Particularly when a fatal catastrophe is brought about by a mentally disordered person or when burdens of taxation for the care of the mentally ill and handicapped are brought to attention, the temporarily interested public is apt to ask psychiatrists: “What is the cause of this tremendously increasing burden, and what are you finding out about the insane and how can you stop insanity and how can society be protected from the dangers and the burdens of so-called insanity?” It is of little use to point out that the mentally disordered have always been with us and probably always will be, or to counter with the question: “Have all the problems of economics and politics been solved and if not, why not?” To many, mental disorder has so much of mystery in it that it cannot be viewed from the standpoint of economics or politics. However, one may cite figures to combat to some extent the impression that mental disorder is so greatly increasing. Although between 1912 and 1934 the number of persons admitted for the first time to the New York State civil hospitals increased by 87 per cent, the number of cases admitted per 100,000 population increased only 27 per cent and the increase was principally in the old age group, that is, the arteriosclerotic and senile types. This increase is apparently largely due to the increase in duration of life, 10 years having been added to the average life since 1900. The longer persons live, the more chance there is of developing mental disorder requiring hospital care. The remainder of the increase may well be due to the change in attitude toward hospitals, the increase of urban population at the expense of the rural population, and economic conditions, all of which tend to bring more persons into mental hospitals than formerly. It is doubtful therefore, whether there has been a real increase of incidence of mental disorders during the past 20 years. Certainly the absolute increase in hospital admissions is not a real criterion of the incidence.

However, the question of what is being done in psychiatry and

*Read before the Quarterly Conference of the Department of Mental Hygiene held December 21, 1935, at the Psychiatric Institute and Hospital, New York City.
what can be done—in what direction psychiatry will devote its investigations in the next 10 years—is a reasonable one and it is toward an answer to this question that we wish to direct our attention today.

It is unnecessary to recall to you the advances that have been made in the treatment of general paresis. The prevention of this disease of the central nervous system involves essentially the prevention of syphilis. If the latter could be eradicated by education and prophylaxis there would be no general paresis but such an eradication cannot be expected in the next 10 years and for the next 10 or 20 years we may expect to have to treat because of general paresis, persons who are today being infected with syphilis. Early treatment may prevent general paresis in those infected, but such a proportion of persons contract syphilis without their knowledge, and therefore receive no early treatment, that early treatment is not the complete answer. We do not know now why certain syphilitic persons develop paresis and others not, irrespective of treatment. This is one of the important problems for the psychiatrist working with the immunologist and bacteriologist, to work out in the future. If the problem of the immunity of the central nervous system to syphilis can be solved, and application made to artificially or naturally increasing this immunity, there may eventually be no cases of general paresis even though syphilis may continue as a medical and social problem.

If by preventive methods of public health we are enabling more and more persons to live to an old age, what can be done to prevent their mental decay in the senile period? I have previously rephrased the biblical query to “What shall it profit a man if he add 10 years to his life and lose his mind?” There is good evidence to make one believe that this senile decay is a state of an excess of breaking down of tissue over building up of tissue—a matter of the chemical processes of the body. The biological chemist may be looked to for the solution of the problem of finding means of a continuation of the constructive building up processes by diet or other chemical means to at least postpone this ageing process. Carrel has said that at least for mice, a diet that promotes growth, the size of litters, and a decrease in the incidence of pneumonia