

The University of Texas Publication

No. 4040

October 22, 1940

A STATE PROGRAM OF MENTAL HYGIENE

Fourth Yearbook of The Texas Society for Mental Hygiene

Published with the Coöperation
of

The Division of Extension of The University of Texas
H. T. Manuel, Editor of the Yearbook
T. H. Shelby, Dean of the Division of Extension

Paul L. White, M.D., President; T. W. Buford, M.D., First Vice-President;
H. L. Pritchett, Second Vice-President; Evelyn M. Carrington, Secretary;
Wilmer L. Allison, M.D., Treasurer; Mrs. Violet S. Greenhill and
A. Hauser, M.D., Members of Executive Committee

Texas Society for Mental Hygiene



University of Texas
Publications

PUBLISHED BY THE UNIVERSITY FOUR TIMES A MONTH AND ENTERED AS
SECOND-CLASS MATTER AT THE POST OFFICE AT AUSTIN, TEXAS,
UNDER THE ACT OF AUGUST 24, 1912

The benefits of education and of useful knowledge, generally diffused through a community, are essential to the preservation of a free government.

Sam Houston

Cultivated mind is the guardian genius of Democracy, and while guided and controlled by virtue, the noblest attribute of man. It is the only dictator that freemen acknowledge, and the only security which freemen desire.

Mirabeau B. Lamar

Additional copies of this publication may be secured from the Division of Extension, The University of Texas, Austin; or from the Secretary of the Texas Society for Mental Hygiene, Dr. Evelyn M. Carrington, Sam Houston State Teachers College, Huntsville, Texas. Single copies, 20 cents, postpaid; 10 or more at 15 cents per copy.

FOREWORD

The Texas Society for Mental Hygiene continues its fine work of education in the field represented. The Extension Division has been privileged to coöperate with the Society in publishing each of the previous Yearbooks, and is glad to offer its services in publishing this the fourth Yearbook of the organization.

These Yearbooks have not only been useful in stimulating interest in the program, but they have contained valuable reference material for the student in this field and have aroused interest in a program for the amelioration of conditions that exist among our citizens.

T. H. SHELBY, *Dean*
Division of Extension
The University of Texas

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A STATE PROGRAM OF MENTAL HYGIENE: THE SCHOOLS*

DANIEL PRESCOTT

*Commission on Teacher Education of the American Council
on Education*

This Society has the tremendous task of creating a climate of opinion in Texas that will be favorable to the kind of schools that are necessary to encourage the wholesome development of children. I think your State program is one of public education, in which the members of this Society become the foci of infection in their respective communities to form ideals that favor the evolution of education toward a more wholesome pattern than we now have.

I am not discussing tonight the obligation of the schools to recognize children who are psychotic or pre-psychotic or pre-delinquent in the marked degree that was indicated this afternoon and the physician's role in the community. Mental hygiene means more than the recognition and treatment of mental illness; it means the constant study of children to find out, not only what they need to keep them from becoming ill, but what they need to encourage more attractive development.

When one thinks of the world of beauty, the world of art, of music, of landscapes and of skies, of flowers and gardens, of dramatics and dancing; when one sees how some few human beings who have been fortunate in their early lives in finding expression through beauty in some of its forms, finding a sense of being something or of doing something, who have a definite sense of joy at being able to create; then one wonders why we do not start at the kindergarten and go all the way through school, encouraging children to try these media, to see what they can do with them, and to find relaxation in an appreciation of the world of art. Now, I am aware that schools have evolved a great deal in this matter. Often I feel almost envious of the young adolescents in some of our schools where they have such wonderful opportunities, but there is still a good distance to go. It is important then for mental hygiene

*As condensed and prepared by the Editor from a stenographic report of Dr. Prescott's address.

to make use of this as a means of control. One can enter into an experience that gives and holds the interest, that takes one out of the dullness of life and lets one finish the day with a feeling of having been enriched. These are merely ways in which climate is important for better mental hygiene among young people of the State, but this cannot come while the parents demand the old patterns, while the school boards require the old patterns, and while the administration insists that teachers carry them out.

The second important effect of public education in relation to mental hygiene has to do with the education of the personnel—with the teachers. At the present moment there are in the schools of America a certain number of definitely psychotic teachers. I went into a school system in the northeastern part of the United States where the selection of teachers is made by a rigid examination. I visited the schools, spending a day in them with the superintendent. He said to me: "Well, Dr. Prescott, I am interested that the Commission on Teacher Education is going to make some effort about personnel. You know, of course, we have a very excellent system for selecting teachers, but one thing we have neglected: what are we going to do with our crazy teachers?" I asked him what they were like and he said that the one bothering him most was a teacher that won't go to school unless the principal calls for her, wakes her up, helps her to get dressed, and so on. There are people like that in schools, but I am not concerned that we should raise a lot of furor about eliminating those people; I am more concerned about the teachers who are neurotic and unhappy.

One of the most terrible things is growing old. To see some persons who entered teaching, who became room teachers five, seven, or ten years ago—to see them now is a horrid experience. Many of them were attractive, alive, vivid personalities when they entered the profession—even though they had just finished four years in Universities or Teachers' Colleges. Now, past thirty, they are drab, they no longer wear their clothes with chic; they have a rather hopeless outlook on life. I always wonder why any town will submit to political maneuvering to get people appointed to be school teachers, because a person who has to be appointed politically is appointed because he or she could not get the position on the basis of qualifications. I wonder why parents in communities

do not realize the fact that the classroom teacher that confronts the child daily is experienced by the child daily, is part of the warp and woof of the child's life; that this personality that deals with children mediates his behavior. This person has five hours a day, and sometimes more, of the experience of the child to control. Now, no parent would submit to permitting a person with tuberculosis to handle the milk supplies that his child takes, for fear of infection, and yet he apparently is not sensitive to the fact that psychic infection is as real as bacterial infection, and that a teacher whose life has become so grey, so dull, so hopeless as the lives of some of these folks have become is a source of infection and point of vast pollution. Fortunately some children resist, but potentially the teachers can pass on attitudes of life that are anything but mentally healthful.

It seems to me, then, that the first concern of every community should be the mental health of its teachers. By mental health I do not mean whether they have a definite pattern of mental disease, but I mean whether their health interest is abundant, whether they are vivid personalities, whether they are stimulating in their daily contact with children, sensitive to the child's feelings and needs so that they can modify the demands on the child in accordance with his own emotional state and in accordance with his condition.

I do not see why parents are willing to permit their children to live such ugly lives—to go to school in such ugly buildings as some of them are; to be faced by teachers in such ugly clothes and with such a lack of distinction in the way they do their hair or use (or fail to use) make-up which would bring out the good points they have. I wonder why we do not have traveling clinics for teachers to show them the kind of clothes to wear, and so on. There is inspiration in the presence of a teacher who has zip—that is, one who has a vivid personality, who shows good taste, and who approaches life with zest and elan.

One who teaches courses in mental hygiene to teachers in service has to lock his doors, because the number of teachers who have strong anxieties, who view life in an anxious way, with a feeling of insecurity, is so large that they would take up all one's time in talking over their problems in an effort to find a way out. The reason that a significant proportion of teachers are this way is not

because they as persons were predetermined to this sort of dull personality. Teachers are also people. A dean of a high school, with a faculty of sixty, took a course from me last summer, and we were talking about personnel problems. She said: "Just for fun I am going to discuss the whole faculty and describe the kinds of lives they live." Well, you would be interested but shocked by the kind of lives they lead—thirty men and thirty women. The fact that there was this even division would seem to imply a normal situation for the child. Of the thirty men, twenty-eight were married, twenty-six had children of their own, and two were bachelors—for some reason known only to themselves. The other twenty-eight married men seemed to have established normal home lives, and twenty-six already had at least one child. I leave you to guess the condition of the thirty women. How many were married? None. Two had been married, and one had had a child. They were not all young people who had not had a chance yet; they were of various ages up to retirement age.

Again we have a picture of the impact of the community on these teachers. One teacher, who had been in service for over twenty years and who was fifty years of age at the time, through a church association fell in love with a man in the town. His income was about \$1,700 a year; her income about \$1,800. At the time she had a small two-room apartment, and as the friendship waxed they spent three evenings a week together: Sunday evenings they went to church; Wednesday evenings he came to her apartment for dinner and a pleasant evening; Friday evenings they went to the movies. This went on from the first of November until early in May, at which time the school superintendent called this fifty-year-old teacher into his office and said: "The Board has heard gossip about your relationship and has instructed me to tell you that you may choose between your apartment and your job. Your friendship must be carried on in a different manner; he comes to your apartment and is alone with you; so you will have to get a boarding place or else resign." Well, she got a boarding place, but you should see her in the classroom ever since then! The Dean who described the situation said the teacher had had a good deal of pep prior to that time and that the youngsters had liked her. When she developed the boy friend, she really became alive, and they

were thinking of entrusting to her an important responsibility in connection with the planning of some courses. After she was smacked down by the school board she became anxious and uneasy; she taught her classes in an automatic, routine manner. They did not put her on the committee to plan new courses, because she was not up to it. But next year she has a plan for beating the school board. She will put it into effect in September. She has an aged relative who is coming to live with her, and she is going to reopen her apartment! Now remember, she still has twelve years of teaching, twelve years when the mood with which she enters the classroom will fall like a cloud and influence the moods of the children.

That is another thing I want to talk about: the emotional climate of schools. Our medical experts tell us that certain climates affect sinus, goiter, and so forth. The physical climate affects the somatic, but there is the actual climate in which we all live—the climate of feeling among the people around us. According to the relative strength of the unpleasant relationships and the pleasant relationships, we have a climate which is either tense or relaxed, which is either full of antagonisms or full of friendliness. I remember reading a paragraph which says that simple friendliness is all too rare in the classrooms of our country. If, when you go into a classroom, you cannot feel the mood of friendliness of the teacher for the pupil; if you cannot feel the whole place bubbling with friendliness, what sort of climate is that for the child to live in?

The teacher who creates the emotional climate in a given classroom is not personally responsible for whether or not her mental state is one of anxiety or security, is not fully responsible for the kind of emotional climate she creates if the parents through the school board demand a certain pattern of school discipline or a certain pattern of study that is not what the child needs. The children, then, in asserting themselves in the classroom to try to work out a different pattern of behavior among themselves become the antagonists of the teacher, though the teacher all the time may be sympathetic with them and may wish she could arrange the classes the way the children would like to have them. She cannot because of the demands made on her by the principal or superintendent, or because of the pattern insisted on by the supervisor, or

because of what the parents are asking for in the way of education. So the emotional climate which is created by the moods and personality of the teacher is still a matter of community impact on the teacher and of administrative demands. To make a school sensitive to the moods of the child so that they may remain mentally healthy, we have the tremendous task of really educating the present school boards, and others.

The teacher may be a young person with recent training and with insight into human behavior, but she may have come into a school dominated by an elder person or persons whose training was of some time past and who may or may not have changed in twelve or fifteen years in their ideas of how a school should be conducted. So the task of mental hygiene in education is the task of your society: to create a climate of public opinion in the community that is favorable to curriculum evolution, looking towards making the schoolrooms ideal for the development of children instead of, as in some cases, school rooms that hold children back; a climate of opinion in each community that will favor the selection and employment of teachers of vivid personalities, of sincere sympathy for the needs of children; a climate of opinion which will insist upon a healthy, wholesome teacher of vivid personality and good taste; a community where the teacher will not be afraid of being replaced or harassed by what is demanded of her personal life, but where she will be encouraged to live well, effectively, and beautifully in the community. We need a climate of opinion which will encourage teachers to be human beings and to live like human beings instead of having to board and to be bored by the kind of meetings they have to go to and things they have to do just because they are teachers, a climate of opinion that will encourage universities to revamp classes and meetings so that they can be enjoyed.

THE HOGG FOUNDATION

HOMER PRICE RAINEY

President of The University of Texas

Within the last few months The University of Texas has come into the possession of a valuable foundation from the W. C. Hogg estate, through the remaining members of the family. The foundation itself is conservatively estimated at about two and a half million dollars at the present time, and the prospects are that it may be worth a considerable sum more than that in the years ahead. This is a magnificent sum, and it is to be used for a magnificent purpose. By virtue of its receiving this gift, the University is now, and will be in the future, in a position to make a tremendous contribution to educational progress in the state of Texas.

