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UNIVERSITY OF LOUISVILLE
HISTORY AND DEVELOPMENT
OF THE
MENTAL HYGIENE CLINIC OF LOUISVILLE, KENTUCKY

A Dissertation
Submitted to the Faculty
Of the Graduate School of the University of Louisville
In Partial Fulfillment of the
Requirements for the Degree
Of Master of Science in Social Administration

Graduate Division
of
Social Administration

By

Mary-Elizabeth O'Brien

Year

1944



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Hygiene Clinic of Louisville, Kentucky

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INTRODUCTION

INTRODUCTION

Interest in the field of Mental Hygiene and Psychiatry has been stimulated by tensions of World War II. As in other communities there are mental hygiene and psychiatric facilities in Louisville, Kentucky. Since there is no available history compiled of this development such a study seems especially valuable at this time. How the community has gone about meeting the needs in this area of work in the past may be seen through such a study and may in turn prove a guide for future planning.

The purpose of this dissertation is to trace the history and development of the Louisville Mental Hygiene Clinic. Beginning with an over-all survey of the mental hygiene movement from its inception in 1908, it traces the phases through which the concept passed nationally, then locally.

There were certain limitations met in making this study. Especially was this true in regard to the later development, for records were limited from the standpoint of history. The historical approach has been used since the material seemed to fall roughly into three decades with natural division.

From a "Special School" for delinquent boys established under the public school system in 1911, the work gradually branched out, first into a psychological laboratory interested in the retarded child and later in the gifted child. This

is the first phase to be discussed. In 1919 the Psychological Laboratory was enlarged to include the clients of social agencies. When the division between school interests and community demands led to the establishment of a separate community agency, the Psychological Clinic began its work under the Welfare League of Louisville. How the work developed and from time to time the philosophy changed, under a succession of directors, comprises the next phase. Plans for affiliation with the University of Louisville Medical School culminated in 1931 with the present teaching arrangement in the Psychiatric Department. Improvements in techniques of treatment and legislation changes are also discussed in regard to this stage of development.

This dissertation is not an attempt at evaluation of the mental hygiene facilities in Louisville but rather a chronological history of their development from 1911 up to 1943. Source material was not exhausted and references are cited for further study. In some areas there is ample data unexpanded to provide for another complete dissertation. Especially is this true in the earlier stages, for example the work done under the auspices of the Board of Education. To trace the work done there in detail might prove a worthwhile subject, to show how the local school system stood in comparison with other communities, circa 1910. Another realm not covered completely in this present work is that of the surveys which were made and which have only been touched on in connection with the developing interest in mental

hygiene work in Kentucky.

The greatest part of the material used was gathered from various books on the subject of Mental Hygiene; the Annual Reports on file at the Louisville Board of Education; the Annual Reports of the Director of the Psychological Clinic (later the Mental Hygiene Clinic); the Annual Reports submitted by the Dean of the University of Louisville Medical School; and various unpublished material including reports, pamphlets, newspaper clippings, etc., on file at the Council of Social Agencies, the Community Chest, and the Louisville Free Public Library. In addition a number of informal interviews with personnel attached to the above agencies yielded many valuable and interesting sidelights on the history of the Mental Hygiene Clinic in Louisville, and which have been incorporated in the body of the dissertation.

CHAPTER I

THE MENTAL HYGIENE MOVEMENT, 1908-29

CHAPTER I

On May 6, 1908, Clifford Beers with thirteen others, men and women, met in the residence of the Reverend Anson Phelps Stokes at New Haven, to found the Connecticut Society for Mental Hygiene under a plan put forth by Mr. Beers. This plan was based on his experiences as a patient in private and public institutions for the insane during 1900-1903, which he described in the book, "A Mind That Found Itself".¹

The objectives of the Connecticut Society were as follows:

The chief purpose of this Society shall be to work for the conservation of mental health; to help prevent nervous and mental disorders and mental defects; to help raise the standards of care for those suffering from any of these disorders or defects; to secure and disseminate reliable information on these subjects; to co-operate with federal, state, and local agencies or officials and with public and private agencies whose work is in any way related to that of a society for mental hygiene.²

This Connecticut Society soon led to plans for a national organization with similar aims.

One of Mr. Beers' most loyal supporters was the psychologist, William James. He approved the early manuscript for Mr. Beers' book and encouraged its publication. Mr. Beers

¹ C. E. A. Winslow, "The Mental Hygiene Movement and Its Founder", Twenty-Five Years After, ed. by Wilbur L. Cross, (New York: Doubleday, Doran and Co., Inc., 1934), p. 9

² Ibid., p. 6

then sought the interest of Dr. Adolf Meyer, leading American psychiatrist. It was he who, after careful study, selected the term "Mental Hygiene" for the whole movement. Mr. Beers considered the help of these two men, coming as it did at the right time, to be indispensable to the ultimate success of the work.

The early sponsors of the National Committee for Mental Hygiene included such names as Henry Van Dyke, Jane Addams, Julia Lathrop, Jacob Gould Schurman, Melville E. Stone, and many others. It was established on February 19, 1909, at a meeting held in the old Manhattan Hotel on 42nd Street in New York City.¹ From that beginning the concept grew until it was world-wide. In 1930 the First International Congress on Mental Hygiene was held at Washington, D. C. The second international gathering, scheduled to take place in Paris ten years later, was interrupted by World War II.

In historical retrospect the growth of the National Committee and the mental hygiene movement may be seen as passing through three phases. Phase I covers the era from the Committee's inception in 1909 to the entrance of this country into World War I in 1917. Chief emphasis during those eight years was on education of the public to the conditions existing in the field and soliciting their support

¹The Mental Hygiene Movement and Its Founder, (New York: National Committee for Mental Hygiene, 1933), p. 27

for programs of correction. Even before this could be done there was the task of getting an over-all picture of the situation which included surveys and special studies of conditions in institutions for the insane, collecting statistics on the incidence of mental disease, ascertaining existing legislation, and finally organizing forces for the correction of abuses.¹

Phase II covers the period from 1917 to 1919. During those war years the work of the National Committee focused upon military rather than civilian activities. A psychiatric program was conducted in both the Army and Navy. Attention was focused upon the importance of mental health. The leaders in the mental hygiene movement faced the emergency situation with a three-fold program; (1) to eliminate from military service the mentally and nervously unfit, (2) to provide psychiatric care and treatment for those so incapacitated, and (3) to return to active duty those who could be restored to mental health. The tremendous spurt of the last war and the subsequent rapid development of psychiatry afterwards are in great measure due to insight gained during this period.² With the end of World War I there began a period of nationwide reconstruction and rehabilitation planning for the

¹ George K. Pratt, "Twenty Years of the National Committee for Mental Hygiene", Mental Hygiene, XIV, (1930), pp. 399-428

² Arthur E. Fink, The Field of Social Work, (New York: Henry Holt & Co., 1942), p. 129

disabled ex-soldiers and in this the National Committee gave advice and assistance.

Phase III covers the years after 1920. Mental hygiene work with civilians was resumed with fresh vigor. As time passed it became more and more apparent that the prevention of nervous and mental disease could not be accomplished by any single agency or profession, nor by the use of any one technique. The period in which preventive efforts might be expected to yield the most fruitful results had been gradually pushed backward from adulthood to adolescence, and from adolescence to childhood and the pre-school years. There followed a systematic organization of material and the application of the knowledge thus gained to a program chiefly preventive in nature. It culminated in the five-year demonstration of clinical work, sponsored by the Commonwealth Fund.¹

This fund, a private foundation established in 1918 with headquarters in New York, undertook in 1920 a five-year study of the methods of prevention of delinquency. Henry W. Thurston of the New York School of Social Work, together with an advisory committee composed of representatives from the fields of psychiatry, psychology, education, social work and the juvenile court, drew up plans. After careful consideration the Director of the Fund adopted them in 1921. The purposes were: (1) to develop the psychiatric study of difficult, pre-delinquent,

¹Pratt, op. cit., p. 400

and delinquent children in the schools and the juvenile courts; and to develop sound methods of treatment based on such study; (2) to develop the work of the visiting teacher whereby the invaluable early contacts which our school systems make possible with every child might be utilized for the understanding and development of the child; (3) to provide courses of training along sound lines for those qualified and desiring to work in this field; (4) to extend by various educational efforts the knowledge and use of these methods.¹

The war period had forced the acceleration of formal training in psychiatric social work both at Smith College and the New York School of Social Work. The former established a School of Psychiatric Social Work in 1918 and the latter had added such a major to its curriculum the year before. The New York School also established a psychiatric clinic known as the Bureau of Children's Guidance, for the study and treatment of children presenting problems of behavior and for the field training of their students and other psychiatric social workers.²

When the Commonwealth Fund in conjunction with the National Committee for Mental Hygiene undertook the aforementioned demonstration program, they enlisted the help of these various agencies. A new Division on Prevention of

¹ George S. Stevenson, M. D., & Geddes Smith, Child Guidance Clinics, (New York: Commonwealth Fund, 1934) p. 21

² Ibid., p. 20

Delinquency was created under the National Committee interested in the "psychopathology of delinquency". Its chief function became the establishment of demonstration child guidance clinics in various communities and the providing of advisory service to any communities desiring to develop such clinics themselves.¹ Demonstration clinics were set up in St. Louis, Dallas, Memphis, Minneapolis, St. Paul, Richmond, Los Angeles, Cleveland, and Philadelphia. The Commonwealth Fund aided in financing these projects. In choosing cities consideration was given general community progress in organizing health, educational and social work, as well as potential community leadership and financial resources for support of a permanent clinic.²

The assignment undertaken by the Division on Prevention of Delinquency was to determine how the technical knowledge of the psychiatrist, the psychiatric social worker, and the psychologist--operating as an integrated unit--could best be utilized as a community asset, for the study and treatment of behavior problems in children.³ In other words, the focus had shifted by 1921-22, in the study of mental disease and its prevention, from within the institution (where it frequently ended) to the community outside, where it usually began. During its early years the mental hygiene movement was

¹Ralph P. Truitt, M. D., The Child Guidance Clinic & The Community, (New York: Commonwealth Fund, 1928), pp. 7-21

²Ibid

³Pratt, op. cit., p. 420

preoccupied with the obvious problems of better institutional care for mental cases beyond hope of constructive treatment. After considerable study the leaders revealed that there was some connection between so-called insanities and apparently benign symptoms as found in the delinquent child.

By 1927 when the demonstration period ended, emphasis had again shifted. In the eight clinics permanently established the focus now tended to be toward the more subtle evidences of maladjustment as seen in the school and the home, rather than those found in the delinquent and the court. Also the clinic itself came to be seen as the link between social agencies and community as well as the mutual responsibility of both.¹

Mental hygiene in schools and colleges throughout the country began rather casually and developed under a variety of names and auspices. In 1910 Dr. Stewart Paton of Princeton University, one of the members of the original National Committee for Mental Hygiene, made the first specific plea for recognition of a need for further study of personality problems in American universities and colleges.² Schools, and especially public schools, had recognized much earlier than this time the need for new methods of dealing with "problem children" and the mentally deficient. Teachers and officers

¹Stevenson & Smith, op. cit., p. 21

²The Mental Hygiene Movement and Its Founder, op. cit., p. 39

with special training in applied psychology and psychiatry were appointed to the staff in many schools.

In tracing the history of this ever-growing emphasis upon the child, there is evidence that sociologists early in this century began to realize there were too many people who could not adapt themselves to their environment. They pointed out that it was not altogether attributable to inherent weakness within the individual, but showed failure on the part of a society which allowed such a condition to persist within itself.¹ In 1896 a psychological clinic for the study of mental deficiency had been established at the University of Pennsylvania under Professor Lightner Witmer. Dr. Alfred Binet, a French physician and psychologist working at the Sorbonne in Paris, developed a scale in 1904 for measuring individual differences in intelligence. Dynamic factors in individual behavior took on new significance for the psychiatrist, psychologist, penologist and educator. The child seemed the logical starting point. Application of this test was first directed to the subnormal or mentally deficient child. In the spring of 1908, Dr. Henry H. Goddard, director of the Training School at Vineland, New Jersey, made a visit to Europe in the interests of research. He brought back the Binet scale and translated it for adaptation to American children. Later Dr. Lewis M. Terman revised and made more

¹Bradford J. Murphey, M. D., The Child Guidance Clinic, (Colorado Springs, Colo., 1930) p. 3

usable this measuring instrument under the Stanford Scale.¹

Dr. William Healy, an American physician and psychologist long interested in juvenile court cases, made a tour of the United States in 1908, for the purpose of finding out what was being done in clinics and hospitals. Everywhere in the country he saw a need for study and treatment of incipient mental break-down cases among children and young people. Except for the psychological studies of mentally deficient children at Vineland, under Dr. Goddard, he found little in the way of psychiatric or psychological work with children.²

When Dr. Healy returned to Chicago he enlisted the support of Mrs. W. F. Dummer, a public-spirited and socially-minded philanthropist, and in 1909 the first child guidance clinic in America was started under Dr. Healy. It was called the Juvenile Psychopathic Institute (more recently known as the Institute for Juvenile Research, having been renamed in 1920). This step marked the culmination of ten years of juvenile court experience in which the need for more scientific methods of approach had been made evident to Dr. Healy. The cases dealt with were mainly children of abnormal mentality. Most referrals came from the Juvenile Court and a few from private social agencies or parents. Emphasis was placed on the need for a complete

¹Stanley P. Davies, Social Control of the Mentally Deficient, (New York: Thomas Y. Crowell Co., 1930), p. 48

²Murphey, op. cit., p. 3

social investigation as well as physical examination and mental tests. Until 1915 this was the only child guidance clinic in existence, serving as the training center and research laboratory for social reformers interested in children.¹

Judge Harvey H. Baker of Boston eagerly studied the procedures and results of the Chicago Clinic initiated by Dr. Healy and urged the establishment of one to serve the Boston Juvenile Court. Upon his death in 1915 his friends undertook to establish a foundation bearing his name and designed to carry out his recommendations. In 1917, Dr. Healy with his assistant, Dr. Augusta Bronner, was asked to direct this project. The same year Dr. Herman Adler, who had been with the Boston Psychopathic Hospital, took charge of the clinic in Chicago, now supported by the state of Illinois.²

In summing up the work of the mental hygiene pioneers through the first twenty years there seems to be a definite pattern of growth within the movement. Mr. Beers and his contemporaries came forward at a time of greatest need. Work of the most elementary nature was required since the field was a completely pioneer one. Little factual material was in existence so the National Committee was obliged to devote time and attention to the collection of data regarding the scope and nature of the problem as well as its most vulnerable

¹Ibid., p. 4

²Ibid., p. 5

points for attack. World War I brought forth new emphasis on psychotherapy as a treatment procedure in technical psychiatry. This was in contrast to the traditional program of classification and custodial care.¹ Work was resumed after the Armistice on a wider scale with changes in legislation, training programs for the feeble-minded (both in institutions and in the community), up-to-date methods of treatment, inauguration of "special classes" for retarded children in public schools, surveys for both private and public organizations, etc.

To meet the growing demand for psychiatrists, trained to handle the milder cases or non-institutional, "community" types of mental problems, the National Committee proposed to establish fellowships as far back as 1916, although it was 1924 before any of the Funds appropriated money to meet this need. The basic problem of shortage of trained personnel rested primarily with the various medical schools. To attack the problem at its source it was necessary to stimulate more interest in psychiatry and mental hygiene among medical students.² Likewise, psychiatric social workers and psychologists, to complete the team of three, were greatly needed. The demand was met in part through Commonwealth Fund fellowships awarded at the discretion of the National Committee,

¹George K. Pratt, "Mental Hygiene", Social Work Year Book, (New York: Russell Sage Foundation, 1930), p. 265

²Ibid

and by the introduction of additional training courses in schools of social work and universities. In the social work area there seemed to be an early awareness of needs to be met in the way of social therapy and new skills to be acquired for child guidance clinic work. Similarly there was a wide demand for psychologists trained to collaborate in the diagnosis and treatment as well as to contribute to a well-rounded study of the child. Psychometric testing had become popular after its extensive use in World War I but additional training centers had to be set up in university departments to qualify personnel for clinic needs.¹

By the end of the second decade great strides had been taken. The popularity of the whole movement had grown faster among the lay group than had been anticipated. Gradually a professional group was assembled, large enough and well enough qualified to meet, in part at least, the community demands.

In the following chapters an attempt will be made to show how the Louisville Mental Hygiene Clinic's history and development paralleled the national picture. Beginning as it did under the public school system as one "special class" for delinquent boys, it gradually broadened out into a community clinic and social agency and eventually affiliated with the University of Louisville Medical School, thus going back to the source for teaching psychiatry and mental hygiene.

¹Ibid

CHAPTER II

THE PSYCHOLOGICAL LABORATORY, 1911-19

CHAPTER II

The beginning of the present Mental Hygiene Clinic in Louisville dates back to 1911 when the Board of Education established a "Special School" for boys who had difficulty in making satisfactory progress in the ordinary classroom. On March 20, 1911, the Special School was opened with thirteen pupils in attendance. Until this time the boys, both normal and abnormal, had been handled in masses and those who needed special and individual attention seldom received it. The class increased to eighty-seven by July 1st, 1912. With very poor equipment effort was made to hold these boys, not by physical force but by making a study of each child and correcting as far as possible any abnormal condition.¹

All grades were represented (from the first to the eighth inclusive) and the teachers were faced with the problem of how to follow the regular course of study, yet in many cases meet the need for individual work. During the first eighteen months of this innovation under the public school system a great deal was accomplished. It was their first organized attempt to meet the needs of the delinquent child. The authorities were convinced that the presence of the retarded

¹Annual Reports of the Board of Education of Louisville, Kentucky, (January 1, 1911-July 1, 1912) First Report-pp. 93-94

or problem child in the regular class was detrimental to his own best good as well as to the progress of other children. They stressed the need for smaller classes where these pupils could be grouped together and handled by an expert. The success of the work depended upon studying each child and meeting his particular needs.¹

The work continued along the same vein for the next two years. There was still a great deal to be done before the Louisville public schools would be on a plane with the best and most progressive school systems in the country. More focus was needed on a second group, the accelerated or gifted children, who constituted as much a problem as the defective or retarded pupils. The best practice then current in American public school education stressed the value of special instruction wherever possible.²

The project reflected the thinking and insight of the members of the Board of Education. Until a confidential relationship was established between pupil and teacher they felt that the cause of his trouble in fitting into the school life could not be detected. While retardation and delinquency caused by such "physical irritants" as adenoids, bad teeth, enlarged tonsils, partial deafness, and defective vision were receiving consideration, yet there remained the more subtle

¹Ibid., p. 96

²Ibid. (July 1, 1913--June 30, 1914) Third Report-p. 38

and deep-rooted psychological difficulties to be met.

A "Special School for Colored Boys" was set up in February, 1913, thus expanding the work to include this group. The system was now considered to have passed the experimental stage and was accepted as a worthwhile project in the educational system. The Juvenile Court sent several boys to the school and in some instances the pupil made a splendid record. Since the establishment of the school it had not become necessary to have any boy sent to the School of Reform (Greendale) on account of bad conduct.¹ New emphasis next was put on social setting so that home training and environment might be changed for the better wherever possible. The Associated Charities of Louisville co-operated in these efforts and even supplied clothing to children when needed.

