Continued by RF	25,000

STATE CHARITIES AID ASSOCIATION - LSRM

1927-1931	For study of records of mental disease (amended by RF)	64,000
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YALE UNIVERSITY - LSRM

1923	For one year's study of mental development in Pre-school years	2,000
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YALE UNIVERSITY - INSTITUTE OF HUMAN RELATIONS

1924-1931	For building and equipment; development in psychiatry; research in psychology, child development and social science work	334,300 LSRM
1929-1939	Continued by RF	4,000,000

PSYCHIATRY

Appropriations made by LSRM and RF

AMERICAN PSYCHIATRIC ASSOCIATION - LSRM		
1928	For expenses of a conference	\$ 2,750
FELLOWSHIPS - RF		
	Medical science fellowships are open to candidates in psychiatry	
FORSCHUNGSANSTALT FUR PSYCHIATRIE, MUNICH - RF		
1927-1928	For erection of building	325,000
1931-1939	For research by Drs. Spielmeyer and Plaut	94,800
KWG INSTITUTE FOR BRAIN RESEARCH, BERLIN - RF		
1929	For building program in removing Institute to Buch	317,000
*MAIER, PROF. HANS W. - RF		
1927	For visit to psychological and psychiatric institutions in United States	3,000
MASSACHUSETTS SOCIETY FOR MENTAL HYGIENE		
1925-1930	For statistical studies in psychiatry	64,000 LSRM
1931-1934	Continued by RF	50,000
UNIVERSITY OF BERLIN - MEDICAL CLINIC - RF		
1931	For research work of Dr. W. Jaesch of psycho-physical and constitutional disease department	3,000
*UNIVERSITY OF IOWA - BRAIN PHYSIOLOGY - RF		
1925-1927	For special studies of school children - departments of neurology, psychology, psychiatry and education, cooperating	62,500
UNIVERSITY OF ROCHESTER - PSYCHIATRY - RF		
1929-1934	For habit training clinic	124,000

*Appears elsewhere

PSYCHOLOGY

Appropriations made by LSRM and RF

AMERICAN PSYCHOLOGICAL ASSOCIATION - LSRM		
1926-1936	For publication of Abstract journal and Index	\$ 75,000
FELLOWSHIPS - RF		
	Social Science fellowships are open to candidates in psychology	
*INSTITUT DES SCIENCES DE L'EDUCATION (J. J. ROUSSEAU)		
1925-1932	For general budget	45,000 LSRM
1931-1932	Continued by RF	10,000
MDGILL UNIVERSITY - SOCIAL SCIENCES - RF		
1931-1936	For development of research including psychology	110,000
*MAIER, PROF. HANS W. - RF		
1927	For visit to psychological and psychiatric institutions in United States	3,000
*NATIONAL RESEARCH COUNCIL - LSRM		
1923-1927	For Committee on scientific problems of human migrations	132,000
1928-1929	For conferences and Committees of anthropology and psychology (Publication)	20,000
1925-1928	For Committee on child development (of Divisions of anthropology and psychology)	48,000
*UNIVERSITY OF IOWA - BRAIN PHYSIOLOGY - RF		
1925-1927	For special studies of school children - departments of neurology, psychology, psychiatry and education, cooperating	62,500
UNIVERSITY OF VIENNA - PSYCHOLOGICAL INSTITUTE - RF		
1931-1935	For general program	16,000

PSYCHOLOGY-INDUSTRIAL

HARVARD UNIVERSITY - INDUSTRIAL HAZARDS AND INDUSTRIAL PSYCHOLOGY		
1926-1931	For research (amended by RF)	215,000 LSRM
1930-1937	Continued by RF	835,000
NATIONAL INSTITUTE OF INDUSTRIAL PSYCHOLOGY, LONDON		
1926-1930	For general budget and research program	70,000 LSRM
1931-1932	Continued by RF	20,000

*Appears elsewhere

CHILD STUDY AND PARENT EDUCATION

Appropriations made by LSRM and RF

AMERICAN ASSOCIATION FOR ADULT EDUCATION - LSRM		
1928	For conference on parental education (amended by RF)	\$ 3,000
AMERICAN HOME ECONOMICS ASSOCIATION - LSRM		
1926-1929	For program in child study and parent education (amended by RF)	114,000
BUREAU OF EDUCATIONAL EXPERIMENTS OF NEW YORK CITY - LSRM		
1925-1926	For assistants and research facilities - study of physical and mental growth of young children	9,000
CHILD STUDY ASSOCIATION OF AMERICA - LSRM		
1923-1930	For conference and general program	270,000
CHILD STUDY - FELLOWSHIPS - LSRM		
1924-1928	For program	302,500
CHILDREN'S VILLAGE, INC. - LSRM		
1926-1929	Support of National training school for Institution executives and other workers	36,000
CLEVELAND FOUNDATION - LSRM		
1926-1932	For program in child study and parent education	39,000
COMMITTEE ON PRESCHOOL AND PARENTAL EDUCATION - LSRM		
1927-1929	For conferences expenses	2,000
CORNELL UNIVERSITY - CHILD STUDY - LSRM		
1925-1930	For development of work in child study and parent education	151,000
*INSTITUT DES SCIENCES DE L'EDUCATION (J. J. Rousseau)		
1925-1931	For general budget - child psychology	45,000 LSRM
1931-1932	Continued by RF	10,000
IOWA STATE COLLEGE OF AGRICULTURE AND MECHANIC ARTS - LSRM		
1925-1933	For program in child care and parent education	52,500
IOWA STATE TEACHERS COLLEGE - LSRM		
1926-1929	For work in child study and parent training	22,500
MCGILL UNIVERSITY - LSRM		
1925-1930	For study of normal child development and parent education, and for equipment (rounds out work being done with funds from Canadian National Committee for Mental Hygiene)	51,500

*Appears elsewhere

CHILD STUDY AND PARENT EDUCATION
(Continued)

MERRILL-PALMER SCHOOL - LSRM		
1926-1927	For conference on child study, parent education and home making	\$ 6,000
MILLS COLLEGE - LSRM		
1927-1930	For program in child study and parent education	36,600
NEW YORK STATE DEPARTMENT OF EDUCATION - LSRM		
1927-1933	For child study and parent education work	80,500
TEACHER'S COLLEGE, COLUMBIA - LSRM		
1923-1934	For support of Institute of child welfare research and for child study (amended by RF)	1,001,750
UNIVERSITY OF CALIFORNIA - LSRM		
1927-1933	Establishment and maintenance of Institute of child welfare	295,000
UNIVERSITY OF GEORGIA - STATE COLLEGE OF AGRICULTURE - LSRM		
1925-1932	For child study and parent education work	72,000
UNIVERSITY OF IOWA - CHILD STUDY AND PARENT EDUCATION - LSRM		
1923-1938	For child study, parent education and Iowa child welfare research station	1,014,500
UNIVERSITY OF MINNESOTA - CHILD STUDY AND PARENT EDUCATION - LSRM		
1925-1938	For child study, parent education and child welfare research	965,000
UNIVERSITY OF TORONTO		
✓ 1925-1930	For child research and parent education and for laboratory equipment - connected with department of psychology and Ontario Mental Hygiene Society	52,000 LSRM
1930-1940	Continued by RF	175,000

NEUROLOGY

Appropriations made by RF

ARMITAGE, GEORGE (General Infirmary, Leeds)		
1931	For apparatus for research in neurology	\$ 1,000
CAIRNS, DR. HUGH (London Hospital)		
1930-1935	For development of neurosurgery	51,000
DONALD, CHARLES (London Hospital)		
1931	For training in neurosurgery	2,000
GRANIT, DR. RAGNAR A. (University of Helsingfors)		
1931	For equipment for nerve physiology work	300
MAIDA VALE HOSPITAL FOR EPILEPSY AND PARALYSIS, LONDON		
1931	For promoting neurosurgical field in England	3,000
SHERRINGTON, PROF. SIR C. (Oxford University)		
1930-1931	For equipment for research in nerve physiology	5,000
UNIVERSITY OF Breslau - NEUROLOGICAL LABORATORY		
1930	For investigations	500
1930	For building laboratory	50,000
*UNIVERSITY OF IOWA - BRAIN PHYSIOLOGY		
1925-1927	For special studies of school children - departments of neurology, psychology, psychiatry and education, cooperating	62,500
UNIVERSITY OF PARIS - DEPARTMENT OF CLINICAL NEUROLOGY		
1931	For research work including neurology	3,000

*Appears elsewhere

SEX RESEARCH

Appropriations made by RF

CORNELL UNIVERSITY

1929-1940

For travel grant and experimental work of
Dr. C. R. Stockard re influence of internal
secretions (sex research and growth and in-
heritance problems)

\$251,200

NATIONAL RESEARCH COUNCIL

1931-1933

For work of Committee for research in problems
of sex, including psychological and anthro-
pological aspects (previously Bureau of Social
Hygiene)

150,000

UNIVERSITY OF CALIFORNIA

1929-1934

For study of the chemical aspects of vitamins
and hormones under Dr. H. M. Evans (sex research
and growth problems) (previously Bureau of Social
Hygiene)

50,000

SOCIOLOGICAL SURVEYS

Appropriations made by RF and LSRM

UNIVERSITY OF HAWAII - RACE BIOLOGY

1927-1933

For studies in race biology, including socio-
logical research re mental conditions

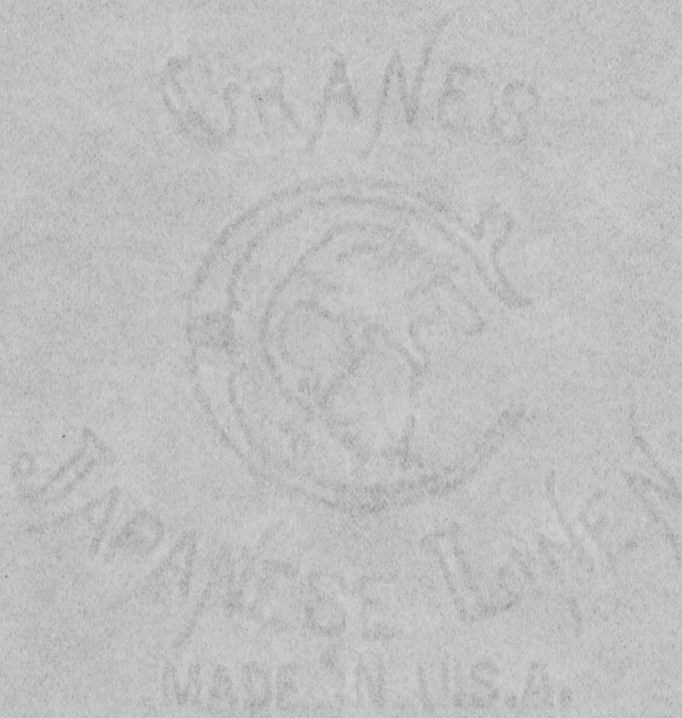
\$170,000

UNIVERSITY OF VERMONT - LSRM

1928-1931

For survey of rural regions, including psy-
chological and psychiatric phases (amended
by RF)

84,000



CRIMINOLOGY

Appropriations made by LSRM and RF

BUREAU OF GOVERNMENTAL RESEARCH, DETROIT - LSRM		
1927	For establishment of uniform system of accounting of crimes (amended by RF)	\$ 50,000
BUREAU OF SOCIAL HYGIENE, INC. - LSRM		
1928	For Crime Commission study by L. V. Harrison and study of scientific aspect of crime by Max Winsor	28,000
HARVARD UNIVERSITY		
1926-1929	For survey of crime and criminal justice in Boston	45,000 LSRM
1930	Continued by RF	25,000
UNIVERSITY OF CHICAGO - LOCAL COMMUNITY RESEARCH - LSRM		
1927-1932	For study of organized crime (amended by RF)	150,000

ANTHROPOLOGY

Appropriations made by LSRM and RF

AUSTRALIAN NATIONAL RESEARCH COUNCIL - RF		
1924-1931	For anthropological research, including study of psychology of the aborigines	\$188,500
HARVARD UNIVERSITY - RF		
1931-1936	For graduate research in anthropology	75,000
LABORATORY OF ANTHROPOLOGY, SANTA FE		
1928-1929	For field training course in anthropology	30,000 LSRM
1930-1934	Continued by RF	60,000
*NATIONAL RESEARCH COUNCIL - LSRM		
1923-1927	For Committee on human migrations	132,000
1928-1929	For conferences and Committees of anthropology and psychology (publication)	20,000
1925-1928	For Committee on child development (of Divisions of anthropology and psychology)	48,000
NOTGEMEINSCHAFT DER DEUTSCHEN WISSENSCHAFT - RF		
1930-1935	For study of anthropological constitution of German people	125,000
UNIVERSITY OF CHICAGO - RF		
1929-1934	For research program in anthropology	75,000

*Appears elsewhere

100
Mental health

DATE t-April 2, 1932.

f-March 31, 1932.

RECEIVED FROM T. Parran

SENT TO " "

RELATING TO Dr. Ferrell is very interested in the chapter on mental hygiene in to the report of the State Health Commission, and would like to have a talk with Dr. Parran the next time he is in New York City.

Dr. Parran will be glad to talk with Dr. Ferrell when he is visiting Dr. Russell.

WILL BE FOUND WITH 235

New York State Health Commission

0100
Mental health

DATE f-April 2, 1932.

t-March 31, 1932.

RECEIVED FROM T. J. Parran

SENT TO " " "

RELATING TO Report of the State Health Commission and discussion of the mental
hygiene problem.

WILL BE FOUND WITH 235

N. Y. State Health Commission



GEORGE H. BIGELOW, M. D.
Commissioner

JUL 23 1935

The Commonwealth of Massachusetts

*Department of
Public Health*

State House, Boston

April 6, 1932.

Dr. John A. Ferrell,
The Rockefeller Foundation,
61 Broadway,
New York City, New York.

My dear Dr. Ferrell:

I am interested in your letter about including mental hygiene work in a local health department demonstration. This has been considered out in Southern Berkshire. As you know, Dr. Riggs' group is located in Stockbridge and they have a very competent social worker, Miss King, with whom I was associated at Cornell and for whom I have great respect. The possibility of including a psychiatric social worker on the staff of the health unit was considered and it was decided that with sanitation, communicable disease, child health work, and the like, we had enough hurdles to take for the present, although when the thing gets its feet under it that might be a good place to try it out because of the local discriminating direction which could be given to it.

As you know, mental hygiene with us is in the Department of Mental Diseases, and I am sending your letter to Dr. Thom for his comment on the matter. I am sure his ideas as to cost will be better than mine.

Cordially yours,

GEORGE H. BIGELOW, M.D.
Commissioner of Public Health

B/W

0100
Mental health

meI	APR -7 '32	Thel
Wrt	JUL -5 '32	Wrt

JUL 23 1935



STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE

E. L. BISHOP, M. D.
COMMISSIONER

April 8, 1932

Dr. John A. Ferrell
International Health Division
61 Broadway
New York City

Dear Dr. Ferrell:

gmp	APR 11 '32	lat	
me I		me I	
		me I	
Went		Went	

I don't think you have ever written me a more puzzling letter than your letter of April 1 with reference to mental hygiene. Probably the best reply I could make in response to both your decision and questions is "I don't know."

What is the specific field of knowledge that one would seek to apply? What would be the technique of application? Where and how would the relationships between home, school and health department be established that are essential to the success of the program? Indeed, what would the program be? What would the psychiatrist do? What would be the activity of the psychologist? I have a faint glimmer of the field that might be occupied by the social workers trained in psychiatry. I presume that both the psychiatrist and the psychologist would be concerned with the case diagnosis, but I know so little about mental hygiene programs that I would hesitate to attempt the formulation of a mental hygiene plan.

It has always seemed to me that before activity in the application of knowledge was undertaken one must have a well defined and specific body of knowledge to apply. Does this situation exist with reference to mental hygiene? Some work has been done with child guidance clinics and with similar activities in larger urban centers and one may grant that the need is just as urgent in the smaller communities, but is the field sufficiently well defined to recommend the expenditure of considerable sums of money in the poverty stricken rural sections. We have so much knowledge that is specific; that is well defined and is easy of application, and for which the techniques of application are so definitely established that it seems to me we should know rather definitely the relative value of new developments which might be proposed.

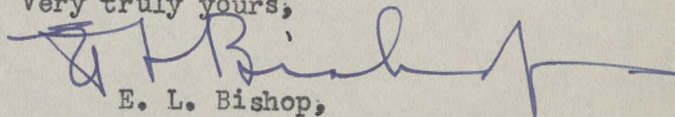
I do not mean at all to imply that I am unsympathetic with any project or any movement for the promotion of mental hygiene. On the contrary I think it is a field in which pioneering is more needed than in almost any other field because of the very lack of specific knowledge of what to do and how to do it. For some years, I have had under consideration the employment

of a psychiatrist and as long as ten years ago discussed with a trained psychologist the question of employment to work with our staff. I have let the matter lie, however, because of the difficulties in finance and the feeling that we must lay a foundation in proved activities before undertaking the more experimental ones.

Just recently, within the past few months, I have discussed with Dr. Pool, the health officer of Washington County, and the President of a teacher training school at Johnson City, which is in Washington County, the development of a project there but this, too, has remained dormant for lack of funds. If work of this sort is to be undertaken, I think it might well first be considered a field study arranged in cooperation with a well organized teacher training institution and a well organized county health department. Either a part-time consulting psychiatrist might be retained on the staff of the State Health Department to work with the local project or if one was available locally his services might be secured locally. I would think that to make much progress, a full-time psychologist would be required and one or more social workers as the study expanded and techniques were developed. In Washington County, we have a thoroughly cooperative and interested college president heading the teacher training college. Moreover we think if we were to begin any project there that the beginning might be made in the demonstration school of the college, extending therefrom to the county and city schools.

You asked that I give you my views and indicate what might wisely be undertaken, where and how; what personnel would be necessary and what the cost would be. Perhaps the foregoing discussion indicates how large an order you have given me. I could summarize it best by saying that so far as Tennessee is concerned Johnson City and Washington County offer the best field; that it would be the part of wisdom to develop the essential undertaking from the standpoint of a field study in the application of existing knowledge with the cooperation of educational and health organizations; that so far as I am able to judge, a full-time psychologist, one full-time social worker and one consulting psychiatrist would be necessary immediately with additional social workers as activities expand. What the cost would be I cannot say, for I am unfamiliar with the salaries required to obtain well qualified personnel with this training. If you are especially interested, I should be glad to have copies of any plans which you may have in mind and to discuss them with Dr. Poole and the President of the East Tennessee State Teachers College. In addition, we would discuss the matter among the staff here and try to arrive at some specific ideas.

Very truly yours,



E. L. Bishop,
Commissioner of Public Health

B:P

JUL 23 1935
Commonwealth of Virginia

DEPARTMENT OF HEALTH

RICHMOND

April 9, 1932.

Dr. John A. Ferrell,
International Health Division,
The Rockefeller Foundation,
New York City.

JMK	APR 11 32	JAF	
WFI		WFI	
		X	
WFI		WFI	

Dear Doctor Ferrell:

I have your letter of April 1 in regard to the possibility of conducting some experimental work in the field of mental hygiene. I regret that I have been unable to reply earlier because of absence in the field.

In considering your questions I found it desirable to make inquiries in regard to what has already been done in this State and what activities are in progress at the present time.

There is in the State Department of Public Welfare a Bureau of Mental Hygiene, which is under the direction of a psychiatrist, Dr. W. F. Drewry. He has on his staff a psychologist and an assistant psychologist. He secures the loan of social workers from other branches of the Department of Public Welfare. The Bureau of Mental Hygiene holds clinics upon request in different cities throughout the State. These clinics accept cases which may be brought from the surrounding counties. The cases are examined and recommendations are made as to the treatment which should be provided. This Bureau of Mental Hygiene also maintains a permanent headquarters clinic at Richmond where cases are accepted from all parts of the State.

It appears that in the past, the Commonwealth Fund gave financial assistance to the development of mental hygiene work through the Bureau of Mental Hygiene. Its funds were, however, withdrawn because, as I understand, of the difficulty of securing properly qualified personnel to secure the results which were deemed necessary.

Because of the work already being done by the Bureau of Mental Hygiene and the broad understanding of the problem which Dr. Drewry has, and, also because of the active interest of the State Department of Education in this line of work in the schools, it is obvious to me that any project which may be undertaken through the State Department of Health must be coordinated with the programs of these two other Departments.

I will secure a historical record of mental hygiene work in Virginia and will in a few days submit to you a statement indicating

what line of action will in my opinion give promise of greatest benefit. My statement will contain suggestions which will be consistent with the programs of the other State departments, because I am sure that we should not be able to work successfully without the complete understanding and cooperation of these other agencies.

As the subject is rather complex I hope that you will not mind my taking a few additional days in order to be sure that any suggestions that I may make to you may be sound and practicable. I hope to have the material in your hands within a week of this date.

With assurances of my interest in this subject and my desire to be of all possible assistance in the proper development of this line of work, I am

Sincerely yours,

Warren J. Draper
State Health Commissioner

0100
Mental health

DATE f-April 15, 1932.

t-April 11, 1932.

RECEIVED FROM C. E. A. Winslow

" " " "

SENT TO

RELATING TO request for information re mental testing and mental hygiene tests
given at Yale.

Dr. Winslow is looking up material on the mental tests referred
to in letter of April 11th.

WILL BE FOUND WITH 200
Yale Univ.
Winslow

100
Mental health

DATE April 15, 1932.

RECEIVED FROM W. H. Frost

SENT TO F. F. Russell

RELATING TO Since Saturday meeting, have looked up Dr. Howell's correspondence with Dr. Adolph Meyer on the possible development and teaching of mental hygiene. Will endeavor to have a talk with Dr. Meyer and Dr. Richards in hope of acquiring a better understanding of their ideas.

WILL BE FOUND WITH 908
Frost
Scientific Director
Frost

JUL 23 1935

mental health



Executive Office

State of Maryland
Department of Health

DR. R. H. RILEY, DIRECTOR
2411 N. CHARLES ST., BALTIMORE

STATE BOARD OF HEALTH

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R. H. RILEY, M.D.

April 20, 1932.

Dr. John A. Ferrell,
International Health Board,
Rockefeller Foundation,
New York City.

Dear Doctor Ferrell :

I have delayed answering your letter of April 1, for the reason that I took the liberty of referring it to our Commissioner of Mental Hygiene, Dr. George H. Preston. While the State Department of Health does not direct the mental hygiene work in Maryland, we work in very close harmony with the Mental Hygiene Commissioner, from whom I have had word today that he is very much interested in the proposed plan and that he will write you direct.

If you should decide, I shall be very glad to meet with you and Dr. Preston, to discuss this matter.

Yours very truly,

R. H. Riley
R. H. Riley, M. D.,
Director.

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	Wet			

JUL 23 1935
Dr. DOUGLAS A. THOM
520 COMMONWEALTH AVENUE
BOSTON, MASS.

0100
Mental Health

Dr. John A. Ferrell,
Rockefeller Foundation,
61 Broadway, New York City.

My dear Dr. Ferrell,

WAF	April 18, 1935	4	21 - det. - discussed
McT	APR 21 '35	WAF	
FJR		WAF	
WAF	JUN 27 '35	WAF	

Dr. Bigelow's letter of April 6th has just come to my attention today, as I have been absent from my office for the past ten days. I daresay that it was Dr. Bigelow's opinion as a public health officer that you were seeking with reference to the mental hygiene experimental plan, and not that of a mental hygienist.

Inasmuch as Dr. Bigelow forwarded your letter to me with the request that I write you, I would say that the plan as suggested occurs to me to be well worthy of serious consideration. The problem of mental health and how it may be affected and controlled by our present concepts of mental hygiene should not be isolated and studied apart from the field of medicine, education, industry and other general problems which are concerned with the individual's adjustment to life. I am firmly convinced that such problems as juvenile delinquency can only be adequately met when such concepts as we have of mental hygiene are introduced at an early age through public education. That aspect of unemployment, due to incapacities of a functional origin, must likewise be combatted by the physician in industry, who appreciates keenly the motivating forces underlying this type of illness. These problems are all so closely interwoven with the school, the shop, the office and the home, that I am sure mental hygiene will make but little headway in this important field of preventative medicine until mental hygiene be reduced to such terms that it can be utilized wisely by the nurse, teacher, parent, employer and others who are brought in direct contact with this broad educational problem. Demonstration of the worthwhileness of carrying mental hygiene along hand-in-hand as part of a public health program and not as a superstructure, I feel would be very much worth while.

It would undoubtedly be difficult to get a part-time psychiatrist located in a community with a population of 100,000 who would be adequately fitted to supervise this work. If such a person were available, \$5000 would be a fair compensation. A well-trained social worker, full time, would require from \$2400 to \$2700, and a full time psychologist would require about the same amount of money. Stenographic services would be about \$1500 a year, and probably \$1500 would have to be added to cover office supplies, travelling expenses and incidentals, the total budget being about \$13500. This piece of work, as I understand it, would not entail developing a separate and distinct mental hygiene unit, but rather would its function be to correlate those activities pertaining to mental hygiene with the general social activities of the community in which the group was operating; something, of course, that is radically different in its purpose than organizing a mental hygiene unit.

I trust these sketchy ideas will in some way supply the information which you are seeking at the moment, and if I can be of any further assistance do let me know.

Sincerely yours,

D. A. Thom M.D.

DAT:L

JUL 23 1935



COMMISSIONER OF MENTAL HYGIENE
G. H. PRESTON, M. D.

BOARD OF MENTAL HYGIENE
STATE OF MARYLAND
330 N. CHARLES STREET
BALTIMORE, MD.

BOARD

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R. LEE SLINGLUFF
MRS. ALLAN L. CARTER

April 22, 1932.

Dr. John A. Farrell,
Director of International Health Division,
Rockefeller Foundation,
New York City, N. Y.

My dear Dr. Farrell:-

JAF		4/25/32
77R		
me I		
JAF		
Went		

Dr. R. H. Riley, Director of the Maryland State Department of Health, forwarded me a copy of your letter to him in regard to the advisability and possibility of undertaking an experiment in mental hygiene in connection with public health work. I have felt sure for a long time that the county mental hygiene programs should be built around the county health officers. What little county mental hygiene work is being carried on by this Board at present is organized in the offices of the county health officers. In a few counties this seems to have developed a real interest, although lack of time has made it impossible to extend this program. For some time I have been thinking and planning in regard to the possibility of a county experiment in some stable community. Although I have never actually formulated this program in such shape that it could be presented, I believe that I can give you a general outline of what I am thinking. In the first place I am rather sure that the standard clinic program of the Child Guidance Clinic pattern is not particularly adaptable to county problems and does not offer any reasonable hope for development, so that it could actually be taken on

as part of a public health set-up. Even if this could be done, I am not sure that it is wise. Such a program with the necessary specialized personnel would, it seems to me, tend simply to accentuate the separation between mental hygiene and public health. My feeling is that we cannot expect progress until the mental health of the community becomes at least in part the responsibility of the public health officer. On the other hand, I do not think that we know enough at the present time as to the real needs of a county mental health program and of its intimate relationship to the health work in the public schools, to the reformatories, to the correctional institutions, to the social agencies dealing with relief and with dependent children, to the State Schools for the Feeble-minded and to the State hospitals, to say definitely that this or that specific program should be set up.

With these ideas in mind, I have been thinking for sometime of the possibility of a combination treatment and research program, so planned as to carry over a considerable number of years. As I see it, there should be two phases to this program. One phase, a beginning treatment and educational undertaking and the other phase, a definite research set-up so designed to give us concrete information as to those phases of a general health program which would seem to offer the greatest return. I have thought of the second phase of this program as working in two directions. Beginning at one end with a group of pre-school or school children, noting the general health factors and the social factors, as we know them at present, and then following this group of children over a period of at least ten years, so as to give definite evidence of results. Two factors are involved here. Although the group of children should include at the beginning pre-school children, other children in the higher school grades should be included so that at the end of a ten year

program some of the group would have reached early adult life.

The other factor is that the group should include a fair, random sampling of the community. The difficulty with the present follow-up programs is that most of them are based on children coming to the clinics, on children who are, therefore, at the time of the original contact at least theoretically different from the rest of the community. This difference seems to me to vitiate any general results.

As a second phase of this part of the program I should like to pick up a fair sampling of individuals at present in the State mental hospitals, in the schools for the feeble-minded, in the reformatories, in the correctional institutions and trace their histories back into the communities. If this were done in a fairly stable community, it would be possible to find the people who had taught them in school, the people who had grown up with them, their brothers and sisters and in some cases their parents and in this way produce a set of pictures which would parallel to a certain extent the pictures obtained from the children being studied in the community at the beginning of the experiment. It is these two overlapping series of studies that seem to me to be the essentials of this phase of the program. Overlapping as they do, they could be made to reduce the time necessary for the study of a complete series of life histories.

This entire phase of the study should serve as a background against which the treatment phase of the study could be evaluated. The treatment phase of the study, it seems to me, could be set up along somewhat the following lines. Some person trained in psychiatric social work who had had experience in rural social work of some type should be attached to the nursing force of the County Health Officer. Psychiatric assistance probably

on a part time basis should be made available. A psychologist who might divide time between the research and the treatment phase of this project should be attached to the program at some point. It might be wise to think of the social work attached to the County Health Officer's staff as someone who would approximate a psychiatrically trained visiting teacher. This person should work with the nurses in their school health program and should assist, partly on an educational basis and partly on a direct treatment basis, with the adjustment of children in schools. She should probably also organize a clinic program in the county which would include both children and adults and might work rather closely with the juvenile court, possibly arranging to supply some psychiatric service to the Court. The same type of relationship should be built up between this person in the health officer's office and the existing social agencies in the county. In connection with this treatment program there should be a definite tie-up with the State hospital serving the territory, so as to bring about a closer relationship between the health officer and the hospital.

The treatment program would have to be rather carefully handled so as not to involve the county health officer in a conflict over State medicine, but this could be worked out. The function of this treatment program, as I see it, would be largely a matter of demonstrating to the health officer and the county nurses that a mental health program could be built into a county health program and of demonstrating how little additional personnel would be necessary to make this practical. For that reason, I think as far as possible the additional personnel for the treatment program should be on a part time basis with the idea of demonstrating that it could ultimately be tied up with the existing institution so as to serve a group of counties.

As I visualize the ultimate results of this treatment demon-

stration, it might lead to the addition of a psychiatric social worker to the health program in each county with a psychologist possibly attached to the State Department of Education and serving a district and a psychiatrist on extra-mural service attached to the State hospitals or possibly to the State Board of Mental Hygiene. Such a complex arrangement could of course not be worked out at first and the experiment itself should be planned so as to demonstrate the direction in which such co-operation would be feasible.

I can be only very vague as to the costs of such a set-up. In the beginning it would probably require a fair share of someone's time to do the directing which might or might not be done on a voluntary basis, a full time psychologist giving about half time to each side of the experiment and possibly two social workers, one on the research end and one on the treatment end. It would probably require two stenographers. Office space could be borrowed and transportation would have to be provided for, although in a fairly compact community this might not be too high. As I figure it very roughly each side of this experiment would cost in the neighborhood of \$9,000.00 a year. My own feeling is that both sides should be carried on and that the ultimate value would depend on the cooperation from both angles. It should not be planned for less than a ten year program. Toward the latter part of the program it should certainly be possible to pass the treatment end over to existing agencies.

As to location I have for some time had in mind using Carroll County, Maryland, for some such plan. The county seat lies about twenty-five miles from Baltimore, so that contact would be quite easy.

The county is largely agricultural with, in normal times, a little manufacturing going on in the county seat. The State hospital is in this county. I have not investigated the actual opportunity for co-operation with the existing social and educational agencies because I have not seen any way to carry the program through. This could be easily determined, however.

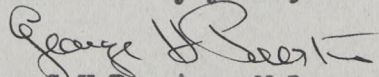
The last United States census figures give the following information about the county:

Total population - 35,000. With a total population in the 1920 census of - 34,200. Ninety-three per cent native white. There is a total urban population of 4,400.

I realize that this formulation is far from concise. I have tried to put on paper ideas which I have had for a considerable time. I believe that a real program with valuable and attainable objectives could be built on this basis. I am sure that our results in mental hygiene must include entire communities. Too much of our work has been limited to special groups and this has tended to give us a false idea of the separation of mental health problems from the other problems existing in the community and has lead us to believe that the people who present mental problems differ materially from the other members of the community. Some such program, if carried out, would I believe point out to us the one or two phases of the mental health problem which could be profitably attacked.

