



THE DOCTOR SAYS Specialists Open Arthritis Assoc.

By W. G. BRANDSTADT, M.D.
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Medical science has made important advances on many fronts but there is not now and probably never will be a neat solution to every problem. In spite of the fact that there is no specific cure for arthritis some advances in this field are being made through research. Much of the support for these advances comes from the Arthritis and Rheumatism Foundation (10 Columbus Circle, New York 10, N.Y.).

Because arthritis affects the victim in many ways, best results are obtained by using teamwork. A typical arthritis team may consist of a specialist in arthritis (rheumatologist), an orthopedic surgeon, a physical therapist, a psychiatrist, an occupational therapist, a social worker and a vocational counselor.

Farm Chief Raps Wheat Control Plan

YREKA—Regardless of high-sounding promises now being made, wheat growers have no guarantee of a flat \$2 per bushel for so-called certificate wheat if they approve the control plan in the wheat referendum coming up for vote on May 21. This word came from Roger Zwanziger, president of the Siskiyou County Farm Bureau.

"The secretary of agriculture is seriously in error when he promises that approval of the referendum will mean \$2 wheat," said Zwanziger. "It is true that the plan would set up a base support of \$2 for part of the crop, but it would also provide a base rate of \$1.30 for the remainder. In other words, the proposal would set up two wheat categories. One would include 975 million bushels earmarked for the domestic food market as well as for a substantial part of the exports. This would be certificate wheat, with a \$2 base support. The other category would include wheat grown on federal acreage planting allotments in excess of a farm's share of certificate wheat. This could be used for feed, as well as for commercial nonfood uses, and for additional exports. Its base support could be \$1.30."

"Furthermore," added Zwanziger, "actual supports in both categories would vary by grade and by place of sale or storage." Zwanziger went on to point out that "many misleading statements are being tossed about in the propaganda campaign now being waged in an attempt to force this referendum down the throats of wheat growers. These range from the erroneous promise of \$2 wheat, if the referendum passes, to the just as ridiculous threat that \$1 wheat will prevail if the control plan is defeated."

"Wheat growers need to look at all of the facts before they vote May 21," he stated. "If they do—if they get the true and honest picture, not just threats and promises—they will soundly defeat this supply management plan and give Congress an opportunity to move ahead on putting together a really worthwhile program for wheat."

Woman Held On Check Count

A woman who was held by Pendleton police recently, and who is wanted in Umatilla County, is being held in the Klamath County Jail for passing worthless checks in the city.

Elva Maxine Price admitted that she and two other companions, who have not been apprehended, passed a number of worthless checks in the state.

One of the checks was cashed at the Anita Shop, 707 Main Street, on May 6. The check was drawn for \$12 to the Bank of Klamath Falls, where the woman apparently had opened an account. She deposited a small amount of money in that bank and wrote several checks in excess of her deposit, city police reported.

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American Communities Solve Their Own Mental Health Problems

By HELENA FROST
Newspaper Enterprise Assn.

NEW YORK (NEA) — A new national offensive against mental illness has been launched.

During the next five years the attack will be carried into states, cities and towns with the aid of federal funds. Do not expect a blitzkrieg. But with beachheads along the national front, with effort and time, it is possible to foresee a day . . . "when reliance on the cold mercy of custodial care will be supplanted by the open warmth of community concern and capability."

These words were used by President Kennedy in his message to Congress proposing a national program to combat mental illness and retardation. "Community" is the operative word.

The plan is to construct community mental health centers that can give comprehensive care—from treatment and diagnosis through aftercare and rehabilitation.

"Community capability" is a good, hard phrase and is the goal. "Community concern" is tenuous but indispensable to the achievement of the goal. Authorities are convinced that the community cannot care properly for its mentally ill unless it cares about them.

"Community concern" can be the open sesame for the long-forgotten patients in the back

wards of state mental hospitals. Only about a dozen states have adequate facilities and personnel to treat newly admitted patients—and to send them home within a few months.

"Yes, we still have a long way to go," said Philip E. Ryan, executive director of the National Association for Mental Health. "But we have come a long way. And now the President's support will help us take a giant stride. Our volunteers and members, our chapters and divisions, are eager to help in the planning of the new community mental health services."

More than a million volunteers and members, and 850 chapters and divisions; a great oak grown from the acorn planted by Clifford Beers in 1909. In that year, released from the horror of a "lunatic asylum," Beers gathered a few men of heart and vision around him and used his suffering as the cornerstone of the National Committee for Mental Hygiene. In 1950, the organization was renamed the National Association for Mental Health.

It was all uphill for Clifford Beers and his followers. But "snakepits" have vanished into the Dark Ages of mental illness, except for an occasional anachronism. Enlightened individuals, groups and states have broken trail in many new directions.

"Open" hospitals, day or night hospitals, rehabilitation centers and other pilot projects are the result.

An important trend in the care of the mentally ill is the general hospital. About 1,000 out of 5,200 general hospitals have psychiatric services of sorts. But there are not many like this one. . . .

"Where is the ward?" "The psychiatrist—in-charge smiled. "You are looking at it." A wide corridor and open doors. Large rooms for two or four. Couches covered in bright blue or red velveteen and backed with matching pillows. Lamps, desks, and paisley print curtains and large reproductions of good paintings. . . .

There were smiling nurses, a psychiatric aide, occupational and recreational therapists, resident and staff psychiatrists—all for just 16 patients.

Now, this isn't a privileged nursing home. More than half the patients pay nothing at all, the city pays for them and you cannot tell which is which.

And that is a careful part of therapy, as planned by Dr. Robert W. Laidlaw at the psychiatric ward on top of the Roosevelt Hospital in New York City.

