MRS. COLVIN.—We have a paper on the programme by Miss Julia C. Lathrop. Since promising to give us this paper, she has been, as you know, appointed chief of the new Children's Bureau. That business has called her to Washington and she has asked Miss Elnora E. Thomson, of the Illinois Society for Mental Hygiene, to read it for her. I am sure that you will be glad to greet her in Miss Lathrop's place.

MISS THOMSON.—It is with regret that I read Miss Lathrop's paper, because Miss Lathrop's personality back of the paper would mean a great deal. Those of you who know her can think of that. The others I wish might some time meet her

THE APPEAL OF THE INSANE TO THE NURSING PROFESSION

BY JULIA C. LATHROP

FROM the day when Nebuchednezzar was fed with grass like an ox, and his body was wet with the dew of heaven, until the present, there seem always to have been individuals recognized as insane, but history shows slow recognition of this insanity as a disease.

Evidently the Book of Daniel records the common belief that madness was a punishment for fearful sin—recovery a result of repentance and the grace of God. On the other hand, it would not be difficult for the modern reader to construe the story of Nebuchednezzar as one in which the cure was unconsciously secured by life beneath the open sky. We are told that the ancient Egyptians and the Greeks sometimes treated insanity by means of recreation and healthful employment and by the use of music, and that they trusted to kindness rather than punishment.

In the Mediaeval Period in Europe human gentleness was at a low level, and authentic records show that during the Middle Ages the insane were considered to be possessed by evil spirits which could be exorcised only by torture or the death of the victim, but we have come to see that what seems like malicious torture was really the result of a delusion on the part of the sane, and was intended as a therapeutic measure. Although the notion of demoniacal possession gradually subsided, the insane were still kept in dungeons or prison-like asylums, often under restraint of ingenious cruelty; and this condition, as you well know, lasted well through the eighteenth century. Indeed, the dread of the insane which still survives may be charged to the clinging superstition of demoniacal possession.

A significant exception to the general condition of the insane in this

later period is found at Gheel, Belgium, where the insane lived centuries ago, as they do to-day, quite freely in the families of the villagers. Brought there originally, as you know, by the belief that the sacred shrine of St. Dymphna would cast out the demons which possessed them, many insane came from all over Europe, and many remained, fearlessly cared for by the villagers, to whom the care of the insane gradually became an inherited occupation, and who, probably because of the early religious sanction, have displayed through the ages singular sagacity and gentleness in dealing with them. When Pinel for the first time was ordering off the shackles from mad men at Bicetre, one of Napoleon's marshals reported that he had discovered a most marvellous thing in this same Belgian village—insane patients living with the villagers, working with them in the fields, going to church with them, and treated by them in kindly and companionable fashion.

That great group of European physicians who in the last year of the eighteenth century independently recognized insanity as a disease which must be treated by other means than stripes and shackles—Pinel in France, Tuke in England, Chiarugi in Italy—marked a wonderful epoch, and the nineteenth century shows much progress of medical treatment, especially in the building of institutions for the insane and in the taking over as a public responsibility the care of mental patients. But with all that medical science and a humanitarian interest have thus far done to soften the lot of those afflicted with what we call insanity, the number of the insane has steadily increased. Whether or not insanity as a disease is increasing is a nice statistical inquiry which we will leave to the experts; but the obvious and indisputable fact is that the actual number of insane patients to be cared for at public expense everywhere is increasing, and in most countries it is increasing far out of proportion to the general increase of the population. In Illinois this accumulation is perhaps 300 patients a year at present. In New York it is 700 or 800. That is, by the end of every year this country has about 5000 more insane patients to care for than it had at the beginning.

Medical interest has only slowly focussed itself on this ailment. Most medical schools in this country, we are informed, still have no instruction in the care of the insane—certainly no compulsory courses. In this respect Europe, especially Germany, Switzerland, and Italy, can show much better progress. The university hospitals of Germany and Italy are centres of study and research, and demonstrate that a certain proportion of recent cases yield to individual care, whereas if sent to the average hospital they would simply encumber the wards with more chronic patients.

We all realize that no other ailment entails such wretchedness upon the patient and upon his friends as does mental disease. As Dr. Podstata has well said, "Probably the very large majority of people would rather see their relatives physically dead than afflicted with mental decay or some horrible perversion which totally changes their personality."

