

MEDICINE THEN AND NOW #5

MIND OVER MATTER...

Advances in Psychiatry 1960-2020

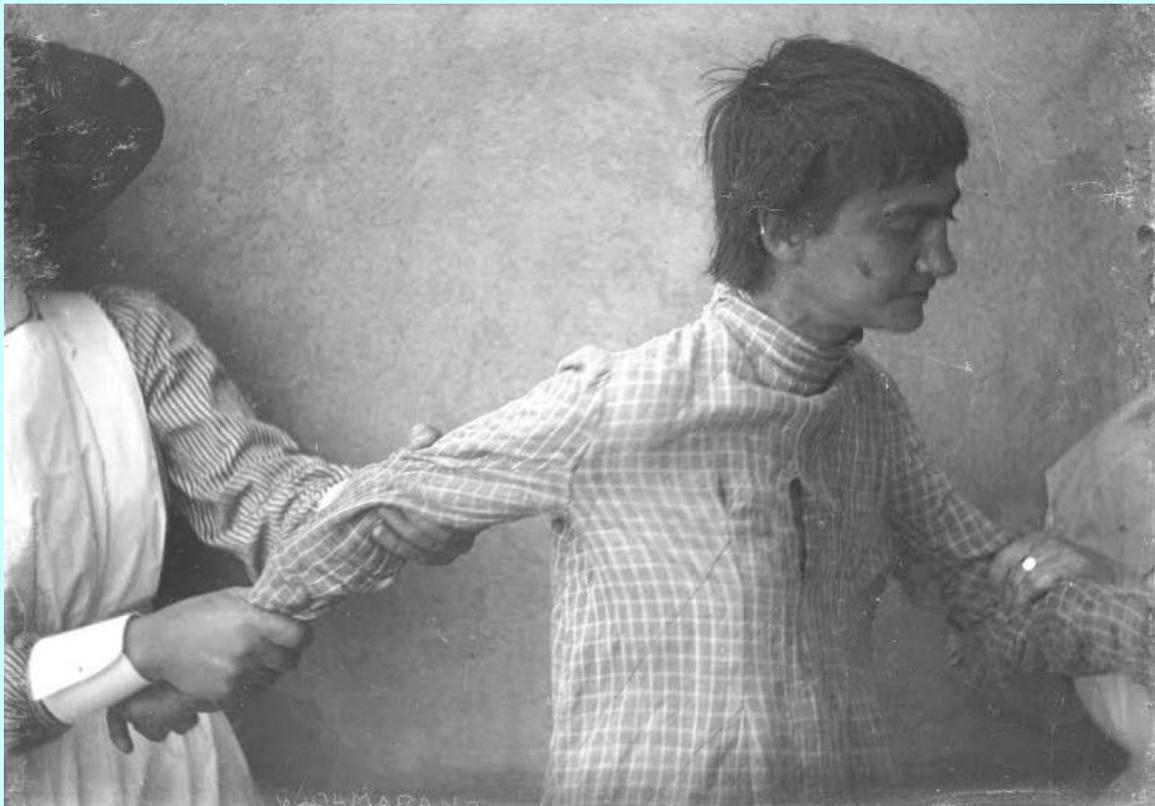
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PSYCHIATRY THEN AND NOW

Psychiatry was a small part of our training at Wits medical school. I vividly recall a visit to the Witrand Institution for the Feeble Minded, near Potchefstroom. We were “entertained” by a musical band of Down Syndrome residents, in the belief that Trisomy 21 has an affinity for music and group activities. Such people were once classified as idiots (IQ 0-25), imbeciles (IQ 25-50) and morons (IQ 51-75). The life-long residents were trained to work on the farm or in the workshops. More distressing was the visit to Sterkfontein Hospital to gawk at institutionalized schizophrenics.



Picture c. 1920 of patient in a South African mental asylum, held by two uniformed nurses

Lunatic Asylums

The first half of the 20th century witnessed the building of gigantic lunatic asylums (later called psychiatric hospitals). Westkoppies served Pretoria, and Sterkfontein served Johannesburg.



I began my psychiatric training in 1962 **in England** at the 2,000 bed Napsbury Hospital (formerly known as the Middlesex County Asylum), near St. Albans, (above) followed by two years at a similar Institution, the Netherne Hospital in Surrey.

By the 1950s psychiatric hospitals in the USA held nearly 600,000-patients, and 150,000 in the United Kingdom, permanently housing mentally retarded (now labelled intellectually disabled), demented or psychotic people. Many of the schizophrenics had been subjected to draconian psychosurgery, induced fevers, and/or insulin shock “therapy. The one-way ticket into these vast asylums failed to treat their residents.

