CHILD GUIDANCE IN OREGON

with
RECOMMENDATIONS
of the
GOVERNOR’S SPECIAL COMMITTEE

STATE CHILD GUIDANCE PROGRAM
University of Oregon Medical School
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University of Oregon Medical School
July 1, 1937
THE CHILD GUIDANCE EXTENSION PROGRAM OF THE UNIVERSITY OF OREGON MEDICAL SCHOOL

The intelligent approach to any medical problem implies efforts at prevention, relief, and cure—and, in those cases not amenable to relief or cure, humane custodial care. This has been traditional practice in the treatment of all forms of infectious or other physical disease, and should apply with equal force in the treatment of mental disease. In the state of Oregon, as far as the latter group is concerned, patients have been divided into two classes: (1) those requiring commitment to state institutions—for these the state has provided humane and excellent care; and (2) those with mental disorders who are not committed—for these too little has been done with the exception of a small beginning in the Department of Psychiatry and the Child Guidance Clinic at the University of Oregon Medical School.

In the Child Guidance Clinic, children who are problems in school, wayward, out of joint with their surroundings and other children, and children who are wards of the Juvenile Court, with delinquent tendencies based upon mental or emotional deviation, have been successfully studied and treated for the last six years. The Clinic has prevented the commitment of numbers of children to the state training schools and has, through medical and psychiatric treatment and social readjustment, cured a considerable number of these children who hitherto have drifted on to uselessness in society.

A beginning is being made in the extension of the services of the Clinic to other districts of the state, as an authoritative, advisory, and treatment unit for this latter class of cases.

Purpose of a Child Guidance Program

The purpose of this program is to effect the educational and emotional readjustment of those children handicapped by an inability to learn through the usual teaching methods adopted in


### REASONS FOR REFERRAL TO CHILD GUIDANCE CLINIC

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<th>CONDUCT</th>
<th>EDUCATION</th>
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<td>Failing</td>
<td>Continual vomiting</td>
<td>Aggressive</td>
<td>Convulsions</td>
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<td>Automaticism</td>
<td>Poor grade</td>
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<td>Determination of handicaps</td>
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<td>Been</td>
<td>Reading difficulty</td>
<td>Dirty language</td>
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<td>Slow</td>
<td>Habits</td>
<td>Immature</td>
<td>Insufficiency</td>
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<td>Masturbation</td>
<td>Spasms</td>
<td>Innovative</td>
<td>Irritable</td>
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<td>Crying</td>
<td>Sibling</td>
<td>Sexual</td>
<td>Irritable</td>
<td>Lack of concentration</td>
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<td>Fighting</td>
<td>Overactive</td>
<td>Speech defect</td>
<td>Incontinent</td>
<td>Marked sex</td>
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<td>Forcible</td>
<td>Restless</td>
<td>Speech defect</td>
<td>Aggressive</td>
<td>Interests</td>
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<td>Cruelities</td>
<td>Searched</td>
<td>Seizures</td>
<td>Excessive</td>
<td>Nervousness</td>
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<td>Untidy</td>
<td>Speech defect</td>
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<tr>
<td>Immoral</td>
<td>Order</td>
<td>Speech defect</td>
<td>Excessive fear</td>
<td>Word blindness</td>
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<td>Intemperate</td>
<td>Order</td>
<td>Speech defect</td>
<td>Slander</td>
<td>Speech defects</td>
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<tr>
<td>Impulsive</td>
<td>Order</td>
<td>Speech defect</td>
<td>Tactile</td>
<td>Mental defect</td>
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<tr>
<td>Uncontrollable</td>
<td>Order</td>
<td>Speech defect</td>
<td>Thought</td>
<td>Mental defect</td>
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<tr>
<td>Unreasonable speeches</td>
<td>Order</td>
<td>Speech defect</td>
<td>Emotion</td>
<td>Mental defect</td>
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### PSYCHIATRIC DIAGNOSIS

- Aggressive
- Conductual psychopath
- Granuloma disorder
- Birth injuries
- Epilepsy
- Post-traumatic condition
- Psychosomatic disorder
- Postencephalitis
- Intra-cranial pressure
- Psychosomatization
- Pre-psychotic
- Schizophrenia
- Speech defects
- Mental defect
- Word blindness

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The public-school system, and those needing adjustment other than in the schoolroom. For example: There are certain children who have high intelligence quotients who are unable to progress in school because of word blindness, or because of purely visual memory or other such handicaps. Many of these children have been classified as mental defectives.

It has been demonstrated that many children, after a year or so of the proper type of re-education, are able to continue normally in the public schools. Emotional conflicts arise in children when they are forced to consider themselves as "dumb" or inefficient. These children, with conflicts caused by their attitudes toward themselves and the attitude of other children toward them, are in particular need of guidance.

There are also individuals who, because of physical handicaps, need special encouragement and direction in order to become adjusted in a community or to their own associates.

Another group of individuals with intelligence quotients below average can be benefited by special room instruction. Such procedures prevent pupils from leaving school and becoming discouraged. These children can be taught to adjust themselves. Although a high plane of efficiency may not be reached in the educational system, they may be capable of adjustment in society.

Many cases which come to the attention of the courts are in reality emotional problems which are the result of misunderstanding of the social standards of life. These children are not amenable to disciplinary measures; but they may be helped to clear up their misunderstanding and attitude toward life. Such cases fall logically under a guidance program.

### Central Staff

The central staff of the Child Guidance Clinic is organized at the University of Oregon Medical School Clinic with the personnel necessary to operate offices and to provide supervision for district units. The members of the medical staff of the central unit are members of the faculty of the Department of Psychiatry in the Medical School. This staff conducts the Child Guidance Clinics in cooperation with the local units, and offers the necessary special advice and information in selecting children for instruction, study, and treatment. The members of the medical and psychiatric
staff of the Medical School also select and train teachers to carry on the work of the special schoolrooms.

District Units

Communities of sufficient size may initiate a movement to establish a unit to supervise the local application of the Child Guidance Clinic. Such service will include special instruction in the schools and assistance to welfare agencies and courts, and plans and assistance in conducting local clinics.

A local administrative committee will be organized in each district, to coordinate agencies in this field and provide a means of contact with the central staff.

The cost of operating the local units is to be a joint venture of district agencies; but the work can be financed largely through mobilization of facilities already available.

The state has been divided into districts according to lines of accessibility and probable number of children needing assistance. It is impracticable to establish units in small cities or districts.

Units cannot be established unless special schoolroom facilities can be installed in district “centers.” It is realized, however, that in most of the district units, school districts will be included which are outside of the cities in which clinics are to be conducted, and that in most of these outlying school districts it will not be possible to establish special teaching facilities. In some instances it may be arranged, through the payment of tuition or other arrangements, for children to get special instruction in the city center in which the district clinic is organized.

Units will be established on the basis of normal need rather than beginning requirements, inasmuch as many of the children at the start will have minor difficulties or handicaps that can be overcome and will not have further need for guidance facilities. Some units may be established which will later be withdrawn because of lack of sufficient normal need.

Organizing District Units

Application may be made to State Child Guidance, University of Oregon Medical School, Portland for a unit in any community where it seems practicable to establish a Child Guidance Clinic unit which will meet requirements as to size of the district, spe-
cial school facilities, and other essentials. Forms will then be forwarded to the organization or individual initiating the plan.

The committee applying for a local unit must include an authorized representative of: (1) the school district; and (2) the medical society. It is desirable that the committee include also: (1) judge of court of domestic relations; (2) representatives of welfare and health agencies; (3) representatives of women's and service clubs; and (4) others interested.

A member of the Medical School Child Guidance Clinic staff will visit the locality to make a survey of facilities and need. The Medical School will then decide whether it is practicable to establish the unit. The decision will be based upon the desire of the local agencies and a survey of facilities available.

Outline of Procedure for Establishing Clinic

(1) Inquiry to State Child Guidance, Medical School.
(2) Forwarding of Form for Formal Application.
(3) Signatures on Application:
   (a) Required (These signatures are required because the program is closely coordinated in the medical and educational fields):
      (i) Representative of district-center school district.
      (ii) Representative of medical society.
   (b) Requested:
      (i) Judge of court of domestic relations.
      (ii) Representatives of welfare and health agencies.
      (iii) Representatives of women's and service clubs.
      (iv) Others interested.
(4) Survey of Facilities (Representative of Medical School will call in locality to make a survey of need).
   (a) Estimated number of children needing care in district center.
   (b) Estimated number of children in district outside of center needing assistance.
   (c) Facilities to be established:
      (i) Special teacher and schoolroom.
      (ii) Place for holding clinics.
      (iii) Public health nursing facilities.
      (iv) Social-work assistance.

