

tute has been in existence no child dependent on the United Jewish Social Agencies has been committed to a state institution for the feeble-minded, epileptic, or insane, and in most instances not even to a boarding home, without first having been carefully studied at the Institute. The immense value of such a procedure both from the scientific standpoint and from the social and economic standpoint must be apparent to all.

One of the immediate results of the work at the Psychopathic Institute was the establishment by the United Jewish Social Agencies of the Home School. Cincinnati, like every other community, has its problems of the feeble-minded. Several years ago, with the coming into vogue of psychological or mental testing, the problem of the feeble-minded was forcibly brought to the attention of the community. The number of feeble-minded individuals discovered in the community as a result of the psychological tests was astounding. Not only was the number tremendous but the actual and potential power for evil of this group was said to be incalculable. The psychologist was asked for a solution and the answer was "institutionalization." It was obvious that such a solution was merely palliative and not curative. Furthermore, those in charge of the work felt that feeble-mindedness was not a condition that could be diagnosed by means of a psychometric test alone. In fact, they felt that feeble-mindedness was not a condition "per se" at all but merely a symptom of some underlying constitutional condition which possibly could be improved or even

entirely eradicated. It was with this hopeful and constructive and scientific point of view in mind that the Home School was dedicated to the social and physical rehabilitation of mentally retarded Jewish children. At the Home School the problem of the feeble-minded is attacked from every angle, and medical, social and occupational therapy are resorted to in order to make useful and self-supporting citizens out of children who would otherwise be thrown on the social scrap heap.

Finally, every community should have at its disposal a hospital where acute and subacute mental conditions of adults can be treated. The average hospital is not equipped to handle such cases and will not admit them. The result is that these individuals must either be sent to private sanitariums or be committed to state institutions for the insane. The former is impossible for those dependent on social agencies for support and the latter is not desirable for various reasons.

In the first place, the state institutions are as a rule overcrowded and understaffed. In the second place, they house principally the chronic and incurably insane individuals. As a result they are not equipped to handle efficiently the large number of acutely psychotic individuals who are sent in for treatment. The great majority of such patients, if given proper care and treatment, recover completely. They should therefore not be subjected to the odium of a lunacy trial in a probate court and to commitment to a state institution for the insane.

TO SUMMARIZE briefly, a community mental hygiene program as we have visualized it should consist of (1) a neuropsychiatric clinic to which all cases presenting medico-social problems should be referred for examination; (2) a habit clinic for children of pre-school age; (3) an observation home where intimate, intensive and prolonged study of problem children can be made, and (4) an institution where reconstructive work with mentally retarded chil-

dren can be carried out. In addition, hospital facilities should be provided for the acute mentally sick individuals. The personnel necessary to carry out such a program must include a psychiatrist, a psychologist, a psychiatric social worker and case workers.

By means of such a far-reaching program, we have every reason to hope that the mental hygiene problems of the community will be greatly alleviated and ultimately controlled.

DISCUSSION OF DR. LURIE'S PAPER BY DR. H. E. AUGUST

WE MUST, all of us, have been impressed with the decidedly pretentious and ambitious program which Dr. Lurie has outlined for us in so clear a manner in his paper. Certainly, such a program is advanced much beyond that which we have to show in Detroit, especially in the feature of the observation home. We proposed such an idea in our annual report about a year and a half ago, obtained the board's approval of it, and it is, at the present time, in the hands of a committee. Generally speaking, the program which he urges accounts in considerable measure for most of the immediate needs of the average community.

However, far-reaching as such a program is, it seems to me that it covers only part of the field. I must take issue with Dr. Lurie's statement that "progress in psychiatry and in psychiatric methods have kept pace with progress in medicine in general." Only recently I read an article which purported to show, with considerable reason and truth,

that psychiatry today was advanced little beyond the psychiatry of Hippocrates. The author of the article detailed changes in nomenclature and the refinement of certain theories, but claimed to find little else that was different, even in methods of treatment.