The next stage in the development of these special areas of education came with the "Atypical School". The word "Atypical" was first used in 1903 by Dr. Maximilian P. E. Grozmann in his work in Plainfield, New Jersey. He thus designated those children who, from hereditary, congenital and environmental causes, deviate from the average human type and who need special training in the largest sense of the word. He believed that through neglect those children might lose their normal characteristics entirely and be lost in the multitude of mental and moral defectives that filled the

¹Ibid.--P. 66

criminal courts and constituted a menace to society.¹

The Atypical School of Louisville opened its doors in December, 1913, to admit seven children from the Cathedral House Special School, and this group was to form the nucleus for another new department of the educational system. The class was divided into three groups corresponding to grades one and three and kindergarten. The "3-R's" were taught mornings and afternoons were devoted to manual training, basket weaving, sewing, and domestic science.

The pedagogical aim of the school, namely to make a child as self-supporting under supervision as possible, was accomplished first by studying him in regard to his disposition, his ability, and above all in regard to his chief interests. After a thorough study of the child it was thought best to proceed with his education along three distinct lines: first, to make him more poised by gymnastics and other physical education, in order to utilize his instinctive play activities to advantage; second, to correct any speech difficulties by aid of phonics and stimulation of games; and third, to raise his ethical standards by letting him suffer the consequences of his own errors as well as by teaching him self-control. It was with this group that the first psychometric testing under the school system was attempted, forty-two Binet tests being given the first year.

For the most part discipline was on a co-operative basis

¹Ibid. pp. 73-77

between school and home. Over fifty home visits were made to enlist the help of parents and guardians. Two Mothers' Meetings and two Mothers' Visiting Days were held; at the latter some of the children's work was on exhibition and the pupils served the refreshments.

This class was the direct forerunner of the Psychological Laboratory set up in September, 1914, under the direction of Miss Henrietta Race. With the expanding interest in psychological testing throughout the country, the Board of Education saw the need for an expert who could introduce this development into the city schools.¹ The primary objective of the new laboratory was to classify and group the unusual children found in school--both the retarded and the accelerated--in order that they might be properly placed in school grades and advanced according to ability. Not only was it necessary for the retarded and defective child to be given special attention but it was equally essential to see that the capable or superior child be given an opportunity to use his mental powers. For three years some pupils, while still in the departmental schools had been allowed as an experiment to take one or more high school subjects in order that they might enter one of the high schools with from a quarter to three quarters of a term's advance credit. Thereafter they made more rapid progress and were graduated with a saving of at least a half year.

¹Ibid. p. 42

In setting up the work Miss Race followed this program of examination with each child: (1) physical, to ascertain his power to do work and to find out if there were any bodily ailments that might interfere with intellectual development; (2) pedagogical, to determine his school achievement; (3) intellectual, to discover his standing in mental traits, powers and tendencies; (4) sociological, looking into the condition of the part of the city in which he resided, his home, amusements, etc.; (5) hereditary and developmental, to find out what might be the controlling elements of his original nature. Tests worked out by Thorndike, Woodworth, Whipple, Binet, Healy, De Sanctis, Wallin, and other leaders in the field were used by the psychological staff and examinations were given at the Administration Building.¹ In her first report Miss Race described two main lines of endeavor. The first was the clinic. The work in that department consisted of the examination of children who were problems in the school--those who were not meeting the requirements of the regular class-room and those who were accelerated or gifted. The purpose of the examination was to determine the child's general mental caliber and his special gifts or defects, and to place him accordingly under such care as the city schools afforded in the atypical, retarded, or

¹Ibid. p. 43

accelerated classes. The second department in the Laboratory was the study of class room achievement in the different grades of the elementary school. This was done by the use of scales and tests. The first year, (1914-1915), Miss Race used such measurements as the Thorndike reading and writing scales, the Buckingham and the Ayres spelling scales, and the Curtis arithmetic tests. These were all accepted tests which had the sanction of the best authorities in the field and had been used in the most careful and extended practice throughout the United States.¹

Approximately one thousand children in three schools--the Normal, the Cochran, and the Morris--were examined. The results obtained were compared with the work of other cities as far as it was possible to do so. Since Louisville was among the first to use the Thorndike Reading Scale no comparison of the work in reading could be made at that time. However, Dr. Thorndike, while on a visit to Louisville, expressed the opinion that the Louisville schools stood high in comparison with reports then available at Teachers College from other sections of the country.² In the spelling tests the work ranked about even with the standard set by the Ayres scale but somewhat behind in comparison with the Buckingham standard. In arithmetic testing the comparison was made with

¹Ibid., (July 1, 1914 - June 30, 1915) Fourth Report-
pp. 40-41

²Ibid.

other communities such as Boston, Detroit, Kansas City, and some districts in Indiana.

In 1916 Miss Race conducted a series of tests in order to measure the efficiency of instruction in Louisville and to compare the work done here with the work done in other cities. This department of the Psychological Laboratory in which class-room accomplishment was studied was now called the Bureau of Statistical Research. The thirteen schools examined at the request of principals and teachers were located in different parts of the city. They represented such diverse classes and conditions, socially and economically, that the work was considered fairly representative of Louisville. Four thousand, three hundred and thirty-two children were examined. The tests and scales used were all standard. From the study it was discovered that Louisville stood well in such areas as silent reading and interpretation, spelling, and writing, while the work in arithmetic was not so high. The most significant problem according to the tests was that of classification.¹ There was need for more special classes in the city for such groups as defectives, industrial classes for children who inclined toward hand-work but were not gifted in manipulating ideas, and other classes for unusually gifted children.

Heretofore most of the emphasis had been put on the sub-normal group. About this time Miss Race became more and more

¹Ibid. (July 1, 1915 - June 30, 1916) Fifth Report—
pp. 67-89

interested in the accelerated or gifted group. The work of the Psychological Laboratory continued to grow and expand, with more focus coming to be placed on the gifted child. The Director experimented at every opportunity and the results were noteworthy.

She believed that the gifted child was the most interesting and most worthwhile responsibility.

If the retarded child in a democracy deserves to have his one ability trained, the gifted child merits the best realization of his ten talents. He has unusual powers, but even the most sanguine of the admirers of genius would hesitate to say that he is incapable of forming bad habits or letting much of his talent fall by the wayside. This, the most precious of our products, should have the best care we are able to give, not only for the sake of the individual and his rights, but also for the sake of his contribution to the achievements of the State. He should not only have individual but social training that he may find the purpose for the devotion of his talents in the uplift of society.¹

Louisville was beginning then to organize its gifted children in Opportunity Classes. In the first six months of 1916, forty-six children in the fourth grade were examined for the purpose of discovering gifted children. Seventeen were found with intelligence quotients ranging from 120 to 138. In October of that year a class for children of superior intelligence was organized under the administration of the city schools.

Miss Race drew a number of conclusions in summarizing

¹Ibid.---p. 89

the work done during the following year with this group.¹ She believed that the results of mental and educational tests showed that these children could do various kinds of mental activity almost equally well and two or three years in advance of their ages. The physical measurements of the children (in comparison with the normal or average child) showed the weight in this group to be 1.6 pounds above the normal average and the height to be one inch above the normal average. In school work from February until June the Opportunity Class accomplished the work prescribed for one year by the Louisville Course of Study. The children also learned to use in conversation four hundred German words and composed the words and music to an operetta.

From the results of the different tests and the experiences of the year Miss Race listed eight conclusions: (1) that gifted children were able to accomplish with ease the ordinary two years school work in one year; (2) that they were apt to be unusually able in various fields of human learning; (3) that they were especially capable of handling ideas and that their thinking was marked with quickness and directness; (4) that children of unusual ability seemed to be superior to the average child in physical characteristics; (5) that gifted children in common with those of less mental

¹Henrietta V. Race, "A Study of a Class of Children of Superior Intelligence", Journal of Educational Psychology, (Baltimore: Warwick and York, Inc. 1918) Vol. IX, pp. 91-98

caliber could and did form injurious habits thereby crippling their ability (this was especially shown in the studies in social attitude); (6) that they were highly social in the scientific sense of the term, tending to have good dispositions and to lend themselves generously to the needs of the group; (7) that their manner of living and learning should be carefully held to normal and they should not work with abstract material primarily but with the concrete in nature and social heritage in the problematic situations of the individual and the class; and (8) in order that they might contribute most acceptably the gifted children should have special opportunities to work in co-operation with the social group.¹

Miss Race believed that her study justified the continuance of Opportunity Classes. She argued that if well-taught this group was the best Louisville could invest in and that they would bring city and state a hundred-fold in return for time and talent expended. On the other hand if they were not well-taught the loss was even greater, since they would be the most retarded group, by virtue of their inherent ability, of any children in the schools.

In the succeeding years of this decade, 1910 to 1920, changes and additions went on under the public school system which had far-reaching results. The Psychological Laboratory

¹Annual Report, op. cit. (July 1, 1916.- June 30, 1917) Sixth Report--pp. 34-44

kept pace with the growing interest in child guidance and mental health. There was greater co-operation between administration, assistant superintendents, principals and teachers.¹ Branching out into allied fields for assistance with their problems, the Board of Education came to see the community as a whole becoming involved. For example, at the request of the Superintendent of Schools a special physician and nurse were appointed by the Board of Health of the city and by the District Nurses Association to make a physical survey of the retarded classes, while a mental examination was being conducted by the Psychological Laboratory staff. As a result of this work it was planned to restore to normal classes those pupils who were suffering from remediable physical defects, as well as to look for a general physical betterment of all children of these retarded groups.²

One of the earliest references to the importance of environment in the whole matter of juvenile delinquency came in 1919.³ All the boys of the Special School were examined for mentality during February and March, the Stanford Revision of the Binet-Simon scale being used. Of the seventy boys in the class 45.7 per cent were of average intelligence and above, while 54.3 per cent were below

¹ Ibid. -- (July 1, 1917 -- June 30, 1918) Seventh Report
--p. 54

² Ibid. -- (July 1, 1918 -- June 30, 1919) Eighth Report
--p. 49

³ Ibid. -- pp. 47-48

average intelligence. The statistics showed the importance of the delinquent problem. Defective intelligence alone was not the answer. Either the school failed them in not meeting their needs or their home environment was at fault. Miss Race's report urged the further pursuit of the problem.

The next stage in the history of mental hygiene in Louisville began with the new field of endeavor into which the Board of Education branched out. As early as 1917 their members had recognized the need for closer co-operation with the social agencies of the city.¹ The Attendance Department, for example, believed that remedial work to correct the causes of non-attendance might be accomplished by referring such cases to various agencies. Poverty was reported to the Associated Charities and to the Federation of Jewish Charities; extreme cases of school delinquency and truancy were filed in Juvenile Court.

In the fall of 1918 the Board of Trade Community Council, Federation of Social Agencies (which became the Welfare League in January, 1919), and other social service organizations of Louisville requested that a survey be made of the post-war problems facing the community. Under the title "Child Welfare Work in Louisville", a research project was conducted by W. H. Slingerland, Ph.D., Special Agent with the Department of Child-helping, Russell Sage Foundation.

¹Ibid.--Seventh Report--p. 155

A report of the findings was published in April, 1919.¹ In his introduction, Dr. Slingerland describes the post-war planning of Louisville and the state of transition of her social agencies. The city was facing large problems such as the union of some agencies with similar organizations, the addition of needed units of service to others, and the need for more general co-operation.

For the purposes of interpretation the term child welfare work as used in Dr. Slingerland's study was limited to two aspects: (1) remedial efforts in behalf of children who were destitute, neglected, delinquent, or abnormal in mind or body, and the care and training of those deprived of natural relationships and support; and (2) preventive measures to protect normal children, and to save them from entering the dependent, delinquent, or defective classes.

In Dr. Slingerland's expert opinion there were three related parts or phases in a proper case study of a child, particularly when admission to an institution was proposed or with one who became a subject for action by a Juvenile Court. The first was the social study of the child, his family, and his previous environment. He pointed out that this should be made by someone reasonably well-trained and experienced in such matters. The second part was a physical examination of the child by a competent physician which

¹W. H. Slingerland, Ph.D., Child Welfare Work in Louisville, (New York: Russell Sage Foundation, 1919) pp. 3-111

should be recorded on proper blanks and as completely as possible. (In the case of placement in an institution, Dr. Slingerland noted, serious epidemics might be avoided by prompt examinations.) The last part was the mental and dispositional examination of the child by a psychologist. He laid particular stress on this phase as one becoming increasingly necessary every year. Social workers were more and more able to get real help with problem children through the use of such measures as psychometric tests and the growing recognition of moral and emotional abnormalities in children. Dr. Slingerland complimented the city of Louisville for being in the advance guard when he observed that some cities in this country had so fully recognized the need as to establish psychological laboratories in connection with the public schools, and to employ psychologists for the examination and grading of all public school pupils.¹ Miss Race, he said, in Louisville was doing an excellent job in giving service to the city schools.

Conversations with public school officials, institution officers, and professors at the University of Louisville led Dr. Slingerland to observe that a general co-operative movement was needed to obtain a satisfactory arrangement for further psychological work with children. The University gave favorable consideration to the suggestion that its psychological department be enlarged and strengthened, so as

¹Ibid., p. 109

to provide clinic service along the line of mental tests and examinations. Both the Superintendent of Schools¹ and Miss Race were very receptive to a plan to enlarge the public school Psychological facilities, together with the employing of at least one additional psychologist, and the furnishing of central psychological service to all of the child-caring institutions of the city, including the Juvenile Court.

Following Dr. Slingerland's recommendations, the Welfare League² took steps to enlarge the work of the Psychological Laboratory to include all the social agencies so that collaboration might result in mutual benefits. Mr. Elwood Street, Director, acting at the request of the Board of Presidents, formally requested the Board of Education to extend its psychological work so as to make the service available to the social agencies of the city.³ This was in April, 1919. Twenty-five hundred dollars a year for two years for this purpose was appropriated by the League. At the end of that time they hoped the new project would have demonstrated its value sufficiently to be entirely supported by public funds. This arrangement seems to have been mutually agreeable to both parties.

For some time leaders in the public school system had been socially-minded in their outlook. For example,

¹Mr. O. L. Reid

²An affiliation of social agencies acting through a central office to serve Louisville.

³The Community, (Louisville, Kentucky: Louisville Federation of Social Agencies) pp. 8-10, September, 1919

Mr. O. L. Reid, the Superintendent of Schools, was an active member of the original Board of Presidents of the Welfare League. At their annual meeting in February, 1919, it was he who gave the paper on "The Modern Spirit in Social Service".¹ The Annual Report number of "The Community", the official publication of the League, appeared in April, 1919, and carried an editorial² by Mr. Reid on the accomplishments of the year and what they meant to the Community. On the other hand the social work leaders of the city had seen what possibilities lay in the service offered by the Psychological Laboratory in helping toward solution of social problems; involved was the matter of institutional surveys as well as individual mental examinations of clients referred.³ The merging of the two bodies can be considered as the actual beginning of the present Mental Hygiene Clinic.

In summarizing the developments of the ten year period, 1910-1920, psychological interests seem to have predominated and influenced all thinking. Greater responsibility was felt on the part of the public schools with new interest coming to be placed on the individual. Mental Hygiene advanced in Louisville about as fast as it did in other communities and seems to have kept pace with national movements.

¹Ibid., Feb. 1919--p. 2

²Ibid., April, 1919--p. 4

³Ibid., May, 1920--p. 49

While the National Committee for Mental Hygiene and the first child guidance clinics were getting under way on the national scene, with their interest in the causes of maladjustment and delinquency, the local school authorities were organizing facilities to segregate and study their problem children.

Studying and attempting to interpret behavior led to the conviction that the individual had to be understood before he could be controlled or helped. With the working out of the Binet scale for measuring intelligence came the tool for studying the factor of individual intellect and how it in turn affected behavior. Feeble-mindedness drew the first attention as an obvious social problem but was soon found to be only one aspect. The lack of intellectual ability came to be seen as only one facet of anti-social behavior as more emphasis was put on other background history, as well as on other types of cases.

Laboratory psychology with its emphasis on tests and classifications was a good spring-board or beginning. But it was only a beginning. It was necessary to have a more comprehensive understanding before treatment could follow diagnosis. Psychiatry was to mold this new viewpoint in the next decade into a new understanding of personality. With the establishment of the enlarged Psychological Laboratory the way was opened to extend the scope of the work further than the early leaders dreamed. The strides

made in the next decade proved that mental hygiene work in Louisville was now an established fact.

Following the focus on the child who was a behavior problem--either because of being retarded or accelerated--the psychological laboratory stressed classification. Branching out into the community led to a recognition of the need for closer co-operation with social agencies. The city seems to have gone along about as fast as it was ready for mental hygiene to take hold and this may be one reason why the early efforts were far reaching and why the foundation laid in those first years has carried over to today.

Beginning as it did in so many other communities, under the public school system, mental hygiene work in Louisville seems to have followed a pattern or series of definite steps. The second great advance came after 1920 when the social agencies were made aware of its implications for their clients.

CHAPTER III

THE PSYCHOLOGICAL CLINIC, 1919-23

CHAPTER III

The Russell Sage Foundation Survey in Louisville having been completed, the plans for employing an additional psychologist and the widening of the scope of work to include central psychological service got under way in 1919. In July Mr. Frank S. Fearing joined the staff of the Psychological Laboratory at the Board of Education. His work was to examine persons referred by the social agencies of the city and to make examinations and surveys of institutions when requested.

Mr. Fearing came to Louisville directly from the Psychological Service of the Psychiatric Division of the Medical Department of the United States Navy, at the Naval Training Station, Hampton Roads, Virginia. There he had had charge of the psychological examinations of recruits and the routine examination of all cases referred to the Division and also acted as Chief Psychologist to the Norfolk Mental Hygiene Clinic, a free clinic for the examination of mental cases referred by nurses, social workers, court officials, and others,--much like the new plan in Louisville.

Miss Race continued as director of the laboratory. Also now associated with the work were two psychiatrists, Dr. W. E. Gardner, who had been Superintendent of Central

State Hospital at Lakeland¹ until 1906 and was now a practicing psychiatrist in Louisville, and Dr. H. B. Scott, head of the Beechhurst Sanatorium,² both of whom volunteered their services and acted as consultants³ to make examinations of any cases referred to them.

In December, 1919, when the new project had been operating for about seven months the first report appeared.⁴ The work done had included a survey of the mentality of children in the Industrial School of Reform;⁵ a survey of Louisville children in the State Institution for the feeble-minded at Frankfort; examination of the mental ages of all women detained for venereal infection at the county jail; as well as 361 individual examinations of cases referred by seventeen social agencies including Juvenile Court.

The individuals who were examined during these first few months were classified according to information gathered from ten fields of inquiry, as outlined by Dr. Walter E. Fernald's book "Standard Fields of Inquiry for Clinic Studies of

¹State hospital for mental cases.

²Private sanatorium for mentally ill.

³The Community, op. cit., September, 1919, p. 11

⁴Report of Psychological Laboratory (from July 1, 1919, to December 31, 1919.) (Submitted by Frank S. Fearing and Henrietta V. Race)

⁵Now Ormsby Village, part of the Louisville and Jefferson County Children's Home

Borderline Defectives".¹ The fields of inquiry included: (1) Physical, (2) Psychopathic History, (3) Psychological Test, (4) Personal and Developmental History, (5) Heredity, (6) Practical Knowledge, (7) Social History, (8) Economic History, (9) Moral Reaction, and (10) Education. At that time the psychological test was considered the most important part of the examination, but only a part, and at times might be outweighed by factors in the physical or developmental histories. Classification was made under these headings: Feeble-Minded, Normal, Superior, Psychotic (Epilepsy, etc.), Retarded, Undetermined.

