

PSYCHIATRY

Psychiatry Comes of Age

By an act of Congress money has been appropriated which is being spent on research, training, treatment, public education and prevention of mental ills.

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Written exclusively for Science Service

► A RELATIVELY NEW kind of medical science today is lending a skilled hand to thousands of Americans battling problems that seem too big for a man to fight alone. The new science seems till now to have slept in a cloud-capped tower ever since its birth more than a half century ago.

This awakening science is psychiatry. You have heard a lot about it. You've seen stories and pictures that ran in newspapers and magazines not long ago about the terrible bedlams in which some American mental patients are kept. You've seen beautiful, but troubled, ladies in movies who were straightened out in six reels by a handsome brain doctor with a silky voice and a hypodermic needle.

Insanity Fraction of Problem

Chances are, however, you have always thought of insanity as something that happened to somebody else. You were partly right. Actual insanity, according to the best psychiatrists, is only a tiny fraction of the problem psychiatry is setting out to lick. It touches only a few Americans—less than three-quarters of a million of us are in the mental hospitals. There are at least 8,000,000 who suffer some form of mental sickness, however, and it is estimated there are another 10,000,000 now living who will spend some part of their lives in a mental hospital.

Pick up your daily newspaper. Read the headlines: "Torture suspect confesses"; "Mother stabs infant to death"; "Unwed mother attempts leap—prefers death to life without lover."

A Harvard University sociologist predicts that by 1957 the number of divorces will equal the number of marriages. Alcoholism, sex atrocities, and bobby-sox criminals alarm parents everywhere.

These tragedies are symptoms—symptoms of human, personal crises that burst forth suddenly like flames from a smoldering rag pile. They are symptoms of a kind of sickness traditional medicine has hardly touched. It is a sickness of the mind, not the body. It is by no means always violent; more often it rests in quiet desperation, in cumulated failures, frustration and worry. Often it leads simply to unhappy, fruitless lives. Sometimes to divorce, alcoholism or

crime. Sometimes the path ends in the mental hospital.

Yet the happy truth is that in the early phases most of this tragedy can be prevented by the kind of expert counsel psychiatry is prepared to give now. Hundreds of thousands of Americans who are on the brink of mental or emotional disaster can be guided toward self-salvation by the mental health clinics the States are now organizing with funds provided by the Federal Government.

For the first time in history, a nation is attempting to bring the benefits of the new science psychiatry to its whole people. Stirred by the frightening number of young men and women whom the Selective Service, the Army and the Navy had to reject because of mental or emotional upsets, Congress passed the National Mental Health Act, appropriating \$4,500,000 for the first year's program, and placing that program with the U. S. Public Health Service.

The Public Health Service's attack on mental illness which began in July of 1947 with the \$4,500,000 is almost identical in technique with the Federal attack on cancer which began ten years ago. It was outlined by a council chosen from the best psychiatric brains in this country, the National Advisory Mental Health Council. Under this outline, Federal money, supplemented in some instances by State funds, is being spent on research, training, treatment, public education and prevention.

Research Grants

So far research grants have been made to more than 30 universities, hospitals and other institutions as well as to individuals in order to study the causes, treatment and prevention of mental illness. More than 20 fellowships for research have been financed. Research will be carefully planned and coordinated, as was done with cancer, so that an organized, interconnected body of knowledge will begin to grow with a minimum of duplication.

Grants have also been made to medical schools and other institutions to train urgently needed personnel—psychiatrists, clinical psychologists, psychiatric social workers and psychiatric nurses. It is expected that eventually occupational and recreational therapists and other mental health personnel will receive training under the program.

Of most concern to the public, however, is the plan to bring mental health facilities to as many U. S. neighborhoods as possible. This is the vital preventive phase of the program, and over half the total appropria-

tion will be spent here. By the first of the year more than 40 States have had their plans approved. In many States the plans are well under way.

One of the stiffest battles the Public Health Service and the States will have to fight will be to persuade the average U. S. citizen to bring his mental and emotional problems to a psychiatrist, just as he takes his broken limbs to a general practitioner.