Our benefactor, giving to the executor of the will and his sister the authority to present the residue of his estate to the Board of Regents of The University of Texas or as much of it as might be necessary to the establishment and maintenance of a lecture foundation had the wisdom to make the terms of the bequest broad and to give the Board of Regents freedom in the administration of the fund. From an administrative point of view granting such freedom is wise because we know how rapidly conditions change. Some foundations established a few years ago are now handicapped because life has moved beyond their original purposes. Inasmuch as our benefactor placed great confidence in the judgment of his brother, Mike, and his sister, Miss Ima, the Board of Regents has sought the judgment of these two living members of the family at every point in its development of the plan for the Foundation. As a result of many conferences with them, conferences with their attorney, Mr. Stephen Pinckney, and conferences with other advisers, we are now ready to proceed with a program which will bring to The University of Texas, to other institutions of higher learning within the state, and to many community agencies throughout the state which are interested in education, lecturers and consultants of national reputation who will strengthen our common efforts in the progressive achievement of an enlightened commonwealth. Since one of the newest and most beneficial fields of knowledge within the general sphere of education is the study and application of the principles of mental hygiene, the present members of the family

requested that special attention be given to the furthering of knowledge in this field. The emphasis will be followed as plans are made for the Foundation lectureships and for the use of the remaining funds which will not be required by the lectureships. Inasmuch as the readers of this yearbook are particularly interested in the question of mental hygiene, I shall not here outline the many lectureships in the other fields of education which are contemplated, but will limit myself to the attention which will be given mental hygiene.

The members of the Hogg family have a far-seeing vision of a need existing in our contemporary life, a need which will continue to exist for a long time to come. I do not hesitate to say that I think the concept of the normal mind, the concept of mental health, is the greatest concept that has come into modern education, and that in the future it will do more to reform our whole system of education than any other concept. I like to contemplate what could be done in a school system if one were able to subject it to a searching analysis and reorganize it in keeping with known principles of mental health. I am convinced that many times we are robbing ourselves of the very values we set out to achieve by some of the methods we use in the educational process within the school and the home. Even the "emotional climate" in which our children grow up in our homes in many instances is robbing them of the mental health values which it should be the function of the home to contribute in their development.

In the same way that we have a concept of a normal mind functioning according to the laws of its nature we can have a concept of normal life—of a normal spirit. This area we set apart and call the religious area of life. When we discover those laws and bring that nature into harmony with the Infinite, we get a normal spirit just as our physical body grows and expands under the laws that control its being. I think that in all these areas, the concept of the normal body, the normal mind, and the normal spirit is by all odds the greatest concept around which we can organize our educational planning and progress for years to come.

The members of the Hogg family have been very wise and far-seeing in recognizing the need for this sort of emphasis in contemporary life. The fund, now available, is beginning to accumulate, and accordingly we are making plans for its use. There is a terrific

responsibility resting upon the Regents, one that will require all the help and advice that we can secure. In working out the mental hygiene emphasis alone, we invited a committee of fourteen persons to the campus last spring. We were fortunate to have had the fine services of Dr. George Stevenson, Dr. Adolf Meyer, and Dr. Daniel Prescott, and also of a number of leaders within the State. We hope by bringing together an excellent advisory committee to be able to work out a program for the expenditure of this fund that will maximize the contribution it will make. Similar committee meetings have been called in the formulation of plans for the establishment of other types of lectureships.

The fund is not to be used just for The University of Texas, nor is it to be confined to campus activities; it is to promote education throughout the entire State of Texas in ways that the Regents and the Administration may see fit. As a state-wide program, it is not to be confined to any given field. I am not able to go into detail about the program because many of the plans are still in the formative stage, and with respect to this one emphasis in the mental hygiene field, the above-mentioned persons advised us to proceed slowly. In our deliberations in this area of the Foundation's work, we have, however, agreed upon certain tentative conclusions as to what we think the program should contain, and I shall announce them with the understanding that they are tentative and will, no doubt, be revised.

The first principle that the Committee agreed upon, I believe, was that the greatest contribution which could be made in the use of these funds could be made through a program which is essentially educational.

A second principle is that some of the funds should be used to bring lecturers to institutions which are training teachers, doctors, and other professional persons who in their future work themselves will have an opportunity to influence the education and personality development of others. The University of Texas itself, the teacher training institutions throughout the state, other institutions of higher learning, including Prairie View College, and our own Medical School at Galveston, will all be considered as this phase of the program is worked out.

A third major approach to this problem consists of bringing lecturers and consultants directly to undergraduate students. Our

committee believes that we should take opportunity first of all to minister to the mental and educational health of this large group and to put into their minds these great concepts so that when they go back into their communities they may become focal points in the improvement of conditions for others. I am enthusiastic about such an approach. I like to think what instruction of that nature might mean to a large student body in terms of its own effect upon the life and happiness of communities throughout the state.

Then beyond these approaches, the group thought that we should secure some experts who would not try to reach large audiences through their presentations, but would give more intimate consultative services as a form of in-service training for people now at work in the various phases of our educational and mental hygiene program. This might well begin with a follow-up service for our graduates of the teacher training courses and medical schools. The exact nature of this program is yet to be determined. The advisory group considered in-service training institutes, traveling clinics, and various other methods of extending the influence of the Foundation's work to many communities.

Although the fund was not established as a research fund, nor will it be used with that emphasis, the committee thought it advisable for the Foundation to study the field which it plans to serve and to check up on the results of its work through research projects of an evaluative nature. Dr. Prescott thought that it would be wise to make a special study of the mental health needs of teachers and Dr. Meyer thought the same approach would be equally applicable to doctors.

One other thing that we all agreed would have to be a part of the program would be the securing of an appropriate individual to become the leader of all of this work.* It is the crux of the entire program to find the individual or individuals who by virtue of broad training and perspective can give the type of leadership it will require.

We believe that, if we can handle the funds wisely and effectively, we can through the coming years achieve in some measure the great purpose our donors had in mind for the Foundation.

*Dr. Robert L. Sutherland, of Bucknell University, has been appointed Director of the Foundation.—Ed.

PLANS FOR THE HOGG FOUNDATION

ROBERT L. SUTHERLAND, *Director*

In the 1939 Number, the editor of the Yearbook and Dr. George S. Stevenson, of the National Committee for Mental Hygiene, announced and expressed appreciation for the generous support which had been given to mental hygiene work in Texas through the creation of the Hogg Foundation. Although mental hygiene will be only one emphasis in the Hogg Foundation's broad program of educational lectureships, it will be an important one, for it reflects the special interests of our benefactor's sister, Miss Ima, and his brother, Mr. Mike Hogg, as well as that of other advisers whose counsel we have sought. The general lectureships will be organized first in the program of the Foundation, but very soon specific plans will also be made for the lectures, conferences, and consultant services within the special field of mental hygiene. Although the exact nature of this phase of the program must result from a study of what other agencies have accomplished, and of the present need, several general suggestions concerning the work can be made at this time.

In the first place, the recommendations formulated during the preliminary conference of advisers convened by President Homer P. Rainey will be carefully considered before any projects are undertaken. These recommendations presented by a group of state and national leaders in mental hygiene were concerned with the relation of the principles of mental hygiene to education generally; with the specific ways in which persons who are being trained as teachers, doctors, and other professionals can be given the benefit of what is now known in the field of mental health; with the way those who are already in service in the professions, especially in those professions such as education and medicine where human contacts are numerous can receive further knowledge of the contribution which mental hygiene can make to their field of service; and finally with the ways in which present students in the public schools and other educational institutions can be aided in their development of normal personalities and wholesome social relationships. The notes which were taken during this preliminary conference by state and national leaders in mental hygiene have been

carefully examined, and all of the suggestions will be considered before any funds are expended in this phase of the program.

In the second place, the initial projects to be undertaken by the Foundation will probably be of a short-term experimental or demonstrative nature. Before any long-time commitments are made the staff will test the value of different proposals by putting the more feasible ideas into practice on a small scale basis, and in the presence of real community conditions.

In the third place, this phase of the work of the Foundation will be based upon the acknowledgment of the fact that mental hygiene is expanding rapidly in its concepts and practices, and that a sound program can be carried on only if contributions are sought from many fields of study in which personality and human relations are dominant interests. Whatever confining definitions may have narrowed the scope of mental hygiene in earlier years, it is now bound by the concepts of no one discipline and is stimulated in its growth by the ideas of many. It is indebted to psychiatric practice and research for many of its principles and methods. It finds psychology's growing interest in the whole personality and its development of diagnostic tests and clinical techniques of great value. Recognizing that education broadly conceived encompasses many of the child's experiences as he grows to social adulthood, mental hygiene looks to the educator in general and to the educational psychologist and educational sociologist in particular as co-workers in a common undertaking. Recognizing also that religious experiences are integral in personality development, the mental hygienist is interested in the newer approach to the training of ministers as community leaders who have a special responsibility in this field. As the social worker has benefited from the principles of mental hygiene particularly in social case work, so the mental hygienist benefits greatly from the experience of the social agencies. Sociology and ethnology, in their findings concerning the relation of culture and personality, have in recent years been of practical value to the mental hygienist.

As still further proof that while he is loyal to a central interest, he is not bound by dogma nor by compartmental lines, the mental hygienist has developed relations with those who are training lawyers, doctors, teachers, government workers, business men, and

engineers and will no doubt increase his contacts still more even to include international relations, because he recognizes that a specialist's efforts in personality and human adjustment cannot be made in isolation from other forces which are constantly reshaping the world in which individuals live. Finally, through community planning and organization, the mental hygienist finds a means of integrating his work with that of others whose objectives are similar. Indeed, some mental hygienists have found that their greatest contribution could be made through the coördination of the work of various agencies.

In the fourth place, the staff of the Foundation will constantly re-examine and criticize its own work through research which will be conducted concurrently with whatever projects are undertaken. As the program gets under way, the staff will appreciate receiving suggestions from other agencies in the State.

A STATE PROGRAM OF MENTAL HYGIENE: THE PUBLIC*

GEORGE S. STEVENSON, M.D.

National Committee for Mental Hygiene

One might proceed with this part of the discussion by viewing the potential role of the layman and that of the public as a whole. It is unnecessary to emphasize the importance of the layman in a mental hygiene program when our very presence here attests to the opportunity seized by a layman to take the people of Texas into his heart with a magnificent provision of a spring-board for mental hygiene. Quite aside from any financial aspects, it also brings into relief one more of a long series of personal efforts devoted by Miss Hogg to the mental health of her fellow citizens. I must mention this while fully respecting Miss Hogg's modesty, for the role of the layman is my subject, and the pattern given is

*Condensed and edited from notes of the author. Dr. Stevenson, Dr. Meyer, and Dr. Prescott had been called into consultation on the formulation of plans for the mental hygiene phase of the Will C. Hogg Foundation's program.—Ed.

not the least of these gifts. It speaks more clearly than anything that I can say.

Under the spirit with which we in a democracy operate, whether in public or private services, the public is the ultimate determiner of what we shall have. The tragedy of mental ill-health falls on the public, its selves, its families and kin, its friends. All of these sooner or later come close to mental breakdown. In each case it is an intense drama. Each one of the thousands of cases in our hospitals involves a drama of the intensest feelings. But the audience is small; they do not talk, they have their regrets, and at times their satisfactions, but in any case they do not talk much, and they do not know the many dramas that are going on all the time.

Just as these tragedies of mental breakdown fall on the whole public, so also the benefits of good care, good treatment, good prevention, and enhanced living are shared generally when conditions make them possible. Illness and health are the concern of the people. It is for them to say what they wish to have. Unless this is done, no matter how good our aims and efforts, they have doubtful stability.

I have no doubt that people want mental health. I also do not doubt that most people do not care whether they get the two words "mental health" or not. They want mental health when it means happier family life, more satisfactory friends, doing the things that they have yearned to do and that they can do, and turning their efforts into a productivity that gives a fair reward. They do not interest themselves in a remote mental hygiene unless it is translated into these things of daily living.

It is the role of the layman to seek out these things that he is after. A mental hygiene society or movement or project then finds the opportunity to answer questions, to show the relationship of one need to another, and to enlist the layman's support, personal and financial, and his vote for joint action. It is the opportunity of the organized group to bring the possibilities of science and technical help to the layman to understand what is involved in his aim, if necessary, and what is needed for its achievement.