The necessity of laboratory research and of medical training is acknowledged, and costly equipment is being provided for this purpose in connection with the newer public hospitals. Doubtless we shall some time reach a continental standard in medical schools so that every medical student must study the subject of insanity for six months and pass a searching examination upon it.

The foregoing is preliminary. I have wanted to show a growth—slow, unequal, but genuine—in the recognition of insanity as a disease. Here is my point: as the general hospital has only prospered and become a really curative place since trained nursing has developed, so it is not too much to say that the care and the cure of the insane is languishing because the nursing profession has as yet not listened to the appeal of these people. For myself, I believe that the intelligent participation of the nursing profession in the care of the insane is the most necessary next step to be taken in this matter.

The usefulness of the nurse, naturally, is seen first of all in a genuine nursing organization in the hospital for the insane. There is sometimes a certain zest in seeing a thing away from home, and so I always think with pleasure of a journey made six years ago to Scotland and a week spent in the asylum at Lambert, where the superintendent, Dr. Robertson, with painstaking ingenuity had secured a true hospital organization. I remember the simple way in which he said: "I always say to my people when they go to visit elsewhere, 'Do not come back and tell me of our virtues, but tell me some point at which we can make this institution more like a true hospital.'" His institution had a trained nurse in charge of the whole house service, not only the nurses and attendants, but the detail of the household and housekeeping, and the occupation of patients, applying to men and women alike; an admirable plan, which unfortunately becomes difficult of application in our enormous institutions. Under this superintendent, who was known as the head matron, was a staff of trained nurses called assistant matrons, who were in charge of groups of attendants and were constantly supervising the care of the patients as well as taking direct charge of certain acute types. An assistant superintendent made rounds through the night. The hospital was always under the eye of a trained nurse.

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This organization has been followed in some degree in Illinois state hospitals. Trained nurses are now in charge as superintendents, and all attendants are required to take one year's training. This can count as the first year on a nurse's training, if desired; and the second year is provided in the insane hospital, while the third is taken in some general hospital, as provided by the Illinois law. In like manner, the state hospitals have received nurses from general hospitals who elected a special course in training for the care of the insane. I shall illustrate by speaking of the work of a new group of nurses in Chicago, who represent the Illinois Society for Mental Hygiene. I think I need not explain to this assemblage that the Illinois Society for Mental Hygiene is one of what we trust may be a nation-wide group of independent societies, all inspired by the National Committee on Mental Hygiene, whose secretary is Mr. Clifford W. Beers, author of "A Mind that Found Itself." This convincing human document I feel sure that you have read, and that you have been touched by its eloquent appeal to your profession.

The executive officer of the Illinois Mental Hygiene Society is Elnora E. Thomson, a trained nurse, who is not only a graduate of one of the best general hospitals in the country, but has also had experience under an able alienist at one of the state hospitals for the insane of Illinois.

The Illinois Society for Mental Hygiene, which is now about three years old, began its work by an inquiry into the conditions surrounding the commitment of insane patients in Cook County, and published a monograph by Dr. Bybee embodying his report, which showed that of the 2000 patients annually received at the Detention Hospital in Cook County about 65 per cent. were brought in by the police, frequently after preliminary detention as criminals in a police station. Dr. Bybee dwelt on the great terror with which this experience is fraught for such patients, and cited the instance of one.

"C. D., a patient of foreign birth, suffering from acute alcoholic hallucinations. He was unable to make himself understood, because of his inability to speak English, and showed great fear and agitation. He was excited and considered himself in imminent danger. He thought himself pursued by enemies who wanted to tear him to pieces. This man had been making every effort to escape from his supposed pursuers in the neighborhood where he had been employed and the police were notified of his condition. He was taken only after a chase. The officer found him in the back part of a grocery store hidden behind boxes with which he had barricaded himself. He was treated as an offender of the law, and not as a sick man, and was returned to court by the city

physician and finally sent to the Bridewell. The treatment of this helpless bewildered foreigner as an escaping criminal must have greatly increased his delusion of persecution. In this case an ambulance, with physician and orderlies instead of a patrol wagon with police officers would have conveyed to the man and the bystanders a notion of sickness instead of crime. The ambulance service would have been equally effective and would have cost no more. If a well man were to find himself thus chased down and imprisoned by foreign police without being able to obtain any reason or explanation he would probably suffer severe damage from the nervous shock. How much more profound must have been the injury to a man already mentally unsound!"

