



Synapse



THE WEST HUDSON PSYCHIATRIC SOCIETY NEWSLETTER

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The Area Council

Last issue (July/August 2000) we reviewed the structure and function of the Assembly, one of the key parts of the American Psychiatric Association. The Assembly is comprised of representatives and deputy representatives from all the District Branches. The District Branches are also organized into seven different Area Councils, each representing different regions of North America: 1) New England/Eastern Canada, 2) New York State, 3) Middle Atlantic, 4) North Central, 5) South, 6) California, and 7) West/Western Canada. Hawaii and Alaska belong to Area 7. Puerto Rico, after many years in Area 2, now belongs to Area 5. The District Branches in each Area Council elect an Area Representative and an Area Deputy Representative. Each Area Council also has an Early Career Psychiatrist (ECP) and Member-in-Training (MIT) Representative and Deputy Representative. There are two special Area Councils - Area 2 and Area 6, which also serve as the State Psychiatric Societies for New York State and California respectively.

The Area Councils meet two times a year in addition to the full Assembly meetings. The Area Council meetings provide an opportunity to work on state-wide (and multi-state) issues and permit cross-pollination of ideas between District Branches that may otherwise be too isolated. During the full Assembly meetings in the Fall in Washington, DC, and in the Spring at the APA Annual Meeting, the Area Councils sit together in the Assembly

Hall, and meet several times apart from the general Assembly meetings in order to go over action papers and Area Council business.

Area 2 - our Area - functions as our State Society, and is officially incorporated as the New York State Psychiatric Association (NYSPA). In addition to the Area Representative (James Nininger, MD) who serves as NYSPA's President, and Area Deputy Representative (Barry Perlman, MD), who serves as NYSPA's Vice-President, the other officers include a Secretary



At the Assembly, Washington, DC, November 6, 1999.

(C. Deborah Cross, MD) and a Treasurer (Ann M. Sullivan, MD). The NYSPA Officers are elected by and from among the Representatives and Deputy Representatives that each District Branch sends to the Assembly. NYSPA has an Executive Director (Seth Stein, Esq.) who in turn has a staff that assists him in NYSPA's operations. NYSPA's Executive Committee also includes the Past-President (Ed Gordon, MD), and the Area 2 Trustee (Herbert Peyser, MD), who also serves on the APA Board of Trustees. NYSPA has a web-site at <http://www.nypsych.org>, an e-mail address at centraloffice@nypsych.org, and a quarterly newsletter, The Bulletin.

NYSPA has multiple committees ranging from Public Affairs, Legislative Affairs, to committees that are concerned with fiscal, forensic, and other issues. The entire Area Council meets on a regular basis as noted above, with participants from all 13 of the District Branches from within New York State.



NYSPA plays a critical role in orchestrating a coherent state-wide response to legislative and other political issues. These include lobbying for our profession and our patients in Albany. You are aware of the current fight for mental health insurance parity - NYSPA is a key player in these efforts. NYSPA has also been instrumental in the defeat of professional practice bills that, if passed, would encroach on our professional responsibilities and potentially adversely impact the care provided to our most vulnerable patients. NYSPA also provides timely

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Jurors & Experts

It used to seem so easy. I'd prepare my material, dress as I always dress, go into the courtroom and deliver my opinions - matter-of-factly, hopefully scientifically, and without much emotion. Those were the days when we all thought that jurors were "blank screens," would accept and take in whatever expert information was given to them and base their ultimate conclusions on the weight of the evidence.

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Articles published in Synapse represent the views of their respective authors and do not necessarily represent the views of the West Hudson Psychiatric Society or its members.

SYNAPSE designed by Lydia Dmitrieff

That was then, when the old H. L. Mencken statement "Jury - a group of twelve people who, having lied to the judge about their hearing, health and business obligations have failed to fool him," was as apt. This is now the time of the "jury selection expert," as Dr. Jo-Ellen Dimitrius, who not only advises attorneys on jury selection, but also advises psychiatrists on their roles as experts in the courtroom. Here are some of her ideas from a recent 1999 AAPL Conference presentation:

1. Jurors respond more to how you look and carry yourself than they do to what you say. Humanizing yourself before a jury is critical to being persuasive.

