

THE EMPHASIS ON PSYCHIATRY

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Approximately three-fourths of the Foundation's allotment for work in the medical sciences is devoted to projects in psychiatry and related or contributory fields. This emphasis is the result of a policy adopted in 1932, which began to be operative in 1933, and which therefore now has a full decade of service on record.

Several considerations influenced the decision to give primary attention to psychiatry, and three in particular:

1. The economic loss chargeable to nervous and mental diseases was tremendous and oppressive. In New York, for example, more than a third of the state budget (apart from debt service) is being spent for the care of the mentally defective and diseased.

2. Psychiatry was one of the most backward fields of science. In some particulars it was an island rather than an integral part of the mainland of scientific medicine.

3. Further development of psychiatry should substantially improve the quality of medical care given by the usual practitioner. In a sense, medicine had become mechanical and was neglectful of the psychologic and psychiatric aspects of pain, discomfort, disability, and disease.

The year spent in a preliminary survey convinced the Foundation officers that the first need was better teaching of psychiatry. Projects in any field of medicine may be arbitrarily classified as teaching, research, and application. In psychiatry, teaching was carried on in some medical schools and to a slight extent in certain mental hospitals apart from medical

schools. Research was prosecuted in medical schools and the hospitals attached to them, and very rarely in the state hospitals. Any effort in the direction of application would concern improvement in the actual care of patients in non-teaching institutions, improvement in the methods of reporting mental diseases, and improvement in the effectiveness of such agencies as national organizations composed of workers in this field. Inquiry as to the status of psychiatry, whether in teaching, in research, or in application, invariably elicited the same reply, "The training in psychiatry is very poor at present." Because teaching was poor, research was fragmentary and application was feeble and incomplete. So the first problem was to strengthen the teaching of psychiatry.

A review of teachers and facilities in some seventy leading medical schools of the United States and Canada showed that in 1933 a large number of the chairs in psychiatry (where they existed at all) were occupied by men in the late 50's and 60's. In other words, the leaders were men likely to leave the scene rather soon. Adolph Meyer at Johns Hopkins, Woods in Iowa, White in Washington, Singer in Chicago, Barrett in Michigan, and Russell, Amsden, and Kirby in New York, were among these older men. There was to be sure a minority group of younger leaders - Kahn at Yale, Cobb at Harvard, Ebaugh at Colorado, Johnson at Stanford, and Nolan Lewis at St. Elizabeth's.

In view of this stratification in terms of age, the Foundation adopted a policy in which the guiding rules were these: Give funds for training fellowships under the best of the older men. Give most attention to the support of teaching, and, in institutions where the circumstances seem ideal, back the younger men for long terms of years with adequate



support. Wherever research projects invite confidence because of the character of the personnel, the importance of the problem, and the strength of local resources, research may be supported without special regard to the local teaching situation.

In accord with this policy, a considerable amount of money has been distributed during the last decade to develop departments of psychiatry, neurology, and allied specialties. Previously, some medical schools had no departments at all in these subjects; some had primitive and inadequate departments, and a few had departments which, though fairly well organized, were incomplete. As a result of Foundation interest, the following developments have come since 1932:

The University of Chicago and Yale University, which had no departments of psychiatry, were given them.

McGill University in Montreal was given an institute for neurology and neuro-surgery.

The teaching of psychiatry at Tulane, Duke, McGill, and Washington University in St. Louis, previously primitive or almost entirely lacking, has been put on a satisfactory basis with full-time teachers and adequate teaching material. The creation of the department at Washington University stimulated a St. Louis donor to give \$250,000 for its endowment.

The teaching of psychiatry at Harvard has been made more adequate through the creation of a department of psychiatry at the allied Massachusetts General Hospital. Also, the university department of psychology has been considerably strengthened by the aid given to the work of Dr. Murray.

Departments of psychiatry, previously incomplete, have been rounded out or extended at Johns Hopkins, the University of Colorado, the University of Michigan, and the Institute of Pennsylvania Hospital. Many men passing through advanced training have come from the last three of these institutions, thanks to aid from the Foundation.

In England, teaching and research have been substantially aided through support of research at Maudsley Hospital in London, by the building of a new home for the Queens Square Hospital, and by support given to the department of neuro-surgery at the London Hospital.

Concurrently, with the program for the development of university and hospital departments, the Foundation has maintained a steady program of fellowships for advanced training in psychiatry, neurology, neuro-surgery, and related subjects. It has also supported a few enterprises not directly within the university fold: for example, the Institute of Psychoanalysis in Chicago.

In the field of psychiatric research, grants have been made for mental case studies at the Worcester State Hospital in Massachusetts, for neuro-anatomy at Northwestern University, for physiological optics at Dartmouth, for brain chemistry at Tufts, for epilepsy at Harvard, for constitutional medicine at Columbia, and for neuro-physiology and studies of conditioned reflexes at Cornell. Abroad, research grants have been made to the Institute for Brain Research in Berlin-Buch, to Leiden for child psychology studies, to Munich for studies in neuro-histology, cytology, and biochemistry, and to Amsterdam for physiology relating to psychiatry.

In the field of application, results have had to await the development of more personnel. However, there have been a few grants which have served to improve the status of institutions and the effectiveness of organizations in the field. An example is the North Carolina project for a state survey of its care of mental and nervous patients; this was supported in 1936, and is coming to slow fruition in a reorganization of the state's system for the care of mental diseases.

Today there are at least a dozen medical schools which every year graduate a group of students far better oriented toward nervous and mental disorders and their role in human life than was the case in 1932. The example set by these Foundation-aided schools has spread over the entire



field of medical education. In psychiatry, research has become at least reputable, and in neuro-physiology it occupies an advanced position.

An indirect result of the Foundation's emphasis on psychiatry in its program for the medical sciences has been the interest in this field espoused in the last few years by other foundations and funds, as reflected by the growing number of grants-in-aid for psychiatry, neurology, and related subjects. Many such grants for special projects have been made to institutions in which the essential expenses are being carried by Rockefeller Foundation support.