(v) Probability of special room facilities for children outside school district.
(vi) Facilities for psychometric testing.
(vii) Other facilities.
(d) Willingness of medical, school, and other agencies to cooperate.
(5) Decision on Establishment of Unit by Medical School.
(6) Plan of First Clinic:
   (a) Date will be set and unit notified.
   (b) Clinic representative will spend several days prior to clinic assisting local unit with advance details.
   (c) Professional staff will conduct clinic with aid of local unit; local physicians will be invited to be present when children are examined.
   (d) Parents or guardians, as well as child, will be present during initial interview with the medical staff.
(7) Follow-up Clinics (Clinics will be conducted at regular intervals to study and plan for children).
(8) Social-Work Follow-up (The psychiatric social worker of the Medical School will make special visits to the unit to assist in case work as the occasion demands).
(9) Conferences and Lectures (The central staff is interested in cooperating with the local committee in developing a more general understanding of principles of child guidance and mental hygiene; information will be provided through speakers when possible).

Dr. R. B. Dillehunt, Dean,
University of Oregon Medical School.

Administrative Committee in Charge:
Dr. D. W. Baird, Chairman, Associate Dean.
Dr. H. H. Dixon, Chief Psychiatrist.
Dr. W. H. Hutchens, Psychiatrist.
Dr. G. B. Haugen, Psychiatrist.
Mr. Ralf Couch, Secretary of Medical School.
Mr. Allan W. East, Supervisor of Psychiatric Social Work.
CHILD GUIDANCE CLINIC EXTENSION
UNIVERSITY OF OREGON MEDICAL SCHOOL
Portland

APPLICATION FOR DISTRICT UNIT

To the Administrative Committee,
University of Oregon Medical School:

The organizations represented by the signatures affixed below in the city of
request a survey of the district with the
view to establishing a Child Guidance Unit.

It is understood that a special committee is to be formed from these organizations if it is feasible to form a unit at this time, with duly elected committee officers.

It is further understood that the agencies listed below are cognizant of the necessity of formulating a local program based upon a cooperative plan which will make available existing services in this field, and that special teaching facilities will have to be provided in the school system of the city of

the expense of the central Child Guidance staff of the Medical School in its supervision and psychiatric assistance to be borne by the Medical School from state appropriations for this purpose.

Organizations represented by signatures below agree to assist in forming a Child Guidance Program and to participate in the administration and operation of the unit as agreed upon by the committee to be formed and the University of Oregon Medical School.

REQUIRED SIGNATURES

1. School District No. of

By Address Medical Society

2. Address

OPTIONAL SIGNATURES

1. Organization Address

By Address

2. Organization Address

By Address

3. Organization Address

By Address

4. Organization Address

By Address

5. Organization Address

By Address

6. Organization Address

By Address

NOTE: "Optional Signatures" should include other organizations interested in the formulation of the unit, such as: (1) court of domestic relations; (2) health and welfare agencies; (3) women's clubs; (4) service clubs; (5) other organizations having a particular interest in this program. School districts outside of the "center" should sign under Optional Signatures.

REPORT OF THE GOVERNOR'S SPECIAL COMMITTEE APPOINTED TO STUDY CERTAIN PHASES OF THE OREGON STATE PSYCHIATRIC PROGRAM

The steady increase in the ratio of the insane and feebleminded in institutions to the total population of the state of Oregon during recent years (the ratio in 1921 was approximately 311 per 100,000; in 1933 the ratio was 460 per 100,000, an increase in the last fifteen years of 48 per cent; the increase in 1920 over 1910 was 55 per cent) prompts your committee to emphasize the seriousness of the problem from an economic standpoint, as well as from the standpoint of scientific medicine.

Regardless of the cause of the increase, which has necessitated frequent enlargement of facilities for custodial care, your committee feels that greater effort should be directed toward the preventive aspect of insanity and the treatment of incipient cases, with the view of arresting some forms of insanity at the source—as well as providing permanent care for those who have advanced so far that the effectiveness of treatment is greatly reduced and oftentimes rendered useless.

Whatever can be done in prevention, in treatment that deals not only with the effects but with the causes, and in humanely efficient custodial care, represents in corresponding degree an increase of human happiness, the allaying of distress, and the lightening of the tax burden through reduction in the institutional load. Only the briefest reference need be made to the enhanced economic and social values to be derived from effort and administrative policy looking toward the maximum number of normal and productive citizens.

Solicitude for the mentally sick, and for the manner in which Oregon is meeting its duty to them, prompted the appointment by Governor Charles H. Martin of the undersigned committee. Its direct responsibilities were limited to studies under the following headings:
(1) The expansion and extension of child guidance clinics.
(2) The establishment of a psychiatric hospital in connection with the University of Oregon Medical School.

While other phases of the state psychiatric program have of necessity been studied, recommendations and comments have not been made as a part of this report because of its specific assignment as indicated above.

Although the survey of the state hospitals for the insane was not made part of the committee's duty, nor was it equipped with a staff and facilities for such a survey, the committee's contact with these institutions and the general knowledge of the members lead to the conclusions that these institutions are conducted with a high degree of efficiency, integrity, and progressiveness.

Recommendations

The committee recommends a measure or measures to effectuate the following purposes:

(1) Expansion and Extension of the Child Guidance Clinic. It is recommended that the Child Guidance Clinic program of the University of Oregon Medical School now limited to Multnomah County be extended to other communities of the state where such cities and districts wish to avail themselves of professional aid in the recognition and treatment of early mental disorders in the young.

An appropriation should be made to the University of Oregon Medical School for this purpose in the sum of $12,000 annually. An act was passed by the Legislature in February 1937 providing for the facilities herein recommended.

(2) Psychiatric Treatment Hospital. It is recommended that a limited psychiatric treatment hospital be established upon the campus of the University of Oregon Medical School: (a) To provide treatment of improvable and curable cases; to help people, with recoverable nervous and mental disease and on the borderline between mental health and frank mental disorder, to regain their health and position in life. (b) To provide an outpatient station for treatment of patients who are ambulatory and need not be hospitalized, as well as patients paroled and discharged from its own wards or from the state mental hospitals for convalescence. (c) To provide a teaching center for the medical and nursing professions in the principles and objective of mental hygiene. (d) To provide facilities to promote and stimulate investigation and research into the whole problem of the cause, treatment, and prevention of mental disorders and feeble-mindedness.

Such a hospital should be under the administration of the Medical School, in close affiliation with the state hospital system, in accordance with the enabling act recommended under (3) below.

Authority should be granted for the construction of a psychiatric hospital unit as a part of a university hospital; the appropriation should be made to the University of Oregon Medical School for construction and equipment; and, further, a continuing appropriation should be made to the Medical School for operation and maintenance of the hospital as soon as necessary financial arrangements can be made. This act was passed by the Legislature in February 1937.

(3) The committee's deliberations with reference to meeting the future needs of the state in the preventive, remedial, and custodial handling of mental disorders lead to the conclusion that there are now and will be in the future opportunities to enhance these purposes by cooperation between the functions of the Board of Control of the state and the Board of Higher Education through the University of Oregon Medical School. It is thought that similar cooperation may be advisable in coping with the problems of tuberculosis, venereal disease, and other disorders affecting the individual and the public health.

It is therefore recommended that the Board of Control present a measure to the Legislative Assembly in 1937 in the form of an enabling act authorizing the Board of Control and the Board of Higher Education of Oregon to enter into contractual agreements and relations with reference to the building of buildings and the maintenance, operation, and control thereof upon the campus of the University of Oregon Medical School.

(4) The committee further recommends that immediate steps be taken to insure the enactment of a law providing for adequate physical and mental examination of men and women applying
for licensure for marriage, with a view to preventing the production and propagation of the mentally unfit, as well as preventing the transmission of disease. (See page 43.)

(5) Digest of Oregon Laws on Care and Custody of the Mentally Sick. The committee further recommends legislative scrutiny of the digest of Oregon laws for the care and custody of the mentally sick. It suggests that the desirability of condensation and codification of these heterogeneous measures adopted through the years will be thereby made self-evident.

The committee is of the opinion that action as outlined above will go far toward placing Oregon in a position favorably comparable with other states in the care of the mentally sick, and will provide additional service needed in the state of Oregon.

J. C. Evans, Superintendent,
Oregon State Hospital.

Marshall Dana, Associate Editor, Oregon Journal.

Wallace S. Wharton, Executive Secretary
to the Governor.

R. B. Dillehunt, Chairman,
Dean of the University of Oregon Medical School.

SUPPLEMENT TO THE REPORT OF THE GOVERNOR’S COMMITTEE

BASIC INFORMATION

Definitions

Psychiatry (G. psyche, mind, + iatresia, medical treatment). The recognition and treatment of diseases of the mind.

Psychiatrist. An alienist, a specialist in diseases of the mind, one who practises psychiatry.

Psychology (G. psyche, mind, + -logia). The science which deals with the mind and mental processes—consciousness, sensation, ideation, memory, etc. Genetic psychology, a science dealing with the evolution of mind and the relation to each other of the different types of mental activity.

Psychoanalysis (G. psyche, soul, mind, + analysis). An examination into the mental condition by means of a careful analysis and comparison of the symptoms both subjective and objective.

Psychoneurosis (G. psyche, mind, + neuron, nerve). One of a group of minor diseases of the mind which are not actually insanities.

Psychopath. The subject of a psychosis or psychoneurosis; especially one who is of apparently sound mind in the ordinary or extraordinary affairs of life, but who is dominated by some abnormal sexual, criminal, or passionat instinct.