"They call it Tower Nine." "Because it carries no chilly connotations for the patient," Dr. Laidlaw explained. "That's why we didn't want the rooms to look



DOCTOR VISITS — In the new approach to mental problems, visits by the psychiatrist are informal and relaxed.

like a hospital. And we have avoided cafeteria meals. We have family-type service, and the personnel eat with the patients. All this has a psychotherapeutic effect."

Clearly, the patient comes first in Tower Nine. The psychiatrists' cubicles, in fact all the staff offices, would just about fit into one of the four-patient rooms.

And it works. A young woman, Mrs. M., put it this way: "My friends expected to see me in a white hospital bed, instead they found me in my own clothes lying on the couch and said, 'Just like the college dorm!' And they couldn't believe that some of us went howling yesterday!"

"The thing about this place—you feel secure. Yet they help you to help yourself. You can have four women sharing a room, all of different race, creed, color and income!"

Susie approved, too. She had been a patient in an expensive nursing home, yet she says: "I like it better here. They treat you as a whole person. You have dignity." Roosevelt Hospital has an outpatient service and a Day Care program. A 24-hour emergency psychiatric service was set up 18 months ago under the direction of Dr. Arthur N. Avella, assistant chief of psychiatry. The small room is next to the admitting area for all emergencies.

"This means we have medical help immediately available," Dr. Avella explained. "The man who cuts his wrists needs bodily care as well as a psychiatrist. It's all part of treating the whole patient and recognizing that an emo-

tional illness can be as much of an emergency as breaking a leg."

In other words, the psychiatric services are thoroughly integrated into the rest of Roosevelt Hospital, which has 22 attending psychiatrists.

Dr. Laidlaw is looking forward to three more floors of small units like Tower Nine. Each unit will have its own lounge, dining room and a pantry with a well-stocked refrigerator for the patient who feels like a snack.

Just like home. And here there is someone to help you. You as a person. . . .

That is the heart of the matter, the new approach to mental illness: Patients are people.

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HERALD AND NEWS, Klamath Falls, Oregon

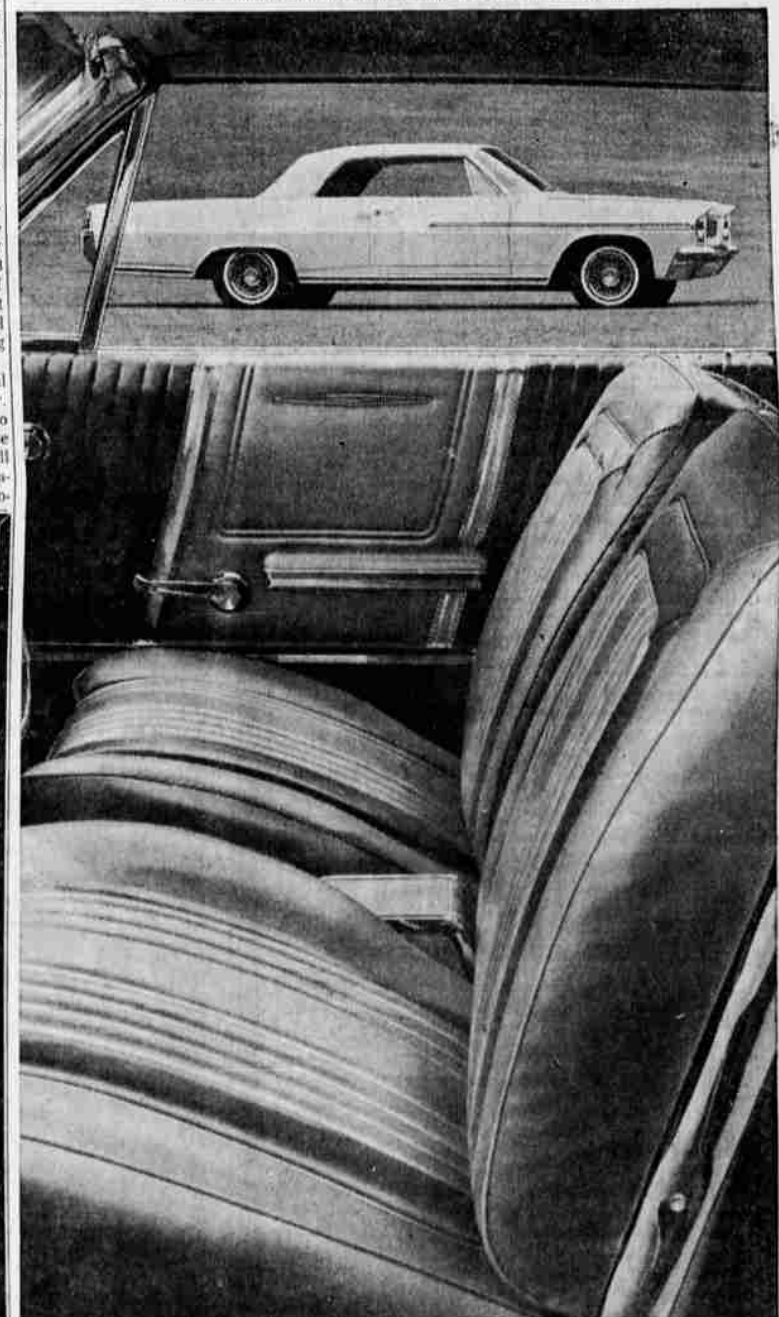
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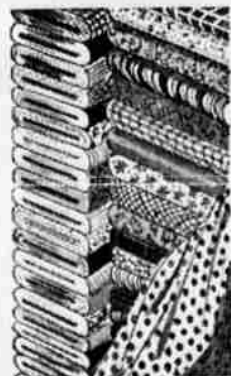
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