2. People respond to situations colored by their own life experience and thus we should not assume that jurors have had our life experiences. Understand them and develop analogies and examples they can understand and conceptualize.

3. Jurors generally do not want to be there, have an average 12th grade education, watch up to seven hours of television a day and envision the courtroom as "Judge Judy" and some simple witnesses presenting simplistic and easily understandable testimony. They put emotions first and the law last, want justice regardless of the law, rely heavily on the emotional reactions to testimony and going into the courtroom, favor the plaintiff in civil cases and the prosecution in criminal cases.

4. 63% of jurors say they rely heavily on experts while 33% don't. 60% try to figure out which expert is more credible and 40% ignore expert opinion. Thus a very persuasive expert will win more points than a lackluster, bland one (despite the credibility of the presented material).

5. When an expert is evaluated by jurors, 55% of that evaluation is visual (how you look), 38% is vocal (how you sound) and only 77% is the verbal content of your testimony. Do not forget that the impression you make may begin from the moment you arrive at the courthouse and get out of your car.

6. Studies of what impresses jurors show:

a. Most important - demeanor and personality.

b. How you come across as a person. Look interested and eager, show respect for the judicial process and the attorneys (even the jerky ones), control the pace of answers, appear self-assured but not arrogant. Make eye contact with jurors but don't stare, and be natural in shifting your gaze from the attorney to the jury and back again.



c. 52% feel psychiatrists are very good at understanding behavior: only 7% had "great" confidence in psychiatrists; 93% had "some" confidence; 41% gave a "great deal" of weight to psychiatric testimony and 59% gave it "some weight."

Arranging a "mock trial" of your testimony with a friend, attorney or Forensic Psychiatrist and videotaping it for review of your presentation before you actually testify, is an extremely valuable tool to understanding your demeanor in a courtroom. This would allow you the opportunity for modifying aspects of your dress, physical movements, voice, cadence of speech, etc. Keep in mind that even if you are not an expert witness and will only testify once or twice in your professional career, that time will likely have an enormous impact on someone's life, not to mention your own self-esteem. No one wants to leave a courtroom feeling that they acted like a jerk and did more harm than good for their patient or client. Please do not believe that your data alone will win the day. Think about all of those conference presentations you sat through, eyes glazed over, because the presenter was so boring.

The courtroom is extremely frightening and intimidating for everyone. People's lives hang in the balance. Have humility for the process, but strength in your opinion. ▲

Alan J. Tuckman, M.D.

Mental Health Coalition Prepares for Mental Illness Awareness Week

The Mental Health Coalition is busy preparing for Mental Illness Awareness Week scheduled for October 2000. The organizing committee met over the summer in preparation for the 4th annual Public Forum- "Breaking the Silence IV". This will take place at Town Hall in New City on October 18, 2000 at 7:30 P.M. The speakers- Elizabeth Harris, Trish Limpert, and Kevin McDonald will tell their inspiring stories.

Elizabeth Harris is a Psychiatric Nurse and Educator who works at New York Hospital Westchester Division. She is currently Health Education Coordinator for the Psychiatric Hospital where she supervises staff development and patient/family education. She will be discussing her own personal battle over many years with depression.

Trish Limpert is currently employed at St. Luke's Hospital in Westchester

as a Counselor in their outpatient program. She suffers from schizophrenia and will speak about how she was able to overcome her disorder to lead a normal life and help others.

Mr. Kevin McDonald has close family members who have mental illnesses. His presentation will give the perspective of the family member. Over the last three years, this forum has been a tremendous success. Despite competition from the World Series, the event has attracted a large crowd of mental health professionals, family members and consumers.

Please join us on:

October 18, 2000

7:30 p.m.

Town Hall

New City, NY

In addition, this year's elementary school project will be at Evan's Park

Elementary School in Pearl River, NY. Several coalition members met with the principal over the summer and discussed various topics and skits which will be presented in the Spring 2001.



Please join us at the next coalition meeting scheduled for September 21, 2000 in the Building F Conference Room in Robert Yeager Health Center in Pomona. ▲

We always welcome new members!!