I am sending a copy of this letter directly to Dr. Riley and I am quite sure that both he and I will be very much interested in talking over details.

Sincerely yours,


G.H. Preston, M.D.,
Commissioner of Mental Hygiene.

GHP:D.

YALE UNIVERSITY
THE SCHOOL OF MEDICINE
AFFILIATED WITH THE NEW HAVEN HOSPITAL ON THE
ANTHONY N. BRADY MEMORIAL FOUNDATION

ANNA M. R. LAUDER DEPARTMENT
OF PUBLIC HEALTH

NEW HAVEN, CONNECTICUT

April 23, 1932

	DAV		1.F.B. 4/28/32	

Colonel F.F. Russell,
Rockefeller Foundation,
61 Broadway,
New York City.

Dear Colonel Russell:

On receipt of your letter in regard to mental hygiene tests at New Haven I wrote to the Registrar of the Medical School and to the head of the University student health service, and have received the two enclosed letters which I hope will give you the information you desire or will at least put you in contact with those who can furnish you further data.

It was a great pleasure to get a glimpse of you the other night. I always feel it particularly thrilling to hear about the progress of your work. I hope and trust that you will soon give us a little time here in regard to the public health work and our mental hygiene plans.

Cordially yours,

C. E. A. Winslow

Enc.

C.-E.A. Winslow

APR 29 1932

YALE UNIVERSITY
THE SCHOOL OF MEDICINE
AFFILIATED WITH THE NEW HAVEN HOSPITAL ON THE
ANTHONY N. BRADY MEMORIAL FOUNDATION

OFFICE OF THE REGISTRAR

333 CEDAR STREET
NEW HAVEN, CONNECTICUT

April 19, 1932.

Professor C.-E. A. Winslow,
Lauder Hall,
New Haven, Connecticut.

My dear Professor Winslow:

Replying to your letter of the 16th in which you quote from Colonel Russell's note regarding the use of mental tests here, in the selection of students, may I say that nothing has been written on the subject. But we are influenced by two tests: our own psychological test which we have used now for about nine years; and the aptitude test sponsored by the Association of American Medical Colleges which is given at practically all undergraduate schools in the United States on a specified date and which is a requirement of practically all medical schools. This test was initiated by and sponsored by Professor F. A. Moss of George Washington University, and the results each year are analyzed by him and published in the Transactions of the Association of American Medical Colleges. Every medical school is provided with the rating under this test of nearly every applicant for admission to a school of medicine; and we find it invaluable.

See Purple
Book on
Desk
rwh

Our procedure in the selection of students is as follows: application and credentials are filed; students who might meet our standards, gleaned from record, letters, and result of aptitude test, are granted an appointment. At the time of the interview they are first given our psychological test; they are then interviewed by Dr. Fry, and lastly by Dean Winternitz, who is aided by a summary of the students record, letters of recommendation, results of aptitude and psychological test, and Dr. Fry's note. If you should be over in this building at some time you might be interested in seeing the results of the system.

Yours truly,

Miriam K. Dasey

Registrar

APR 2 1932

YALE UNIVERSITY
DEPARTMENT OF PSYCHIATRY AND MENTAL HYGIENE
NEW HAVEN, CONNECTICUT

DIVISION OF STUDENT MENTAL HYGIENE
109 COLLEGE STREET

April 20, 1932.

Dr. C.-E.A. Winslow,
The School of Medicine,
Yale University,
New Haven, Conn.

Dear Dr. Winslow:

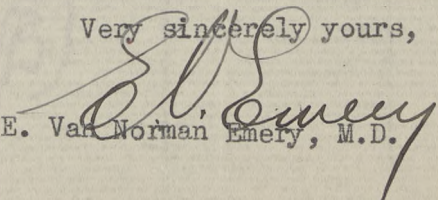
Your letter of April 16th, addressed to Dr. Greenway,
has been referred to me for answer.

I find the use of the words "mental tests" a little
confusing. Of course all universities have entrance
requirements which are more or less in the nature of
mental tests. There has been an increasing tendency
in colleges to use standardized tests for this purpose.
These are becoming more and more like those psycho-
logical tests which are used by clinical psychologists.
From the context of the inquiry I would not suppose
that it is this to which Colonel Russell refers. I
presume he has heard indirectly of our routine mental
health survey of entering students at Yale.

Each year, for the last three years, all entering stu-
dents have been interviewed by a psychiatric social
worker and a psychiatrist. Considerable routine
(standardized) social data has been collected and the
psychiatrist has made definite effort to ascertain
the level of the students' social and emotional ad-
justment. The students are graded by the psychiatrist
on a three-point scale, which is supposed to indicate
roughly the presence or absence of mental problems.
Although this psychiatric procedure could scarcely
be considered a standardized mental test, it does tend
to take on much of this quality. The students have
been through nearly two hours of routine health exam-
ination before coming to the psychiatrist and have
just completed their routine interview with the psy-
chiatric social worker. The result is that they all
come to the psychiatrist after having passed through
two hours of a rather standardized procedure.

Up to the present there has been nothing published
with respect to this service. However, if Colonel
Russell desires more information about it I will be
very glad to answer any inquiries which he wishes
to make.

Very sincerely yours,


E. Van Norman Emery, M.D.

JUL 23 1935
APR 26 '32

0100

PRR	APR 29 '32	W
McI	APR 29 '32	McI
JAF	APR 29 '32	JAF
Went		Went

Mental Health

April 25, 1932

Dear Doctor Preston:

It was extremely kind of you to give us the benefit of your views as to a tentative program in mental hygiene. Your ideas are most interesting. I shall take the liberty of bringing your letter to the attention of my colleagues with the thought of writing you later. I hope when in Baltimore again to have the pleasure of discussing the matter with you further.

Very truly yours,

JOHN A. FERRELL

Doctor George H. Preston
Board of Mental Hygiene
330 N. Charles Street
Baltimore, Maryland

JAF:FEB

0 100

Mental health

April 26, 1932

○
Dear Dr. Winslow:

I have your letter of April 23 and the enclosed letters from the Registrar and from Dr. Emery with reference to the psychological tests given to University students. The matter is more interesting than I had imagined and when I have an opportunity later to go up to Yale, I should like to learn as much as is feasible. Thank you very much for your kindness in obtaining the information.

Very sincerely yours,

F. F. RUSSELL

Dr. C. E. A. Winslow
Yale School of Medicine
Yale University
New Haven, Connecticut

RVR/DM

COMMISSIONER OF HEALTH
STANLEY H. OSBORN, M. D., C. P. H.



STATE OF CONNECTICUT
DEPARTMENT OF HEALTH
HARTFORD

May 3, 1932.

0100
Mental Health
PUBLIC HEALTH COUNCIL

C. E. A. WINSLOW, M. S., D. P. H.
JAMES A. NEWLANDS, B. S.
S. B. OVERLOCK, M. D.
JAMES W. KNOX, ESQ.
DAVID R. LYMAN, M. D.
ROBERT A. CAIRNS, C. E.

John A. Ferrell, M.D.
The Rockefeller Foundation,
61 Broadway, New York, N.Y.

Dear Doctor Ferrell:

Your letter of April 1st asking for suggestions as to the manner in which an experimental mental hygiene clinic could be operated was considered at the April meeting of the public health council of this department. At this meeting the matter was discussed at considerable length and it was finally agreed that the state department of health support the plan sponsored by the Connecticut Society for Mental Hygiene - (C.S.M.H. Plan) which plan is now being considered by the National Committee for Mental Hygiene, and that the cooperation of this department be extended in furthering the above plan.

It was felt that all organizations interested in mental hygiene would be more greatly benefitted by supporting the plan of the Connecticut Society for Mental Hygiene than they would be if there were any increase in the present activities of the bureau of mental hygiene of this department.

Sincerely yours,

Stanley H. Osborn
Commissioner.

SHO:M:e

<i>JMS</i>	APR-4 '32	<i>JS</i>	
<i>McI</i>	MAY 20 '32	<i>McI</i>	
<i>JJR</i>	MAY 20 '32	<i>JR</i>	
<i>West</i>	MAY 20 '32	<i>West</i>	

APR 29 1932

M.B. 100

Mental health

GORDON P. JACKSON, M.B., D.P.H.
MEDICAL OFFICER OF HEALTH



TELEPHONE: ADELAIDE 7171

DEPARTMENT OF PUBLIC HEALTH

CITY HALL

TORONTO 2. April 26, 1932.

ADDRESS ALL CORRESPONDENCE TO THE MEDICAL OFFICER OF HEALTH

Miss Mary Beard,
C/o Miss E. K. Russell,
University of Toronto,
School of Hygiene,
College Street,
Toronto 5.

Dear Miss Beard:

It has occurred to me that you may wish the visiting physicians to be interested in the present and possible future relationships of this Department and the public health nurses to mental hygiene. If their approach to the community is exclusively through the Department of Psychology (Professor Bott and Dr. Blatz), they will see the research and teaching contribution of that Department. Dr. Charles G. Stogdill, Director of the Division of Mental Hygiene of this Department, Miss Thomson and Miss Lovell are concerned with the civic situation. Sometimes I wish Dr. Blatz could see the angel in the block of marble as readily in Departments of Health as he can in workers and clients who are dependent upon him for guidance.

*own child
well
superior*

Dr. Stogdill was associated with Dr. Blatz for a long period and works happily with him.

Very sincerely yours,

*Not yet ready for this.
It is the second step.*

Eunice H. Dyke

EHD/CM

Director
Division of Public Health Nursing

JUL 25 1935



COMMISSIONER OF MENTAL HYGIENE
G. H. PRESTON, M. D.

BOARD OF MENTAL HYGIENE
STATE OF MARYLAND
330 N. CHARLES STREET
BALTIMORE, MD.

BOARD
HUGH H. YOUNG, M. D., CHAIRMAN
GEORGE H. HOCKING, M. D.
G. LANE TANEYHILL, M. D.
J. ALBERT CHATARD, M. D.
R. LEE SLINGLUFF
MRS. ALLAN L. CARTER

May 13, 1932.

		MAY 10 32	
		MAY 20 32	

Dr. John A. Farrell,
Director, International Health Division
Rockefeller Foundation,
New York City, N. Y.

My dear Doctor Farrell:-

I wish to try to re-state a little more concisely the outlines of the mental hygiene experiment which I sketched for you in rather general terms in my letter of April 22nd. In order to justify certain phases of this program, I think it is necessary to re-emphasize certain basic requirements. From my point of view the tie-up of this experiment with the State Department of Health is its most essential feature. Without this tie-up I believe we will simply be repeating work that has been done or amplifying work that might be better done by some strictly psychiatric organization. I am emphasizing this connection with the State Department of Health because I believe it would be one step in breaking down the traditional isolation of mental hospitals. So far they have existed as the focus of a very much walled-in specialty. I believe we should plan our program in such a way as to make the mental health of the community an essential part of the general public health program. In order to do this I am sure that we should make use of the existing organized machinery. If this is not done, a State mental health program will simply represent an organization paralleling the State public health work. In this way we would tend to build up two unrelated organizations

both aimed in the same general directions. For this reason I think we should keep in mind the necessity of undertaking only those features of a program which we could reasonably expect existing agencies to take up. With this point of view granted, I think that modifications of any programs at present accepted as standard would have to be made.

In order to outline what I have in mind, I have prepared a rather rough organization chart of this experiment and I am attaching this chart to this letter. The organization chart indicates a three-way division of the experiment. The central division I have tentatively labelled a training unit. My idea is that this training unit would represent the supervision of the experiment. It would have two major functions. Its personnel would carry on the research work which would be one of major essentials of the entire experiment. As a second duty, the personnel of this training group would undertake to train and supervise some one person directly attached to the staff of the county health officer. The psychiatric and psychological personnel of this training unit would spend part of their time supplying psychiatric and psychological service for the work carried on in connection with the office of the county health officer. Carrying this plan over a period of years, the amount of time given in any one county health unit on a purely training aspect would be reduced and the training program would be shifted to some other county health office, thus making it possible during the period of the experiment to establish a considerable number of county health units within the county health organization. This will require that a gradually increasing amount of time from the training unit personnel be devoted to county clinic work. This would be balanced by a gradual reduction in the amount of time necessary for the research program which should decrease as essential

records and observations accumulate, the idea being that after the accumulation of basic research material, follow-up work alone would be the major essential.

With this general idea of organization in mind, certain particular problems of each group must be discussed. In the first place an initial objection will be raised to the connection of a definite treatment unit to a public health office. I believe that this is a valid objection as soon as the medical personnel within any community is able to carry on any special treatment service. It seems to me that it will be a very long time before any of our rural communities are able to carry on a curative and protective program in connection with schools, courts, social agencies and mental hospitals. I believe that there is sufficient justification at present for a public treatment program. If such a program is to be carried on within the office of a county health unit, a new type of worker must be developed. The present psychiatric social worker, either the worker trained to do child guidance work or trained to do State hospital after-care, is accustomed to a rather intricate organization and in very large measure fails to appreciate the public health aspects involved in such a program. In addition, it will be necessary for the person carrying on the outlined work to be able to work with the average county health nurse, both in regard to essential backgrounds and also in regard to salary range, if she is ever to become a permanent feature in a county health program. A new type of person would have to be trained, possibly sacrificing some of the more intricate techniques of the present psychiatric social worker and substituting for them a background comparable to that of the county nurse and an ability to do rural work without the assistance of an intricate organization.

There might be some hope of attaching such a person permanently to county health units. As far as I know such people do not exist at present and part of this experiment would certainly have to include the development of such personnel.

I believe that I have outlined the functions of the training group with sufficient accuracy. The ultimate aim of the experiment should undoubtedly be to attach this training group to State organizations, as salary range as well as their duties would make it impossible to attach them to county units. Ultimately after the conclusion of the research phase of the experiment, this training group would probably limit its activities to training, supervision and the supplying of certain clinic facilities.

The research phase of this experiment I have visualized somewhat as follows: Our present knowledge of psychiatry makes us fairly sure that many of the deviations from the average which appear later as psychotic or psychoneurotic manifestations are produced by some early traumatic experience. It seems, however, fairly sure that these original deviations are accentuated or counter-acted by a subsequent series of events. Much of our knowledge of the causation of mental ill health is based on a study of deviates and has focused on those factors which have accentuated deviations. Too little control material has been studied and too little attention has been paid to those factors which tend to neutralize the effects of the original trauma and this gradually allow the individual to return to the rather wide limits of average adjustment. This shortcoming in our study of mental illness has been made more serious by reason of the fact that the majority of our studies have been made on a cross section basis, studying a very short period of the patient's life.

Unfortunately, longitudinal studies through the lives of our patients require life times and are, therefore, in general impractical.

With this idea in view, I am picturing a research which would begin with a forward study of a group of children, including both deviates and controls, and a backward study of adult deviates and controls, attempting to carry the life stories of these adults back into a fairly stable community. The ultimate result of this two-way study should be the production of a series of overlapping histories. If this record material was so gathered as to accentuate chiefly those factors which tend, on one hand, to bend behavior farther and farther from the average and on the other hand, those factors which tend more and more toward comfortable conformity, it should be possible to indicate certain community stresses which might be valuable from a public health point of view in actually controlling conditions in regard to whose basic etiology we have as yet very little concrete information. If such factors could be discovered, they would form the basis of a logical mental public health program.

The detailed personnel of this study would have to be worked out quite carefully. The actual working personnel should center about a psychiatric social worker, a psychologist and a psychiatrist with the necessary office set-up. The workers to be trained for work in the public health offices should be added to the personnel gradually, with the hope of having them just as gradually taken over by permanent organizations. The supervision of such an experiment might require the cooperation of several groups and should certainly touch people trained in public health, sociology, psychiatry and public education.

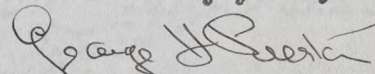
Since talking to you, I have gone over the local situation again and have discussed it rather briefly with Dr. Riley. We can count absolutely on the cooperation of the State Department of Health.

I believe that a recent shift in one of the county health officers might make it advisable to consider using Montgomery County, Maryland, as the initial basis of operations. This county is well organized, fairly wealthy, and has at present an enthusiastic and well trained health officer. The research part of the experiment would depend upon the stability of the population. Part of this county is semi-urban and would not be satisfactory. Certain election districts are more nearly rural and quite stable.

I believe it would be possible to gather a group which could be counted upon to remain long enough to justify setting up the necessary records. This is, however, a supposition but could be checked by some preliminary study. If it is necessary to get a larger group than is available in this county, certain sections of adjoining counties could be used quite easily.

I should like to take this matter up with you on a detailed basis if you feel that the general outlines as presented are such as to make the experiment appear feasible.

Sincerely yours,

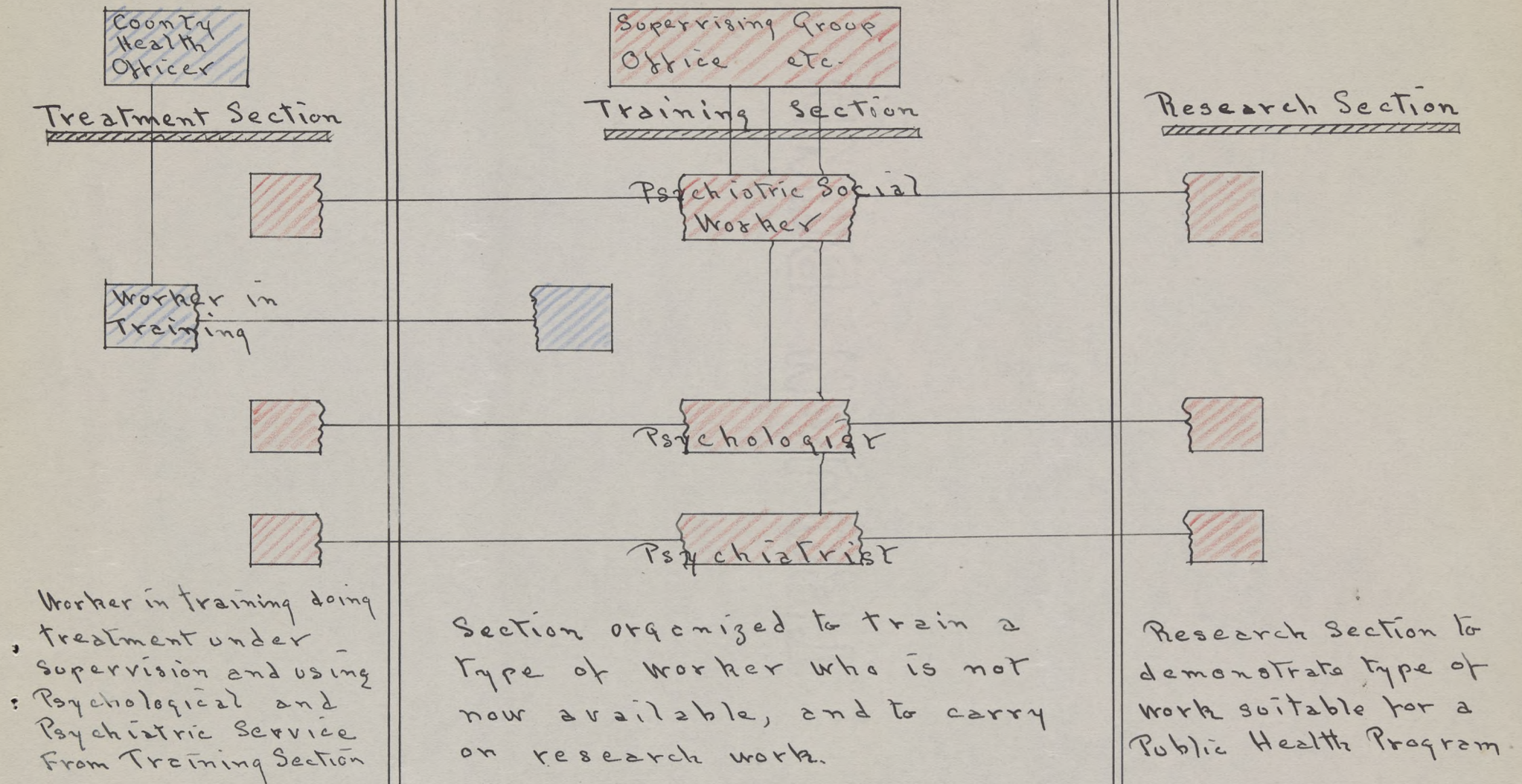


G.H. Preston, M.D.,
Commissioner of Mental Hygiene.

GHP:D.

Organization Chart for

Mental Hygiene Experiment



JUL 28 1935
MAY 26 '32

WCH	MAY 26 '32	WCH
McI		McI
JAF		JAF

0100
Mental Health

May 23, 1932

Dear Doctor Preston:

After an extended absence from New York, I have just returned and found your letter of May 13. I shall read it with interest and bring it to the attention of Doctor Russell and others in our organization. A little later you will be advised of any observations we may be able to make.

Assuring you it was a pleasure to see you and Doctor Riley in Baltimore, I am

Very truly yours,

JOHN A. FERRELL

Doctor G. H. Preston
Commissioner of Mental Hygiene
330 N. Charles Street
Baltimore, Maryland

JAF:FEB

Memorandum of JAF's Conference with
Doctor Douglas A. Thom regarding
Mental Hygiene Program, Boston,
Massachusetts, June 15, 1932.

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	Mental Health			

JUL - 6 1932

Doctor Thom had been absent from Boston, and had a number of patients waiting for him so that our time was quite limited. I reminded him of the sentence in his letter to me to the effect that it should be possible to evaluate the various factors which should be applied in a community in the field of mental hygiene, and to use the items of known value in a community program which would be perfected. I asked him how and by whom this evaluating might best be done. He indicated that he was not prepared to answer, but would like to study the matter further and write me more specifically. Since he could not find a copy of the letter he had written me, promptly, I left his letter with Doctor Bigelow to be copied, a copy to be mailed to Doctor Thom, and the original to me.

When I spoke of conferring with the State Commissioner of Mental Diseases and also with Doctor Elkind, Secretary of the State Mental Hygiene Association, Doctor Bigelow and his associates, knowing these men, expressed doubt if anything worth while could be hoped for from such a conference. On the basis of the reasons they gave for their opinion, I decided not to proceed with the matter further.

JAF

JAF:DLR

JUL 23 1935

0100

77R	JUL 12 '32	<i>me</i>
me I	JUL 13 '32	<i>Me I</i>
Went	JUL 15 '32	<i>Went</i>

mental health

July 12, 1932.

D

Dear Doctor Bachmeyer:

Although our Division of the Foundation has not engaged in or supported studies or demonstrations in the field of mental hygiene, its officers are anxious to be posted on any significant activities in this field. I heard from some source that some very good mental hygiene work is being done in Cincinnati, but did not learn whether the work is being done by the University or by the City Health Department, and if by the University, whether it is being done by the Department of Psychiatry or other departments of the Medical School or by the departments of psychology or social welfare.

Could you give me information as to what is being done in Cincinnati, by whom, and the character of the program?

Thanking you for your kindness, I am

Yours very truly,

JOHN A. FERRELL

Doctor Arthur C. Bachmeyer, Dean
School of Medicine
University of Cincinnati
Cincinnati, Ohio

JAF:WEH

JUL 23 1935

77R	JUL 12 '32	<i>W</i>
<i>me I</i>	JUL 13 '32	<i>me I</i>
<i>Went</i>	JUL 15 '32	<i>Went</i>

mental health

July 12, 1932.

Dear Doctor Peters:

Although our Division has not conducted or supported studies or demonstrations in the field of mental hygiene, its officers are anxious to be fully informed regarding any important work that is going on in this field. Someone, in a casual remark, told me that exceptionally good work is being done in Cincinnati, but I was not clear as to whether or not it is investigative or routine measures, and I did not ascertain whether the work is being done by your department or by one of the departments of the University of Cincinnati.

I would appreciate your giving me any information you can regarding any activities that have been conducted or are now under way in your city, by what agencies and persons the work is being done, and what is the character of the program.

Thanking you for any information you can give, I am

Yours very truly,

Doctor William H. Peters
City Commissioner of Health
Cincinnati, Ohio

JOHN A. FERRELL

JAF:WEH



JUL 23 1935

City of Cincinnati

0100
Mental Health

Wm. H. Peters, M. D.,
Health Commissioner

OFFICE OF
BOARD OF HEALTH
CITY HALL

M. B. Brady, M. D., President
Wm. B. Wherry, M. D., Vice President
Clyde P. Johnson Sol. H. Freiberg
Wm. Muhlberg, M. D.

July 18, 1932.

Dr. John A. Ferrell,
The Rockefeller Foundation,
International Health Division,
61, Broadway, New York.

Dear Dr. Ferrell:

I am not so sure that I sense what exceptionally good work that someone refers to in the field of mental hygiene in Cincinnati.

The Psychopathic Institute under Dr. Lurie's supervision is doing splendid work. The Central Clinic of the Community Chest is also well organized but I am inclined to believe that perhaps your informant is referring to the reorganization of the Psychopathic Department of the Cincinnati Medical School.

Dr. Emerson A. North, Director of the Central Clinic was good enough to sketch a little outline of this reorganization. Dr. Ralph Noble or Dr. Frank Ebaugh have had much to do with this reorganization. A letter addressed to either of them in care of the University of Cincinnati will, I dare say, elicit more information.

Sincerely yours,

Wm. H. Peters

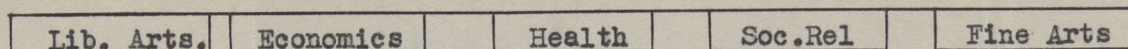
Wm. H. Peters, M.D.,
Commissioner of Health.

WHP:FE

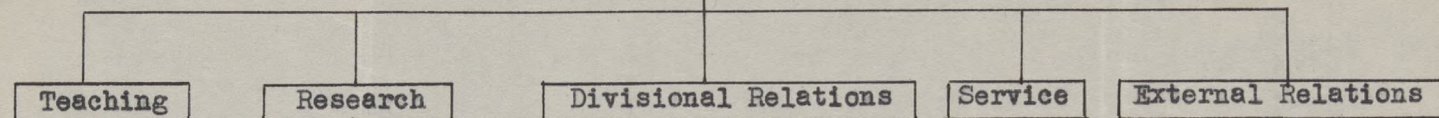
"With kindest regards."

UNIVERSITY OF CINCINNATI

Divisions



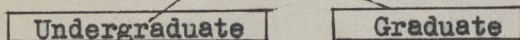
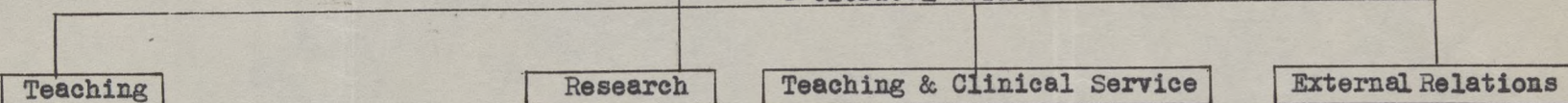
Functions



Department of Psychiatry

Staff

12 psychiatrists, 3 full time, 9 part time
 2 psychologists, full time
 4 psychiatric social workers, full time
 4 clerical workers



1. Medical Students
2. Students, other depts., U.C.
3. Student Nurses

1. Internes
2. Fellowship students

1. Research associate psychiatrist

1. Psychopathic wards
Cin. Gen. Hosp.
2. Out-Patient Dept.
Cin. Gen. Hosp.
(adults)
3. Children's Hosp.
4. Out-Patient Dept.
Children's Hosp.
5. Central Clinic
(Child Guidance)
6. Psychopathic Institute
Jewish Hospital
7. Longview State Hosp.
for the insane

1. Juvenile Court
2. Municipal Courts
3. Adult Probation
4. Public Schools
5. Parochial Schools
6. Pub. Soc. Agenc. & Inst.
a. Dept. Welfare
b. Workhouse
7. Priv. Soc. Agenc. & Inst.
a. Family Welfare
b. Child Protection
c. Child Care

JUL 23 1935



GEORGE H. BIGELOW, M. D.
Commissioner

The Commonwealth of Massachusetts

*Department of
Public Health*

State House, Boston

July 19, 1932.

Dr. John Ferrell,
Rockefeller Foundation,
61 Broadway,
New York, N. Y.

My dear Doctor Ferrell:

When in the Southern Berkshire area the other day I had a chance to see my friend, Miss Anna King, with whom I was associated for a couple of years at Cornell Clinic. I talked with her about your informal interest in mental hygiene and where the Foundation might come in effectively. At my suggestion she has drawn up entirely on her own responsibility the enclosed memo and has submitted it to me. I am sending it to you for whatever it may be worth. I am sure she would be glad to elaborate on any parts that seemed at all interesting to you.

Since talking with you I had an opportunity to go over things briefly with Dr. Thom, and we rather ruminated as to how interesting it would be in a relatively self-contained community to put on mental hygiene as tuberculosis control was put on by the Metropolitan Life Insurance Company in Framingham some years ago. Of course to be effective it would have to be near enough to someone sophisticated in this matter who could give it general supervision.

Sincerely yours,

GEORGE H. BIGELOW, M.D.,
Commissioner of Public Health.

B/C

Winkler

<i>JBF</i>	JUL 20 32	<i>fat 7 1/2</i>
<i>77R</i>		<i>31</i>
<i>me I</i>		<i>me 2</i>

SUGGESTIONS FOR SOUND PLAN OF INVESTING MONEY FOR MENTAL HEALTH SIDE OF
A PUBLIC HEALTH PROGRAM

(Memo for Dr. Bigelow, discussed only from what I know by my observation and experience as a social worker first in Boston and New York and then during the last seven years here in Berkshire County with the Austen Riggs Foundation, Inc.)

I. First Recommendation

The greatest need is more facilities for mental therapy; the scientific knowledge and public interest in mental health greatly exceed the treatment resources.

therefore

The most obvious way, in which to use money wisely for the mental aspects of public health today seems to be to seek out neuropsychiatric and child guidance clinics of recognized professional standing whose need has been proved by a continuing community use and an increasing local community support, and enable them to carry on those parts of their program which are essential to the treatment of their patients. Many such clinics must be reducing their expenses and their services because local funds have to be diverted to sustaining the minimum requirements of civilized life.

II. General Suggestions Regarding Program for Mental Therapy in Public Health

If, however, mental health needs are considered apart from this period of depression, the greatest opportunity is in those cities and county communities which are fairly adequately organized on the public health and civic side regarding physicians, hospitals, public health nurses, public school system, family welfare and community welfare agencies, etc. Such communities should have some local neuropsychiatric and mental hygiene resource which puts at the disposal of the local physicians and the public a service in this specialty which can compare with the services available there in the other specialties today.

From the point of view of the public, this local resource must provide for a wide range of neuropsychiatric and behavior difficulties. It should offer some help to those mental and nervous disorders which are capable of treatment at home or where the early recognition of the need of hospitalization saves the patient and the family unnecessary suffering. It should treat those mild disorders which take patients to the doctor's office and for which he does not find an adequate physical explanation. It should also encourage referral of such problems of children as create food, sleep and other habit difficulties in the pre-school child or send the parents to principals to discuss why their children are having difficulty with promotion or with getting on with other children in school.

Because the prevailing medical fees in such communities and the amount of professional time required to define and treat these conditions would not enable a psychiatrist of standing to earn a living, the obvious type of resource to develop is a clinic. Such a clinic should be sponsored by a professional body of standing and by responsible citizens of widely representative interests. The clinic should be available under conditions which make it an acceptable place for physicians to refer patients from their private offices for therapy. Any obvious distinction between "pay" and "free" will jeopardize its usefulness to the group who can best profit by it, - the type of substantial citizens of small means who are unused to accepting "charity" (except in such form as college endowments or scholarships) but who are not yet educated to draw on their capital to pay medical fees for psychiatric advice and therapy as they would for operations.

From the point of view of the psychiatrists and the rest of the medical profession, it is of importance to pick a psychiatrist or psychiatric group of standing in the field of psychiatry. Because men of leadership will not undertake work which has a pattern too closely defined, the plan of professional and administrative methods should be left to this individual or group to work out unhampered by any attempt to impose a standard pattern.

For such a therapeutic clinic it is obvious that the psychiatrists appointed should be primarily interested in therapy,- getting the patient back to work or keeping him in condition,- increasing the immediate productivity of the patient. Emphasizing teaching and research would be the obvious corollary of good therapy but to place these first makes the operation of the clinic more expensive and tends to confuse the mind of the public because of the present fashion of lay discussion regarding differing schools of psychiatric thought. This difficulty can be kept at a minimum where the objective is directly therapeutic as in many other phases of community public health practice.

