

MENTAL HYGIENE AND ITS RELATION TO PUBLIC HEALTH*

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THE MENTAL HYGIENE movement would seem to be very popular. So have been all the various health movements. In this very popularity, however, lies its greatest danger, since it cannot but tempt well meaning but inadequately trained enthusiasts to exploit attractive but by no means as yet proven theories, and may encourage hopes impossible of realization. The result of this tends rather to discredit our cause. How to minimize this danger should be one of the serious objectives of our organization and is the subject of this paper.

By mental hygiene we mean that department of medical knowledge which concerns the preservation of mental health. Psychiatry interests itself in the diagnosis and treatment of the mentally sick person; but mental hygiene tries to conserve whatever mental health there may be in either the well or the sick person. Psychiatry differs from hygiene in that it should always be an individual matter, a question for an expert and his patient. Hygiene, on the other hand, develops certain general propositions concerning ways of living, working, and thinking — general propositions which have a general application. These the public can understand, and each individual may, if he wishes, apply them in his own life. Finally, hygiene is a later, a higher, even a final product of the branch of medicine to which it belongs. Diagnosis and treatment are much earlier

products of its development. Of course this statement demands explanation. The bacteriologist and the sanitary engineer have, without the aid of any medical training, eliminated several diseases but they have done this by modifying the environment in which we live.

We judge a man or a movement by the highest, the most important, the most difficult thing he or it proposes to do, and in the case of hygiene this is to eliminate disease by modifying the individual. Hygiene which attempts the reëducation of the public; which suggests modifications in our habits of life and in the laws which regulate families and communities; which proposes control even of the most important institutions, such as marriage; hygiene in this true sense can be safe only in the hands of those who have had very intimate experience in treating the disease which they now propose to prevent.

While man has developed many favorite systems for the prevention of insanity, including charms, incantations, madstones and drugs, yet in modern times the first serious effort in mental hygiene was that of Pinel, who in the last decade of the 18th century, and at the risk of his own life and liberty, reformed the two great hospitals of Paris by striking off the chains from the insane and treating them as patients rather than as criminals. Certainly the very manner in which those insane had been cared for, herded like cattle, loaded with chains, prodded by sticks and even stoned by boys who by paying the guards a trifle might enjoy the fun of tormenting these unfortunates in

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order to see them rave, would tend to make their mental condition worse. It would make even a sane man crazy.

Pinel's reform was a measure of mental hygiene, since it was a general measure which tended to conserve whatever mental health each of those inmates might still possess. The actual treatment of the mental conditions which had brought them there is a quite different matter; yet certainly no treatment could be of much benefit if the general régime under which the patients were living tended to increase the severity of their diseases.

The asylum conditions which Pinel reformed may suggest the Dark Ages, but it is a regrettable fact that even today, although in a much lesser degree, many institutions for the insane are so administered that the very stay in them has the tendency to make a doubtful case definite, a mild case severe, and a curable case, incurable. Unfortunately it is still true that our great hospitals for the insane offer the best field for mental hygiene.

But that which now interests us, and especially in view of the subject of this paper, is that Pinel, the great specialist in psychiatry, was first and last a physician, one of the best of his day, and that throughout his life he taught his students psychiatry by teaching them, first of all, clinical medicine. It is interesting to note that although the promotions which marked his successful career in the University of Paris gave him opportunity to arrange his work as he saw fit, yet, contrary to the usual custom then and now, he never turned over to a subordinate that course in general medicine which he considered the very foundation of psychiatry.

Since the time of Pinel it has been clearly recognized that psychiatry must rest firmly on the foundation of general medicine of which it is a part. True, it owes much of its content and many of its methods of diagnosis and therapy to psychology, and like all true specialties it has developed many others for itself; yet the

actual application of this knowledge and of these methods is the problem of the psychiatrist and general medical practitioner; not of the psychologist. There is, indeed, no essential difference between the mental and physical diseases. They may differ superficially, but fundamentally they are one and the same. Even superficially all physical diseases have an important mental side which we should not neglect, and certainly all mental diseases are more or less physical diseases. This essential identity is illustrated by the common observation that the physical disease of the parent so often explains the mental defects in the child.

We should not be deceived by the term "insanity." There is no such disease. It is not a medical but a legal term which indicates that the mental condition of the patient, whatever his disease may be, is such that for the safety of society and of himself it is desirable to restrain him. Just as some cases of typhoid fever are severe and some so mild that the patient scarcely knows he is sick, so of two men with exactly the same mental disease the one may be a raving maniac and the other "merely nervous." That is, it is merely a question of degree.