In South Africa, change came in 1949, when the University of the Witwatersrand initiated the first South African post-graduate training leading to the Diploma in Psychological Medicine. Five years later, Dr LA Hurst was appointed part-time lecturer in psychiatry at Wits medical school. In 1959, Hurst became full-time professor of psychiatry, with the aim to integrate psychiatry into the teaching of general medicine and pave the way for similar departments in other South African medical schools. Psychiatry, in South Africa as elsewhere, has since grown into a major medical discipline.

Chlorpromazine, and other drug treatment

Chlorpromazine (called Largactil in England, Thorazine in the USA) for schizophrenia and lithium salts for bi-polar disorders, hastened the closing of the asylums and moved treatment into the community. Now, most psychiatric illnesses can be managed in mainstream society. Disability



programs such as the Americans with Disabilities Act of 1990 provide cash payments, health benefits and housing grants, allowing the mentally disabled to remain in the community.

Studying the brain and the mind has proved more difficult than researching the liver, lungs, kidneys or the heart. Neuroimaging (MRI and CT scans) shows a higher rate of pathology among psychiatric patients than in the population at large. Psychiatry and Neurology are drawing closer together.

Happiness

The assessment of happiness by the General Social Survey or Gallup still relies on self-reporting. These studies show that a third of people rate themselves “very happy”, a third not-too-happy to moderately happy, and a third rate themselves as unhappy and dissatisfied with their lives. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is largely based on clusters of symptoms and signs. In recent years, much attention has been paid to the Autism Spectrum Disorders, including Asperger’s Syndrome, observed in young children, considered to have genetic and environmental causes.

Big Pharma

Big Pharma has positioned a plethora of drugs to treat each psychiatric disorder and has moved Psychiatry boldly into the biological model of illness. The older tricyclic antidepressants (amitriptyline, imipramine and nortriptyline) have been steadily replaced by the selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine, citalopram and sertraline. For anxiety there are the benzodiazepines. The older antipsychotic medications include chlorpromazine, fluphenazine and tri-fluphenazine. The newer antipsychotic drugs include clozapine, risperidone and olanzapine. It takes time to find the “right” medication. Electro-convulsive treatment (ECT) for major depression or bi-polar disorders is still used in some centers, especially when medication fails to alleviate symptoms.

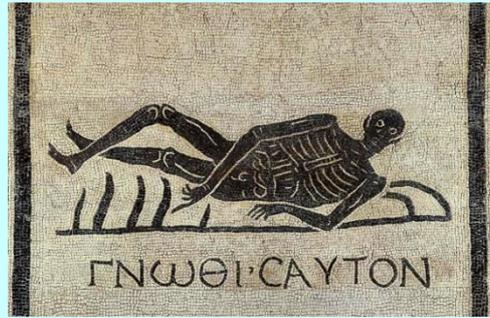


Talking Therapies

The psychosocial aspects of mental distress have largely been taken over by psychologists, social workers and other talking therapists. The availability of treatment for the mentally ill depends largely on the economic and social development of each nation. With a population of 328 million, the United States today has 28,000 psychiatrists, 106,000 licensed psychologists and 700,000 social workers. United Kingdom with 67 million people, has 11,800 psychiatrists. South Africa, with 50 million people, has only 762 registered psychiatrists (2014 figures) with 25-30 newly trained added each year. Most South African psychiatrists work in the private sector. Despite a more humane approach to mental illness, we are far from curing the ills of society. Many psychiatrically-ill people become homeless or land up in prison.

The ancient Greeks advised: 'Know Thyself'

I expect in the near future scientific research will establish the biological cause and treatment of manic-depression (also called bi-polar disorder), schizophrenia and disorders of memory (dementia), much like Diabetes and insulin or Pernicious Anemia and vitamin B12.



The increased use of genetic testing may lead to ever fewer cases of Down Syndrome, Developmental Disability (DD) and Autism Spectrum Disorders (ASD). Such testing must be voluntary and not imposed by the state.

Each person is unique. Emotions like anxiety, sadness, stress, alienation, dissatisfaction, disappointment, difficulties in getting along with others, bearing grudges, jealousy, differ widely from person to person. They are not akin to blood pressure levels, pulse rate, blood sugar, sodium or potassium levels that can be measured and treated with medication.

The complexities of human thought and behavior take flight in the writings of Tolstoy, Dostoyevsky, Jane Austen and Shakespeare, but lose their potency when described in cold medical language. I do not believe that Psychiatry is served with only a brief evaluation aimed at prescribing medication. The too-free prescribing of oxycodone, benzodiazepines, barbiturates and sleep aids can lead to addiction.

The relief of suffering and helping in the pursuit of emotional balance and happiness are better served by carefully combining medicines with listening and understanding. A caring psychiatrist should help patients to know themselves.

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Read Chaim's biography here: [Rosenberg, Chaim Meir](#)

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