The psychiatrist selected should not only be interested primarily in therapy but also ~~should~~ recognize the need of a close affiliation with other branches of the medical profession. It is also essential that such a clinic should be located only in a community where the medical profession is interested to have such a clinic. It is obvious that the family physicians cannot transfer all of their load to the psychiatrists nor can the psychiatrist meet all the medical needs of his patients.

This clinic, to be integrated with the other public health activities of the community like the hospitals, the visiting nurse associations, tuberculosis societies, etc., should have some local committee of representative citizens to act as interpreters between the professional group and the public and to enable it gradually to put out local roots looking toward as much local support as possible. It should, however, be recognized that because of the newness and the expense of this type of service, subsidy from a foundation or from some few philanthropic individuals will be necessary for a longer time and to a greater degree than for other longer established health activities.

The type of organization, nature of professional and administrative assistance, etc., will vary in accordance with the needs of the individual community selected and the type of neuropsychiatric and mental hygiene work that the professional group in charge wish to emphasize. For example, if the emphasis is to be on preventive work, and mild conditions, it is important that the clinic be run in a way that will not offend the sensitiveness of patients used to private practice. A clinic which wishes to treat people at work and reach substantial citizens of small means must have hours when working people can come without jeopardizing their positions or making them conspicuous. For such a group an appointment system saves both time and feelings of the patients. The question of clinic fees also needs to be considered.

III. A Concrete Suggestion

Instead of building a new mental hygiene clinic to serve both adults and children as demands indicate, it might be wise to see if there is already a clinic meeting these requirements as a mental hygiene part of a community health program. Such a clinic, if increased financial support were available, might expand its activities slowly and inconspicuously thus increasing its usefulness without losing its distinctive characteristics. It could continue to utilize the local good will of the medical profession and the public already developed without risking the creation of a spectacular situation which would stimulate an artificial demand.

IV. Community Mental Hygiene Possibilities of the Clinics Conducted by the Austen Riggs Foundation, Inc.

As you know, I believe that the Riggs Foundation is operating such a clinic. For the seven years that I have known it, the psychiatrists have been treating residents of Berkshire County (population about 120,000), adults and children who have applied for any neuropsychiatric or child guidance problems. These patients have been mostly residents of central or southern Berkshire, a population of about 70,000, more than half of late being referred to the clinic by their local physicians.

Four of Dr. Riggs' associates have volunteered one afternoon a week each and for the past six months the long standing need for more medical time has been met by a junior psychiatrist who has given one half time, his salary coming from a special fund raised by Dr. Riggs.

The budget for three social workers to assist the psychiatrists, for office quarters and other administrative expenses was at its maximum \$14,000 a year. This also was raised by Dr. Riggs but during the last two years approximately \$2,000 of it has been given through a local clinic committee or through nominal fees from those patients who wish to pay.

The number of patients, both adults and children, treated during the last five years has varied from about 350 to about 550, the number of new patients seen either in consultation or accepted for treatment ranging from 200 to 275 yearly.

Now this work must be radically curtailed as the fund for the psychiatrist has been exhausted and the ^{previous} \$14,000 budget for social service and clinic administration cut to \$7,000. It seems inevitable that not only must the number of patients helped be greatly curtailed but that the dignified and orderly conduct of the clinic in a way which has been congenial to the private patients of local physicians must be jeopardized. The present plan must terminate on October 1st, when the junior psychiatrist leaves.

The enclosed reports may be of interest as indicating somewhat the present nature of this particular mental hygiene public health service:

1. Report of five years of the clinics, 1925 through 1929
2. Report of 1931
3. Report prepared for Dr. Walker of Commonwealth Fund in response to his question about mental hygiene problems of the Berkshire district.

Of course, the psychiatrists of the Foundation will continue to do what they can for the individuals in Berkshire County whom they have time to see but the talk with you a week ago roused a hope that we might not have to scrap the very fine public health mental hygiene service which this fine group of psychiatrists have created in Berkshire County. I do not believe that they themselves realize the unusual quality of this service they have built up. They are interested primarily in adequate therapy for the small number of patients whom they can accept for treatment. The clinics have grown not in response to any theory but simply through the psychiatrists' interest in giving treatment to those patients who have come to them through local physicians, the schools, and others. This clinic service is simply one evidence of the sense of professional responsibility of these psychiatrists.

Let me know if I can be of any use in talking over further the general questions you ask, or if you are interested to inquire further regarding this concrete relating to the Riggs Foundation.

July 7, 1932.

Suggestion
Anna King
Stockbridge Mass

AUSTEN RIGGS FOUNDATION, INC.
CLINICS AND SOCIAL SERVICE
REPORT TO MEDICAL DIRECTOR
FIVE YEAR REVIEW 1925 through 1929

I. INTRODUCTORY STATEMENT

In view of the new developments of the Foundation entailing greatly increased financial responsibility and increased demands on the time of the Medical Staff, it seems pertinent to review the Clinic developments of the last five years and to consider what activities of the Clinics should be continued to bring the Clinic in proportion with the work of the Foundation as a whole.

From the beginning of the Clinics to January 1, 1930, 2095 patients have been seen. From 1919 or 1920 to 1923 the psychiatrists saw patients at the hospital without any social and with little clerical assistance. In 1923 the Clinics were divided into a Mental Hygiene Clinic for adults and a Child Guidance Clinic and a social worker was introduced. The next two years were spent in building up the Clinic work with the result that it increased from 333 Clinic visits in 1923, to 1001 Clinic visits in 1924.

For the last five years the Clinics have run to capacity, have admitted a total of 1,311 new patients (742 adults, 569 children) an average of 262 new patients a year, as well as having treated about 300 patients who had been admitted prior to 1925. The average total number of patients under care yearly has been 578.

II. THE PATIENTS (For fuller statistics see Appendix I.)

Residence:

Of the 1,600 patients (842 adults, 790 children) seen during these five years, practically all live in or near Berkshire County, the majority in Pittsfield itself. Gradually the percentage of those in Pittsfield is decreasing; it was 84% in 1926, 70% in 1929.

Sources of References:

38% of this total number were referred by private physicians. The proportion, however, coming from family physicians has steadily increased and for the year 1929 50% of the total new patients were referred by private physicians. In the earlier years most of the children came through the Pittsfield school psychologist with whom, prior to 1925, an arrangement had been made to refer to the Clinic automatically all the children whom she tested for the school. As, at one time, this meant approximately 12 new children a month, this arrangement was discontinued in 1928. At present private physicians, relatives, and social agencies including the Ascension Farm School, are the main sources of reference to the Children's Clinic.

Economic Status:

All walks of life are represented in these 1,600 Clinic patients. The majority are apparently in the group of those who can afford some private medical expense (i.e. more than 63% of the adults this past year having come from a private physician) but who cannot afford to meet the full cost of psychiatric treatment. There are a few of the usual "free clinic" type of patient, and a few who could afford private psychiatric care if such were available here.

Since many of the patients seemed reluctant to accept "free care" although they would not have been able to meet the present cost of Clinic treatment, at the end of 1929 a nominal charge was made for those who wished to pay, \$3.00 for new patients, \$1.00 for revisits. A recent study of the operation of this plan over 4 months showed that from 215 patients under care during this time the Clinic collected \$191.45 (the

hospital collects .50 on new patients and .10 on revisits.) The social workers reviewed these 215 patients as to estimated number who seemed able to pay the present rate. The percentages were as follows:

Able to pay present Clinic rate or more (\$3.00 first visit, \$1.00 revisit)	28%
Able to pay part Clinic rate	12%
Not able to pay anything or nothing charged for professional courtesy	52%
Unknown	6%

From this it would seem that the patients as a group would not be able to meet the full cost of the present Clinic set-up.

Nature of Disabilities:

Most of the cases who have been seen have been ambulatory cases, although a few have been in-patients at one of the hospitals or have been seen at home. In 1929 there were 28 patients seen in consultation in the House of Mercy, 3 in St. Luke's and one in Hillcrest.

All types of neuropsychiatric disabilities and personality problems are admitted. A recent study of the diagnoses made during one year - both Clinics - gives some idea of the distribution of problems in these two Clinics. Although no comparative study has been made from year to year, it seems that the range of disabilities does not vary greatly although perhaps as the Clinic has become better known more incipient or even preventive problems are presented.

Nature of Conditions Seen in Clinics - (Estimated)

	Adults	Children
Psychoneuroses - all types	40%	5%
Child Guidance Problems		31%
Psychoses	19%	
Organic Neurological Disease	16%	13%
Feeble-mindedness	4%	19%
Epilepsies	3%	4%
Retarded		14%
Miscellaneous	14%	10%

III. OTHER CLINIC ACTIVITIES

Lectures and talks

During the past five years the psychiatrists and director of social service have given a series of lectures to the nurses at the House of Mercy and Hillcrest Hospitals, one year the Saint Luke's student nurses also attended. Dr. Terhune has also given a series of lectures to mothers, of talks to patients, and he and other members of the staff have given addresses to various groups (parent-teachers association, university extension courses, etc.) In addition to the talks by the psychiatrists in the last five years the social service have given over 26 talks.

Stockbridge Patients

One of the most important and interesting aspects of the Clinics' work is using them as a form of occupational therapy for the patients from Stockbridge. Certain patients in need of regular work either as a visitor or as a clerical worker under supervision have been assigned to the social service staff for this work. It is the obligation of the social worker to see that this time is made as constructive as possible for the patient and that the therapy of the Clinic patients is aided not complicated by these volunteers. It is also the obligation of the social service staff to report to the psychiatrist the progress of the Stockbridge patient in this work. By this plan a number of patients in residence have been given some slight concept of the field of mental hygiene in the community, the constructive role that volunteers and committee members should play, and the discipline and satisfaction of working as one member of an organized group.

Besides supervising Stockbridge patients as volunteers the social worker has had various cases in Stockbridge referred to her for special social service. These tasks have ranged from simple mechanical services, such as the arrangement of transportation, psychometric examinations, etc., to such intricate social service duties as investigating the suitability of various homes for a young girl whose parents were divided about her plans, vocational advice to professional social worker patients, suggestions about how to start a mental hygiene Clinic in the patient's home community, etc.

In the last five years an average of 14 such patients a year has been referred to social service to do work in the clinic, about half to work in the clinic and half for special service.

Students and Visitors

Three social service students have been assigned to the clinics for field work, one from the New York School of Social Work, and two from the Simmons College School of Social Work. Various visitors, especially doctors and social workers, have spent time in the clinics observing and sometimes participating. Two of these came from Holland, one from England.

IV. MEDICAL STAFF

The psychiatrists have given three sessions a week (two sessions to adult work - one session to children's work), except for

- (a) the time Dr. Russell was here when four sessions were given (a second in the children's clinic) and
- (b) six months of a scholarship psychiatrist, when approximately the sessions totaled seven weekly.

While the scholarship psychiatrist was here it was possible to carry on the work without pressure. There are a sufficient number of emergencies or serious cases where the referring physician urges a prompt examination so that without this additional medical time it is difficult to operate the clinic in a satisfactory way.

V. SOCIAL SERVICE STAFF

During the first year the social service staff was increased from 1 social worker and a part time secretary to two social workers and a full time secretary, and in 1927 a third social worker was added with an additional part time secretary. (For their duties see "Policy".) The office quarters have been increased to allow for this additional social service work.

VI. COMMUNITY CONTACTS

From the first a number of individuals in Pittsfield have been interested in the development of the clinic and an informal committee was appointed early. This, however, became inactive in 1925.

In March, 1929 a new Pittsfield Clinic Advisory Committee was formed as follows:

Judge Charles L. Hibbard, Chairman	Dr. Henry Colt	Dr. John C. Roe
Mrs. Brace W. Paddock, Secretary	Col. Wm. H. Eaton	Mr. Irving P. Thompson
Mrs. Stanley P. Benton	Mrs. Albert C. England	Mr. Louis J. Smith

It serves as a means of interpreting the work of the clinic to the community and the community to the Foundation. This committee has taken a serious interest in the work of the Foundation, even assuming the responsibility of suggesting application for admission to the Community Fund. This application was not accepted on the ground that the clinics had no local financial constituency and were serving free some people who could afford to pay for at least a part of the cost of treatment. (This objection may have been met by the present clinic nominal fee.) The committee continues its interest and has stated emphatically that it believes the local community should contribute in some way to the work.

VII. EXPENSES (See bookkeeper's statement and budget of department - Appendix II)

Although the medical service is volunteered, the expense of the clinic has mounted steadily from \$6,571.46 in 1925 to \$13,334.47 in 1929. (The figures reported vary slightly, depending on whether certain auditor's entries are included or not.) The total spent on clinic work from the beginning through 1929 was approximately \$56,000.00.

The operating rate has been reduced in the last three months from approximately \$14,000 a year to approximately \$13,000. The additional offices which had been rented in the middle of 1929 have been given up and the second secretary who had been giving full time, has been reduced to part time. However, even with these changes the expenses, with all medical time volunteered, have practically doubled since 1925.

VIII. POLICY

The clinics have followed throughout the policy of working inductively, - doing the job of treating patients and letting the policy evolve out of experience in meeting actual situation.

Emphasis on quality of work

As the clinics became known there was an increasing pressure upon them to accept more patients than could be seen wisely. At one time in the adult clinic the psychiatrists were working four or five hours an afternoon. As a result of this situation the policy has been defined that the clinics shall do work of adequate quality rather than strive to meet all demands.

That some progress has been made in this is shown by the fact that the psychiatrists are spending nearly double the time with each patient in the clinic visits that they did in 1925. In 1925 in the adult clinic sessions 2 psychiatrists averaged 11 patients per session; in 1930 2.1 psychiatrists averaged 6.7 patients. In the children's clinic in 1925, 1 psychiatrist averaged 6 children; in 1930 1.3 psychiatrists averaged 3.3 children.

Admission of Patients and Clinic Administration

The admission of patients and administration of the clinics has been delegated by the medical staff to the director of social service who acts practically as the executive secretary of the clinics. This function is quite distinct from that of the social workers as therapeutic aids in the care of individual patients.

On the basis of what seems actually to work in practice the following administrative policies have been evolved and have been in effect since 1926.

(1) Admission of patients. A social worker secures the initial history, the fullness depending upon the nature of the situation. As soon as one of the psychiatrists is able to take a new patient the director of social service fills the vacancy with a patient from the waiting list, taking into account not only priority of application, but the nature of the situation.

As the number of applications has remained practically constant year by year, to secure additional clinic time for the interview with the psychiatrists it has been necessary to see many patients in consultation only, not accepting them for treatment. This group has been advised and a report sent to the referring physician. The psychiatrist decides whether or not the patient shall be accepted for treatment.

There is a growing tendency to accept for reeducation or other forms of treatment only a selected group where it seems that the limited amount of time available may bring constructive results.

(2) Management of patients. Patients are seen by appointment in accordance with the doctors' instructions. The social workers are responsible for the smooth running of the clinics, arranging for the use of clinic time in the way that will meet the wishes of the doctors and conserve the energy of the patients. In this connection they carry out any administrative details incidental to the operation of the clinics.

(3) Records. All the information about each patient is kept in one folder. The initial notes taken by the social worker and subsequent social data which seems of permanent value being incorporated in the medical record, the doctors' entries being made in red.

In addition to the history of the patient an index of all patients, diagnostic file and various other clinic statistics are kept, annual reports being made to the medical director and also to the House of Mercy Hospital.

Medical Ethics and Cooperation

No new patient is accepted without the approval of his family doctor except when referred for opinion by the court, school or social agency. These latter patients are continued for treatment only after consulting the family doctor.

Eligibility

All residents of Berkshire County and adjacent territory eligible medically for treatment in a neuropsychiatric or child guidance clinic are admitted to the clinics without regard to their economic status. If anyone applies who seems able to pay full Stockbridge rates heretofore this patient has been admitted to the Clinic, leaving the question of transfer to Stockbridge to be worked out by the psychiatrist. At

present, July 1930, what to do about this group, which is very small, is an unsettled question. Until a certain amount of history is secured it is not possible to know whether the patient is financially eligible for full pay in Stockbridge.

Use of Social Service as Therapeutic Aid

The extent and way in which social service is used in the therapy varies with the individual psychiatrist. When the psychiatrist has first seen the patient the social worker confers with him about whether he wishes any social service as part of the therapy.

In some instances the social treatment is very intensive, especially in the child guidance work, sometimes even daily visits to the parent or frequent conferences with the child being prescribed. In a few of the adult cases the social workers have participated in the reeducation.

As the social workers are easily available to referring physicians and patients there are many instances when it is possible for the social service staff to be of assistance to the patient in meeting the recommendations of the psychiatrist or unexpected emergencies.

X. Conclusions

No study of results has been made, but the steadily increasing use of the clinic by local physicians and friends of former patients and the confidence shown in the work of the clinics by the Pittsfield Advisory Committee all indicate that from the point of view of the community the work is of importance.

Whether the work is as valuable in the opinion of the psychiatrists as some other work that might be carried on with the investment of the same amount of their time and the Foundation's money is a question to be considered seriously within the next year. In view of the increased obligations in other departments it does not seem reasonable that the Foundation should continue to raise \$14,000.00 a year from outside of Berkshire County for the support of the clinic work.

X. RECOMMENDATIONS

In view of this practical and immediate situation it is recommended that:

1. The money from contributors outside Berkshire County allocated to the clinic for 1931 be reduced to \$10,000.00, any local contributions or clinic fees being allowed the clinic in excess of this \$10,000.00
 2. If the Pittsfield Advisory Committee wishes to secure funds to continue the clinic's present type of activity, supplementing the \$10,000.00, the medical staff consider this plan favorably.
 3. In view of the distinguished contribution that the medical staff have already made to the mental health of individuals, and of Berkshire County, they maintain what they can of the clinic activities during this period of increased pressure while the new Foundation Inn is being built, postponing any decision about ultimate policy until the other parts of the Foundation program have evolved further.
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▶ The social worker of the Foundation is interested primarily in the adventure of the Riggs Foundation as a whole and is prepared to curtail the social service part of the clinical activities to whatever is decided to be most in harmony with the development of the program of the Foundation.

Approved
8.2.30

Respectfully submitted,
Anna King
Social Worker, Austen Riggs Foundation, Inc

AUSTEN RIGGS FOUNDATION, INC.
CLINIC STATISTICS

Appendix I.

	Patients Treated			Clinic Visits			S.S. Visits	Weekly Sessions Volunteered by M.D.s	Cost (all medical time volunteered)
	A	C	Total	A	C	Total			
1925	-	-	-	605	738	799	1675	3	\$ 6,571.46
1926	287	372	659	651	273	834	1643	3	7,101.55
1927	239	280	519	658	231	889	2442	4	9,809.45
1928	287	293	580	506	195	701	3104	3	12,604.70
1929	307	246	553	703	303	1006	3081	5	<u>13,334.47</u> \$49,421.33

NEW PATIENTS AND SOURCES OF REFERENCE

ADULTS						CHILDREN				
Referred by:			Med. & Health Agencies	Civic & Social Agencies	Relatives Friends & Misc.				Civic & Social Agencies	Relatives Friends & Misc.
New Pts.	Private M.D.					New Pts.	Private M.D.			
1925	134	77	11	13	33	110	12	10	-	88
1926	137	69	22	7	40	130	11	8	97	13
1927	148	78	20	6	44	102	11	5	68	18
1928	163	88	21	8	46	114	15	11	33	35
1929	184	118	18	11	37	89	20	11	36	22

TOTAL ADULTS AND CHILDREN

	New Pts.	Private M.D.	Med. & Health Agencies	Civic & Social Agencies	Relatives Friends & Misc.
1925	244	89	21	13	121
1926	267	80	30	104	53
1927	250	89	25	74	62
1928	277	103	32	61	81
1929	273	138	29	47	59

AUSTEN RIGGS FOUNDATION, INC.
Mental Hygiene and Child Guidance Clinics

Appendix II

Bookkeeper's Statement (Cost 1923 \$1,954.23
(Cost 1924 4,620.05
(Cost 1925 6,571.46

(all Medical Time Volunteered)

Present Yearly rate

Calendar years	1926	1927	1928	1929	July 1 - 1930
Salaries	5258.50	6593.95	8922.40	9198.53	9656.00
Maint. car	378.13	686.44	867.82	572.08*	900.00
Light - Rent	732.51	962.95	1030.31	1339.06	1150.00
Petty Cash:) Materials and Supplies)	60.48	151.07	323.19	341.98	341.00
Office Supplies and Staty.	105.16	212.57	215.11	723.23	350.00
Tel. and Tel.	166.87	283.11	292.92	396.35	396.00
Miscellaneous	164.46	208.69	658.99	332.58	300.00
Depr. Equip.	190.79	28.72	156.22	275.51	275.00
Insurance Auto	44.65	41.68	55.82	49.41	50.00
Leasehold Improvements				105.44	
	<u>7101.55</u>	<u>9169.13</u>	<u>12522.78</u>	<u>13334.47</u>	<u>13418.00</u>

For 1929 the actual operating rate was \$13,908.29. However, the operating cost in the bookkeeper's statement appears as \$573.82 less since this difference was charged in 1929 by the auditors to balance for an overcharge for depreciation on car in a previous year. At the beginning of 1929 the actual yearly operating rate was \$720.00 more than the present rate. Since then the yearly rental has been reduced by \$720.00.

8.2.30

DRAFT OF POSSIBLE SECTION ON MENTAL HYGIENE PROBLEMS OF THE BERKSHIRE
DISTRICT FOR DR. WALKER'S SUMMARY REPORT

A brief review of the Mental Hygiene situation in the district under the heading of "Needs, Resources and Possible Next Steps" makes certain facts stand out clearly: The mental health needs of the community are accentuated by their distance from State resources for meeting these needs, and by the geography of the County itself which makes any type of service in one place inaccessible to certain other parts of the territory.

Mental Disease

Patients who are sufficiently mentally ill to need care in a State Hospital are sent to Northampton about fifty miles north of the northern boundary of the area. Train service between the area and Northampton is difficult. As the table given below, Appendix I, shows, there were at the close of 1928, 109 patients from this area in Northampton State hospital. The hospital conducts a Clinic once a month at the House of Mercy in Pittsfield, especially for the benefit of relatives of patients in the hospital and of patients paroled back to the community from the hospital. Although there is no psychiatric ward in any hospital in the County, Fairview Hospital has two "quiet rooms", i.e., rooms built so that they can accommodate a disturbed patient without inconvenience to other patients. This means that an acutely ill person can be given the advantages of hospital care within the district pending transfer to Northampton State Hospital.

Problem of Mental Defect

Among the 15 - 20 persons interviewed in the area in connection with defining the mental health need (Physicians, judges, nurses, school superintendents, representative citizens, welfare workers, etc.) there is a constant emphasis on the problem of certain defective families within the area. Some of these individuals have been diagnosed as feeble-minded; some are so designated by popular agreement. This territory is the home of some of the "hill folk" studied some years ago by Davenport. The present status of these families is now being reviewed by a State research worker. This group complicated the problem of the courts, the local health and welfare organizations, and the County social agencies that operate in the area.

The school for the feeble-minded which serves this area is even further away than the Northampton State Hospital, at Belchertown about sixty miles to the northeast. The method of committing patients to Belchertown also is an additional barrier to sending them. A person in need of the training which the School gives must appear before the Judge of the Probate Court in Pittsfield. In cases of adults with the mentality of a child, the mechanics for achieving this are often exceedingly difficult. Also, Belchertown accepts patients only when there is a vacancy and there is usually a long waiting list. Statistics of the number of patients in Belchertown from this area are given as Appendix II. (These tables not yet received.)

Clinics for diagnosing mentally retarded children are held each year by the Northampton State Hospital at various schools throughout the district. Two sections of the area, Great Barrington and Lee, have each a special class to meet the needs of children whose mentality has necessitated their repeating a grade three times.

Child Guidance and Mental Hygiene Clinics of the Riggs Foundation:

The only other therapeutic resource to meet the mental health needs of the district is the Riggs Foundation. This organization conducts clinics, with offices in Pittsfield, at the House of Mercy. Psychiatrists in these clinics are available from the Foundation in Stockbridge to see patients referred for consultation by local physicians, the schools, the courts, visiting nurse association and other community welfare agencies. Their work is limited by a restricted amount of medical time. A certain number of children and adults are accepted for treatment and the social service staff is available to physicians and welfare workers and community agencies within the area in so far as their capacity permits. The Clinic cost with medical time volunteered, is approximately \$13,000 a year.

It is interesting to note (See tables in Appendix III) that of the 206 new patients re-

ferred to the Riggs Foundation in 1930, 47 or 23% came from this district, 25 of these being referred by private physicians. The conditions for which these patients were referred were chiefly functional nervous disorders in adults, child guidance problems and an occasional problem of feeble-mindedness, mental disease or organic nerve injury.

Mental Health Education

In the interests of mental health, the Mental Hygiene Society has given a talk to teachers in Stockbridge, and is considering a course for teachers in Great Barrington. The Department of Education has also conducted a University Extension Course in Pittsfield, attended by certain residents of the area. The Berkshire County Extension Service is organizing various study groups for mothers on child development.

Social Service Needs Bearing on Mental Health

Although there is no family social worker in the area various specialized social workers accept problems within this area and have members from this area on their County Boards. In addition to the work done by the professional social workers, there is much devoted social service done by committee workers.

Also many of the nursing problems in the area have large social or mental hygiene factors. Last spring the Visiting Nurse Association of Great Barrington and adjacent towns made a study of the social factors in the cases that they were working with then. In the area covered (population approximately 10,000) a hundred cases known to the Visiting Nurse Association had problems which, in the opinion of the nurse, would benefit by a social worker (see Appendix IV). Possibly a third of these 100 problems were listed under headings which suggest that the social problem had also psychiatric complications; for example, feeble-mindedness, mental disease, senility, etc.

Possible Next Steps in Meeting Mental Hygiene Needs of Area

Various suggestions about next steps have been made. The emphasis in most of the suggestions has been repeatedly on more help in defining and treating social problems complicated by mental defects and disease. The suggestions have ranged from further study of the area to a psychiatric worker available to physicians, nurses, and community organizations. Inasmuch as all projects for therapeutic service in mental hygiene are expensive and must have substantial local backing to succeed, it seems advisable at present simply to list the suggestions as follows:

- Further study
- University Extension Courses in Mental Hygiene
- A travelling psychiatric clinic
- A family case worker who also has had psychiatric training
- A nurse in the unit trained in psychiatric social work
- Some other type of psychiatric worker available to the local physicians, nurses, etc. to assist in working up patients' problems for a psychiatrist and in carrying out treatment which he might advise.

1.20.31

Anna King
Stockbridge
Mass

DATA FROM DEPARTMENT OF MENTAL DISEASES

Town of Residence of All First Admissions and Readmissions
By Court Commitment, 1929 and All Cases Resident in
State Hospitals September 30, 1929, by Town and Sex.

Town	First and Readmissions by Court Commitment			Resident Population September 30, 1929		
	M.	F.	T.	M.	F.	T.
Alford	-	-	-	-	-	-
Becket	-	1	1	-	1	1
Egremont	-	-	-	-	2	2
Gt. Barrington	1	3	4	6	16	22
Lee	3	-	3	11	9	20
Lenox	3	-	3	10	12	22
Monterey	-	1	1	2	3	5
New Marlboro	-	-	-	1	3	4
Otis	-	-	-	1	2	3
Richmond	-	-	-	1	-	1
Sandisfield	-	-	-	4	-	4
Sheffield	-	1	1	3	6	9
Stockbridge	1	1	2	3	7	10
Tyringham	-	-	-	1	1	2
W. Stockbridge	1	-	1	2	2	4
	9	7	16	45	64	109

Town of Residence at Time of Examination of Cases of
Mental Retardation within Certain Public Schools
Examined by Traveling Psychiatric Clinics, 1929.

Town	Mentally Defective (I.Q. 0-.69)	Not Mentally Defective (Retarded) (I.Q. .70+)	Both Groups
Alford	-	-	-
Becket	0	1	1
Egremont	-	-	-
Gt. Barrington	8	2	10
Lee	-	-	-
Lenox	-	-	-
Monterey	-	-	-
New Marlboro	-	-	-
Otis	-	-	-
Richmond	-	-	-
Sandisfield	-	-	-
Sheffield	-	-	-
Stockbridge	2	1	3
Tyringham	-	-	-
W. Stockbridge	-	-	-
	10	4	14

DATA FROM BELCHERTOWN STATE
SCHOOL FOR FEEBLEMINDED

I. Statistics of Belchertown State School for its Total Population

	<u>M.</u>	<u>F.</u>	<u>T.</u>
1. Total number under treatment on Nov. 30, 1930 (end of fiscal year)	451	560	1011
2. " " of admissions during year 1930	56	120	176
3. " " applications waiting in 1930	99	51	150
4. " " under supervision in community on Nov. 30, 1930	11	32	43
5. " " discharged in 1930	25	22	47

II. The same statistics of Belchertown State School for the fifteen Southern Berkshire Towns.

1. Total number under treatment in 1930	9	19	28
2. " " of admissions	1	-	1
3. " " of applications waiting in 1930	1	-	1
4. " " under supervision in community in 1930	-	2	2
5. " " discharged in 1930	0	0	0

DATA FROM RIGGS FOUNDATION, INC.

1930

Total Berk. County Visits		
Adults	Children	Total
417	229	646

Visits from South Berkshire		
Adults	Children	Total
33	20	53

Total Berk. County New		
Adults	Children	Total
126	80	206

New from South Berkshire		
Adults	Children	Total
30	17	47
		23

MENTAL HYGIENE & CHILD GUIDANCE CLINICS

Sources of Reference of ~~the~~ Patients from South Berkshire

Physicians - - - - -	34
Relatives or self - - - - -	9
Employer - - - - -	2
School - - - - -	2
Visiting Nurse Asso. - - - - -	2
Dept. of Public Welfare - - - - -	2
Minister - - - - -	2
Total	53

Nature of Conditions Treated

	<u>Adults</u>	<u>Children</u>	<u>Total</u>
Psychoneurosis	23	0	23
Child Guidance Problem	0	10	10
Feeble-minded	1	4	5
Organic Neurological	3	0	3
Psychosis	2	1	3
Epilepsy	1	0	1
Retarded	0	1	1
Deferred	3	4	7
	<u>33</u>	<u>20</u>	<u>53</u>

DOMINANT CASE FACTS IN PATIENTS UNDER CARE OF V.N.A. of GREAT BARRINGTON
AND 4 SURROUNDING TOWNS (Population approx. 9,000).

100 cases in which social conditions complicate health treatment.

Poor home conditions	39
Feeble-mindedness	20
Mental illness	4
Illegitimacy	6
Unemployment	6
Death of Parents	3
Separation	6
Desertion and non-support	4
Alcoholism	4
Senility and Other Illness	3
	<u>100</u>

1.19.31

app III

app IV

Invent II

AUSTEN RIGGS FOUNDATION, INC.
CLINIC AND SOCIAL SERVICE
REPORT TO MEDICAL DIRECTOR FOR 1931

1931 marks four major changes in the clinic work: the first contribution from the Pittsfield Clinic Advisory Committee has been received (\$2430 given in 1931; \$1775.00 already contributed toward 1932); the plans for a scholarship psychiatrist for 1932 have been consummated; the social service staff has been reduced from three social workers to two; and the operation expenses of the Clinics (exclusive of the salary of the scholarship psychiatrist) have been reduced 15%, (i.e. from operating rate of \$12,728.74 to \$10,800.00)

The Clinics are filled to capacity. The majority of the patients are referred by their family physicians. They belong to that group of substantial citizens who by getting an understanding of their emotional difficulties and how to handle them can become productive assets in the community. More than 57% of the adults have some type of emotional maladjustment, only 15% mental disease, 13% organic neurological disease, and 15% other neuropsychiatric disabilities. In the Children's Clinic the major difficulties (62%) are child guidance problems, where with clinic treatment there is hope of a happy and effectual life. The balance of the children's problems are mental retardation, organic neurological diseases such as chorea, epilepsy, or other disabilities not usually treated by the family physician. (For further data about the patients see the appendix.)