*Lois Kroplick, D.O.
Chairperson, Public Affairs*

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NOVARTIS



"A Modest Proposal"

Dr. Richard Brand has developed a letter in response to recent insurance company requests for clinical information to justify the provision of psychotropic medication to his patients. He has taken a page out of their book of contracts, sounding tongue-in-cheek and a bit angry. We physicians have waited in line to sign similar contracts the managed care companies have sent to us which are hardly any different and have intruded onerously into the patient-physician relationship. Maybe it's time to start turning the table.

To Whom It May Concern:

Re: _____

I am in receipt of your request to receive information on the abovecaptioned individual.

Please be advised the above captioned patient was personally examined by me. I am a NYS Licensed Physician

with accredited training in Psychiatry and specialized capability in psychopharmacology and psychiatric quality assurance.

As a result of a thorough assessment of this patient, while exercising in-depth clinical judgment, the patient has been given one or more prescription medicines to assist in a treatment plan which is individualized for his/her specific needs.

This includes decisions regarding the type of medication, whether it should be brand or generic, the number of days dispensed, and whether or not a mail order plan is medically appropriate. Please be advised all of the medications prescribed are FDA approved, not contraindicated for the intended use and compatible with current medical literature and research findings.

As an insurance company with

pharmaceutical benefits, you must reimburse for this medication. If you fail to do so, I shall support my patient through all criminal, civil, professional regulatory board, legislative, and other medical advocacy efforts.

In addition, since I possess greater expertise than any physician on your staff in this area of medicine, I would be happy to educate your staff regarding proper psychopharmacology and to assist in your internal review process. However, before you can be permitted any input which may affect clinical decisions, it is necessary for you to provide the following information, agree to the following requirements and complete and return the enclosed form: (You may write on the back of this form or use additional pages as necessary.)

PLEASE RETURN FORM TO:

Continued on next page 

President's Message, cont'd.

patients. NYSPA also provides timely information of reimbursement issues, including the distribution of the Medicare Fee Schedules.

There are several opportunities for our members to get involved in state-wide activities. These range from membership on committees to writing for The Bulletin.

Be sure to check out the NYSPA web-site and see what you might be interested in.

In the next President's Column coming up in November, we'll look at the structure of our District Branch in detail. ▲

Leslie Citrome, MD, MPH.

WANTED: WHPS ECP REP

Because of the unexpected departure of Meryl Rome, MD, the West Hudson Psychiatric Society needs to find another Early Career Psychiatrist (ECP) Representative. Early Career Psychiatrists are active physician members of the APA who are not residents serving in an approved training program, but who are under 40 years of age OR are within the first five years of professional practice after residency and fellowship training programs.

EVERYTHING YOU WANTED TO KNOW ABOUT THE APA BUT WERE AFRAID TO ASK

The Operations Manual of the Board of Trustees and Assembly of the American Psychiatric Association can now be downloaded in PDF format from the web. It is 308 pages long and can be found at

<http://www.psych.org/governance/opman.pdf>. Happy reading!

_____ **RICHARD BRAND, M.D.** _____ **JANE KELMAN, M.D.** at the address shown below.

- | | | |
|---|--|---|
| <p>1) What is your name and address?
_____</p> <p>2) Are you a licensed pharmacist? _____
_____</p> <p>3) Are you licensed in New Jersey, New York, elsewhere? _____
_____</p> <p>4) What is your license number and the state in which you are licensed? _____
_____</p> <p>5) List the name and title of all persons who supervise your professional activities, starting with the name of the Chairman of the Board of Directors and include all levels of administration. Please include photocopies of the current licenses of all physicians and pharmacists involved in clinical decisions regarding my patient. _____
_____</p> | <p>6) List the names and credentials of all persons who contributed to the decision to require additional information before dispensing this prescription? _____
_____</p> <p>7) State the reason why this particular medication requires additional information or approval before being dispensed in the manner in which it was written? Please provide appropriate, case specific, peer reviewed literature references to support any concerns you have. _____
_____</p> <p>8) What are the specific financial incentives, if any, which obstruct the dispensing of this medication to this patient as written and the cost savings to your company that will follow the alteration in prescription that you recommend? _____
_____</p> <p>9) If you are suggesting substitution with</p> | <p>another medication, please provide proof that such a substitution will be guaranteed to have equal efficacy and tolerability for this patient? _____
_____</p> <p>10) If you are suggesting a substitution with a generic medicine, please provide proof that such a substitution will be guaranteed to have equal potency and include no additional "inert ingredients" which might cause an allergic reaction or an intolerance in this patient? _____
_____</p> <p>11) What is the name and address of your insurance carrier? _____
_____</p> <p>12) State whether you and others in your company accept complete personal responsibility and liability for any adverse events that could occur as a result of any delays or changes made in treatment response as a result of this process? _____
_____</p> |
|---|--|---|

It is necessary to complete and return to me a current release of information signed by the above captioned patient wherein he/she specifically authorizes me to release data to you solely for the purpose of utilization review with regard to the matter of the current prescription you have challenged.