It is the opportunity of the organized group to show, and the layman to understand how deceptive certain catch words may be—hospital, clinic, education. It is the opportunity of those who direct

the vehicles of knowledge to help the layman in this understanding—the press, the air, the platform, the classroom. It is the opportunity of the lay leadership to marshal public forces in a formation for such strategy, pressure, vote, propaganda, and public spirit as the enhancement of the public mental health may require.

I am not critical of the public when I point out that the layman has spent vast time and effort looking for the meaning of mental hygiene when the life he is living every day carries all the meaning he needs to acquire. I am rather critical of the way we have been taught to conceive of *the mental* as something separable from ourselves and our daily lives, as something definable in isolation. The search for matters pertinent to mental health may bring us easily to the things that stand out—our mental disorders—and we should be brought to appreciate them; but to discover them or any other problems of mental health is like discovering a single stone in a mosaic. An episode in our living is but one unit in a complex of such episodes that go to make up living itself.

A large majority of our population sooner or later are brought to the test of a vocational adjustment, and in this an ability to bring together (to integrate) his life experiences, including his formal courses, into action is tested. In the professions we often find wide discrepancies between the capacity to learn to say and the capacity to learn to do, between the curriculum and student teaching, between the theoretical and the field work of the social worker. We have recognized easily the opportunity of these professions to appreciate the importance of the mental health of their underlings. But in business and industry where the profit motive is more obvious and compelling, we have sometimes hesitated to help the employer find the weak spots and sensitivities of his employees. I have always believed that there, as well as in the professions, we would find a reconciliation of interests of employer and employee in a better mental hygiene for the employee; that, if an advantage were given to one without the other, it would be short lived, and that we could work out an advantage for both in the long run.

Recent developments have begun to justify me in this faith. We have gone through a necessary experimental period in which we have studied employees, tested them, fired them, carefully selected them, found ways to get more work out of them, but landed finally

in an unexpected position—unexpected merely because we didn't see business in terms of the same human relationships that we see the classroom. Because we expected it to be entirely different we did not see the similarity. There is evidence to show now that, like the classroom, industry produces well or badly, dependent on the attitudes of the one who is directing the production—the teacher on the one hand, the supervisor on the other. The effects of anxiety about doing well and of threat are the same in both.

The effectiveness of the teacher, the subject supervisor, and the principal in turn depend on the next higher authority. It seems the same in business. In other words, we started with the wrong end just as we did in labeling children stupid or bad on the assumption that the school was the standard. Increased production now comes as a response to increased humanity in the job.

The layman who appreciates his role in the life of others has an immense start in a public service. He is prepared to deal with problems of our society with a reality that leads to a discovery of their factors rather than a blind blame—so destructive in Europe and so threatening to us here. We pause a little when we think of the destructive forces of blame and the serious problems it has created for minorities in Europe. We can understand the relation of this to mental health when we realize that blame leaves the causes of our problems unaccepted, untouched, and still to be reckoned with.

A STATE PROGRAM OF MENTAL HYGIENE:
THE MEDICAL PROFESSION

ADOLF MEYER, M.D.¹

*Johns Hopkins University Medical School and Henry Phipps
Psychiatric Clinic*

The conception of mental hygiene has emanated from the physician and the physician has given it tone and gist. What can the medical profession do for a State program of mental hygiene? I believe it can do great good. This, too, is the viewpoint of those who live here in Texas. However, there are those who ask whether mental hygiene can carry with both the public and physicians.

A State program of mental hygiene is not a program of legislative research; it is a program of orientation and should be constructive. It has been on the way a long time. It started thirty years ago with Clifford Beers. Today there is a closer consensus of opinion about what we are talking. There is the common ground of good intention although mental hygiene and its problems have been kicked around by science.

What is the meaning of mental hygiene? There is difficulty with the word "mental," which is easily misunderstood. We work in the field of the person's life and activity. The person is a living organism functioning in a certain way. This offers a remarkable challenge for those who want order and a convergence of interests.

One may ask to what extent is it valuable to travel devious routes from common sense to common sense. Most of the workers are persons of good will, and fundamental issues split up into unessentials. Psychoparallelism has been put into cold storage and there is a new psychology and a new physiology. To Huxley science is organized common sense.

What facts are dynamically important? There have been attempts to improve on facts by reducing them to instincts and the like. Inference has played a part and there has been oversimplification.

¹Reported by Dr. Evelyn M. Carrington, Secretary, Texas Society for Mental Hygiene.

I believe it is essential to disregard petty attempts to give fool-proof definitions and to take facts that are important even though they can not be reduced to measurement by the kymograph or other instruments. They have value. Experiments should be made with a clear conscience but without losing common sense.

Many persons have enjoyed a relatively naive study of children. The physician can contribute much here. He can be of great help to both parents and teachers. Work in the narrow limits of psychology has queered things with some physicians and psychologists. The physician is keenly interested in diagnosing and naming. For instance, the psychoses may be divided into the irrecoverable and the recoverable. This is not a good starting point. Personality facts are vital; and so are the kinds of people who get psychoses and where they get them. These are more important than mere naming.

I am surprised that in a country where a man has infinite rights there is no declaration of his responsibilities. There was a remarkable drop in alcoholic psychosis with prohibition, although the persons involved were not investigated.

The psychoses need investigation. People are often sick of themselves, and since they do not know what to do with themselves, they daydream. There is not the necessary material in them to do better with existing conditions. They resign themselves and accept the belief that little can be done. This could be avoided. They should not be pessimistic. The manic-depressive is not always there, but something must be there. Some of these disorders seem to appear from a clear sky. In some instances conditions are hard for those hard pressed.

In a state of transition, one of my patients told her story. It was hard to get close to the facts in this case. It is exceedingly difficult to get close to a person with a double existence. The cycle usually repeats itself. After discussion, this particular patient did not go into the cycle. A bridge had been built by her so that she did not go into the cycle. I would have liked to have followed her for years. Unfortunately after one year of observation the patient was killed in an accident.

Then there came a period in which etiology was placed farther and farther back. There was little sympathy with Utopian philosophy. Reconstructing the data, the physician can do better and bring some understanding. On a talk-basis with the patient, there may come a livable and understandable pathology. This should be more than anatomy and more than the showing of specimens. Such talk may be a stepping stone to matters that could not have been helped otherwise as quickly. When the person is unstable, start with as few esoteric assumptions as possible.

When Beers came with his manuscript, he was not vindictive against the hospital, a horrible place. He avoided the vindictive and there was practically a return to common sense after a short excursion. Scientific conscience had to be satisfied, and the colleagues had been immunized for some time. There was a swing toward optimism. This brought a dynamic point of view and diagnosis was replaced by an experimental attitude, harmonizing this with a medical conscience.

What is therapy? This comes from the Greek word meaning service. Service has to find something to be served, which is a simple affair. There followed an intensification of after care. It was necessary for the patient to be at large. This was not an eleemosynary affair but social work.

My entry into public school work in this country was a mistake. I touched something that is associated with morals. The Swiss had helped to keep their morals clean. There was a friendly attitude toward Freudian practice although some demurred.

What are we going to do in a State mental hygiene program? How can we bring our colleagues into action? Let us put our hand on something more than that that is passing by. Let us create an attitude, accept on reasonable conviction, and introduce social workers. We can recall that the first social workers were volunteers. Then the Commonwealth Fund experimented with clinics. The Dallas Clinic was one to survive—I congratulate the Dallas Clinic. The clinic gave an impetus to other movements. It also created sample conditions.

We need to do work also with conditions that are not as effective as they should be, namely, the State hospitals. The State hospital

must be in contact with institutions of learning and action. Experimentation needs to go further. It is possible to start with the home diet or where larger opportunities are offered.

What will survive? What steps should be taken? Some say socialized medicine, which is a terrible term for what should be called State and private medicine. Hospitals should be created. Lay a good foundation and conditions will be improved. Improvement requires enthusiastic workers who are accurate, critical and possessive of some time to think, discuss and enjoy some of the work. There is need also of work to provide facilities for those who do not now have them. Here in this State, patterns are being laid.

What of the practitioner? In every community teaching, in the main, has improved with decisive, incisive and critical seeing and doing. In every community there are some physicians who have more than the pathology of the day. There are some who say the mind can not be diseased and so wash their hands of all cases. There are some who say there is no pathology because they have not dusted their microscopes.

Much can be done in the home and through contact between the physician and patient. The patient should be brought in close contact with things that will help. Any physician who has sympathy with human dynamics towers above those who throw up their hands. There are some physicians who merely struggle along. I think, therefore, that the medical profession and education in medical schools should compensate for this pathology and create a better understanding of American pathology.

What is the greatest thing? Certainly not lecturing but giving the patient a feeling that he marched with a physician in working on a problem. Proof must be sought. There is need also of centers of research.

THE STATE'S PROGRAM OF MENTAL HEALTH

J. M. COLEMAN, M.D., and D. B. HARMON

Texas State Department of Health

An effective state program of mental hygiene calls for three activities: (1) an institutional program for the care and treatment of severe mental illness; (2) available medical and clinical service for treatment of the noninstitutionalized mentally ill, and for the correction of minor mental handicaps and behavior deviations—treatment and prophylaxis combined; (3) a program of prophylaxis directed at the total population.

There has been a tendency among many people to think of mental health or mental hygiene as something related primarily to sub-normal, psychopathic, delinquent, or deviating individuals and to think of a mental hygiene program pretty largely from the standpoint of a psychiatric service, with psychologists, visiting teachers, counselors, and social workers on its staff to make connections between the clinic and the home and school.

There is no doubt that this is a most valuable and necessary part of the mental hygiene movement, but from the viewpoint of a state department of health, it does not for a moment constitute the real and essential program a state should provide in promoting the mental health of its people.

As important as is the need for a state's provision for the treatment of mental difficulties, whether major psychoses or minor behavior deviations, mental hygiene in a state's official program becomes most important to social progress when its true prophylactic function is recognized and provision is made for the needs of all individuals—whether potentially normal or potentially deviating—through a program that promotes their positive, constructive development as total entities, even to improving the adjustment of those ordinarily thought of as well adjusted. (Prevention is better economics than cure.)

Many think of the function of state departments of health as that of treatment, either in furnishing therapeutic services to the indigent, or in devising complete programs of state-wide, state-financed curative medicine. *This is not true.*

Modern public health is a group application of the knowledges and skills of preventive medicine in promoting the total well-being and resulting social efficiency of the entire population. Therapeutic service is a function of private medicine—or of community welfare activities under the direction of private medicine, if indigent needs are taken into account.

The aim of public health is accomplished by a study of the basic etiologies of those difficulties afflicting or threatening the organic well-being of the group, and through an application of the skills of medical, biological, social, and engineering sciences in eradicating or reducing those environmental factors or group ignorances and mal-learnings that contribute to those etiologies.

This aim and function of public health is as true in the field of mental health as it is in the fields of physical health.

Mental health activities are ordinarily thought of as being concerned only with a narrow view of the “psychological side” of man, but psychology is really an inclusive physiology—a “gestalt” of the individual’s various physiologies in relation to extrinsic and intrinsic environments. Mental hygiene in a state department of health’s program is the psychological branch of preventive medicine—concerned with ways and means of promoting the maximum personally satisfying and socially acceptable behavior in the total population.

The methodology of public health in the field of mental health is the same as it is in other health activities—a study of basic etiologies; an eradication of those group hazards contributing to those etiologies; and a promotion of better public and professional education in ways and means of attaining sound development of the total group.

This calls for a point of view of the nature of mental health, and the organization of certain activities to carry out departmental aims within that point of view.

The point of view in mental health, for a state’s agency of preventive medicine, is best expressed by saying that disturbances of behavior and feeling result from those factors, physical and experimental, that accelerate, retard, or distort the maturation process during childhood.

From that point of view, the mental health activities to be set up, then, within the prophylactic aims of a department of health,

should include the eradication or reduction of those diseases, contagious and otherwise; those maladjustments affecting sensation, association, or performance; those chances from trauma and toxemia; and those hazards of the natural environment, that are basic to the etiology of mental illness or basic to social and emotional inefficiency. Second, these activities should include the promotion, through supervision, demonstration, and public education, of ways and means that will lead to full physical development and well-being of each individual. (We cannot escape the fact that all well-being has its foundations in the organism, and an understanding of these well-beings goes back to the medical and biological sciences.) Finally, activities must be included that interpret the physiological correlates of behavior to all agencies of the community touching the developing child so that adequate adaptation of each individual will be promoted, and each agency, through recognizing the totality of the individual with his individual needs, both physical and psychological, will not exist as possible agencies of psychic trauma or of unwise retardation or acceleration of the individual's maturation process.