The first three months of 1932 have begun to show the depression more acutely in Berkshire County. For example, the General Electric, the major industry of Pittsfield, is now operating at only a small percentage of its usual capacity. The children as well as the adults are feeling the effect of unemployment in the homes. Since the beginning of 1932 there has been a marked increase in the number of applications in the Children's Clinic.

At the close of the year the Pittsfield Clinic Advisory Committee regretfully accepted the resignation of Judge Charles L. Hibbard, its first chairman. It has been fortunate in securing Dr. Brace W. Paddock to succeed him. The clinics have suffered a severe loss in Dr. Colt's death.

At this time it is more than usually important that the recommendations of one department should be in harmony with the plan of the organization as a whole. It is, however, earnestly hoped that the Clinics can continue as at present. If this is to be done the following budget is required:-

Budget Recommended for 1932-3 ----- \$10,800
(Exclusive of salary for Scholarship Psychiatrist)

Sources of income

From fees (estimated) -----	\$ 300.00
" Pittsfield Advisory Committee (estimated) -----	2000.00
" Riggs Foundation -----	8500.00
	<u>\$10800.00</u>

The Clinic is one of the forces contributing toward the finer values of life. It is important that those who seek it in their time of adversity, especially the children should have its help so that in so far as is humanly possible they may not be permanently dwarfed by the spiritual and emotional lassitude of these days.

Respectfully submitted

Anna King
Director of Social Service

MENTAL HYGIENE AND CHILD GUIDANCE CLINICS
Statistics - 1931

Appendix
Annual Report

PATIENTS TREATED (Including new patients)				VISITS			
	A	C	Total	Clinic			Social Service
	A	C	Total	A	C	Total	
1926	287	372	659	851	273	834	1643
1927	239	280	519	658	231	889	2442
1928	287	293	580	506	195	701	3104
1929	307	246	553	703	303	1006	3081
1930	216	180	396	417	229	646	1567
1931	156	164	320	431	230	661	2350

NEW PATIENTS					
	Adults	Children	Total	% Pittsfield	% Outside
1926	137	130	267	84	16
1927	148	102	250	86	34
1928	163	114	277	68	32
1929	184	89	273	70	30
1930	126	80	206	57	43
1931	119	78	197	67	33

Sources of Reference of New Patients				
	Private M.D.	Med. & Health Agencies	Civic & Social Agencies (Inc. schools)	Relatives Friends & Misc.
1926	80	30	104	53
1927	89	25	74	62
1928	103	32	61	81
1929	138	29	47	59
1930	110	21	27	48
1931	108	17	34	38

STOCKBRIDGE PATIENTS

Referred to social service for volunteer or special assistance work - - - - - 18

COST	
1926	\$7,101.55
1927	9,809.45
1928	12,604.70
1929	13,334.47*
1930	12,728.74*
1931	11,675.84
	\$67,254.75

Sources of Income 1931	
From Pitts. Cl. Adv. Com.	- - - \$2430.00
" Fees	- - - 458.90
" Riggs Foundation	- - - 8786.94
	\$11675.84

*Salary of scholarship psychiatrist for 6 months not included.

JUL 23 1935

UNIVERSITY OF CINCINNATI
COLLEGE OF MEDICINE

OFFICE OF THE DEAN—EDEN AVENUE
CINCINNATI GENERAL HOSPITAL

July 19, 1932.

Dr. John A. Ferrell, Associate Director,
International Health Division,
The Rockefeller Foundation,
61 Broadway, New York, N.Y.

JUL 25 '32

9100
Mental health
JUL 27/28

My dear Doctor Ferrell:-

Following the receipt of your inquiry of July 12th, I spoke with Dr. Emerson A. North, who is acting Director of our Department of Psychiatry and learned through him that a similar inquiry had been received by Dr. Peters, our Health Commissioner and that Dr. North had given Dr. Peters a copy of a functional chart that had been prepared showing the activities of the department.

The work in Mental Hygiene, to which you refer, has been under way for about six years. It began with the establishment of a so called Central Clinic under the auspices of our Community Chest. At the beginning this was definitely looked upon as a five year experiment. During these five years the work justified itself and has been continued. Throughout all of this time, Dr. Emerson A. North has been Director of the Clinic and is likewise a member of the Faculty of the College of Medicine.

We have carefully thought out a plan for the development of our Department of Psychiatry, but have been unable to proceed with this development because of our restricted financial situation. I am sending you herewith a copy of a statement which was given to our President over a year ago, indicating the development which we have in mind. Since this statement was prepared, and as the result of a gift that will total approximately \$43,000.00, we have affected a close correlation of the work of the Central Clinic and the Department of Psychiatry. While Dr. North continues as the active director of the Central Clinic, he is also Acting Head of our Department of Psychiatry. He spends the greater part of four days a week in the office of the Central Clinic, which is located in the Community Chest Building, two full days a week and parts of others in the Out-Patient Dispensary and Wards of the General Hospital. His salary is being divided between the University and the Community Chest. Several other workers in his department are also being paid by the University. Recently Dr. Maurice Levine, who has been trained in the Phipps Psychiatric Clinic of Johns Hopkins University has been added to the department. We have obtained his compensation from two scholarships, one established locally, the other, one of the Commonwealth Fund Scholarships. It has also been possible to add an additional Psychiatrist to the Central Clinic. This Psychiatrist, Dr. Childers, also gives a course in Psycho-Pathology to Sophomore Medical Students. The Central Clinic serves largely in connection with children, although it does some Psychiatric work for the Courts in adult cases.

UNIVERSITY OF CINCINNATI
COLLEGE OF MEDICINE

OFFICE OF THE DEAN—EDEN AVENUE
CINCINNATI GENERAL HOSPITAL

July 19, 1932.

#2.

Dr. John A. Ferrell

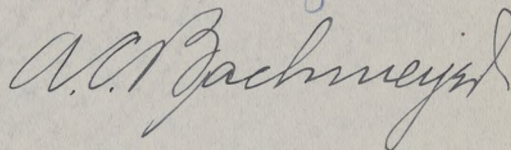
I trust that this data, together with that which you have received from Dr. Peters, may explain our situation to some extent. It is rather difficult, however, to adequately describe the work which is being done in a brief communication. It can best be visualized through an actual visit, and I therefore extend to you or any of your staff whom you may care to send, a cordial invitation to come to Cincinnati and go over the ground with us. Because of the peculiar relations which pertain here in Cincinnati between the Community and the University, we believe that the opportunities for the development of a sound Psychiatric program are better than are to be found in other American Cities. Representatives of the National Committee on Mental Hygiene who have recently studied our situation, have referred to it in the very highest terms.

While we have not made any definite advances to any of the foundations for financial assistance in developing our program, we are hopeful that when economic conditions change, we may be able to carry on the development outlined. In the meantime, we hope to do what we can with our very limited financial resources.

Inviting your comment or further inquiry,

I remain

Yours very sincerely,



A. C. BACHMEYER, M.D.

Dean.

ACB.IH.

Copy.

December 27, 1930.

Dr. Herman Schneider, President,
University of Cincinnati,
Clifton Ave.,
Cincinnati, Ohio.

My dear Dr. Schneider:

With further reference to the development of a Department of Psychiatry in the Health Division of the University, we are submitting the following data:

1. The following facilities and personnel are now in existence in the University or under University control:-

(a) Department of Psychiatry, College of Medicine:-

Dr. E. A. North, Acting Head of Department,
Drs. Kiely, Ratliff, Shinkle, Foertmeyer, Johnston
Psychiatrists, on voluntary basis.

The department at the present time is functioning on an entirely voluntary basis and without budget.

(b) Department of Anatomy, College of Medicine:-

Dr. Edward F. Malone, Head of Department,
Drs. Vonderahe and Morgan.

This department has a budget for teaching purposes.

All of these men are interested in Neuro and Psycho-pathology and are engaged upon research work in that field, so far as their limited financial support will permit.

(c) Psychopathic Service - General Hospital:-

This service is housed in a separate building having accommodations for 60 patients.

The cost of operation and maintenance is included in the general budgetary appropriation for the hospital which is furnished by the city.

In 1929, a total of 13,826 days of treatment were rendered in this hospital division at an average cost of \$3.10 per diem per patient; equivalent to an annual budget of \$42,860.00.

The nursing service is provided by a limited number of graduate nurses employed by the City and the student nurses in the School of Nursing and Health.

(d) The Out-Patient Department, College of Medicine.

The Psychiatric Clinic served 388 patients, who paid a total of 2976 visits to the department during 1929.

- (e) The Psychiatric Service of the Children's Hospital.

A limited number of beds in this institution are now available for acute diseases in children. The institution is not prepared, however, to admit children with behavior difficulties or with definite psychopathic tendencies. It is impossible to estimate a budget for this very limited service.

II. The following facilities and funds are available now for the development of the department:-

- (a) The Central Clinic of the Community Chest:-

This clinic has at present a personnel of eleven members and an annual budget of \$33,500.00.

This clinic is now ready to become an integral part of the department. The present director of the clinic is acting head of our present department.

- (b) The Psychopathic Institute of the Jewish Hospital, having accommodations for 16 children presenting behavior problems for which prolonged observation and study is essential. The building program of the Jewish Hospital contemplates the construction of new and enlarged quarters for this institute in the near future. \$50,000.00 is available for this purpose. The authorities in control of the Institute are desirous of effecting an affiliation with the University.

- (c) Longview Hospital - the State institution for the Insane having accommodations for 2200 patients is now used for certain elective courses for medical students, nurses and social workers. Greater use of the facilities of this institution are possible if additional personnel is provided.

- (d) Juvenile Court and Court of Domestic Relations:-

The Juvenile Court is now spending a total of \$6,200.00 for psychiatric service in connection with its work. Judge Charles W. Hoffman has indicated a willingness and desire to depend upon the department for this service in the future.

- (e) Department of Public Welfare - City and County:-

The City Department of Public Welfare has in its budget for 1930 a total of \$2100.00 for psychiatric service. Mr. Fred W. Hoehler has indicated a desire and has asked that this service be rendered by the division.

- (f) Common Pleas Court:-

No provision has been made for expenditures during 1931 for this service. We believe, however, that the courts can be interested if the psychiatric service for which we feel there is a need, can be rendered at cost.

- (g) Friedlander Gift:-

Dr. and Mrs. Alfred Friedlander are ready to give \$56,500.00 to the University in memory of their daughter. Of this amount, \$15,000.00 is to be used to establish the Susie Friedlander Fellowship, the balance of \$41,500.00 may be expended during a period of five years to assist in the establishment of the Department.

(h) Alfred M. Stern Memorial Gift:-

The offer of \$5000.00 per year for five years for research, by Mr. & Mrs. Max Stern in memory of their son.

It is probable that further funds may be contributed by Mr. and Mrs. Stern at a later date.

III. Additional funds will be required for the following purposes:-

- (a) An endowment fund to insure permanence in the work of the department, estimated annual budget \$100,000.00.
- (b) Funds for the alteration, improvement and enlargement of Pavilion "N" - Psychopathic Building at the General Hospital. It is desired that this building be improved, that physical therapy equipment be installed and that additional accommodations for 20 or 30 patients be added.
It is estimated that this would cost about \$150,000.00.
- (c) Funds for Out-Patient Service. Additional facilities for this service are needed, consisting of offices, examination and consultation rooms, - estimated at \$100,000.00. This estimate may be reduced by including such quarters in the building referred to under (f)
- (d) Funds for the employment of additional nurses, also of physical and occupational therapists, also social service workers in Pavilion "N", estimated at \$15,000.00 annually.
- (e) Funds for the construction of a building to house a bureau of Juvenile Research, including detention quarters for delinquent children under the control of the Juvenile Court, estimated to cost about \$350,000.00. This building it is contemplated would be obtained through funds provided by the county, which would also provide an annual appropriation for its operation, estimated at \$50,000.00 per year.
- (f) Funds for the construction of an institution for the care of psychopathic children (50-60 beds), estimated cost \$350,000.00 operating expenses about \$50,000.00 annually.
- (g) Laboratory facilities should also be provided for research and clinical study. Such laboratories and offices can be included, either in the additions to the present "N" pavilion or in the proposed building for psychopathic children.

IV. With the above funds and facilities in hand we can reasonably expect to add without additional cost:-

- (a) Additional Service to the Department of Public Welfare, Common Pleas Courts, Probate Court and Board of Education. It would be expected that the department would use the material thus made available in the training and instruction of its students.
- (b) Teaching service to other divisions of the University as may be indicated.
- (c) Advisory and consultation service to the personnel of the Social agencies of the city.
- (d) Participation in local, state and national programs of study in Mental Hygiene.

V. The accomplishment of this proposed program would give us a complete, co-ordinated psychiatric unit as follows:-

- (a) A properly organized department in the University of the education of undergraduate medical students, nurses, social workers, legal students and associated groups according to the needs of each.
- (b) Facilities for graduate study and advanced courses of various types in any of these fields.
- (c) Opportunities to undertake experimental studies in Psychiatry, Psycho-pathology and applied Psychology.
- (d) Clinical service to adults and children in the field of mental hygiene, also "follow-up" of patients dismissed or paroled from institutions.
- (e) Institutional service for diagnosis and treatment of both adults and children.
- (f) The prosecution of a program of prevention in the field of mental hygiene, through service to the schools, social agencies, courts and allied organizations.

It is our belief that the accomplishment of such a program would not only be of value in the work we are now doing and enhance the usefulness of the University, but would also bring great benefit to the citizens of our community and would interest many individuals who might thus be encouraged to assist in the further development of the work.

A review of the expenses involved in the development of such a program also indicates that there would be a possible saving of \$25,000.00 per year in personnel and general expenses thru co-ordinated set-up here proposed, over what it would cost to operate the same service as separate units.

Respectfully,

JUL 23 1935
TBA. JUL 27 32

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Wet		Wet

0100
Mental health

July 21, 1932.

Dear Doctor Bigelow:

Your kindness in writing on July 19th and sending the statement by Miss Anna King is sincerely appreciated.

We are still casting about for activities, opportunities and interests in the field of mental hygiene, but so far nothing has materialized. After reading Miss King's statements, I shall discuss them with Doctor Russell and advise if additional information should be desired about the Southern Berkshire activities.

I note with interest also the reaction from your conference with Doctor Thom.

Thanking you most kindly for your interest and cooperation in the mental hygiene matters, I am

Yours very truly,

JOHN A. FERRELL

Doctor George H. Bigelow
State Department of Health
Boston, Massachusetts.

JAF:WEH

JUL 23 1935

met	JUL 21 '32	Not
JAF	JUL 22 '32	gaf
JFR	JUL 26 '32	W
JAF		W
Wet		W

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Mental health

July 21, 1932.

Dear Doctor Peters:

I thank you very much for the information contained in your letter of July 18th, regarding mental hygiene activities in Cincinnati, and for the enclosed diagram furnished by Doctor North.

Next time I go to Cincinnati, I shall call at your office, with the hope that we may further discuss matters pertaining to health, including mental hygiene.

Very truly yours,

JOHN A. FERRELL

Doctor William H. Peters
City Board of Health
Cincinnati, Ohio.

JAF:WEH

JUL 23 1935

900
Mental health

July 28, 1932.

Dear Doctor Bachmeyer:

I greatly appreciate your letter of July 19th and the enclosure. Doctor Russell and I have read them with interest and this fall will give further consideration to the subject of mental hygiene, and in doing so, consider with your letter the diagram enclosed with Dr. Peters' letter. Whether or not we shall be in a position to be of any aid we do not know just now.

Very truly yours,

JOHN A. FERRELL

Doctor Arthur C. Bachmeyer
School of Medicine
University of Cincinnati
Cincinnati, Ohio

JAF:WEH

AUG 26 1932

0100

Mental Health

FORM 106

THE ROCKEFELLER FOUNDATION
INTER-OFFICE CORRESPONDENCE

	FFR	8-24-32	III	
	NST	AUG 26 32	NST	

August 14, 1932.

Memorandum by Dr. Heiser re:

MENTAL HYGIENE

Had extended discussion with Dr. Frederick Peterson; he is more emphatic than ever that knowledge with regard to the prevention of mental diseases, outside of the infections like malaria and syphilis, has not proceeded sufficiently far to warrant a program of application; he even questions whether the work of the American Mental Hygiene Association has had much influence in promoting better care of the insane; he states this movement was already well established before the A.M.H.A. came upon the scene; he would like to see additional research into mental hygiene, and has some definite suggestions as to what fields might be explored; he is very critical of the Institute of Human Relations at Yale and greatly impressed with Abraham Flexner's criticism; he states that Adolph Meyer of Baltimore constantly expresses apprehension that the claims in behalf of the so-called mental hygiene movement are much greater than the facts justify.

0
V.G.H.

VGH:WH

900
Mental health

DATE September 13, 1932.

RECEIVED FROM J. A. Ferrell
W. H. Frost

SENT TO

RELATING TO enclosed letters from Dr. Preston which are self-explanatory. Gratified
to know that he was interested and ready to cooperate in a mental
hygiene project.

WILL BE FOUND WITH 200
JHU
Frost

100
Mental Health

DATE May 24, 1933

RECEIVED FROM LKF Memo

SENT TO Conference with Dr. Hincks and Mr. Bullis

RELATING TO Dr. H. and B. both outlined their plans for the coming winter and next year involving a concerted effort to enlist all professional associations with any immediate or indirect interest in mental health in a plan whereby one session of their annual meeting and one issue of their journal will be devoted to problems in mental health that are pertinent to that professional group.

Part of plan for making 25th anniversary year of mental hygiene important to many people
WILL BE FOUND WITH

200

National Committee for Mental Hygiene

Hincks

OFFICE OF THE MINISTER



DEPARTMENT OF PUBLIC HEALTH

Charlottetown,
Prince Edward Island,
July 18, 1933.

Dr. John A. Farrell,
Rockefeller Foundation,
61 Broadway,
New York, U. S. A.

Dear Dr. Farrell:

A couple of weeks ago I learned through Dr. J. G. FitzGerald of Toronto of your very generous offer of a Fellowship in Public Health for some doctor from this Province on our recommendation.

I have discussed the proposition with several recent graduates and I placed the matter before the Annual Meeting of the Medical Association held last Friday.

It does not seem to me that there will be any candidates this year. If any application comes to me, I will have it forwarded immediately and perhaps at some other time we may be in a position to take advantage of your generous offer.

Now, I would like if you could give me a little information on another point. About a year and a half ago our Provincial Mental Hospital was destroyed by fire. At the present time our patients are being provided for in temporary buildings. Owing to the seriousness of our financial condition last winter, we were only granted enough money by the Legislature to complete one wing of our proposed system of several units, and it seems to me that it will be some years before we can make adequate provision for the proper care of our mental patients.

What I would like to know is this. Does your Corporation assist in any way the development of a Mental Hygiene Programme in any part of Canada? Our Island with its

100

Mental health

AUG 2 - 1933

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JUL 21 '33

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OFFICE OF THE MINISTER



DEPARTMENT OF PUBLIC HEALTH

Dr. John A. Farrell,

-2-

population of 88,000 composed almost wholly of the four great races - Irish, English, Scotch and French - appears to be an ideal site for an intelligent Mental Hygiene Programme.

I would appreciate very much your advice on the matter as to whether there is any possible way of getting assistance for such a proposal.

Awaiting your reply, I remain

Yours very sincerely,

W. J. P. MacMillan,

MINISTER OF PUBLIC HEALTH.

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RctD

red 100
Mental health
AUG 2 - 1933

July 27, 1933.

Dear Doctor MacMillan:

From your valued letter of July 18th, we note that it is not your intention to file applications for fellowship grants for the approaching school year.

With regard to mental hygiene, the International Health Division has not made definite appropriations, but there has been discussion of some aid to a project which will be strictly research in character. The Foundation itself has, however, carried out the terms of a grant for mental hygiene in Canada instituted by the Laura Spelman Rockefeller Memorial, another organization founded by Mr. Rockefeller. The enclosed abstract from the last Quarterly Bulletin of the Foundation may be of interest to you in this connection.

Very truly yours,

JOHN A. FERRELL

Doctor W.J.P. MacMillan
Department of Public Health
Charlottetown
Prince Edward Island.

JAF:WEN 1E

Canadian National Committee for Mental Hygiene.- In continuation of a five-year grant made by the former Laura Spelman Rockefeller Memorial in 1928, the Foundation has appropriated to the Canadian National Committee for Mental Hygiene the sum of \$60,000, for use over a four-and-one-half year period in support of its program of cooperative research in the social sciences and mental hygiene.

The program of research developed by the Canadian National Committee for Mental Hygiene with the aid of the funds received from the former Laura Spelman Rockefeller Memorial has involved cooperative studies in seven Canadian universities: McGill University, the University of Toronto, Dalhousie University, and the universities of Montreal, Manitoba, Saskatchewan, Alberta, and British Columbia. During the five years of its existence, this program has been under the general direction of the Mental Hygiene and Social Science Research Council, composed of representatives from the universities, selected jointly by the National Committee for Mental Hygiene and the universities. The program has dealt with mental hygiene problems from a broad point of view. Although the problems treated have been approached from a social-scientific rather than a medical angle, there has nevertheless been provision for the fullest possible utilization of the contributions of clinical psychiatry, physiology, and biochemistry. The achievements of the past five years may be summarized, briefly, as follows: It has been discovered that the public school constitutes an entirely practicable setting for longitudinal studies of child development. In the department of preventive medicine at McGill University, it was found possible to integrate the social and mental outlook in dealing with specific problems. At the University of Toronto, a strong department of psychology has been developed that is exerting marked influence throughout the country. Cooperative endeavors in public health and public welfare have been successfully promoted between governments and universities. University centers have been

introduced to research problems that have had the double effect of stimulating and strengthening the social sciences and promoting public welfare. More than twenty persons are now giving their entire time to research under this program and a number of others are participating.

The Foundation's appropriation will be used toward the continuation of the work begun in the seven Canadian universities. It will be available on a conditional basis, in stipulated amounts.

100
Mental health

OFFICE OF THE MINISTER



DEPARTMENT OF PUBLIC HEALTH

Charlottetown,
Prince Edward Island,
August 1, 1933.

OCT 10 1933

Dr. John A. Ferrell,
Associate Director,
The Rockefeller Foundation,
61 Broadway,
New York, U. S. A.

WPA	AUG-7 '33	DATE	
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WPA	SEP 13 '33	WPA	

Dear Dr. Ferrell:

Thank you very much for your
letter of July 27th and your enclosure regarding the
Canadian National Committee for Mental Hygiene.

I felt that probably this
Province did not come within the provisions of the grant
which I see is of a strictly research character, but at
the same time I feel that this Province is an ideal situation
for a scientifically organized mental hygiene programme but,
of course, the big obstacle is the financing of it.

However, I am thankful to you
for your information on this point.

Yours sincerely,

W. J. P. Macmillan

MINISTER OF PUBLIC HEALTH.

LINEEN RECORD
MADE IN CANADA

0100
Mental Health

DATE November 7, 1933.

RECEIVED FROM F. W. Dershimmer

SENT TO V. G. Heiser

RELATING TO attached outline on possible reserach on the effects of the emotions
on certain physical diseases.

WILL BE FOUND WITH 200
Dershimmer

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Mental Health

DATE t-December 1, 1933.

f-November 28, 1933.

RECEIVED FROM F. W. Dershimer

SENT TO " " "

RELATING TO attached outline of possible reserach re cause and transmission
of mental disease.

WILL BE FOUND WITH 200

Dershimer

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Mental health

February 28, 1934.

Dear Doctor Maeder:

From time to time my conferences lead to a discussion of mental hygiene. Up to the present, our Division has not cooperated in any projects, but we have received a number of proposals. I am somewhat confused by the conflicting opinions. Certain propagandists, psychiatrists, and psychologists are urging that communities institute extensive mental hygiene programs. A number of psychiatrists claim that the mental hygiene problem from a community standpoint is extremely important, but they think that a great many individual case studies will have to be made by psychiatrists in the community before a rational program for the community can be formulated. The psychologists who, on a number of points, do not agree with the conservative psychiatrists seem to lean toward instituting community activities in the mental hygiene field.

Since, as I recall, you entered the field of psychiatry following a short period of field training with Doctor Smillie, I should be glad to know something about your work since that time. I should be glad also to have your views regarding mental hygiene. Should it be left for the present to the psychiatrists for further research work? Is enough known to warrant sound community procedures? Should the measures be directed by the health department? If not, what community agency should be in charge?

Thanking you for your views and trusting all is going well with

you, I am

Cordially yours,

Dr. LeRoy M.A. Maeder
311 South Juniper Street
Philadelphia, Pa.

JAF:WEH

JOHN A. FERRELL

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Penn Mental Hygiene Comm
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JUL 23 1935

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Mental Health

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March 4, 1934.			
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John A. Ferrell, M.D.,
The Rockefeller Foundation,
New York City.

Dear Doctor Ferrell:

I was very glad to receive your letter of February 28. It has come at a time when I have been giving much thought to the very matters which you mention.

I have been obliged to delay answer as I am on a trip in Western Pennsylvania and your letter did not reach me immediately. I am at the present writing at the Warren State (Mental) Hospital at Warren, Pennsylvania, and shall be here until March 10 when I return to Philadelphia.

Following my period of training in public health with Dr. Smillie, I immediately entered upon psychiatric work. I was staff physician of the Philadelphia Hospital for Mental Diseases from June 1924 to June 1925, staff physician at the Pennsylvania Hospital for Mental and Nervous Diseases from June 1925 to June 1927 and Superintendent of Fairmount Farm, a private hospital for mental patients, from July 1927 until July 1929. Subsequently I also spent six months at Friends Hospital (for Mental Diseases) in Philadelphia. I then entered upon private practice of psychiatry. In each of the years, 1930, 1931 and 1932 I spent six months in Europe, principally in Vienna, for a personal didactic psychoanalysis and the study of the theory of psychoanalysis at the Vienna Psychoanalytic Institute. During this time in Europe, I also worked at the Vienna Neurological Institute and at the Wagner-Jauregg Psychiatric Clinic of the University of Vienna. Since my return to the U.S.A. in January 1933, I have engaged in the practice of psychoanalysis and psychiatry and in the teaching of psychiatry, mental hygiene and psychoanalysis. This teaching includes courses in the Graduate School of Medicine

of the University of Pennsylvania and didactic orientation courses in psychoanalysis to staff physicians of the Warren and the Allentown State (Mental) Hospitals in Pennsylvania.

Outside of the above clinical and teaching work, I took the regular course in law at the University of Pennsylvania, receiving my L.L.B. in 1927 and have also been Medical Director of the Pennsylvania Mental Hygiene Committee since 1925 and still continue in that position, devoting approximately half of my time to educational and executive and organization duties involved. As the program of the Pennsylvania Mental Hygiene has been very broad during all these years, I have had close working contacts with the principal groups concerned with mental hygiene. We have worked closely with state officials, the Legislature, our state mental hospital system, physicians, social workers and judges, psychiatrists and interested lay groups. Our interests have included child guidance, psychiatric services for penal and correctional institutions, and state and community programs of mental hygiene and an approach to mental hygiene in industry.

The term "mental hygiene" has been and still is used in what appeals to me as two entirely different senses. Failure to differentiate clearly between these two meanings has been detrimental, has confused thinking on the subject, and has in large measure been the cause of failure to agree on a real sound and successful program of mental hygiene.

Historically mental hygiene has meant the early detection, diagnosis, treatment and care of the mentally ill, mentally deficient, epileptic, and mentally abnormal delinquent and penal offender. That this is true, no one can question when one considers that the mental hygiene movement first concerned itself with improved facilities for the care of the mentally ill and deficient, then placed its emphasis on the behaviour problems of children in the child guidance movement and is now launched on what we might call a third stage, the phase of interest in the study of the adult delinquent and penal offender and of the psychoneurotic.

But all these studies and interests deal with the person already sick, maladjusted. The emphasis is entirely on the individual. The leadership and thinking has been predominantly in the hands of medical men, with some help from psychologists and specially trained social workers. This is comparable to what our program against hookworm disease in Covington County, Alabama, would have been if we had contented ourselves with early recognition, detection and treatment of those already infected with the disease, but had done nothing toward preventing others becoming infected.

The second sense in which "mental hygiene" is used relates to the actual prevention of mental disorder and maladjustment. This should, it seems to me, be the true sense of the term. Few people think of mental hygiene in this sense. In this sense of the term it is more than a medical problem, it constitutes a very broad social problem. And all our experience with the mentally ill in hospitals, with child guidance, with psychoneurotics and psychoanalysis supports this view. Medical factors still do play an important part it is true. But too often, from the point of view of the psychiatrist, factors entirely outside the field of medicine, in the social and economic status of the individual, determine the issue. Therefore, any real program of prevention in the field of mental disorders and maladjustment, will have to take into consideration and deal with these other non-medical factors. It will have to concern itself with education, recreation, social and economic conditions, housing, health conditions and other factors in the lives of individuals. The obvious conclusion is that a real mental hygiene program or study must be a community program and study. A community program of mental hygiene will bring results when we succeed in uncovering and dealing with all the factors involved in the production of mental disorder and maladjustment, just as our campaigns against hookworm, malaria and yellow fever, and also against tuberculosis began to produce results when we recognized and began to handle the engineering and social factors involved, as well as the medical factors.

It seems to me, therefore, that if a mental hygiene program in the sense

of real prevention were to be undertaken it would of necessity have to be a broad community program in order to take into consideration and deal with all the pertinent factors involved. It occurs to me that possibly a mixed industrial and farming county unit, with urban and rural population, might be the best venture. It would be essential that it be a typical cross-section of American life and also that it have the resources of a typical community and yet not be too large a political unit, but that full cooperation of all essential groups be assured. I have in mind a particular county in Pennsylvania which might be pretty close to an ideal for this purpose. Such a venture to be a real test would have to be carried out where the population is fairly well enlightened, where industry and labor would be sympathetic, where educational facilities are adequate and fairly modern, where social agencies are pretty well developed, where the medical profession would be cooperative and where we have an enlightened judiciary and county officials.

I do not feel that such a program would have to wait upon a great many individual case studies by psychiatrists. The studies of cases, which would be a part of such program, would have to be made cooperatively anyway by psychiatrists, psychologists, social workers, educators and persons (experts) in the field of industry and labor. Purely psychiatric case studies and psychiatric research pertain more directly to a mental hygiene program in the first sense of the use of the term, "mental hygiene", and therefore should not delay longer the inauguration of a real community mental hygiene program.

I think the time is opportune for such a community mental hygiene program, particularly in view of the present keen interest in social problems and welfare. I also feel that enough is known to warrant sound community procedures. One would, however, have to have the benefit of the experience and thought of the best minds on the subject in working out the scope of the program and procedures. I do not think the health department could successfully direct such a program, since its scope is broader than that of the health department.

I think such a study and demonstration would best be carried out by a representative committee, with the idea of turning the work and responsibility over later to a county welfare board, representative of all interests in the community and with a paid, trained executive staff.

I feel that a program of this sort is most timely now and gives promise of worth while and far reaching results.

With kind regards, I am

Sincerely yours,

(Signed) LeRoy M.A. Maeder.

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Mental health

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March 7, 1934

MAR 23 1934

Dr. W. H. Frost,
Johns Hopkins University School of Hygiene & Public Health,
Baltimore, Md.

Dear Doctor Frost:

I enjoyed my visit with you Monday very much. As I think of our discussion on mental hygiene, the idea is strengthened that the psychiatrist who might work in your health district should have training in and contact with public health service. For twenty years the Phipps Institute has conducted a clinic, but it would seem that the psychiatrist maintained the relationship of physician to patient; at least very little progress has been made from the standpoint of training psychiatrists prepared to operate from the community standpoint and from the standpoint of the health department. Unless the psychiatrist who is to conduct the study of the health district has the public health point of view and is guided by it in his studies, it seems to me that the employment of additional personnel might merely serve to enlarge the present facilities of the Institute. If the psychiatrist could be given the public health point of view and contact with public health service, he might introduce a new approach in Phipps clinic and improve the chances of evolving methods of procedure, which can be conducted by the community services, perhaps the health service.

I am sure this is your opinion, and I think Doctor Freeman shares it, and I merely mention my further reaction now with the thought that in writing up your plan you might want to give a little special emphasis, not only as to objective, but as to the type of personnel and training which would be necessary.

Cordially yours,

John A. Ferrell, M. D.

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Mental Health

March 23, 1934

Dear Doctor Maeder:

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As Doctor McIntosh's letter of March 9, explained, I was absent from New York when your interesting letter of March 4 arrived. I am deeply indebted to you for the full and interesting expression of your views regarding mental hygiene. I shall want to discuss your views with some of my colleagues and it may be that later I shall get in touch with you again.