Psychosis (G., an animating). (1) Any mental state or condition.
(2) A disorder of the mind, insanity. Manic-depressive psychosis, a psychosis marked by alternations of excitement and depression, with or without intervals of apparent mental health.

Psychotherapy (G. psyche, soul, spirit, + therapeia, healing). (1) Treatment of disease by suggestion. (2) Treatment of mental disorders, psychiatry.

Phobia (G. phobos, fear). Any unreasonable or insane dread or fear. The word is employed as a suffix to many terms expressing the object which inspires the fear.

Paranoia (G. derangement, madness; from para, beside, + noeo, I think). A functional mental disorder marked by the pres-
ence of systematized delusions without other symptoms of insanity; it begins usually in the middle twenties and in subjects in whom there is some hereditary psychopathic or neuropathic taint. **Acute hallucinatory paranoia**, a form in which there are interjected periods of hallucinations in addition to the systematized delusions.

**Mania** (G. frenzy). A mental disorder characterized by great psychomotor activity, excitement, a rapid passing of ideas, exaltation, and unstable attention.

**Manic-depressive insanity.** Alternating or circular or cyclic insanity, cyclothymia; a mental disease in which stages of melancholia and of more or less pronounced manic excitement alternate.

**Dementia** (L. depriv. + mens, mind). Insanity characterized by more or less complete abatement of the mental faculties of reason, memory, etc. **Dementia praecox** (L. precocious), a disease characterized by progressive mental weakness tending to dementia, occurring in adolescents or young adults.

**Constitution** (L. constituere, to establish). The physical make-up of the body, including the mode of performance of its functions, the activity of its metabolic processes, the manner and degree of its reactions to stimuli, and its power of resistance to the attack of pathogenic organisms.

**Ataxia** (G. a- priv. + taxis, order). A loss of the power of muscular coordination. **Motor ataxia**, inability to perform coordinated muscular movements.

**Schizophrenia** (G. schizo, I split, + phren, mind). (1) A condition marked by splitting of the personality or intrapsychic ataxia. (2) Dementia praecox.

**Tabes** (L., a wasting away). Progressive wasting or emaciation, atrophy; usually signifying tabes dorsalis. **Tabes dorsalis**, locomotor ataxia, posterior spinal sclerosis, a chronic progressive sclerosis of the posterior spinal ganglia and roots, the posterior columns of the spinal cord, and the peripheral nerves; the symptoms are ataxia, or muscular incoordination, anesthesia, neuralgia, lancinating pains, visceral crises, and muscular atrophy; atrophy of the optic nerve is not uncommon, trophic disorders of the joints (arthropathies) are frequent, and paralysis is a late symptom; the disease begins usually in middle life and is often, if not always, a sequel of syphilis.

**Modern Textbooks of Psychiatry**
Eight years of clinical and educational work in community, with analysis of findings in 4091 cases examined at mental clinics. Am. J. Psychiat. 9:231-257. Sept. 1929. Jackson, J. A.; Pike, H. V.

Evolution of Psychiatry

"Psychiatry began its beneficent ministrations, largely through the humanitarian efforts of Pinel in France (1792), Tuke, in York (1792) and later on in America by Dorothea Dix. These great humanitarians established or at least gave currency to the belief that those who were insane were sick, that any other conception was indefensible and thus the path was cleared for intensive inquiry into the real nature and causation of mental disease. Naturally, there continued to flourish, and there still exist, those, who either because they were ignorant, misguided or fanatical or because they are charlatans, ascribe mental disease to mystic or supernatural agencies or influences and in the attempt to substantiate their claims, utilize various devices which deceive the credulous (magnetism, etc.). In the main, however, the investigations of insanity have been scientific and have proceeded along more or less logical physiological and psychological lines."

There have been numerous schools dealing with the subject of psychiatry, and many scientists, such as Charcot, Babinski, Janet, Bernheim, Dubois, Dejerine, Freud, Bleuler, Jung, Adler, have made noteworthy and sometimes epochal contributions. Most of these "schools," however, take no account of any possible relationship between mental processes and actual changes in the brain.

"Adolf Meyer urges an empiric (common sense) view that the individual is to be studied as an 'experiment in nature', an integrated whole of many activities (visceral, endocrine, sensory-motor, reflex, instinctive, psychological and social) each of which should be considered in relation to the living individual and not as a foreign, detached subject. This is done by utilizing the regular scientific method of observation of all objective behavior on all levels including the subjective account of the individual, collection of these facts in an orderly fashion, followed by classification and generalization where this is possible. There is no necessity for limiting ourselves to one method of approach since each school or doctrine contributes something which may be valuable in considering the total function of the individual. This view, psychobiology, may be defined as a pluralistic, empiric approach utilizing genetic-dynamic methods, to the study and treatment on all levels of the whole man with his activities as an integrated individual."
The diagrams on pages 17 and 19 will give a graphic representation of the general division of mental disturbances with a further breakdown showing:

1. The underlying factors in methods of approach to the physiological division, showing the inclusion of all underlying factors in the psychobiological aspect.
2. The scientific method of examination demonstrating the psychobiological concept.

The method of treatment at the present time includes the dynamic method and the psychoanalytic method, the former method being used by those of the psychobiological school in the treatment of mental disorders.

**PSYCHIATRIC DEVELOPMENT IN OREGON**

**Medical Education**

Medical education with its application to psychiatry has made rapid strides within the last six years in Oregon, with the establishment of a Division of Psychiatry in the Department of Medicine at the University of Oregon Medical School.

At the beginning of this period the curriculum upon this subject was revised to take account of the advanced studies and schools of thought and the most modern conception of the diagnosis and treatment of mental disorders. Prior to the installation of the new curriculum in psychiatry, approach to the mental problem in education had been chiefly from the organic (neurological) point of view.

The psychobiological school has had a profound influence upon the practice of medicine in the state and in the Pacific Northwest, because of a consciousness on the part of practicing physicians of the importance of the functional as well as the organic phases of mental disorders.

Care has been taken to emphasize psychiatry as a part of general medicine. The Medical School does not attempt to make psychiatrists of its undergraduates. Psychiatry is emphasized with the idea of placing proper weight with reference to the whole subject of medicine.

The Medical School and the Department of Psychiatry have been intensely interested in the establishment of a psychiatric hos-
pital for the state of Oregon, as a part of the Medical School development. There is no question whatever of the necessity for such a hospital and its economy.

The various states have more or less assumed the obligation of the care of the mentally sick; but at the present time this has been extended chiefly to the permanent custodial care of ever-increasing numbers. Commitment of a considerable number of these patients should be avoided through treatment in a modern hospital equipped with the facilities and personnel to manage mental disease in its incipience. Many cases committed to asylums are of the type that is most readily relieved or cured by proper treatment; but, once committed, these patients become definitely confirmed in the mental disorder.

This should be prevented by the construction and maintenance of a modern treatment, research, and psychiatric hospital, a part of the University of Oregon Medical School, owned and operated by the state. Commitment of doubtful cases should not be made to asylums but to this hospital to determine whether or not, by suitable care, they could be turned back to society as useful units in it. The institution should be part of the Medical School, because it would thus have access to the expert staff in all departments of medicine and surgery, as well as to skilled service in psychiatry and to laboratory facilities. Another important factor is the usefulness of such a hospital as a teaching institution for future doctors, who should be trained thoroughly in this field of work.

Oregon Mental Hygiene Society

The Oregon Mental Hygiene Society was organized in 1932 by a group of prominent men and women in the fields of medicine, education, business, and social service, who realized the need of assistance of citizens of Oregon in developing a program built upon a modern conception of the diagnosis and treatment of mental disorders. Mental-hygiene societies have been organized in 25 countries; in the United States there are 46 state and local organizations.

The society has assisted the existing agencies and has initiated programs of importance during the last four years. It will continue to assist in this unselfish civic movement, to the end that mental hygiene will reach into every walk of life through medical educa-
tion, community clinics, hospital service, psychiatric training, and public education.

PRESENT NEEDS IN OREGON

One of the most urgent problems confronting the state of Oregon at this time is the care of patients afflicted with mental disorders, a function which has long been established as a state responsibility. Regardless of the causative factors, whether they may be organic or functional, the correct approach to the problem is through the most modern conception of psychiatry, which combines both the psychological and the physiological approaches. The three phases of the psychiatric program are: preventive, remedial, and custodial.

Care has in the past been provided in the various state institutions, including the two state hospitals, the feebleminded institutions, and the University of Oregon Medical School. The institutional function has been chiefly one of custodial care, except in the receiving units of the two hospitals, and in the training schools where the problem has been one of temporarily restraining children who were not permitted to remain in the community.

The University of Oregon Medical School has limited its work to the remedial phase, through its care of ambulatory patients who are capable of adjustment through treatment without being placed in a custodial institution, and to the preventive phase, through the Child Guidance Clinic.