Nor should such a finding occasion particular surprise. Medicine in general made little progress until the past forty or fifty years. And even then progress was not made, particularly in the field of curative medicine, in the art of healing. The number of drugs at our command which have a specific curative effect upon specific diseases is woefully small. Most of them were discovered empirically, and few of them are of recent date. Curative medicine, at best, has little more than palliatives to offer. We can ease our patients through their illnesses, we can build up their resistance, we can support their failing strength, but in most cases, in the last analysis, we can only stand by. Nor is the situation any different

when we turn to the particular field of psychiatry. It is of little avail to determine that Johnny is feeble-minded, or that William has dementia praecox, or that Sammy is a constitutional inferior. We have little of specific value to offer for these conditions. The types of conditions which psychiatry or psychiatric methods can cure are no greater in number than the types of medical conditions for which we have specific cures. Change of environment, re-education, special training, readjustment are in most cases only supportive measures. There is very little that is curative about them. In the last analysis, they are little more than palliative.

FORTUNATELY, however, curative medicine is only a small part of medicine in general. A much larger, if relatively newer, aspect is that of preventive medicine. In this field much progress has been made and there is much of which we may boast. Preventive medicine deals not only with individuals, but with whole communities, states and countries. It undertakes not only to cure individuals of certain ailments, but to completely eradicate those ailments. In this field medicine may truly be said to have been socialized, untold numbers of people have been rescued from devastating illnesses, projects of enormous importance to world progress have been made possible, and the general social status of vast populations has been greatly raised by the application of its principles.

And it is in this aspect that present-day trends in psychiatry are decidedly lacking. Fundamentally, even such a program as Dr. Lurie's

makes no provision for work in a field of the prevention of medical and social psychiatric problems. Remember that I am not speaking of individual cases, but of general principles. Trying to prevent the development of a psychosis in an individual who shows psychotic potentialities is no more preventive than is covering a window with a fine mesh cheese cloth to prevent the Anopheles mosquito from getting through to inoculate a potential malarial patient.

True preventive medicine strikes at the source of breeding of the Anopheles mosquito. It eradicates malaria by eliminating the breeding possibilities of the carrier of malaria. It prevents the transmission of the plague by killing off the rats who are the carriers of the plague. And true preventive psychiatry, if it is to accomplish its purpose, must accept the basic principles of prevention. It must also strike at the source, at the root of the difficulty which besets it. It must eradicate psychiatric conditions by eliminating the breeding possibilities.

HERE, of course, we run up against the most fundamental of all possible difficulties, namely etiology. What are the causes of psychiatric disturbances? Are they hereditary or are they acquired? Do they represent innate weaknesses, or are they developmental disturbances?

I appreciate the desirability and the necessity of keeping an open mind. I realize the need of optimism. I deplore fatalism. Nevertheless, actual facts must point the way. And it seems hardly possible that any of us who have dealt with

the individuals under discussion could have failed to be impressed with the monotonous regularity in which evidences of seriously impaired heredity is involved. And conversely, we must all have been impressed with those infrequent occasions in which environmental factors could be ascribed as the sole etiological agents. As a matter of fact, pure environmental situations rarely reach the psychiatrist. Remedies for them are easily accessible to the layman who is not slow to make use of them. So that, as a matter of actual practice, we are left to deal mainly with those situations in which heredity plays a definite and often all-important part. Even the psychiatrist is unable to alter an individual's heredity. And we are forced to the unfortunate conclusion that if we are to eradicate effectually psychiatric problems from the community, we must eliminate the source from which they spring—we must prevent that type of breeding which involves the production of handicapped and disabled offspring.