If you should happen to be in New York at any time, we should be very glad to have you drop in and make us a visit. You seem to have had a most interesting career since your association with our organization.

With cordial good wishes, I am

Yours very truly,

JOHN A. FERRELL

Doctor LeRoy M. A. Maeder
311 South Juniper Street
Philadelphia
Pennsylvania

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Mental health

March 26, 1934.

Dear Doctor Frost:

MAR 29 1934

The day I saw you in Baltimore, March 5th, a letter was received in the New York office from Doctor LeRoy M.A. Maeder of Philadelphia, who started out in public health work with us and later decided to go into mental hygiene. I asked him for his views about the field, how the work should be carried on, et cetera. Herewith enclosed is a copy of his letter. I should be glad to have your reactions.

Cordially yours,

JOHN A. FERRELL

Doctor W.H. Frost
School of Hygiene and Public Health
615 North Wolfe Street
Baltimore, Maryland.

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STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
TRENTON

MAY 16 1934

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Mental Health

April 23, 1934.

Rockefeller Foundation,
61 Broadway,
New York City.

Dear Sirs:

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before used for filing

I am sending you a program of the Mental Hygiene Conference that we are holding at the Hotel Cumberland in Bridgeton on May 11, 1934.

This conference is primarily for child hygiene and school nurses to assist them to give more competent advice to mothers in parent-child relationships and the development of good behavior patterns. The conference will be conducted by some of the outstanding psychiatrists of the State and I thought you would be interested in knowing the kind of instruction the nurses are receiving.

We will, of course, be very pleased if you find it convenient to attend this conference.

Very truly yours,

Julius Levy
Julius Levy, M. D.,
Bureau of Child Hygiene

JL-T
Incl.

STATE DEPARTMENT OF HEALTH
BUREAU OF CHILD HYGIENE
REGIONAL CONFERENCE FOR NURSES

Hotel Cumberland
Bridgeton, New Jersey.

Arranged jointly by the Division of Physical and
Health Education of the New Jersey State Department
of Public Instruction and by the Bureau of Child
Hygiene of the New Jersey State Department of Health.

Friday, May 11, 1934

Dr. Julius Levy, Presiding.

MORNING SESSION

Hour	
10:00 -	The Influence of Family Situations on Children - Dr. J. Q. Holsopple, Chief Psychologist, New Jersey State Hospital.
11:00 -	Desirable Attitudes toward Health and Sickness - Dr. Bruce B. Robinson, Psychiatrist, Department of Child Guidance, Newark Board of Education.

AFTERNOON SESSION

1:30 -	Habit Training in Early Years - Dr. James S. Plant, Director, Essex County Juvenile Clinic.
2:15 -	How Can We Help Children to Acquire Good Social Habits Dr. Earl W. Fuller, Director, Northern New Jersey Mental Hygiene Clinics.

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Mental Health

JUN 9 1957

SELECTED READINGS IN MENTAL HYGIENE

1. The attached bibliography does not include everything on mental hygiene available in the Rockefeller Foundation Library, but it does contain a representative collection especially of books on this subject. The volumes have been classified under general headings to facilitate getting information on any subject in which the reader may be interested.

2. The brief annotations accompanying each volume are written from the librarian's point of view for the purpose of further facilitating the task of making an intelligent choice. For a considerable number of brief but illuminating evaluations we are indebted to Mr. L.K. Frank.

3. No attempt has been made to list articles rather than books. The Library can lay its hands on hundreds of articles on many phases of mental hygiene, many of them constituting articles found in the regular periodicals in this field. Some are available as reprints.

4. A list of mental hygiene periodicals is included in the pages that follow. The annual output of periodical literature is classified in the Psychological Index much as medical literature is classified in the Index Medicus. Anyone interested in consulting articles on any subject can easily be furnished a special bibliography, compiled from the Psychological Index and other sources. The National Committee for Mental Hygiene has many such lists already prepared. (Consult HvW.)

5. To obtain any of the works here listed detach the check list found at the end of this bibliography, mark the volumes you desire, return to HvW, and the books will be routed to you. If you don't see the item you want, write a note, and every effort will be made to obtain the volume by borrowing or otherwise. Further suggestions from the officers on any volume that should be added to the Library will receive prompt attention.

6. All volumes listed and not out have been arranged for display on shelves in the Information Service, Room 2629, where the services of a librarian familiar with this material are available.

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SELECTED READINGS IN MENTAL HYGIENE

Autobiographical Studies

1. BEERS, Clifford W.

A Mind that Found Itself. An Autobiography. 399 pages. Revised Edition. 1931. Doubleday, Doran & Company, Inc. Garden City, N.Y.

This is the "Uncle Tom's Cabin" of the mental hygiene movement. Stirring account of a Yale graduate, who became insane, recovered, wrote up his experiences in various insane asylums, became an inspirational force and one of the leaders in the new mental hygiene movement. The final section of the book contains a brief account of this movement. The first edition was published in 1908.

2. HILLYER, Jane

Reluctantly Told. 205 pages. 1927. The Macmillan Company, New York.

Gripping self-story of another mental case much worse than that of Mr. Beers. The interest of this book centers around the long uphill climb to recovery, and contains no plea for the improvement of hospitals. The restraints practised were only too necessary. There is an introduction by Dr. Joseph Collins, the author of "The Doctor Looks at Life," etc.

3. KING, Marian

Recovery of Myself. The Patient's Experience in a Hospital for Mental Illness, with a Preface by Adolf Meyer. 148 pages. 1931. Yale University Press. New Haven.

A milder story in the form of the diary of a young girl who was sent to a sanatorium after she had tried to commit suicide with an overdose of veronal. Tells of the wise and up-to-date treatment by which she was cured of the drug habit and enabled to once more build up a completely wholesome personality. Nothing but praise for the sanatorium.

Psychiatry

4. MURPHY, Gardner (Editor)

An Outline of Abnormal Psychology. 331 pages. 1929. The Modern Library.

A small handbook for the general reader, with articles written by experts and covering all the main phases of the subject. Excellent historical matter briefly presented. Anyone who has read one of the above novel-like autobiographies will be ready for a brief exposé of psychiatry such as is found in any of the volumes in this section.

5. HART, Bernhard

Psychology of Insanity. 176 pages. 4th Edition. 1930. Cambridge University Press.

One of the short classics in this field.

6. WHITE, William Alanson
Outlines of Psychiatry. 345 pages. 7th Ed. 1919. Nervous & Mental Diseases Publishing Company, Washington, D.C.

A standard text on psychiatry by the head of St. Elizabeth's Hospital in Washington, D.C. The author was one of the earliest American psychiatrists to adopt psychoanalytic conceptions and methods. Has published many other books.

7. CAMPBELL, C. MacFie
Present Day Conceptions of Mental Disorders. 1924. 54 pages. Harvard University Press.

Written by one of the leaders in the American school of psychiatry, representing a revolt against the Kraepelin school with its exclusive emphasis on somatic or organic factors.

The Mental Hygiene Movement

8. WILLIAMS, Frankwood E.
Mental Hygiene. Reading with a Purpose Lists. No. 16. 43 pages. 1929. Published by the American Library Association. Chicago.

The simplest kind of an introduction to mental hygiene as a social movement. Used in libraries for general readers who ask for information on this subject. The author recommends a number of books for further reading, all of which are listed at one place or another among the items that follow.

9. GROVES, E. R., and P. BLANCHARD
Introduction to Mental Hygiene. 467 pages. 1930. Henry Holt & Co.

A slightly fuller account for the general reader. Without going into the underlying science of psychology this volume discusses the relation of mental hygiene to a great many related movements.

10. AMERICAN FOUNDATION FOR MENTAL HYGIENE
Twenty Years of Mental Hygiene, 1909-1929. 259 pages.

A paper covered volume more in the nature of a substantial pamphlet. Containing specific account of the program carried out by the National Committee for Mental Hygiene. The title is taken from an article contributed by Dr. C.-E.A. Winslow. Selected bibliography and outline of the proposed program for the First International Congress on Mental Hygiene which has since been held in 1930 and on which reports are beginning to come out.

Mental Hygiene and Social Work

11. WILLIAMS, Frankwood E., and others.
Social Aspects of Mental Hygiene. 214 pages. 1930. Yale University Press.

A series of addresses dealing with outstanding features of mental hygiene as a social problem. Six lecturers were invited to present to the students of Yale University in simple and untechnical form a résumé of the field of mental hygiene. This book was the result.

12. DAVIES, Stanley Powell
Social Control of the Mentally Deficient; with foreword by Frankwood E. Williams. (Crowell's Social Science Series) 389 pages. 1930. Crowell.

A recognized volume on the methods and procedures for the care of mental defectives. Gives a history of the efforts made to study this problem. Published in 1923 under the title of "Social Control of the Feeble-Minded." Advocates training colonies and colonization. Written from the point of view of the sociologist.

Mental Hygiene -- Personal Application

13. MENNINGER, Karl Augustus
Human Mind. 477 pages. 1930. Knopf.

Readable and comprehensive discussion. This book is frequently mentioned as the mental counterpart of Dr. Logan Clendening's "The Human Body," and has also been compared to "The Way of All Flesh." Follows the case history method. There is not a great deal of theory. Highly recommended by Dr. William A. White as a good book for the layman.

14. JACKSON, Josephine A. and Helen M. SALISBURY
Outwitting Our Nerves. 402 pages. 1921. Century.

An unusually successful attempt to make clear the meaning of the worries and anxieties, the fears, compulsions, and unreasonable impulses that grip all too many of us. Shows how to deal with these handicaps and thus promote both our own happiness and the happiness of those who come in contact with us.

15. RIGGS, A.F.
Just Nerves. 87 pages. 1922. Houghton, Mifflin Co., N.Y.

A good illustration of the helpful handbooks that doctors are writing for the layman. Gives sane advice on how to keep from losing your temper, how to prevent nervousness and how to hold yourself on a level key emotionally. The underlying theory is that of psychoanalysis.

16. STRECKER, E.A. and K. E. APPEL
Discovering Ourselves. A View of the Human Mind and How It Works. 306 pages. 1931. Macmillan.

Another exposition of psychoanalysis written in popular style for the layman. Discusses mental conflicts, complexes, retrogressions, rationalization, sublimation and other Freudian ideas. The value of the book lies in its extreme simplicity of presentation and in its emphasis on the therapeutic rather than the theoretical aspects of psychoanalysis.

17. BOUSFIELD, Paul
The Omnipotent Self. A Study in Self-Deception and Self-Cure. 183 pages. 1923. E.P. Dutton & Company.

One phase of psychoanalysis, Narcissism, developed with great clarity and logic. The whole of life is conceived as a gradual process of divesting ourselves of the feeling of omnipotence that we are born with and thus gradually adjusting ourselves to the hard knocks of reality. Although strongly psychoanalytical in theory, there are many practical flashes of common sense.

Studies of Personality

18. STOCKARD, C.R.
The Physical Basis of Personality. 320 pages. 1931. W.W. Norton Co.

Emphasis on physical structure other than the brain. Full account of the mechanism of heredity and of the various glands affecting personality. The author's hobby is the cross-breeding of different kinds of dogs. From these and similar experiments he draws important psychological conclusions, all based on sound laboratory work.

19. KRETSCHEMER, E.
Physique and Character. 266 pages. 1925. Harcourt.

A volume by the leader of the German constitutional school which has had considerable influence all over the world as indicating the combined study of body build and personality developments.

Mental Hygiene of Children - General

20. GESELL, Arnold L.
The Guidance of Mental Growth in Infant and Child. 322 pages. 1930. Macmillan.

The age of the child has been called the golden age for mental hygiene because preventive work in this field is best started early. This book is a collection of papers originally written for the general public. Contains historical matter and a full exposition of the author's views.

21. GESELL, Arnold L.
Infancy and Human Growth. 418 pages. 1928. Macmillan.

Deals with the development and maturation of infants. Embodies technique of efforts to work out a method of developmental supervision largely on the side of intelligence and motor coordination. The progressive unfolding of intelligence. Clear presentation because the author deals with concrete cases and materials.

22. THOMAS, Wm. I. and Dorothy S. THOMAS
The Child in America. Behavior Problems and Programs. 601 pages. 1929. Knopf.

Valuable study of various plans dealing with maladjustments among children. Good account of how thinking in this field has undergone successive modifications. Includes much case material. The first systematic attempt to evaluate work of sociology and social psychology of the last twenty years in the field of child behavior. Conclusions are carefully stated. A standard reference book.

23. FREUD, Anna
Introduction to the Technic of Child Analysis. Authorized Translation supervised by L. Pierce Clark. 59 pages. 1928. Nervous and Mental Diseases Publishing Co.

A statement of procedures to be employed in the analysis of children. The book is written by the daughter of the famous psychoanalyst, Freud, who

does not hesitate to depart occasionally from the classic doctrines of her father. Said to be the first book on the subject of child analysis. A small volume containing four lectures.

24. BUHLER, Karl

Mental Development of the Child; a Summary of Modern Psychological Theory; Translated from the Fifth German Ed. by Oscar Oeser. (Int. Lib. of Psychology, Philosophy and Scientific Method.) 170 pages 1930. Harcourt.

The book is designed for the psychologist, parent and teacher. The author is professor of psychology at the University of Vienna. Contains experiments such as any intelligent person might conduct without danger to the child. Formulates problems of research. Discussion of progress in various forms of child activity.

25. KIRKPATRICK, Edwin A.

Fundamentals of Child Study. A Discussion of Instinct Trends and Other Factors in Human Development with Practical Applications. 410 pages. 4th Ed. 1929. Macmillan.

Thorough discussion of instincts and other factors in child development. Good for use by parents and teachers. Emphasizes rational instead of traditional treatment.

26. STRANG, Ruth May

Introduction to Child Study. 550 pages. 1930. Macmillan.

One of the most successful attempts to supply accurate information on child growth and welfare for parents and teachers. Child life divided into six major periods emphasizing our knowledge of the behavior of normal children. Includes objective tests.

27. KENWRICK, E. and M. KENWRICK

The Child from Five to Ten. Interests and Problems of Early Childhood. 299 pages. 1930. Dutton.

Discusses various types of children and such subjects as self assertion, free movement, language and play. Shows how play can be gradually transformed into work.

28. CHADWICK, M.

Difficulties in Child Development. 411 pages. 1928. Day.

The author is a child psychoanalyst of London. Non-technical description of the psychoanalytic point of view, as applied to the training of children. Extensive bibliography.

29. ADLER, A.

The Education of Children. (Trans. by E. and F. Jensen) 309 pages. 1930 Greenberg, N.Y.

Popular treatment from the standpoint of individual psychology. Discusses superiority striving, inferiority complex, position in family, adolescence and sex education and similar subjects. Contains a questionnaire for the understanding and treatment of problem children. Also a number of case histories.

30. WICKES, Frances G.

The Inner World of Childhood. A Study in Analytical Psychology, with an Introduction by Carl G. Jung. 379 pages. 1930. D. Appleton & Co.

Written by an ardent disciple of Jung, acquaintance with whose views is taken for granted. Delicate sympathy for unusual children. For example, on the dreams of children and on the complicated family problems among which so many children grow up.

The Preschool Child

31. THOM, Douglas A.

Everyday Problems of the Everyday Child; with an Introduction by Grace Abbott. 349 pp. 1928. Appleton.

One of the standard text-books, embodying many years' experience in the conduct of habit clinics for preschool children in Boston. Likely to become a standard handbook. Sensible, authoritative, readable discussion of the mental life of children as it affects their physical and social well-being.

32. JOHNSON, Harriet M.

Children in the Nursery School. 325 pages. 1928. Day.

Strongly emphasizes the need for the child to integrate his experiences without coercion or undue interference by adults. The author is director of one of the first nursery schools in this country for children between the ages of 14 months and 3 years. Helpful and concrete statistics.

33. FOSTER, Mrs. J. (Curtis), and Marion L. MATTSON

Nursery School Procedure. (Appleton Ser. in Special Methods). 220 pages. 1930. Appleton.

Based on the experience of the Minnesota Institute of Child Welfare Research. Deals with the organization and administration of nursery schools. Their relation to the home and to the Kindergarten. The book is well organized and easily read.

34. ARLITT, A.H.

The Child from One to Six. 185 pages. 1930. McGraw-Hill.

A Practical treatment of child behavior designed for parents. Short paragraphs and simple phraseology. Occupations for the preschool child and list of toys. Brief references at the end of each chapter. Contains frequent references to Watson and the subject of conditioning.

35. FOREST, Ilse

Pre-School Education. 413 pages. 1927. Macmillan.

A comprehensive review of the literature and the theories of preschool education.

The Child and the School

36. RUGG, Harold O. and A. SCHUMAKER

Child-Centered School; an Appraisal of the New Education. 359 pages. 1929. World Book.

Interesting and readable discussion of recent developments in progressive education. Outcome of ten years of study and observation of modern scientific theory and practice of education. The authors are on the faculty of the Lincoln School. First attempt to discuss this development as a whole and bring out its philosophic and psychological basis and give a clear statement of principles. Discusses many modern schools. Gives a classified bibliography.

37. WICKMAN, E. Koster

Children's Behavior and Teachers' Attitudes. 247 pages. 1929. Commonwealth Fund.

An adequate piece of research especially of interest to teachers. Attempts to deal scientifically with some of the problems of the 26,000,000 boys and girls in our public schools. Contrasts the attitudes of teachers with those of mental hygienists and offers a program for teacher training.

38. IRWIN, Elisabeth and Dr. MARKS

Fitting the School to the Child. 339 pages. 1924. Macmillan.

A report on an experiment in a New York public school where the authors had an opportunity to modify the school procedure and curriculum in the interests of the child and his rounded development.

39. WASHBURN, Carlton and STEARNS

New Schools in the Old World.

This is a report of some educational experiments in Europe which were visited by the authors. It gives a picture of the efforts being made in different countries to break through educational traditions and limitations.

40. MORGAN, John J.B.

Psychology of the Unadjusted School Child. 300 pages. 1924. Macmillan.

This is a rather careful analysis of the more frequent sources of maladjustment in school children which are more or less neglected in the classroom until they become too difficult to be further ignored.

Parents and Children

41. VAN WATERS, Miriam

Parents on Probation. (New Republic Dollar Books) 333 pages. 1928. New Republic.

Factors involved in adolescent conflicts with family or community. Readable presentations by the referee of the Juvenile Court in Los Angeles. The family is placed in historical perspective. Parents who never read a sociological book will find this one valuable because of its practical advice. Contains a great deal about the mistakes that parents make.

42. BLATZ, William E. and Mrs. Helen BOTT

Parents and the Pre-School Child; with a foreward by Sidonie M. Gruenberg. 340 pages. 1929. Morrow.

One of the best volumes written for parents. Gives insight into the sources of parent-child conflicts. The emphasis is on the prevention, not the cure of abnormalities. Style is somewhat obscure.

The Problem Child

43. SAYLES, Mary B. and H.W. NUDD

The Problem Child in School. Narratives from Case Records of Visiting Teachers. 288 pages. 1927. The Commonwealth Fund.

A good illustration of the excellent detailed studies that are being made in this field. Describes specific cases.

44. SAYLES, Mary B.

Problem Child at Home; A Study in Parent-Child Relationships. 342 pages. 1929. Commonwealth Fund.

Discusses parent-child relationships. Embodies good common sense views. Every growing child is more or less of a problem child and a book like this can be read with profit by almost any parent. The material is taken from 200 case records in clinics conducted during a five-year period.

45. HEALY, William, and others.

Reconstructing Behavior in Youth; A Study of Problem Children in Foster Families. 334 pages. 1929. Judge Baker Foundation Publications. Knopf.

Gives somewhat pessimistic view of what can be done by juvenile courts and child guidance clinics. Based on experience in child guidance with delinquents in Chicago. A nine-year study of the effects of foster-home care, sponsored by the Judge Baker Foundation. Careful and interesting study.

Adolescence

46. WILLIAMS, Frankwood E.

Adolescence; Studies in Mental Hygiene. 279 pages. 1930. Farrar.

A series of essays by the former Director of the National Committee for Mental Hygiene. Part II points out the aspects of personality development largely neglected and ignored in the education of adolescents. Highly recommended by Menninger as understandable, authoritative and convincing.

47. DELL, Floyd

Love in the Machine Age; a Psychological Study of the Transition from Patriarchal Society. 428 pages. 1930. Farrar.

A very readable presentation of thoroughly sound material by a well known novelist who is concerned with the frustration and warping of wholesome, natural impulses in adolescents. He presents in a very cogent fashion the damage that is done to young men and women by the interference and coercion of parents and other guardians of youth.

48. MEAD, Margaret

Coming of Age in Samoa; A Psychological Study of Primitive Youth for Western Civilization. Foreword by Franz Boas. 297 pages. 1928. Morrow.

This is an interesting report of the life of the adolescent in Samoa, showing a totally different picture of personality development under cultural conditions that obviate the usual adolescent conflicts of Western youth. This might be read as a companion volume to "Love in the Machine Age."

49. MEAD, Margaret
Growing up in New Guinea; A Comparative Study of Primitive Education.
372 pages. 1930. Morrow.

Sociological investigation of youth in a primitive community. Comparisons with education in America. Illustrated with photographs. Said to be even more interesting than her book on Samoa.

50. VAN WATERS, Miriam
Youth in Conflict. 293 pages. 1925. Republic Publishing Co.

Readable presentation by the referee of the juvenile court in Los Angeles of the factors involved in the adolescent's conflicts with his or her family or with the community.

Studies of Marriage

51. HAMILTON, G. van T. and K. MACGOWAN
What is Wrong with Marriage. 319 pages. 1929. Boni.

A clinical study of 100 married men and 100 married women to show some of the factors at work in personality and sex adjustment in marriage. A careful compilation of the answers given to a great number of questions. The results obtained from research of this sort are said to be much better than any amount of second-hand generalization. Represents a debunking of some of the mysteries of marriage.

52. DAVIS, K. B.
Factors in the Sex Life of Twenty-Two Hundred Women. 430 pages. 1929. Harper.

Questionnaire, tabulations, correlations and suggestions for interpretation. The topics discussed include the use of contraceptives, frequency of intercourse, happiness of married life, masturbation, periodicity of sex desire and reasons for non-cooperation. A bibliography of 37 items. A bringing together of the extensive investigations of the sex life of women, both pre-marital and marital.

Introduction to Psychology

53. WELLS, H. G., J. S. HUXLEY, and G. P. WELLS
The Science of Life. 1931. Vol. 2. pages 1200 to 1410. Doubleday, Doran & Company, Inc.

Two hundred pages in the second volume of this work contain an excellent and up-to-date introduction to psychology, the science underlying mental hygiene. The approach is from the biological point of view.

54. RUCKMICK, Christian A.
The Mental Life; A Survey of Modern Experimental Psychology. 253 pages. Longmans. 1928.

This is a hard-headed history of psychology with the emphasis entirely on laboratory work, careful measurement, and the sort of methods that are employed in experimental psychology.

55. BURNHAM, William H.

Normal Mind: An Introduction to Mental Hygiene and the Hygiene of School Instruction. 702 pages. 1926. D. Appleton & Co.

An exceedingly sane and balanced discussion of the problem of mental hygiene from the viewpoint of an educational psychologist. This volume can be strongly recommended as the work of a mature mind that has reflected on the development of personality without being exclusively preoccupied with problems of maladjustment and pathology.

History of Psychology

56. BRETT, George Sidney

A History of Psychology. Volume I. Ancient and Patristic. 388 pages. 1912; Volume II. Mediaeval and Early Modern Period. 394 pages. 1921; Volume III. Modern Psychology. 322 pages. 1931. Macmillan.

Standard work on the early history of psychology, carrying the whole story in great detail down to the nineteenth century. An indispensable reference book. Discussion of relation between psychology and other phases of human thought, including science.

57. MURPHY, Gardner

An Historical Introduction to Modern Psychology. 470 pages. 2nd Ed., 1930. Kegan Paul.

Brings Brett's "History" up to date. Full account of all the work done in the last two hundred years. An historical volume of this kind is the best possible introduction to a serious study of psychology. Not easy reading, but extremely valuable for information on any particular school or author.

58. MURCHISON, Carl (Editor)

Psychologies of 1930. 497 pages. 1930. International University Series in Psychology. Clark University Press.

Technical summaries by the authors of the leading schools in psychology. A similar volume was published in 1925. Brings the history of psychology up to the minute. The only place where one can find in English a good exposition of the very active Russian school in psychology.

59. BORING, Edwin G.

A History of Experimental Psychology. 670 pages. 1929. The Century Co.

The book is recommended for scientists in other fields who want to learn something of psychology. Covers the entire historical field, with emphasis throughout on experimental work. Includes accounts of Helmholtz, Wundt, Ebbinghaus, Kraepelin and others. Boring himself is a disciple of Titchener.

Studies of the Emotions

60. LUND, F. H.

Emotions of Men. Whittlesey House. McGraw-Hill. 348 pages. 1930.

One of the most important phases of modern psychology is the renewed study of the great role played by emotions. This book is a good introduction to this phase of the subject. How emotions shape our beliefs, the physical basis of our emotions, and what we get out of art, are some of the subjects taken up.

61. DENISON, J.H.

Emotion as the Basis of Civilization. 555 pages. 1928. Scribner's.

Shows the significant part played by emotions especially religious emotions in human history. Discusses various types of government. Develops a modern theory of democracy. The book reads like history but is really a psychology.

Social Psychology

62. MCDOUGALL, William

An Introduction to Social Psychology. 20th Edition. 1926. Methuen.

Human action is governed not so much by reason as by primitive urges. Develops a theory of instincts. Analyzes the constituent parts of human nature acted upon by social situations. This book has been enormously popular.

63. ALLPORT, F.H.

Social Psychology. 1924.

Envisages the entire field of social psychology in terms familiar to the experimental psychologist and the psychiatrist.

Behaviorism

64. PAVLOV, I.P.

Conditioned Reflexes. An Investigation of the Physiological Activity of the Cerebral Cortex. 430 pages. 1927. Oxford University Press.

A standard text-book by the great Russian psychologist, whose work on conditioned reflexes forms the basis of some recent developments in psychology, including behaviorism.

65. WATSON, John B.

Behaviorism. 308 pages. 1930. Revised Edition. W.W. Norton & Co.

A new edition of the standard work on this subject written by the foremost American exponent of this view.

Gestalt Psychology

66. KOHLER, Wolfgang

Gestalt Psychology. 403 pages. 1929. Liveright.

A readable and penetrating critique of the psychological theories that have dominated psychological study and thinking during the past thirty years. The author is professor of psychology in the University of Berlin. Other

proponents of this school are Koffka and Wertheimer. Deals with the relation of sensations and their distortion due to the presence of sensations from other fields. Establishes a theory of psychological relativity.

Mental Tests

67. WELLS, Frederic Lyman

Mental Tests in Clinical Practice. (Measurement and Adjustment Ser.)
315 pages. 1928. World Book.

Handbook outlining standard tests. Based upon long clinical experience of the author who shows the limitations and pitfalls likely to beset the inexperienced examiner. The author has for many years been Director of the Psychological Laboratory at the Boston Psychopathic Hospital. Frank recognition of limitations of mental testing.

68. THORNDIKE, Edward L. and others

The Measurement of Intelligence. 1927. Teachers College, Columbia University.

A comprehensive volume on the theory and practice of intelligence testing by one of the leading psychologists in this field.

Psychoanalysis

69. HEALY, Wm., Augusta F. BRONNER, and A.M. BOWERS

Structure and Meaning of Psychoanalysis as Related to Personality and Behavior. Judge Baker Foundation. 482 pages. 1930. Knopf.

Careful analysis of the ideas and conceptions of psychoanalysis as expounded by Freud and others. A systematic epitome of analytic theories without evaluation or comment. On the left hand pages are given the orthodox theories of psychoanalysis and on the right hand in smaller type valuable notes offering divergencies of theory or practice. There is a full index. It is a literary compilation, prodigious in scope, a Baedeker of the whole psychoanalytic movement. Not suitable as an introduction but valuable if you start with page 1 and keep at it.

70. FREUD, Sigmund

Civilization and Its Discontents. Authorized Translation by Joan Riviere. International Psycho-Analytical Library. 144 pages. 1930. Cape.

The latest volume by Dr. Freud dealing with the seemingly unavoidable mental stresses imposed by social restraints upon the individual. The book is written with remarkable lucidity. Three main barriers to happiness; limitations of the body, of natural forces, and of our fellowmen. As a result we are driven to the remedies of other diversions or interests, such as science, art, or even drink. Contains brief summary of all Freud's detailed work.

Foundations and Societies

National Committee for Mental Hygiene, Inc.
450 Seventh Avenue, New York City, N.Y.

The secretary is Clifford W. Beers. Organized 1909. Promotes the mental hygiene movement. Publishes Mental Hygiene quarterly (1917 -), and Mental Hygiene Bulletin monthly (1923 -).

The Commonwealth Fund,
57th Street and Madison Avenue,
New York City, N.Y.

Established 1918. By gift from Mrs. Stephen V. Harkness. Works in the field of child hygiene, health and education, with emphasis on mental hygiene and child guidance. Active in the establishment of child guidance clinics. Activities in this field center around the Institute for Child Guidance, 145 East 57th Street, established 1927. Offers fellowships and also training in psychiatric social work. Important publications in mental hygiene issued by its Division of Publications.

Child Study Association of America,
54 West 74th Street,
New York City, N.Y.

Directed by Mrs. S.M. Gruenberg. Organized in 1888, to secure information on methods of child study and their practical application. Conducts conferences and lectures. Publishes Child Study monthly, October to July.

Judge Baker Foundation,
40 Court Street,
Boston, Massachusetts.

Incorporated in 1917 for the better understanding of juvenile delinquents. Studies the causes of delinquency and has furnished a stimulus to the child guidance movement. The directors are Dr. William Healy and Augusta F. Bronner.

White House Conference on Child Health and Protection

Held at Washington, D.C., November 19-22, 1930. There are available two United States Daily Supplements (November 28, 1930 and April 6, 1931) giving many of the speeches. Many mimeographed volumes embodying preliminary reports are also coming in, including reports of the subcommittee of Section I, Child Growth and Development, which present a critical review of the research work done in child growth and development.

Periodicals on Psychology and Mental Hygiene

*Mental Hygiene, Albany, N.Y. Published by National Committee for Mental Hygiene, Inc. A quarterly journal.

*Mental Hygiene Bulletin, Albany, N.Y. Published by National Committee for Mental Hygiene, Inc. A monthly journal.

*Psychological Abstracts, Princeton, N.J. Aims to give a brief outline of all important articles from all countries in the world under the rubrics followed in the Psychological Index.

*Psychological Index, Princeton, N.J. Lists each year all the available publications found in psychology and affiliated subjects.

*Indicates that Foundation Library keeps file.

Periodicals on Psychology and Mental Hygiene (Continued)

*Psychological Review, Princeton, N.J. Is devoted largely to questions of general or historical import.

*Psychological Bulletin, Princeton, N.J. Gives authoritative summaries of experimental and theoretical investigations within circumscribed fields.

American Journal of Psychology, Ithaca, N.Y. Is primarily devoted to pure experimental psychology with occasional theoretical discussions.

*Psychiatric Quarterly, Albany, N.Y. Published by State Hospital, Department of Mental Hygiene.

Pedagogical Seminary and Journal of Genetic Psychology, Worcester, Mass. Discusses genetic differential and child psychology.

Journal of Experimental Psychology, Princeton, N.J. Confines its materials largely to experimental investigations.

Abnormal Psychology and Social Psychology, Albany, N.Y.

The Psychological Clinic, Philadelphia, Pa.

The Psychoanalytic Review, Washington, D.C.

The Journal of Applied Psychology, Bloomington, Indiana.

The Journal of Comparative Psychology, Baltimore, Md.

The Journal of General Psychology, Worcester, Mass. An international periodical.

*Indicates that Foundation Library keeps file.

