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\*\*\* START OF THE PROJECT GUTENBERG EBOOK EUGENICS AS A FACTOR IN THE PREVENTION OF MENTAL DISEASE \*\*\*

## Eugenics as a Factor in the Prevention of Mental Disease

By  
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Statistician, New York State Hospital Commission

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, Inc.  
370 Seventh Avenue  
New York City  
1921

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## GENERAL PURPOSES

The National Committee for Mental Hygiene and its affiliated state societies and committees are organized to work for the conservation of mental health; to help prevent nervous and mental disorders and mental defect; to help raise the standards of care and treatment for those suffering from any of these disorders or mental defect; to secure and disseminate reliable information on these subjects and also on mental factors involved in problems related to industry, education, delinquency, dependency, and the like; to aid ex-service men disabled in the war, to cooperate with federal, state, and local agencies and with officials and with public and private agencies whose work is in any way related to that of a society or committee for mental hygiene. Though methods vary, these organizations seek to accomplish their purposes by means of education, encouraging psychiatric social service, conducting surveys, promoting legislation, and through cooperation with the many agencies whose work touches at one point or another the field of mental hygiene.

When one considers the large groups of people who may be benefited by organized work in mental hygiene, the importance of the movement at once becomes apparent. Such work is not only for the mentally disordered and those suffering from mental defect, but for all those who, through mental causes, are unable so to adjust themselves to their environment as to live happy and efficient lives.

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[Pg 1]

## EUGENICS AS A FACTOR IN THE PREVENTION OF MENTAL DISEASE<sup>[1]</sup>

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*Statistician, New York State Hospital Commission*

The burden of mental disease is each year becoming heavier. State hospitals for mental disease throughout the country are overcrowded, and the construction of new hospitals does not keep pace with the increase of patients. Fairly complete censuses show that the number of patients with mental disease under treatment in institutions increased from 74,028 in 1890 to 232,680 in 1920. The rate per 100,000 of population increased from 118.2 to 220.1. Careful estimates based on statistics of the New York State Hospital Commission indicate that approximately 1 out of 25 persons becomes insane at some period of life. The economic loss to the United States on account of mental disease, including loss of earnings as well as maintenance of patients, is now over \$200,000,000 per year. Although much of the apparent increase in the prevalence of mental disease may be due to causes that do not involve weakened resistance to the stresses of life, the load born by the public is clearly becoming more oppressive.

Associated burdens are those of mental defect, epilepsy, dependency, and delinquency. These combined cause an economic loss even greater than that caused by mental disease.

Taxpayers are groaning under excessive loads and calling in vain for relief, but their cries are faint compared with those of the persons whose relatives are mentally diseased or defective.

As less than one-fourth of those who develop psychoses can be cured by present methods of treatment, we cannot hope for any permanent relief by treating patients in hospitals. The most skillful treatment should of course be given, but the problem must be attacked in other ways before any adequate solution can be hoped for.

[Pg 2]

The fact of inheritance of the neuropathic constitution may be taken for granted. Much evidence has been adduced to prove that such inheritance occurs in accordance with Mendelian laws, but the subject is so complicated that more comprehensive studies must be made before we may consider the matter as settled. The application of skillfully devised measures of intelligence has shown us that there are many grades of intelligence between

the idiot and the super-average. The so-called normals represent many types, the extremes of which are as far apart as the moron is from the low-grade normal. Recent studies of temperamental abnormalities have also revealed a wide variety of types and combinations. These abnormalities or marked peculiarities seem to be more or less dissociated from intellectual capacity. Children with super-average intelligence are frequently seclusive and morons often seem to be temperamentally normal. It becomes difficult, therefore, to establish standards of normality and to draw fixed lines between the normal and the neuropathic. This is especially true in studying family histories, when judgment must be based on reports of untrained observers. Mental disease may occur in a person of almost any type of intellectual or temperamental make-up. This fact was clearly demonstrated during the recent World War. Men of strong intellect and of exceptional poise who had withstood the strain of intense warfare for several months at last succumbed when weakened by wounds and deprivation of food and drink. These were extreme cases, but they illustrate the important principle that all men have limitations and may develop a psychosis or expire when their limit is reached. Psychopathic personalities give way to the common stresses of life, while stronger personalities yield only to extraordinary mental strain. It is evident, therefore, that the whole etiology of a case of mental disease must be carefully studied before the related family stock can be safely discredited.

The data we have collected in the New York State Hospital Commission relative to the family history of patients seem to indicate that slightly more than half of our ascertained cases have no discoverable hereditary basis. If more thorough inquiries were made, the proportion of patients with unfavorable family history might be increased, but the significance of the history in relation to the family stock is open to question in many cases.