Definite conclusions were drawn as a result of this early work.² One of the chief difficulties was disposition of the feeble-minded group,³ both in regard to the machinery of commitment and the actual lack of facilities. Another problem was that of greater co-operation in Juvenile Court cases. It was felt that mental testing should be a routine part of every Juvenile Court case. The examiners also thought the work of the laboratory should be enlarged to

¹The author was one of the original founders of the Mental Hygiene Movement and former Superintendent of the Massachusetts Training School for the Feeble-Minded, the first state institution for the feeble-minded to be established in this country.

²Pauline B. Hitchcock, The Louisville Psychological Clinic, 1920-1930, (Unpublished paper for Social Research Seminar, University of Louisville, 1930) p. 6-7

³Henrietta V. Race, "The Feeble-Minded in Louisville", The Community, May, 1920, p. 48

include serving the various child-placing institutions in the community more effectively.

A more detailed understanding of the work of the laboratory was put in writing by the Welfare League that same month. There were to be regular clinic days, according to the agreement, for the examination of cases referred by social agencies. The rest of Mr. Fearing's time was to be devoted to making surveys of institutions.¹ Miss Race would continue on with her work, the examination of school children, but would contribute her services to the newer aspect of the program as time permitted. At the same time it was agreed that the recently formed Mental Hygiene Committee² would supervise that part of the work of the laboratory which dealt with agency problems. This committee held monthly meetings to discuss the progress being made in the new venture in mental hygiene.

As might be expected in the first report most emphasis was on the social work side of the picture. The work with school children which had been going on steadily since 1914 under the Board of Education sponsorship was not even reported that first year.³ This may have been due to two reasons.

¹Hitchcock, op. cit., p. 6

²An informal committee started by Miss Race in July, 1919, which later developed into a sub-division of the Community Council (part of the Welfare League).

³No annual report to Board of Education from Psychological Clinic for year ending June, 1920.

About that time there was a change in School Superintendents; Mr. Zenos E. Scott succeeded Mr. O. L. Reid; and also there were crowded classes and a scarcity of teachers. In addition Miss Race left the city.

In July, 1920, the increased demand for the services of the Psychological Clinic¹ by the social agencies of the city made it advisable to move the office of the clinic from the Board of Education Building to the Social Service Building at 215 E. Walnut Street. A re-organization of the clinic was effected at that time, with Mr. Frank Fearing becoming Director and Drs. Gardner and Scott continuing as consultants. This new plan, designed to facilitate the work for the social agencies, was agreed upon by the Welfare League, Board of Education and Mental Hygiene Committee alike. The suggestion of the Welfare League to the Superintendent of Schools (made earlier in the spring) advocating a separation was accepted.² (The "Department of Education" was to comprise one division and the "Department of Social Service" the other, the latter no longer a public school system project but now taken over entirely by the Welfare League.) This constituted the third step in the development of the present Mental Hygiene Clinic.

In addition to supervising the activities of the

¹ Hereafter the term "Clinic" is used instead of "Laboratory" in all reports, etc., following the re-organization in July, 1920.

² Hitchcock, op. cit., pp. 7-8

Psychological Clinic, the Mental Hygiene Committee¹ was interested in all types of activities that had to do with state provision of care for the feeble-minded and insane and also all social problems in which feeble-mindedness and insanity were factors. In 1920 they concentrated on four particular problems. These included (1) immediate provision for the care of the feeble-minded in Louisville until such time as the State Institution at Frankfort would be able to make adequate provision for all of the state's feeble-minded, (2) the establishment of an adequate Medical-Psychological clinic in connection with the Juvenile Court for the examination of all cases appearing before that court, (3) the establishment of classes in the public schools for feeble-minded and mentally retarded children, and (4) obtaining an appropriation from the Fiscal Court to reimburse in part the

¹The first chairman was Mr. E. S. Tachau who was succeeded by Dr. Gardner in June, 1920. Mr. Fearing was secretary of the group. The other Committee members who composed this pioneer group included such community representatives as Mrs. Emma B. Hegan, Chief Probation Officer at Juvenile Court; Mr. Raymond A. Hoyer, Executive Secretary of the Community Council; Miss Annabel Kahn, U. S. Interdepartmental Social Hygiene Board; Miss Sophie Nelson, Superintendent of the Public Health Nursing Association; Mr. Homer E. Wickenden, Superintendent of Associated Charities; Mr. George L. Schon, Superintendent of the Kentucky Children's Home; Miss Ethel Lovell, Principal of the Vocational School; Mr. Bryan W. Hartley, Assistant Superintendent of the Board of Education; Mrs. Charles Semple, President of the Woman's Club; Dr. Henry E. Tuley, Superintendent of the City Hospital; Mr. Elwood Street, Executive Secretary of the Welfare League; as well as Mrs. John L. Woodbury, Mrs. Helm Bruce, Mrs. Churchill Humphrey, Miss Elmira Beers, Dr. Philip Barbour, Mr. Charles Tachau, Mrs. John C. Graham, Mrs. Ellis Duncan, Miss Marian Gaines, Dr. Curran Pope, Mr. David Liggett, Mr. Walter Hughes, and the aforementioned group of workers, Dr. Gardner, Dr. Scott, Mr. Fearing, and, prior to their departure from the city, Miss Race and Superintendent Reid.

Psychological Clinic for the service it rendered in the examination of Juvenile Court cases.¹

The Clinic now operated in three distinct areas. The first, the giving of individual tests on all suspected mental defect cases, was done in conjunction with giving advice relative to the individual's capacities and his ability to adjust to the environment. In the larger problem of Mental Hygiene, or the living of a healthy mental life, the individual was given instruction and advice which fell within the province of the Clinic. Many "normal" clients were referred for this type of help. The Clinic conducted surveys of institutions and other agencies by means of group psychological tests, as its second function. The tests used in these group surveys were modeled after those used by Army psychologists in weeding out the mentally incompetent from among recruits during World War I. By this means a large group were examined at one time and rapidly classified according to their intelligence. The third area where the Clinic served was as a clearing house for all information relative to commitment of persons to the institutions for the insane and feeble-minded, and also in giving information regarding public and private institutions for the mentally diseased and defective in Kentucky and other states.²

¹Report of the Director of the Psychological Clinic For the Period From January 1st, 1920, to December 31st, 1920, (Louisville: Psychological Clinic, 1920) p. 2

²Ibid., p. 3.

All correspondence regarding patients at Central State Hospital for the Insane at Lakeland and the State Institution for the Feeble-Minded at Frankfort, who were formerly clients of Louisville social agencies, was centralized through the Psychological Clinic. In addition, the clinic endeavored to cooperate in every way possible with these two institutions. It was available for securing psychiatric social histories on all cases committed to the institutions and already known to local social agencies. These histories included information regarding the patient, his family, home conditions, etc.

The Director of the Clinic during this first year of activity conducted two lecture courses at the University of Louisville,--one in the School of Public Health and the other in the School for Social Work.¹

It is interesting to note the social agencies that availed themselves of the Clinic's services during 1920. Seven hundred and sixty-five cases were referred for individual examinations by thirty agencies. (See Table 1, page 46) Of the 240 cases referred for examination by "Schools", 163 cases were previously examined by the school psychologist. Most of them were children of superior intelligence who were candidates for the so-called Opportunity Classes.

¹While the School for Social Work was not established until January, 1923, (with a definite curriculum leading to the certificate in social service) under the College of Arts and Sciences it had earlier in the 1920's begun to respond to the wider and more practical needs of the city by entering into co-operative educational arrangements with various civic organizations.

TABLE 1

Sources of Referral According to Classification of Cases
Tested by the Louisville Psychological Clinic
During the Year 1920¹

| Agency Referring Case | Total | Feeble-Minded | Retarded | Normal | Above Average | Psycho-Pathic | Undetermined |
|----------------------------|------------|---------------|------------|------------|---------------|---------------|--------------|
| Total | 748 | 184 | 238 | 158 | 92 | 56 | 20 |
| American Red Cross | 16 | 9 | 1 | 3 | 0 | 2 | 1 |
| Assoc. Charities | 92 | 28 | 10 | 22 | 0 | 27 | 5 |
| School Attend. Dept. | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Central State Hosp. | 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| Children's Free Hosp. | 3 | 1 | 1 | 1 | 0 | 0 | 0 |
| L'v. City Hospital | 17 | 12 | 2 | 0 | 0 | 3 | 0 |
| Children's Prot. Assoc. | 18 | 9 | 3 | 5 | 0 | 0 | 1 |
| Good Shepherd Orphanage | 3 | 0 | 3 | 0 | 0 | 0 | 0 |
| Home for Aged & Infirm | 3 | 3 | 0 | 0 | 0 | 0 | 0 |
| Home for Incurables | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Home of the Innocents | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Jewish Welfare Feder. | 27 | 10 | 7 | 5 | 0 | 4 | 1 |
| Juvenile Court | 87 | 28 | 28 | 23 | 1 | 5 | 2 |
| Ky. Children's Home | 35 | 12 | 9 | 8 | 0 | 5 | 1 |
| Methodist Orph. Home | 5 | 2 | 1 | 2 | 0 | 0 | 0 |
| Neighborhood House | 4 | 2 | 0 | 2 | 0 | 0 | 0 |
| Linda Neville | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Parental Home | 38 | 12 | 17 | 8 | 0 | 1 | 0 |
| Permit Dept. | 3 | 2 | 0 | 0 | 1 | 0 | 0 |
| Protestant Orphanage | 10 | 0 | 5 | 2 | 3 | 0 | 0 |
| Public Health Nurs. Assoc. | 95 | 1 | 93 | 0 | 0 | 1 | 0 |
| Parole Off. (Greendale) | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| St. Joseph's Church | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| Salvation Army | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Schools | 240 | 25 | 51 | 73 | 87 | 2 | 2 |
| Speech Clinic | 4 | 3 | 1 | 0 | 0 | 0 | 0 |
| Susan Speed Davis Home | 5 | 3 | 0 | 0 | 0 | 1 | 1 |
| Tbc. Hospital | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| U. S. Soc. Hyg. Board | 33 | 15 | 5 | 3 | 0 | 5 | 5 |

1

Table copied from Report of the Director, op. cit., p. 4 (table includes 29 of the 30 referring agencies and totals 748 cases).

There were also five surveys or group examinations done in 1920.¹

At the close of the first calendar year of functioning as a separate community agency the Clinic had greatly enlarged its field of activity.² As director, Mr. Fearing reported to the Mental Hygiene Committee and the Welfare League that the Clinic was now able to function in many special problem areas such as chronic dependency, unemployment, juvenile delinquency, etc. All newly committed cases in orphanages were also being examined routinely to determine mental status before they were placed by the orphanage.

The biggest problem from the mental hygiene point of view was the disposition of the feeble-minded. The institutional facilities for their care were inadequate and the majority of cases in the community were without any supervision. The clinic discovered some 430 cases during that first year who were in this predicament. In the orphanages where such children were considered unplaceable and were taking the space which might be given to normal children, the situation was especially pressing.³

In setting up plans for the next year's work, seven

¹ Parental Home School; Louisville Baptist Orphanage; Louisville Industrial Home; Pauper-Idiot pension recipients in Jefferson County; 100 public school children in retarded classes.

² Report of Director, op. cit., p. 7

³ Ibid., p. 7

points were listed to be covered. These included: (1) furthering the propaganda for adequate care of the feeble-minded; (2) closer co-operation with the state institutions for the care of the feeble-minded and insane; (3) making mental surveys in orphanages and other institutions to determine the number and location of Louisville's feeble-minded group; (4) registration of all the feeble-minded in Louisville; (5) formation of a Clearing House for all types of case; (6) the establishment of complete psychological and medical examinations of all cases in Juvenile Court; and (7) establishment of a Mental Hygiene Society in Louisville.¹

In its second year the Clinic program was somewhat interrupted by a number of changes in personnel. Mr. Fearing informed the Mental Hygiene Committee in May, 1921, that he was leaving to accept a position as Psychologist on the staff of the National Committee for Mental Hygiene.² During May and June there was a part-time worker, Miss Theresa Keidel, as Acting Director of the Clinic; the agency was closed during July and August.

But in other respects the work continued to move forward. At a meeting of the Mental Hygiene Committee held May 31, 1921, the motion was adopted that a committee be appointed to secure the co-operation of the various social agencies, the Board of Education, state and city health officers, and the courts in

¹Ibid., p. 8

²He was given an eight months' leave of absence to work with the National Committee in a survey they were then conducting in Cincinnati.

making a request to the National Committee for Mental Hygiene for a survey of conditions in Louisville.¹ On September 14, 1921, the final meeting of the Mental Hygiene Committee was held.² This group disbanded in order to incorporate as the Louisville Society for Mental Hygiene. The constitution adopted with a few minor changes had been approved by the National Committee.

It was moved that the membership of the previously existing Mental Hygiene Committee be elected and asked to serve as Directors of the Louisville Society for Mental Hygiene.³ In addition the following were also elected Directors: Mr. Walter Hughes, Dr. John J. Moren, Dr. C. Thompson, and Dr. Thomas H. Hale. The following were nominated and unanimously elected as officers of the newly formed society:

Dr. W. E. Gardner, President
 Dr. Philip Barbour, Vice President
 Dr. James Bruce, Second Vice President
 Mrs. Emma Hegan, Third Vice President
 Dr. H. B. Scott, Treasurer
 Mr. Frank S. Fearing, Secretary⁴

¹The project was successfully undertaken and the survey was begun early in 1922.

²Community Council Minute Book, (Louisville: Council of Social Agencies), section entitled "Mental Hygiene Committee", September 14, 1921.

³Present at this important meeting were Dr. W. E. Gardner, acting as Chairman, Miss Melita Hogg, newly appointed Director of the Clinic, Dr. Philip Barbour, Dr. H. B. Scott, Miss Elmira Beers, Mrs. Emma Hegan, Dr. James Bruce, Mr. David Liggett, and Mr. Walter Hughes.

⁴On leave of absence.

The purposes of the Society as outlined were:

to work for the conservation of mental health; to help prevent nervous and mental disorders and mental defects; to secure and disseminate reliable information on these subjects, and also on mental factors involved in the problems related to industry, education, crime, prostitution, dependency, and the like; to aid in the solution of problems resulting from the war; to co-operate with federal, state and local agencies or officials and with public and private agencies whose work was in any way related to that of a society for mental hygiene.¹

The report of the Clinic for 1921 showed a drop from 1920 in such areas as agencies referring cases to the Clinic, diagnosis or classification of such cases, and total number of cases examined. However, Miss Melita Hogg² explained the decrease by the fact that the Clinic was open only part-time for two months and entirely closed for two more months. Furthermore, she was of the opinion that the Clinic was now firmly established, with a strong organization such as the new Society for Mental Hygiene to back its growth and progress in the community. She pointed out that the Society would work toward adequate care of the feeble-minded and insane and would give out information on the subject of mental hygiene and the handling of cases of mental disorder and mental defect, as well as continue to serve as a clearing house for information relative to cases committed to

¹Annual Report of the Welfare League and its Member Organizations, (Louisville: Community Chest, 1921) p. 34

²She submitted the Annual Report for 1921 as Acting Director, having come in September of that year

state institutions.¹

Nineteen-twenty-two was a year of great change and real progress for the clinic. In February the National Committee for Mental Hygiene undertook a survey of mental health conditions in Louisville.² Dr. Harley A. Haynes assisted by a psychologist, Dr. Frank J. O'Brien, made a careful study of 3,000 children in the public schools, 116 Juvenile Court cases, and 177 individuals in homes for dependent children. The National Committee's report of this survey stressed the need for the Psychological Clinic to enlarge its scope, as it was felt that in dealing with social problems it was of fundamental importance to discover the personality difficulties involved.³

Prior to this survey of Louisville there had been a state-wide study of mental health conditions in 1916. That year Governor Stanley, by direction of the General Assembly, had appointed a commission on provision for the feeble-minded. The National Committee for Mental Hygiene accepted the invitation of this commission to make a study of the conditions of care and training of feeble-minded persons in the state. Dr. Thomas H. Haines of New York conducted the survey and as

¹Report of the Director of the Psychological Clinic For the Year, January 1st, 1921, to December 31st, 1921, (Louisville: Psychological Clinic, 1921), p. 6

²As requested by the local Mental Hygiene Committee in May, 1921.

³Thomas H. Haines, M. D., Report of the Mental Hygiene Survey of Kentucky, (New York: National Committee for Mental Hygiene, 1923), pp. 11-12

a result the Pauper-Idiot act then in effect ceased to function for a time.¹

A second state-wide survey was planned in February, 1922, by Governor Morrow and the General Assembly and had as its object to determine the character of the needs of prisoners in the state's penal institutions and of the state's school children in order that "steps might be taken to reduce the number of criminals and mental defectives in the next generation". It was to be conducted by six experts of the National Committee, without expense to the state.²

Plans included³ first a visit to the penitentiary at Frankfort where a survey of all inmates would be made, then a visit to the School of Reform at Greendale to make a similar study, followed by the examination of the prisoners in fifteen selected jails in the state. The work would be concluded with an investigation of the school children in ten typical counties with the particular object of discovering

¹It had been found to serve as a direct deterrent to the proper training of mental defectives, since the possibility of receiving the state pension of \$75.00 encouraged keeping the mentally defective person as dependent as possible. However, the act is in effect again at the present time.

²Louisville Herald, August 22, 1922

³Members of the Advisory Committee, appointed by the Governor in August of that year, included: Chairman, J. M. Tinsley of Barbourville; George Colvin, State Superintendent of Public Instruction; E. S. Tachau and Joseph P. Byers, representing the State Board of Charities and Corrections; State Senators Newton Bright of Eminence, Charles Hubbard of Hodgenville, and W. C. Simmons of Covington; Dr. A. T. McCormack, State Health Officer; Mrs. D. Southerland, President of the Paris Health and Welfare League; Dr. W. L. Haynes, Detroit, Executive Director of the National Committee for Mental Hygiene; Mrs. Benjamin Bayless and Mrs. C. B. Semple, of Louisville, both representing the State Federation of Women's Clubs; and Dr. George P. Sprague of Lexington.

the causes of absenteeism and of failure to earn promotion.¹

As a result of this latter survey the National Committee made fifteen specific recommendations which were all of social significance. They included such points as setting up a commissioner of mental health (a psychiatrist) to unify the mental health needs of the state; statutory provision for voluntary admission of patients to hospitals for mental diseases and to training schools for mentally defective children; more adequate salaries for competent personnel; enlargement of physical set up of hospitals; supervision of all paroled patients by psychiatric social workers; establishment of mental hygiene clinics for public schools, as well as organized "special classes" within the school system, etc.²

At the same time the National Committee suggested that Louisville's Clinic be organized to give both psychological and psychiatric service to all agencies, this service to be broader than was then being given. A step had already been taken in that direction when the community leaders had invited Dr. Frank J. O'Brien to stay on and develop further the work of the clinic. They expressed confidence in his ability to follow-up the results of the Louisville survey in which he had assisted.³

With the coming of Dr. O'Brien a new program was outlined. He had been associated with the National Committee for two

¹Haines, op. cit., pp. 153-178

²Ibid., pp. 170-178

³The city-wide survey made in February, 1922.

years prior to coming to Louisville, and had been in charge of mental hygiene surveys in Wisconsin, West Virginia, and South Carolina. In connection with these surveys he examined many hundreds of individuals and directed studies in penitentiaries, reformatories for boys and girls, industrial schools, juvenile and adult courts, orphanages and almshouses, as well as making examinations of thousands of school children.