Again, Dr. Bybee emphasized the importance of absolute truthfulness in dealing with the insane:

"It is impossible to overestimate the importance of absolute truthfulness in dealing with the insane. Injurious as the police custody must be, it does not necessarily result in the sort of injury to the patient which may be done by the well-meant deceit of affectionate relatives. An illustration is the following case: N. W., thirty years old, silly, delusional, profane, and vulgar. He was arrested the evening before for writing vulgar and disagreeable letters to a young woman in his neighborhood. The neighbors and his mother were aware that the young man was insane, in fact his mother had signed his parole, which had not yet expired. The mother requested the police to arrest and return him to the hospital at Dunning, giving as her reason, 'I do not wish my son to know that I wanted him returned to the hospital.' This man was obliged to remain in the Desplaines Street station from Monday to Thursday. This unwillingness of his mother to manage the situation herself made it necessary for him to stay in the station these four days, as the police would only send him to Dunning at the time the county patients were sent."

Cases of Escort.—That it is possible for nurses to manage these cases without uniformed police, has been proven by the experiences of the Illinois Society for Mental Hygiene. The following cases of escort will illustrate:

Mrs. J., referred from the Juvenile Protective Association as being not quite normal mentally, was visited several times and taken to an alienist for examination, who found her to be definitely insane. The husband told of violent attacks which his wife had at times and felt that there would be great difficulty in taking her to the Detention Hospital unless his advice was followed, which was to tell her that she was going to the police station to swear out a warrant for his arrest (her delusions

all centering about him). It was explained to Mr. J., that it was very bad for the patient to deceive her in any way and that she must be told exactly where she was going and why. This to him seemed very rash, but was justified by the result. The nurse went to the house with a plain clothes man, told the patient that her family and the doctor thought that "her mind was sick" and that we wished her to go to the Detention Hospital where the doctors would have time to observe her and where she would appear before the County Judge to whom she could tell all of her troubles. She said, "Very well," put on her things and went over to the hospital most peaceably in the street car. Another instance:

Mrs. Q., was to be recommitted, having been in Dunning previously. Her family stated that at the former commitment it required four policemen to take her from the house, and while they were anxious to have the nurse attend to it this time, they were so dubious as to her success that when she arrived with a carriage and a plain clothes man, there were three uniformed policemen in front of the house. The nurse who had previously visited Mrs. Q. told her that the family and physician thought she should return to the hospital and that the nurse felt she would rather go with her than with the police in the patrol wagon. Mrs. Q., to the surprise of her relatives, said, "Of course," and in a most dignified fashion walked out to the carriage and gave absolutely no trouble.

Commitment.—At the present time in Cook County most of the insane patients are received at the County Detention Hospital, and their cases are heard in chambers before a Judge of the County Court, and I regret to say, before a jury. Heretofore, it has been extremely difficult to obtain any intelligent statement regarding the family and social circumstances surrounding the cases brought in; but now, under the direction of Judge Owens, nurses are employed by the county who, under the supervision of the Mental Hygiene Society, visit the patients brought into the Detention Hospital and report upon the significant facts in the family and social life of each one. Duplicates of the society's reports are sent to the institution to which the patient is committed, and, it can be said without exaggeration, form for the first time an intelligent basis on which the superintendents can act, in regard to the family and surroundings of the majority of cases.

Placing-Out or After-Care.—Thus the nurse, knowing the family condition from which the patient enters the institution, can aid in readjusting the convalescent patient to his world again. The after-care of patients is of the highest importance, for the sake of the patient and

the public, and while it should be managed in large part by the public hospitals themselves, the demonstration must be made by private efforts such as are now going on under the New York State Charities Aid Society, Connecticut Society for Mental Hygiene, and the Illinois society.

It is obvious that every institution has a certain proportion of patients who could succeed outside the institution if they had the right sort of surroundings. For years Scotland has boarded out twenty per cent. of her insane, the hospital sometimes retaining a direct supervision of the patient and always receiving him or her back whenever necessary. The Lambert Hospital, for instance, at the time I visited it had 700 patients, but its register showed 1000—about 300 being outside, either at their own homes or in homes where they might be boarded by parish authorities.