There have been many definitions given for mental health, but all of them probably can be summed up in the statement that a person's mental health is reflected by his ability to bring all of his resources, physiological and experiential, to bear in solving the problems of his relationship with others. A measure of mental health is a measure of an individual's social and personal efficiency.

The social adjustment of an individual, then, from the viewpoint of those promoting this adjustment, is attained by developing those procedures that convert the promiscuous responses growing out of physiological needs into socially acceptable behavior which will still satisfy those needs.

For most of its history mental hygiene has been concerned with therapeutics—principally in the field of adult neuroses and psychoses. Early research was virtually confined to classification of symptoms and identification of syndromes. Fifteen or so years ago, with the growth of interest in child welfare, psychiatrists began to be concerned with child guidance, and for a considerable time spent their best efforts on finding cures for enuresis, masturbation, temper tantrums, lying, stealing, running away, and the like.

As case records accumulated in both the adult and child fields, it became evident that many mental hygienists were repeating an error of early medicine; they were treating symptoms rather than removing causes. The extremely small percentage of cures or remissions effected by such methods brought on the realization that actually one got nowhere by treating overt symptoms; that many behavior disorders lent themselves to no clear-cut classification; and that many syndromes had not one but a number of causes, which might be either several and singular, or collective and complex.

Psychological, psychophysiological, and medical research in behavior was redirected as a result, and in very recent years a number of fundamental facts concerning behavior disorders have come to light. Etiological studies have shown, among other things, that behavior disorders can be equally divided into two general groups: first, those whose overt symptoms fit no clearly definable classification, and which resulted from inadequate learnings of the individual, either in terms of the failure of the home, the school, or the environment in general, to direct him into both socially acceptable and individually satisfying outlets for his individual drives, or in terms of their failure to present social requirements to him in ways within his comprehension, or within range of his physical limitations; and, second, definitely identifiable psychopathological entities. The latter group, too, tends to fall into two subgroups, about equally divided, one the result of general physical, neural, or neuroglandular inadequacies, either innate and making it impossible for the individual to adjust to social situations, or brought on through disease or physical trauma which destroy the social learnings and integrations he had already acquired; and the other, while possibly precipitated by disease, organic defects, or trauma, actually having foundations in earlier learnings that were inadequate for satisfactory adjustment. In other words, etiological studies tend to show that virtually three-fourths of behavior difficulties requiring treatment, or severely handicapping individuals, actually have much of their origin in training and developmental problems that remain unresolved from childhood. Studies of clinical cases have shown the extreme difficulties in finding adequate therapies for these cases with mixed causation. Complex learnings piled upon faulty early learning, the vast amount of time needed to achieve appreciable

results, and the high costs involved have made it virtually impossible to secure corrections of the behavior problems resulting from inadequate learning in any but a very small per cent of the maladjusted. Mental hygiene, in addition to providing therapy for the psychotic, and for few psychoneurotics who can afford it, has a more important function in turning to a task more possible of realization—that is getting back to the beginning of things, and, directing learnings; promoting maximum physical development and early correction of behavior related physical defects, and treating inadequate environments so as to produce more wholesome personalities. It has had to develop a positive approach, as a complement to therapy, in order to aid the later therapy of the organically deficient, and, in order to provide satisfactory mental health for the greatest numbers. It must seek not only to remedy, but to prevent, which brings mental hygiene directly into the field of public health.

Besides this more possible task of preventing behavior disorders, which psychiatric and psychological research has shown as possible, the place of positive or prophylactic mental hygiene in public health is further demonstrated as research in functional disease and in the relationship between behavior and disease progresses. Health is not measurable in terms of physical well-being alone, for health is not potential nor real unless there is some adequacy of emotional adjustment. The prevention of maladjustment through public enlightenment and through training those who guide the initial development and training of the child in sound ways of securing adequate adjustment is now as much a task of public health as is the control of contagious diseases, the prevention of dental caries, the promotion of better facilities for prenatal and postnatal care, and the correction of physical health hazards in the environment.

In all forms of public health work, it is rational to apply the necessary technics at the earliest possible time. Hence, much of the active physical phases of public health have been centered in environmental control, contagious disease eradication, and in the developmental problems of infancy and childhood. Positive mental health is equally concerned in early beginnings. Whatever benefits may accrue from preventive work in mental hygiene, as has been shown, depend upon early, consistent, and persistent efforts to foster normal psychic well-being.

This preventive viewpoint in mental hygiene, with its emphasis on proper and satisfying learnings in childhood, has brought a new service and a new type of worker into the maternal and child health program of the Texas State Department of Health. The service is that of interpreting the positive mental health and developmental needs of childhood to the public, with the concomitant focussing of the attention of those responsible for children's development upon the problems of the whole child. The worker is the Mental Health Educationist, and his function is to complement—not duplicate or compete with—the work of the psychiatrist. While appreciating the problems of therapy, he does not work in the field of correction of behavior disorders. He is concerned with developing methods of more adequate physical development and emotional adjustments in childhood, in parental education, in training teachers in a better understanding of the child as a totality and the organic and emotional needs of childhood, and, in eliminating from the child's environment those physical and psychological hazards that might lead to any form of social inefficiency and instability, but which also enter into the etiologies of those neuroses and psychoses precipitated because of inadequate earlier learnings. His training, in contrast to that of the psychiatrist, includes psychobiology, child development, some aspects of preventive medicine, developmental psychology, clinical psychology, the methods of education, social psychology, and other positive developmental phases of childhood, which leads him to be an interpreter of the psychological and emotional needs of the child in their relation to his physical needs and his adjusted and wholesome future.

This worker, functioning in an integrated manner with the medical staff engaged in preventive pediatrics and prenatal and postpartum training, and with workers in dental health, public health nursing, sanitation, and the like, provides a program of public education in the positive developmental needs of the whole child.

In its functioning the program in mental health of the State Department of Health takes a number of directions: First, in coöperation with a number of special committees from the State Medical Association, the Pediatrics Society, and others (and it is hoped, in the near future, with a committee from this group) it studies the developmental needs and hazards of Texas children and the necessary information and procedures that must be furnished parents,

teachers, and child workers in order to promote development and eradicate these hazards; second, the program coöperates with teacher training institutions and public school systems in training teachers in a more adequate understanding of the methodologies of whole child development; third, through institutes, conferences, and other means, it trains school administrators and teachers in educational ways of recognizing environmental factors in the school, and pre-clinical deviations in the child, that might lead to later behavior defects, and shows them how the environmental factors can be corrected, and why the child must be referred to his physician for attention; fourth, it assists the State Congress of Parents and Teachers in conducting a sound program of parent education in child development which stresses the need for continuous medical supervision of the child's development and lays the foundation for parental insight into the child's behavior and his emotional, and psychological needs; and, finally, it coöperates with all agencies dealing with children in providing knowledge of the nature and needs of the developing child and in organizing sound plans for the better promotion of the development of Texas children.

If we would attain true prophylaxis in the field of Mental Health, we cannot attain it alone with specialized agencies working with individual cases, but the medical profession, through its public health agencies, must coöperate to the end of true prophylaxis with the parent, the teacher, and the community leader in furnishing knowledges and skills that will positively promote the full development of each person in their care. This is the purpose and the aim of the Texas State Department of Health's program in mental health.

DR. SCHWENKENBERG'S DISCUSSION OF THE PRIVATE PRACTITIONER

Dr. A. J. Schwenkenberg, Medical Director of the Beverly Hills Sanitarium, Dallas, discussed briefly a state program of mental hygiene from the standpoint of the psychiatrist in private practice. In this he identified the private practitioner as one engaged in the practice of psychiatry as a branch of medicine. He pointed out that private offices are merely functioning units in the effort to bring about integrated personalities.

Saying, "The thing that strikes me most is that we find people as a whole are emotionally immature," he called attention to the psychiatrist's interest in the prevention of mental diseases and in preventing the frustrations that the doctors see in their offices and sanitariums. In this connection he warmly commended the work of the State Department of Health in the schools. He recognized the need, not only of better state hospitals and mental health clinics, but also of more attention to mental hygiene in the school and home.

Dr. Schwenkenberg noted a tendency for persons in need of help to come to psychiatrists earlier—before their failures are extreme. Younger medical men, he thought, have a better understanding of the work of the psychiatrist than do the older men. He commended the psychopathic unit at Galveston and the work of the State Medical School in acquainting medical students with psychiatry. "It is very gratifying," he said, "to be able to talk to students and graduates of medical schools and be able to talk to some of the undergraduates in our language."

EDITORIAL DISCUSSION

A MENTAL HYGIENE PROGRAM FOR TEXAS

H. T. MANUEL

It takes a lot of different activities to constitute an adequate program of mental hygiene anywhere, and no less so in a large and varied State like Texas. It cannot be the program of a single organization, group, or profession. The Texas Society for Mental Hygiene has an important responsibility for keeping sentiment alive and for diffusing information which will assist in coördinating the efforts of various groups, but most of the real work of mental hygiene must be done by other organizations and by individuals who are not at the time acting as members of this organization.

The objectives of the mental hygiene movement are themselves quite varied even when stated in general terms. We seek not only the restoration of mental health and the improvement of facilities

for the care and treatment of the mentally ill, but also the prevention of mental illness. In addition we seek to assist in the development of more wholesome and happier personalities among those who will never be the victims of frank mental disease. We seek to free the environment of unnecessary hazards to mental health and to build personalities more capable of meeting successfully the hazards which still exist.

Individuals in many positions have a direct part to play in promoting mental hygiene. In matters of health, of course, we look and must continue to look to the medical profession for leadership. This is true whether the goal be prevention or cure. They are society's specialists in the promotion of health; they alone have the preparation and experience necessary to diagnose and treat mental disease. Our program must never stray away from their guidance. We must be sure, moreover, that those who assume leadership as doctors are competent and *bona fide* members of the medical profession. In the more specialized phases of the work we must insist further that our doctors have adequate training and experience in psychiatry as a branch of medicine. As mental hygiene becomes more popular, it is not unlikely that self-styled doctors and radio practitioners will seize upon this field as a means of exploiting the public. It may even happen that a few physicians of good general training will attempt the practice of psychiatry without adequate preparation. This, then, is a call to the medical profession to keep its own leadership on the highest plane and to the layman to be careful in the leadership which he accepts.

Although we shall look to the medical profession for leadership in mental hygiene and for the diagnosis and treatment of mental disease, mental hygiene is not their task alone. For one thing, there are other professional workers who are directly concerned with the promotion of mental health. In this connection, one thinks at once of nurses, social workers, laboratory technicians, and occupational therapists, all of whom form a recognized and very important part of the personnel for dealing with mental disease. One thinks, too, of the social workers and psychologists who are an essential part of the professional staff of a child guidance clinic or mental health bureau. These workers, like the physicians, should meet high standards of preparation and experience. In no sense

are they to be regarded as mere routine workers following directions which they do not understand.

One step removed from the doctor's office, the hospital, and the clinic is a group of workers who have a great deal to do with the practical work of mental hygiene. In this group are the social workers serving with family service societies, child-placing agencies, relief organizations, and the like; visiting teachers, psychologists, and student counselors in the schools; and probation officers. Close to these are the teachers in school and college, scout leaders, summer camp counselors, playground directors, and others who are engaged in teaching children. Finally, there are the parents and others who have to do a great deal of the work of rearing children.

Each of these individuals has an important part in the entire program and all are working toward the same general objectives. The part that different workers are to play, however, varies widely. It is extremely important on the one hand that they understand their responsibilities and on the other that they do those things, and only those things, which they are prepared to do and which their positions require. There is a real and a serious danger that individuals will attempt to perform duties for which they are unprepared.

One of the greatest dangers to the whole health movement comes from the activities of those who belong to some cult or system of healing which is without scientific foundation. Thousands of persons who need the skilled attention of those who are able to treat them according to the best that human knowledge has attained are prevented from receiving the treatment which they should receive by entrusting their cases to those who are either ignorant or unprincipled. There is in the general public an amazing superstition in all matters of health, but particularly so in matters of mental health.