Dr. O'Brien was a graduate of Holy Cross College and received his M. A. and Ph. D. degrees from Clark University, where he also served as assistant director of the university psychological laboratory. He then spent a year and a half at Harvard Medical School, where he acted as supervisor of playground work during summer vacations. For four years he was connected with Boston Psychopathic Hospital and later took charge of the clinic of the Police Court at Somerville, Mass., for four years. For one year he was in charge of the mental work done at the Massachusetts Reformatory for Boys. In all he had had a wealth of varied experience to bring to Louisville.

The reorganized set-up of the Psychological Clinic did not begin to function until about the middle of November, 1922. In August, Miss Hogg had resigned the Directorship of the clinic and for the next six weeks or until October first activities were suspended. Dr. O'Brien came the first of October and soon after Mr. John Patterson Currie was added to the staff as Psychologist and there was now a

full-time secretary.¹ During the remainder of the year Dr. O'Brien gave fifteen talks and lectures on the subject of mental hygiene before various organizations and educational groups, as well as writing two newspaper articles and giving one radio talk.² As during previous years, the Welfare League kept the books for the Clinic; the financial report was satisfactory and showed a balance at the end of the year.

New and larger quarters were soon taken over by the clinic in the Social Service Building annex. A course of lectures covering the type of problems with which the clinic was now equipped to deal was given by the Director to members of the Health Committee of the Louisville Woman's Club, an active and responsible group interested in supporting the clinic. Two other lecture courses were given at the University of Louisville, one a general course in Mental Hygiene given at the School for Social Work and the other a seminar for more advanced and experienced students.

During the year 1923 the clinic assumed ever-increasing responsibilities. The demands were greater than the limited personnel could handle. No psychiatric social worker was available so they had to rely on two volunteer social workers.

¹Miss Elizabeth Thomas

²Report of the Director of the Psychological Clinic,
For the Year January 1, 1922, to December 31, 1922, p. 2

The results on the cases visited by these workers showed very definitely the need for closer contact with the patient and his family after the original clinic examination.¹ It was decided at this time not to attempt any more surveys of institutions in the community, since the clinic work was so pressing that it left no time to write up the reports of such surveys which were necessary if they were to be of value to the institution involved.²

This marked the beginning of a philosophy that the clinic's responsibility to the community could best be met by thorough treatment of the individual patient. Involved was the patient's frequent return for clinic visits and also the social worker visiting the home, school, etc. The aim of the newly re-organized clinic was to carry out a constructive program for mental health.³

The years following, from 1923 to 1931, found more emphasis coming to be placed on the clinic's potentialities for helping solve community problems of a remedial or preventive nature. The case working agencies found these problems were handicapping the constructive work they might do and sought co-operation from the Clinic. The answer came in

¹Report of the Director of the Psychological Clinic, For the Year Beginning January 1, 1923 - ending December 31, 1923, p. 7

²Ibid.

³Ibid., p. 11

a re-organization to help with these needs and with the Clinic personnel endeavoring to improve their own techniques.¹ Educational work was stressed and publicity for community support was emphasized. During the next years the clinic made great strides as an agency in Louisville. The feeling was general that with the coming of Dr. O'Brien to the Psychological Clinic, following as it did the Mental Hygiene surveys, there seems to have been an awakening of the public as well as of various organizations, to the value of mental, social, and physical examinations as a preventive measure.²

In tracing the history and growth of the Clinic it is interesting to note the changes in focus. The first few years the chief concern was with care of the feeble-minded and (to a lesser degree) the superior child. This was also true of the national picture--emphasis on the feeble-minded and delinquent child--from 1910 until after World War I. How mental hygiene workers might be of assistance to the state institutions both in securing information and helping to supervise discharged patients also received considerable attention in early planning both locally and nationally. Gradually community leaders became aware of the need for help with other problems. Surveys were planned, carried out,

¹Personal interview with Mrs. Helyn Cox Campodonico, Clinic Manager, October, 1943.

²Minutes of Annual Meeting of the Welfare League, held on February 15, 1923, (Louisville: Community Chest, 1923) p. 6

and their recommendations followed at least in part.

A full time psychologist was added to the Louisville clinic staff who devoted all his time to examining persons referred from social agencies. Later, psychiatric help was made available on a consulting basis. Information was now gathered from many angles and psychological testing was no longer the major criterion. A more encompassing social study of each case was being attempted.

It is interesting to see how similar to the original Society for Mental Hygiene the Louisville Society was--even to the wording of purpose and aims. (See Chapter I, p. 5) Psychologically the clinic group apparently felt more secure after they had the backing of a local Mental Hygiene Society. There still remained a matter of publicity and interpretation to the public at large. It was to this end that a great deal of time and effort for the next year or two were devoted. By the end of 1923, the reorganized program of the clinic under the new director began to show results gratifying to the Welfare League who sponsored it as an agency.

CHAPTER IV

THE PSYCHOLOGICAL CLINIC, (cont.) 1923-31

CHAPTER IV

Understanding the individual and his mechanisms was the next field of endeavor the Psychological Clinic concentrated on. From World War I and the subsequent trend toward psychiatry most clinics gained a new understanding of social problems in terms of the individual involved.¹ Gradually the Louisville clinic emerged from prime focus on study and analysis of the feeble-minded and delinquent child to putting more emphasis on the "normal" person. Psychiatric consultations were available with Dr. Gardner and Dr. Scott (in the case of psychopathic personality). But for the most part Dr. O'Brien handled the clinic cases and put most emphasis on the remedial or preventive aspects of mental hygiene as the essential consideration.

Dr. O'Brien conceived the function of the Clinic as two-fold: (1) Clinical--i. e., examination of cases with subsequent recommendations and wherever possible follow-up work; and (2) Educational--to spread the gospel of preventive work from a mental hygiene view point. To this end during 1923 one hundred and thirty-one lectures and talks were given to many groups such as Parent-Teacher's Associations, church groups, nurses in training, medical students at the

¹Virginia P. Robinson, A Changing Psychology in Social Case Work, (Chapel Hill: University of North Carolina Press, 1939) p. 54

University of Louisville, etc. There were no facilities for doing a physical examination on a patient nor did the City Hospital see its way clear to examine children "without positive signs of abnormal physical condition". As a result of this real handicap a committee was appointed to work on the problem of setting up a Health Clinic. Dr. O'Brien also attended regularly the Juvenile Court Sessions and hoped in this way to be of increasing service to the Court in its handling of various problems.¹

During the same year, 1923, a Habit Clinic was established to which pre-school children could be referred for examination and recommendations. This was an outgrowth of the Clinic's aim to work toward the prevention of social maladjustment through preventive work--that is through early diagnosis and treatment. It operated on the principle that frequently serious social difficulties had as their origin rather simple causes and children could be helped if handled properly when they first appeared with signs of not being able to adjust well at home, in school, in the neighborhood, etc. When no attention was paid to these early manifestations of bad habits juvenile delinquency, adult crime, and insanity often resulted. Dr. O'Brien and the Welfare League both saw a need for psychiatric social workers if any practical results, either corrective or preventive, were to be

¹Report of the Director of the Psychological Clinic, op. cit., p. 9

gained. They would be able to secure additional information where necessary and aid in following recommendations of the clinic, as well as co-operate with the other case working agencies.

The clinical work during the year consisted of five hundred and seventy examinations with recommendations but only a limited number of follow-ups on cases. The number was too large for the Clinic personnel¹ to handle so effects in the community were slow to be seen. It was felt that an educational program would be particularly important at this time. The Director or his assistant attended two hundred and sixty-five conferences and meetings, the majority of which were on problem cases which an agency was having some difficulty in handling. By this co-operative working relationship it was thought many individuals were enabled to reach a higher plane of social living than had been possible by isolated agency effort.²

Through all this the Welfare League agencies, at least, developed a new understanding of mental hygiene and what a constructive force it could be in carrying on their program. One of the indices that the community was beginning to see the need of early recognition and correction of abnormalities,

¹which then consisted of two part-time volunteer social workers, a secretary, a psychologist, and Dr. O'Brien as director.

²Report of the Director of the Psychological Clinic,
op. cit., p. 2

was the sources of referral. During the previous year only two children had been referred by parents or relatives, and in 1923 thirty-eight children were referred to the clinic from this source, while two patients came on their own initiative.

In closing his 1923 report Dr. O'Brien outlined the plans for further developing the Clinic. In order to meet the ever-increasing demands made upon it for services the Clinic, as a member agency, was asking the newly formed Community Chest¹ to provide for a psychiatrist and a psychiatric social worker to augment the staff.

The remaining years of the 1920-1930 decade saw the efforts of the Clinic coming to fruition. There was a gradual tendency to give less time to publicity and educational work, once it was felt that the community was sufficiently familiar with the Mental Hygiene movement. More time for the clinical effort now demanded by the community came about through this change.

In 1924 a psychiatric social worker² was added to the staff. Almost immediately social service was seen as a vital asset to the clinic, through the securing of necessary social

¹"In January, 1924, the Welfare League disbanded and the Community Chest was formed." Quoted from Mary Trueheart Williamson, "A History of the Council of Social Agencies of Louisville, Ky.", (Unpublished Master's Thesis, Graduate Division of Social Administration, University of Louisville, 1943), p. 40

²Miss Dorothy Crouse

data for the psychiatrist to analyze and interpret, as well as by facilitating the carrying out of his recommendations.

The number of children brought in directly by their own parents,--instead of through the motivation of social agencies as had been true--was indicative of the growing insight into what the clinic could do and was doing. The Executive Committee met monthly and continued to supervise the activities and plans of the clinic work, as well as to determine policies. The Community Chest expended over \$12,000.00 in 1924 in carrying on this work.¹

A survey of hospitals and health agencies of Louisville was undertaken in April, 1924, at the request of the Health and Hospital Survey Committee of the Louisville Community Chest. Dr. Haven Emerson,² who conducted the survey, reported that the establishment and expansion of the scope of the Psychological Clinic³ had been a step in public medical and social service of the greatest significance. He felt that the best index of the reliance already put in its services was the steady increase in the proportion of patients coming to the clinic voluntarily.⁴

¹Hitchcock, op. cit., p. 13

²Public Health expert and at that time connected with Columbia University, College of Physicians and Surgeons.

³As recommended by the National Committee following the earlier surveys (See Chapter III)

⁴Haven Emerson, M. D., and Anna C. Phillips, Hospitals and Health Agencies of Louisville, 1924, (Louisville: Community Chest, 1925) pp. 57-62

Dr. Emerson believed that

The significance of behavior problems in the community can only become a matter of general community knowledge through a generally diversified program of public education. The extent to which this is being realized is shown by the groups for which the Clinic is developing effective educational progress in this fieldAs a center from which practical suggestions and advice are influencing the care and education of children in institutions and families, and from which assistance is made available to the groups dealing with the special problems of child care.

In the field of mental hygiene, as in other fields of preventive medicine, it is early diagnosis that brings the best results.¹

Participation by members of the clinic staff in conference with social agencies dealing with individual and family problems was another important utilization of services now available, in Dr. Emerson's opinion. He listed eight specific recommendations for improvement in the treatment and prevention of mental diseases in Louisville.²

In some respects that survey had more meaning for the clinic group than had the earlier ones. It showed them that they were at least headed in the right direction. If they could proceed along indicated lines for the next few years, they might hope to accomplish a great deal more.

Each year saw new advances. In 1925 the clinic became interested in the pre-school child, recognizing that at this age the physical, social and mental development was of utmost

¹Ibid., p. 59

²To be discussed in Chapter V as they pertain more to relationship between the Clinic and Louisville City Hospital.

importance, forming the basis for subsequent adolescent and adult life. Although the Clinic was primarily created to serve the needs of the social agencies, there was now a widening out of focus. Their activities were not confined to this objective alone.

Clinical technique was gradually modified in approach to problems. All this was taking place so slowly as to be almost unrecognized by the staff itself. One of the chief indices of the change was the intensity of work done with each individual patient, in terms of analysis of causative factors and treatment outlined in each case.

While Dr. O'Brien continued to spend some time each year with the educational program, he was convinced by 1926 that they had reached a turning point in the field. More and more the Clinic was being asked for concrete proof of what they could do--rather than an appreciation of what a mental hygiene program represented. A practical demonstration of what was being advocated characterized the community's demands during the second stage of growth of understanding mental hygiene work.

During 1926 two committees¹ were appointed to study two important problems, one the possible value the Visiting Teacher movement might have for Louisville and the other the training of the feeble-minded both in schools and institutions.

¹Chairmen were Mrs. Stanley Newhall and Mrs. Carl Wilson, respectively.

This action was taken because the Executive Committee felt it could broaden its educational program by more extensive activities. Heretofore the chief interest of the Society for Mental Hygiene had been concentrated in developing the Psychological Clinic. Since that now seemed established on a sound foundation, the Society began to turn toward making a larger contribution to Louisville.¹

The following year (1927) the Clinic ran into financial difficulties. The budget was still the smallest of any like clinic in the country, yet it seemed impossible to carry on a program unless additional personnel were secured. Miss Crouse had returned to the staff² but it was thought that with an \$1800 cut in budget for 1927, this would mean carrying on with only one social worker. Dr. O'Brien saw the need for an assistant full-time psychiatrist if they were to continue meeting the community demands for information relative to mental hygiene and at the same time the requests for Clinic services.³

¹Annual Report of the Psychological Clinic,
(January 1, 1926 - December 31, 1926), p. 3

²Miss Crouse, chief social worker, had left to accept a similar position in St. Louis for a temporary period. Several months later Miss Irene Milliken came to the Clinic as assistant psychiatric social worker. A Smith College School of Social Work graduate, she had worked with Dr. Herman Adler at the Institute for Juvenile Research in Chicago and proved to be a real addition.

³Annual Report of the Psychological Clinic,
(January 1, 1927 - December 31, 1927) p. 4

There was a request to make an intensive study of a group of pre-school children to demonstrate the importance of preparing the child for school and of careful study of him, physically and mentally, during the first few years of school life. A second study was requested of the behavior problems of children referred by the Public Health Nursing Association from their Baby Clinics. It was not considered possible to carry these out the following year. With the limited personnel the quality of work done would suffer severely if the staff spread itself too thin.

It is not surprising that Dr. O'Brien was somewhat discouraged during 1928. In taking inventory of the year's work he pointed out that the Clinic was able to examine a great many more patients than they could treat.¹ It behooved them to have a good and efficient working relationship with the other case working agencies. One plan set forth was the Board of Directors' request to the Family Service Organization to assign at least one of their workers for a minimum period of six months to the Clinic, for special training in the field of mental hygiene. This plan was inaugurated with the hope that it would help the worker in carrying cases co-operatively with the Clinic and also make her more valuable to her own agency.² Individual talks to groups were cut down during 1928

¹Annual Report of the Psychological Clinic,
(January 1, 1928 - December 31, 1928), p. 1

²Ibid., p. 2

and a new series of discussion groups, consisting of from four to eight round tables, was put into effect.

When the University of Louisville Medical School began the school year in September, 1928, a new project was undertaken by the clinic which was to have far-reaching results in later years. Dr. O'Brien gave one hour a day to the Junior Medical Students assigned to the Psychopathic Wards of the City Hospital. It was felt that this teaching had possibilities for developing of the preventive aspect of mental disease, if these young men could go out into their respective communities in another year or two armed with a better understanding of human conduct. Also there was growing a more intensive and co-operative relationship between the Pediatrics Department and the Department of Psychiatry at the City Hospital.

In December, 1929, Dr. O'Brien wrote as follows:

The chief concern of the Louisville Psychological Clinic is the study, understanding, treatment and conservation of mental health. To accomplish this end there must be proper evaluation of the influences,--hereditary, physical, environmental, and those growing out of human relationships,--that play a part in the fashioning of each individual. Experience gained in this phase of medicine, during the last decade especially, has demonstrated the frequency with which mental health or mental deviations in adult life have had their beginnings in childhood. For this reason the Clinic, although striving to help solve the personal and social problems of grown-ups, concerns itself particularly with the problems of childhood, realizing that it is here chiefly that real preventive work may be accomplished.¹

This paragraph seems to sum up the aim and focus of the Clinic at the threshold of the 1930's.

¹Annual Report of the Psychological Clinic,
(January 1, 1929 - December 31, 1929), p. 1

Among the special studies undertaken in the closing year of the 1920-1930 decade was a new project concerning the staff's activities. For two years the clinic had gathered data in an effort to gain a better understanding of what their staff was doing, both from the angle of clinic administration and the technical evaluation of clinic problems. Also in 1929 a study was made of a group of sixty-two children referred to the Clinic and found to possess superior intellectual endowment. It was felt the numbers were too few to permit any generalizations but two conclusions were reached: 1) the broken home and 2) insufficiently challenging school work were the most frequent conditions associated with the behavior problems presented by these children. Two surveys were made, one of the mothers and babies at the Susan Speed Davis Home at the request of the Family and Child Welfare Council of the Community Chest, and the other at the Home of the Innocents. The first resulted in two recommendations,--that a special worker be engaged to handle the problems connected with illegitimacy and that a special advisory committee be appointed. The second study, made at the request of Mr. William Stoll, President of the Community Chest, recommended that the nursery be consolidated with the Episcopal Receiving Home, as previously suggested.

A Pre-School Clinic was established during 1929 by the Public Health Nursing Association at the request of the Parent-Teacher Association of the Shawnee School. It was conducted by Dr. James W. Bruce, Pediatrician, and the Psychological Clinic co-operated closely in the project. Mental health

problems were discussed with the mother each time the child visited the new clinic.

For the first time an official administrative relationship was set up between the clinic and the Board of Education. The Bureau of Research, the Attendance Department, the principals and teachers of the public schools, and the Clinic mutually benefitted because duplication of work was eliminated and more co-operative planning was possible.¹

Dr. O'Brien continued to give one hour a day to work on the Psychopathic Wards of the City Hospital.² Members of the Junior class of the Medical School were assigned in groups of twelve for a period of about one month. The work on the wards was considered educational, diagnostic and therapeutic. Branching out in his work at the City Hospital, Dr. O'Brien also gave service to the Department of Pediatrics.³

¹In July, 1922, the Board of Education came forth with a report of the new "Bureau of Educational Measurements". This seems to be the part of the old Psychological Laboratory set-up that was to remain under the public school system and which later was to become the present "Bureau of Research". Bryan W. Hartley, Assistant Superintendent of the Board of Education, and Miss Mary L. Patrick were the joint Directors of the new Bureau. Their work was pretty much a continuation of what Miss Race had done in previous years under the old system.

²This arrangement was made possible through the co-operation of Dr. W. E. Gardner, Professor of Psychiatry, Dr. H. B. Scott, Assistant Professor, and the approval of Dr. John Walker Moore, Chief Medical Officer, as well as the permission of the Board of Directors of the Louisville Society for Mental Hygiene.

³At the request of Dr. Philip F. Barbour, Professor of Pediatrics at the Medical School (and a member of the Board of Directors of the Society for Mental Hygiene).

He gave one period to each group of medical students as they rotated through the Pediatrics service. Personality deviations and behavior problems were discussed following the history-taking and physical examination of the child.