It may be said in reply to all this that it does not require the service of a highly trained nurse in order to visit a patient in the home, or get him a job, or to take him from his home to a police station, and that anybody could do this who wanted to; that certainly such work is not done by trained nurses in those parts of the world where boarding-out, for instance, has been most successful. Perhaps it is our American love of specialization, but certainly we seem to have discovered in the trained nurse a person who, if she be a woman of tact and human wisdom as well as a disciplined and educated person, exhibits particular qualifications for all sorts of humanitarian work which for years has been done badly by those who are *unco' guid* but whose lack of training has made us slow to realize that one reason why humanitarian effort resulted so poorly was that the work was undertaken by people so poorly equipped by training and experience.

Cases of Placing-Out.—The following is cited as an example of such a case: Miss F., a young woman, had been in a hospital for the insane for ten years, her family feeling it not safe to take her out. However, when they heard of the establishment of supervision on the outside, they decided to give her a trial. She was visited in the home of her sister for a period of three months, then as there appeared to be irritating conditions in the home, while the patient had no return of the mental difficulty, it was deemed wise to place her outside. A position was found for her in an orphanage where a course in the care of children was given. This course Miss F., has now almost finished, and while she has had two very serious attacks of physical illness, has had no recurrence of her mental symptoms.

Another: Mrs. T., a middle-aged woman, had spent five years in a hospital for the insane. She had no dangerous tendencies, and while

not entirely recovered it was deemed wise by the authorities to give her a trial outside. She is an accomplished seamstress and was placed where she could use her knowledge and yet be under the supervision of a trained nurse. She has been out of the hospital six months, has practically overcome her delusions and is now capable of making her own way independently, already having a small bank account.

Prevention.—More important really than the daily routine of cases which come to the County Detention Hospital, or than the convalescing cases returning from the great institutions, is the constantly increasing number of appeals from those who in themselves or in their relatives see a threat of mental breakdown which they wish to fend off and before which they find themselves bewildered and helpless. Such appeals give the nurse an opportunity to secure medical advice for the patient, to secure some alleviation of the family circumstances which may be exerting unendurable pressure upon mind and will, and to begin in a small way that great service of prevention which is, after all, the final service of the trained nurse. It would be an error to suppose that only the appeals of the poor come to the society. People with money are quite as wretched and bewildered, and quite as grateful for help; and not infrequently the services of the society have been rewarded by gifts of money as well as thanks. To no one, probably, more than to the trained nurse who knows the problem of the insane, do the great words of Florence Nightingale appeal. You will remember that in what might be called her final message she says that the great need of nursing is not to cure the individual case, but to set up standards of health and normal living by all sorts of expedients of example and inculcation.

The Private Hospital.—Curiously enough, countless millions have been bestowed by private charity for the organization of general hospitals for every type of obviously physical ailment, yet almost nothing has ever been given for the care of the insane in private institutions; and as there are many insane patients of wealth, whose condition requires institutional care, private hospitals have grown up on a commercial basis, and it is not strange that the type of criticism voiced by Dr. Allen Starr, of New York, can be made against them. This aspect of the need of the insane is one which I think should be called to the serious attention of the nursing profession, and I think Dr. Starr's convincing letter cannot be too often quoted:

“TO THE EDITOR OF THE MEDICAL RECORD:

“Sir: The first steps toward the correction of any abuse or evil are publicity of the facts and the awakening of public interest; after this the pressure of public opinion is sufficient to bring about a reform.

"I desire to call the attention of the medical public, through your columns, to an abuse which should surely be remedied. I refer to the lack of proper nursing and care of patients in private lunatic asylums in the vicinity. First as to the facts:

"CASE I.—A lady of wealth and refinement, who became insane in Germany, was brought home by her family, attended by skilled nurses, and, for a time, was kept in her home. She was then sent to Asylum A, where she remained for three years. During this time her nurses and companions were women obtained from the Young Woman's Christian Association of this city at a cost of twenty dollars per month—decent persons, who were wholly untrained in the care of lunatics, and incapable of giving the mental direction and help which a good trained nurse can give. Subsequently, on her removal to her home and on being put in charge of two skilful nurses, a marked improvement occurred up to the time of her death, which took place from an intercurrent disease. She was charged \$100 a week at the asylum, though the food was that of a ten-dollar boarding house.

"CASE II.—A young lady, who became acutely maniacal, was sent to Asylum B for care. Her nurses were dismissed and she was placed in charge of an Irish servant and a young French woman who had failed as a teacher and was willing to take a place as nurse. Neither of them had experience, and the days were passed in constant struggles between them and the patient. For months this condition went on, though the family was anxious to have extra nurses and was ready to pay for them. They were charged \$75 per week. The patient had to be fed on milk and eggs only.