The need at the present time is to round out the plan for care of the mentally handicapped in the state by providing for those phases which have not been developed to a desirable degree. This should be accomplished: (1) by making a more concerted effort to get at the sources and prevention of mental illnesses; and (2) by providing facilities for caring for those who have not had the advantage of preventive measures at an early age. A diagnostic and treatment hospital should be established as soon as feasible.

These preventive measures would materially aid in the solution of the psychiatric problem as it now exists and will continue to exist unless a broader scope of the care of patients with mental disorders is recognized. The problem should not be considered from the standpoint of an institution; a unified plan taking into consideration all phases of psychiatry should be adopted. The immediate needs with respect to the psychiatric program in this state are as follows:

(1) Additional beds to meet the needs of the custodial institutions.

(2) Establishment of a treatment hospital on the campus of the University of Oregon Medical School for cases capable of improvement.

The problem of the care of the insane in the state of Oregon and elsewhere is becoming more and more acute; along with the development of the problem have come changes in the conception of the treatment of the insane. In Oregon this evolution has gone through the stages of: (1) "laissez faire" (1850) (2) "farming out" (1860); (3) private institutional care (1868); (4) state custodial care (1882); (5) development of the parole system; and, more recently, (6) a beginning emphasis on "prevention."

This changing conception, however, cannot be expected to "revolutionize" the care of the insane; the effect of any scientific improvement is a gradual change. It is usually in the field of quackery that "cures," "guarantees," and "miracles" occur. However, the fact must be recognized that advancement has been made and that it is incumbent upon those responsible for the program to use every effort to keep up with scientific changes.

From an economic standpoint, the growth of the custodial population in the state hospitals is presenting an unsatisfactory picture. It has been felt by many interested in the problem that some effort should be made to solve this problem of increasing numbers of commitments; as a result of this conviction that "something can be done about" meeting the problem of insanity, Governor Martin appointed a committee to study and make recommendations for a state-wide program which would include the preventive, remedial, custodial, educational, and other phases, and to report specifically upon the need of: (1) a treatment hospital on the campus of the Medical School, and (2) a state-wide Child Guidance Clinic program.

An annual expenditure of approximately a million dollars, for the state institutions for the insane, together with funds added fre-
quently for housing facilities for the increased numbers of the custodial insane, presents a problem worthy of the concern of the citizens of the state, particularly in view of the fact that the sum is being used mostly for permanent custodial care, with little applied toward the prevention of insanity.

Medical science is constantly advancing, but all phases do not move forward equally. Even though progress has been made in dealing with mental disorders, psychiatry has not made the advancement that many other branches of medicine have made, and there is a need for "catching up."

There have been several "schools" of thought concerning the causes, diagnosis, and treatment of the insane, including: (1) those who find the cause mainly in heredity; (2) those who believe that the cause of insanity is principally environment; (3) and those who believe that all factors (heredity, environment, organic conditions, etc.) must be taken into consideration in studying the patient as an integrated whole. All of these schools have contributed to advancements in the study of the problem of nervous and mental diseases.

History of Care and Treatment in Oregon

This report would not be complete without a review of the background in Oregon with reference to changes made in the care of the insane.

The U. S. Census report of 1850 gave recognition to the "insane and idiotic" in the state of Oregon, and commented upon the ratio of this class of persons compared to normals. These ratios varied considerably among whites, free colored, and slaves.

The newspapers in 1860 complained because the insane were "roaming the country" terrorizing women and children, and were the subject of ridicule.

The first step in the care of the insane by the state was the "farming out" method of placing the insane under the custodial care of families or individuals receiving pay from the state.

The change to the private institutional care of the insane occurred in 1888 when Governor Woods, under the direction of the Legislative Assembly, contracted with Dr. J. C. Hawthorne for keeping, care, and medical treatment of the insane and idiotic in the East Portland Asylum.

At the time this change was made Governor Woods complained of the "farming out" plan as follows: "Humanity and good taste rebel against the idea of hawking these unfortunates about from place to place, subject to the lowest bidder as they have been for the past years."

As a result of the desire to lower the costs for the care of the insane, an "insane asylum" was built and occupied at Salem through legislative enactment in 1880; and an act was passed in 1893 providing for a branch asylum known as the Eastern Oregon Insane Asylum. However, this institution was not actually opened for patients until 1913, following an initiative measure in 1910.

A state survey of "Mental Defect, Delinquency and Dependency" was conducted by Dr. Chester L. Carlisle, of the U. S. Public Health Service, in 1920; and a survey of "Mental Disease in Multnomah County" was conducted by Dr. Henry R. Viets of the National Committee for Mental Hygiene in 1921. It is interesting to note the conclusions drawn by Dr. Viets as they applied to Multnomah County as early as 1921. Many of his conclusions are no longer applicable to the problems in Oregon because of progress that has been made. They are, however, reprinted in full as a matter of record. In some respects, they do not reflect the attitude of the committee.

"Briefly the situation in Multnomah County, Oregon, in regard to mental disease, is as follows:

"(1) Multnomah County, containing about one-third of the population of Oregon, including the city of Portland (258,288), furnishes over 50 per cent of the patients with mental disease sent to the Oregon State Hospital, about 350 per year.

"(2) Patients in state hospitals for mental disease in Oregon increased in numbers 55.7 per cent from 1910 to 1920, while the general population of the state increased only 16.4 per cent, in the same period. During this decade the city of Portland increased 24.6 per cent. Oregon now has 311 patients with mental diseases in state institutions per 100,000 of general population, the rate for the whole United States being 220.1. The state, therefore, offers a high rate of custodial care for the more chronic and permanent forms of mental disease as compared with other states.

"(3) Hospitals in Multnomah County, chiefly in Portland, both public and private, contain about 1,200 beds for the sick of the county. Only about 50 beds in private hospitals and none in the general hospitals are open to patients with mental disease. At least
50 public and private beds more are needed for the care of the acute, incipient and curable cases of mental illness. About one-half of them should be used for the temporary care under observation of all cases now committed to the state hospital through the Multnomah County Court. These cases now await transportation to the state hospital in the county jail, the only place provided by law.

"(4) There is no dispensary in the county holding diagnostic clinics for cases of mental disease or caring for non-committable cases. The Portland Free Dispensary or a similar organization should support such a clinic.

"(5) The Emergency Hospital at the City Police Station is inadequately staffed and equipped to care for mental disease, although numerous cases have to pass through its hands. The Police Court would benefit by the advice of a psychiatrist.

"(6) The Detention Ward in the County Jail, used by the court for cases waiting for diagnosis or transportation to the state hospital, entirely lacks the proper atmosphere, which it should have, of a hospital for the mentally sick. When correct hospital accommodations, however, are furnished in a general hospital or in a special hospital for mental disease in Portland, its existence will be unnecessary.

"(7) No beds now exist in the County Hospital for cases of mental illness and practically none are being provided for in the New County Hospital, now under construction, although it would seem that such a function might well be assumed by this public institution. At Multnomah Farm, on the other hand, about 25 per cent of the beds are filled with cases of chronic mental disease, patients that obviously would be better cared for in the state institutions maintained for that purpose.

"(8) The private hospitals in Portland adequately care for a small number (about 50) of the more well-to-do patients. They should, however, be more closely supervised by the county physician and the state health officer.

"(9) The Oregon State Hospital at Salem, with a main building of the Kirkbride type containing about 1,700 beds, is out of date and inadequate both in equipment and personnel. Many minor changes and some major ones are needed to make it a first-class institution. The excellent new receiving building adds a valuable unit to this hospital.

"(10) The Oregon State Board of Control needs thorough reorganization with emphasis put upon the medical care of the mentally sick. A psychiatrist or perhaps the State Health Officer should sit on the Board.

"(11) The commitment law of Oregon is out of date and contains many minor faults, similar to those found in other states. The law works well, however, in spite of its faults because whatever is lacking in the law is supplied by the highminded judge of the court who realizes its deficiencies and therefore avoids them. If proper hospital facilities were offered in Portland for the observation of cases of mental disorder the present law would, of course, be inadequate. A revision of the law should be submitted to the legislature only after the mature deliberation of a board representing the courts, the legal profession, the Medical School, the general and private hospitals, the state hospitals, the psychiatrists, the citizens and the welfare organizations of Portland, all having an interest in the proper commitment of the mental cases.

"(12) In Multnomah County one judge should preside over the commitment of the insane and the feebleminded and that should be his sole duty.

"(13) The work of the State Board of Eugenics is very commendable. Attention is directed to the text of this survey to one pernicious paragraph in the existing law.

"(14) The most important need in Multnomah County is a psychopathic hospital or a psychopathic department of one of the general hospitals combined with a clinic at the dispensary. This hospital should be closely associated with the Medical School. All patients suspected of mental disease in the county should enter this hospital, voluntarily, if possible, for a period of observation before diagnosis or commitment. If prolonged treatment is necessary, commitment to the state hospital should be made directly from the psychopathic hospital by the judge without arrest or confinement to the jail.

"(15) Classes for the observation and training of defective children in the public schools should be greatly augmented along the line already so well established. A closer cooperation is needed for this work between the physicians, school superintendents, courts and state hospitals. Excellent progress has already been made in this direction but the surface has only been skimmed. The work of the present staff of the special classes and the Court of Domestic Relations is excellent. Dr. Carlisle's report offers many suggestions for further expansion.