There is some danger also that teachers, social workers, and psychologists will go beyond the point justified by their preparation and experience. This danger is particularly great among those who are poorly prepared. The best guarantee against malpractice by any professional worker is a thorough preparation for his own work, including an appreciation of the relation of his work to that of others.

It is clear, then, that mental hygiene must be taught to all professional workers who are dealing with the education of children and even to parents. Included in this education must be a knowledge of the service which others can render and of the type of situation for which the help of others should be asked.

We shall do much to keep our orientation in the field of mental health if we keep in mind similar problems and similar situations in matters of general health. No one expects that all of the general health work will be done by physicians. Even the layman has an important part. A high standard of public health requires a high level of health knowledge in the general population. Many times each day in the home questions come up on which the advice of a physician is neither needed nor sought at the moment—questions of diet, sanitation, exercise, elimination, minor injuries, rest, recreation, and the like. Efficient parents must know a great deal about these things. The need for the dissemination of information—often of a rather technical sort—is recognized by the American Medical Association, as witnessed by the fact that it publishes a magazine *Hygeia* especially for laymen. There is, of course, a danger here, for one knowing a little about a disease may attempt to treat it without adequate medical supervision. On the other hand, this danger is much less than the danger of ignorance, for ignorance quickly plays into the hands of quackery.

The same thing is true in mental health. Parents, teachers, school psychologists, and social workers have of necessity a great part to play in building wholesome personalities. In this they need the greatest possible knowledge themselves and the constant coöperation of the medical profession, for the pitfalls are many. Certainly they should not assume the functions of pediatrician and psychiatrist. They have, however, very definite and important duties to perform; they can not evade and they should not attempt to evade the responsibilities of their positions. It is our duty to assist them to perform their services well.

THE VISITING TEACHER BILL*

As a result of the efforts of Dr. Talma W. Buford, First Vice-President and Chairman of the Legislative Committee of the Society, a bill, known as House Bill No. 294, was introduced in the last session of the Legislature of the State of Texas. This bill was ably sponsored by Hon. T. D. Wells and others in the House and by Senator A. M. Aikin, Jr., Chairman of the Committee on Education, in the Senate. The bill passed the House and was placed on the Senate calendar after a favorable report by the Senate Committee on Education. There it remained at the end of the session, along with many other bills.

Because of its importance to the cause of mental hygiene in the State, the text of the bill as amended in committee is given below:

A BILL

TO BE ENTITLED

AN ACT authorizing the Boards of School Trustees of Independent School Districts and County Boards of School Trustees to employ visiting teachers and school psychologists, setting forth qualifications of visiting teachers and school psychologists, prescribing their duties, defining their status, and prescribing how they should be paid; providing a saving clause, repealing all laws or parts of laws in conflict herewith, and declaring an emergency.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. *Independent School Districts May Employ Visiting Teachers and School Psychologists.* Boards of Trustees of Independent School Districts and County Boards of School Trustees are hereby authorized and empowered to employ visiting teachers and school psychologists, whose duties shall be to assist in the prevention, diagnosis and treatment of educational maladjustments and behavior difficulties.

Provided that nothing in this bill shall ever affect the affiliation or classification of schools, and provided further that no State aid may be granted to or withheld from any County or district because of the fact that they have not availed themselves of the services of a visiting teacher or teachers or a school psychologist or psychologists.

Provided further that none of the provisions of this bill shall ever be construed by departmental rulings or otherwise

*Reprinted from the Third Yearbook.

to compel county school boards or boards of common school districts, or boards of independent school districts now in existence or to be created, to employ such visiting teachers and/or school psychologists.

SEC. 2. *Qualifications of Visiting Teachers and School Psychologists.* Visiting teachers and school psychologists certificates shall be granted to persons qualified therefor, on such basis as may be prescribed by the State Board of Education, provided that certificates shall not be granted nor issued to persons having less than the equivalent of four (4) years' training above high school, at least one (1) year having been devoted directly to preparation for the work for which they are certified. Provided also that the training of persons certified as visiting teachers shall include general and specialized social case work, and that the training of persons certified as school psychologists shall include the theory and practice of educational measurement and diagnosis. Provided, however, that nothing in this Act shall prevent regular teachers from performing such special duties as their teaching may require.

Provided further that any teacher employed by the first of September, 1939, who does not then meet the educational qualifications herein, shall have three (3) years after this Act goes into effect within which to meet the qualifications herein set forth.

SEC. 3. *Status of Visiting Teachers and School Psychologists.* Visiting teachers and school psychologists shall be regarded as members of the teaching staff, with special duties of their respective districts, when employed by independent school districts, and as members of the teaching staff of the school, with special duties, under the supervision of the County Board of School Trustees when employed by County Boards of School Trustees.

SEC. 4. *Salaries of Visiting Teachers and School Psychologists.* Visiting teachers and school psychologists' salaries shall be set by the County Board of School Trustees and such salaries may be paid from the general funds of the county in which they are employed or such salaries may be paid from State and County available funds and/or local funds, by the Board of Trustees of the Independent School Districts so employing them, when employed by Independent School Districts: and visiting teachers and/or school psychologists may be paid from State and County available funds and/or local funds of all the school districts under the supervision of the County Boards of School Trustees when employed by County Boards of School Trustees.

SEC. 5. *Proration of Salaries by Districts of Counties.* When visiting teachers and/or school psychologists are employed by County Boards of School Trustees, their salaries shall be prorated to the several districts of such counties which are under the supervision of the County Board of School Trustees, but their salaries shall be prorated to the several districts of such Counties and under the supervision of the County Board of School Trustees in proportion to the total number of scholastics in each district so served by the visiting teachers so employed.

SEC. 6. *Saving Clause.* If any section or part of any section of this Act shall be declared unconstitutional, such decision shall not affect the validity of the remaining sections or portions, and such is hereby declared to be the intention of the Legislature.

SEC. 7. *Repealing Clause.* All laws or parts of laws heretofore enacted that conflict with provisions of this Act are hereby expressly repealed to the extent of such conflict.

SEC. 8. *Emergency Clause.* The fact that this measure is of great importance to the State of Texas, and the further fact that there is no provision at present permitting the employment of visiting teachers and school psychologists, as heretofore set out, creates an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days is hereby suspended, and this Act shall take effect and be in force from and after the date of its passage, and it is so enacted.

Since visiting teachers and school psychologists are so few in Texas, a word of explanation is in order. A visiting teacher is a combination of teacher and social worker. He—the masculine pronoun is used in the general sense—brings to the school the techniques of the trained social worker. It is his business to make out-of-school contacts and to assist in various ways in solving the problems of individual pupils. He works with the home, the court, civic organizations, the school, and various agencies in the community to obtain a better understanding of individual cases and then to assist in carrying out the necessary remedial measures, which frequently lead one far from the schoolroom itself. He has a background of social understanding, knows the technique of the interview, and is skilled in helping people with personal problems.

The school psychologist is likewise skilled in investigating the needs of individual children. His duties lie, in part, in the field

of measuring and estimating abilities, interests, and attitudes. He collects and interprets information of basic importance in counseling and in guidance. He advises remedial procedures in many instances and helps toward a reformulation of objectives in others.

Both of these specialists assist the regular school staff. They are not proposed as substitutes for teachers or other workers in the schools. They perform services which other members of the staff are unable to do because of lack of special education or lack of time. Moreover, their work is constructive. They do not merely classify and label; they are part of an organization to bring to each child so far as possible just the educational opportunity which he needs most. Their services are of value not only to the "problem" child, but to all children.

Visiting teachers and school psychologists render a greatly needed but often neglected diagnostic service in the schools. It is obvious that intelligent dealing with the difficulties of individual children requires first of all a careful diagnosis. In many cases this is anything but easy. Human nature is extremely complicated and often difficulties which seem at first to be the same really come from very different causes.

In spite of these facts, school systems generally have neglected to develop a diagnostic service of sufficient scope to keep pace with their needs and with the advance of knowledge. Some have gone a long way to establish special schools into which are brought the most difficult problems of the whole school system but have failed to set up any organization at all for diagnosis. Such a situation in medicine would be sufficient to convict the doctors of malpractice!

It is certain that one of the developments in education within the immediate future will be increased emphasis upon the individualization of education. The clinical service of visiting teachers and school psychologists is a part of this program of individualization.

Visiting teachers and school psychologists can not be made simply by conferring the respective titles. Each field is a specialty requiring definite and extensive training—just as are specialties in medicine and engineering. In anticipation of an increase in the number of positions available, it is hoped that competent young people will be encouraged to prepare for them.

COMMENTS ON VISITING TEACHER BILL

GEORGE S. STEVENSON, M.D.

The National Committee for Mental Hygiene

When Texas, as a democratic state, came to the inescapable conclusion of universal education, education for the poor as well as for the rich, and the practical minded as well as the book minded, the older education designed for college preparation could no longer be the rule. Education had to begin to meet the needs of people as they actually existed. We have been slow to make these adjustments because our methods were of the bookish type.

Now new life needs came into prominence and consequently new subjects had to be taught and new types of children came along who previously merely dropped out. The school had to look beyond its professional walls into the lives of these children and into their probable life work, in order to get its bearings. For this it needs more than the classroom teacher.

The visiting teacher is an indispensable arm of the school that aims to do justice to its children by studying their lives at home and at play as well as in the classroom. She is indispensable to the school in studying and correcting its own failures to serve children. The psychologist is indispensable in understanding how the needs, strengths, and limitations of this child differ from that and how his course may be planned to his best advantage. Without the visiting teacher and psychologist, schools are almost certain to harm the child that most needs its help. It is not surprising that such a child on leaving school should be resentful of society and of law.

ESSAY CONTEST

PAUL L. WHITE, M.D., *President*

The Texas Society for Mental Hygiene is offering as a part of its program for the year 1940-41 a fifty (\$50.00) dollar award for the best essay on some phase of Mental Hygiene.

RULES GOVERNING THE ESSAY CONTEST

- (1) This contest is open to all *bona fide* college students of the State of Texas who have not yet been awarded graduate degrees. The contest closes January 15, 1941.
- (2) All essays must be the original work of the contestants under whose names they are submitted. Quoted matter must be credited to its source.
- (3) Essays must be approximately 2,500 words in length.
- (4) Essays must be typed on one side only of letter-size paper.
- (5) No manuscripts can be returned. Decision of the judges will be final, and all manuscripts submitted will become the property of the Society, to use as it deems fit.
- (6) In each competing school, a member of the Faculty will be asked to sponsor this contest, and the sponsor will select from among the papers submitted the two best essays and mail them not later than January 29, 1941, to the President of the Society, who will in turn hand them to the judges.
- (7) A prize of \$50 will be awarded the winner of the contest, and the winner will be asked to read his paper at the annual meeting of the Society.

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MENTAL HYGIENE IN EDUCATION*

ALICE NICKELL

Sam Houston State Teachers College

Introduction

Mental hygiene is not a separate distinct subject that may be studied, learned and then applied to our mode of living or teaching. It is "an attitude, or a point of view,"¹ a way of looking at life and of living that brings happiness and efficiency. It is the way in which the individual accepts and responds to the requirements and opportunities of society and the cultural patterns transmitted to him by parents and teachers. In so far as the individual can build his own viewpoint in harmony with social standards and free himself from emotional conflicts and anxieties, he will be able to achieve maturity and to live to his capacity.

Mental hygiene has an interest in almost every human contact and activity. It may be concerned with the way we adjust ourselves to our business associates, our acquaintances, our friends, members of our families and people we meet by chance on the street. It includes our reactions and adjustments to the cultural and religious patterns and *mores*. It may be accumulative, i.e. the result of some conflict of emotions, desires, or anxieties of childhood.

The aims of a program in mental hygiene are two-fold. First, it has as its aim the care of the mind that is diseased. Sometimes treatment may result in a cure and a return to normalcy for the individual, but often the disorder is such that all that can be done is to place the person in an institution where he will receive adequate care.

The second aim of a program in mental hygiene is the prevention of mental disorders. This may be accomplished by lessening the strain and stress of living and providing more socially desirable

*This paper was awarded first place in the 1939-40 essay contest. The Society is indebted to Dr. White, Dr. Harris, Dr. Hauser, and Dr. Schwenkenberg for providing the \$50 prize, and to Dr. F. J. Adams and Dr. D. B. Klein for serving as judges.