What the public was not told when the stories about the mental hospitals were running, is that only about 10% of the mentally disturbed persons in this country are ill enough to be in hospitals.

Preventive Treatment

Like the submerged bulk of an iceberg, the six or seven million Americans the Public Health Service estimates need some degree of mental or emotional guidance are not seen, either by practicing psychiatrists or the hospitals. It is these six or seven millions in the rural areas as well as the towns and big cities that the clinics must eventually reach with preventive treatment. These are the unhappy mortals who are sick of their jobs, sick of their families and friends, sick of their very lives. These are the Walter Mittys, the little frustrated people whose daily paths are concentric circles. And they are the ones whom psychiatry can promise very real help. It can



NATION-WIDE PROGRAM—Under the direction of Dr. Robert H. Felix, a program for community mental health clinics has been started by the U. S. Public Health Service.



LOOK-OUT FOR MENTAL AILMENTS—*Mental disorders can be spotted early. The little girl is depicting one symptom as she becomes upset when the arithmetic problem will not come out right.*

do a lot, given enough staff, funds, equipment, and the like.

The experience of the Army and the Navy during World War II proved beyond any question that the pre-psychotic—the man on the road toward mental illness—can be restored to useful life.

When Dr. William Menninger, one of this country's outstanding psychiatrists, testified before a Senate subcommittee on the National Mental Health Act, he underlined one fact: "Most significant of the entire (Army) experience was the pre-dominance of minor psychiatric problems, which . . . constituted 80% of the problems of diagnosis and treatment. One can only assume that this experience is applicable to civilian life."

Dr. Menninger was quite right. It does apply to civilian life. But good treatment, given early, will nearly always cure the early cases. Here is the crux of the whole problem: find the half-sick seven millions, destroy their fear of mental treatment, then treat them.

Long ago people were ashamed to admit they had tuberculosis; more recently, they were afraid to go to public clinics for treatment of venereal disease. Today they are even more afraid to be found in a psychiatrist's office, or, worse, a mental hospital. Persons known to be getting mental treatment have lost their jobs, their friends. "So-and-so is going to a psychiatrist—he must be nuts," is too often the popular verdict.

For this reason, the Public Health Service

hopes that mental health clinics will be made physically a part of general health clinics or hospitals so that visits to a psychiatrist will come to be considered as no different than visits to a pediatrician, let's say, or a gynecologist.

By no means does everyone with problems too big for him need a psychiatrist, and of course there are not enough psychiatrists to see everyone who needs mental and emotional guidance. It is here that the general practitioner fits into the program.

Training Personnel

During this fiscal year, over \$1,000,000 will be spent on training the several types of personnel who make up a mental health clinic—psychiatrists, clinical psychologists, psychiatric social workers, and psychiatric nurses. But a large part of the training program will cover medical students, many of whom now learn little about psychiatry during a whole four years in medical school.

With good training in psychiatry behind him, plus some internship in a mental hospital or clinic, the general practitioner could become the bulwark of a psychiatric program. There will always be more of him than of psychiatrists, and no one hesitates to bring their problems to the family doctor.

Before any large number of medical students can get the needed training in psychiatry, however, the public mental health clinics will have been functioning for some time. Where will they get their

patients? How will they actually reach the public, and how can the public be persuaded to use them? The answers to these questions will decide the most vital point in the whole mental health program. Can psychiatry be carried to the public-at-large?

The Public Health Service hopes that the ice will be broken by having patients referred from private physicians, from the schools, Community Chest agencies, courts and welfare organizations. The public health nurse is a tremendous case-finding tool. She sees everyone except the rich. She can be very helpful in referring to the clinic children and grown-ups in need of mental and emotional guidance.