CHECK LIST

1. Beers - A Mind that Found Itself
2. Hillyer - Reluctantly Told
3. King - Recovery of Myself
4. Murphy - Outline of Ab. Psych.
5. Hart - Psych. of Insanity
6. White - Outlines of Psychiatry
7. Campbell - Present Day Conceptions
8. Williams - Mental Hygiene
9. Groves & Blanchard - Introduction
10. Am. Found. Ment. Hyg. - 20 Years
11. Williams - Social Aspects
12. Davies - Social Control
13. Menninger - Human Mind
14. Jackson & Salisbury - Outwitting
15. Riggs - Just Nerves
16. Strecker & Appel - Discovering
17. Bousfield - Omnipotent Self
18. Stockard - Physical Basis
19. Kretschmer - Physique
20. Gesell - Guidance
21. Gesell - Infancy & Human Growth
22. Thomas & Thomas - Child in Amer.
23. Freud - Introduction to Technic
24. Buhler - Mental Development
25. Kirkpatrick - Fundamentals
26. Strang - Introduction to Child
27. Kenwrick & Kenwrick - Child
28. Chadwick - Difficulties in Child
29. Adler - Education of Children
30. Wickes - Inner World of Childhood
31. Thom - Everyday Problems
32. Johnson - Children in Nursery Sch.
33. Foster & Mattson - Nursery Sch.
34. Arlitt - Child from One to Six
35. Forest - Pre-School Education
36. Rugg & Schumaker - Child-Centered Sch.
37. Wickman - Children's Behavior
38. Irwin & Marks - Fitting Sch. to Child.
39. Washburne & Stearns - New Schools
40. Morgan - Psychol. of Unadjusted Sch.Ch.
41. Van Waters - Parents on Probation
42. Blatz & Bott - Parents & Pre-Sch. Child.
43. Sayles & Nudd - Problem Child in School
44. Sayles - Problem Child at Home
45. Healy - Reconstructing Behavior in Youth
46. Williams - Adolescence
47. Dell - Love in the Machine Age
48. Mead - Coming of Age in Samoa
49. Mead - Growing up in New Guinea
50. Van Waters - Youth in Conflict
51. Hamilton & Macgowan - What is Wrong
52. Davis - Factors in Sex Life
53. Wells - Science of Life
54. Rucknick - Mental Life
55. Burnham - Normal Mind
56. Brett - History of Psychology
57. Murphy - Historical Introduction
58. Murchison - Psychologies of 1930
59. Boring - History of Exper. Psychology
60. Lund - Emotions of Men
61. Denison - Emotion as Basis of Civilization
62. McDougall - Introduction to Social Psych.
63. Allport - Social Psychology
64. Pavlov - Conditioned Reflexes
65. Watson - Behaviorism
66. Kohler - Gestalt Psychology
67. Wells - Mental Tests in Clinical Practice
68. Thorndike - Measurement of Intelligence
69. Healy, Bronner & Bowers - Structure
70. Freud - Civilization & its Discontents

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APR 9 - 1937

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Mental Health

April 8, 1937

Dear Keppel:

I enclose ^ocomment written out before reading Thorndike's suggestions, plus a bracketed passage under item IV which I added after reading Thorndike's comment. I shall be hoping that this is of some use to you.

Yours sincerely,

ALAN GREGG

Dr. F.P. Keppel
The Carnegie Corporation
522 Fifth avenue
New York City

PROGRAM IN MENTAL HYGIENE

- I. I would first ask the probable recipients what books they have found most valuable, compiling either that total list or some arbitrary number of the most frequently mentioned books, and adding some additional titles that seem valuable.

I would send around again a preferred list offering ten books outright and ten more when reviews are returned from professors or possibly advanced students on the first ten sent.

I should think that 100 volumes should be the upper limit and not 400 for the latter number is an embarrassment of entirely dubious riches.

I don't know what the \$200. per institution is needed for. \$3000 for preliminary work of committee on the list seems ample if not luxurious, and \$5000 a year would be better than \$7000 for administration costs. In other words this program could be done for far less than \$278,000 - it could be done well inside of \$100,000.

Two other reasons apply here: namely, too much of the literature of this field will be out of date in five years to make it worth while to spend a considerable sum on the extant wisdom; also the plan suggested involves spending too much before the value of such a project can be even adumbrated.

- II. What was reported to me by Dr. Stanley Cobb at Harvard may possibly have been known to Ryan, namely, that there is a combination of interests and forces in psychiatry and psychology at Harvard, and I believe it includes the department of education, with the purpose to offer some courses in psychiatry and psychology to future school administrators, head masters, and deans of colleges, along mental health aspects of their future positions. They have not wanted to get publicity for this but I think it is a pretty sound group and a sensible undertaking.
- III. This item seems sound eventually but I would use the first two years' funds for travel and a careful inventory of capable persons. In other words make no grants until there is a clear idea of the comparative capacities of persons who are expected to manage such mental hygiene centers.
- IV. I'd use fellowships sparingly - perhaps only in conjunction with Item III and Item VI. It might be unwise to have a set program of fellowships independent of what is shown to be needed and regardless of the question of whether assured positions can be obtained for persons working in fields III and VI and possibly II. (Thorndike's suggestion that it would be a wonderful thing if the present ironclad requirements for a medical degree could be broken down, would meet with an enthusiastic echo from those who would like to have the M.D. degree with a shortcut and from those who would be open to the reassurance of possessing the opportunities to practice medicine in case no teaching position turns up).

- V. Stevenson is sincere, unassuming and well-informed. I don't know enough of this subject to make any sensible comment.
- VI. Seems likely to be inconclusive if done by persons not going into teaching. It would be best to use these periods of observation as part of the fellowship experience or as a part of the regular teacher training in a university.
- VII. Bock, Mayo and Tillotson at Harvard should be added to this list. They have all begun a study of Cambridge, and I think Boston, school boys who are likely to be getting to Harvard later.
- VIII. Such a sized appropriation is generous to the point of encouraging perhaps too much the preparation of material for publication. I'd put this item in Miscellaneous (No. IX) and insist on each case of publication being considered on its merits and prove its case.
- IX. As to the second paragraph I am cold on conferences as they are usually conducted, but I would back individual travel expenses for X, Y and Z to see A, B, C, and D in their own milieus for a friendly and extended talk. We have done some of this substitution for the conference method and I think with real success.
- X. The centralization of this work at a university I should be dubious about. It would be likely to be known as the Chicago Plan, or the Harvard Plan, or the Columbia Plan. It would seem better to me to localize the responsibility, avoid jealousies, learn what is good and what is bad by keeping it in the Carnegie Corporation until such time as it has defined its limits and objectives.

For most of these undertakings five years is too short a time, fifteen is reasonable, and ten a minimum. Though we are patently in the realm of imponderables, it is probably right to point out that it is not easy to define exactly what consistent and permanent progress has been made in mental hygiene as a body of verifiable knowledge in the past 15 years. Many foundations are now interested in mental hygiene. Some have been interested

for some time but still the business of knowing what tangible results have been obtained. So it is hard to feel that five years is enough.

ALAN GREGG

APR 9 - 1937

¹⁰⁰
Mental Health

March 22, 1937

Dear Keppel:

It will be ten days or so before
I have an opportunity to go over the material
you sent me on the Program in Mental Hygiene.
I hope this is not too much of a delay for
you. I want to read this and thank you for
sending it to me.

Yours sincerely,

AG

Dr. F. P. Keppel⁰
Carnegie Corporation
522 Fifth avenue
New York City

JUN 9 - 1937

3/8/37 F

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Mental Health

MENTAL HYGIENE PROPOSALS

(Handed to AG by Mr. Keppel
of the Carnegie Grp. Mar. 8, '37)

(Balance of \$10,000 in this field)

1. Association for Research in Nervous and Mental Disease
(Dr. Sachs and Dr. Pardee)
No specific request from them to be considered.
2. University of Chicago - support of research in epilepsy
(Dr. Wheeler)
Wants \$3600 p.a. for 3 yrs. for completion of her study
3. Columbia University - Establishment of Institute of Human Behavior
(Dr. Frederick Tilney)
Tilney was going to talk with FPK about this, and bring in Dr. Loucks.
4. National Committee on Maternal Health - Dr. Robert L. Dickinson
Support of sex studies
Not particularly live, but FPK said we would keep this before us for possible future consideration - 3/17/36
5. Orton, Dr. Samuel T. -
Support of research unit on language disabilities
Suggested by Miss Betsey Peabody of Groton
6. Chemistry of Lipoids (or Lipids?)
Dr. Hans Clarke gave FPK memo. on this - 11/21/36
Four investigators in U.S. working particularly in field of brain lipids:
 1. Irvine H. Page - Rockefeller Inst.
 2. S. Tannhauser of Boston Dispensary - particularly interested in chemistry of sphingo-myelin. Work well supported, but laboratory facilities definitely limited.
 3. Dr. Rudolf Schoenheimer and Warren M. Sperry, in Lab. of Biological Chemistry of College of P. & S. Active in investigation of the metabolism of cholesterol, the principal lipid of the brain. Macy Fn. has supported part of the work of both of these men, but Clarke understands they wish to terminate this support. Application of Sperry's technique to mental cases might easily supply valuable information.
 4. Dr. W. R. Bloor, Univ. of Rochester - active in investigation of metabolism of the phospho lipids.

Clarke is anxious to see Sperry's work extended, and knows that with the close cooperation available with the Neurological and Psychiatric Institutes, a scientifically profitable program could be developed there.

7. American Neurological Association - Support of research program of Committee for Investigation of Sterilization

\$3,000-3,600 for one year.

Want to study fate of descendants of people in McLean Hospital (people of wealth and social position); also comparative study of descendants of men in Concord Reformatory.

Would need field worker and secretary for these studies.

No similar studies have been made, and the Com. believes that until it is known in what measure crime and ability are linked up with mental disease, eugenic laws are somewhat premature.

8. Richards, Dr. Esther

Support of work in mental hygiene - school research project (I understand she has today sent in a budget for

~~\$10,000.~~ EG)

Budget - submitted 3/5/37:

Psychiatrist -	\$4500
Secretary -	1500
Office equipment	500
2 psychiatric social	
workers	3000
Incidental & Travel	500
	<u>\$10000</u>

100
Mental Health

OFFICE OF THE PRESIDENT

[illegible]

filed under date 3/8/37
ret. to FPI 4/9/37

Sincerely yours,

Frappel

FPK/f

McI	OCT	Max
WHL		WHL

MAR 22 1943

October 8, 1942

Dear Doctor Kolb:

I wish to thank you for the very pleasant and interesting conference at the Cosmos Club last Friday. I was sorry to learn that Doctor Vogel is no longer with the Mental Hygiene Division of the U.S. Public Health Service.

It was my understanding that you would write me quite soon, making any comments you considered in order relative to the studies of mental hygiene we have supported in the Eastern Health District in Baltimore, through the Johns Hopkins School of Hygiene and Public Health, and in a rural area in Williamson County, Tennessee, through the Tennessee State Health Department. I believe you are acquainted with Doctor Paul Lonkau who at present is director of the Baltimore study. He is now in the Army, serving at Walter Reed Hospital, but he retains his residence in Baltimore and is giving some time each week to the project. Other members of the study staff are continuing activities. Doctor W.F. Roth, who for the past five or six years has been director of the Tennessee unit, is in the Navy and I understand is at present located at the Navy Hospital in Bethesda. You might find it of interest to talk with both men, if you should care to do so.

You promised also, I believe, to review the projects which you and your colleagues developed in Kentucky and to describe how they were organized, staffed and financed and what at the present time is being carried on. I shall be glad to know as to the directors who may be continuing work at Lexington or in the other units you mentioned. Moreover, we should be glad to know whether you regard these studies mentioned as giving information and guidance calculated in time to provide state authorities with sound, practicable and effective programs for dealing with the mental hygiene problem, particularly from the preventive or corrective standpoint as contrasted with the institutional care of patients. We discussed Doctor Preston and his Maryland program, and you mentioned a program now under way in New Jersey under Doctor Julius Levy, Director of the State Department of Health's Bureau for Maternal and Child Health.

Dr. Lawrence Kolb

-2-

October 8, 1942

Thanking you to let me have a statement of your views and impressions as to work under way and as to the kind of projects which you think will contribute most definitely from this period on, I am

Cordially yours,

JOHN A. FERRELL

Doctor Lawrence Kolb
Assistant Surgeon General
U.S. Public Health Service
Bethesda, Maryland

JAF:MC

Copy to Dr. L. J. Reed

Pending

100
Mental Health

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MAR 24 1943

October 8, 1942

Dear Doctor Preston:

You will recall, I trust, the interest of myself and our organization in the field of mental hygiene and that about 1933 or 1934 you outlined for me your ideas of what a mental hygiene study, survey or project should be. In Anne Arundel County, when Doctor Janney was health officer, and in one or two other Maryland counties I met nurses or welfare workers who under your supervision keep in touch with former patients in your mental hospitals. Our Division subsequently supported two studies. One was undertaken jointly by the Johns Hopkins School of Hygiene and Public Health and the Phipps Psychiatric Institute and involved a mental hygiene survey in the Eastern Health District of Baltimore which surrounds the institutions mentioned and embraces about 60,000 people. The second project was directed by the Tennessee State Health Department, with the cooperation of the faculty of Vanderbilt Medical School, in Williamson County about a half hour's ride from Nashville. The staff of each study unit has published a number of papers which I trust you have seen. If not, we could supply you with copies.

I should appreciate your opinion as to the value of the studies in the direction of supplying an improved basis for state and local health service in the field of mental hygiene. I should be glad to know from your standpoint what steps you would consider logical in the further development and extension of the Eastern Health District project to the end that it would supply information and guidance of value to yourself and colleagues.

Herewith attached is a reprint of a paper which appeared in the September 1942 issue of the American Journal of Public Health entitled "Relationship of Mental Hygiene to a Local Health Department Program". The Baltimore study was expected to reflect the mental hygiene problem in an urban area and the Tennessee study the problem in a southern rural county. In the light of your very broad experience,

Dr. George H. Preston

-2-

October 8, 1942.

I should be glad to know if you think we are making progress, should the present or other studies be carried on, and what should be the programs, objectives, personnel, etcetera?

Thank you for your opinion of the questions raised. Perhaps before long I may have the pleasure of conferring with you personally.

Yours very truly,

JOHN A. FERRELL

Doctor George H. Preston
Commissioner
State Board of Mental Hygiene
Baltimore, Maryland

JAF:MC
Enc.



COMMISSIONER OF MENTAL HYGIENE
GEORGE H. PRESTON, M. D.

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WAITMAN F. ZINN, M. D.
F. S. ROBERTSON, M. D.

October 19, 1942

Dr. John A. Ferrell,
International Health Division,
Rockefeller Foundation,
49 West 49th Street,
New York, N. Y.

Dear Doctor Ferrell:

I appreciate your sending me the reprint of the Maryland Journal of Public Health, and as soon as I have a chance to go over it in detail, I will write you. At the moment I am so sunk with the problem of trying to keep the hospitals running that I literally have not had time to write. Please do not interpret this delay of mine as lack of interest.

Sincerely yours,

George H. Preston, M.D.,
Commissioner of Mental Hygiene.

GHP:d.



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

FEDERAL SECURITY AGENCY
MAR 24 1943
U. S. PUBLIC HEALTH SERVICE

WASHINGTON

October 28, 1942.

Doctor John A. Ferrell,
Associate Director,
International Health Division,
The Rockefeller Foundation,
49 West 49th Street,
New York, New York.

Dear Dr. Ferrell:

In reference to our conversation early this month at the Cosmos Club relative to the studies in mental hygiene that have been carried on in the Eastern Health District of Baltimore and in Williamson County, Tennessee, I promised to write you further about these as you reminded me in your letter of October 8, and also to give some general views as to what a mental hygiene setup in the state health department should be, views based partly on the conclusions arrived at from a study that the Service made in Kentucky.

In my opinion both the Baltimore and Williamson County projects have made valuable contributions to our knowledge in this field. The units working in both these areas have done good work, and I believe it would be desirable for them to continue and to have their activities broadened by modification as may be found necessary and desirable to fit in with local health departments, with which they, of course, should be incorporated. I especially like the outline given under the section, "Plans for the Future," in the article entitled, "Relationship of Mental Hygiene to a Local Health Department Program," by Roth, Williams and Luton, a reprint of which you left with me.

There has been a tendency for workers in the mental hygiene field to stress clinics. These fill a gap in our medical setup, but they are not alone sufficient to cover the preventive aspects of mental medicine. It is desirable also to develop activities of a purely preventive nature. These should be related to study and service activities, and the whole program must take account of existing facilities in the states. In this connection I am inclosing a copy of a diagram developed by our Dr. L. M. Rogers during his study in Kentucky. You will note from this that he has envisioned activities that require cooperation between state and county health

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departments, the welfare departments, hospitals, clinics and courts, etc. The nucleus of any such arrangements should, in my opinion, be the health department because that department is the one which has the preventive frame of mind, which with proper nursing and encouragement can be made active in the mental as well as in other public health fields.

Dr. Rogers' broad plan for Kentucky was to divide the state into 8 mental hygiene districts corresponding to the present health districts, each district to have a mental hygiene director, who might or might not be a doctor, and other personnel to carry on preventive activities in cooperation with other agencies of the state. These activities would include public health nurses who would be especially educated in matters pertaining to mental hygiene and an educational program aimed at the county health departments, local mental hygiene societies, social agencies, etc. For reasons of finance this program was not put into effect, but a modified service involving three units consisting of two counties and one unit of three counties was set up in Kentucky, and it was set up in such a way that it could be gradually broadened to include the entire state.

The budget and personnel arrangements for this setup as decided upon in a conference of Dr. McCormack and members of his staff, the Director of the Division of Mental Hygiene, ~~the~~ Department of Welfare, Dr. Rogers and myself are given below:

1	Analytical Sociologist	\$2,400
1	Supervisor, or Field Assistant	1,800
	Travel for this Assistant	1,500
4	Nurses @ \$1,500 each	6,000
	Travel for these nurses	2,160
3	Clerks @ \$600 each	1,800
	Travel for the Chief of the Mental Hygiene Section	1,800
	Supplies and Equipment	540
Total		18,000

Dr. Rogers was to act as Chief of the Division of Mental Hygiene in the state health department and supervise the work of the three units to be set up. As the director of the activities he was to undertake to do much of the educational work that was considered desirable for health officers, nurses, welfare groups, social agencies, medical societies, etc., in the various counties of the state in addition to those in which the special services were set up. The general idea of this broadened field was to get health officers of the various counties in the state so interested that they would also ask for the service. You will note that this plan includes

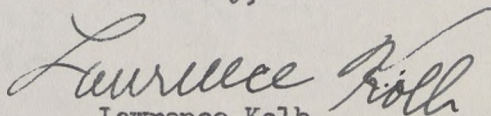
nurses who would be specially trained in mental hygiene matters, but the whole idea of this plan was eventually to train all public health nurses in mental hygiene and not to have special mental hygiene-public health nurses. This plan would fit in with what is being carried on by Dr. Levy in New Jersey, but it would be broadened to include other activities besides pure prevention. The plan would include some epidemiological studies by which all adjudicated cases throughout the state were to be reported to the central office under Dr. Rogers, reports to be made largely by health officers. This was to be required, and you will note that one advantage of it beyond the pure epidemiological study was to get the health officers thinking about mental disease.

Dr. Rogers operated this plan for one year, and it was going along quite well, but because of financial difficulties the state found it necessary to reduce the activity in the second year. Dr. Rogers had been serving as director without expense to the state. It was the eventual idea that the state would appoint a director competent to carry on where he left off. This would have increased the state budget by the amount of the salary for that director. Dr. Rogers left Kentucky after 1940 and activities were restricted within the limits of a reduced budget.

I have not had a report from Kentucky for a long time but will endeavor to find out just what is now being done. I fear, however, that Dr. Rogers did not stay long enough to give the program sufficient impetus to go along as he had planned. This, however, was no fault of his. I intend to get a report from the Kentucky Health Department as to just what is now being done and also to get a printed outline of the program which was sent to all the local health officers of the state, which I shall forward to you.

I believe that the program as envisioned for Kentucky furnishes an excellent framework for public health-mental hygiene activities. It involved case finding, education and public health-mental hygiene activities through trained nurses who would take on preventive mental health activities in their stride just as they would attend to tuberculosis, scarlet fever, nutrition, etc., without appearing to force this activity while it was gradually being popularized and extended so that people would eventually look for it as they would for other kinds of preventive medicine. Such a program in its broad application should involve the encouragement of clinics either by a cooperative arrangement with the welfare department or by the establishment of clinics within the framework of the health department. The special arrangement in different states would necessarily depend upon local situations.

Sincerely,

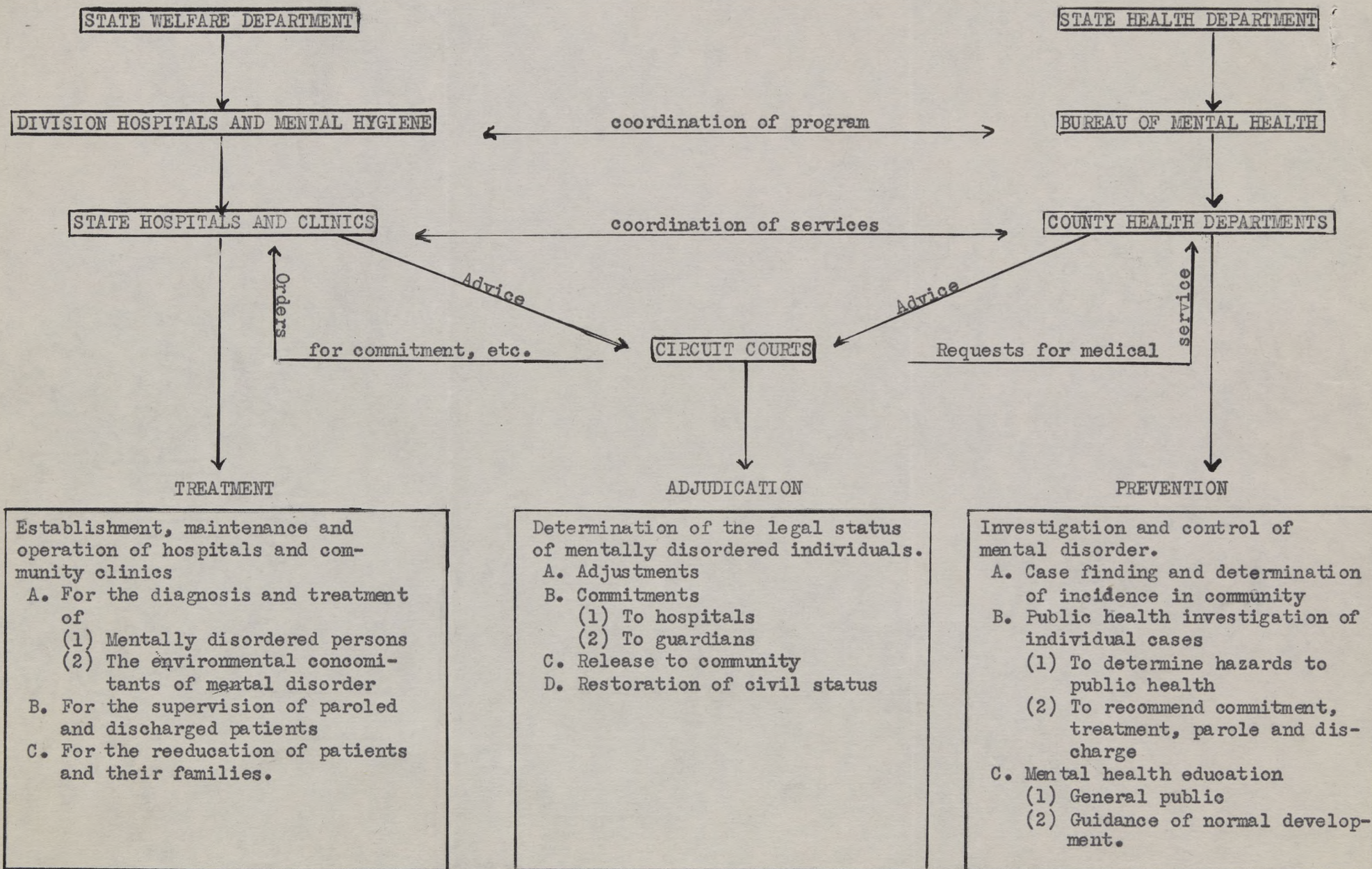


Lawrence Kolb,
Assistant Surgeon General,
Division of Mental Hygiene.

LK:mab
Inclosure

FUNCTIONAL RELATIONSHIPS OF OFFICIAL AGENCIES FOR THE PREVENTION, CARE AND TREATMENT OF MENTAL DISORDER

COMMONWEALTH OF KENTUCKY





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

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON

October 22, 1942.

Doctor John A. Ferrell,
Associate Director,
International Health Division,
The Rockefeller Foundation,
49 West 49th Street,
New York, New York.

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Dear Dr. Ferrell:

Please accept my apologies for not writing to you before relative to the subject of our conversation at the Cosmos Club a couple of weeks ago. I have been so overwhelmed with work that it has been impossible to get at this and today I am leaving to read a paper, the preparation of which took part of my time. I will be back in the office on Monday, however, and will set down my thoughts about the matter immediately and get them to you sometime during the week. You will appreciate that the reason I did not rush this thing through was that I thought it deserved more attention than could be devoted to it during some lull of my routine duties.

Sincerely,

Lawrence Kolb,
Assistant Surgeon General,
Division of Mental Hygiene.

LK:mab

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Mental Health

MAR 24



COMMISSIONER OF MENTAL HYGIENE
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October 29, 1942

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Dr. John A. Ferrell
The Rockefeller Foundation
49 West 49th Street
New York, New York

Dear Dr. Ferrell:

This is by way of apology for not having answered your letter of October 8. The first of October is the beginning of our fiscal year, and with budgets and no employees to run the hospitals I have been sunk.

Your letter needs careful thinking, and just as soon as I can think I will answer it.

Very truly yours,

George H. Preston, M. D.
Commissioner of Mental Hygiene

GHP:EJR

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November 2, 1942.

Dear Doctor Kolb:

After an absence of several days I have returned to New York and read your letters of October 22nd and 28th and have examined the enclosed diagram of the Kentucky setup.

The information you have given in conference and in letters is very interesting and exceedingly helpful. As soon as the question of mental hygiene is discussed further with members of our group, I may wish to confer with you again. I was in Louisville one day recently and had a brief conference with Doctor McCormack, but did not get from him a very clear picture of your present program of activities.

Thanking you for your kindness, I am

Cordially yours,

Doctor Lawrence Kolb
Assistant Surgeon General
U.S. Public Health Service
Division of Mental Hygiene
Washington, D.C.

JOHN A. FERRELL

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COMMONWEALTH OF KENTUCKY

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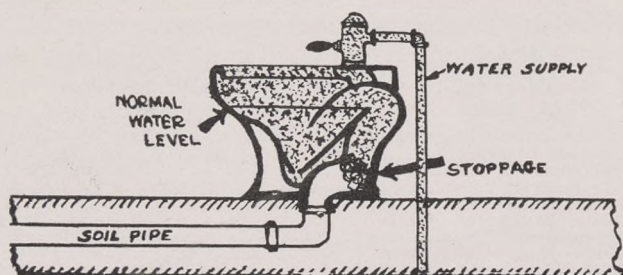
DEPARTMENT OF HEALTH

Edited and Published by the Department of Health

VOL. XII.

MAY, 1940

No. 10



**HOW CROSS CONNECTIONS
IN PLUMBING SYSTEMS
ENDANGER HEALTH
AND LIFE.**

POLLUTED WATER
RESULTING FROM
STOPPAGE OF
TOILET ON FLOOR
ABOVE. THIS WAS
CAUSED BY THE
DISCHARGE OF
WATER IN THE
DRINKING FOUNTAIN
CREATING A PULL
ON THE WATER IN
THE TOILET.
SUCH A CONDITION
CAN ALSO BE
CAUSED BY A DROP
IN PRESSURE IN
WATER MAIN DUE
TO HEAVY DEMAND
FOR WATER OR TO
A BREAK IN THE
MAIN.



WATER SUPPLY FROM MAIN

—FRED PERKINS

Published Monthly.

Editorial and Business Office, Louisville

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FREE HEALTH LITERATURE

The Bulletin of The Department of Health is published monthly and will be sent free to any citizen of the Commonwealth requesting it. The Department also has available for distribution without charge special literature on the following subjects:

Medical and Health Laws of Kentucky	Advice of Dentist to Prospective Mother
Public Health Manual	Baby Teeth and the First Permanent
County Health Work—1936 Report	Molars
Septic Tank Construction and Protection	Teeth and Health
Well and Cistern Protection	What Is Tuberculosis?
Use of Chloride of Lime	What You Should Know About Tuberculosis
Sanitary Privies	Tuberculosis from Five to Twenty
Malaria Bulletins	Why Does Tuberculosis Run in Families?
Pasteurization Plant Regulations	Modern Weapons to Fight Tuberculosis
Ice Cream Law and Regulations	A Primer of Facts on Tuberculosis
Grade "A" Dairy Regulations	Manpower—For Young Men
Home Care of Milk	Sex Education in the Home
Bed Bug Bulletin	Healthy, Happy Womanhood—For Young Women and Girls
Rat Bulletin	The Parents' Part—For Parents
Prenatal Care	From Boy to Man
Infant Care	
The Child from One to Six	
Diphtheria Immunization	

CROSS CONNECTIONS

FRED A. PERKINS, State Plumbing Inspector

Water is a necessity of life. Water free from disease producing germs is essential to health. With the possible exception of disposal of human excreta, the quality of the water supply has a more direct bearing upon the health of the individual or the community than any other single detail of daily living.

With increasing population and congregation of people in urban and sub-urban areas, provision of safe and adequate water supplies and the proper disposal of sewage have become community problems. Today every city and town of any considerable size makes every effort within its financial ability to furnish its citizens with a water supply which is adequate, potable and safe and to provide for the sanitary disposal of human excreta and other wastes detrimental to the public health. To this end, municipal authorities, sanitary engineers, bacteriologists and public health officials all cooperate. Elaborate pains are taken to free community water supplies from disease producing germs and no effort is omitted to keep these supplies free from pollution while in storage or in process of delivery. Pipelines are carefully installed and periodically inspected. In short, every possible precaution is taken, every step of the way, to make certain that the water is free from pollution when it reaches the premises of the consumers. There the main obligation of the community as such ceases; responsibility for keeping the water safe from then on devolves largely upon the users.

The first requisite to keeping water safe after it has been delivered upon the premises is a safe plumbing system. And no plumbing system can be considered safe if there are defects in either the fixtures themselves or in their installation.

Probably the greatest single danger from defective plumbing fixtures or improper installation lies in cross connections. While this hazard is not new, its significance from the standpoint of public health increases with the increased building of small homes in congested areas and with the crowding of large numbers of people in apartment houses, business and office buildings, schools and industrial plants, with resultant and corresponding crowding of plumbing fixtures into smaller spaces. Naturally, the closer the proximity of the water supply pipes to the drainage pipes the greater the danger of a cross connection. The cut carried on the title page of this issue of the Bulletin illustrates how this proximity may, and not infrequently does, constitute a real hazard to health in a drinking fountain.

Cross connections may be of many types. Classified as to degree of hazard, they may be listed as those which constitute a definite danger to health, those which are apparently hazardous to health and those which have more or less remote possibilities in this regard.

Cross connections may occur in public water supplies; in private water supplies; in plumbing systems in private homes and apartment houses, in manufacturing and food plants, hotels, restaurants, kitchen equipment, steam cookers and steam tables; in sterilizers of different types; in operating and morgue tables; in leaky water mains near sewers; in surface water connections used for fire purposes; in hydraulic elevators and like equipment; in flushometer closet valves; and hose connections left in fixtures.

It is not the purpose of this article to go into the technical details of cross connections. Properly to understand them it is necessary to know the basic principles of plumbing. This includes a knowledge of air and its properties, water and its properties, the principles of vacuum and syphonage, the effects of corrosion and the like.

Sanitary engineering, of which plumbing may be considered a phase, has come a long way in the last few decades. Thanks to years of continued and continuing research and experimentation, there is no longer any excuse either for plumbing fixtures faulty in design or for improper installation. The plumbing trade has developed its standards of qualification to the point where master plumbers are fully competent to apply the newer knowledge which this research and experimentation have brought. By the same token, manufacturers of plumbing fixtures are applying this same newer knowledge in the production of their products. At the same time, governmental authorities are requiring that those charged with enforcement of plumbing and other sanitary codes be experts in their lines and enforce the codes with first consideration for the public interest. In such circumstances, it is safe to say that the new structures, particularly in the larger cities, having plumbing systems defective either in fixtures or installations are comparatively few. It is to be hoped that in the near future such systems will be conspicuous only by their entire absence.