Because the Community Chest did not reach its quota in 1929 the Clinic was obliged to make an adjustment in budget. Each member of the staff was asked to take one month's extra vacation without salary. Miss Crouse, chief social worker, left at the middle of the year to take a new position with a similar clinic set-up in New Orleans; Miss Madeleine Lay joined the staff in her stead.¹

In seven years, however, there were only four changes in personnel. Mr. John Patterson Currie, the first psychologist, left after three years to secure his Ph. D. degree at Harvard. Miss Ula Strader who succeeded him for the next three years left to be married. Then Miss Crouse and Miss Milliken left after five years and two years, respectively, with the Clinic. It was felt that this was one reason it had been possible to carry on a definite program with continuity and establish the work of the clinic in the community.

At the annual meeting of the Louisville Society for Mental Hygiene, held in January, 1930, Dr. O'Brien brought forth the proposal that a state organization for the promotion of mental health be established to broaden the work of

¹Miss Pauline B. Hitchcock came as assistant to Miss Lay in the fall, taking the position left vacant by Miss Irene Milliken's decision to take up the study of medicine at the University of Chicago.

the Clinic. It was pointed out that Louisville was the only city in the state doing constructive and preventive mental hygiene work. There were many problems in the state of a mental hygiene character that needed study and attention from the proper authorities. He thought the logical place to begin was with the Louisville Society for Mental Hygiene, since this body possessed both the interest and the experience necessary to found such a society. The establishment of such a state organization would not only be the means of meeting increasing demands on the Louisville clinic but also would be able to cope more thoroughly with the influences which create mental incompetents. Dr. O'Brien indicated that practically every case handled by the Clinic during 1929 was a potential threat to the safety of society and the individual concerned.¹

In April, 1930, Mayor William B. Harrison announced the appointment of a delegation² to represent Louisville at the First International Congress on Mental Hygiene to be held from May 5-10, in Washington, D. C. A general invitation had been received from President Herbert Hoover, honorary president of the Congress. This meeting was the first step toward organization of world-wide interest in the prevention and

¹A Society for Mental Hygiene was established at Lexington, Kentucky, later in 1930 and it was hoped that out of the combined endeavor of the Louisville group and the new Lexington body, a State Society might be developed.

²The group included Dr. O'Brien as Chairman, Dr. W. E. Gardner, Mrs. John L. Woodbury, President of the Louisville Society for Mental Hygiene, and Mrs. Ben C. Frazier and Mr. Walter Hughes, members of the Board of Directors of the Clinic.

cure of mental diseases and nervous disorders. It was looked upon as the most important meeting since the establishment of Mental Hygiene as a science. Dr. O'Brien was a member of the national committee which sponsored and planned the Congress.¹

The annual meeting of the clinic held in December, 1930, marked the end of the first ten year period for the Louisville Society for Mental Hygiene. Changes had taken place in the interpretation of what a psychological (mental hygiene or child guidance) clinic's function should be, as well as actual changes in the clinic program.

As pointed out in Chapter III, in the first few years of the clinic's existence (following the inception of the Louisville Society for Mental Hygiene) its chief concern was for the feeble-minded and to a lesser degree for the superior child. It also strove to be of assistance to the state institutions, both in securing information and supervising discharged patients. Later it became evident that the local community was in real need of help with its psychiatric problems. Educational work and publicity naturally followed next, in order to enlist the understanding and support of the interested and thinking people of the community. In a clinical way the work came to stress more the remedial and preventive aspects, to meet the problems of the case working agencies of Louisville. Technically the work improved with the years as the personnel

¹Louisville Herald, April 27, 1930.

became more aware of their problems and more analytical of their efforts. They kept pace with the standards of other similar clinics throughout the country.¹

The Commonwealth Fund, acting upon the advice of the National Committee for Mental Hygiene, granted a traveling scholarship in 1930 to Miss Ulvin, the Clinic psychologist. It enabled her to visit several other clinics throughout the country, all expenses paid, and seemed to be another indication of growing confidence which the national groups were putting in the Louisville clinic.² From 1925 through 1930 Miss Mary Augusta Clark, chief statistician for the Commonwealth Fund, used the figures as supplied by the clinic in making statistical analyses of the activities of clinics. These various recognitions were of definite value when one

¹At the end of the year 1930 the staff consisted of Dr. O'Brien, Medical Director, Miss Genette Ulvin, Psychologist, Miss Madeleine Lay, Chief of Social Service, Miss Pauline B. Hitchcock, Assistant Social Worker, and Mrs. Helyn Cox Campodonico, Clinic Manager. (Dr. O'Brien had attended the University of Louisville School of Medicine as a "special student" and had received his M. D. degree in June, 1927. During this period his wife, Dr. Arabella O'Brien, a psychiatrist, carried the major responsibility for seeing patients in the Clinic.)

²Dr. George S. Stevenson of New York City, Dr. Ralph Truitt of Baltimore, Dr. Paul Schroeder of Chicago, Dr. Helen P. Langner of Indianapolis, Miss Elizabeth Dexter of Newark, New Jersey, and Miss Elizabeth Allen of Birmingham were among the visitors to the Clinic in 1930. Miss Mary Augusta Clark of the Commonwealth Fund, Miss Ethel Cawin, Institute for Juvenile Research, Chicago, as well as Dr. Stevenson of the National Committee had visited the Clinic the year before. The clinic was also visited on occasion by committees who were consulting various "established clinics" in contemplation of the formation of similar clinics.

considers that the Louisville clinic was one of the few in the country that was founded without the direct assistance of the National Committee or the Commonwealth Fund. Both groups maintained an active interest in the growth of the Clinic, seeking opinions and supplying such complimentary material as books, reports, and studies published by them. It was all suggestive to the Clinic staff that their program was now of such caliber as to be approved by those in a position to correctly evaluate it.¹

Two more steps were taken before the close of the decade to develop service at the clinic. With two social workers on the staff it was now possible to have more frequent consultations with workers from other agencies. The second step was making an intake analysis of all patients. The latter was valuable in showing that the clinic had not been able to give adequate treatment to the number of patients they had been examining, therefore making them a diagnostic rather than a treatment clinic. They planned to accept for full study and treatment only those patients whose problems could be treated most effectively by the organization as set up. This required a reorganization of the plan of clinic administration as it related to patients and helped in deciding which patients should receive intensive study and those that required only limited service. While no application was rejected by the

¹Annual Report of the Psychological Clinic,
(January 1, 1930 - December 31, 1930) p. 3

clinic if it was felt they could be of any assistance in the case, due to the pressure of work the social agencies had come to refer only the most serious or urgent cases. In time it was decided to reject certain applications so that those cases already examined might be given more treatment.¹

No accurate record was kept of the educational work done during the first three years, 1920-22. But in the next seven years 831 talks and addresses were delivered to approximately 19,861 people, before state and national organizations as well as local groups. In discussing the growth of educational work for the period 1920-1930, Dr. O'Brien pointed out that for three years (1928-29-30) he had given one hour a day on the two Psychopathic Wards of the City Hospital for bedside training of medical students and internes. The results were beginning to show in 1930. There was a marked increase in the number of referrals to the Clinic and requests for consultations by these students when they in turn became internes and by the internes when they went to other services in the hospital. They began to observe and recognize, as of psychiatric concern, many patients who manifested only slight mental deviations. Dr. Gardner and Dr. Scott, as members of the visiting staff, were responsible for the success of this part of the clinic program, Dr. O'Brien felt.

Although numerous requests were made for surveys to be

¹During the ten year period (1920-30) 4,669 individuals were studied clinically.

conducted by the Clinic, limited personnel and lack of time prevented more than a few being undertaken. During this ten year period the following surveys were made:¹

1920 -- Parental Home School
 1920 -- Partial survey of Louisville Industrial School
 1920-21 Louisville Baptist Orphanage
 1921 -- Orphanage of the Good Shepherd
 1921 -- Presbyterian Orphanage
 1921 -- Ballard School
 1923 -- Christian Widows and Orphans Home
 1927 -- Hikes Graded School, Buechel, Kentucky
 1929 -- Susan Speed Davis Home
 1930 -- Home of the Innocents
 1930 -- Kindergarten class, Calvary Point Community Center

A study of the statement of the different budgets received from the Community Chest for these few years showed little increase during the latter five years:²

| | |
|--------------------|---------------------|
| 1919 -- \$1,248.00 | 1925 -- \$14,420.58 |
| 1920 -- 2,553.00 | 1926 -- 14,428.52 |
| 1921 -- 2,279.19 | 1927 -- 14,311.10 |
| 1922 -- 4,996.00 | 1928 -- 15,863.43 |
| 1923 -- 9,920.33 | 1929 -- 16,056.71 |
| 1924 -- 11,713.54 | 1930 -- 16,207.67 |

If the service of the clinic was to be extended it was felt that some additional income source must be found. The executive Board of the Clinic made rather conservative budget requests, yet the demand for service was increasing.³

The year 1931 was a time of great activity and many changes for the Clinic. They received \$1200 in April from the Commonwealth Fund toward an operating budget. Without this assistance the Clinic would have had to reduce its

¹Report of the Director of the Psychological Clinic, op. cit., p. 5

²Ibid., p. 6

³Ibid., p. 6

personnel and decrease its services. The Community Chest Drive had failed to reach its quota and so reduced the Clinic's grant for 1931.¹

About this time the Board of Education of New York City allotted \$100,000 for the development of a new department, a behavior clinic for the public schools. Dr. O'Brien was asked to accept the position of Assistant Director at a salary of \$10,000 a year, beginning on October first. This announcement brought a storm of protest from community leaders and social workers in Louisville. Calling attention to the importance of the Clinic to the continued advancement of education and public welfare, they addressed communications to the Board of Trade, the University of Louisville, and the Medical School, requesting them to take such action as was deemed necessary to stay the pending resignation of Dr. O'Brien.² It was felt that even though a competent successor to Dr. O'Brien could be secured, a change at this time might prove a serious set-back.³

This attitude and response was partly attributable to the new plans under discussion for the psychiatric training

¹Louisville Herald, April 5, 1931

²These communications were over the signatures of Mr. H. N. Bloom, president of the Adler Manufacturing Company, Mr. A. E. Howell, director of Field Work at the Louisville and Jefferson County Children's Home, and Miss Harriet Anderson, representing a group of some forty community people and social workers.

³Louisville Courier-Journal, July 16, 1931

of the medical students of the University. The Psychological Clinic and the Medical School were then considering such a plan and both the Commonwealth Fund and the Rockefeller Foundation had evinced interest in the matter, to the point of considering help with the financing of the program.¹

The social welfare agencies were objecting to the possible resignation of Dr. O'Brien on the grounds that the Clinic had done much toward the advancement of social work in all its fields. The assistance received by them in rehabilitating those clients who had developed personal and mental difficulties, (particularly as the result of unemployment and its wake most recently) was considered invaluable.

However, Dr. O'Brien notified the Board of Directors of the Clinic in September that he was leaving to accept the new position with the New York City schools, effective October first. Thereupon a committee was appointed by Dr. James Bruce, chairman of the Board, to seek a successor to Dr. O'Brien. (The Louisville chapter of the American Association of Social Workers passed a resolution praising the work of Dr. O'Brien and again urging that he be retained in Louisville.)²

On September 24, 1931, the Community Chest approved plans for an agreement between the Psychological Clinic and the University of Louisville School of Medicine. The agreement

¹Ibid.

²Louisville Courier-Journal, September 5, 1931

was approved by the "Committee of the Louisville Society for Mental Hygiene"¹ on September 30, and finally by the "Committee of Board of Trustees of the University of Louisville"² on October 2. It read as follows:

The Board of Directors of the Louisville Society for Mental Hygiene of the Community Chest and Board of Trustees of the University of Louisville, recognizing the mutual advantages to accrue to each institution by the plan of co-operation between the Clinic and the University of Louisville School of Medicine hereby make the following agreement: 1) The University shall recommend to Board of Directors of the Louisville Society for Mental Hygiene of the Community Chest for appointment the personnel of the clinic; 2) The personnel shall be available not only for the clinic program, but also for clinical service, research, instruction and education of the students of the Medical School of the University of Louisville along the lines of psychiatry in its broadest sense; 3) The budget for this department derived from the Community Chest or any source shall be expended in accordance with the policy in effect in the School of Medicine University of Louisville; 4) There shall be a standing committee of four for the purpose of promoting harmonious and efficient conduct of the clinic. This committee is to be composed of two members selected by the Boards of each institution. This committee shall report to their respective boards all necessary recommendations; 5) The Community Chest has supported the Psychological Clinic of the Louisville Society for Mental Hygiene for a number of years and will continue to support as it can, but feels that it should not be a part of its program indefinitely. The University desires to develop its department of psychiatry in its broadest sense but is not able to assume its support at the present time. All parties believe the present personnel cannot be reduced without impairment to the necessary service now being rendered by the Society, but that this should be supported out of public funds rather than from private subscriptions and the parties agree to endeavor to secure such public support from the city or otherwise if and as the Community Chest may feel constrained to withdraw its support.³

¹Articles of Agreement, on file at Community Chest, (material typewritten) 1931, p. 1

²Ibid., p. 1

³Ibid., p. 1

Nationally, about this period there was an increasing tendency on the part of psychological clinics to affiliate with colleges and universities and to provide both teaching and training for professional staff. The effects of the depression were beginning to be felt in the early 1930's and the grave problem of how to finance clinics with budget reductions, etc. led to the closing of some clinics. At the same time medical schools and hospitals were stimulating greater co-operation between psychological clinics and pediatricians in solving mutual problems.¹

The 1930 White House Conference, in the section on "Psychology and Psychiatry in Pediatrics", stressed the role of the physician--and especially the pediatrician--as educator, with a definite contribution to make toward mental health and well-being.²

In 1929 the organized Mental Hygiene Movement had marked its twentieth birthday, noting that in those twenty years great changes had occurred in the form and content of mental hygiene. As conceived by Clifford Beers and his associates it began more as a reform effort designed to correct evils in institutions for the care of the insane. Later the preventive possibilities were sensed and stressed. By the end

¹George S. Stevenson, M. D., "Psychiatric Clinics for Children", Social Work Year Book, ed. by Fred S. Hall, (New York: Russell Sage Foundation, 1933), p. 377

²Lawrence K. Frank, "Childhood and Youth", Recent Social Trends in the United States, (New York: McGraw-Hill Co., 1933) II, p. 765

of the second decade the chief concern was not merely with the serious disorders of the mind but also with those milder forms of mental disorder which do not interrupt the functioning of the individual in the community but threaten his ability to function happily and effectively.

The National Committee for Mental Hygiene, as has been pointed out, began on a national scale but soon saw the need of local interests so the establishment of state societies was encouraged. By the end of the 1920's there were twenty-four state societies in existence, all independent and financed locally, but having close rapport with national headquarters to insure uniformity, professional standards, etc.¹

During the years 1920-30 on the national scene one finds a great growth of interest in Mental Hygiene in schools and colleges, and the use of specially trained psychiatrists for helping with student maladjustment problems. Fourteen colleges in 1929 had full or part-time psychiatrists. Yale was the best equipped with four full-time psychiatrists and one psychiatric social worker. In schools individual differences were being recognized in children. The growth in the use of mental tests and measurements, especially following the last war, can be traced statistically. Under 500,000 blanks were used in 1919-1920 while in 1930-1931 over 5,000,000 tests and measurement blanks were used in schools.²

¹George K. Pratt, "Mental Hygiene", Social Work Year Book, ed. by Fred S. Hall, (New York: Russell Sage Foundation, 1930), p. 265

²Frank, op. cit., p. 780

In 1923 only 45 school systems in the United States included research departments and used testing in their work, while in 1931 there were 157 such bureaus. Work between child guidance clinics and public schools increased as visiting teachers were added to school systems and saw the need for asking advice of the clinics and having consultations on problem cases.

As a result of the Commonwealth Fund's five year program (as outlined in Chapter I) aims were clarified, standards of training for clinic staffs were improved, and there was better balance within the clinic organization, with more intelligent and informed community participation in the work.¹ Since 1927 the child guidance movement had continued under its own momentum. Techniques were refined, training centers became more numerous, and new affiliations were established in individual communities as well as in the national agencies.

To supply the new demands for personnel a number of fellowships were awarded for training in psychiatry, to properly qualified applicants, by the National Committee for Mental Hygiene through grants from the Rockefeller Foundation and Commonwealth Fund.² There were 20 such fellowships awarded in 1929, for example, besides a number of others for training in psychiatric social work and psychology, given

¹Stevenson, op. cit., p. 338

²Sydnor H. Walker, "Social Work", Recent Social Trends in the United States, (New York: McGraw-Hill Co., 1933) II, p. 1185

through the Commonwealth Fund with opportunities for practical experience. By 1932 there were between 600 and 700 psychiatric social workers in the country.¹ The Commonwealth Fund published a list of some 593 psychiatric clinics, from travelling clinics giving intermittent part-time service to well staffed full-time clinics.

Legislation in the field dealt chiefly with providing better facilities and authorizing state departments and state hospitals for the improved care of the mentally ill. State government programs began to accept mental hygiene concepts into their thinking and reorganized their programs.²

During the next decade in the history of the Louisville clinic, progress continued to be made in the newest area, namely the psychiatric teaching of medical students. With a change in directors there was a new view-point introduced. By centralizing the work of mental hygiene and psychiatry it was hoped the problems of the community would be better met.

¹Of these 364 belonged to the American Association of Psychiatric Social Workers.

²Stevenson, op. cit., p. 367

CHAPTER V
THE MENTAL HYGIENE CLINIC, 1932-43

CHAPTER V

Following the merger of five Kentucky medical schools in 1908,¹ the present University of Louisville School of Medicine was formed. Among the professors appointed that year were two Adjunct Professors of Mental and Nervous Diseases.² Their work came under the Division of Medicine, Neurology and Physical Diagnosis and consisted of lectures dealing primarily with neurological matter. First mention of Psychiatry as such occurred with the appointment of Dr. W. E. Gardner as "Lecturer on Psychiatry" in 1913. He gave a course of 32 lectures a year to Senior Medical students.

From here on the work progressed steadily. By 1915 another lecturer had been added to the faculty³ and the students were visiting Lakeland Hospital for the Insane for bedside instruction. In 1920 Dr. Gardner was made Adjunct Professor and the staff had grown to include three psychiatrists. Ward walks on the Psychopathic wards of the City

¹These were: The Medical Department of the University of Louisville; The Kentucky School of Medicine; The Louisville Medical College; The Hospital College of Medicine; and The Medical Department of Kentucky University.

²Dr. Cuthbert Thompson and Dr. John J. Moren

³Dr. Milton Board

Hospital were inaugurated in 1923 and the work was being done under the title "Neurology and Psychiatry". In 1927 the department of Neurology and Psychiatry was divided into the two specialties. Dr. Gardner was then made the first full Professor of Psychiatry and head of the Department of Psychiatry.¹

By this time the Medical School was feeling the need of full time instruction in Psychiatry. In 1929 the first mention of such a recommendation was made. Dean John Walker Moore thought the time Dr. O'Brien was then contributing, (as a part-time Assistant), one to one and a half hours daily, was far short of the required needs of the department.² Dean Moore urged the absorption of the Clinic by the Department of Psychiatry.