"CASE III.—A lady suffering from chronic mania has been ten years in one institution, Asylum C. She is happy and able to be diverted. By accident I discovered that she was regularly locked into her room by her companion at 8 P.M., the door into this companion's room being thus closed till 8 A.M., while she was often absent. Considerable extra expense to the family was incurred, because the attendant had a large adjacent communicating room.

"CASE IV.—A lady suffering from melancholia had been well cared for by two trained nurses and was improving, when it was thought best to send her to Asylum D. On her admission her nurses were discharged, as the physician 'preferred his own nurses.' Two weeks later I found her locked in a room with a good-natured, ignorant Irish girl, who informed me that she had come to the asylum within a week and had never done any nursing before. As proper companionship is essential in melancholia, I remonstrated with the physician, but no attention

being paid to the protest, I removed her, and at home, under proper care, she recovered.

"CASE V.—A gentleman of means and high mental ability, who had an attack of mild melancholia, was sent to Asylum E. He had had a most faithful male nurse, intelligent, sober, and capable of managing him perfectly. Three days after his admission to the asylum this man was unexpectedly discharged at night, and the patient was put in the care of a rough, dirty Swede, who had been hired that very day, and had never before acted as a nurse in an asylum. To my protest the physician replied that he 'could trust only his own trained nurses—others were liable to drink and disobey orders.' Two weeks later my patient was found completely terrorized by this man and complained bitterly of his treatment and lack of companionship. He saw the doctor for fifteen minutes daily, but was with the attendant all the time. The man's habits were filthy, and he was better fitted for a stableman than for a nurse. The patient offered to pay for the services of his former nurse, and to pay his board in addition to the \$50 per week which he paid for his single room. This proposition was declined. Hence I removed him to another institution, where he is being properly nursed and is recovering rapidly.

"Here are five cases in five different private asylums near New York, all of which have a good reputation. In all, the same abuse exists—unintelligent care is the rule. In all these places the doctor in charge sees the patient once a day or every other day, as all have offices in New York. In all, the food is plain but wholesome, and served unattractively and, usually, cold. In all, prices from \$50 to \$100 a week are charged. Double the charge would have been cheerfully paid for skilful attendants in every case mentioned.

"Secondly, as to the remedy:

"It is well known that at Bloomingdale Asylum there is a good training school for nurses, from which graduates come out every year competent to take care of cases of mental disease. If it became imperative upon these asylum physicians to employ trained nurses of good capacity, they could be found and supplied. But since there is no demand made, excepting by patients whose statements are not accepted, or by relatives whose protests are disregarded, the present evils continue. Many physicians wash their hands of a patient as soon as he is consigned to a hospital, and if they do visit him, it is soon made clear that such visits are regarded as an interference by the doctor in charge. It seems evident, therefore, that public opinion should be aroused in this matter, and I hope this statement of facts of my personal knowledge may

awaken such a demand for the reform of these abuses that good may come of this protest against an existing condition.

"Yours respectfully, M. ALLEN STARR, M.D."

Why should there not be developed by nurses themselves a new type of nursing home for the insane, by merely carrying one step farther the rest-cure, sanitariums, etc., now successfully carried on by nurses? A differentiation of care—even hospital and sanitarium care—is needed.

Difficulties.—First of all, the greatest difficulty in bringing the influence of the nursing profession to bear upon the public care of 200,000 insane in the institutions of this country is the sinister influence of politics which still exists in most American institutions. Even in the states where civil service laws have been secured by advanced public opinion, and where ostensibly politics no longer enters into the question, there is still too often a dread of political interference which makes for timidity and indifference, and the freedom and ardor of the best type of professional spirit is lacking, so that the ablest physicians, even if for a time they are secured for such institutions, are likely sooner or later to find themselves drawn back to the greater independence of private practice. If this be true of physicians, it is truer still of nurses. The other day one of the ablest of the younger superintendents left an institution where her salary and living conditions were very comfortable, for a visiting nurse's place of arduous toil and low pay, simply because the professional discouragement was so great she could no longer remain. What one might call the vis inertia of two generations of political control, the vis inertia of public indifference, are the great difficulties in the way of making a public institution for the insane inviting to the nursing profession.