The factors which determine the severity of a case are partly emotional, partly physical, and in most cases a combination of the two. In general paresis, that best illustration of progressive mental deterioration, the factors are almost entirely physical. A mild case may become severe as a result of worry and humiliation. Even the colors of the walls have their influences. But bad physical conditions are quite as important, especially fatigue, poor food, and almost any disease which tends to reduce physical efficiency. For this reason mental hygiene interests itself greatly in the physical body.

That good mental hygiene can keep a mild case from becoming worse is demonstrated in the rather large group of curable mental conditions which have a tendency to recur, for proper care during the periods of remission can prevent re-

lapses. It was but a short step to demonstrate the truth of the general proposition that if one can prevent the second and the third recurrence, so he might have prevented the primary illness could he have recognized in time the possibility of its development. In this our hospital and out-patient departments are becoming more and more proficient.

Only one generation ago, as a result of the splendid combined work of psychiatrists and psychologists we began to understand more about that large group of so-called functional neuropsychoses; hysteria, neurasthenia, psychasthenia, etc.; conditions which seldom indeed make the patient insane, but which nevertheless are tremendous handicaps, greatly limiting the joy and efficiency of his life. These patients offer a splendid field for mental hygiene. They certainly must form new mental habits, must learn to adjust themselves in the environment in which they find themselves, but they also must learn to keep their physical condition at the best level possible. They must be relieved of physical handicap, such as eye strain, which has caused many a mental twist; nasal obstruction, which often adds the element of depression to the clinical picture; slight undiscovered diseases in lung and heart, which give reason for the feelings of self depreciation or which lead to overcompensated impulses of an antisocial character; and various disturbances of the internal secretions which, although greatly exaggerated, lend many an unfortunate emotional tone to personality.

The number of evidently normal persons for whom mental hygiene has a definite message is surprising. Our educational experts should look to it not only for assistance concerning the dull ones of the class (and how many of these have defects of vision, bad tonsils and enlarged adenoids, etc.), but even more so for enlightenment as to the direction of the abilities of the bright ones. Many a reformer is unreasonable because of an

unsatisfied emotional urge which better mental hygiene could have modified.

The unrest of industry may be partly political and partly social, but it certainly has a mental side, and this mental side in turn often has a physical aspect, perhaps latent disease of arteries, heart, kidneys, etc., which may give no symptoms, but which explains that unusual fatigue which precludes success and favors discouragement.

The problem of divorce may be economic and social but fundamentally it too often is the result of poor mental hygiene combined with poor physiology. Explain crime as you will, the antisocial tendencies which make the boy a criminal are in large degree proper problems for the combined study of the mental hygienist and the physician. For illustration, Hon. Thomas Marshall, when Governor of Indiana, found in the reform school a boy who looked so little the part of one who would break and enter a store that he asked for a study of the case. Our clinic found a congenital defect of vision which reduced the boy's vision to only one-fifth of normal. The boy, of course, had always supposed that he could see just as well as all other boys. How could he think differently? How could that boy explain his failures at school and at work otherwise than that the world was against him? Naturally he fell into bad mental habits.

In the field of child training also mental hygiene has a large place. Even in the sphere of religion it occupies a place similar, perhaps, to that assigned to philosophy, that is, as a means not of discovering truth but of testing it; of separating truth and error. Certainly mental hygiene may help develop the divine inspiration in man and discourage the enthusiastic but self-deceived neuropath who in past centuries has figured far too largely in the history of religion.

Even the plain average man can find mental hygiene of value, and it is just these numerous and interesting

opportunities for service which to-day contain the greatest danger of mental hygiene. Already the enthusiasts are applying its methods in ways which cannot but discredit it. Partially trained psychologists with a few scattered ideas of biology, with the story of the Kallikak family under the arm and Binet's test in hand, are emphasizing, not general tendencies nor possibly useful working hypotheses, but are loudly proclaiming impending disaster and strenuously preaching reform and insisting on the passage of laws which no well-trained person can consider seriously.

But since among the above described reformers are so many A.B.'s, M.D.'s, Ph.D.'s, LL.D.'s and D.D.'s, who then is this "well-trained person" so slow to be aroused to a realization of our national crisis resulting from kakagenesis? To answer this question we would repeat that physical hygiene is not a by-product of general medicine but its logical conclusion. Physical hygiene rests on medicine and medicine in turn rests on the pre-medical and the preclinical sciences. To reach physical hygiene one must work through all these stages. We know no other route, no shorter cut, to this goal. Other sciences such as engineering have helped, but the truths of hygiene as applicable to the actual conduct of men and women must be thought out by those actually well trained in general medicine; and the greatest enemies of physical hygiene are not those who fight it but the enthusiastic reformers without sufficient training who preach it.