"(16) The welfare organizations of the county are particularly efficient in all medico-social work except mental hygiene. The lack of a strong society for mental hygiene is felt at every hand. Every effort should be made to fill this defect.

"(17) The State Board of Health, under the new code of 1920, has excellent opportunities to aid in the standardization of hospitals, sanatoria and poor farms caring for the mentally sick. The line of endeavor already established will yield most beneficial results in the hands of the efficient State Health Officer.

"(18) Without the establishment of a psychopathic hospital or at least a clinic at the dispensary, little can be accomplished at the
Medical School in the teaching of modern psychiatry. Bedside instruction is essential. The department of mental disease at present is the weakest in the school; it could be made one of the strongest with the proper staff and equipment. Certain suggestions in regard to the use of the state hospital at Salem are made in the text of the survey."

During the period following the World War the study of the problem of insanity was given considerable impetus because of the possibility of studying a large number of soldiers assembled for the army, and because of the numbers of patients suffering from "shell shock." These studies led to new conceptions in the diagnosis and treatment of psychopathic cases and resulted in a school of thought known as the psychobiological school. This school, as stated above, is based upon a consideration of the patient as an integrated whole—heredity, environment, the patient as child, adolescent, adult.

This changing conception of the diagnosis and treatment of mental disease had crystallized to such an extent by 1929 that the University of Oregon Medical School organized a separate division of psychiatry in the Department of Medicine, thereby improving the instruction of future physicians.

The care of the insane has thus evolved in Oregon as elsewhere through several stages:

1. "Laissez-faire" attitude. Insane roamed the country.
2. "Farming out" the insane into custodial care.
3. Private institutional custody.
4. Custodial care by the state.
5. Development of parole system.
6. Establishment of receiving hospitals in the state asylum.
7. Surveys of the insane in the state.

At the same time, the conception of the members of the medical profession has gone through the following stages:

1. A "laissez-faire" attitude associated with witchcraft.
2. The "hopeless" conception of mental disorders with segregation from the rest of society.
3. The development of the science of psychology.
4. Belief that insanity was chiefly due to organic brain lesions.
5. Heredity as the chief answer to the causes of insanity.
6. Insanity chiefly due to environment.
7. Realization that many factors contribute to the cause of insanity and that organic changes, environment, heredity, and the general medical condition of the individual must all have a place in the approach to the patient's mental condition.

8. "Preventive" approach, stimulated by the development of public health in control of tuberculosis and other contagious diseases.

The Need for a Psychiatric Treatment Hospital

A proper approach to the development of a plan for Oregon cannot be made without an understanding that conceptions of the treatment of mental disease have been rapidly changing and that there are, therefore, controversial questions concerning what can be accomplished and the best method of going about it. The members of the medical profession are not all agreed upon the best approach. However, enough progress has been made in this and other states to prove the feasibility of concentrating upon the problem from all standpoints—the medical, the legal, the educational, and the social.

Change is always accompanied by opposition; in fact, the opposition furnishes much of the stimulus for change. Any plan that is offered, therefore, will meet with opposition, part of which will come from those with unselfish motives who are not informed about the scientific advancements that are being made in the field of psychiatry.

The following excerpt from a paper by Dr. H. W. Wright of San Francisco shows the need of a psychopathic hospital in a large city:

"The following cases [described in the paper] have been selected from several hundred which the writer had the privilege of observing intimately in the psychopathic department of Bellevue Hospital, New York. They represent types of mental disorders which come to that hospital in large numbers every month and which recover to the previous degree of normality in from one to six weeks. "They are classified as 'Constitutional Infirmity,' 'Undifferentiated Depression,' 'Depressive Hallucinations,' 'Acute Hallucinosis,' . . . 'Allied to Manic-Depressive Psychosis,' 'Toxic Exhau..."}

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pitals, for they often require the aid of expert consultation with other departments of medicine. They illustrate particularly the value of a psychopathic hospital for acute cases as a factor in social economy, to say nothing of its value to the individual.

"These cases are typical of many which are found in every large city and they are often very difficult to classify. There are other types of temporary mental disorder which require the services of those who are expert in both physical and mental diagnosis. I refer to the cases of a typical typhoid fever, pneumonia, valvular heart diseases and toxic exhaustive conditions. When these diseases occur in persons of unstable mental constitution they result in mind delirium with stupor, or in a more active delirium with hallucinations, or simply in a retarded and confused condition of the mind with vague and changing delusions and occasional illusions of sight and sound. Very often in these patients the physical disorder which is responsible for the psychic state is overlooked and masked, because of the prominence of the mental symptoms. Not infrequently the mental symptoms are the first to attract notice. Such patients have been sent to state hospitals for the insane before adequate time for proper diagnosis had elapsed, and their chances for recovery from the physical diseases much impaired thereby, to say nothing of the subsequent effect on the patients' minds on recovery to normal consciousness. The same remarks apply to many cases of puerperal psychosis, which are but transitory excitement with confusion of the apperceptive faculties accompanied by infection or toxemias. The writer has seen many recover inside of a month and then be detained many weeks among the acute and chronic insane because of the legal formalities required in custodial institutions before the patient could be discharged. So long as the lay mind regards the insane hospital and its inmates with that uncanny feeling and the idea that such patients are forever stigmatized, so long will serious mental shock and injustice be needlessly inflicted upon sick people.

"Finally there is another class of unfortunate to be considered, persons who are not menaced by commitment to institutions for the insane, but who are themselves a menace to society because of not being so committed at the proper time. I refer to various types of offenders against the law of the land. Some are distinctly feeble-minded and commit offenses when made the tools of the more clever. Others are incipient cases of paranoia, dementia praecox, acute mania, alcoholic psychosis or general paralysis; others are the so-called 'constitutional inferiors' who lack balance in respect to their emotions and judgment. Oftentimes when these offenders against the law they are given temporary sentences to jail, workhouse or penitentiary, only to be set free upon society again without any estimate of the mental status having been made. They to a large extent compose the class of 'recidivists.' These cases illustrate again the need of hospitals for the prolonged observation of border-line mental disorders, where co-operation can be had with the general hospital wards, with organizations for social service, with the public schools, the home, and with courts of justice.

"Should such a hospital be separate and distinct in its organization, and should it be under the administration of the municipality or under the state? This will depend somewhat upon local conditions. Such hospitals have already been established by the state in Boston and in Michigan and are resorted to by all classes of people. In cities where there exists a state university medical school, a state psychopathic hospital would seem to be an ideal arrangement, for it would then be brought into close touch with all citizens. Where local conditions or financial difficulties prevent such an affiliation, the psychopathic hospital should be a part of the largest general hospital of the city and should be affiliated with a medical school wherever such exists. At the same time it should be at sufficient distance from the other wards of the general hospital to prevent contact of psychopathic patients with other patients. While it should have the atmosphere of a hospital for the sick, this atmosphere should be somewhat modified to the extent of providing more recreational and occupational facilities for those patients who do not require to be in bed than is usually found in general hospitals; this is of great importance in making the detention of patients agreeable and voluntary.

"Those patients whose illnesses are more acute and troublesome should be in a pavilion separated from the ambulatory patients and there should be separate rooms for these. This pavilion should be divided into a department for noisy patients and a department for quiet patients; the walls of the rooms in the former department should be sound-proof; noisy, resistive or assaultive patients should have special nurses detailed to care for them only, and this department should be equipped with the necessary appliances for hydro-therapy, especially the continuous warm bath. Except in the rooms for noisy or resistive patients, there should be no bars on windows; they are unnecessary in such an institution, with the above exception, and add to rather than lessen the difficulty of detaining patients quietly. There is no reason why, under proper supervision and a sympathetic, intelligent staff, patients should not be as contented and remain as voluntarily as in other hospitals. While such a scheme implies considerable initial expense, and a larger staff of nurses than is usually found in such institutions, the expense is less in the long run by such a method because the results to the patients, and therefore to the community, are vastly better.

"Should the hospital be part of the County Hospital? Not if the county hospital is identified with the care of the pauper only, because all social classes of patients will need the protection of the
psychopathic hospital and it should be the first resort rather than the last for them. The family physician of any patient should be encouraged to keep in touch with his patient after admission to the psychopathic hospital, for in this way the neglected field of psychiatry could be actively cultivated by the general practitioner.

As to the commitment of patients found definitely and chronically insane: Where the law requires the production of the patient in court, and an open hearing court-room facilities of as informal a kind as possible should be provided within the institution itself, and every effort should be made to keep out of the proceedings all aspects of a punitive nature and to give them the atmosphere of medical consultations. This is now done in some institutions, the patient having all of his legal rights safeguarded and yet not subjected to the strain of making a defense against a technical charge of a misdemeanor, in public. Where the law does not require such formal hearing, the judge should visit the patients with the doctor in an informal manner. Finally the institution or department should have an out-patient clinic as an integral part of it. In this clinic many cases could be handled indefinitely before deciding upon hospital care, and those patients subsequently discharged from the psychopathic hospital or from the state hospitals could be followed up by being referred to the out-patient department just as in other branches of clinical work."