By signing below you agree that this information will not be released to any other party for any reason, will not be used for any other purpose, and will not be entered into any computer data base.

In addition, your organization agrees to pay a fee of \$500 per hour for the professional time required to evaluate and process your request. It is agreed that you and your organization assume full responsibility for any impact upon the patient's treatment, and it is agreed that your clinical responsibility is not pre-empted by any ERISA statutes or provisions.

This agreement must be signed by the authorized agent of the organization requesting this information. This form may not be altered in any manner, nor will facsimiles or stamped signatures be acceptable.

_____ as an authorized agent of _____
(Please print name, degree and title) (Insurance Company/ HMO/ Managed Care Company)

do hereby agree to all of the above terms set forth. I am aware that if I falsify any statement or violate any laws or established guidelines, I maybe subject to civil, criminal and regulatory penalties.

(Signature)

(Date)

OBITUARY: THIORIDAZINE

Thioridazine succumbed after a long illness on July 7, 2000, joining sertindole in the QTc graveyard. As announced in a "Dear Doctor or Pharmacist" letter from Novartis Pharmaceuticals Corporation, a boxed warning has been added about the danger of arrhythmias and sudden death. Thioridazine is now indicated only for schizophrenic patients who fail to show an acceptable response to adequate courses of treatment with other antipsychotic drugs. Thioridazine is now contraindicated with certain other drugs, including fluvoxamine, propranolol, pindolol, any inhibitor of cytochrome P450 2D6, and other agents known to prolong QTc. Baseline ECG and serum potassium is now recommended. Patients currently receiving

thioridazine need to be informed of these risks, and switching to another antipsychotic ought to be considered. Born in Europe in the 1960s, thioridazine, also known as mellaril, enjoyed a reputation of being a low potency antipsychotic. Although not available by injection, it was popular as both a pill and a liquid, for a diverse group of patients. Both adults and children alike were recipients. Reports of retinitis pigmentosa capped the maximum dose at 800 mg./day in an era of high-dose neuroleptic treatment. Recently there had been more talk about the atypical properties of thioridazine, making it more attractive. Thioridazine is survived by an array of other antipsychotics, new and old.

Benjamin Rush: Founder Of American Psychiatry

The greatest American physician of the 18th century, the father of American psychiatry and a co-signer of the Declaration of Independence - Benjamin Rush, M.D., who waged a life and death struggle to build an independent nation, deserves more than a traditional use of his image on the official psychiatric publications including our Synapse. An occasional recapitulation of his life and works is a refreshing and uplifting exercise. During his life time he endured vicious attacks by his enemies, but also received the friendships of the humblest and the most exalted. As a practicing physician Rush declared proudly "Most of my patients are among the poor - along the wharves and waterways, in the outlying towns." When questioned about the fiscal wisdom of practicing among the poor, he often quoted the saying attributed to Dr. Boerhaave: 'The poor are my best patients, because God is their paymaster.' He was an early abolitionist and had written powerful indictments of slavery.

He started his medical studies, at age fifteen, as an apprentice to Dr. John Redman in February 1761. Dr. Redman who was 39 years old regarded himself as the fount of medical wisdom, in his first interview with Rush he had this to say: "I am not sure that I was wise in accepting you. Oratory, they say, is your only claim to fame. A sick room, the walks of a hospital, the surgical theater are places of silence-except of course, for screams of agony and groans. Eloquence has never set a broken leg or charmed away a fever. If you study under me you will be seen but not heard, speak only when spoken to. Is that clear?" Benjamin's apprenticeship lasted five and half years during which he learned much by virtue of his keen observations and diligence. Within a year Redman's confidence in Rush was such that he often left his practice, the largest in the city, to him.