Nor am I contemplating anything particularly drastic. We have the necessary weapons at our command. But we must educate the public to the point where not only will their use be sanctioned legally, but an actual demand for their use will be made. Weapons such as eugenics, birth control and sterilization are today more or less in the hands of small groups and cults and in general disfavor only because the general public has not been properly educated to their potentialities for good. Only recently I had occasion to examine a young Jewish girl of 18 who had given

birth to an illegitimate child. I found her to be definitely feeble-minded but able to support herself partially by working as an extra sales girl in a large department store during special sales. The father of her child was a ne'er-do-well son of a neighbor and had disappeared. The girl's father was an unsuccessful petty business man, and her mother a turbulent psychopath of low mentality. There were three sisters and one brother. One sister and the brother I never saw. Of the two sisters I did see, the elder was well known to the police and health department as a common prostitute, and the younger was more obviously feeble-minded than the patient. I recommended committment as feeble-minded and sterilization. Immediately there was aroused a small storm of protest headed by rabbis, lawyers, doctors and laymen prominent in social activities, all of whom took the mother's viewpoint that I was persecuting the girl because of one misstep, and more than one of them asked if I would drop the proceedings if a man could be found who would marry the girl.

I have elaborated these details to show, in the first place, the importance of heredity, often indirect, in the production of psychiatric problems; and in the second place, to demonstrate that even the supposed leaders in the community are sadly lacking in proper viewpoint. The only problem which they could recognize was the illegitimacy. They failed entirely to appreciate the terrific social casualties which might result if this girl were permitted to continue to propagate, and they smugly advised marriage.

It is because of this downright ignorance of the sociological and psychiatric viewpoints among even the most enlightened leaders of the community that I feel that any mental hygiene program which does not make adequate provision for the dissemination of education by every means possible, in order that the basic principles of true prevention may be made easily operable, is occupying only a part of its available territory. Such a program is expending its pound of cure, but is ignoring its ounce of prevention.

I realize the importance of present-day programs; that we must care for immediate problems as

well as look to the future; that germinal plasm will continue to "run down" and new psychiatric problems be germinated thereby. Like the poor, the medico-social problems will always be with us, since, in the last analysis, we cannot completely control human conduct. Mass thought lags many years behind scientific thoughts. Changing mass psychology requires patient, hard, unremitting effort. But true prevention can offend no one, and its operation will greatly enhance our potentialities for good by relieving the pressure produced by present-day license and ignorance.

EDITORIALS

Because of the pressure of work attendant upon Dr. Rubinow's change of affiliation and residence he found it impossible to write the editorials for this issue.

H. S.

CERTAIN TRENDS OF THE TIMES AND THEIR BEARING ON SOCIAL WORK¹

BY ALICE L. SELIGSBERG

IT IS the purpose of this paper to point out certain trends of the times that are reflected in social work, and to leave the prophesying as to which trend will be followed, and as to how these trends will affect our work in the next ten years, to you. Perhaps, by the way, I may indulge myself in the pronouncement of a few Utopian ideas.

We are all more or less aware of two complementary forces at play round about us: one, toward centralization of power, of management, of production, of materials, of masses of men—geographically and politically—accompanied by a great and ever greater mechanization and standardization of life; and the other—I shall have to call it decentralization for want of a better term—but it is really not the break-up of something compact, but rather the persistence of old separate small units, and the creation of new, which afford a rich opportunity to humanize life and develop personality.

A fascination is exercised by vastness and bigness that small things lack. Mankind has delighted not only in inventing giants, build-

ing pyramids, and, in these days, stupendous forty- or fifty-story structures, but in the layout of vast schemes of all sorts, too. We are always tempted to construct towers of Babel in the hope of that way reaching our heaven, yet there is no *one* way of getting there. We need the big things, but we need the small, too, to complement the big, or to oppose them, as the case may be, and to create new approaches to the ultimate goal.

The two trends toward centralization and decentralization manifest themselves in almost every field of human activity. In politics, we see the one trend in imperialism with its marked tendency to convert variety of culture into uniformity; and the other trend in the revival of old small nations: the Irish, the Jewish, the persistent fight of the Filipinos, the growing national consciousness in India, in China. I would not be misinterpreted. There has been much good in imperialism and much evil in nationalism. Perhaps they are opposite ways of approaching a far-off world federation, but true it is nevertheless, that one fosters uniformity and mechanization, and the other produces greater diversity and less machine-made minds. It is a curious thing

¹Paper presented at National Conference of Jewish Social Service, Cincinnati, Ohio, May 10, 1928.