

PSYCHOLOGY

Mike Debunks Idea That Apes Are Not Fond Of Bathing

When Faced With Frequent Baths for Cure of Skin, He Surprises Attendants With His Enthusiasm for Soap

WATER is rather commonly supposed to be a substance as sedulously shunned by monkeys and apes as it is by their obvious relatives, small boys. Yet there is a young orang-utan in the New York Zoological Garden who has had a lot of baths. With soap. And he loved 'em.

The ablutions of Mike (for that is our hero's name) make a fascinating tale, as told by William Bridges, of the New York Zoological Society.

Mike was only three or four years old when he came to the New York Zoo, but he already had a university career behind him. He had been at the Johns Hopkins University, collaborating there with Prof. Adolph H. Schultz in researches on ape psychology. Mike did the psyching, while Prof. Schultz made observations and took notes.

The experiments in Baltimore ended, Mike went on up to New York to begin his real career as entertainer and instructor in zoology to the visiting public. But he could not be permitted to begin work at once. He had, alas, contracted some diseases. Nothing particularly serious, to be sure, but still not to be taken into the exclusive confines of the Zoo's primate house. So he went to the animal hospital.

The ails of his little insides yielded quickly to medicine, which Mike swallowed with great docility, not even having to be admonished to "take it like a

little man." In two weeks that part of it was all cleared up.

More serious was an external disease, due to a parasitic fungus, that made his skin harsh and rough and deprived him of most of his hair. The only treatment indicated was a thorough bath every other day, followed by a rubdown with baby oil. After about six months of that, plus new elements in his diet, Mike was a changed little orang-utan, ready to be installed in his permanent quarters.

Mike's bathtub was a deep service sink. An attendant would put him into the warm water, lather him thoroughly with good soap. Mike never wriggled or protested in any way. He even co-operated, taking up the bath brush and scrubbing vigorously at that inaccessible spot right between the shoulder-blades.

Unlike his hominid cousins of comparable years, he was no soap-hater. He even experimented with it as a possible article of diet. When he found out that it wasn't meant to be eaten, he put the bar down and continued his brushwork, sitting on the drain-board of the sink.

Finally, rinsed clear of the soapsuds and dried off, he would lie completely relaxed on the hospital operating table, while the attendant kneaded baby oil into the skin of his back and neck and head. Mike simply couldn't get enough of this. The attendant's fingers generally wore out long before Mike's patience.

Diet was a problem. Apparently Mike

had been fed almost exclusively on bananas and milk; at any rate, those were the only foods he would accept readily. And the milk had to be served just so, in a bottle with a nipple.

This needed extension in the young orang's education took weeks of time and endless patience, but the list of things Mike would eat gradually expanded, until the following items were added to the original milk-and-banana monotony: apples, oranges, cabbage, carrots, lettuce, prunes, apricots, raisins, celery, rice pudding, pabulum, bread, codliver oil, bone meal, iron salts.

He got over his babyish insistence on milk through a nipple and learned to drink it right out of a bottle, like a "reg lar feller."

Also, his devoted friend and attendant, Herbert Knobloch of the animal hospital staff, brought him a corn muffin and half a bar of milk chocolate every day. Mike was feeding on the fat of the land. And he showed it. He was a strong, healthy, alert, downright swagger young simian gentleman, ready at last for his public career.

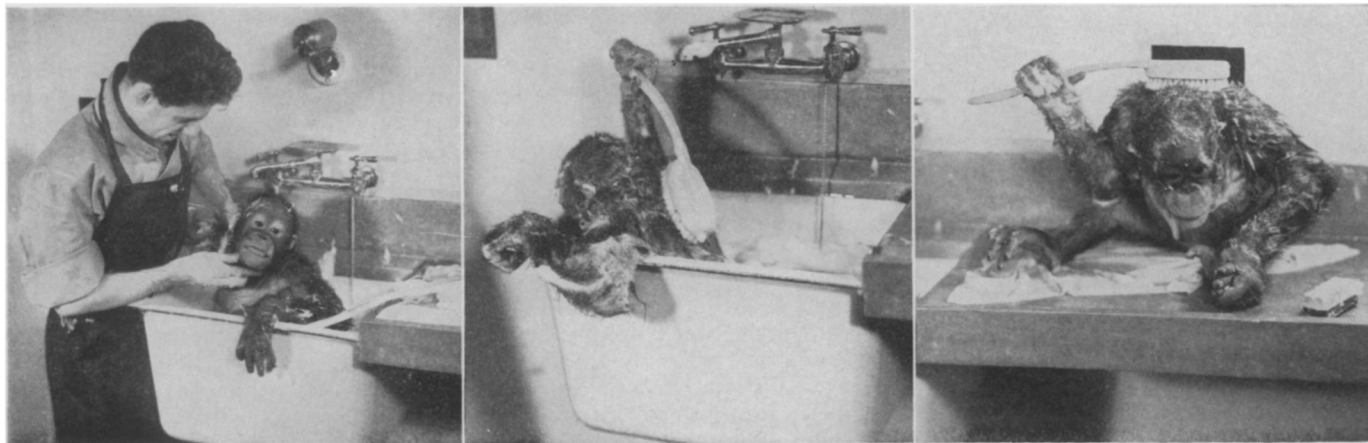
He celebrated his final day in the hospital with one last, long, luxurious bath, while the Zoological Society's photographer, Edward R. Osterndorff, snapped picture after picture.