During his apprenticeship Rush saw a new turmoil in the world of medicine. Dr. William Shippen, Jr., a graduate of the college of New Jersey, who had taken his MD at Edinburgh, on returning to

Philadelphia, announced the first course in Anatomy to be given in America. His students- Rush among them- dissected human bodies, which Philadelphians felt to be a blasphemous act. Shippen defended his practice by saying that the cadavers were those of suicides and executed criminals with now and then one from the potter's field. But he was accused of stealing the bodies from graveyards. Shippen's life was threatened, and stones crashed into his dissecting room.

Early in September 1766 Rush sailed off to Edinburgh to further his educational goals. Arriving at Liverpool on November 3, 1766 he wrote to Benjamin Franklin in London, introducing himself as a fellow Philadelphian with letters of introduction from some of Franklin's friends at home. Franklin immediately sent letters to the eminent Edinburgh physician, Sir Alexander Dick and to the famous Dr. William Cullen, professor of materia medica at the medical college. Thus started a friendship between Rush and Franklin which withstood the test of the turbulent times ahead.

Rush received his MD degree, at the age of 22, from Edinburgh in June 1768. He then went on to London arriving there in

September 1768. In London he studied under the two illustrious brothers John and William Hunter, both anatomists and surgeons. From London he went to Paris for a short sojourn. Unfortunately he did not get to meet with Philippe Pinel who was around that time getting ready to start his great work in the service of the mentally ill, unchaining them and setting up a tradition of humane treatment of the insane. Later on, Benjamin Franklin had the opportunity of meeting with Pinel and attending his weekly meetings at the Salon of Madame Anne Helvetius. So impressed was he with Pinel's ideas that he conveyed them to Benjamin Rush, who incorporated the basic concepts in the organization of the mental hospital in Philadelphia. The detailed history taking, the adoption of rehabilitation measures, and use of persuasion were part of the therapeutic approach of Pinel. He also advocated the



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use of shock techniques to jolt the insane to rationality. The "tranquilizing chair" to manage the agitated patient, and the gyrotor, a horizontal board on which lethargic patients were strapped and spun around to stimulate blood circulation to the brain were used by Rush as therapeutic measures. Unfortunately Rush did not accept Pinel's aversion to blood letting, purgation, sweating and vomiting which he continued to use on selected patients, psychiatric and otherwise.

On his return to America, at the young age of 23, Rush was elected by the trustees of the College of Philadelphia on August 1, 1769 as the Professor of Chemistry at the Medical College. In 1770 he was the first American to write a chemistry textbook: "Syllabus Of A Course On Chemistry." During the war of Independence, Rush used his knowledge of Chemistry to produce gun powder for the armies of George Washington. As a member of the Continental Congress, Rush drafted the Declaration of Principles which anticipated by a few days some of those of Jefferson's Declaration of Independence. The Continental Congress declared Independence on July 2 and 3. The formal Declaration of Independence was adopted on July 4th.

During the war of Independence, Rush found himself in the front lines caring for the wounded. The militia men were ragged, cold, ill-fed, sick and discouraged. Rush inspected the state of the troops and was appalled by what he saw. Instruments, supplies, funds, and hospital beds were all scarce. The 'hospitals' were mostly makeshift huts, with dirt floor and a fireplace in the center. Most of the wounded lay in tattered, dirty clothes and without proper food or medicine on bare floors or on filthy, infested straw pallets. Infections were passed from soldier to soldier, adding and compounding the miseries all around. The medical department was full of mismanagement, waste and thievery in high places. Rush got into conflict with the high officers in charge, who accused him of wanting their job. The conflict was brought to the attention of Congress and resulted in Rush resigning his post.

After the birth of the new Republic there was an atmosphere of economic boom for the wealthy in Philadelphia. Dr. Rush could not tolerate the high-stepping aristocracy which had compounded the miseries of the poor. Rush joined Thomas Jefferson, the Secretary of State, in dissociating with the Secretary of Treasury, Alexander Hamilton, who had master-minded the passage of the Funding Bill of 1790, which brought economic ruin to the masses. In the midst of all this, in the summer of 1793, Philadelphia was hit by another disaster-an outbreak of Yellow Fever. Now we know that the infection of the deadly malady was spread by mosquitoes, in the 18th century the cause of the spread of the epidemic was still open to furious controversy. Relying on his observation and intuition, Rush suggested draining all the stagnant pools and cleaning up the swamps. His opponents suggested the quarantining of all incoming ships would prevent the infection from entering the country.