¹H. N. Rivlin, *Educating for Adjustment*, p. 1.

environments. Life today has become so complex and the tempo of living has been so accelerated that simplicity of living and serenity are things of the past. We need to recover these and to develop more healthful habits of activity. Mental hygiene is facilitated by the healthy functioning of the body. Important also is the development of habits of coöperation, loyalty, everyday patriotism and a healthy attitude toward members of the opposite sex.

Although a program of mental hygiene consists of both therapeutic and prophylactic measures in all phases of life, this paper will deal only with the aspects of mental hygiene in education, particularly that of the child in the public school.

The Child: The Center of the School

1. The Child in the Primary Grades

The child is the center of the school, and the development of a wholesome personality for the child should be the school's prime objective. The school must accept the child when he comes to it at the chronological age of six irrespective of his mental age. When the child comes to school, he finds himself in a relatively new environment. He comes from the security of the home where he has been the center of attention into the school environment where he must share the attention of his teacher with the group. His feeling of security here will be dependent upon the degree of adjustment he is able to make to the school situation. The adjustment he makes will be influenced by "his physical condition, his mental ability, his emotional maturity and his social adjustment."² To be happy and contented, the child must be able to take his place in the school with a feeling of security and of being wanted.

He must learn to make social adjustments with his teacher and with his schoolmates. If he likes his teacher or if he already knows some of the children in the room, his adjustment will be greatly facilitated. If he is a shy, retiring child, who has had little social contact outside his family circle, it may be difficult for him to make a satisfactory adjustment.

²Paul A. Witty and Charles E. Skinner (Editors), *Mental Hygiene in Modern Education*, p. 137.

The child must experience a feeling of satisfaction in his school task. He must feel that it is his own personal responsibility. Satisfaction will be felt if the task is self-initiated, if the child feels an interest and a need for it and if he can attain some degree of success.

The accomplishment of the task he sets for himself must be within his range of ability. He must not be expected to do a task just because other children his age can do it. Individual differences must be taken into consideration. Some children mature more slowly than others, and some have less capacity. Both of these facts must be recognized and allowance made for each child's ability. The child's achievement may be influenced also by a lack of emotional maturity and poor adjustment outside of school. The child must be willing to admit performance that falls short of a desired goal and be motivated to strive to lessen the discrepancy between his achievement and his ability.

2. The Child in the Intermediate Grades

By the time the child reaches the intermediate grades, he has had many experiences requiring various adjustments. He is becoming conscious of the members of the opposite sex as such, but he is not yet ready to accept them as equals as does the adolescent. Girls do not chum with boys at this age, except in rare instances; nor do boys accept girls into their gangs. In general, there is a tendency for the sexes to draw apart during this period. This should not be encouraged, but accepted as part of a pattern and heterogeneous activities sponsored.

The child at this age is ready to assume greater responsibility for his school task, especially if the school has provided an environment that encourages initiative. He is ready to assume greater responsibility for his physical activities and for his moral conduct if there has been suitable training in self-control, fair play, and sportsmanship.

He is interested in broadening his school horizon. He likes to be considered a good fellow and to be included in the more grown-up activities. Greater facility in reading opens for him many avenues of adventure and discovery. What he experiences vicariously may be very realistic to him and become embodied in his play and in his more serious activities.

He must have an opportunity to succeed more often than he fails or he will lose his sense of security. He needs to learn to accept his limitations, however, and know that he cannot succeed in all endeavors.

3. The Child in High School

Most high school pupils are adolescents and may be disturbed by their physical development. The mental hygiene of the child at this time would be increased by an understanding of the bodily changes that are appearing and the acceptance of these as natural and good. He should be helped in evolving wholesome attitudes toward members of the opposite sex as well as to those of his own.

As he gains in competency to meet situations, he should gradually free himself from family control. This freedom should not come all at once, but as he shows his capacity for using it.

It is during the high school days that youth begins to think seriously of a vocation. Here he needs capable guidance in terms of his specific aptitudes and capacities. Around his vocation he may build his philosophy of life.

His dynamic urge for activity should be guided into pleasant and profitable habits of leisure. He must learn to distinguish between wholesome fun and thrilling adventure and to find enjoyment in clean sports, sound companionship, and good reading. The adolescent frequently feels the need of a code of morals, of religion and of devoting himself to reform and service. These urges, if directed into proper channels, may form a basis for his philosophy of life.

The Teacher's Obligation for Mental Hygiene

If the prime objective of education is the development of an integrated child, the teacher has definite obligations in regard to the mental hygiene program. First, he personally must achieve a relatively high level of adjustment. His ability to achieve this adjustment and thus to exert a favorable influence on the child's adjustment depends largely upon two factors: "the way in which the teacher has assimilated his own childhood, and the adequacy with which his present life-needs are being met."³ Freeing the self from the confines of childhood depends upon the way difficulties

³Paul A. Witty and Charles E. Skinner (Editors), *op. cit.*, p. 521.

have been understood and accepted or rejected. The teacher who makes a wise use of childhood experiences has a better understanding of the conflicts which confront some of his pupils. The adequacy with which the teacher meets his present life-needs is dependent upon his state of health, his feeling of security, his economic status, his satisfaction in social relationships and his emotional stability.

The teacher is responsible for providing a wholesome environment in his classroom. Good working conditions, proper ventilation, correct temperature and well placed and adequate lighting are essentials. The length of the class periods and the frequency and length of recess periods should be planned to prevent the child from becoming fatigued. The equipment in the classroom should be appropriate and meet the aesthetic needs of the child as well as his physical needs. According to Rivlin, the teacher should provide an environment that

reduces unnecessary mental and emotional strain to a minimum and leads to the creation of the best possible condition for permitting each person to adjust himself adequately to his surroundings, to the limit of his potentialities.⁴

He must take into consideration individual differences in interests, aptitudes and abilities and make provision for them. He must not require more than the child is capable of producing, neither should he be satisfied with less than capacity production. The teacher should emphasize group purposes and activities to which each pupil contributes and thus is made to feel a member of the group.

The teacher must understand the problems of children and of adolescents. He must take the child as he finds him and assist him to function more effectively. He should be able to help the child make necessary adaptations that will develop an integrated personality.

The provision of a wholesome recreational program is another essential. Cunningham believes that "some kind of fun is essential to mental health."⁵ The new leisure of today is a challenge to the

⁴H. N. Rivlin, *op. cit.*, p. 5.

⁵Bess Virginia Cunningham, *Family Behavior*, p. 24.

teacher to help his pupils use their leisure to release nervous tensions resulting from the rapid tempo of modern life. Hobbies or recreational outlets are particularly recommended.

The School's Obligation for Mental Hygiene

The school no longer considers itself as an academic institution where children only learn the fundamental knowledges and skills, but as a place where the emotionalized attitudes and ideals receive their just share of emphasis. Symonds says: "The whole child comes to school and the school is responsible for the child as a whole while in school."⁶ The child must learn to live in a social environment. The principles of mental hygiene should permeate the work of the classroom, the organization of the curriculum, the techniques of instruction and the disciplinary procedures. In fact, they should pervade the whole school system.

The curriculum in its broadest sense includes all the activities provided by the school, which give experience to the pupils. It should be selected and organized in the light of the pupils' interests and needs and with a view to its significance in life. It should not contain uninteresting and inadequate subject matter but vital and living materials related to the whole social order. The child's experiences should help him to live to his fullest capacity now and thus prepare for adulthood. The school must afford its pupils opportunities for self-expression. This may be fostered in the extra-curricular activities such as clubs, assemblies, student councils, school papers and opportunities for aesthetic experiences and creative activities.

The development of each pupil to his capacity may be facilitated by individualized instruction in an activity program. In an activity program, the children, under the teacher's guidance, initiate, plan, execute and evaluate their own projects. Each child is encouraged and aided in solving his problems and in making his contributions to the group.

Wholesome disciplinary procedures are essential for mental health. Rarely, if ever, is coercion a successful technique for dealing with children. Although overmuch coercion should be avoided, nevertheless the school needs to maintain control of school affairs.

⁶Precival Mallon Symonds, *Mental Hygiene of the School Child*, p. 2.

Pupil participation in school government is one means to this end. Children are willing to abide by rules which they have helped to formulate and administer.

The school has, as a further obligation, the handling of problem cases. The classroom teacher is not always competent to diagnose and prescribe remedial procedures for the maladjusted child, but there should be specialists to whom she can refer the child for case study. A psychologist or visiting teacher may contact the home, study the causes and not the symptoms of the trouble, and then formulate a remedial program. The remedial program should deal with each individual in the light of the needs of that individual. In cases of extreme difficulty, the service of a psychiatrist may be required.

The Parents' Responsibility to the School for the Child's Mental Hygiene

If the child is to develop an integrated personality, there must not be too great a gap between his school experiences and those outside of it. Parents are responsible to the school for the child's mental hygiene prior to his entrance and should cooperate with the school for his continued mental health. A normal home life will aid the child in his unfoldment. Above all, the home should furnish the child with an opportunity to be himself. It should be the place where he will not have worry about the kind of impression he is making and the place where he is loved and wanted in spite of his shortcomings and frailties.

Parents should give their children a good example of wholesome living, for they often emulate their parents' reactions to frustrations and disappointments as well as their reactions to favorable stimuli.

The parent must be willing to sacrifice his own ambitions regarding the child's career when these conflict with the natural ability or interest of the child. The child should not be forced to enter a vocation in which he has little chance to succeed or be happy.

The parents must endeavor to understand the philosophy of the school and to further this wherever possible. There is a great opportunity for mutual help and understanding between teacher and parents when they cooperate by organizing themselves into groups

for the discussion and formulation of principles and philosophies in child guidance and development.

Developing an Awareness of the Importance of
Mental Hygiene in Education

If an efficient program of mental hygiene in the public schools is to be provided, it will be necessary to develop an awareness on the part of the general public of the importance of mental hygiene in education. The public must demand and obtain legislation that will provide for a psychologist and/or a visiting teacher for each state supported school and for the support of the school's remedial program. It must demand and employ only those teachers who are trained to understand and to administer the improved program in such a way as to be of most benefit to the most children. The public should also demand clinics for both rural and urban children, and more vocational guidance.

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(To save space a few of the references listed by the author have been omitted.—Ed.)

THE TEXAS SOCIETY FOR MENTAL HYGIENE
PROCEEDINGS OF THE SEVENTH ANNUAL MEETING

EVELYN M. CARRINGTON, *Secretary*

MORNING SESSION

The seventh annual convention of the Texas Society for Mental Hygiene opened at ten-thirty o'clock, January 31, 1940, at the Driskill Hotel, President Paul L. White in the chair. Twenty-five members of the Society were present, including thirteen members of the Board of Directors.

The minutes of the sixth annual meeting of the Society were read and approved. Minutes of the meeting of the Executive Committee in Austin on August 6, 1939, were read and approved.

President Paul L. White reported attendance at the Executive Board meeting, attention to a considerable amount of correspondence, and the termination of the radio project. The last was due to the fact that time already allotted to the Health Department left no time for mental hygiene programs sponsored by the Society.

Dr. Paul L. White announced that he had invited thirty-one colleges to participate in an essay contest on mental hygiene. Seventeen of these had accepted the invitation and papers were coming in steadily. Announcement of the winners would be made at a later date.

Dr. Wilmer L. Allison, Treasurer, reported that he had written all members whose dues were unpaid on October 26, 1939. The cost incident to this was \$9.50, and \$20.00 was received. He stressed the ineffectiveness of the present system of collecting dues. He reported a balance of \$56.48 on January 1, 1939, and collection since that time of \$163.20, bringing the total to \$219.68. Expenditures amounted to \$216.84. The balance on hand on January 24, 1940, was \$2.84.

Dr. L. R. Brown moved that the fiscal year of the Society begin on January 1. On proper second the motion was adopted. Dr. H. L. Pritchett moved, seconded by Mrs. Greenhill, that the secretary and treasurer be instructed to work out some arrangement to simplify the collection of dues and the keeping of membership rolls. This was carried.

The secretary reported that she had compiled a list of the members of the Society, coöperated with the Editor of the *Yearbook* in assembling materials for publication, notified all members of the Board of Directors of the radio broadcasts on mental hygiene sponsored by the committee on Adult Education, requested the payment of dues, and sent receipts for all fees paid. The total expense of her office was \$33.95.