Mental diseases constitute one of the largest groups of disabling afflictions, and the methods of dealing with them are inadequate. In this state those suffering from mental disorders are divided into two groups; viz., those whose derangement is sufficiently obvious for commitment to permanent care in an asylum, and those who are not so severely afflicted. For the former, humane care is provided; for the latter, too little is done. There are many more of them. They wander about from pillar to post—often the victims of quacks, a pitiful group which medical science has neglected. The profession is in the main untrained in this field because of dearth of teaching in the subject. Scientific psychiatry is a new field. There is a great need for facilities to care for the mental cases capable of relief or cure, and for the teaching of the medical profession in this field of practice.

Many forms of disabling mental derangement are curable. Many cases committed to asylums were curable at a time before commitment, or were at least amenable to treatment that could have averted commitment. Today, however, we are caring for the permanent cripples of mental disease and doing little in the way of preventing such crippling. This is unscientific and out of accord with the practice of scientific medicine in all other forms of disability.

Merely from the humane side, therefore, the project has great appeal. From the social aspect, its implications are great. Many of those mentally distraught are a burden to their supporters and to the community, not only because of dependency but because of inclination to delinquency and crime. Much of juvenile crime is associated with mental aberration, the result of environment which can be eliminated through psychiatric management of the patient and surroundings. Utilization of a guidance clinic (a part of the hospital) in the adjudication of juvenile-court problems, in the disposition of wards of the court and the treatment thereof, and in the study of public-school children exhibiting problems of conduct, will have far-reaching social benefits to the state.

The economic value has been demonstrated beyond contradiction in states possessing such hospital facilities. From the standpoint of the costs of caring for the insane, such a hospital cannot help but be in the interest of economy. There would be as much sense in housing all the victims of infantile paralysis in asylums—and doing nothing to prevent and correct deformity, and nothing to restore weakened muscles and morale, and nothing to study the possible prevention of the disease—as there is in treating mental disease only as a committable, custodial malady.

In other words, we must begin at the other end of the problem. Modern psychiatry has much to offer at that end. But a place must be afforded and support assured. There is every reason to believe that such a hospital as a filter will avert commitment of sufficient number of cases to decrease the outlay needed for expansion of asylums. This statement is based upon available information from states affording such service.

Educational Phase of the Problem

Public Education. The people of the state should be informed of the general problem of the care of the insane, and of the necessity for further development in the fields of prevention and remedy. The Oregon Mental Hygiene Society at present is the chief agency of the state which has for one of its purposes public education in psychiatry. It membership is composed of citizens of
the state who realize the necessity for making efforts to meet the problem from the humane as well as from the economic and social viewpoints.

Encouragement should be given this society through private philanthropy and funds from other sources, to enable it to assist the state agencies in disseminating knowledge of public concern with reference to the psychiatric problem in Oregon.

Medical Education. In preparing future doctors for the communities in the state, the Medical School is attempting to train them with a sound conception of psychiatry in order that they may apply this knowledge in their every-day practice where they have opportunities for prevention and remedy in early mental conditions which would otherwise lead to insanity.

The Medical School also hopes to provide facilities for the postgraduate instruction of those physicians in practice who realize the need of contacts with recent developments in the field of psychiatry, both through hospital studies in a modern treatment hospital and through district-clinic instruction.

As stated below, it is not proposed to make psychiatrists out of medical students or those already engaged in general practice; but it is proposed to give them the tools to use in recognizing early conditions leading to insanity, which is the most important step in the treatment of such disorders.

The University of Oregon Medical School has made an excellent start in providing training for general physicians in the fundamentals of modern medical care for the insane. Psychiatry is stressed in the general medical curriculum of the Medical School through lectures in the laboratory and through daily patient contacts. The facilities of the Medical School are, however, inadequate for proper instruction. There is an urgent need for a modern treatment hospital upon the campus of the Medical School which would accomplish two functions: (1) to care for the early cases of mental disorders; and (2) to provide adequate study facilities for future doctors of the state. Facilities should be provided for 100 beds in addition to outpatient facilities. An increased staff should be made available in the faculty of the Medical School to provide adequate instruction.

It is believed a sound policy not to emphasize the psychopathic nature of these bed facilities; they should not be known as a "psychopathic" or "psychiatric" hospital but as a hospital unit of the Medical School, in order that there may be little stigma attached to the diagnosis and treatment of early cases amenable to permanent improvement.

The following excerpt from "Integration of Universities and State Hospitals in Handling Mental Diseases," by Dr. W. F. Lorenz, presents his viewpoint with particular reference to the possible cooperation between the university medical school and the state hospital system:

"There are more than 500,000 mental cases in the various state and federal hospitals of the United States. These are quite evenly distributed among the various states according to the population. The ratio is approximately three per thousand. Every year there are approximately 150,000 new cases arising in the United States and of these not more than 50 per cent recover in the course of one or two years; 10 per cent die and 40 per cent continue as chronic cases. This residual group of 60,000 per year goes to make up about 85 per cent of the 500,000 cases now being hospitalized. If one compared the total number of mental cases to the population there is evidence of a gradual and definite increase in the incidence of mental diseases. On the other hand, if the newly developing cases alone are compared with the population, the relative increase of mental diseases is not so marked. Without doubt, the better physical care given to the chronic cases hospitalized throughout the country, preserving their health and preventing death, is largely responsible for the gradual increase of mental cases as compared to the increase in population.

From these data alone one must concede the fact that mental diseases create a tremendous medical and social problem. Furthermore, nothing very striking has been accomplished in the nature of a solution, probably because it has been a sort of fright on humanity since the beginning of history; because it is so much a part of our past and present, and because there are such few changes, no amelioration and no very sudden aggravation. As a people we have become accustomed to the situation, apparently indifferent and willing to accept these social casualties as more or less inevitable. The casualties of the late war are frequently referred to and viewed as a tremendous waste of life, yet the same loss is sustained almost every year and receives very little public or official attention. This is evidenced in the measures that are used to meet the problem as it exists today. Possibly if this situation dealing with humanity is expressed in dollars and cents it may receive the attention it deserves. Permit us then to translate the mere number of mental cases into money."
The per diem cost varies considerably between the various state hospitals ranging from 50 cents to $5 a day, depending largely on the services rendered, the type of care treated and the degree to which a hospital helps to maintain itself through patient employment. The different systems of auditing also make it difficult to compare the various state and federal hospitals but, whatever the system or service may be, a fair average cost to the community or state can be conservatively placed at $1 per day per patient. This cost applied to the total represents an operating expense of at least $500,000 daily or more than $180,000,000 annually. This represents a constant tax on the people, likely to increase and without any relief in sight. The capital investments in buildings, grounds, etc., is quite difficult to estimate but any one who has had any experience in institution construction will agree that $2,000 a bed is a low unit cost. One can then add to our financial load one billion in capital outlay, the cost of maintenance, upkeep and replacement. When all is totaled we are truly dealing with a huge financial drain on our resources.

In the face of this staggering load so complacently accepted, few if any states or communities have any definite plan or policy excepting that of expediency, which is to build more buildings to house more patients as the present facilities become crowded beyond their physical capacity. Every state, excepting one, to my knowledge, has no other plan than to build more state hospitals or increase the size of existing state hospitals. In that alone one has evidence of an acceptance of an inevitability of mental diseases, an attitude that possibly is justified on the basis of past accomplishments but is none the less reactionary and entirely barren of any real relief.

I believe the existing state hospitals are so taxed to do that which confronts them in a practical way that research leading to more knowledge concerning mental diseases cannot be expected on any large scale or beyond the obvious clinical fields. This situation apparently has been appreciated in a number of states and psychiatric institutes, psychopathic hospitals or psychopathic departments of general hospitals have been developed. In the latter, investigations have been carried on more or less constantly. Practically all the advances in psychiatry have come from these later developed institutions and activities. More such are needed and those now in operation should be more adequately equipped or correlated with other agencies so that highly specialized interests and facilities could be applied in broader fields of research.

I do not wish to be listed as one who fails to fully appreciate the many accomplishments of our state hospital system but I view these institutions as the first move away from the woefully ignorant past attitude toward mental diseases when they were regarded as a visitation from the unseen. The state hospitals mark a great advance and their era should be viewed as a tremendous accomplishment. They provide admirably for the problem as it exists today but they contribute little, if anything to reduce or eliminate the conditions that create the problem. For the most part, our state hospitals are monuments to house our medical failures. Easily 75 per cent of the patients in any large state hospital are chronic cases, residuals in whom we have been unsuccessful as physicians.

I therefore suggest as the most practical way in which the next advance in the handling of mental problems can be accomplished to move a part of the problem to a place where most of the facilities for research already exist. That is, at a university where the medical and other sciences are being taught and research is carried on.