The real problem in this connection has to do with the older buildings, in which the plumbing systems were installed before plumbing had reached its present standard of efficiency. Elimination of cross connections in such buildings is frequently a complicated and costly procedure. However, that they should be eliminated wherever possible, does not admit of rational argument. Certainly, where complete elimination cannot be secured, the old types of fixtures should be replaced with fixtures of approved types and approved vacuum breakers installed.

Sickness, disability or even death may be caused by a cross connection. No such connection should be permitted, either knowingly or through lack of knowledge. "Polluted water" strikes when and where least expected.

KENTUCKY MAINTAINS ITS RECORD

Kentucky continues to maintain its excellent showing in the Health Conservation Contests, conducted annually by the United States Chamber of Commerce in cooperation with the American Public Health Association.

In the 1939 Rural Health Conservation Contest, Fayette County won first place in the Eastern Division. Five other Kentucky counties—Jefferson, Scott, Mason, Anderson and Madison—were given awards for meritorious achievement. This is the largest number of counties any State has on the honor list.

In the City Health Contest, Louisville wins an award of meritorious achievement in the group of cities having populations of 250,000 to 500,000.

Of the six Kentucky counties receiving awards, Fayette and Scott are each on the honor list for the fifth successive year; Jefferson and Mason each received a third successive award; Anderson is on the honor list for the second successive year; and Madison receives its third award since first entering the contest.

It should be noted that awards in these contests are not necessarily given to the healthiest communities, but are based on the relative progress which the competing communities are making in the solution of health problems. Each county or city entering the contests is appraised by a Grading Committee, consisting of carefully selected health experts representative of the country as a whole. Appraisals are made on the measures taken to provide and safeguard water supplies, to furnish adequate and safe sewage disposal, to reduce infant and maternal deaths, to combat tuberculosis and syphilis, to protect its citizens against other communicable diseases, to insure healthy children, to protect and safeguard milk and other foods, to promote effective cooperation with physicians

and dentists in furnishing necessary services to the indigent and the semi-indigent and to educate the public as to the ways and means of preventing sickness and death and of maintaining good health.

All these Health Conservation Contests, rural and urban, general and special, have for their main purpose the minimization of premature deaths and the reduction of economic losses due to avoidable illness. This purpose they seek to accomplish by encouraging a more uniform and better coordinated program on the part of the several groups or organizations engaged or interested in protection and promotion of public health. Particularly do they seek to enlist the active interest of business men in this all-important subject. That worthwhile results are being accomplished is indicated by the facts that each year more units are participating in the contests, that steadily improving scores are being made and that business men are increasingly demonstrating active interest in public health work.

MENTAL FACTORS IN SCHOOL LIFE

PHILIP F. BARBOUR, M. D.

The health of school children can be preserved only by a continuous, close and careful scrutiny of all the conditions, physical, mental and psychical, under which the children live. A pure water supply, adequate heating and ventilation without drafts, school desks adjustable to the backs and legs of various sized children, eyes protected from glaring light, sanitary arrangement of toilets and provision for safe disposal of sewage are, or should be, under the control of proper health officials. These grosser evil factors are already well known and there has been consistent, wise effort for their proper correction.

Life at school is very complicated and offers room for constructive criticism and suggestions; for, after all, most of the child's waking hours are spent in the schoolroom and the school atmosphere. Modern trends in education are emphasizing the importance of knowledge of the psychologic reactions of the teacher and the pupil. Schoolmasters have magnified the behavior of children under the discipline of the teacher. They have not always sensed the child's viewpoint and how the child will respond to the moods of the teacher. Progressive teachers are aware of these psychologic responses and are giving more study to the best way to approach the childhood problems with sincere interest and sympathy. The whole pedagogic field is being reconstructed on the basis of the newer psychology and psychiatry. The teacher training schools are putting more stress upon an intelligent understanding of the mental health of children, and this is a valuable forward step.

Sometimes, though, they fail to allow for the more evident physical handicaps and maladjustments of children. Any real teacher knows that a child with fever, or headache or sore throat, etc., is utterly unable to take in knowledge under such circumstances; for the physical basis of our brain activities governs the assimilating, correlating or registering of new ideas. Why drive a sick child and add to its misery when nothing is to be gained? We do not really learn that way.

Red tape and regulations sometimes result in real injury to the health. Friday the 13th may be fire drill day and, in spite of rain or sleet, out the children must go, often without wraps. Such lack of common sense would be ludicrous if it were not tragic. Fortunately, the weather man is usually more propitious, but why not postpone the drill for a day or two if advisable? Teachers may deny this, but it has been observed in my own experience.

Regular attendance at school is a fetish. Of course truancy officers are necessary, but some latitude ought to be allowed for incipient illnesses. Many a child, because he or she must have a good attendance record, is driven to school in the earliest stages of measles or scarlet fever and there spreads infections which may start an epidemic. A few extra days of convalescence may take all the difference between a healthy robust child and one who still is below par and not fit for the strain of the schoolroom.

The mental status and the social adjustments of the teacher are too frequently ignored. Many children are made unhappy and fail in their grades because of the personality of the teacher. The background of the teacher's day may mean much to the children who have to suffer patiently for mental hangovers.

Oh wad some power the giftie gie us
to see oursel's as ithers see us.

This motto should be on each teacher's desk.

Human beings are not static and teachers should be checked at intervals by the superintendents, lest maladjustments and mental quirks creep in to alter personalities. The teacher's bad humor may vanish with the day, but plastic children have been made unhappy. The modern psychiatrist traces back to school days the beginning of maladjustments and complexes which have left an almost indelible impress upon the child for which the adult man or woman may pay in altered or broken careers, or worse.

Any family physician who is alert to childhood psychology and sympathetic with their troubles can recall such cases in his experience. We doctors need to take up the cudgels for our youngsters, for no other person can quite understand, as does the family physician, the far reaching imports of mental maladjustments in childhood.

THE BUREAU OF MENTAL HEALTH

State Department of Health of Kentucky

Its Organization, Function and Basic Program

L. M. ROGERS, M. D., Surgeon, U. S. P. H. S., Acting Director

The Bureau of Mental Health is an integral unit of the State Health Department, and functions under the general supervision of the Assistant Commissioner of Health. Through a central and field staff, under the immediate supervision of a director, this Bureau supplies mental health research, administrative and educational facilities in the State Health Department and the county health units. The central staff of the Bureau formulates and directs mental health research and provides a consultation and advisory service to State and county health officials regarding mental health administration and education. The field staff, under the general direction of the Bureau director and the immediate supervision of the county health officer, conducts mental health administrative and educational demonstrations in selected county health departments.

Aims and Objectives

The Bureau of Mental Health conceives its ultimate objective to be the determination of the administrative role of public health in the field of mental hygiene and the integration of mental health principles and techniques into State and county health department practices. It recognizes, however, that

these objectives must be accomplished gradually. Since the role of public health in mental hygiene is poorly defined and since no satisfactory methods have been described for the integration of mental health principles into public health practices, the Bureau aims to attain its objective through a process of research, experimental application and education. Its initial program, therefore, has been limited to the establishment of certain fundamental procedures.

Basis of Programs

The programs which have been formulated for initial development are based on three fundamental concepts.

1. The well recognized public health principle which defines the primary objective of public health to be the prevention and control of disease, rather than its care and treatment.
2. The belief that mental and communicable diseases have a similar relationship to the public health in that, under certain circumstances, either communicable or mental disorder may, through direct contact, be a menace to the health of others.
3. The belief that the practical prevention and control of mental disorder require the coordinated application of medical, judicial, welfare, educational and other scientific methods and techniques, as well as those of public health.

Methods and Experimental Programs

As an experimental approach to the problems of mental health, the Bureau has outlined three basic methods and formulated three inter-related programs for their application.

The first seeks to establish a procedure for finding and reporting to a central agency the committable forms of mental disorder which occur in a given jurisdiction.

The second seeks to establish a procedure for the investigation of the committable mental disorders within a given jurisdiction and establish an administrative control of those which constitute a hazard to the mental health of others.

The third seeks to establish a procedure for the education and guidance of normal individuals within a given jurisdiction in relation to the development and maintenance of mental health.

Programs for the development and experimental application of the above methods are described below:

I. Program for the Development by the State Health Department of a Case Finding and Reporting System in Relation to the State-wide Incidence of Committable Mental Disorders.

This program is based on the assumption that complete information concerning the occurrence of committable mental disorder is prerequisite to the development of adequate methods for its prevention or control. Therefore, a procedure has been formulated which seeks to determine not only the incidence of those cases of mental disorder which are committed to an institution, but also of those which remain in the community. This information is to be attained primarily through full time county health departments; in counties in which there are no full time health departments it will be obtained from court officials and others.

The organization or individual designated as a reporting agency is instructed to determine, from existing court records and from other sources, each case of committable mental disorder which occurs in its jurisdiction and to report these cases to the State Health Department on a special card—"The Bureau of Mental Health Case Register Card".

(Committable mental disorder, for purposes of this report, is defined as any disorder in which a question of insanity, mental deficiency or epilepsy arises.)

Special instructions for filling out and forwarding "The Case Register Card" are furnished to health departments and other reporting agencies. These instructions describe the various items of information required and specify the time when reports are to be made.

(In beginning the present program, agencies were requested to report all cases which occurred during the period January 1 to December 31, 1939, and thereafter to continue reporting new cases monthly.)

The above procedure, which makes the county health department responsible for finding and reporting the committable mental disorder within its jurisdiction, is consistent with public health practice in relation to other forms of disorder. And it can be developed within the existing administrative facilities of the health department. Furthermore, since this procedure establishes a central record of noncommitted as well as committed cases of mental disorder, it will more nearly express the actual incidence of mental disorder than the customary method of determining hospital commitments over a certain period of time. In addition to this advantage, the procedure has a distinct educational value for health officials and will serve to advance their knowledge of the mental health field generally.

II. Program for the Development by County Health Departments of an Investigative System for the Determination of Existing Mental Health Hazards and an Administrative System for the Cooperative Control of these Hazards.

This program is based on the assumptions that, under certain circumstances, a mental disorder may constitute a menace to the health of others and that the health department should be concerned with the recognition and control of these disorders. Therefore, a procedure has been formulated which assigns specific duties to the health department and attempts to bring about a coordination of health department services with those of the State Welfare Department.

County health departments, in which this program is developed, provide three services in relation to committable mental disorders.

1. A service for the investigation of committable mental disorders in order to determine which of them constitute a menace to the health of others.
2. A service for furnishing advice to the Welfare Department and to local courts regarding existing mental health hazards, so that these organizations may provide for the isolation, custody and medical care of these disorders.
3. A service for keeping a record of the administrative procedures which are carried out in relation to individual cases of committable mental disorder in order to maintain a consistent and continuous control over those which are hazards to the mental health of the community.

Instructions for the development and operation of the above services are furnished to county health departments by the Bureau of Mental Health. These instructions give the essential details of the process of investigation and administration. The essential data obtained by investigation and the administrative record of each individual case are recorded on a group of forms, known collectively as "The Administrative Case Record".

The county health department investigative and administrative services described above are to be coordinated with the diagnostic, custodial and treatment services of the State Welfare Department and with local court procedures. This coordination will be brought about, in general, by a free exchange of

information between the organizations concerned. Specific provision will be made, however, for carrying out the following procedures:

Upon completion of the preliminary investigation of a committable or suspected committable mental disorder, the health department will forward an abstract of its record, together with a statement giving its opinion of the public health aspects of the investigated case, to the welfare clinic or hospital and to local court having jurisdiction.

Upon receipt of the above information, the welfare clinic, hospital or court will initiate any additional investigation or action, which is indicated. And upon completion of its investigation or action, the organization concerned will notify the health department of the action taken.

Prior to the parole or discharge, or following the escape of a patient from a hospital to the community, the hospital superintendent will notify the health department concerned. With this notice he will enclose a statement of diagnosis, present condition and prognosis for readjustment to family and community life.

Upon receipt of the above information, the health department will initiate any additional investigation or action which is indicated. And upon completion of its investigation or action, the health department will notify the hospital superintendent of the results of its investigation and action.

In developing the above program, it is not anticipated that any direct responsibility for the outpatient treatment or supervision of non-institutional paroled or discharged patients will be assumed by the health department. The provision of adequate diagnostic, custodial and treatment service through hospitals and community clinics is conceived to be a responsibility of the Welfare Department. The health officer's responsibility for the commitment of patients to institutions and his authority regarding their parole and discharge into the community also remain unchanged. The program depends for its success on the development of a coordination of services, rather than on a redefinition of responsibility.

III. Program for the Development by County Health Departments of Educational and Guidance Services in Relation to the Development and Maintenance of Normal Mental Health.

This program is based on the assumptions that mental health values should be integrated into the general health education program, that abnormal habits and mental trends should be determined as part of the general health survey and that parents and children should have guidance in relation to the development and maintenance of normal mental health. Therefore, procedures will be formulated which aim to integrate into health departments three services which further coordinate health services with welfare activity. The services to be established are as follows:

1. A service for the education of the general public regarding the relationships of mental and physical health and concerning the conditions and situations which establish and maintain undesirable mental health habits in individuals and mental health hazards in communities. This service will consist of addresses, lectures, posters and circulars which will be prepared and presented to the public with the cooperative assistance of the Bureaus of Mental Health and Public Health Education.
2. A service for the routine examination of infants and children regarding emotional, intellectual and social habits and mental trends. This examination will consist of certain simplified questionnaires and tests and will be conducted by health department personnel during the routine health survey of infants and children. Advice and assistance in the development of this service will be supplied by the Bureau of Mental Health, in cooperation with the Bureau of Maternal and Child Health.

3. A service for the routine education and guidance of parents and children regarding the development of normal mental health habits. This service will consist of mental health advice, which is to be given by health department personnel as a part of the general instructions which they give in individual and group health conferences. Advice and assistance in the development of this service will be supplied by the Bureau of Mental Health, in cooperation with the Bureau of Maternal and Child Health.

In developing the above services, emphasis will be placed on the distinction between health and welfare responsibility regarding the guidance of normal development and the treatment of abnormal individuals. The provision of adequate diagnostic and treatment services through community clinics is conceived to be a responsibility of the Welfare Department, and it is anticipated that such services will be established by the Welfare Department and utilized by health department personnel.

In connection with the mental health program as a whole, but especially in relation to its educational and guidance program, it has been recognized that the instruction of health department personnel must precede extensive application. This instruction of personnel is being provided by means of periodical conferences and suitable literature. A plan to supplement this instruction by providing special extension and resident courses in mental hygiene, which will be made available to county health department personnel by the State Health Department, is also being formulated.

IT HAPPENED IN A COUNTY HEALTH DEPARTMENT

REBA F. HARRIS

All day the county health officer and the public health nurse examined the children in the big new consolidated school. This should have been a happy time for the health officer. He had a genuine love for his thousands of school children, scattered in buildings all over the county. Ardently he had worked, for the past three years, with the county school board and parents in the smaller communities to make this beautiful consolidated building a reality.

As he examined each child in his usual friendly manner, the doctor called many of them by name. Laughingly, as he looked at a child's teeth, or in between his directions, "open wide—say ah", he commented on the new building. "Better than that dirty old one-room rural school you were in last year", he chuckled. But the health officer was not happy. His trained "medical eye" was finding something he had never seen before—at least, not in such numbers. He completed the examination of the last child in the first grade. It was two o'clock; too late to begin the examination in another room.

While the public health nurse and two student helpers from the high school cleared the table and repacked the supplies in the nurse's bag, the doctor said goodbye to the teacher and children and started out to his car. As he walked down the long hallway, he mumbled to himself, "Practically 90% of those first graders were immunized against diphtheria and typhoid fever and all but two were vaccinated against smallpox during their preschool age—not a bad record. The parents and the family physicians have been truly cooperative but", and his brow puckered, "there are too many—"

Just then, as he opened the door leading to the back of the school building, the doctor stopped quickly in amazement. "Surely not in *our* little town", he thought almost aloud. But his eyes did not deceive him; six children, tiny children, from the first or second grades were scrambling with all their might into a garbage can just outside the building. Like starving beggars, these children

were devouring apple cores, orange peelings, stale crusts of bread and bits of soggy sandwiches thrown away by other children. So intent were these little "scavengers" in their search for food that the health officer was unnoticed as he passed them. Stunned, he slipped around to the front of the building and into the street toward his parked car.

During the next three days, as the doctor continued to examine the children in this school, he was in a pensive mood. He had decided to let facts speak for themselves from the completed records of all children examined. "And anyway", he said to himself, "suppose a large percentage of these children are malnourished; suppose some of them are starving and eating out of garbage cans. What can I do about it? I'm only the health officer. It is not the business of the health department to buy food for children; the welfare agencies should do that. Why don't these teachers know some of these children are starving? Surely they cannot learn much with gnawing, empty stomachs."

The number of children with symptoms of malnourishment increased as the health officer continued his examinations. With the discovery of each new case, a picture of those little tots scrambling for food from the garbage can came before him. Each of the three days he had worked in this school he had observed silently a recurrence of this incident. Before he had finished the examination of the fourth grade children, the doctor became convinced that *something must be done*. He reasoned to himself that it *was* the business of the health department. No, not actually to feed the children; his budget did not provide for that. It was his business to let the community know what he had found and seen with his own eyes. It was his business as a health officer to see that all community resources were used toward building strong vigorous bodies for growing children.

With the examination of the school children completed, the health officer, armed with facts from his records and with his stories of the garbage can incidents, called to his office the president of the parent-teachers association and the principal of the school. Soon this trio had expanded to include many other interested individuals in the community. The health officer's facts and stories were too startling to be ignored!

In the days that followed, animated voices of committee groups or individuals could be heard from the doctor's office—"the Board of Education has promised to pay for materials to partition the big room"; "the N.Y.A. Boy's Shop will make the chairs and tables"; "the W.P.A. will furnish six women helpers"; "the sewing room will make the uniforms and towels"; "Mrs. Holden has just put a new gas range in her house, she will give us her old six-burner oil stove, good as new"; "the teachers will handle the tickets and teach the children about foods"; "the home demonstration agent knows some families who will donate some potatoes and canned foods"; "a Sunday School class wants to buy lunches each day for two children"—and so, on and on until—

One week later, under the leadership of a mother who was president of the parent-teachers association, and with the combined efforts of those who cared, a hot school lunch was served to 147 children. A ticket system was devised, so that the 42 children who received free lunches paid to the cashier the same blue tickets as those who had paid cash or who had paid with foods brought from their mothers' pantries.

"Well", said the health officer, as the sanitary inspector of his staff entered the office, "now that all the alphabet organizations, the P.T.A., the W.P.A. and the N.Y.A., are united against garbage can pickings for our children, our problem has just begun. I have just finished the last health examina-

tion on all the W.P.A. employees and the parents who are going to help in the new school lunch room. I want you to give close supervision to the sanitary conditions there. See that their methods of dishwashing and food handling are up to the best standards. Leave no stones unturned to keep them that way. Those kiddies must have not only food, but clean food."

THE MALINDE HAVEY MEMORIAL

The National Committee on Nursing Service of the American Red Cross has undertaken to create a memorial to Malinde Havey, National Director of the Public Health Nursing Service of the American Red Cross, whose death occurred recently. In order that Miss Havey's host of friends in all parts of the country may have an opportunity to honor her memory in a tangible and permanent way, the proposed memorial is to take the form of a fund to be held and administered by the American Red Cross for the purpose of helping Chapter nurses and nurses of the National staff in active service to meet any unusual financial obligations, such as those incurred in illness or in further study. For the most part, the help so given will be in the form of loans without interest. No part of the contributions received will be used for administrative expenses, as all such expenses are being met from other sources.

All those who were friends and associates of Miss Havey are invited to send contributions to the treasurer of the fund, DeWitt Smith, American Red Cross, Washington, D. C. Checks should be made payable to the Malinde Havey Memorial.

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NOV 24 1942

STATE DEPARTMENT OF HEALTH OF KENTUCKY

620 South Third Street
Louisville, Kentucky

November 7, 1942

Lawrence Kolb, M. D.
Assistant Surgeon General
Division of Mental Hygiene
Washington, D. C.

Dear Doctor Kolb:

Enclosed you will please find two copies of the form entitled "Program of the Bureau of Mental Health" as requested in your letter of October 28th together with record forms used in this program, and two bulletins of the State Department of Health which have an article on page 174 by Dr. L. M. Rogers in reference to our program.

As to the present status of the mental hygiene activities in the Kentucky State Department of Health I regret to advise that the impact of the war has prevented our expanding the program even though we are carrying the specialized program so well established by Dr. Rogers in Mason, Carroll, and Madison Counties. The program of mental hygiene in the remaining 97 county health departments of the State include only that minor service such as the recording of cases and the action in cooperation with the Department of Mental Hospitals in the follow-up of the paroled cases. It is sincerely hoped that the emergency will soon end and we may continue with the expansion of the program established by Dr. Rogers, for in my opinion this is a most practical and workable approach to the mental hygiene problem that we have heard of and want to give the benefit of such program to all the counties of this State.

Sincerely yours,

(Signed)
O. M. Goodloe, M. D.
Acting Director
Bureau of Mental Hygiene

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

NOV 24 1942
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON (BETHESDA STATION)

November 18, 1942

Doctor John A. Ferrell
Associate Director
International Health Division
The Rockefeller Foundation
49 West 49th Street
New York, New York

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Dear Dr. Ferrell:

In further reference to my letter of October 28 in which I discussed mental health programs in State health departments, I am forwarding herewith, as I stated I would, some additional information about Kentucky. One is a copy of a form which was sent out to health officers in Kentucky and the other is a copy of a bulletin of the Department of Health of Kentucky, May, 1940, which contains an article discussing the program in Kentucky. I am also enclosing a copy of a letter I received from the Acting Director of the Bureau of Mental Hygiene concerning the present status of the program in Kentucky.

Very truly yours,

Lawrence Kolb
Assistant Surgeon General
Division of Mental Hygiene

LK:am



MAR 24 1948

THE KENTUCKY STATE HEALTH DEPARTMENT

BUREAU OF MENTAL HYGIENE

MENTAL HEALTH PROGRAM

An arrangement has been made between the U. S. Public Health Service, Field Studies in Mental Hygiene, and the State Health Department to develop a mental health program in the State Health Department through its Bureau of Mental Health. In carrying out the purposes of this arrangement, the Bureau of Mental Health will be organized and administered as a unit of the State Health Department by an acting director furnished by the U. S. Public Health Service. This Bureau will bear the same relationship to state and county health officials as other bureaus now operating under the State Department of Health.

In general the efforts of the Bureau will be directed toward the establishment of two basic services, namely: first to establish an epidemiological facility for the study and dissemination of mental health information on a state-wide basis, and secondly to establish an administrative, educational and advisory service to be made available to those counties in which this service is requested. The programs which are being developed for these purposes are herewith described for the information of all concerned.

1. - The program for an epidemiological study of mental disorders on a state-wide basis.

The purpose of this program is to establish a record of the incidence of mental disorder in the state as a whole, to supply information to health officers, welfare officials and the public regarding the nature and distribution of mental disorder; and to demonstrate its public health significance and its relationship to socio-economic indices.

The basic information for this program will be obtained on a county basis. The health officer, or in the absence of a health officer, the circuit clerk of each county will be requested to report the number of judgments and commitments which

have occurred in his county during the past twelve months and thereafter to continue reporting the occurrence of mental disorder periodically to the Bureau of Mental Health. (A special report card with instructions will be provided for this purpose.

This accumulated information will be supplemented with socio-economic data obtained from other sources by the Bureau of Mental Health and the entire material will be analyzed in the central office. The results of this analysis will be made available in the form of reports, graphs and charts and distributed to the various county health officers, agencies and interested individuals.

2. - The program for an administrative, educational and advisory service to be made available to those counties in which their service is requested are limited to counties with full-time health departments. This program will also differ in scope in those counties in which a special fund and additional personnel can be provided and those in which these facilities are not supplied.

A. The mental health program to be established in full-time health departments in which special facilities are provided will consist of two interrelated projects - a special registration and administrative plan for dealing with committable forms of mental disorder and an educational and guidance plan for improving the normal mental development of infants and children.

Although these projects do not cover all of the so-called "mental hygiene" field, the aspects which have been selected are those which most clearly demonstrate the function of public health in the prevention of mental disorder. When fully developed such projects should produce sound public health administration in the mental health field.

The first project will establish a record of all committable mental disorders which have a legal residence within the jurisdiction of the Health Department. Cases which have occurred prior to the beginning of this project and those which occur subsequently to it are to be included in this record, whether or not they are committed to an institution or remain in the community. This record will consist of two parts,

one which will describe the patient's illness in terms of his deviations from normal and the other which will record the administrative procedures which are made in his case.

Information for these records will be obtained from the reports of mental disorder described above and from the investigations of health officers and public health nurses. Administrative procedures regarding the disposition and treatment of these individual cases will consist of a coordinated arrangement between the health officer and the State Welfare Department.

From a public health point of view this arrangement will be based on the assumption that public health is concerned in the recognition and administrative disposition of any disorder which constitutes a hazard to the health of others in the community but is not responsible for furnishing the care and treatment of sick individuals.

From a welfare point of view the arrangement is based on the assumption that welfare is concerned with the custody and treatment of all mental disorders regardless of whether it constitutes a hazard to the health of others in the community. By this arrangement, however, welfare is not responsible for the selection and isolation for special treatment of these cases which constitute the greatest hazard to the health of others.

In order for the health department to obtain care and treatment for the psychotic individuals who are a special hazard to the health of others and in order for it to be in a position to advise the Welfare Department regarding the parole and discharge of psychotic individuals into his community, it is necessary for the Health Department to coordinate its facilities with those of the Welfare Department. By this arrangement it also becomes possible for the Welfare Department to obtain certain basic information from the local areas from which its patients come.

On the part of the local health department this project will be made up of the following:

- a. A case finding, investigating and recording facility established in relation to the committable mental disorders within the jurisdiction of the health department.
- b. A study of each case in relation to its environmental surroundings to determine the extent to which it constitutes a public health problem.
- c. A cooperative administrative arrangement with the Welfare Department through which the health officer will be able to arrange for the institutional care of certain individuals and will be able to advise regarding the parole or discharge of individuals from the mental institutions.

An arrangement will therefore be made between the Health Officer and the Welfare Department for an exchange of information as follows:

- (a) Transmission of a copy of the current record of each case committed from the county to the Hospital of commitment.
- (b) Notification of the health officer prior to the parole or discharge of a patient to his jurisdiction by the Welfare Department. This notice to contain a statement of patient's diagnosis, present condition, and prognosis for adjustment to family and community life.
- (c) Supplementary correspondence to bring about a satisfactory coordination regarding admissions, parole and discharge of patients.

This plan does not contemplate that the health department will furnish out-patient treatment for the patient's mental disorder, or that it will undertake the supervision of paroled or discharged patients. And it does not contemplate that health officers will supervise the commitment of psychotic individuals or prevent their parole and discharge. Success of such a plan depends on a recognition of the limits of responsibility of both Health and Welfare, and the development of a coordinated plan whereby the responsibility of each department to the community will be assumed.

The second project under this plan - an educational and guidance program for improving the normal mental development of infants and children - will be set up after the preliminary work of the first project is completed. This procedure is

deemed necessary because of a limited staff and in order to prevent confusion due to unfamiliarity with this kind of work.

Guidance of infants and children toward normal mental development is as much a matter of guiding the community and parents as of children. Therefore this project must be chiefly educational and it must be broad in its applications.

From a public health point of view this program should be made applicable through its existing health education and demonstration facilities. Health officers and nurses who conduct child conferences will, therefore, be instructed in regard to the general situations and conditions which establish and serve to maintain undesirable mental health habits. This will be accomplished through recommended literature and a series of conferences. Public health nurses who follow up these conferences and practice practical guidance of parents and children in the home will be further instructed through periodical conferences to which they can bring the practical situations which they meet in this field.

In developing this program it is not intended that a guidance clinic for the diagnosis and treatment of mental and behavior problems be established. While it is recognized that each community needs a clinic not only for this group but also for adolescents and adults, this development is considered to be a welfare rather than a health department responsibility. The public health relationship to this medical care need is the same as its relationship to the psychoses - one of case finding, recording of incidence, investigation of source rather than of disease and coordination of these services with welfare and other treatment agencies.

The present lack of mental out-patient treatment facilities in most communities is recognized. This lack, however, does not alter the fundamental responsibility for its provision. And it does not justify a public health organization in an attempt to supply it. Clinics as a rule interfere with the development of true preventive procedures. In the extensive field of mental disorder it would more than interfere, it would completely replace such measures.

B. The mental health program to be established in full-time health departments

which request it but cannot supply special facilities will consist of so much of the above program as can be developed with its existing personnel and funds.

In order to establish the first of these projects, the main requirements will be the reassignment of the work of the public health nurse to allow sufficient time for an investigation of the mental as well as physical cases that occur in her district, provision of some additional clerical help and a desire on the part of the health officer to enter into this phase of public health work.

The second project in these counties is also possible. Under the present arrangement in the State Health Department provision was made for a mental health advisor for all counties. This member of the Bureau of Mental Health Staff, working through District Advisory Nurses would furnish assistance in this regard.

County health officers who desire these services are invited to request them.

L. M. Rogers, Surg., U.S.P.H.S.,
Acting Director,
Bureau of Mental Health,
State Health Department.

November 7, 1939

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Mental Health
Department

November 2, 1942.

Dear Doctor Reed:

With regard to mental hygiene, I reported to Doctor Sawyer the discussion I had with you and Doctor Maxcy in St. Louis. He is to get in touch with you with regard to inviting Doctor Lemkau to come to New York at the Division's expense and be available for questioning on Friday, November 13th.

I told you of my conference with Doctor Kolb of the U.S. Public Health Service and of writing to Doctor Preston. Herewith enclosed is a copy of Doctor Kolb's letter for your information. It is my personal opinion that our projects in Baltimore and Williamson County, Tennessee, are on a more thoroughly scientific basis than the one in Kentucky which Doctor Kolb describes. I found, however, that he and also Doctor Luton, the psychiatrist in Vanderbilt Medical School, were of the opinion that our projects were on a thoroughly sound basis calculated to give the state authorities guidance in dealing with their mental problems from the preventive medicine angle. Both expressed the opinion that no other state agency is as well fitted to deal with the problem as is the state health department. Both, of course, feel that there should be some collaboration between the psychiatrists in the mental hospitals and the personnel of the state health department.

Doctor Preston acknowledged my letter but indicated that he considered the questions raised as too important to answer without having time for careful study, and I fear he meant his answer would not be available for the Scientific Directors' meeting November 13th.

Cordially yours,

JOHN A. FETTERELL

Doctor Lowell J. Reed
School of Hygiene and Public Health
615 North Wolfe Street
Baltimore, Maryland.

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November 19, 1942

Dear Westermann:

It would seem promising to examine a group or two or historical records by re-stating in psychological terms events and declarations which historians have ordinarily taken at only their face value. Possibly a mental mechanism which the psychologists call projection would place a new and interesting interpretation upon many forms of human behavior. The technical definition of projection is "attributing of subjective impressions to external causes," but that is too concise and I venture to expand it a bit.

Primitive human beings when faced with the interpretation of inanimate nature frequently resort to anthropomorphism, that is, ascribing human characteristics to things or events in nature, e. g. thunder is a bellow of an enraged God, etc. Furthermore most human beings, whether primitive or civilized, are inclined to interpret the conduct of other human beings in terms of their own emotions and motives. Since a man has only his own emotions and senses as the point of departure for interpreting the behavior of others, then in a very real sense "all criticism is a form of autobiography." (Oscar Wilde).

Now the important point to which modern psychology forces attention is that the emotions and motives of any individual are conscious and unconscious, proper and improper, decorous or nefas (not to be spoken, i. e. repressed). Therefore A will unwittingly portray his rebellious and repressed desires by the type of misdeeds he suspects or accuses his enemy of committing or intending to commit. This kind of projection is actually found frequently in mental diseases. An example is the potential kleptomaniac whose first impulse if he has mislaid his overcoat, is to believe that some one has stolen it, or the faithless lover who accuses his girl of misconduct when she is only five minutes late for a rendezvous.

It would seem almost certain that politicians whose weakness - consciously or unconsciously - is disloyalty to their own confederates will accuse the enemy of treacherous designs, or politicians whose dream is of territorial conquest will charge their enemies with plans to encircle and invade them.