Gradually, the public will learn that good psychiatry is by no means frightening to the patient, nor anything to be ashamed of seeking. It is by no means always the half-hopeless struggle against the dark mystery of schizophrenia, and its techniques are by no means limited to the "shock" treatments, "truth drugs," or other violent or dramatic treatments. Usually, it is nothing more than skillful questioning—and listening—by the psychiatrist. The gradual persuasion of a patient to understand and help himself. A patient's good points are skillfully balanced against his weaknesses—he is slowly given insight into his problems.

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Do You Know?

Some 19,500 persons were killed in America during 1947 in *farm accidents*.

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Psychiatrists, the Public Health Service believes, will one day be accepted by the public as readily as surgeons or dentists. They are very truly human beings. Sometimes they need to visit other psychiatrists.

MEDICINE

Warn Ex-Syphilitic Vets

➤ A WARNING is being issued to veterans who were treated in service for syphilis with penicillin that they need periodic check-ups because there is a possibility that between 20% and 30% of these cases were failures, officials of the Veterans Administration stated.

The old Army treatment for the disease with arsenic and bismuth was time-tested and results were therefore predictable. The disadvantage in this 26-week treatment was that one out of every 30,000 was killed while penicillin has proved superior without killing any patients. However, penicillin treatment is still in an early stage. It will require about 20 years study and follow-up to determine the effect on the patient.

Meanwhile, Uncle Sam is worried about the boys who received treatment and thought themselves cured because in many cases the patient received either inadequate treatment, because of discharge did not get the necessary blood and spinal fluid tests required for a year after treatment or was

There is a story about a Washington, D. C., psychiatrist who walked into an elevator shaft in an apartment building where he had lived 30 years. He had always thought it was a closet!

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discharged before he got an examination of his spinal fluid.

Syphilis, if not treated, or inadequately treated, may attack the heart and nervous system and therefore in many cases leads to insanity. Officials estimate that each case of insanity in a veteran costs the taxpayer \$40,000 from the time the patient is admitted to a hospital until his discharge.

They estimate that approximately 400,000 veterans were treated while in service in the armed forces. About 52,000 veterans were treated in 1946 following their discharge but there is no way of telling what proportion were infected after they got out and which of them were relapse cases. No one has followed army cases long enough although an attempt will be made to do this in the future.

The officials of the Veterans Administration cautioned that without preventive action now, syphilis in veterans will cost the taxpayer around one billion dollars in the course of the next 25 years.

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MEDICINE

Mix Vaccine-Toxoid Shots

➤ CHILDREN will get better protection against diphtheria and whooping cough when the materials used for the anti-diphtheria and anti-whooping cough shots are combined in one mixture instead of being given separately.

Studies showing this are reported by Dr. Joseph A. Bell of the U. S. Public Health Service in a report to the *Journal of the American Medical Association* (July 17). The studies were made in Norfolk, Va., and neighboring territory, beginning in 1941.

Children from the ages of two to 23 months were selected for the test and divided at random into two groups. One group was given an alum-treated mixture of whooping cough vaccine and diphtheria toxoid. They got two shots of this, four weeks apart.

The other group got whooping cough vaccine and diphtheria toxoid in separate injections.

Of 407 children who got two doses of the mixed product, 48 got whooping cough. Among the 385 who got two doses of the vaccine alone, 158 cases of whooping cough occurred.

A year after receiving the first injection, 992 children in the diphtheria study were given Schick tests, the standard method of

determining immunity to diphtheria. A positive reaction to this test shows susceptibility to diphtheria. There were only one-third as many positive reactions in children who got the mixed product as in those who received unmixed toxoid.

The mixed vaccine-toxoid shots are effective in babies as young as two to five months old and side reactions, Dr. Bell reports, are "few and negligible." But at least one of the doses, he advises, should be given after a child is six months old for best protection.

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PUBLIC HEALTH

Smallpox Disappearing in Nation, Figures Show

➤ SMALLPOX has almost disappeared in the United States. The number of reported cases dropped 50% from 1946 to 1947 and 98% in the last decade, a survey by the Metropolitan Life Insurance Company shows.

During the first 20 weeks of this year only 45 cases of this dangerous disease have been reported. This is about one-third the corresponding figure of a year ago.

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