Rush witnessed the failure of his remedies of purging, blood-letting, and blistering etc in effecting a cure of the fever. He also tried various barks, wine, brandy and aromatics unsuccessfully. Three out of every four of his fever patients died. A physician, Dr. Edward Stevens from West

Indies was visiting Philadelphia, Dr. Rush consulted him. He suggested splashing buckets of water on the victims. Rush tried it, three out of four who were given this treatment died. Gradually, with the advent of cold weather the epidemic waned and then died as mysteriously as it had appeared! This coincided with the decline of the mosquito season which went unnoticed.

With all the turmoil and upheavals during and after the war years, Rush found himself in bad economic circumstances. With thirteen children to support and with a medical practice that was in ruins, Rush turned to one of his friends of old, Mr. John Adams who became the 2nd President of America. Mr. Adams had once offered his fellow revolutionary a post in the Federal Government, which Rush had declined. This time he approached him to revive the offer. He was appointed the Director of the US Mint, a post he held for the rest of his life. The salary was a mere \$1,200.00 annually but the duties were light, which allowed him to continue with his dwindling practice of medicine. His detractors and enemies would however not leave him alone. One in particular, Mr. William Cobbett, an Englishman and an enemy of the Republicans in general,

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and of Rush in particular, carried on a tirade of calumny against him. Finally Rush took him to court and won the case of libel against Cobbett. Undaunted, Cobbett moved on to New York and from there started The Rush-Light in which he wrote about '...the baseness, dishonesty, ingratitude, and perfidy of Republicans'... like Rush. Finally, Cobbett, afraid of being tried as a British agent, sailed off to England on June 1, 1800, leaving Dr. Rush's reputation in shambles.

In November 1812, a few months before his death, Rush published his book: Medical Inquiries and Observations upon Diseases of the Mind. He sent a copy of it to John Adams, and one to Thomas Jefferson. Before its publication no book on the subject had existed in America. For about a century, in American medical schools, it remained the source book on mental illness.

Benjamin Rush had succeeded in establishing an insane ward in the Pennsylvania Hospital. Ironically John Rush, his first born, was placed in the same ward in 1810. When young John was only nine years old, his father took him on his hospital rounds. Seeing a psychotic woman there, the young boy asked his father: How do people go mad?

Is it possible to cure madness? In those days the prevalent idea was that mental illness was the work of the devil, or that the insane were suffering for their sins. Dr. Rush was the first American physician to reject these ideas about the causation of mental illness. He conjectured that mental illness was a vascular phenomenon- an inflammation of the arteries of the brain. He claimed that on autopsy, the brain of a mad person showed signs of inflammation. He however conceded that there were other causes of insanity like: overexposure to extremes of heat or cold, exhausting labor, undernourishment, immoderate drinking, injury, irritations from foreign objects lodged in the body, poisons, intestinal worms, harmful internal secretions, tumors, abscesses and diseases such as apoplexy and epilepsy. He also posited that insanity could be hereditary, or psychological in origin. He mentioned driving ambition, great disappointment, terror, grief, defamation, and ridicule contributing to mental breakdown. Insanity could be triggered by great loss- the loss of liberty, of beauty, of property. Loss of bodily parts, great shock on seeing oneself disfigured could also lead to insanity.

Save the Date!



**the WHPS will have its
fall dinner meeting
on**

**Friday, October 20, 2000
(not October 27 as
previously announced)**

**at the Dellwood Country Club
in
New City, New York.**

In 1813, on April 19th, after a short illness lasting five days, Benjamin Rush died with a clear and calm mind. His last words, spoken to Dr. James Rush, his third son and heir, were: "Be indulgent to the poor." ▲

(References will be provided upon request)

Syed Abdullah, MD

SYNAPSE is available on the World Wide Web at <http://www.rfmh.org/whps>

SYNAPSE

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1992, 1999 and 2000 APA Newsletter of the Year for Small District Branches • 1993 APA Continuing Excellence Award • 1995 APA Continuing Excellence Award • 1997 5 Year Continuing Excellence Award
1998 APA Honorable Mention