Again, on the side of the training of the nurse, the *overloaded curriculum* of the average training school for nurses may well give every superintendent pause at adding more to the burden of the students. Dare a layman ask if there may not be developed some way of so organizing the work of a hospital that it shall become more truly a teaching institution, demanding less actual physical labor of pupil nurses in order to get the daily routine work of the hospital accomplished? Can we not develop special courses to fit for special work for care of the insane, for the hospital, for the private case, and for visiting (like nursing homes)—managed by nurses, so that the constant care would be intelligent and kindly? Mr. Beers has shown what exquisite sensibility to an irritating person may be hidden beneath the apparent indifference or violence of an insane mind. A man of wealth and refinement, sent to a

costly private institution, whose charges ostensibly were based on excellent personal care, said that his nurse might have been at home his stable boy. The sense of human understanding is what the mind which apparently has lost the power of understanding most needs.

Conclusion.—Will not the nursing profession recognize the care of the insane as in their province—to be developed in various ways:

1. By hospital organization of public hospitals.
2. By establishing co-operation between public hospitals for the insane and general hospitals, so as to give pupil nurses practical courses in the care of the insane.
3. By visiting nursing for all types of insane not in institution.
4. By private hospital or sanitarium care, under nurses.

DISCUSSION, HELEN C. SINCLAIR.

The "appeal" of the insane has surely reached us all. We consider ourselves members of a humane profession, and yet we have almost entirely ignored the cry of the insane. If the mentally sick are to have proper care, that care must be given by the thoroughly trained mental nurse. It is only too true that the mentally sick are left to the care of women who are absolutely unfit to take care even of the physically sick and are much less fitted to take care of the patient who is suffering mentally. Not only do we need more training schools in our state hospitals, but we must have higher standards in the training schools we have if the patients are to be properly cared for. A more thorough and broader training is necessary, especially should the mental nurse be thoroughly instructed in occupations and amusements—that instruction should be given by a thoroughly competent teacher.

Affiliations with general hospitals are absolutely necessary, also inspection of state hospital training schools. The careful selection of pupils should be made by the superintendent of the training school. It is only by higher standards we can retain the higher type of woman in our state hospital training schools, and it is only the woman of higher type who can do the great work of nursing the insane according to our modern ideals. The fact that nurses have much to go through with who take up this work of nursing the mentally sick, ought not to deter the nurse who is thoroughly imbued with the humanitarian side of her calling from entering this field of work. All who are interested in suffering humanity must rejoice at the very excellent work which is being done by the Illinois Society for Mental Hygiene.

If nurses knew more about the great work of caring for the insane

they probably would not be so unwilling to take up the duties and responsibilities which alone belong to the nursing profession.

The convention adjourned at this point for the special conferences on private duty nursing, mental nursing, and state registration laws.

(Reports of the special conferences will be found at the close of the proceedings of the general sessions. Some of the papers and discussions read at these conferences and at the joint evening meeting will be published in the JOURNAL as rapidly as space can be found for them.)

THURSDAY AFTERNOON SESSION.

The meeting was called to order at 2.30 P.M. by Miss NICHOLS.

TEACHING SEX HYGIENE

BY EDITH M. HICKEY, R.N.

THE rapid increase of venereal disease, moral delinquency of both juvenile and adult, insanity, and the alarming increase of imbecility have at last awakened educators, physicians, clergymen, and social workers to the necessity of teaching our youth concerning sex hygiene. But how shall this heretofore carefully avoided, watchfully protected "gap in education" be spanned? All thinking people will agree that the parents should teach their children; but deep-seated, traditional conviction that such instruction is improper, born of centuries of reserve on this most important subject, has kept parents from giving this knowledge to their children and resulted in the youth turning to other, oft-times vicious and disreputable sources.

A great many times the reason children go to outside sources to ask questions is because they have not a working vocabulary. They do not know how to ask mother and father questions. They know the language of the street but they do not know your language. They know how to ask questions about those things in their own language and that is the language they have heard; the first thing we need to do is to teach the children a working vocabulary along this line.

Some of our educators are now slowly groping out of the shadows of ignorance and prejudice and are advocating the proper teaching of sex hygiene to children. It necessarily follows that to accomplish the proper teaching of sex hygiene to the young they must take the parents into their confidence. A publicity campaign among parents must be inaugurated, that they may be awakened to their responsibility. Such a