AIR FROM ABOVE

SEOUL—Coal mines in South Korea will install the latest type of ventilating fans.

Doctor Stresses Changes in Mental Patient Care

VA Psychiatry Studies Conference Opens

By PODINE SCHOENBERGER
(Times-Picayune Medical Writer)

Twenty years ago when a mental patient started raving and threatened to kill himself, he was promptly placed in a strait jacket.

If a patient sat around day after day unwashed, unshaven, and withdrawn he was banished to a back ward and his relatives weren't permitted to visit him.

Today it's a different story.

Dr. James C. Folsom, who is chief of staff at the Veterans Administration Hospital in Tuscaloosa Ala., said today's mental patient is treated with friendliness and loving care.

At times, he added, the patient's every whim is gratified and special food is prepared for him.

Dr. Folsom said a patient suffering from depression is required to work every waking hour until the depression lifts.

"We no longer give shock treatments for depression," he explained.

Dr. Folsom was one of the keynote speakers Thursday at the opening of the 11th annual conference of the Veterans Administration Cooperative Studies in Psychiatry being held at the Jung Hotel.

The physician said he believes mental illness is due to a breakdown in communications.

"Since the mental patient cannot get across his basic needs and desires in the normal way he communicates his disturbance in the form of anger, distrust and threatening behavior," he explained.

Dr. Folsom said a mental patient may become so depressed he will try to kill himself. He said the patient may also display certain physical symptoms such as a bleeding ulcer or paralysis.

The physician said when a mental patient threatens to kill himself at the VA Hospital in Tuscaloosa, the doctor never threatens back.

"We realize that here is a man who has been pressured beyond all forebearance. So we try to remove the pressure through the use of what we term a demand attitude."

Dr. Folsom said, "in carrying out this demand attitude, we say to the patient, 'You may not leave without our permission. You may not hurt yourself. You may not hurt anyone else. You must take your prescription medicine.' We say it quietly and kindly. But we say it firmly.'

The physician said at the time the patient may be raving and threatening.

"So we tell him, 'You need a time to get quiet,' he explained. "We tell him 'We'll give you an environment where you can control your emotions.' Chances are he'll reply, 'Why you So and-So, you'll be the one who needs to quiet down when I get through with you.' To which we generally say, 'You can't pick a fight with us. We refuse to fight back.' Few rages last more than five to 10 minutes. And our talk usually convinces the patient that we do understand him and that he can't frighten us away. So he borrows strength from us and is then able to control his anger."

Dr. Folsom said 20 years ago they would have put such a patient in a strait jacket and placed in seclusion where he may have kept on raving until the day he died.

The physician said another mental patient, seen frequently at the VA hospital, "is the failure."

"He is usually isolated, unkempt, non-communicative and withdrawn," Dr. Folsom explained. "He's lost interest in life."

The physician said such a patient does not even have enough energy to kill himself.

"The psychiatric diagnosis would probably be schizophrenia," he added. "In such cases we adopt an attitude of active friendliness. These patients will show up untidy, with dirty fingernails, food stains all over their clothes, uncombed hair. Most of them are physically repulsive."

Dr. Folsom said, "at the hospital, we say to such patients 'We are glad you came. We understand your present condition. We understand your inability to communicate with others, your fear of involvement. We are going to try to help you. You may ask anything and we will make every effort to grant it.'

"In other words we treat such a patient with loving care."

The physician said when such a patient sits mute for hours, with his eyes closed, the psychiatrist will sit down by him and praise him for any action, no matter how small.

—Photo by The Times-Picayune.

SPEAKERS on Thursday's program of the 11th annual conference, Veterans Administration Cooperative Studies in Psychiatry, at the Jung Hotel included (from left) Dr. Harold Gilberstadt, Minneapolis, Minn.; Dr. Robert L. Kunkel, Cincinnati, Ohio, and Dr. J. C. Folsom, Tuscaloosa, Ala.