The ordinary type of clinical research that can be accomplished in a state hospital, while by no means exhausted from the standpoint of possible contributions, is not wide enough to take in the varied and highly complex causes that seem to be operating in the field of mental diseases. I believe one must go much further in this problem and call on not only the medical sciences but other related fields such as biology, genetics, chemistry, sociology, psychology or any other field of learning that has a contribution to make. In some of our work we have received help from the department of animal husbandry. An isolated psychiatric institute financed by a state could not very well provide such a wide scientific survey. It is only at a fully developed, large educational institution that such facilities exist. Furthermore, our present knowledge is insufficient to even outline problems that would keep some of these nonmedical departments fully employed. At the very best, only a part of such facilities could at present be applied to part of the problem that presents itself and it is because of this situation that the term 'integration' was chosen.

I should advocate a hospital or department in a general hospital in connection with the university as the next step that should be generally adopted throughout the United States. To make such an institution effective it should in some manner be a part of the state hospital system. Its bed capacity can be adjusted to the general size of the problem but for the purposes of thorough investigation and to meet some of the other advantages that will be stressed, this addition to our state system should have a bed capacity of not less than 150 or 200 beds. In many states it might act as a receiving hospital for all mental cases. The adoption of such a practice makes it serve as the first contact with the patient and the public.

How a university can assist the state in treating mental diseases is the problem I wish to discuss. One might concede at once, without further argument, that any scientific contributions from whatever source would be a welcome addition to the problems created by mental diseases but whether such might probably be carried on at a university or should be developed within a state
service is debatable. The system developed in some states makes cooperation between a university and state service easily possible. In other states such collaboration may not be possible without some fundamental changes in system and policy as well and therefore may be impractical. At the University of Wisconsin we seem fortunate in a heritage of a state system for the treatment of mental diseases in which university cooperation can be and is being successfully established.

"I firmly believe that the existing psychiatric hospitals or departments at universities should be connected with the state hospital system. Without such connection they tend to become a sort of glorified private sanatorium. They tend to relieve themselves of many of the real problems and focus all their attention on the easily recoverable cases. They should be so connected with the state hospital system as to share in the whole problem and should, because of their position and opportunities, devote the major part of their facilities to research. Many such efforts are of necessity carried over into the state hospital system. Any successes would be more immediately applied. The intimate relationship that can be established would tend to preserve the idea that the patients are more sick than insane. By making these hospitals a sort of station in the state hospital system the work and services would radiate in both directions, that is, toward the public and likewise to the state hospital system. Again, referring to Wisconsin briefly, where this rather intimate relationship between the university and state hospital system is established, we find patients received at the very earliest stages of their illness; that legal commitment is exceedingly rare and that subsequently when the illness is protracted and state hospital treatment necessary that voluntary commitment is customary. In other words, one has already accomplished to a considerable degree one small but essential phase of a new policy."

Medical Phase of the Problem

Preventive. There is need of instituting preventive measures which should eventually make inroads upon the increasing load of numbers needing custodial care in the state. It seems to be a sound policy to at least make an effort to do something about the increase of custodial care by "stopping" this flow at the source. The child is the fertile field for this concentration.

The prospects of good results are excellent, judging from the experience of the Child Guidance Clinic at the Medical School and similar ones in other cities. Results, however, cannot be expected to mature in all phases of prevention immediately, since it is necessary for the children to grow up before comparable benefits can become noticeable.

The Child Guidance Clinic correlates the medical, psychological, and social phases of child problems, working through the schools, the courts of domestic relations, child welfare departments, the family, and other agencies dealing with behavior problems.

The Medical School is extending the Child Guidance Clinic program, previously restricted to Portland, to other communities of the state, by providing a centralized staff of specialists to conduct clinics and follow-up, and to establish in districts wishing to institute local programs a correlation of their findings in these clinics through the schools, courts, welfare agencies, and family life of problem children.

The effectiveness of the preventive program, as far as it affects the metropolitan area of the state (Portland), can be enhanced by placing of the Child Guidance Clinic of the Medical School upon a full-time basis. Closer correlation of this program with the custody of children in the state training schools can afford assistance to these institutions and an important service to the state, a service which is inadequately carried on at present.

Remedial. The remedial phase of the psychiatric program is now being carried on in the offices of physicians and psychiatrists in the receiving hospitals of the state asylums and at the University of Oregon Medical School in its Outpatient Clinic.

Facilities should be expanded at once to provide for hospitalization and ambulatory care, by legislative appropriation for the building of a treatment teaching hospital on the campus of the Medical School and for its operation and maintenance.

A hospital of 100 beds so located would provide for the educational and remedial phases of the insane problem of the state. Such a hospital should not be for permanent custodial patients, but for those with temporary mental disorders and for those needing observation. Regardless of any other phase of the program, it is a well-established fact that one of the difficulties in the handling of mental diseases is the dearth of facilities for adequate training of physicians who see these patients in private practice; and it is partly to make such training possible that the Medical School desires hospital beds for such cases. The need is not only a teaching need, however; there exists a demonstrated humane, social, and economic need for a psychiatric unit for cases not to be treated permanently.
The project is proposed as a part of the program of the University of Oregon Medical School, which has as its purpose the prolongation of life and the relief of suffering through: (1) scientific research into the cause, prevention, and care of disease; (2) the teaching of future doctors in the care of the sick; and (3) the care of the indigent sick and disabled. The Medical School has gone far in the development of this program in other fields. And it offers for a psychiatric program a background of sound and capable scientific medical atmosphere, laboratories and facilities, the trained personnel of the faculty, and the physical advantages of hook up with already established and working heating plant, record departments, X-ray, etc. On the other hand, the psychiatric program will provide the Medical School with extended facilities for teaching the future practitioners of the state and the Northwest the modern methods of handling disorders of the mind. It will also afford a wealth of material for advanced study in the causes and measures for averting mental disability.

The following data published by the Public Charities Association presents a scientific discussion of the importance of a state psychiatric hospital.

"A Psychiatric Hospital is a hospital designed to give the same quality of medical and nursing care to mental and nervous patients as can be given in a general hospital to persons suffering from typhoid fever, pneumonia, diabetes or diseases of the heart, kidneys or lungs. The facilities and equipment combine the best and most modern in clinical, laboratory and research fields. Emphasis is placed upon that large group of cases which can be helped either within a reasonably short time or can be sufficiently readjusted to keep them out of mental hospitals. It thereby serves to diminish the burden of already overburdened public mental hospitals and the consequent drain on the finances of the State. Its cardinal functions are:

"I. Treatment

"Treatment of improvable and curable cases is a prime aim of the Psychiatric Hospital, to help people with recoverable nervous and mental disease and on the borderline between mental health and frank mental disorder quickly to regain their health and positions in life. It deals with obscure, problematical and borderline cases, nervous conditions due to physical disease, the delinquent, the feebleminded and the epileptic. Patients in this group are referred by physicians, general hospitals, state mental hospitals, schools, courts, prisons, reformatories, welfare and social agencies.

"Through its out-patient clinic it treats ambulatory or visiting clinic patients in cooperation with physicians, hospitals, clinics and welfare and social organizations in the community. Patients paroled or discharged from its own wards and from state mental hospitals for convalescence may attend the clinic for continued observation and home treatment. Tendencies which, if unobserved and untreated, favor relapse are anticipated and forestalled. Patients are guided on the road to recovery while still facing some of the problems of life, thus accomplishing economic and social gain to themselves, their families, their employers and to the State. "Under present conditions patients and their advisors often delay in sending a patient to a mental hospital, public or private. The necessary steps finally are taken only as a last resort, when the disturbing and unmanageable behaviour of the patient makes such action imperative. As a consequence of this delay, mental difficulties are often allowed to reach a stage where cure becomes much more difficult and more protracted. The experience of psychiatric hospitals in other states affords ample evidence that in localities where such institutions exist and are properly understood there is not only a growing willingness on the part of relatives and physicians to place the patient in a psychiatric hospital during the early stages of the mental illness, but also an increasing readiness and desire on the part of the patients to voluntarily avail themselves of the benefits of early expert diagnosis and sympathetic help in a mental hospital. "The Psychiatric Hospital should serve to coordinate the whole system of mental hospitals in the State so that their combined operation represents a policy for the diagnosis and treatment of mental cases. This does not preclude each state mental hospital, usually a large institution serving the general needs of its area or a community, from taking care of mentally ill in its own district, from having its own laboratory and full facilities, nor does it mean that the state mental hospitals are to be curtailed in their functions or in any way subordinated to the Psychiatric Hospital. The Psychiatric Hospital and the state mental hospitals therefore, work hand in hand to the same general end, namely the welfare of the mentally ill of the State. Neither excludes the other from any aspects of the problem. They differ only in the emphasis which each puts upon particular phases of the same general problem.

"II. Research

"The State should stimulate and promote investigation and research into the whole problem of the cause, treatment and prevention of mental disorders, feeble-mindedness and epilepsy. "A person with early mental illness, who can be cured and is not cured may remain in a state mental hospital at a continuing
expense of over $6.00 per week to the State for a potential period of thirty or more years. This figure is for maintenance only, that is, for food, clothes and hospital personnel, and does not take into consideration the large amount of capital invested in buildings and land. This is a staggering burden for the State to face. It is mounting year by year.