Historians who possess the recorded pretexts uttered by a

Professor W. L. Westermann

November 19, 1942

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nation about to declare war could study the course of the war and establish the close correspondence between the projection, i. e. the motives ascribed to the enemy and the deeper objectives revealed in the peace terms imposed by the projector when victorious.

I felt certain that the Nazi accusation that the Jews were determined to defile the pure Aryans by miscegenation were projecting their own fear (or hotly denied conviction) that they were illbred upstarts. And the cry of encirclement was the projection of dreams of territorial conquest and expansion. They attributed to others motives which they possessed but didn't care or dare to declare immediately or openly.

Such proverbs as "it takes a thief to catch a thief" or "put the shoe on if it fits" or "methinks he doth protest too much" all hint at projection but do not describe it completely. Psychiatric patients abundantly illustrate the mechanism of projection, and I suspect that history is rich with similar mechanisms of human conduct.

Yours sincerely,

ALAN GREGG

Professor William L. Westermann
Department of History
Columbia University
New York City

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Mental Health

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November 24, 1942.

Dear Doctor Freeman:

It is most gratifying to learn of the steady progress you are making in regaining your strength.

Doctor Reed, Doctor Maxcy or Doctor Lemkau may have acquainted you with the discussions and questions raised regarding the Division's mental hygiene projects by members of our board of Scientific Directors. It has been hoped, of course, that a study such as the one under way in the Eastern Health District under your general supervision would lead state commissioners of mental disorders, health officers and others to consider the fruits of such studies in developing or improving state policies and programs. Before first recommending the grant from our Division for the Baltimore study, I consulted with a fairly large number of interested persons, including Doctor George H. Preston, Commissioner of Mental Hygiene for Maryland. I wrote him recently about the matter and inquired if any of the features growing out of your study have been of practical value in the Maryland situation. However, he advised that owing to the number of urgent responsibilities and the need for careful thinking before making a reply to my questions, he would be unable to give me a full statement in the immediate future.

When you are back in the School of Hygiene and Public Health, I think we might discuss the matter further and consider the advisability of calling a small conference consisting of yourself, one or two members of the mental hygiene staff, Doctor Preston, and perhaps Doctors Riley and Williams. We should be able in due time to point to information growing out of the study of practical value to the commissioners of health and the commissioners of mental hygiene. There is no hurry, but I think at your pleasure it might be desirable to arrange for appropriate discussions.

With kindest regards to yourself and Mrs. Freeman, I am

Cordially yours,

Doctor Allen W. Freeman
School of Hygiene and Public Health
615 North Wolfe Street
Baltimore, Maryland.

JOHN A. FERRELL

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Mental Health

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November 27, 1942.

Dear Doctor Kolb:

Your letter of November 18th accompanied by the November 7th letter of Doctor Goodloe to you, Doctor Rogers' memorandum on the Mental Health Program of the Kentucky State Health Department, and the Kentucky State Health Department Bulletin of May, 1940, have been received and read with interest.

The staff of the mental hygiene unit our Division is supporting in Baltimore has been weakened by the entrance of Doctor Lemkau, the Director, into the Army. However, he is stationed at the Walter Reed Hospital, to which he commutes from his Baltimore home. He is able to give some time to the study. One or two half-time psychiatrists are employed to continue his share of the work, and Doctor Tietze, a medical statistician, a psychiatric social worker, and clerk are continuing to carry on. I have suggested that Doctor Preston of Maryland be invited to become better acquainted with the study, with the hope that a statement of objectives which may favorably influence the state mental hygiene program can be considered. As Doctor Freeman has given general supervision to the mental hygiene study and he is not sufficiently recovered from a long illness to resume his duties at the School of Hygiene and Public Health, it may not be feasible to hold the conference before Christmas.

Doctor Roth, Director of the Tennessee Mental Hygiene Study, is in the Navy now and the last we heard of him he was at the Navy Hospital at Bethesda. With his departure from Tennessee there was a total suspension of activities in that unit except for the completion of an analysis of case records.

Owing to the shortage of personnel, I fear it will not be feasible to have either the Maryland or Tennessee units operate on a full staff basis during the war.

I deeply appreciate your interest and cooperation and the opinions you gave regarding your work and that which we have aided. If you should be able to make suggestions which you think would enable us to operate or cooperate more effectively in the mental hygiene field, I trust you will be good enough to let me have them.

Cordially yours,

JOHN A. FERRELL

Doctor Lawrence Kolb
Assistant Surgeon General
U.S. Public Health Service
Division of Mental Hygiene
Washington, D.C.

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Mental Health

Columbia University
in the City of New York

DEPARTMENT OF HISTORY

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27 November 1942.

Dr. Alan Gregg
Rockefeller Foundation
49 West 49th Street
New York City

My dear Gregg:

My thanks for your kind letter upon the process of projection and particularly for the suggestion that knowledge of that process is a matter of historical importance. I have not as yet had time to take it up with one of my students but hope to do so in the near future.

Things begin to look rather well on the war fronts. Through the Darlan episode we seem to be reaping the fruits of diplomatic indirection. Fundamentally, Mr. Willkie is right in his opposition to this sort of diplomacy as un-American. Actually, it seems to be bringing home the bacon!

Sincerely yours,

W. L. Westermann

W. L. Westermann

DEC 5 1942

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Mental Health

THE JOHNS HOPKINS UNIVERSITY
SCHOOL OF HYGIENE AND PUBLIC HEALTH
615 NORTH WOLFE STREET
BALTIMORE, MARYLAND

MAR 24 1943

DEPARTMENT OF
PUBLIC HEALTH ADMINISTRATION

December 3, 1942

Dr. John A. Ferrell,
The Rockefeller Foundation,
49 West 49th Street,
NEW YORK CITY.

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My dear John:

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Thank you for your letter of November 24.

I am continuing to improve and will, I hope, be on the job at least for part time, about the first of the year. Just as soon as I am able, I will write you again about the proposal for a conference on the practical application of the mental hygiene research.

With sincerest good wishes,

Very truly yours,

AWF-S

A. W. Freeman

A. W. Freeman, M. D.



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Mental Health

COMMISSIONER OF MENTAL HYGIENE
GEORGE H. PRESTON, M. D.

MAR 24 1943
BOARD OF MENTAL HYGIENE
STATE OF MARYLAND
330 N. CHARLES ST.
BALTIMORE, MD.

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F. S. ROBERTSON, M. D.

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December 15, 1942

Comments? -

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Dr. John A. Ferrell,
Associate Director,
International Health Division,
The Rockefeller Foundation
49 West 49th Street,
New York, N.Y.

Dear Doctor Ferrell:

Enclosed is a report which I received from Dr. Haugen
in Oregon and also some of the material in regard to Levy's work in
New Jersey. You do not need to return any of this.

Sincerely yours,

George H. Preston, M.D.,
Commissioner of Mental Hygiene.

GHP:D.

Report by

Gerhard B. Haugen, M.D. 1943

Director, Div of Mental Hyg.

Oregon St Bd of Health

Portland Ore

There is as yet no beaten path to follow in the establishment of a Mental Hygiene Department. It therefore seems unwise to try to be too ambitious in making preliminary plans. For the first few years, the personnel involved should be limited, and every venture considered as experimental--as an attempt to find out where time and money can be spent the most advantageously.

There have been two main fields of activity in Mental Hygiene, which unfortunately have tended to be mutually exclusive. One is that of general education, and the other the sponsorship of clinics treating persons with "nervous and mental ailments" and treating "problem children".

My present belief is that such a division of effort and goal is shortsighted and wasteful. Literature and lectures without adequate demonstration is not good teaching. On the other hand, clinics which concentrate on therapy for a limited number, tend to overlook the possibilities of a general educational program, and are consequently very expensive when one considers the per capita cost of their effective effort.

It appears impractical, if not impossible (because of the expense and the lack of personnel) even in peace times, to set up enough clinics to handle all the cases that need or desire help. This is particularly true in handling adults, where frequent personal interviews with the physician are necessary. It is somewhat more practical in dealing with children, where at least part of the therapy can be delegated to others. The Child Guidance program now in effect in Oregon is somewhat unique in that respect, and is still considered as experimental.

The rationale of conducting therapeutic clinics to carry out a preventive program is that by early treatment one can perhaps obviate later major difficulties. This is by no means proven. Relatively little is known about the etiology of the psychoses and the neuroses. Furthermore, the bulk of children brought to a clinic are not of the type which the textbooks say are likely to develop schizophrenia; where adult clinics are held, it is seldom a "sub-clinical" case is seen.

Clinics are, however, extremely valuable for their educational value. A medical school without an outpatient department is incomplete; therapy is given there, but that is not its primary purpose--the main function is to acquaint students with practical applications of what they have learned in their didactic courses. Similarly, child guidance and adult psychiatric clinics are necessary to enable interested persons to become better able to make use of what they have read or heard of mental hygiene. From this point of view, one is not justified in making the clinics more elaborate than the educational needs require.

The clinic approach appears to be the best way to contact interested persons in the Child Guidance field. However, in dealing with adults, where much direct therapy by the physician is essential, the clinic method has many drawbacks. Unless the physicians in the community can participate, the potential educational opportunities have been lost. This would necessitate that the physician take time out from his practice at regular intervals, and that he accept a rather obvious "student" role at first. It is difficult for the average practitioner to do this.

The most efficient way to enhance effective application of what is now known about Mental Hygiene appears to be concentrating on professional groups that have use for the knowledge in dealing with the general public. The main ones are:

1. Physicians
2. Nurses
3. Social Workers
4. Teachers
5. Clergymen
6. Lawyers
7. The personnel of institutions dealing with delinquents

Suggested Program for Physicians:

1. Get approval of the State Medical Society for post-graduate courses, sponsored by the State Board of Health and the Medical School as a joint program.
2. Talk before the County Medical Societies, outlining the problem and the proposed procedures.
3. In a community where some interest is shown, conduct a post-graduate course, as follows:
 - a. Help each physician who participates to choose one of his patients for therapy. See the patient, with his physician, daily if possible, in the physician's own office. Coach the physician until he can carry the case along fairly well. Repeat the process with another of his patients if necessary. Make frequent contacts during the following months, to give further help.
 - b. Meet with the physicians one night a week, to discuss problems that have arisen, diagnosis, therapy, etc.

4. Plan courses in adjoining communities, to keep contact with previous ones as long as possible.

Suggested Program for Nurses:

1. Public Health Nurses.

- a. Continue, and expand conferences in connection with the Child Guidance Clinics.
- b. Continue courses for nurses in training under the Public Health Department.
- c. Conferences for Supervisors, and with the Department of Nursing Education.

2. Nurses in training in General Hospitals.

This is a big job, and no feasible plan to handle it presents itself at this time. It can be more easily cared for after the program for physicians has become effective--with their cooperation and sponsorship.

Suggested Program for Social Workers:

Oregon has relatively few professional Social Workers and aside from those in Multnomah County, they are scattered and difficult to contact as a group. There is no School of Social Work in the state. This part of the program cannot therefore be given all of the attention it deserves. The following suggestions seem feasible:

Circulating Books

- 1. Arrange for addresses at Social Work Conventions.
- 2. Give consultation to field workers of the Children's Department.
- 3. Aid Children's Department workers to arrange a series of monthly conferences for foster mothers in their

respective counties at which behavior problems and other health matters will be discussed under direction of various physicians, pediatricians and other specialists.

Suggested Program for Teachers:

1. Increase the number of conferences and lectures in the communities now getting Child Guidance service.
2. Arrange for lectures at Teachers' Conventions.
3. Work toward the eventual employment of a psychiatrist to spend one quarter at each of the three Normal Schools and at the University of Oregon Summer School. He will conduct demonstration Child Guidance clinics; participate in lecture work, conferences, etc. in connection with the Teacher Training Program.

Suggested Program for Clergymen:

This is such a heterogeneous group that little specifically can be planned. In some communities, one or more clergymen are connected with the local Child Guidance committee. Perhaps through them, invitations to address group meetings can be arranged.

Suggested Program for Lawyers:

1. Arrange for addresses before Bar Conventions.
2. Conduct a course at the University of Oregon Law School, outlining the characteristics, problems and general care of the most outstanding psychiatric syndromes. (It has been suggested that in defense of the physicians, this be deferred, to keep the lawyers from being "one up" on them.)

Suggested Program for Personnel of Institutions:

1. The State Institutions for delinquent boys and for girls are both interested in obtaining psychiatric aid.
2. A demonstration program could be inaugurated on the

basis of one case a month at each institution. This case will be fully prepared, and discussed at a staff conference.

3. Courses of lectures for the personnel will be planned to supplement the case studies.

4 Chin's a Institution

Although knowledge concerning Psychiatry has expanded a great deal in the past few decades, adequate teaching of this subject in medical schools has been rare. At the University of Oregon Medical School, a Department of Psychiatry was formed about ten years ago and has been able to expand fairly satisfactorily. Physicians who graduated from the School previous to that time had very little instruction in the subject aside from a few demonstrations of psychotic patients.

It is granted that there is no need for a general medical practitioner to be a trained psychiatrist anymore than there is need for him to be proficient in the removal of cataracts. It is, however, desirable that he know in general as much about nervous and mental diseases as he knows about ophthalmology, orthopedics, pediatrics, dermatology, roentgenology, etc. All physicians are aware that many of the patients they see suffer from "psychic" illnesses. Few of them, however, have had sufficient training in dealing with such conditions to either properly diagnose or treat these cases.

At the Medical School, it has been possible to work out simple methods of diagnoses and treatment which enable the physician to handle adequately a large percentage of the minor psychiatric cases which he sees. Medical students have been able to use these methods successfully in the out-patient clinic. From time to time physicians have attended psychiatric clinics at the School and have been able to learn enough about the subject so that they have found it useful in their practices. There have, however, been no practical ways heretofore to enable medical practitioners in general to obtain this instruction.

Aside from the State Hospitals, specialists in Psychiatry have all been located in Portland. A year ago there were enough of them to serve the present needs of the city and to take care of all the cases that were referred from the rest of the state. Now, due to the war, there are only two in the city and one of these must spend half his time in connection with Medical School activities. It seems, therefore, that for the duration of the war, psychiatric patients must either be sent to a State Hospital or treated by the family physician.

It is very seldom practical for anyone not a specialist in Psychiatry to try to deal with the frankly psychotic patient. During the emergency, such patients will have to be sent to the State Hospitals in spite of the overcrowded conditions that exist there. However, these hospitals have never had sufficient facilities to deal with the large group of psychoneurotic patients who need help. Only a small percentage of the cases go there for relief.

Psychiatrists feel quite strongly that the earlier in the course of the disease treatment can be started, the greater are the possibilities of achieving a cure. They have all noted the large percentage of cases that have been observed by the family physician for a long period before special aid is sought and have been urging a greater familiarity with these conditions for the general practitioner.

Since the experience has shown that it is possible for a general medical man who is interested, to learn enough about this subject to deal with a large percentage of the psychoneurotics, some program to make this information available to them at this time, is needed. An attempt should be made to establish such a program.

Recently a series of lectures and conferences on Maternal and Child Care was offered to physicians of the state to aid them in learning quickly and easily of new developments in this field. These courses were given under the joint auspices of the State Board of Health and the University of Oregon Medical School with the approval of the State Medical Society. It had been planned to offer similar courses dealing with the subject of nervous and mental diseases, stressing particularly those conditions which are met most frequently.

The general practitioners of the state are now very busy. Certainly few of them, outside of Portland, would have time to pursue organized post-graduate studies. Therefore, the training must be brought to them and it must be made easy for them to get this information with the least possible interference with their regular practices. The proposed plan for carrying this out is as follows.

The Director of Mental Health for the State Board of Health will contact physicians in the larger communities outside of Portland and solicit an invitation to speak at a meeting of the local Medical Society. He will attempt to present a brief picture of what constitutes psychoneuroses and how they can be treated. An offer will be made to give instruction (free of charge) in this subject locally if enough physicians express an interest in participating.

Since clinical material must be available, it will be suggested that each physician who wishes to participate will choose one of his patients whom he feels needs assistance in this field. The Director will then make arrangements to see the patient with the physician in the physician's office. The Director will remain in the community for the required period of time so that he can see the patient several

times a week until the physician has become able to carry on with the case by himself. It may be necessary to treat several patients with each physician before the course is completed. If so, the aid will be gladly given.

In addition to this, evening meetings for those interested will be held in which general problems can be discussed and other psychiatric problems can be touched upon.

This will necessarily be a slow procedure. However, it is anticipated that when the course is finished in the community, there will be several local physicians who will be able from then on to deal with the ordinary psychoneurotic patient who exists in the community. It is taken for granted that not all physicians are interested in this aspect of illness and that these, as a matter of course, refer psychiatric cases to someone who is interested in them and who has had some experience in dealing with them.

*Dr. Solove Levy - Consultant, Bureau Maternal & Child Health -*Selected Records of Case Reports*Trenton -*

MAR 24 1942

1. Family with first baby of two weeks. Birth certificate delivered. Father home. Parents inclined to be over-solicitous and over-careful. Father as much interested in our information as mother. They asked minute questions about the care of the baby indicating their concern by being afraid to open a window in the whole house even though they themselves were accustomed to a great deal of fresh air. After the nurse made her contact, I found this home one in which it was easy to bring out the relationship between proper physical and emotional care of the baby, stressing that the parents' emotional attitude, particularly in the case of a nursing mother, would effect the baby as much as the actual physical care. After the visit, I generalized this situation for the nurse, pointing out how important it is for parents of this type to be made aware of the implications of all their conduct toward the baby and to ease their concern through practical help and advice.
2. Another visit with birth certificate. We found the mother at home but the baby in the hospital due to premature birth at 8 months. The mother informed us that this is a first baby after 17 years, that she did not want a baby, but now that it is here she loves it very much and wants to do everything to nurse it and give it the best of care. She is pumping her breasts and taking the milk to the hospital daily for the baby. Discussion brought out that her only sister had died 19 years before in childbirth, that she had married the husband and brought up her sister's baby. Brought out importance of not spoiling this baby, recognizing how difficult it would be, under the circumstances, for this mother to develop a desirable attitude in connection with her baby.
3. Home with first baby, 5 weeks old. Mother young and inexperienced, not adjusting too easily to situation. Baby nicely cared for but mother showed concern about each minute detail. Suitable discussion to help mother of this type, stressing the effect of worry and nervousness on her part on development of the baby.
4. Home modest but attractive, with two children, 6 years and 3 months, apologetic type of mother. Had been brought up in better financial circumstances in her girlhood, admits she is despondent at times because of all she has to do herself and all her children are doing without. She showed us beautiful hand-made things she had made for the baby. Informed us that she washed clothes twice a day, once after all the family had gone to bed, and bemoaned the fact that her work was never finished. Suitable discussion to meet the emotional difficulties of this mother, also practical suggestions regarding a schedule of time for her work. The boy has shown behavior difficulties since the coming of the baby; although the mother mentioned these, I felt it better to devote my meeting to her own problem of adjustment, talking over with the nurse after our visit the desirable handling of the child who has been displeased by another baby.
5. Home, poor but clean, with month old baby. Five year girl died a few months ago. Mother brought out pictures and wept as she told of her bereavement; and intense concern about new baby is apparent. The concern has also the desirable consequence of mother following nurse's advice implicitly, whereas the former child was rather carelessly reared. Sympathetic, but salutary, advice given to mother about control of her feelings and caution

necessary not to allow her worry and concern effect the life of the new baby. The nurse kept telling the mother she must forget the child who died; the mother resented this. After the visit, this was talked over with the nurse who admitted that perhaps she could not understand because no bereavement had taken place in her family.

6. Family (Italian) mother prenatal with boy 2½ years and girl 4½. The children are rather wild; the mother yells at them and slaps them. She evidenced no understanding of children's natures, development and age needs. Tried to help her see need for activity in children of preschool age, discussed inexpensive toys and ways to keep the children active and busy. The mother seems desirous of bringing up her children well, has a limited background; but I feel continuous efforts of nurse to teach her will improve things.

7. Family (Italian) with only child of 3 years. Child seemed precocious but self-conscious. Mother over-concerned about the child, who has never played with other children. Need for companionship discussed. Attempt to re-condition child made in regard to fear of stick with which doctor examined throat by nurse giving several to the child and encouraging it to play doctor with her dolls. Mother worried about constipation of child despite desirable diet. Nurse discussed this with the mother. After the visit, I pointed out to the nurse the possibility of the constipation being due to over-concern and intensity of the mother about the matter, explaining this to her but cautioning her to be careful how she presented such a novel idea to the mother.

8. Family (Italian) with three children, 13 year old boy, 9 year boy and 16 month girl. "Child just weaned" the mother proudly informed us immediately upon our arrival and acknowledged that what the nurse had told her about the improvement in eating and sleeping that this would bring, was working out. The mother seemed absorbed in her first girl, which had come after eight years of waiting. Discussed importance of older children not feeling mother's whole interest was centered in the youngest child and importance of not spoiling the little girl and making older children give in to it because it was little.

9. Family with only child, one year old. Mother intelligent and co-operated with nurse. Child was in play-pen with sensible toys. Talked of ways of weaning baby from bottle and the need for activity of child in toddler age and ways to handle this stage of child's development.

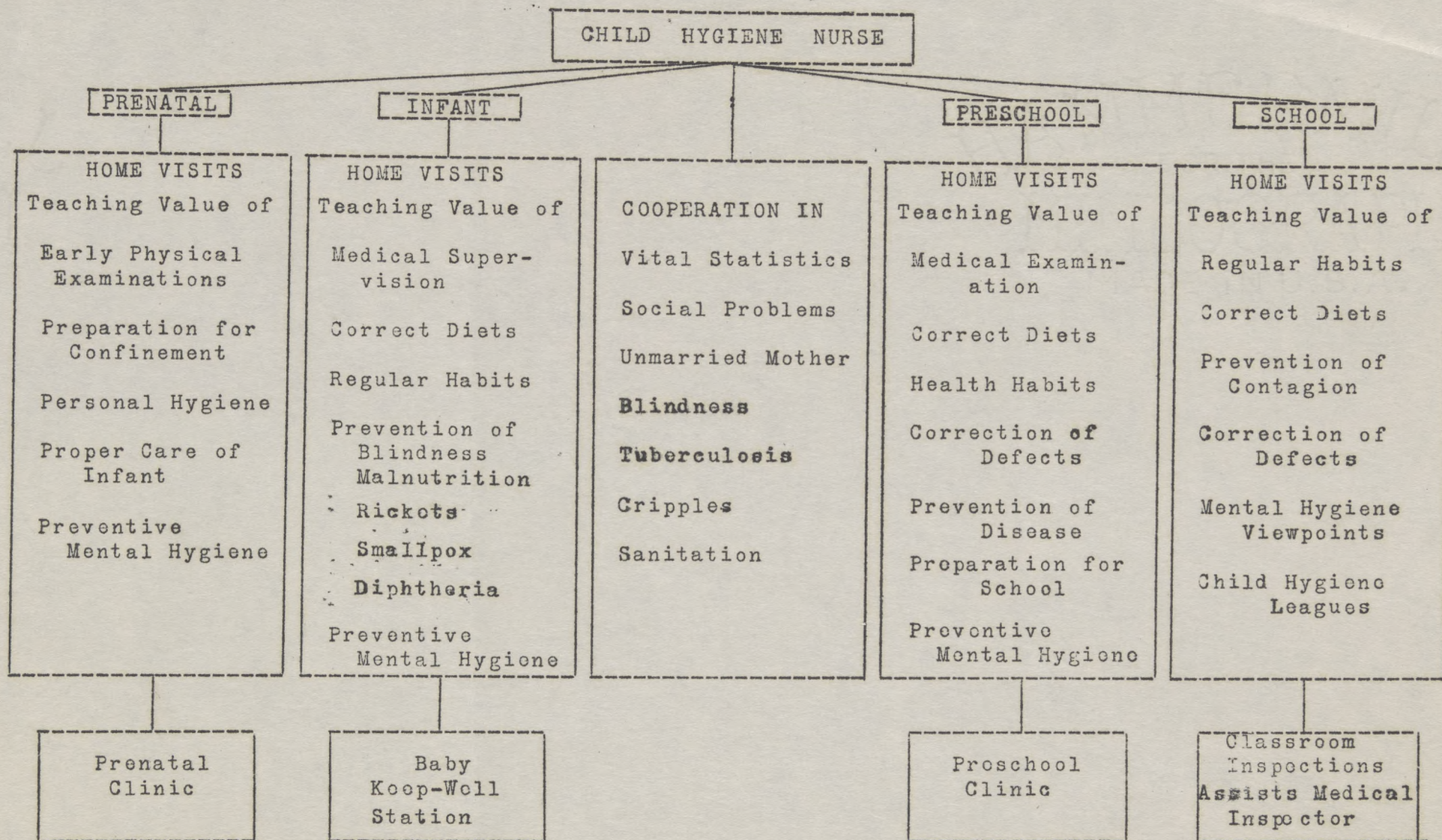
10. Family with baby of 4 weeks and 14 year old son by a former husband. Mother is in her forties. Baby was crying and being held by the mother, who was distracted upon our arrival. It seemed a possible feeding situation combined with spoiling. The nurse was aware of the possible emotional implications in the mother's feeling and handling of this baby because her husband, many years younger, had deserted her three months before the baby was born. The effect of the mother's feelings and conduct on the behavior of the baby was discussed at length with the mother.

11. Family with only child of 2 months. Mother young and intent (perhaps too intent) on giving baby modern training according to everything that is written in the book. There is mother-in-law trouble, for the grandmother is a midwife and feels the daughter should bring up the baby according to her advice. Fortunately, the son is on the wife's side. The necessary effort here seems to be to help the mother to be tolerant and understanding with the mother-in-law without giving in to old-fashioned ways. The mother wondered about the desirability of early bowel training. The modern point of view with reasons were explained to her.

12. Family (Polish) with only child of one year. Mother a prenatal in her eighth month, under the supervision of a midwife. Mother has sleeping difficulties with her baby. Importance of establishing good sleeping habits before the birth of her other child explained to the mother and the possible reasons for the difficulties she described. We tried to get her to see that her baby had learned that he did not have to sleep and that mother would pay a lot of attention to him when he did not. Anticipatory teaching about her child's developing need for activity and that despite the fact that there would be two babies, he should not be restrained or punished unnecessarily.

13. Family (Polish) with three children; girl of 8, boy of 6 and baby boy of 1 year. Mother had begun bowel and bladder training of baby and was speaking it when unsuccessful. General discussion of punishment here and in other situations. Mother alternated between loving and scolding the child. Discussed.

Discussed importance of outdoors. Mother, due to limited funds at the present time, was ashamed to take child out because she did not have proper clothes for it. Discussed.



This is a sample page of

-4-

Nurses' Discussion Groups

BERLIN (December 4, 1940) *Problems presented by nurses*

3. Nurse reported case of mother of baby and young preschool who showed resentment at being told what children should be fed despite effort on part of nurse to be sympathetic. Nurse even discussed situation with father. Family had been on relief. Husband now has a job and mother's attitude toward nurse is changed. She accepts advice.

Discussion of ways that nurse might have handled situation that might have won mother's cooperation previously.

Discussion developed in which two nurses felt that children were easier to handle as they grew older, with many problems disappearing. Other nurses took opposite point of view.

This creates opportunity to indicate to nurses how the difference in their backgrounds and personalities effect their thinking and teaching of mothers in the parent-child relationship field.

4. Nurses discussed not making real contact with mother. Mother says she does everything nurse advises. However nurse at times notes inconsistencies and also that the mother never asks questions of nurse.
5. Similar situation was presented where the mother appears friendly and welcomes nurse's visit but goes her own sweet way in bringing up her child, disregarding many suggestions from the nurse. Nurse has come to feel antagonism to this mother after several unsuccessful visits. General discussion of nurses' attitudes.
6. Family with only child of 3 years. Mother is a college graduate but her brother and sisters are Phd's and Psychologists. Boy stutters and has eating difficulties. Mother speaks of her family criticising how she is bringing up her child. Personal insecurity of the mother, with its emotional effect on the child, discussed.

3/24/42

CONTENTS

1. Description of organization of Bureau and activities of child health nurses.
2. Pamphlet "An Experiment in Training Nurses to Help Mothers in Preventive Mental Hygiene."
3. Syllabus of courses given to nurses.
4. Samples of lectures given as part of course.
5. Bibliography for reading.
6. Samples of material taken up with nurses at discussion groups and in visits with nurses in homes by Supervisor of Parent-Child Relationships.
7. Suggestions to Nurses Correlating Important Phases in Physical, Mental and Emotional Development of the Preschool Child.
8. Sample of mental hygiene pamphlet.

The following mental hygiene pamphlets were distributed to nurses and supervisors for reading and discussion:

- "What Constitutes A Healthy Parent-Child Relation" by F.H. Allen
- "Mental Hygiene And The Individual Child" by George K. Pratt
- "In The Order of Their Arrival" by Harold E. Jones
- "Twins" by H. E. Jones
- "Twins- Their Value to Science"
- "The Child As the Therapist Sees Him" by Frederick H. Allen
- "The Quest for Emotional Honesty" by Ralph P. Bridgman
- "The Impact of Society Upon the Child" by Kimball Young
- "When Children Play At Home." by Mary P. Roberts
- "The Child Becomes A Social Being" by H. E. Jones
- "The Dangers and Advantages of Sex Instruction for Children" by Karl de Schweinitz
- "What Money Means to the Child"
- "Guidance and Punishment" by Ethel B. Waring
- "Discipline" by Harold H. Anderson

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Mental Health

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MAR 24 1943

December 21, 1942

Dear Doctor Riley:

I appreciated your arranging for the conference with Doctor Preston. I think it would be helpful if you and he could have conferences with Doctors Freeman, Lemkau, Tietze and others identified with the mental hygiene study from time to time. Some time and collaboration may be necessary to blend and unify the ideas of Doctor Preston and other psychiatrists and those approaching the mental hygiene problem from the epidemiological point of view.

With regard to the school-health and school-health-nutrition projects which I mentioned in connection with North Carolina and Mississippi, I am sending you herewith extracts from memoranda which will give you a general idea of the arrangement, objectives and personnel of the set-up in each state. I shall be glad to discuss further with you in conference or through correspondence any interest you may have in the fields above mentioned.

Cordially yours,

Doctor Robert H. Riley
State Department of Health
Baltimore, Maryland

JOHN A. FERRELL

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Mental Health

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December 24, 1942.

Dear Doctor Freeman:

About a week ago while I was visiting Doctor Riley, the question of mental hygiene in Maryland came up and Doctor Riley phoned and invited Doctor Preston to his office for a short conference. He seemed to be fairly familiar with the mental hygiene study in the Eastern Health District, with the publications, and with members of the staff, but he alluded to the observations as being almost entirely statistical and he did not seem to have very definite ideas as to how the plan of the study or its fruits might be integrated with the appropriate services in Maryland. Herewith enclosed is a copy of a letter I am addressing to Doctor Preston in acknowledgment of statements incorporating the views of Doctor Haugen of Oregon and Doctor Levy of New Jersey. On the occasion of my last visit to the School of Hygiene, Doctor Tietze told me that he and Lemkau were familiar with Doctor Levy's ideas and also with the program being carried out in Connecticut by Doctor Cunningham. You and your associates may consider it worth while to try to cultivate and even to educate a limited number of commissioners of mental hygiene and possibly to gain from them any ideas they might like to have considered.

Cordially yours,

JOHN A. FERRELL

Doctor A.W. Freeman
School of Hygiene and Public Health
615 North Wolfe Street
Baltimore, Maryland.

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December 24, 1942.

Dear Doctor Preston:

Your note of December 15th and the enclosures relative to the ideas of Doctor Haugen and Doctor Levy were received and have been found interesting.

I valued the opportunity of discussing the mental hygiene projects we are aiding with you in Doctor Riley's office. Although the early years of the studies have been largely statistical for the purpose of establishing a base line of incidence or frequencies, I am hopeful that the procedures of the future may test the possibility of lessening the mental hygiene problems in the Eastern Health District. Such measurements, of course, are impossible unless a base line of frequency at a given date is first established.

I trust you will keep in touch with Doctors Freeman, Lemkau and Tietze, so as to keep informed as to their program of activities and to make suggestions as to observations calculated to increase the value of the studies to executives in the mental hygiene field, psychiatrists, and others.

Cordially yours,

Doctor George H. Preston^D
 Commissioner of Mental Hygiene
 330 North Charles Street
 Baltimore, Maryland.

JAF:WHL

Copy to Dr. Freeman