majority cower in the dreary drabness of overcrowded, understaffed, penuriously operated institutions where little or nothing is done to cure their illness."

patient back to normal. But all reluctantly concede that the best they can do under present circumstances is to pick a few of the "most promising" patients, and concentrate their efforts on them.

The rest—the overwhelming majority—must "snap out of it" on their own, or else find themselves condemned to life imprisonment in the locked wards for the "crime" of contracting an illness that is as common and unavoidable as mumps or measles.

There simply aren't enough doctors, nurses, therapists, psychologists, social workers, and attendants on the hospital staffs to provide personalized treatment for every patient. And personalized treatment is the most effective cure for mental illness.

HOW CAN IT be provided? Experts — including mental institution directors themselves — are convinced that state hospitals alone can't provide the answer.

The only solution is to have general hospitals expand their scope to include treatment of mental ailments—and to attack each case with the same sense of urgency and determination to cure with which accident victims are received.

Is it fair to give immediate curative treatment to a person with a broken arm or leg, but to shuffle his neighbor with an equally unavoidable and possibly more crippling broken mind off to potential life imprisonment in an unpleasant locked ward?

Life imprisonment is the fate of hundreds of thousands of men, women, and children with sick minds who are filed and forgotten in institutions without facilities or personnel to cure them.

One patient, a feeble, white-haired grandmother, is a typical example. She was admitted to Ohio's Cleveland State Hospital on Sept. 9, 1890.

According to her medical record, "Patient does nothing, sits all day." She has sat and stared blankly through two world wars, the revolutionary development of autos and airplanes, the dawn of the atomic age, and the advent of radio and television.

Her 43-page hospital file records a wide variety of physical ailments cared for, but makes no mention of any treatment for the hallucinations and sick mind that brought her to the hospital 68 years ago.

"I suppose they had the same problem back in 1890," explains Dr. William L. Grover, the medical superintendent. "Too many patients, not enough doctors and staff for an effective treatment program. . ."

This patient has pathetic counterparts in California's Stockton State Hospital, Georgia's Milledgeville, Pennsylvania's Byberry, New York's Rockland, Illinois' Manteno.

Every state has its houses of horror where the pitiful, helpless victims of sick minds and man's inhumanity to man huddle in lonely sorrow, locked out of sight of communities that shun them.

All states have records of recurring attacks of conscience which spark sporadic campaigns to replace a few firetrap mental hospitals, hire a few more doctors and nurses, slap a coat of paint on dilapidated walls, and improve meager menus.

Each campaign leaves some lasting improvements and rescues a few fortunate patients from the islands of misery. But the basic picture remains unchanged for most of the mentally ill.

It must be changed if the nation is to cope with what the U.S. Public Health Service brands "America's No. 1 public health problem."

This dubious distinction is applied to mental illness because the complex corps of brain aberrations is estimated to affect 17 million Americans. Someday, statistics indicate, one out of every ten persons will require the services of a mental institution.

The gentle-voiced spokesman of a new crusade to assure them real treatment aimed at early cure—rather than a lost lifetime of "custodial care"—is Dr. Harry C. Solomon, courtly professor emeritus of psychiatry at Harvard Medical School and past president of the American Psychiatric Association.

"Let's face the facts," this elder statesman of psychiatry tells his colleagues. "Our present mental hospital system is antiquated, outmoded, and obsolete. We can still build big mental hospitals, but we can't staff them well enough to give every patient the benefit of all that modern medical science knows about their ailments. We cannot make true hospitals of these institutions. We must try something else."

That "something else" must shatter the locked-door thinking that differentiates between victims of mental illness and sufferers from physical ailments.

Let each community—on the local level—provide facilities in its own hospitals to cure sick minds, just as it provides the means to repair sick bodies. Perhaps a state or Federal subsidy will be required to get the program rolling.

The cost will be great—but mental illness already costs the nation four billion dollars a year, mostly for state hospital building and operating costs.

The investment would return rich dividends in salvaged lives and happy homes rescued from misery and despair. Eventually, much of the four billion dollars a year now washing down the drain-pipe of neglect would be saved, too.

Some scattered general hospitals have already recognized their responsibility and added mental treatment units.

Which ones will be next?

It's up to the medical staff and public in each community to provide the ultimate answer.

No one can foretell when the absence or presence of such a facility will suddenly become a matter of crucial personal concern, rather than a remote academic problem.