Psychiatry by then was beginning to occupy a prominent place in educational circles. It was not only considered a very important specialty in medicine but a fundamental knowledge of the subject was essential to the general practice of medicine.³ In the medical profession mental hygiene had met with prejudice and lack of understanding at first. The adjustment of the whole individual was not seen as important

¹Which position he still holds (1944)

²Annual Report, submitted by Dean of School of Medicine, 1929-30, p. 13

³Annual Report, submitted by Dean of School of Medicine, 1930-31, p. 17

compared with the functioning of any one part. Medical schools until 1925 at least had not taken the responsibility for providing enough psychiatric and psychological background in their curriculum to make the students intelligently informed regarding mental hygiene problems.¹

In tune with the times, the Louisville leaders in the field set about facing their situation. While the needs of the teaching program on the one hand demanded consideration, the curtailment of the clinic due to the growing economic depression caused grave doubt about its future. A number of informal meetings were held by representatives of the Medical School, Community Chest, and Psychological Clinic to discuss plans. In addition, Dr. Haven Emerson paid a brief visit to Louisville in February, 1931, and made some recommendations to supplement his 1924 survey.² At that time (1924) he had said there was a need for "a more definitely organized relationship between the Psychological Clinic and the City Hospital, especially the Psychopathic Ward and the Pediatric Clinic."³ In 1931 he went a step further and recommended that the Psychological Clinic of the Community Chest be taken over by the Department of Psychiatry of the Medical School and that the Society for Mental Hygiene henceforth

¹Jessie Taft, Ph. D., "Mental Hygiene and Social Work", Social Aspects of Mental Hygiene, (New Haven: Yale University Press, 1925), p. 126

²Refer to Chapter IV, p. 64

³Emerson and Phillips, op. cit., p. 62

concern itself with educational work.¹

When the University was officially approached concerning the advisability of such action it requested the Health Council of the Community Chest to make a study of the Clinic. From the findings, the Medical School authorities felt that the addition of the Clinic to the Department of Psychiatry seemed not only logical but desirable.² With this arrangement they thought it possible to bring to the hospital wards, including medicine, surgery, pediatrics, and obstetrics, consultants highly trained in "social pathology." It would also be the means of offering to medical students and internes a comprehensive study of psychiatry in its broadest sense.³

From the standpoint of the Clinic as a Community Chest member agency, there were certain advantages accruing from the pending affiliation. The Chest had financed the work of the Clinic from its beginning. But as material relief in the community became more and more necessary, ways and means of securing additional help for the maintenance of the Clinic were discussed. In the early days of the depression the Chest expended large sums for direct relief.⁴

¹Annual Report, submitted by Dean of School of Medicine, 1931-32, p. 6

²Ibid., p. 6

³Ibid., p. 6-7

⁴It later became necessary to secure subsidies from the city and county governments to supplement the relief needs.

There was inevitably an unusual strain placed upon all private agencies. The condition was national as well as local. An attempt was made to keep Chest agencies alive wherever possible to maintain constructive community services.¹

Many Chest supported mental hygiene clinics went out of existence throughout the country during the early years of the depression. Therefore, when the same crisis descended upon the Louisville clinic it seemed advisable to affiliate with the Medical School and it was hoped that the University would take over more and more of the clinic budget as time went on.²

Dr. Raymond A. Kent, as President of the University of Louisville, therefore announced in October, 1931, that the Medical School would shortly assume the administration of the Psychological Clinic.³ The next problem was that of finding a new director for the clinic who would also be director of the Psychiatric Department at the City Hospital as well as serve as Associate Professor of Psychiatry on the Medical School faculty. In other words his was to be a three-cornered job: (1) director of the Mental Hygiene Clinic for children and adults with emphasis largely on prevention

¹Mrs. Louise Wood, "The Development of Social Welfare in Louisville", Council of Social Agencies, October, 1942. (Talk before Junior League Provisional Members.)

²Talk given before Board of Directors of Mental Hygiene Clinic, February 9, 1943, by Dr. Spafford Ackerly, Director.

³Louisville Courier-Journal, October 11, 1931

and correction; this would necessitate training in the field of child guidance; (2) director of the Psychopathic Wards, which would require training and practice in formal psychiatry; and (3) Associate Professor of Psychiatry, to help with the teaching of medical students.

In April, 1932, plans were announced that the Clinic would soon move to the newly remodeled building at 610 So. Floyd Street, adjoining Children's Free Hospital and owned by them.¹ This step was taken on June 15th and shortly afterward the name of the clinic was changed to its present title of Mental Hygiene Clinic. Dr. John Walker Moore, as Dean of the Medical School, announced that the newly appointed director, Dr. Spafford Ackerly, would assume his duties on July first.

Dr. Ackerly was a graduate of Wesleyan University where he received his A. B. degree, and Yale University School of Medicine. After doing post-graduate work in the United States for several years, he studied abroad at the University of Vienna and Queen's Square Hospital in London. Upon his return to this country he was associated with Yale University Institute of Human Relations as Research Associate where he won recognition for research in the field of behavior, personality and conduct disorders. Furthermore, he had had experience in the various fields which the new position demanded.

¹Louisville Courier-Journal, April 20, 1932

When Dr. Ackerly began his duties in Louisville he found a well established mental hygiene clinic with an excellent tradition of community service. There had been additional changes in personnel the last year¹ and these staff members likewise were new to their job. But for the most part the Clinic was running on such a basis that he could turn his major attention to the development of a teaching program at the Medical School as well as to improving and enlarging the Psychiatric service at the City Hospital.

To assist him in the work Dr. Ackerly had a Resident in Psychiatry, a Senior and a Junior Interne in Psychiatry, as well as the rest of the Clinic staff. It was planned first of all to revamp the entire curriculum in order to give the medical students a foundation necessary to grasp the significance of the advanced work in psychiatry.² The Medical School authorities felt that there was no better way of building up standards of psychiatric practice in a community than by an organized method of training doctors in that community.³ Past experience in other departments of the Medical School had shown that when three to four years special work was offered to the resident staff, the community in turn profited

¹Chief of Social Service was Miss Mildred Midnight; assistant psychiatric social worker was Miss Sybil F. Sheldon.

²Annual Report, submitted by Dean of School of Medicine, 1931-32, p. 7

³Ibid., p. 8

no less than the school.

At the end of less than six months the new program was already taking definite shape.¹ Junior and Senior medical students were the two classes receiving formal instruction, lectures and clinical demonstration. Routine home visits, visits to the community agencies in the course of history taking and visits to state hospitals were now required. The internes on the service were also in charge of the adult outpatient clinic. For the first time student nurses were on psychiatric service for part of their training. Staff conferences were held daily on one or more cases and attended by medical students, social workers, and nurses.

For the Senior medical students to have more training in mental hygiene was the next big step in the teaching plans. Gradually, it was hoped, the curriculum could be modified and developed so as to include all four classes. Thus the student might receive a unit of training in psychiatry with each year's program leading to the next.

As to the physical set-up at the hospital there were a number of developments recommended by Dr. Ackerly. The appearance of the wards needed improving and especially he urged the building of a solarium for the patients. It was planned to establish an Occupational Therapy department as soon as

¹Spafford Ackerly, M. D., "Activities of the Department of Psychiatry, University of Louisville School of Medicine", Kentucky Medical Journal, February, 1933, p. 2

possible. Equipment for the dormant Hydrotherapy department was to follow if funds for the work could be approved. Obviously there were many areas to be developed in due time.¹

No legal detention was required for any ward patient and both adults and children were being admitted.² There was need for better working relations with Juvenile Court so that cases would be referred to the psychiatrist for treatment. At that time they were being referred but chiefly after commitment and admission to Ormsby Village.³ It was hoped also that routine co-operative planning with other social agencies on cases discharged from the hospital might be effected.

By the end of 1933 the work at the Mental Hygiene Clinic had undergone some minor changes. For example, 60% of the total number of cases coming to the clinic were adults while the remaining 40% were children. In 1930 just the reverse had been true. This was explained by the fact that during the depression years more adults sought advice and help from

¹As far back as 1924 Dr. Emerson's recommendations included "more adequate hospital facilities....along the lines of hydro-therapy and electro-therapy, with a trained person in charge." He also recommended more adequate hospital facilities for observation purposes. Additional personnel needed were a resident psychiatrist, a psychiatric social worker, and a trained graduate nurse with psychiatric experience to be in charge of the wards.

²Ackerly, op. cit., p. 4

³The model school for dependent and delinquent children for Louisville and Jefferson County

the Clinic.¹ Social and health agencies continued to send the greatest number of referrals. (See Table 2--p. 97) Schools in Louisville no longer sent just those children of good intelligence who were failing in school but also such problems as the overly shy, the overly aggressive, the hyper-active, the child who stole or lied, or was generally maladjusted and difficult to handle in the class-room. The work at the clinic included physical examinations, laboratory and intelligence tests, history taking, home investigations, conferences, and treatment interviews.

Since there was no hospital social worker assigned to the Psychiatric department, medical students made home investigations on all cases assigned and visited community agencies in gathering history data. There was urgent need for a trained psychiatric social worker who could supervise the students.² But even at that the material gathered proved to be of great value in helping staff members understand the patient and his home environment. It enabled the psychiatrist to treat the nervous and mental patients on the wards more intelligently and also prepare the family for the patient's return. About 60% of all ward cases were returning to their homes, many being thus saved from institutions and in turn the community tax payers being spared that additional burden.

¹Report of the Director of the Mental Hygiene Clinic, 1933, p. 2

²Ibid., p. 3

TABLE 2

Sources of Referral According to Classification of Services of
New Accepted Cases Carried by the Louisville Mental Hygiene Clinic
During the Year 1933^a

| Sources of Referral | Total | Full Service ^b | | | Special Service ^c | | |
|-----------------------------|-------|---------------------------|---------------------|-----------------------|------------------------------|--------|----------|
| | | Total | Adults ^d | Children ^e | Total | Adults | Children |
| Total | 323 | 119 | 60 | 59 | 204 | 148 | 56 |
| Juvenile Court | 4 | 2 | 0 | 2 | 2 | 0 | 2 |
| Medical & Health Agencies | 118 | 21 | 14 | 7 | 97 | 79 | 18 |
| Orphanages | 6 | 1 | 0 | 1 | 5 | 2 | 3 |
| Other | 5 | 0 | 0 | 0 | 5 | 1 | 4 |
| Parents, Friends, Relatives | 28 | 16 | 6 | 10 | 12 | 10 | 2 |
| Private Physicians | 24 | 11 | 5 | 6 | 13 | 11 | 2 |
| Schools: | 15 | | | | | | |
| Public (6) | | 6 | 1 | 5 | 0 | 0 | 0 |
| Private (1) | | 1 | 1 | 0 | 0 | 0 | 0 |
| Univ. of L'v. (8) | | 2 | 2 | 0 | 6 | 5 | 1 |
| Self | 11 | 5 | 5 | 0 | 6 | 5 | 1 |
| Social Agencies | 112 | 54 | 26 | 28 | 58 | 35 | 23 |

^a Source of data was Report of the Director of the Louisville Mental Hygiene Clinic, 1933, op. cit.

^b Full Service: a four-fold study, including history, psychiatric study, psychometric testing and orientation conference; responsibility for treatment carried either by Clinic or co-operatively with referring agency.

^c Special Service: a case usually referred by another agency just for one interview, either for a psychometric or psychiatric examination; case opened and closed with in the same month; short-contact case with no long time treatment plans being made.

^d Adults: over 18 years of age.

^e Children: up to 18 years of age.

From a teaching standpoint it was felt that the medical students were learning about social agencies and their functions. As doctors it was hoped they would be able to work more cooperatively in their respective communities in a broad preventive program and would realize the great part mental hygiene played in the public health program.¹

The Clinic and associated activities were supported by the Community Chest, the Medical School, and the City Hospital. That first year under Dr. Ackerly's supervision the Chest contributed something over \$13,600.00 for services rendered. Computing figures for the resident physician, internes, nurses, clerical staff, routine and special laboratory work, the University and Hospital paid out a comparable proportion in combined outlay.

While the Clinic proper was conducted for people who could not afford to pay, some were able to pay a small fee and preferred to do so.² Whatever fees were collected in this way were put back into the work and used for such purposes as building up the professional and circulating library, buying reprints of articles published in the various journals,

¹Ibid., p. 3

²In 1923 the Executive Committee of the Louisville Society for Mental Hygiene had established a fee system for the clinic. A sliding scale was adjusted to the financial status of the patient; five dollars (\$5.00) was the full fee for a complete examination, and fifty cents (\$.50) for follow-up visits.

buying equipment, or used for emergencies.¹

For the first time, at the end of the calendar year, 1933, two service reports appeared, one for the work at the Clinic and the second covering the work of the Psychiatric service at the City Hospital. They showed perhaps more graphically than anything else the scope of the work then being done.²

The senior medical students were soon assigned to the psychiatric service to work up cases of the milder nervous conditions. While the work of the Juniors continued on the psychopathic wards and they dealt with the gross manifestations, the Seniors studied the more subtle illnesses. By the end of 1934 adult psychoneuroses referred from the medical and surgical wards and behavior and personality problems of children referred from the pediatric service were assigned to the Senior group. The aim was not to develop psychiatrists, per se, but rather to arouse interest and develop skill in understanding human relationships and their bearing on the patient's physical and mental state.³

¹Later this included payment of professional association dues as a member agency and also transportation costs to meetings outside the city.

²A total of 106 talks and lectures were given that year before the medical students, other University of Louisville students, first year law students, student nurses, Parent-Teacher Association groups, social workers and to the public over the radio. In addition there were the daily ward rounds and conferences held at the City Hospital and conducted by the psychiatrist and the resident in Psychiatry.

³Spafford Ackerly, M. D., "Some Developments in Psychiatric Teaching", Southern Medical Journal, February, 1935, p. 186

In 1931 the Division on Psychiatric Education of the National Committee for Mental Hygiene was established to study and strengthen the teaching of psychiatry the country over. After appraising psychiatric instruction at some sixty-eight medical schools (only a small percentage of which were then doing an acceptable job) the Division brought various authorities together to work out minimum requirements for the recommended curriculum. ¹

Dr. Franklin G. Ebaugh as head of that committee read a paper before the Association of American Medical Colleges in October, 1934, in which he reported the National Committee findings. Of the eleven schools then listed as most nearly reaching the level in the teaching of psychiatry recommended by the National Committee, the University of Louisville was one named. ²

Another recognition came soon afterward in the form of a \$2500 Commonwealth Fund Fellowship grant. ³ In 1935 Dr. Oscar Hubbard was selected by the National Committee for

¹Nineteenth Annual Report of the Commonwealth Fund, New York, 1937, p. 30

²Annual Report, submitted by Dean of School of Medicine, 1934-35, p. 8

³In regard to post-graduate training centers, the Commonwealth Fund felt that there were too few opportunities for psychiatrists to learn how to treat children presenting symptoms of behavior difficulties. Therefore they established five Fellowships annually, at the Judge Baker Guidance Clinic in Boston, Child Guidance Clinic at Cleveland, Child Guidance Clinic in Los Angeles, the Philadelphia Child Guidance Clinic, and the Louisville Mental Hygiene Clinic.

Mental Hygiene (who supervised the placement of Fellows) as the first Fellow in Child Guidance to be assigned to the Louisville Mental Hygiene Clinic. In return for teaching he took some of the treatment load off the director's shoulders. At this time, Dr. Ackerly was promoted from Associate Professor to full Professor of Psychiatry.

In 1935 under the Public Works Administration project plan¹ a renovated third floor was added to the Psychiatric Department at the City Hospital, to provide for hydrotherapy, physiotherapy and occupational therapy. Now patients were referred to the Out-Patient Clinic for follow-up treatment after diagnosis and treatment plans were made on the wards. Two student social workers² were assigned to the wards for their field training period of nine months and were supervised by the psychiatric social workers at the Mental Hygiene Clinic.³ By arrangement with the Kentucky State Board of Nurse Examiners a training course for graduate nurses in psychiatry was started; at the end of four months' regular nursing duty on the psychopathic wards they were awarded a certificate. Some of the group went out into state

¹At a cost of \$30,000.

²From Smith College School of Social Work.

³Miss Ruth Mellor, a psychiatric social worker and graduate of the New York School of Social Work, was now Chief Social Worker, having come to Louisville in November, 1933 from the Allentown (Pa.) State Hospital.

hospitals and private nursing where they were greatly needed.¹

Again in 1936 the Commonwealth Fund renewed their grant for a Fellowship in Child Guidance.² The greatest step in the development of the department, following the initial merger of 1931, occurred the next year when financial aid was secured from the Commonwealth Fund "for teaching and research purposes". The Fund had had a major interest in this field of medicine for several years. Their resources were devoted chiefly to efforts to better American health. In so doing they saw the need of earmarking certain funds for the promotion and maintenance of public health, mental as well as general health. The philosophy back of the grant to the University of Louisville is worthy of mention.

According to the Fund³ there is no sharp line drawn between community services and education. Any community hospital worthy of the name, in their opinion, exerts an educational influence on the doctors who work in it. Conversely, our system of medical education is such that good teaching is predicated on the existence of service agencies in which training can be given. The Fund chooses to put its money

¹Spafford Ackerly, M. D., "Three Years Affiliation of a Community Chest Mental Hygiene Clinic with the Department of Psychiatry in a Medical School", Southern Medical Journal, May 1936, p. 527

²Dr. L. L. Woodfin was the recipient. Fellowships were awarded annually from 1935 to 1943, when interrupted by World War II.

³Nineteenth Annual Report of the Commonwealth Fund, New York, 1937, p. 1-4.

into both,--the concrete services to be consumed at once by the community and into the teaching of men and women whose influence on the lives of their contemporaries cannot be foretold. Especially in the mental hygiene area the latter has been true, with a shift toward more balance on basic education.

Hence, the Fund in the 1930's became less concerned with the growth of child guidance clinics as such¹ and focused more attention on the difficult problems growing out of the relationship of psychiatry and general medicine. There was a growing volume and variety of grants made directly to medical schools for both teaching and research. They were now also laying more stress on preventive medicine and on "that blend of psychological insight, social awareness, and plain common sense that goes by the name of mental hygiene and is most significant when guided by psychiatric skill".²

As one of the eleven departments of psychiatry most acceptable to the National Committee, the suggestion was made to Dr. Ackerly and Dean Moore that the University of Louisville apply for assistance in developing its department of psychiatry. Dr. Kent, President of the University, personally solicited aid by a visit to the Commonwealth Fund headquarters in New York in the spring of 1937. Following a survey of the entire

¹Following the successful demonstrations of child guidance service from 1922-27.

²Commonwealth Fund report, op. cit., p. 4

school the Fund appropriated a sum of \$50,000 to carry out research in undergraduate psychiatric teaching methods. The plan agreed upon by the University and the Fund was to extend over a period of seven years, beginning in 1937.¹

The Fund was concerned with the teaching of psychiatry on two counts; one, the need of thoroughly trained specialists who could take responsibility for community clinics and similar agencies; the other, the need of "cross-fertilization" between psychiatry and general medicine to the end that physicians might see the connection between pain and anxiety, emotional stress and physical failure, and deal more competently with both.²

Therefore, beginning that year, 1937, the Commonwealth Fund for the first time helped to strengthen a department of psychiatry in an undergraduate medical school, for the express purpose of giving students of general medicine a better grasp of psychiatric fundamentals. The school, of course, was the University of Louisville.³

The Fund agreed to carry the maximum financial load for the first three years. Thereafter the University would gradually take over the burden so that at the end of the seven year period the Fund would be relieved of all financial

¹Annual Report, submitted by Dean of School of School of Medicine, 1936-37, p. 6

²Commonwealth Fund report, op. cit., p. 6

³Ibid., p. 7

responsibility. Eventually, the set-up would consist of a Professor and Director of the Service, an Associate Professor, an Instructor, and a Teaching Fellow, as well as a Psychiatric Social Worker.