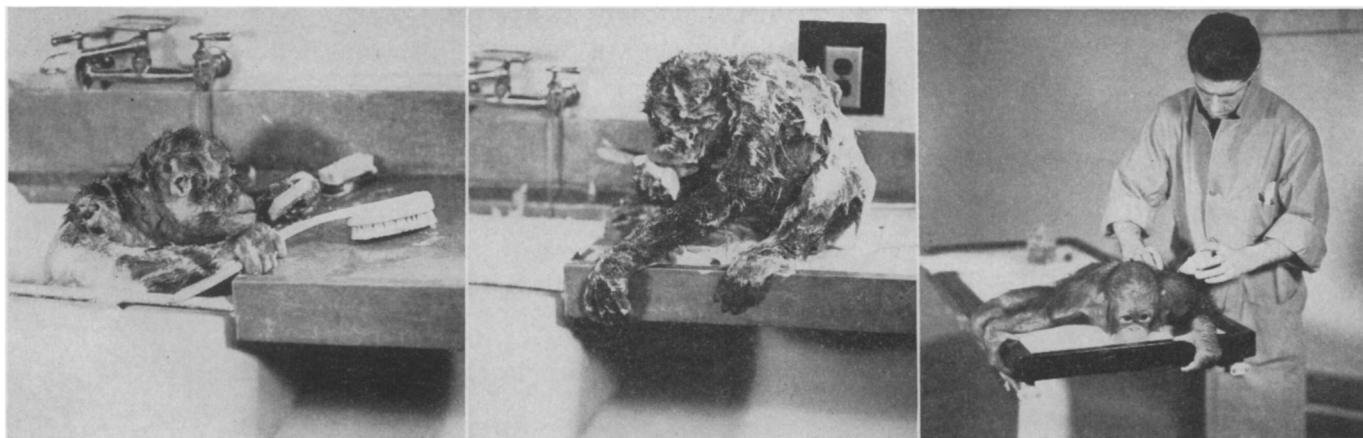
Science News Letter, March 18, 1939

A troublesome potato disease which leaves the fields looking scorched is called the "Z" disease of potatoes, because little is known about it except that a parasitic fungus causes it.

NOT BAD

This water is just right, says Mike as he starts his dip (left). Ah—that's the spot! (center). But I think I'll get out where there is plenty of elbow room. The fellow who put a long handle on a brush knew just how an ape feels.





PSYCHIATRY

Medical Officer Announces Plans For Psychiatry in War

Elimination of Psychopaths From Recruits First Duty; Field Mental Hospitals and Preventive Service Planned

FIRST steps for mobilizing the U. S. Army and Navy in the event of war will be taken by psychiatrists. Plans are already formulated in detail for expert attention to the mental makeup of the human part of the war machine when M-day comes.

They are now revealed by Capt. Dallas G. Sutton, assistant surgeon general of the U. S. Navy in an article appearing simultaneously in the scientific journal, *Psychiatry* (February) and the service journal, *U. S. Naval Medical Bulletin*.

Psychiatrists, Capt. Sutton said, will first strive to weed out psychopaths and potential victims of mental disease from the mass of individuals who will be rushed into the armed services. Normally, the Army and Navy face a "very considerable" loss of man-days in the study and hospitalization of mental cases.

Elimination of unbalanced recruits is more important, he indicated, than measuring their intelligence. The "nut" can't get along in the armed forces, the "dumb-bell" can.

"The psychopath has more difficulty in adjusting to the Service than has any other type of questionable individual," Capt. Sutton declared. "A recruit in this classification is not amenable to discipline and he ordinarily cannot comfortably be assimilated in any part of the organization without having an influence on morale.

"The constitutionally inferior and the

medium-grade intellectual types are ordinarily acceptable if properly classified and utilized in the proper locations within the organization."

Groups of physicians, thoroughly trained to recognize mental diseases and persons subject to them, will be distributed throughout Army cantonments and Navy training stations to make this mental study of new recruits on M-day.

Men who pass this scrutiny will nevertheless also be carefully watched for a preliminary period so that borderline cases can be eliminated early in their training.

Mental hospitals will be established in the field for treatment of those men who, despite care in selection, collapse under the mental strain of modern warfare and Army life. Cases of shell shock and war neuroses will not be sent home as they were in the early part of the World War; they will receive immediate treatment at the front.

In addition to the important services of selecting the mentally fit and treating the mentally invalidated, psychiatrists hope to render an even more important service in preventing the mental cracking of fighting personnel. Men in key positions, particularly, need protection against ill effects from dangerous over-fatigue, worry, responsibility and the tragedies of war.

Editorial comment in the journal, *Psychiatry*, to be republished in the U. S.

IT'S FUN

That soap feels nice and creamy—wonder how it tastes. H'mm, I believe I like bananas better. But this oil rub is a real treat. He can keep this up just as long as he likes.

Naval Medical Bulletin, emphasizes the need for this sort of preventive psychiatry. The demand is for a new science which must be built up to fill this need, it is pointed out.

"A preventive psychiatry that can deal practically with regimented groups of adolescents and adults—the people making up the military and naval forces—cannot readily be extrapolated from current child psychiatry, or from the experience of mental health clinics connected with high schools and colleges," the editorial declares.

The psychiatrists who are specializing in developing new treatments for mental disease would not find their interests fitting in with combat service, it was indicated.

"The recent, in some places quite unbridled, interest in pharmacodynamic shock therapy (insulin and metrazol treatment) is also far from the service ideal," the editorial stated, "and its exponents as yet show little tendency to develop what might be called therapeutic perspective.

"It would not be surprising if one of these enthusiasts were to recommend metrazol convulsions as the ideal treatment for cases of 'shell shock.'

"It might even transpire that a preliminary convulsion would be recommended on the way to combat positions—to remove the terror of the known destructiveness, a trifle compared with the terror connected with the convulsion."

Research in the field of preventive psychiatry is urged, "not only in the interest