Glueck cites other illustrative cases. The atmosphere of the mental clinic must be tolerant. Sufficient time must be given the patients. Where several physicians handle such a clinic it might be well, if possible, to assign certain physicians to organic problems or to functional problems, according to their respective leanings. The social worker should be trained in mental hygiene and carry it into the homes of the patients.

Kline, Geo. M. FUNCTIONS OF THE SOCIAL WORKER IN RELATION TO A STATE PROGRAM. [Mental Hygiene, 1919, No. 4.]

Before analyzing the relationship of social work to a state program it may be interesting to note briefly the development of methods used since early days.

The right to deprive an insane person of his liberty existed in England under the common law which was transferred to the colonies in America. It was regarded as justifiable to "confine, bind and beat in such manner as might be required under existing circumstances." Care by relatives consisted mainly in confining in cells, pens and cages in most unhealthy conditions. The policy was that of economy. In colonial times there was no machinery to enable the state to carry out its obligations to the dependent classes.

In 1727 "disorderly persons" had become so numerous that a colony workhouse was built to which all disturbers of the public peace were committed regardless of their mental condition. So far as known between 1793 and 1824 there was no public place in which harmless, insane persons, not criminal, could be confined. According to Mosher the first statute in existence regarding the insane was passed in 1788, entitled "An Act Apprehending and Punishing Disorderly Persons." "Whereas, there are persons who, by lunacy or otherwise, are furiously mad and so disordered in their senses as to be dangerous to go abroad, it shall be lawful for two or more Justices of the Peace to cause to be apprehended and kept safely locked up, such persons in some secure place, and if necessary, be chained there," etc.

Prior to the nineteenth century care of the insane in America was largely a local matter and was entirely custodial. The purpose of confinement was for safe-keeping and was accomplished in ill-ventilated cells or pens in the basements of hospitals and other places. This was the only care that the medical profession and the public deemed necessary for insane persons. In many states, notably in New England, the contract for the pauper insane was awarded annually to the lowest bidder. In Connecticut, Massachusetts and New Hampshire, the insane poor, being classed as paupers were annually sold at auction to those who were willing to care for such persons for a money consideration.

The first pauper insane State Hospital was established in Worcester, Mass., 1832; the second was in New York in 1843. State care is the

care of the dependent insane exercised by the state as state charges, and is in no way under the management of county or town officials. State care is both custodial and educational. The policy of early days was economy in caring for dependents; that of today is based on humanitarian principles—then, it was safety for the public—now it is restoration of the patient. All the contributing factors, social and medical, which have played a part in the breaking down of the mental faculties should be intelligently considered. The causes of mental illness as given by the laity are largely of a social nature—poverty, worry, overwork, alcoholism, immorality, unfortunate love affairs, social maladjustments, etc. Although these factors may have long been known to the medical profession, there seems to have been no practical way of dealing with them until social service was introduced into the state hospital. At the present time, the main functions of social service are to contribute to psychiatric knowledge and to aid in matters of social adjustment.

The value of social service to any state hospital depends largely upon the quality of the case work. Social problems connected with the illness of patients are very significant. Knowledge of social factors plus medical findings will generally indicate a form of treatment and aid in matters of social adjustment. At the present time, the social worker largely confines herself to the study of environmental conditions, later the problems of personality as related to home life, community conditions and industry will doubtless receive much more attention.

Social history work is an important branch of social service and means that the best resources are used for obtaining knowledge relative to the welfare of the patient. Community work is equally important: to a large extent social organizations in the community supply the machinery for the readjustment of patients and the problem of the psychiatric social worker is to coördinate their special services for hospital use. An interesting part of the duties of the worker is to impart correct information in the community as to the purpose and methods of state hospital care. Fear of state hospitals is being gradually replaced by coöperation and confidence as the purposes and methods of state care are better understood. Recent studies have shown the possibilities of preventing many forms of mental illness—so-called border-line cases between the normal and defective groups—especially those types of diseases associated with fatigue, anxiety and social maladjustment. Suitable and early treatment might result in the prevention of more serious conditions. The out-patient clinic with a social service adjunct answers a double purpose in the after care of patients and its educational work in the community. . . . Social service from the viewpoints of legislation and education covers a broad field. The community should know more of mental disorders, their causes and prevention, and should be encouraged to assume much the same attitude which it now holds toward tuberculosis and syphilis. The combination

of physicians, social workers, clergymen and teachers along lines of mental hygiene will help tremendously in the field of mental health.

The movement to make social service an adjunct to psychiatric treatment is apparently gaining in favor. In Massachusetts, the Commission on Mental Diseases has recently adopted social service as part of its policy and it now holds a definite place on the state program. Of the fourteen state hospitals, ten are now engaged in some form of social work. A most encouraging feature of a recent survey of these institutions was noted in that the superintendents were practically unanimous in their desire for social work. . . . This section of the state's program indicates that social work, intra and extra mural, is to be established on a firm basis. A comprehensive plan for coördinating and developing various phases of the work includes uniform records and statistics, standardization of methods and correlation with the various community resources. Subdivisions of the work are: development of social case work, social investigation, history work, placing and care of boarding patients, after care or supervision work, special studies, out-patient clinic work, etc. A plan for training volunteers and students is under consideration.

The future development of psychiatric social work in state hospitals will depend largely upon the organization of the work and upon the qualifications, natural and acquired, of persons who enter the service. The social service department of a state hospital, although distinct in itself, should be so organized and developed that it will fit smoothly and harmoniously into other departments of hospital work. The spirit of social service should pervade the hospital atmosphere and serve as a constant reminder to those interested in the general care of the mentally sick that social welfare is of more value than economic and scientific methods—that human kindness is a more powerful agency than the exercise of temporary authority or the exhibition of power and in reality is the "all-pervading power of moral discipline." [Author's abstract.]

Schroeder, Theodore. REVIVALS, SEX AND HOLY GHOST. [Journal of Abnormal Psychology, Vol. 14, 34–47.]

In the course of his psychogenetic studies of religious experience, Schroeder made careful observations at a negro revival. In this article there is a quite detailed description of the jumping, dancing, singing, etc., of those who came under the spell of the revivalist and some description of the revivalist's technique. An attempt is made to interpret these "mysteries" in terms of what is already known.

The most extraordinary results in the audience, were not the effect of the pastor's denunciation of sin and satan, but came as a consequence of the revivalist's complete abandonment to his own emotionalism. At times his subjectivism was so obsessive as apparently to