The grant for the first three year period amounted to \$31,630. Beginning on July 1, 1937, the University was to receive \$7,210 and for each of the ensuing two years they were to receive \$12,210 and thereafter each year a smaller amount, to enable them to take over the entire responsibility by the seventh year.

Dr. Kent believed that with the help of these funds the School of Medicine and its Department of Psychiatry would in time become one of the outstanding centers of training in America.¹ It was felt that the interest which Dr. Ackerly and Dr. Gardner² had helped to stimulate in their work was a large factor in bringing about this latest affiliation.³ Both the National Committee and the Psychiatric Division of the Commonwealth Fund had long been interested in the local Mental Hygiene Clinic, as has been pointed out. But without the successful merger of 1931 and its subsequent demonstration of what could be done in such a combination set-up, it is not likely that this aid would have been forthcoming. Functioning alone, the Chest clinic as an agency would not have had

¹Louisville Courier-Journal, August 5, 1937.

²As Clinical Professor of Psychiatry

³Annual Report, submitted by Dean of School of Medicine, 1936-37, op. cit., p. 7

the advantages of a medical center. Likewise a department of psychiatry without a well established mental hygiene clinic for children and adults would not have warranted the investment. But the combination apparently did.

Nineteen-thirty-seven brought several other developments.¹ An Occupational Therapy department was opened under the sponsorship of the Junior League² with a trained occupational therapist in charge.³ She conducted a course of training for Junior League members who then carried occupational work to patients on the medical and pediatric wards. Patients on the psychiatric wards used the O. T. shops in the morning and ambulatory patients from other hospital wards and the out-patient department were there afternoons. Recreational Therapy was established next, the patients from the psychiatric wards being brought to the Open Air Treatment Pavilion, recently opened on the roof, for exercise and games. More adequate clinical facilities were provided by the opening of a new clinic building at City Hospital, shortly after the flood.⁴

The Ohio River Flood of 1937 brought in its wake a new

¹Annual Report, submitted by Dean of School of Medicine, 1938-39, p. 7

²They gave the sum of \$5,000 to establish and maintain the Occupational Therapy Department for a period of two years.

³Miss Mary E. Lawton

⁴By matching Public Works Administration funds.

ailment, known to the Clinic as "flood neurosis". Due to the strain of living conditions during and just following the flood period, people were emotionally over-stimulated. The separation of families, the city-wide darkness, lack of regular work, the flood broadcasts continually heard over the radio, homes destroyed and all possessions lost--in short, everything which anchored Louisville citizens to safe, routine, normal lives, was suddenly swept away. Some acute cases of "flood neurosis" were treated at the Clinic and in refuge centers. The psychopathic wards at the hospital cared for three times the normal number of mental cases during this emergency period.¹

Under the terms of the Commonwealth Fund agreement a second full-time psychiatrist was taken on in October, 1937,² and for the first time a social worker was added to the Department of Psychiatry.³ Heretofore one social worker had been assigned to cover the psychopathic wards who was a member of the hospital social service department.⁴ The second position was created to provide supervision of the work of the medical students as well as the out-patient clinic which was then being organized on a broader scale.

As early as 1934 Dr. Ackerly had begun to agitate for

¹Louisville Times, April 17, 1937.

²Dr. Jackson Thomas of Harvard became the Associate Professor.

³Miss Beatrice Gosling.

⁴Miss Dorothea Dolan.

reforms in legislation pertaining to mental cases. Patients from the City Hospital were being admitted to State hospitals and he felt an obligation to see that those patients received better care. Through the efforts of the Board of Directors of the Mental Hygiene Clinic a newspaper campaign was put on late in 1934. Increased hospital facilities for both city and state were advocated with better trained personnel.¹

In 1937 Mr. Barry Bingham, President of the Board of Directors of the Mental Hygiene Clinic and owner of the Courier-Journal and Louisville Times, personally supervised the collection of a series of interviews with leading American psychiatrists. The purpose was to obtain their views in regard to the establishment of a State Psychiatric Hospital (adjacent to the Louisville City Hospital) for the care of state patients, and more particularly for the training of psychiatric personnel for state institutions. The Governor approved the plan and options on the land were obtained. However political attitudes toward Louisville interfered with the execution of the plan.

This proved a fortunate thing because it is doubtful whether the State would have supported it adequately.² But more important still was the change of psychiatric thinking that was slowly creeping over the entire country about that time, to the effect that psychiatric services should be under

¹Louisville Times, October 30, 1934

²Personal interview with Dr. Spafford Ackerly, May, 1944

one roof with the general hospitals.¹

In his 1924 study Dr. Haven Emerson had pointed out the need for a voluntary commitment law which would permit more private procedure than was then possible.² Provision for the appointment or selection of trained and experienced psychiatrists for the commitment of mental cases, and authority which would make possible ten, thirty, and sixty day observation periods without court appearance of the patient and on the statement of a competent physician, were points also emphasized.³

Ten years later Dr. Ackerly again urged the same measures. Statutes to make possible such observation periods were still lacking. Primary concern was not with the frank insanities which were more readily recognized but rather with the large group of individuals at cross-purposes with society. Kentucky had no observation law so a patient could only be held legally if on a lunacy warrant and adjudged insane after an insanity trial. Since the court met only every two weeks a patient could not be detained at the City Hospital or State Hospital (unless on an arrest warrant for a crime) and a relative could sign the release against the doctor's opinion and advice. A thirty day observation law would permit time to make a diagnosis, thereby protecting the community at large as well

¹Spafford Ackerly, M. D., "Trends in Psychiatric Teaching and Practice", Southern Medical Journal, February, 1941, p. 207

²Emerson & Phillips, op. cit., p. 62

³Ibid., p. 62

as the individual patient.¹

Governor A. B. Chandler of Kentucky appointed Dr. Ackerly as Chief Consultant for State Hospitals and he was granted permission thereby to go to all the state hospitals in Kentucky,² as well as the Institute for Feebleminded at Frankfort, to take movies of the distressing conditions. A thirty-five day observation commitment bill was passed in Frankfort largely through the efforts of Mayor Neville Miller of Louisville. It meant that patients could now be observed and studied before being committed as "lunatics" and not the other way around as had been true.

As the outgrowth of all these efforts, sweeping reforms were drawn up in the Chandler-Wallis Act,³ which was passed by a Special Session of the Kentucky Legislature on May 28, 1938.⁴ The Act provided for creation of a Division of Hospitals and Mental Hygiene at Frankfort under the Welfare Department, to be headed up by a Director of Hospitals.⁵ His qualifications included being a graduate physician of good standing, character, and reputation, with at least five

¹Louisville Times, October 30, 1934

²Eastern State Hospital at Lexington, Central State Hospital at Lakeland, and Western State Hospital at Hopkinsville.

³Also known as House Bill #B-1

⁴Kentucky Department of Welfare Bulletin, published by the Department of Welfare, Frankfort, Kentucky, March and April, 1943, Volume 4, No. 6, p. 11

⁵The present Director (1943) is Dr. A. M. Lyon

years experience in institutional care and treatment of the insane or feeble-minded. The Act also sought to insure tenure of office for the right man. His appointment was made by the Commissioner of Welfare with the approval of the Governor.¹ Removal of office could be brought about only by written charges preferred by the Commissioner of Welfare and reviewed by the Governor, the Attorney General and a person appointed by the Council of the State Medical Association.

The Act covered "medical and psychiatric care of the feeble-minded, insane, epileptic, pauper idiots, drug addicts, criminal insane, psychopathic personalities, and chronic inebriates", as well as dependent children in those institutions maintained in whole or in part by the State.² In addition to the Director it provided for an Assistant Director and Superintendents of the state institutions.

Qualifications for doctors, nurses, and social workers were established. For the first time a staff of consultants was created for each of the state hospitals. Other worthwhile changes under the Act included: inspection of institutions at least four times a year by the Director and Assistant Director; provision for voluntary admission as well

¹In case of a vacancy the appointment was made from a list of three persons possessing necessary qualifications and submitted by the Council of Kentucky State Medical Association. If none of these names was acceptable a second list of three names was presented from which one had to be chosen.

²House Bill #B-1, p. 1-2

as admission on a ten day emergency commitment issued on a health officer's requisition¹; psychiatric examination of persons twice previously convicted of a felony or indicted by the Grand Jury as habitual criminals; "discharge" from hospitals for the insane, thus abandoning the tradition that patients must be humiliated by appearing before a jury for restoration of citizenship.

The Division of Mental Hygiene, in co-operation with the State Department of Health, was responsible for development of a state-wide mental hygiene program looking toward prevention of mental disease and the post-institutional care of persons released from state or private mental institutions.

While these legislative changes were taking place in 1938 with their far-reaching results, the Department of Psychiatry at the University of Louisville continued to expand. In July the Hydrotherapy Department was finally opened² with major emphasis on the treatment of psychiatric patients, although other hospital services benefitted by its use. Dr. William K. Keller³ was made Assistant Professor to Dr. Ackerly and the

¹It enabled acutely ill mental patients to be taken immediately to a hospital thus avoiding the customary procedure of jailing them until such time as the jury met.

²Miss Anne Cox was appointed hydrotherapist and paid by the city.

³To succeed Dr. Thomas who left in August, 1938. Dr. Keller had completed training at Johns Hopkins, New York Hospital, and had been a Rockefeller Foundation Fellow at Queen's Square Hospital in London.

third full-time position in the department was established that year and filled by Dr. Edward E. Landis¹ as Instructor. The experience of the Commonwealth Fund Fellow² was enriched by working three half-mornings a week in the pediatrics out-patient department.

It would be too much to expect that this kind of growth went on continuously. As may be recalled, under the terms of the articles of agreement drawn up in 1931,³ the Community Chest was to be relieved gradually of the financial burden of the Mental Hygiene Clinic. But the University had not been able to date to take over much of the Clinic budget. They found that the first year after the merger they could contribute nothing to the clinic, and were only able to make up for a blanket cut to the director's salary the second year. Comparatively little was given the third, fourth, and fifth years. By 1938 they had assumed approximately one-third of the director's salary. The Board of Directors of the Clinic and the Chest Committee met to discuss this inability of the University to give substantial help to the Clinic thus relieving the Chest.⁴

The University pointed to the growth of the Medical

¹He had been the Commonwealth Fund Fellow the previous year.

²Recipient in 1938 was Dr. William Boyd Curtis.

³Refer to Chapter IV, p. 81

⁴Talk given before Board of Directors of Mental Hygiene Clinic, February 9, 1943, by Dr. Spafford Ackerly, op. cit., p. 2-7

School program and the rapid development of the psychiatric service at City Hospital. The Chest pointed to its contribution to the Clinic. It was inevitable that a day of reckoning would arrive. Quite naturally the first rumors of discontent came from the Chest group, during the winter of 1938-39. They feared that the director of the clinic had become more interested in the Medical School teaching program and the development of the Psychiatric Department than he was in the Mental Hygiene Clinic. Since they were carrying the greatest part of the clinic budget they thought the University should make an adjustment in terms of the time devoted by the director. The upshot of all this was the decision to have a survey of the Clinic activities made by an outside organization.

In March, 1939, Dr. George S. Stevenson, Director of the Division on Community Clinics of the National Committee for Mental Hygiene, came to Louisville and conducted the survey at the request of the Community Chest. It proved to be a worth-while enterprise and the findings cleared the atmosphere.

Dr. Stevenson felt that there was universal appreciation in the community of the service rendered by the Mental Hygiene Clinic. Criticisms were obtained with some degree of reluctance and given for the most part in a sincere effort to help improve matters rather than as an expression of antagonism.¹

¹George S. Stevenson, M. D., "Mental Hygiene", Louisville Survey--Summary Report, Community Chests and Councils, Inc., March, 1939--p. 87

Ten questions were used as a guide:

(1) Is the community receiving service from the clinic commensurate with the money provided by the Community Chest?

(2) Are the educational services of the clinic returning value to the community?

(3) With what agencies is the work of the clinic most closely related?

(4) What is the relation of the clinic to the hospital, its chief social worker, and between the general social service of the hospital and that of its out-patient department?

(5) What are the relationships of the clinic to public agencies and the needed developments within public agencies?

(6) Has the clinic worked out a policy determining its scope and its provision of free or pay service?

(7) Should the clinic look forward to public financing?

(8) Is the board functioning as fully as would be desirable?

(9) Along what lines should expansion take place?

(10) What new functions need to be considered?

It was pointed out that while the Clinic was the central point of interest from the Chest viewpoint, because of the tie-up with the psychiatric program at City Hospital and the Medical School as well as to the functions of various agencies, these interrelationships had to be considered, too.

While no attempt was made to answer the questions in order, the survey resulted in several specific recommendations and conclusions. For example, because of the greatly increased

obligations that had fallen upon public funds since the time of the merger, (1931), the prospects of financing the Clinic on that basis were rather remote now. It seemed best to proceed therefore on the premise that the Clinic would have to depend upon private sources for an indefinite period.

In discussing the work of the board, Dr. Stevenson noted many evidences of its interest and positive leadership in mental hygiene progress. He stressed its function and value in interpreting and relating the clinic to the community. The members met regularly and were kept informed of the technical work of the clinic through case presentations.

The staff differed considerably from clinics in other cities. The spread of the director's responsibilities had reduced his time in the clinic to about fifty per cent. As a result it had been necessary to delegate unusual powers and duties to the chief social worker. In keeping with her broader administrative role, she had been given the title of Executive Director. This arrangement had had its repercussions. For example, the public and agency personnel often requested to deal directly with the clinic psychiatrist and were not content to see anyone else. Dr. Stevenson recommended that it should be clarified further with agencies of the community that such appointments were possible in special instances. As a safeguard he thought the distinction regarding the Executive Director should be stated more clearly. Her activities were in an executive capacity rather than that of technical social worker.

The Clinic had one part-time and one full-time social worker,¹ since the broadened function of the Executive Director detracted from her time as a social worker. This meant a serious deficiency of social service, in view of the amount of psychiatric service in the clinic, that is, the equivalent of two full-time psychiatrists. The normal balance between doctors and social workers was one psychiatrist to two or three psychiatric social workers, which meant a lack of at least two social workers in the Louisville clinic.

At the time of the survey the psychiatric service of the clinic was in the hands of five psychiatrists. The director, Dr. Ackerly, devoted fifteen and a half hours a week to cases and about twenty-one hours in all at the clinic, including administrative activities. There were, in addition, three other psychiatrists² who gave seven and a half, eight, and four hours a week respectively, taken out of their time at the University, as well as the Commonwealth Fund Fellow who devoted full time to children's work. The aggregate approximated the time of two full-time psychiatrists and in terms of salaries paid to these men this would mean approximately \$7,000 worth of psychiatric time. Dr. Stevenson concluded from his analysis that it was unquestionably true that the community was receiving more than a full return on its expenditures for

¹Miss Ruth Mellor and Miss Marjorie Filkins.

²Dr. Keller, Dr. Landis, and Dr. John D. Trawick, Jr., respectively.

psychiatric service.

The clinic psychologist was devoting full time there with the exception of four hours a week spent at the City Hospital. It was customary to spend some time in outside activities, Dr. Stevenson pointed out in this connection.

In terms of size compared to other communities and their services, the Louisville clinic was failing to meet certain community needs. For service to children it was providing about half of what was needed in relation to population.¹ If the clinic were devoted entirely to children's cases and carried no adults it might come nearer a fair degree of provision.

Lectures being given at the Law School, to Social Work students, for cottage mothers at Ormsby Village, and at the Kentucky Children's Home,² to public health nurses, student nurses, theological students and probation officers, as well as a day a week given by Dr. Landis to the public school system,³ led Dr. Stevenson to believe that the educational activities of the clinic were undoubtedly returning benefits to the community.

¹As compared with Richmond, Va., and using the ratio of one psychiatrist to every 200,000 population.

²Home for dependent children, under State Department of Welfare, Child Welfare Division.

³This was done in an effort to help Dr. Landis learn school problems and to enable the schools to know clinic problems.

Turning to the hospital for brief consideration certain questions arose, although no attempt was made to go into the details of this service. In perspective it was pointed out that the wards, out-patient clinic service, and Mental Hygiene Clinic all benefitted mutually by their relationship. Consultation facilities for the latter were thus made available and a wider range of staff and teaching facilities for the Medical School were provided.

This seemed to be the crux of the Chest discontent. Dr. Stevenson thought the combination of clinic and Medical School mutually beneficial. The 1931 merger had made it possible to secure outside funds which contributed in turn to the community. In 1939 both parties were "unquestionably benefitting far beyond what either would separately".¹

Following the 1939 survey things seemed to settle down again and expansion continued. In September the Younger Women's Club donated funds² toward a new project, a Nursery School to be set up for the study of the pre-school problem child. The two-fold purpose of the newest experiment was the guidance of children during their most formative years and a demonstration to parents, doctors, student nurses, social workers, and the community at large of the best methods

¹Stevenson, "Mental Hygiene", op. cit., p. 90

²\$700.00 a year for three years.

of training young children.¹ The second floor of the Children's Free Hospital laundry building (adjacent to the Mental Hygiene Clinic building) was converted and equipped as a play-room. The school was to be open five days a week and any child was eligible. Mrs. A. B. Sawyer, Jr. headed the staff of two trained teachers; members of the Younger Women's Club took turns one day a week as observer-teachers. The staff members were all under the careful surveillance of the clinic psychiatrists.²

The George Davis Bivin Foundation³ of Cleveland donated \$900 to the Mental Hygiene Clinic for a series of lectures in child guidance to be given to community agencies.⁴ A glance at the following table of funds received in 1939 by the Department of Psychiatry and Mental Hygiene and the sources gives a picture of the wide-spread interest shown in the work. (See Table 3, p. 121)

¹Louisville Courier-Journal, September 10, 1939.

²Annual Report, submitted by Dean of School of Medicine, 1938-39, op cit. p. 8

³A philanthropic society interested in furthering the study of emotional behavior of children.

⁴Annual Report, 1938-39, op. cit., p. 8

TABLE 3

Table of Funds Received by the Department of Psychiatry and Mental Hygiene For the Year 1939¹

| <u>SOURCE</u> | <u>AMOUNT</u> |
|--|--------------------|
| Louisville Community Chest..... | \$13,720.00 |
| Commonwealth Fund of New York..... | 9,810.00 |
| Louisville City Hospital..... | 4,121.92 |
| Louisville Junior League..... | 2,500.00 |
| National Committee for Mental Hygiene..... | 2,400.00 |
| Central State Hospital (consultant)..... | 600.00 |
| George Davis Bivin Foundation..... | 900.00 |
| Younger Women's Club of Louisville..... | 700.00 |
| Total.... | <u>\$34,751.92</u> |

The outstanding teaching innovation that year was the instruction of senior medical students in the out-patient psychiatric clinic.² Each of the three full-time staff men took over two new students for intensive treatment work with patients every three weeks. At the end of that period the patients were turned over to attending physicians for follow-up treatment. The plan showed clearly the need for the students to be better prepared in the preceding years so that they might take full advantage of the later instruction. For the first time a course entitled "Introduction to Psychiatry" was given to the Freshman Class and a series of lectures in psychopathology was given to the sophomores. Gradually the rounded out teaching program was emerging as a unit covering

¹Table copied from Ibid.