"If he picks up a magazine from the floor, this at least indicates involvement," the physician explained, "So we say, 'We are glad you moved. It is nice you can move.' Then we groom him. We prepare his favorite foods. We cater to his every wish. We never force him into anything. Rather we entice him to join the human race once again. Twenty years ago such a patient would have been banned to a back ward, where eventually he might have died from an infection."

Dr. Folsom said the psychiatrist adopts an attitude of passive friendliness with the suspicious patient; that for the hypochondriac or alcoholic a business-like attitude is best.

"In dealing with depression, kind firmness is used," the physician explained. "Here an individual has turned his anger on himself and says he's no good to anyone and might as well kill himself."

Dr. Folsom said in dealing with such a patient, the psychiatrist will say, Enough of talk—you've talked yourself out to family, friends employer. What you need is work."

"He'll probably say, 'I'm too busy to work,'" explained the hospital executive. But we ignore this. We give him a block of wood and a piece of sandpaper and tell him to get busy. We insist he keep working during all waking hours. If he says he cannot sleep we reply, 'Then work.'"

Dr. Folsom said amazingly enough the depression begins to lift in three to five days; that when the patient begins to get angry and announces he doesn't want to work any more "this expression of outward aggression indicates the depression is lifting."

"We no longer need to use a course of electric shock treatments," he added. "Not that we have anything against them. But when the depression lifts so quickly with this therapeutic approach, they're not needed."

Another conference speaker said research carried on recently indicates that lack of hope can shorten the life of a terminal cancer patient.

Dr. Robert L. Kunkel however stressed the fact that his research has involved only 10 patients to date and cannot be regarded as conslusive.

Asked if he believed lack of hope has any effect on less advanced cancer patients, Dr. Kunkel, who is research associate in psychiatry at Veterans Administration Hospital in Cincinnati, said he isn't sure.

"But it certainly offers an important area of future research," he added.

Dr. Kunkel said his studies show that patients with metastatic cancer, who died within two months after initial evaluation, had significantly lower hope for the future and even a future life than the group who lived longer.

"The patients with higher hope levels, did not become depressed after intensive treatment," he explained," Those who became depressed immediately after treatment were the ones who died."

Dr. Kunkel said hope here includes hope for some continuing existence even beyond death.

"Some of these patients say 'I will be in heaven with Jesus,' Others say 'I will continue living through my children or through my work.' The hopeful group realize they have cancer. They realize they are going to die. But they refuse to admit that death will end everything for them."

STROKES TOPIC OF TALKS HERE

Rehabilitation Program Slated Saturday

Physical and speech therapy and nursing will be among topics discussed at a stroke rehabilitation program to be conducted beginning at 8:30 a.m. Saturday at the Tulane Medical School auditorium, 1432 Tulane.

To be co-sponsored by the Louisiana Industrial Nurses Association and the rehabilitation division of the Louisiana Department of Education, the all-day session will be held under direction of the Louisiana Heart Association.

The education program, aimed at updating professionals engaged in care and treatment of stroke patients, will include a film titled "Strokes," to be narrated by Dr. Robert R. Burch, immediate past president of the LHA, and an address by Miss Frances Dalme, R.N., assistant professor of nursing at Northwestern State College, on "Nursing Concept of CVA and Geriatrics," a spokesman said.

Program speakers will include Miss Carolyn Bultmann, R.N., LINA president; Mrs. Willie B. Mask, assistant director of the nursing service at Charity Hospital; Dr. Alvin Cohen of the division of neurology and psychiatry at Touro Infirmary; Robert Oswald, physical therapy instructor at Tulane; Dr. Myrtle Dawson, speech pathologist at the Veterans Administration Hospital, and Mrs. Katherine M. Jubin, director of Community Information Services.

The session is being offered free of charge.

ADOPTED IN 1868

TOKYO—The Japanese decimal coinage system was adopted in 1868 with the rate of one yen equal to the United States dollar. Now the yen stands at 360 to $1.

WANT MORE COAL

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