[Pg 3]

In our hospitals for some years past, we have studied both the intellectual and temperamental make-up of the first admissions and have tried to apply uniform standards throughout the service. In 1920 it was found that of the ascertained cases 61 per cent were temperamentally normal and 88 per cent were rated as intellectually normal. Only about 7 per cent of the patients were both temperamentally and intellectually abnormal. The proportion of patients with abnormal make-up varied considerably in the different groups of psychoses. For example, in the dementia-praecox group in 1920, 61 per cent were rated as temperamentally abnormal while in the manic-depressive group only 33 per cent were so rated.

The absence of marked abnormalities in individuals prior to the onset of the psychosis cannot be construed as conclusive evidence that there are no hereditary defects in the make-up, neither can the development of the psychosis be taken as proof of a defective constitution. All the facts in connection with the onset of the mental disorder and previous reactions must be brought together before the constitutional make-up of the patient can be positively determined.

Psychiatrists have recently emphasized the connection between bodily states and behavior and the importance of the sexual and endocrine organs in relation to the psychoses. What part of the disorders related to these organs is due to hereditary and what part to environmental factors have yet to be determined.

Notwithstanding these and many other complications, there is abundant evidence that mental disorders occur much more frequently in some family stocks than in others, and that prolonged inbreeding of degenerate stocks is productive of most disastrous results.

With the limited knowledge at hand, what is to be done to lessen the burdens imposed on society by the prevalence of mental disease?

Three lines of action are suggested:

1. Environmental stresses may be lessened and natural resistance strengthened.
2. Procreation of defective stock may be checked.
3. Procreation of normal stock may be increased.

[Pg 4]

The methods now in use to prevent physical disease may be applied to a considerable extent in preventing mental disease. They include the dissemination of knowledge of hygiene and sanitation, prompt treatment of incipient diseases, segregation of those suffering from contagious diseases, and immunization of those liable to exposure to pathogenic germs. Another line of attack consists in safeguarding the public from injurious food and artificial beverages and from polluted air and water. The abolition of the liquor traffic and the movement to check the spread of syphilis are examples of effective work along these lines.

Economic and social stresses should be lightened for those unable to withstand them. It is far easier to relieve an overburdened man by taking part of his load than to wait until he is exhausted and then carry him together with his burden. Physicians, parents, and teachers should be alert to detect signs of mental disorder and apply the proper remedy before complete breakdown occurs.

Mental clinics and social workers are of large service in giving treatment in incipient cases. Many a case of mental disease is averted by adjusting the environment to the individual and by giving him a clear understanding of his mental difficulties and the best methods of

meeting them. Wide extension of mental-clinic work is clearly indicated.

The new science of mental hygiene is teaching us that individuals with unfavorable heredity may do much to overcome their constitutional tendencies and to preserve their mental health. It is of the highest importance, therefore, that mental hygiene be taught and practiced in the public schools along with physical hygiene.

A decade ago sterilization of defectives was widely advocated and laws making provision for it were passed in several states. These measures have availed little because they have not been supported by active public sentiment. Judging from the present outlook, we cannot hope that sterilization will soon be an effective means of preventing mental disease.

Segregation of the mentally defective and epileptic is the prevailing method of limiting procreation among these classes. Its eugenic value is beyond question, but the enormous cost limits its application. As a rule the mental defectives and epileptics cared for in institutions are of low grade. These, if left at liberty, would multiply far less than those of higher grade. Much is to be hoped from the colony plan of segregating mental defectives, as colonies care for high-grade defectives and under wise management become self-supporting and may be increased without limit.

[Pg 5]

A new departure has been made by the state of New York in establishing a separate institution for defective delinquents at Napanoch. This troublesome group has been a serious problem in the jails and prisons of the state, and heretofore there has been no satisfactory way of dealing with them. Their segregation should have large eugenic significance.

Segregation of the insane is fairly complete, but as only about one-fourth of the first admissions are under thirty years of age on admission, its value in preventing procreation in this group is not as great as would appear when only the number of patients under treatment is considered. Overcrowding and the expense of maintenance cause patients to be promptly released on improvement of their mental condition, regardless of the eugenic factors involved.

Something can be done to lessen reproduction among the unfit by enlightened public sentiment and by better marriage laws. Marriage of persons with marked intellectual or temperamental abnormalities should be entirely prohibited.

To prevent the marriage of normal persons with those carrying a neuropathic taint more knowledge of family stocks must be made available. At the present time genealogical records of the average family are woefully meager and comparatively few are available for public inspection. If we are to improve the race by better marriages, genealogical or eugenic bureaus must be established in cities and villages. Data concerning family stocks should show the defects as well as the excellencies and achievements of the individuals recorded and be available to interested parties.