In the absence of Dr. Eugene Aten, the secretary read the report of the Committee on Mental Hygiene Clinics. Dr. Aten stated that the State Division of Child Welfare had made a directory of the psychiatric and psychological facilities available for their workers over the State. He reported that he had visited the Houston Clinic, that the El Paso Clinic was functioning largely upon a direct psychological service basis, and that he had had no recent inquiries from other Texas cities regarding the Dallas Clinic.

Dr. James P. Molloy, Chairman of the Committee on Professional Education, said he had no report to make. He added that he did not see the purpose of such a committee.

Dr. T. W. Buford, Chairman of the Legislative Committee, recommended that the Society continue to support The Visiting Teacher Bill and that a copy of the bill, or *Yearbook* containing this, be sent to each member of the House and Senate with a solicitation for his support. Further, he recommended that the Society support the State Prison Psychopathic Hospital Bill. The recommendations of the committee were put in the form of a motion, seconded, and adopted.

A telegram from the Rt. Rev. Cecil E. Seaman, Chairman of the Committee on Mental Hygiene in the Church, explained his absence. Since Rabbi Henry Cohen and the Rev. A. A. Leifeste were also absent, no report from this committee was presented.

Mrs. R. D. Henderson, Chairman of the Publicity Committee, reported that she had given newsworthy facts to State newspaper correspondents and to state-wide publicity service bureaus from time to time. She recommended that future publicity include a subscription to a clipping bureau to check the publicity used, a paid part-time writer to handle the position adequately, and greater use of the radio for attaining and awakening the public to the objectives of the Society.

Dr. H. T. Manuel, Chairman of the Committee on Mental Hygiene in Education, reported that mental hygiene had made substantial progress during the year. The outstanding event was the establishment of the Hogg Foundation for Mental Hygiene at The University of Texas. The second activity of great general significance to the schools is the work of the Texas Commission on Coördination in Education, whose last bulletin, *Individual Guidance and Mental Health*, has reached many administrators. He added that the State Department of Health has a vigorous program of mental hygiene which is touching the schools at various points. He recommended:

- (1) That the Society give vigorous support to the so-called visiting teacher bill, looking to the employment of a trained personnel in mental hygiene.
- (2) That the Society stimulate interest in the extension of clinical services within the schools.
- (3) That the Society encourage schools to reconsider their curricula and administration in the light of mental hygiene.
- (4) That the Society emphasize the need of thorough training for clinical services in the schools.

The report was adopted.

Dr. H. T. Manuel, Chairman of the Committee on the Yearbook, reported that 2,000 copies of the *Third Yearbook* had been published with the coöperation of Dean T. H. Shelby of The University of Texas, at a cost of \$95.04. He recommended that these yearbooks be circulated rather freely where there seemed prospect of their doing the most good. The report was adopted and a vote of thanks given to Dr. Manuel for his excellent editing.

Dr. H. L. Pritchett, Chairman of the Membership Committee, reported that he had sent out 150 letters during the year and that 69 new members had been added to the Society since April 19, 1939. He stated that on January 25, 1940, the paid members of the Society numbered 151 although there were 327 names on the rolls. He added that 43 members had been dropped from the rolls during 1939. Since its beginning, the Society had lost seven members by death; four, by resignation; six, by migration from the State and twenty-six by incomplete or wrong addresses.

He recommended that in addition to the Executive Committee, the following be requested to serve as members of the committee: Dr.

D. B. Harmon of Austin, Dr. Bertha K. Duncan of Denton, Dr. C. H. Winkler of College Station, Dr. W. W. Freeman of Commerce, Dr. Eugene L. Aten of Dallas, Miss Mathilda Maier of Galveston, and Mrs. Rebecca Nelson of Tyler. The report was adopted.

Dr. T. W. Buford reported the organization of the Lamar County Society for Mental Hygiene with thirty-two charter members.

No report was given from the Committee on Adult Education but later a report was filed (see files). The birth of a son to Dr. and Mrs. A. Hauser prevented Dr. Hauser, Chairman of the Committee on Standards of Care in Mental Hospitals, from being present. No report was filed.

Dr. James P. Mollby, Chairman of the Nominating Committee, moved that the entire Executive Committee be reelected. The motion was unanimously adopted. The following were elected to the Board of Directors: Miss Sadie Aaron, Houston; Dr. Wilmer L. Allison, Fort Worth; Dr. Eugene Aten, Dallas; Dr. L. R. Brown, Galveston; Dr. T. W. Buford, Pattonville; Dr. N. D. Buie, Marlin; S. Pledger Burke, Tyler; Dr. Evelyn M. Carrington, Huntsville; Dr. J. DeWitt Davis, Kingsville; Miss Bonnie K. Dysart, Lubbock; Dr. I. M. Epstine, El Paso; Mrs. Violet S. Greenhill, Austin; Superintendent J. W. Edgar, Orange; Dr. Titus H. Harris, Galveston; Dr. A. Hauser, Houston; Mrs. R. D. Henderson, Austin; Miss Ima Hogg, Houston; Dr. H. T. Manuel, Austin; Dr. James P. Molloy, Houston; Dr. E. E. Oberholtzer, Houston; Dr. E. M. Perry, Dallas; Rabbi Wendell A. Phillips, El Paso; Dr. H. L. Pritchett, Dallas; Dr. A. J. Schwenkenberg, Dallas; Mr. Elmer Scott, Dallas; Mrs. Noyes D. Smith, Austin; Dr. J. Shirley Sweeney, Dallas; Dr. M. S. Wheeler, Rusk; Dr. Paul L. White, Austin; and Dr. Guy F. Witt, Dallas.

A vote of thanks was given to President Paul L. White for his efficient leadership during the year.

Mrs. R. D. Henderson, Chairman of the Resolutions Committee, moved that the names of the eight deceased members, 1935-1940, be entered upon the minutes with an expression of regret at their loss: Mr. S. J. Coleman, Bastrop; Miss Alma Ladenburger, Houston; Reverend Harris Masterson, Austin; Mrs. Z. L. Powell, Fort Worth; Dr. T. Richard Sealey, Santa Anna; Dr. C. W. Stevens, Wichita Falls; Dr. John Turner, Dallas; and Rabbi Martin Zielonka,

El Paso. She further moved that the Secretary write the family of Dr. T. Richard Sealey concerning his loss from the Board of Directors.

The report of the Resolutions Committee further moved that the Society express its appreciation to the committee on local arrangements, its assistants, particularly Miss Cordelia Whittaker, the hotel, the press and others assisting in making the meeting a success; that Dr. Paul L. White be heartily commended for his prompt action in calling the annual meeting at this time and in securing distinguished speakers for the occasion; and that the Society through the president express its appreciation separately to President Rainey and the other speakers for their generosity in participating in our program. The report of the Resolutions Committee was adopted.

The Society adjourned until the luncheon meeting.

LUNCHEON SESSION

Forty-seven members of the Texas Society for Mental Hygiene met for luncheon in the Crystal Ball Room of the Driskill Hotel. At the close of the luncheon Dr. Paul L. White introduced distinguished guests. Identification roll call followed after which the Society adjourned until the afternoon session.

AFTERNOON SESSION

At half past two o'clock in the Pink Room, Driskill Hotel, Dr. Paul L. White opened the afternoon session. One hundred and fifty persons were present to hear the development of the theme: A State Program of Mental Hygiene. Dr. Adolf Meyer, Henry Phipps Professor of Psychiatry at Johns Hopkins University Medical School, Psychiatrist-in-chief of Johns Hopkins Hospital and Director of Henry Phipps Psychiatric Clinic, spoke on "The Medical Profession." Dr. D. B. Harmon, Consultant in Mental Hygiene in the Texas State Board of Health, discussed what the State Board of Health was doing to advance mental health in Texas. Dr. A. J. Schwenkenberg, Medical Director of the Beverly Hills Sanitarium, Dallas, discussed a State program of Mental Hygiene from the viewpoint of a private practitioner.

Dr. George S. Stevenson, Medical Director of the National Committee for Mental Hygiene, spoke on "The Public in a State Program of Mental Hygiene."

At the close of the addresses Dr. H. L. Pritchett announced that an advisory council was being formed to plan for a regional meeting in Texas of the National Conference on Family Relations. He asked those interested to communicate with him.

The meeting adjourned until the evening session.

EVENING SESSION

Dr. Paul L. White opened the evening session of the Texas Society for Mental Hygiene at eight o'clock at the Driskill Hotel with approximately eighty persons present.

Dr. Daniel Prescott, Head of the Division of Child Development and Teacher Personnel of the Commission on Teacher Education of the American Council on Education, Chicago, spoke on "The Schools in a State Program of Mental Hygiene." He was followed by President Homer P. Rainey, The University of Texas, who explained the aims and primary plans of The Hogg Foundation for Mental Hygiene.

The meeting adjourned.

Registration: new members 20; old members 40; visitors 100; total 160.

ACTIVITIES OF THE BOARD OF DIRECTORS

The following statement of the activities of the Board of Directors has been prepared from the minutes of the Secretary, Dr. Evelyn M. Carrington, reporting a meeting of the Board of Directors in Houston on April 21, 1940.

Continuance of the essay contest for a second year was authorized, with Dr. Paul L. White, President of the Society, as chairman of the committee.

Dr. Talma W. Buford, Chairman of the Legislative Committee, was asked to send a marked copy of the *Third Yearbook* and a letter indorsing the *Visiting Teacher Bill* to each member of the State Legislature.

The annual printing of a *Yearbook* was voted, and it was decided that the next should be issued earlier in the year than the last (November).

The acceptance of five-year memberships at one dollar or more per year was authorized.

The organization of county societies for mental hygiene was recommended "where this can be done effectively," and the Secretary was instructed to write to Dr. Talma W. Buford commending him for organizing the Lamar County Society for Mental Hygiene.

The appointment of a Coördinating Committee by the President was authorized to study the work of the State Department of Health and other groups that are sponsoring mental hygiene programs in Texas.

It was voted that the next meeting of the Society should be held in San Antonio during January or February of 1941.

CONSTITUTION AND BY-LAWS

THE TEXAS SOCIETY FOR MENTAL HYGIENE

ARTICLE I

Name

SECTION 1. The name of this society shall be The Texas Society for Mental Hygiene.

ARTICLE II

Purpose

SECTION 1. The general purpose of this society shall be to work for the promotion, conservation, and restoration of the mental health of the people of this state.

SEC. 2. The specific purposes of this society shall be:

(1) *Education.*—To promote the study of the conditions that contribute to wholesome mental activity, and to spread the knowledge of the conditions that foster normal mental development and health. To obtain and disseminate information as to the nature, origin, and effects of mental disease and mental defect, and the mental elements in anti- and asocial behavior. To encourage the recognition of the prevalence of these defects in the community, of their relation to other social problems in the community, and the spread of the knowledge of effective methods of combating them.

(2) *Constructive Service.*—The promotion of facilities for the prevention, diagnosis, treatment, and care of individuals whose behavior or personality difficulties lie within the field of mental hygiene. The encouragement of any necessary legislation to achievement of these ends.

(3) *Professional Training.*—To encourage and promote the inclusion of the principles of mental hygiene in the professional preparation of doctors, teachers, nurses, social workers and other professional groups whose work necessitates their dealing with problems of mental hygiene.

(4) Such other specific purposes as the society may adopt from time to time provided they fall within the general purpose of this organization.

ARTICLE III

Amendment of the Constitution

SECTION 1. This constitution may be amended by a two-thirds vote of members present and voting at any regular or special meeting of the Society, or by referendum provided such an amendment has been submitted to the membership thirty days in advance.

BY-LAWS

ARTICLE I

Membership

SECTION 1. This society shall consist of members who shall be persons interested in the purpose of the society, and who shall have paid an annual membership fee of one of the following classes:

- (a) Regular member, \$1.00.
- (b) Sustaining member, \$5.00.
- (c) Contributing member, \$25.00—\$50.00.

SEC. 2. *Honorary Members.*—Any person who has rendered distinguished service in the cause advocated by this Society, may be elected to Honorary Membership by a majority vote of those present at any regular meeting of the Board of Directors.

ARTICLE II

Directors and Officers

SECTION 1. *Board of Directors.*—The Board of Directors shall include twenty-four or more Directors who shall be chosen to represent the following geographical and educational interests:

- (a) The following general areas in Texas shall be represented by one or more members on the Board: North Texas, Central Texas, East Texas, South Texas, and West Texas.
- (b) The following educational or professional interests shall be represented by one or more members on the Board of Directors; psychiatry, adult education, social work, elementary and higher education, general medicine, law, the church, and the lay public.