Mental hygiene, in turn, is the highest flowering of clinical psychiatry, and psychiatry is a branch of general medicine and of psychology. Psychology has been necessary, even very important, in the development of mental hygiene. Not for one moment would I belittle the importance of its indispensable contributions. But it does not overlap the field of medicine. Medicine has contributed to mental hygiene a sympathetic understanding of the mental problems of the handi-

capped by those who understand the physical side also. Yet listen to the voices articulate today on lecture platform and before legislative committees; it is not the voices of such as these which we hear. The laboratory men, the would-be psychologists, the public health nurses and especially social workers are the enthusiastic reformers. Of course, we need their help; they are essential to the cause; but as those under authority and not as leaders. The rôle of assistant, however, does not at all satisfy them. They are demanding immediate reform and denouncing the expert for his conservatism.

You leaders of physical hygiene have had your bitter experiences; you have witnessed the flotsam of the stream of rapidly advancing knowledge gathered and made into health creeds and rituals. You have seen laboratory sputum examinations for *Bacillus tuberculosis* given an authority in the diagnosis of tuberculosis which in the very nature of the case they cannot possess. You have seen the very valuable Wassermann test proclaimed as positive proof of the presence or absence of a certain disease; but it is not. And we also have seen the valuable Binet tests in the hands of enthusiastic persons bring nothing but discredit on the mental hygiene movement. Do not misunderstand me. These tests are wonderful tools in the hands of those who are trained to use them wisely, but they are dangerous in the hands of those without adequate training who think that the tests alone decide anything. How often the tentative opinions of a few years ago are quoted to-day as established truth. This is the danger of organizations such as ours, that in its propaganda it tends to stereotype developing opinion into dogma.

Again, do not misunderstand me. There is much established truth. Our laws governing health should be rewritten; but it is only in the dim, and possibly distant, future that accurate knowledge will justify the radicalism of the reforms demanded so loudly today. On the positive knowledge we now have we

could base several beneficial reforms: better staffs in our hospitals for the insane; more trained nurses in them; better medical supervision for the schools; more education in mental hygiene for fathers and mothers; better supported medical schools and training schools for nurses allowing the training of better doctors and nurses; and many others. With more accurate information we can attempt other problems, but at present we have not nearly enough to justify even the more temperate demands of reformers. And, finally, we must keep leadership in the hands of the well trained.

As in the time of Pinel, only he can speak helpfully of reform in the field of mental hygiene who has climbed tediously up the grades of general medicine with its six years of training, then of clinical psychiatry with at least four years of additional training, and who in addition to this has proved that these years have been well spent and that he is by nature as well as by training fitted for these responsible duties. This is the program of the National Committee on Mental Hygiene. If we can provide such leaders, then we shall, I believe, have made a worth-while contribution to the health, happiness and efficiency of society.

THE LABORATORY ASPECTS OF OYSTER POLLUTION*

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IT IS my opinion that if environmental conditions are favorable oysters increase in size and in rapidity of growth in direct proportion to the amount of proper food available to them; and further that sewage by encouraging the growth of algae and protozoa, indirectly at least, furnishes such food. It follows therefore that the more sewage the water contains, the larger will the oysters be and the more rapidly will they grow, unless the amount of sewage has reached such a concentration and is in such a state that the oysters are smothered, rather than nourished.

The water in which oysters are growing may range from that which is grossly polluted by sewage which furnishes a most generous supply of food, to that where no dangerous pollution is, or is

likely to be present, and where food is less plentiful or even relatively scarce. The term "good oyster grounds" may indicate one thing to the sanitarian and quite another to some oyster harvesters.

The sanitary conditions under which the oysters are gathered and stored, prior to final shipment, are other factors affecting their bacterial purity, and the conditions under which they are shucked have an important bearing upon the safety of shucked oysters as food. Again, the methods of packing, the degree of refrigeration, and the length of time they are in transit or are held after leaving the oyster packing house further affect their quality. Finally, oysters are subjected to many conditions that might introduce infectious material and which are common to food products served raw or heated, but in the latter case not sufficiently heated to accomplish efficient pasteurization.

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