Love is proverbially blind, but few normal persons would be rash enough knowingly to join fortunes with a neuropathic or degenerate family stock. Unfortunately very little thought is now given to the eugenic significance of marriage and few signs warn impetuous youth of the danger ahead.

[Pg 6]

Eugenic bureaus, by collecting data concerning family histories and by emphasizing the importance of family stock, would naturally promote marriages among persons of good stock and thereby increase procreation of a desirable kind. The increase of good stock would raise the general level of the race, even if there were no decrease of poor stock, but we may safely assume that more definite knowledge would gradually lessen reproduction among the unfit.

The elimination of mental defects and diseases is after all principally a matter of education. We must learn by careful research what should be done and what should not be done and then disseminate the information so that it will be shared by every household. Action will slowly follow knowledge, but ultimately a more perfect race will be evolved.

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Vol. V, No. 4      INDEX      October, 1921

The Significance of the Conditioned Reflex in Mental Hygiene,	<i>William H. Burnham</i>	673
The Elementary School and the Individual Child	<i>Esther Loring Richards</i>	707
Extra-Medical Service in the Management of Misconduct Problems in Children	<i>Marion E. Kenworthy</i>	724
Mental Hygiene and the College Student—Twenty Years After	<i>Anonymous</i>	736
Mental Hygiene Problems of Normal Adolescence	<i>Jessie Taft</i>	741
Suicide in Massachusetts	<i>Albert Warren Stearns</i>	752
The Function of the Correctional Institution	<i>Herman M. Adler</i>	778
What is a "Nervous Breakdown"?	<i>Alice E. Johnson</i>	784
Mental Hygiene and the Public Library	<i>Mary Vida Clark</i>	791
Inadequate Social Examinations in Psychopathic Clinics	<i>Dorothy Q. Hale</i>	794
Eugenics as a Factor in the Prevention of Mental Disease	<i>Horatio M. Pollock</i>	807
Mental Hygiene Problems of Maladjusted Children As Seen in a Public Clinic	<i>A. L. Jacoby</i>	813
Speech Defects in School Children	<i>Smiley Blanton</i>	820
Extra-Institutional Care of Mental Defectives	<i>Earl W. Fuller</i>	828
Abnormal Psychology	<i>Barrington Gates</i>	836
Abstracts:		
The Problem of a Psychopathic Hospital Connected with a Reformatory Institution. By Edith R. Spaulding		837
A Psychological Study of Some Mental Defects in the Normal Dull Adolescent. By L. Pierce Clark		840
The Social Worker's Approach to the Family of the Syphilitic. By Maida H. Solomon		843
Some Practical Points in the Organization of Treatment of Syphilis in a State Hospital. By Aaron J. Rosanoff		844
The Mental Clinic and the Community. By Everett S. Elwood		845
An Analysis of Suicidal Attempts. By Lawson G. Lowrey		846
Book Reviews:		
Psychopathology. By Edward J. Kempf	<i>Bernard Glueck</i>	848
The Unconscious. By Morton Prince	<i>William A. White</i>	849
A General Introduction to Psychoanalysis. By Sigmund Freud	<i>Bernard Glueck</i>	851
Sleepwalking and Moon Walking. B. J. Sadger	<i>C. Macfie Campbell</i>	851
From the Unconscious to the Conscious. By Gustave Geley	<i>William A. White</i>	855
Suggestion and Auto-Suggestion. By Charles Baudouin	<i>Bernard Glueck</i>	856

Psychology and Psychotherapy. By William Brown	<i>C. Macfie Campbell</i>	857
Our Social Heritage. By Graham Wallas	<i>Miriam C. Gould</i>	858
August Strindberg: A Psychoanalytic Study with Special Reference to the Œdipus Complex. By Axel Johan Uppvall	<i>Frankwood E. Williams</i>	861
Notes and Comments		878
Current Bibliography	<i>Dorothy E. Morrison</i>	891
Directory of Committees and Societies for Mental Hygiene		894
Members and Directors of the National Committee for Mental Hygiene		895

MENTAL HYGIENE will aim to bring dependable information to everyone whose interest or whose work brings him into contact with mental problems. Writers of authority will present original communications and reviews of important books; noteworthy articles in periodicals out of convenient reach of the general public will be republished; reports of surveys, special investigations, and new methods of prevention or treatment in the broad field of mental hygiene and psychopathology will be presented and discussed in as non-technical a way as possible. It is our aim to make MENTAL HYGIENE indispensable to all thoughtful readers. Physicians, lawyers, educators, clergymen, public officials, and students of social problems will find the magazine of especial interest.

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**Footnote:**

[1] Read before the Section on Eugenics and the State of the Second International Eugenics Congress, New York City, September 26, 1921.

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