²Ibid., p. 9

all four years. A new psychiatric social worker¹ joined the teaching staff who was to be in charge of all the psychiatric social work at the hospital (wards and clinic), with major emphasis on teaching in the out-patient clinic.² This was the first instance, so far as can be ascertained, of a qualified graduate psychiatric social worker devoting full time to an undergraduate psychiatric teaching program.

For the next year or so the department seems to have maintained the status quo, with special attention being focused on refinements of the teaching program. There were some changes in regard to personnel. Psychiatric service spread out further into the community with the appointment in 1940 of Dr. Landis as Director of Psychiatric Service at the Louisville and Jefferson County Children's Home,³ with provision for part-time Medical School teaching.⁴ His position on the faculty

¹Miss Regina L. Cohn succeeded Miss Gosling in August, 1939. She was a graduate of the New York School of Social Work, where she had been a Commonwealth Fund Fellow in Psychiatric Social Work. She later took additional training, also on a fellowship, at the Pennsylvania School of Social Work and the Philadelphia Child Guidance Clinic.

²Annual Report, submitted by Dean of School of Medicine, 1938-39, op. cit., p. 7

³Detention Home for dependent and delinquent children of Louisville and Jefferson County.

⁴He had spent the previous year at the University of Pennsylvania on a Rockefeller Foundation Fellowship in Neurology. During that time his position as Instructor was filled by Dr. Curtis.

was taken by Dr. Samuel Warson¹ of Yale.

The effects of World War II began to be felt soon after December, 1941. An accelerated program due to war conditions was initiated in the Medical School, with a new class entering and another graduating every nine months, with one month's vacation between school years. By the summer of 1942 the war had produced changes in psychiatric personnel.² About this time the Selective Service Headquarters approached the Clinic to clear all 1A Registrants from the 19 Local Boards of Louisville and Jefferson County. This was an effort to rule out possible neuropsychiatric cases coming up before the Army Examination and Induction Boards. As many sources as possible were cleared, including the files of the Social Service Exchange, social agencies, private sanitariums, Central State Hospital and General Hospital.³ From May through December (1942) nearly 12,000 names had been cleared in this way and material co-ordinated.⁴

¹His wife, Mrs. Frances Warson, became the third full-time social worker at the Mental Hygiene Clinic in 1940.

²Dr. Keller entered Naval service and Miss Filkins joined the American Red Cross for overseas duty.

³Name changed from City Hospital to General Hospital in March, 1942, following merger of the City and County health departments.

⁴In February, 1944, Dr. Ackerly read a paper on the completed project before the American Orthopsychiatric Association, meeting in Chicago. At that time a total of 24,823 names had been cleared over a period of 19 months.

In June, 1943, the Commonwealth Fund grant was at an end and the University had absorbed the amount set aside each year to develop the Department of Psychiatry.¹ The entire program covering four years of psychiatric teaching was now in full operation. The foundation laid in 1931-32 was carried out during the next decade to a satisfying conclusion. Dean Moore had contributed toward the success of the experiment in four ways: (1) by inviting the Louisville Mental Hygiene Clinic, a Community Chest agency, to become affiliated with the Department of Psychiatry of the Medical School; (2) by creating a teaching staff of three full time psychiatrists, following the original Commonwealth Fund grant; (3) by rotating all internes on Medicine through the Psychiatric department, and having each assistant resident on medicine spend six months as resident on psychiatry; and (4) by actively supporting the expanding program designed to keep uppermost in the student's mind the therapeutic and preventive attitudes.²

Attention focused on research in 1942-43, with special

¹In their 1942 Annual Report the Commonwealth Fund wrote, "At the University of Louisville the cost of an expanded and greatly strengthened department of psychiatry will be met henceforth by the University without aid from the Fund. Informal and original teaching methods characterize the work of this department, and graduates of the school now in practice give evidence that they are fully aware of the psychoneurotic problems of their patients and feel qualified to deal with them hopefully."

²Spafford Ackerly, M. D., "The Teaching of Psychiatry to Undergraduate Medical Students", Journal of the Association of American Medical Colleges, May, 1943, p. 167

studies being made.¹ These included clinical research in electroencephalography by Dr. Landis;² group Rorschach Personality Diagnostic Tests on selected groups of registrants³ to determine its validity as a group test; investigation into the usefulness of data from private and public agencies in regard to 24,000 IA registrants to the Army induction board psychiatrists. As an experiment for six months a team of psychiatrist, social worker, and psychologist volunteered one evening a week to Juvenile Court.⁴

In the twelve years since Dr. Ackerly's coming to Louisville, mental hygiene and psychiatry have made great strides. All along the Mental Hygiene Clinic had looked to the parent organizations such as the National Committee for Mental Hygiene and the Commonwealth Fund, who set up national standards for clinics, for help and guidance in measuring its own progress. Because of the absence of other psychiatric service the comparison had to be with other outside clinics.⁵

¹Annual Report, submitted by Dean of School of Medicine, 1942-43, p. 14

²Not available for publication as yet.

³By Dr. Joseph E. Brewer, Clinic Psychologist.

⁴Due to pressure of other work program discontinued temporarily.

⁵Refer to publication of National Committee for Mental Hygiene, "Synergist: Medium of Integration and Interchange, For Child Guidance Clinics"; Vol. XVII, No. 1, April, 1944 (a statistical report gathered to show trends among clinics, including Louisville).

The economic depression threatened to curtail all child guidance clinics and Louisville was no exception. The Community Chest needed help in financing the work. The University saw the need for enlarging its department of psychiatry and the merger in 1931 seemed the best answer for both parties, as the later survey proved.

From the beginning Dr. Ackerly saw the Clinic as a well established community service needing little interpretation. (The trend toward acceptance of such clinics as a community service was the most striking development since 1930, nationally speaking.) The pattern of clinic structure and function had been well formulated in the preceding decade and only refinements and elaborations remained to be developed further.

This fact left Dr. Ackerly relatively free to concentrate on patients and on the psychiatric program at City Hospital and the teaching of medical students.¹ Needs were met as they arose and the physical set-up improved each year. Sources of referral of cases were more varied.² (See Table 4, p. 128) Standards for care and treatment rose markedly with improvements in techniques, equipment, and personnel supervision. Emphasis was put on the "curative" rather than "custodial"

¹It will be recalled that this point brought about Dr. Stevenson's 1939 survey. His report showed that the Clinic had the services of the equivalent of two full-time psychiatrists--and this in spite of the time devoted to the other areas. (see p. 117)

²Statistics for sources of referral of psychopathic ward cases not available.

aspects wherever possible, which was also a reflection of national trend. The teaching of psychiatry advanced rapidly. By 1937 the Commonwealth Fund reported

Here (referring to the University of Louisville Medical School) the teaching of psychiatry is not only spread through three years of the undergraduate course, with a total time allotment considerably greater than that called for in the Class A standards of the Division on Psychiatric Education of the National Committee for Mental Hygiene, but is notably competent and resourceful.¹

The confidence placed in the department seems to have been borne out by the successful completion of the teaching experiment under the Fund's auspices.

Following the last war, educational campaigns were put on to overcome public apathy, official inertia, and political control in regard to the care and treatment of the mentally ill. But it was many years before any change took place in Kentucky. The climax to Dr. Ackerly's initial campaign along this line resulted in passage of the Chandler-Wallis Act.

With all this emphasis involving time and effort in the department of psychiatry, the Mental Hygiene Clinic nevertheless continued to expand. (See Table 5, p. 129) Increasing treatment loads each year and especially referrals from private physicians were indications of the growing recognition of the clinic by the medical profession. The Nursery School was established, offering an opportunity for further study in education and social development. The Commonwealth Fund

¹Nineteenth Annual Report of the Commonwealth Fund, New York, 1937, op. cit., p. 6-7

chose the Clinic as one of their five post-graduate centers for additional study in child guidance. Following the 1939 survey another psychiatric social worker was added to the staff.

TABLE 4

Sources of Referral According to New Accepted Cases Carried by the Psychiatric Out-Patient Clinic of the Louisville General Hospital During the Year 1943¹

| <u>Sources of Referral</u> | <u>New Accepted Cases</u> |
|--|---------------------------|
| Total | 283 |
| Board of Education..... | 1 |
| Draft Board..... | 2 |
| Interested Individuals..... | 8 |
| Juvenile Court..... | 2 |
| L'v. Gen. Hosp. Psycho- pathic Wards..... | 82 |
| L'v. Gen. Hosp. other Wards..... | 24 |
| L'v. Gen. Hosp. Clinics..... | 140 |
| Mental Hygiene Clinic..... | 6 |
| Private Physicians..... | 4 |
| Relatives..... | 2 |
| Self..... | 2 |
| Social Agencies..... | 10 |

¹Compiled from data in Psychiatric Out-Patient Clinic Monthly Reports, January, 1943-December, 1943 incl.

TABLE 5

Sources of Referral According to New Accepted Cases Carried¹
by the Louisville Mental Hygiene Clinic During the Year 1943¹

| Sources of Referral | New Accepted Cases |
|---|--------------------|
| Total | 820 |
| Court: | |
| Formal Referrals | 20 |
| Special Service | 50 |
| Orphanages: | |
| Catholic | 2 |
| Protestant | 4 |
| Parents, Friends, Relatives | 112 |
| Physicians | 158 |
| Schools: | |
| Catholic | 2 |
| County | 2 |
| Public | 29 |
| Self | 14 |
| Social Agencies | 148 |
| University of Louisville | 1 |
| Other: | |
| Children's Free Hosp. | 2 |
| Dept. of Psychiatry | 39 |
| Pediatric Service, L'v. Gen. Hosp. | 19 |
| Other Services, L'v. Gen. Hosp. | 10 |
| Induction Board | 19 |
| Local Boards | 46 |
| War Plants | 3 |
| Army Hosp. Physicians | 6 |
| Sel. Serv. Hdqts. Staff | 24 |
| Navy Cadets | 60 |
| Junior Medical Students | 27 |
| Employers, State Agencies, Ky. Crippled Children's Comm. Federal Court, Attorneys, Insurance Companies, etc. | 23 |

¹ Source of data was Annual Service Report Louisville
Mental Hygiene Clinic Year 1943

Following the national pattern the first decade of the Clinic's existence marked the growing awareness on the part of educational institutions, social agencies and other professional groups of the value, in dealing with difficult individuals, of techniques for evaluating their native equipment and their environment. The second decade was concerned with cultivating in the public sufficient interest and faith to support such clinics financially while giving them leeway to experiment with methods of treatment. The last decade has been devoted more intensively to putting this research into practice. Another decade will be needed to judge the validity of the results.

That the Clinic has survived threats such as an economic depression, curtailed staff, and the exigencies of a world war would seem to indicate that it was basically sound from the beginning. If so its services, unduplicated as they are by other agencies, are vital to the community and it is of civic as well as humanitarian importance that it continue to grow and expand.

SUMMARY

SUMMARY

Looking back to 1911, serious problems confronted the community. The first step in meeting the needs of children who presented special difficulties of adaptation was taken by leaders in the school system. Aside from the waste in money, time, and effort from a community stand-point, there was the injury to the children themselves. Delinquents, retarded and gifted children all presented serious problems. This was not a new situation. It remained for the educators to realize the relationship between delinquency, dependency, and general inefficiency among children, (as early manifestations of serious behavior problems) and the later psychotic and neurotic group of adults. By organizing their forces and attempting to classify these children the school authorities made the first contribution.

From a "Special School" for delinquent boys established under the public school system in 1911, the work gradually branched out, first into a psychological laboratory interested in the retarded child and later in the gifted child. But this was meeting the need in only one area. The correlation between early symptoms and later social maladjustment could also be seen readily by the social agencies. From the beginning mental hygiene in Louisville has seemed indispensable if corrective and preventive work was to be done by the public

and private social organizations. Mental factors in the problems of the individual and of society received growing attention. By 1919 these factors were considered as of paramount importance in the study of social problems. As a result the combined agencies in the city took steps to secure help with their clients by approaching the school psychologists who were already long since demonstrating the value of their studies with children. In 1919 the Psychological Laboratory was enlarged to include the clients of social agencies. When the division between school interests and community demands led to the establishment of a separate community agency, the Psychological Clinic began its work under the Welfare League of Louisville. How the work developed and from time to time the philosophy changed, under a succession of directors, comprised the next phase.

The new clinic needed the co-operating agencies no less than they needed it. Sometimes the clinic took the initial responsibility in a case and other times was assistant to another agency. But from the beginning it proved to be a joint enterprise. The laboratory psychology had put prime emphasis on classification and diagnosis. It remained for the clinic to develop a more comprehensive picture of the individual as a whole, in terms of planning treatment. In this undertaking the other community agencies proved invaluable.

It was one thing for the professional groups in Louisville to recognize the value of mental hygiene and another for the community to accept this point of view. Having a good Board

of Directors helped to accomplish the latter, since they were from the start representative of community interests at large. They came to know the work of the clinic as they did the community and were a liaison agent between the two. After the Society for Mental Hygiene was incorporated the situation in Louisville was comparable to that existing in many other states. Educational and community aspects of the work received a considerable spurt. The cultivation of public opinion in support of the service was accomplished by lecture courses, radio talks, distribution of literature, newspaper publicity, and conferences. Gradual infiltration of the "mental hygiene point-of-view" also came about through local health, educational and social agencies who dealt with the problems in which mental factors played an important part.

Plans for affiliation with the University of Louisville Medical School culminated in 1931 with the present teaching arrangement in the Department of Psychiatry and Mental Hygiene. Improvements in techniques of treatment and legislation changes followed during this stage of development.

Credit is due Louisville for supporting the clinic in its work while it struggled alone without the aid of the national groups. It was not one of the "demonstration" clinics so-called, yet it remained to demonstrate itself to the satisfaction of the national leaders, who sponsored early clinics, as an outstanding clinic in the field.

From time to time surveys were conducted as a measuring rod for the clinic to see where it stood as well as to outline

plans for further progress. The clinic was never static in its approach; it changed its focus and emphasis many times in the course of the years, so it could keep up with the trend. It was several years before some of these survey recommendations could be carried out. But the ultimate outcome in some instances led to encouraging changes in legislation. What was true throughout the country was also true here.

In efforts to reach further back into the child's early history in an attempt to prevent mental breakdown, the nursery school was also used by mental hygienists. Since psychiatric clinics were based on the fact that serious behavior problems existing in childhood often led to psychotic and neurotic adults, the nursery school aimed at offering the rudiments of education for "social development" to children as young as two years. It was an opportunity to study the genesis of many personality characteristics. It developed a working body of knowledge regarding the importance of symptom manifestations. In other words, the nursery school got at the roots of the child's difficulties, if any, while he was still most capable of modifying his behavior. Since 1939 the nursery school here has been sponsored by the Mental Hygiene Clinic group.

Psychiatry is concerned primarily with the treatment of serious deviations of human behavior. This includes the chronic cases dealt with through custodial care as well as those that are amenable to intensive treatment. Medical schools for years were graduating students with practically no knowledge of and no interest in the field of psychiatry.

Society had long recognized that one group of anti-social individuals--the "insane"--fell within the province of medicine. But there was also a discouraging lack of public interest in even humanitarian care of the nervously and emotionally ill. Today that has changed. Medical students are now getting more and more psychiatric instruction, the schools being motivated to a considerable degree by the needs of the physician not specializing in psychiatry. Hand in hand with modern psychiatry went efforts toward preservation of mental health as one of the chief concerns of the general practitioner. Recognition of the Louisville medical school by national and local groups helped it in making great strides in the community and in turn carrying out research in undergraduate psychiatric teaching methods.

World War II came as a challenge to the mental hygiene and psychiatric facilities in this city as it did everywhere. Renewed interest in the field was one outgrowth of the latest demands brought about by the tensions of the war situation. The problem is bigger and more complex than that faced during and following World War I. Far more servicemen are breaking down than the United States armed forces expected. Now, belatedly, "prevention is the watchword".

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APPENDIX

APPENDIX A

ARTICLES OF INCORPORATION
of the
LOUISVILLE SOCIETY FOR MENTAL HYGIENE (Inc.)

KNOW ALL MEN BY THESE PRESENTS, that the under-
signed persons, all of Louisville, Jefferson County, Kentucky
do hereby associate for themselves and their successors to
establish the following corporation under the laws of the
Commonwealth of Kentucky under the following

ARTICLES OF INCORPORATION

1. The name of the corporation shall be the
Louisville Society for Mental Hygiene;
2. Its principal office and place of business
to be located in the City of Louisville, State of Kentucky;
3. This corporation is not conducted for the
purpose of pecuniary gain or profit, but to work for the
conservation of mental health; to help prevent nervous and
mental disorders and mental defects; to secure and disseminate
reliable information on these subjects, and also on mental
factors involved in the problems related to industry, educa-
tion, crime, prostitution, dependency, and the like; to aid
in the solution of problems resulting from the war; to

cooperate with federal, state and local agencies or officials and with public and private agencies whose work is in any way related to that of this corporation.

4. The corporation has no capital stock.

5. It shall begin business November 15, 1921, and shall continue for a period of fifty (50) years.

6. The affairs of the corporation shall be administered by a Board of Directors of not less than ten (10) or more than fifteen (15) members, who shall be elected annually by the members of the corporation at a time and place to be fixed by the By-laws.

7. The highest amount of indebtedness or liability which the corporation at any time may incur shall be Five Thousand Dollars (\$5,000.00).

8. The private property of the incorporators, their associates or successor shall not be subject to the payment of the corporation debts.

W. E. Gardner, M. D.

Grover Sales,

H. B. Scott, M. D.

Philip F. Barbour, M. D.

Cuthbert Thompson, M. D.

APPENDIX B

RESEARCH IN FIELDS OTHER THAN TEACHING

- (1) Three years of insulin shock therapy (64 patients)
To be summarized this spring. (Dr. Ackerly & Staff)
- (2) Follow-up studies on frontal lobe defect cases.
(Dr. Ackerly)
- (3) Psychosomatic inter-relationships--studied further
through hypnotic suggestion. (Dr. Keller)
- (4) Hypnosis and distractibility studies through hypnosis
on organic brain cases such as paresis (Dr. Keller).
- (5) Further studies in routine bromide determinations to
check our results with those of Dr. Ebaugh, Colorado
Psychopathic Hospital (Dr. Keller and Dr. Trawick).
- (6) Technique in the Induction of Hypo-Glycemic Shock in
the Treatment of Schizophrenia,--Instructions to Staff.
- (7) Case report on Unusual Reactions in Insulin Shock
Therapy. (Drs. Keller and Trawick)
- (8) Review of Schizophrenic Shock Treatment for 1938
(Dr. Trawick).
- (9) Preliminary report to Kentucky Section of American
College of Physicians on Insulin Shock Therapy.
(Dr. Ackerly)
- (10) Studies in the Hemo-dynamics of Patients receiving
Insulin Shock Therapy. (Drs. Moore and Kinsman)
(New International Clinics, Vol.#4, Series 48, 1938)
- (11) Follow-up on 200 shock therapy cases under way.
- (12) Electroencephalograph:
 - (a) Better conclusions in convulsive disorders,
 - (b) Correlation of temporal lobe syndrome with
electrographic evidence in the brain wave.
 - (c) The effect of electrical activity in the
brain upon somatic activity and functional
mental organization
- (13) Development of psychiatric consultation techniques for
social workers.