"III. Education and Training"

"The Psychiatric Hospital should be a teaching center for the medical and nursing professions in the principles and objectives of mental and nervous medicine and mental hygiene. It should serve as a mecca where physicians, medical students, interns, psychologists, social workers and nurses may be taught psychiatry and obtain practical clinical experience.

"The problem of mental disease has been assumed to be such a highly specialized subject that the general practitioner of medicine frankly confesses his lack of knowledge of these disorders and his inability to treat these cases. The need for trained psychiatrists, qualified physicians to man state mental hospitals, child guidance clinics and court clinics is urgent. Something must be done to stimulate a greater interest and education of medical men in this work."

"The Psychiatric Hospital should constitute the much needed and important recruiting station for personnel for the state mental hospital service. It should be the aim of the State to have every prospective state hospital physician spend a certain period of time in the State Psychiatric Hospital before and at intervals after assuming duties at the assigned hospital. The Psychiatric Hospital, functioning as a special training center for medical personnel, should set the standards in the State for medical and nursing attention, facilities and equipment in the care of the mentally ill, and should have the effect of coordinating methods of study, diagnosis, and treatment in the State's mental hospital system.

"Education of the public in matters of the cause, treatment and prevention of mental and nervous disease, its importance and significance, is important. The Psychiatric Hospital should play a prominent role in promoting mental hygiene programs in schools, courts, public institutions and agencies, in coordinating their activities and in making their programs more effective. It should be a logical incubator, anchor and unifier of public sentiment in matters pertaining to mental health in the community. The Psychiatric Hospital must be the keystone of the State's structure for the prevention of abnormal mental conditions.

"The Hospital itself should be located in a medical center, in close proximity to a teaching institution, both undergraduate and postgraduate. The Psychiatric Hospital need not be an integral part of any medical school or university, but should have a close affiliation. It thus has the benefit of service and consultation of the medical, technical and nursing staffs of the medical school and its affiliated general and special hospitals. Its staff and the physicians from the state mental hospitals should have opportunity to follow the lectures, laboratory and special investigations conducted by the medical school.

"Researches in the Psychiatric Hospital are also facilitated through affiliation with a medical school. A medical school or university employs research men and will lend them to the State in exchange for the use of the physical equipment of the State's laboratories. Such an arrangement obviously is of mutual advantage.

"Close association with a general hospital and medical school yields the advantages of encouraging patients to enter a Psychiatric Hospital voluntarily, and reduces to a minimum any humiliation and dread that may seem to them and their families to attach to entering an institution. Efficiency and economy are, therefore, promoted by close cooperation with a medical school and a general hospital.

"The Psychiatric Hospital should be open equally to qualified men from all the medical schools and teaching hospitals of the district. The administrative control should in the large correspond to the system followed by the State in the administration of its hospitals for mental disorders."

SUGGESTED CHANGES IN THE MARRIAGE LAWS OF THE STATE OF OREGON

The state of Oregon has upon its hands at the present time about 6,000 wards, over 4,500 of whom are insane or feebleminded. Their care and treatment is a great responsibility and a heavy burden upon the taxpayer. The two insane hospitals are growing at the rate of a little more than 100 patients each year. In fact, insanity and feeble-mindedness are gradually becoming more prevalent. Many fine clinics and hospitals in this country are doing commendable work and restoring many such cases to health. But, in spite of this, there are being admitted each year about 140,000 men and women to the various state hospitals in this country who have never been inmates before. The annual influx into mental hospitals exceeds in numbers our standing army.

We believe there are only two certain methods of management which will enable us to attack this problem at its real source, and, in a great measure, to cut off the source of supply of these unfortunate people. The methods we wish to mention and sponsor are those of well-supervised and sensible sterilization, and the passage
by our Legislature of an intelligent, suitable marriage law. We wish
especially to stress this second method, which, if taken up by the
other states in the Union, will in a few years' time begin to cut down
the admissions of the mentally sick and feeble-minded to our various
institutions. Since our present sterilization law has been function-
ing (it was passed in 1923 and amended by the last special session
of our Legislature) there have been about 1,000 sterilization op-
erations in Oregon. This work has been commendable. It was in
each case approved by the patient who was operated upon. Yet
the law is not ideal. It is weak to the degree that it necessarily
limits the work mostly to the inmates of our various institutions.
It cannot reach, for one reason or another, many undesirables
(high-grade morons, etc.) who have their liberty. Yet these people
are propagators of offspring who are unstable, many of whom are
headed direct toward one or another of our state institutions. We
further believe that, if the Legislature saw fit to pass the marriage
law which we have in mind, there would be less need for sterilization
as the years pass by.

Our present marriage law is unsatisfactory for many reasons.
It requires only men to submit to a physical examination, particu-
larly to determine whether the applicant is free from any venereal
disease. The law apparently is not concerned whether women
scatter venereal infection or not. Furthermore, our mental de-
fectives, insane, epileptics, chronic criminals, chronic alcoholics,
and drug addicts are permitted to enter into wedlock and propagate
children if they so desire. Not infrequently we are informed that
patients who are on parole from our two state hospitals get married
even though they are still wards of the state.

The physical examination demanded of the prospective groom
ordinarily involves only a few questions. In fact, there is nothing
scientific about it. This so-called examination can be had from
many physicians for a fee not exceeding $2.50. If the physician
really wishes to carry out the true meaning of the law and exami-
ne his patient in a scientific and intelligent manner, he will have
to go to considerable trouble, and will naturally make a greater
charge. Should this be attempted, the applicant will simply go to
some other physician who will be glad to sign the certificate of
health for perhaps $1.50. In other words, this part of the law is a
joke, does not work, and reflects discredit on the medical profes-

sion. A suitable marriage law should contain the following pro-
visions:

It should require both the male and the female entering into
wedlock to submit to a complete physical and mental examination.
The physical examination should consist of the standardized blood
test for syphilis, and smears from the mucus membranes of the sex
organs to determine the possible presence of gonorrheal infection.
Marks of physical degeneracy should be searched out. The mental
examination should consider the intelligence of the applicant, as
well as the possible presence of any active mental, nervous, or
allied disorders; and should include also a thorough investigation of
all blood relatives, to detect the presence in the family tree of mental
sickness, feeble-mindedness, epilepsy, drug addiction, chronic al-
coholism, criminal records, and prostitution; it should also be de-
termined whether blood relatives are improvident or on relief, and
how long and why.

A standardized questionnaire should be formulated by the State
Board of Eugenics and supplied all officials issuing certificates of
marriage. This questionnaire should be subscribed and sworn to,
and fortified through an attached penalty of a fine or fine and imprisonment for false statements in such certificates. The burden
of proof that blood relatives are devoid of all nervous, mental, or
allied disorders should rest upon the shoulders of each applicant.

The law should designate certain officials who will be empow-
ered to issue certificates of marriage. Such officials should have
the authority to call in one or more designated or appointed phy-
sicians in each county to conduct such examinations. The fee for
such examination should be specified. Examining physicians in
each county should be appointed by the State Board of Eugenics
or the local medical society. Ten days should elapse from the date
of application for license before the license is finally granted. This
time is especially desirable in order that the official who issues the
license may have ample time in which to study in a thorough man-
ner the personal and family history of applicants. Examining phy-
sicians, in collaboration with the county clerks or officials who
are empowered to issue marriage certificates, should have the power
to reject any applicant or applicants who seek to enter into wedlock,
provided they are looked upon as unfit because they will scatter
venereal disease or propagate offspring who may or will become
public charges. If the medical examiners should refuse to issue a certificate of application for marriage, then the applicant should have recourse to the courts. In case one or both parties are found to be insane or unfit to procreate healthy offspring, they should have access to the State Board of Eugenics or local county board of health for the purpose of sterilization, following which the legal objection would be entirely removed.

As an added reason for the passage of such a law, it is illuminating to remember that we human beings in seeking our mates generally search out someone of our own intellectual level. In other words, high-grade morons or the mentally retarded who are more or less defective mentally seek out those of their kind, and mate and propagate children who are bad risks of society and who are unable to compete with the more stable young people. Many of their offspring are headed direct for state institutions. This being the case, we contend that the propagation of children by those who are more or less irresponsible, children who must necessarily become public charges, is of public concern because the taxpayers must foot the bill. We contend that a sensible marriage law based upon the principles stated above will help in a material manner to cut off the source of supply for our institutions.

In conclusion, it might be pointed out that the first eugenics law was passed by the state of Indiana in 1907. Since this time other states have realized the value of such a law, and now twenty-eight states in the union are doing legal eugenical work of a commendable character. We feel that, if a suitable marriage law should be passed in Oregon, other states will immediately sense the virtue of this until in due course of time it will become national in character.

Let us dedicate this proposal to the unborn, who have no voice in the choice of parents, and who through no fault of their own are handed physical and mental defects which must result in a miserable existence, unhappiness, and suffering. We also keenly realize the great economic burden which is forced upon the taxpayers. Shall we presume to wait until the burden of the keep of these unfortunate individuals becomes intolerable?

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