SEC. 2. *Officers.*—The officers of the Board of Directors shall consist of a President, First Vice-President, Second Vice-President, Secretary, and Treasurer, whose duties shall be the customary duties of those offices.

SEC. 3. *Executive Committee.*—The Executive Committee shall consist of the officers and two other members of the Board of Directors.

ARTICLE III

Duties

SECTION 1. The care, management and control of the affairs of the Society shall be under the charge and direction of the Board of Directors subject to the will of the Society.

SEC. 2. Subject to the final approval of the Board of Directors, the Executive Committee is empowered to conduct any of the affairs of the Society that are delegated to the Board of Directors.

SEC. 3. The Executive Committee shall report to the Board of Directors at each meeting.

SEC. 4. The Board of Directors shall report to the Society at each annual meeting.

SEC. 5. The Board of Directors may elect directors to fill unexpired vacancies on the Board; shall appoint and discharge committees; receive their reports; may appoint or discharge a full-time executive officer, if the finances and affairs of the Society warrant such appointment or discharge; determine the duties of the officers and employees of the Society; may call special meetings of the Board or the Society, provided a notice of one week has been given to members of the Board, and two weeks' notice to the members of the Society; shall adopt procedures to carry out the purpose of the Society.

SEC. 6. The Executive Committee may call special meetings provided notice of one week is given to members.

SEC. 7. The Board of Directors shall appoint the following standing committees, the chairmen of which shall be members of the Board of Directors: Publicity Committee, Membership Committee, Committee on Adult Education, Committee on Standards of Care in Mental Hospitals, Committee on Mental Hygiene Clinics, Committee on Professional Education, Legislative Committee, Committee on Mental Hygiene in the Church, and Committee on Mental Hygiene in the Schools.

SEC. 8. The Board of Directors may appoint special committees whose members may or may not be members of the Board of Directors.

ARTICLE IV

Meetings

SECTION 1. The Annual Meeting of the Society shall be held at such time and place as may be fixed by the Executive Committee, at which time the Society shall hear the report of the Board of Directors, and elect a Board of Directors and officers for the succeeding year.

SEC. 2. The Board of Directors shall meet immediately after the Annual Meeting and elect other members of the Executive Committee. It shall determine the time and place of its meetings which shall be once in four months for the Board of Directors, and bimonthly for the Executive Committee.

SEC. 3. Eleven members shall form a quorum of the Board of Directors and five members shall form a quorum of the Executive Committee.

SEC. 4. The Executive Committee shall arrange for the program to be given at the annual meeting of the Society.

ARTICLE V

Amendments

SECTION 1. The By-Laws may be amended by two-thirds vote of the members present and voting at any regular or special meeting of the Society, or they may be amended by the Board of Directors, provided such an amendment has been submitted in writing at a previous meeting and notice given to all the members of the Board.

LIST OF MEMBERS*

August, 1940

| | | |
|--------------------------|----------|------------------------------|
| | ABILENE | D. B. Harmon |
| Dr. T. B. Bass | | Dr. Robert P. Harris |
| | AMARILLO | Mary Emily Hatch |
| Rt. Rev. Cecil E. Seaman | | Alma Heath |
| | AUSTIN | Mrs. R. D. Henderson |
| Paul Knox Alexander | | D. B. Klein |
| Winnie Allen | | James Knight |
| Hazel Beckham | | H. T. Manuel |
| Eloise Bittel | | Mrs. S. M. N. Marrs |
| Bertha L. Black | | Elizabeth McGuire |
| D. K. Brace | | Mrs. G. C. McNemer |
| C. E. Brinsdon | | J. W. O'Banion |
| Dr. M. I. Brown | | Lillian Peek |
| Mrs. H. P. Bybee | | Edna Pentecost |
| Lydia Cage | | Jeanie M. Pinckney |
| Mrs. Clark Campbell | | Mrs. Norma Rankin |
| Dr. C. W. Castner | | Mrs. Virginia W. Sharborough |
| Mrs. Martha Cavin | | Mrs. Noyes D. Smith |
| Abigail Curlee | | Dr. J. G. Springer |
| Percy Dawson | | Paul E. Spruill |
| Marjorie Edwards | | Dr. C. H. Standifer |
| Marcella S. Folsom | | Sister Vincent |
| Mrs. Marie M. Green | | R. F. Voyer |
| Mrs. Violet S. Greenhill | | Rosemary Walling |
| Dr. Frank C. Gregg | | Dr. Paul L. White |
| | | Mrs. Jean Williams |

*Errors in this list should be reported to the Secretary, Dr. Evelyn M. Carrington, Sam Houston State Teachers College, Huntsville, Texas.

BEAUMONT
Loma D. Kloster

BELLAIRE
Ethel A. Claxton

BIG SPRING
Dr. George T. McMahan

BLOSSOM
Lynn C. Denton
Edith Jennings
Mary Ellen Johnston

BRYAN
Harriet Moore

BURKE
Mrs. Nobia Campbell

BURLESON
William S. Rosamond

BURNET
Erva Ann Sherrard

CELESTE
Mrs. W. Rankin Roach

CHICOTA
J. G. Brunson

COLLEGE STATION
C. H. Winkler

COMMERCE
W. W. Freeman

CORPUS CHRISTI
Mrs. F. T. Elrick

CUNNINGHAM
Volley Coyle
Lillian Crumley
Corinne Lamme
F. E. McGahan
Mrs. F. E. McGahan

DALLAS
Mrs. Lucile Adkisson
Dr. Eugene L. Aten
Mrs. George F. Brigance
Dr. T. H. Cheavens
Kate Dinsmore
Mrs. Charles Eastbourn
H. W. Embry
Mrs. Eva Allen Freeman
Mrs. Louise M. Greenbaum
Gaynell Hawkins
Dr. David Lefkowitz
Dr. Paul Levin

Henry F. Levy
Mrs. Elva G. Lloyd
Dr. Mary Lou Logan
James H. Newett
Dr. E. M. Perry
H. L. Pritchett
Dr. A. J. Schwenkenberg
Elmer Scott
W. A. Stigler
L. V. Stockard
Dr. J. Shirley Sweeney
Mrs. Mary T. Voyer
Dr. George T. Witt

DEPORT
L. T. Johnston
Thelma Ladd

EL PASO
A. Louise Dietrich
Dr. I. M. Epstine
Rabbi Wendell A. Phillips
Mrs. Lucille Pillow
Edward M. Pooley
Mrs. Maurice Schwartz

FORT WORTH
Dr. Wilmer L. Allison
Marguerite Cunningham
Mrs. W. J. Danforth
Mrs. Edna Gladney
Mrs. C. V. Herren
Dr. Philip B. Marquart
Dr. M. J. Pescor
F. B. Porter
Dr. Holman Taylor
Mrs. Margaret D. Yates

GAINESVILLE
Mrs. Agnes W. Stephens

CALVESTON
Dr. Lewis Barbato
Dr. L. R. Brown
Eva Buchanan
Mrs. Fred W. Catterall
Rabbi Henry Cohen
Mrs. Marjorie N. Conturie
H. E. Davidson
Mrs. J. C. Easton
Dr. Hamilton Ford
Mrs. Titus H. Harris

Dr. Titus H. Harris
Mrs. Mathilde C. Maier
Dr. John W. Spies
Mrs. Ida Bell Woolford

GEORGETOWN

Annie Purl

GREENVILLE

Mrs. Will N. Harrison

HOUSTON

Sadie Aaron
Mrs. Rorick Cravens
Mrs. Cornelia M. Durling
Ruth Flater
Dr. C. Elmer Frey
Dr. James Greenwood
Oden S. Greer
Perry B. Hall
Mary Louise Hamburger
Lydia M. Harral
Mrs. Hyman Hart
Arline Hastings
Dr. A. Hauser
Mrs. A. Hauser
Charlotte S. Henry
Irene Hogg
Dr. Allen C. Hutchison
Mrs. Lois P. Kruger
Mrs. Mary Lasater
Rev. A. A. Leifeste
Dr. M. D. Levy
Mrs. M. D. Levy
Jacob B. Lightman
Dr. James P. Molloy
Mrs. James P. Molloy
Adaline M. McFarland
Lavinia Namendorf
E. E. Oberholtzer
Elizabeth D. Prescott
Mrs. Frances K. Roberts
Mrs. Daniel Schlanger
Della Shapiro
Mary Snoddy
Dr. Louis J. Spivak
Dorothy B. Thompson
Mignonette Treachwig
Fred Ward
Mrs. Nettie W. Weems

Walter W. Whitson
Mrs. Beulah Temple Wild

HOWLAND

C. M. Dees

HUNTSVILLE

Carl Basland
Evelyn M. Carrington
H. F. Estill
T. H. Etheridge
S. E. Smith

KINGSVILLE

J. DeWitt Davis

KYLE

W. T. Sledge

LUBBOCK

Bonnie K. Dysart
Agnes True

LUFKIN

Mrs. Eva Sharpe

MARLIN

Dr. N. D. Buie

MAYBANK

Tillie Smith

ORANGE

J. W. Edgar

PALESTINE

Rev. W. A. Riemann
Lucy B. Woods

PARIS

Jess Alford
Dr. J. E. Armstrong
Mrs. J. E. Armstrong
Rella Beatty
J. G. Crumley
Mrs. Mattie E. Dancer
Dr. C. E. Gilmore
W. F. Grimes
Mrs. E. F. Harrell
Rev. P. F. Herndon
Dr. T. E. Hunt
F. M. O'Brien
John F. P. Stanley
Jimmie Vickers
Thomas D. Wells
Rev. Travis White, Jr.
B. M. Williams

| | | | |
|-------------------------|-------------|--------------------------|------------|
| PATTONVILLE | | SOUR LAKE | |
| D. E. Brooks | | Mrs. F. H. Carpenter | |
| Dr. T. W. Buford | | | TEMPLE |
| Mrs. T. W. Buford | | Myra Black | |
| | PETTY | | TERRELL |
| D. D. Cunningham | | Dr. William Thomas | |
| | RUSK | | TYLER |
| Dr. R. C. Rowell | | Dr. Irving Brown | |
| Dr. M. S. Wheeler | | S. Pledger Burke | |
| | SAN ANTONIO | Mrs. Rebecca Nelson | |
| Mrs. Lilly Broaddus | | Dr. J. G. Ulmer | |
| Mrs. A. A. Brown | | Rabbi Harvey E. Wessell | |
| Dr. Jean Head Cooper | | | VICTORIA |
| Dr. Melbourne J. Cooper | | Jule M. Kirk | |
| Reed Cozart | | | WACO |
| Rabbi Ephriam Frisch | | Mrs. Grace Carey Hale | |
| Mrs. R. C. Hugman | | Mrs. Pauline Littlefield | |
| Mrs. Jo B. Jones | | The Methodist Home | |
| Dr. I. S. Kahn | | | WAXAHACHIE |
| Dr. J. A. McIntosh | | Bertha Curlin | |
| Dr. H. H. Ogilvie | | Dean Maude B. Davis | |
| Willis Tate | | | |

MEMBERSHIP

An invitation to membership in the Texas Society for Mental Hygiene is extended to all who believe in the purpose of the Society as set forth in the constitution (see page 56). It is certain that the next few years will be important ones in the development of a program of mental health in Texas. Your coöperation is needed.

The form on the next page is printed for the convenience of those who wish to apply for membership, to pay dues, or to order additional copies of this *Yearbook*.

(Please detach along dotted line and mail to the Secretary, Dr. Evelyn M. Carrington, Sam Houston State Teachers College, Huntsville, Texas.)

(Date) _____

THE SECRETARY
TEXAS SOCIETY FOR MENTAL HYGIENE
HUNTSVILLE, TEXAS

DEAR SECRETARY:

- _____ (1) Please enroll me as a new member of the Texas Society for Mental Hygiene. A check for dues is inclosed.
- _____ (2) Already a member of the Texas Society for Mental Hygiene, I hand you herewith my dues for the current year.
- _____ (3) Please send me _____ additional copies of this *Yearbook*. (See page 2.) My check is inclosed.

Yours very truly,

(Name) _____

(Position) _____

(Address) _____

Inclosed:

\$ _____ for dues. (See page 57.)

\$ _____ for additional *Yearbooks*. (See page 2.)

