

OUR YOUNG PEOPLE

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SERVICEMEN IN WHITE

T. OTTO NALL

QUIETLY, efficiently they were doing everything from blood-pressure tests to "brain-wave" treatments in Meyer Ward at Duke Hospital.

Now, to the uninitiated, Meyer Ward does not look like a place for the healing of mental cases. Doors have to be unlocked before the visitor, and attendants never pass through without waiting for the familiar click behind them, but keys are kept carefully out of sight. Windows are barred, but the barriers are fashioned of flat iron strips that lie directly over the pieces that hold the panes, so that necessary protection is almost invisible. Hospital beds are like any others, and there are no strait jackets!

To the white-clad doctors, nurses, and their helpers, patients are not "aphasiacs" or "epileptics" or "maniacs." They are people with first names—Jim and Sue and Betty, perhaps. In fact, Jim and Betty (the latter a victim of epilepsy who would never be suspected of it) were playing ping-pong as Dr. Richard S. Lyman, famed psychiatrist, and I, passed by. And Sue (or it may have been Sarah), who was given to frequent deliriums, was refusing to eat. We met Bob in the hall, and he confided to the doctor, "Sometimes I'm all right, but at other times it gets on top of me."

Into this helpful ministry to men's minds and bodies have come thirty young men, assigned by their draft boards to "work of national importance under civilian direction," be-

cause they are conscientious objectors to military service. They are the servicemen in white. Other conscientious objectors are fighting forest fires and building check-dams on soil-conservation projects; these fellows are doing the hard menial tasks that fall to the lot of attendants in hospital wards. Ten are serving in the mental section and ten more in the operating rooms on the Duke campus here in picturesque Durham, North Carolina, while a unit of ten

others are in the psychiatric wards at near-by and affiliated Highland Hospital, at Asheville.

As we walked across the wooded stretch of campus that lies between the log cabins, where the Duke contingent is housed, and the hospital, John Riebel gave me this picture of his daily schedule:

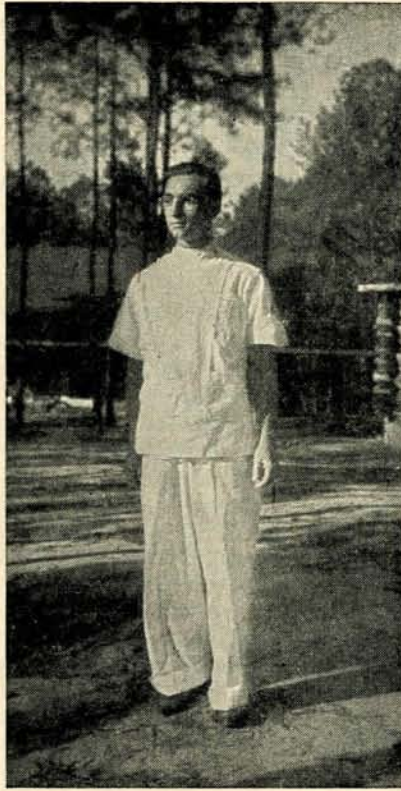
"I get up at six o'clock, dress, and make my bunk. Breakfast comes at six-thirty, and we eat with the doctors and nurses at the hospital. At seven I report for floor duty at Meyer Ward, named for Adolf Meyer, famed pioneer psychiatrist, you know." (I didn't!) "On the ward

Photos from the Author



Duke Hospital, where "servicemen in white" minister to men's minds and bodies

This is a special Civilian Public Service issue! It contains articles concerning C. P. S. men working in mental hospitals (page 1) and the adventures of C. P. S. "smoke jumpers" (page 4), a short story by a C. P. S. camper (page 3), poems by other men in C. P. S., and interesting facts about the present and future of Civilian Public Service.



This serviceman in white is a Mennonite from Pennsylvania

I waken the male patients, get them showered, shaved, dressed, and to the dining room for breakfast, or I serve their meals in the rooms, if they are unable to go. I make beds (I have long since learned how to do it with a patient in the bed). I help give cold-wet-sheet packs and continuous tubs to excited patients who need to relax. I take temperatures. I play games or talk with the patients in the day room, and help serve lunch when the time comes. Then I get them quiet and in their rooms for the rest hour. In the afternoon I take one or two patients walking or to the gymnasium for exercise.

"Supper comes at six-thirty. On Tuesday, Thursday, and Saturday this is preceded by a class in practical psychiatric nursing that takes two hours and a half. On Monday, Wednesday, and Friday I have an evening class of the same length with Dr. Lyman. It is an introduction to the whole field of psychiatry."

Dr. Lyman later told me something about that class. "I use my playthings—lantern slides, motion pictures, and sound records—to help them learn the vocabulary and the first principles. I try to avoid didactic, cut-and-dried methods as we proceed from suggestions for making

observations, and plans for diagnoses, to principles of psychiatry with a view to rehabilitating the patient for normal living. The boys discover how to get the patient's story efficiently and without embarrassment to him. My theory is that, if the fellows have it in them to go on their own initiative, they can pick up the techniques quickly. I have found them enthusiastic and willing to meet any requirement, kind and efficient in their handling of patients."

At Highland Hospital, where the most recent practices in shock and insulin treatments are used for mental cases, John McCullen offered this description of methods:

"Each morning when the weather permits we take our patients to the court for an hour of volleyball. By nine o'clock all are warmed up for a session with a saw or ax or wheelbarrow. Having begun the day at some game outdoors or gymnastics indoors, everyone takes an assignment of work. Gardening and forestry, each providing varied activities over many acres, are good standbys. Outdoors each patient finds the exercise and oxygen necessary to proper muscle and brain tone.

"We try to help patients acquire skills that limber up their minds for operation in healthful channels. Weaving, knitting, sewing, and leatherwork are some of the activities from which they may choose. We make individual contacts with the patients in these activities, in the play and work, and in the more strenuous treatments. We endeavor to study the needs and possibilities of each one.

"The hospital's program for the re-education of men and women urges and directs both physical and psychological discipline most likely to keep healthy the entire system and to interest the mind in a healthful freedom of thought. There is comfort in the assurance that we are helping to change these unadjusted and misfitted individuals into comfortable and useful members of society. Fortunate are we, who would learn to minister to diseased minds, that our apprenticeship has begun in an institution having a noteworthy record of restoring health."

At Duke Hospital, Truman Kirkpatrick told me of two new methods being used for treatments there. "An electroencephalogram is a picture of a 'brain-wave,'" he began. "It is a record of the tiny electric

At Dawn

JOHN GROEL

C. P. S. Camp No. 26

Loud-voiced, the gaudy east
Is but the trumpeter
Of day's white heat—
And of the night to come.

currents which course through the brain, and it reveals the workings of the brain in the same way that an electrocardiogram tells about the heart-beats.

"The technician glues wires to the patient's head, until he looks like a candidate for a permanent wave. Then the patient is placed in an electrically shielded room; the amplifiers are turned on; the oscillographs waggle, and six pens make wavy lines on a long paper. Some abnormal condition of the brain, such as localized tumor, or a tendency to epilepsy, is revealed through the patterns these waves show on the electroencephalograms. Other discoveries of the brain make a record that looks just like that of a normal person.

"The technician who formerly ran the machine left hastily for the army, and I was shoved into the job of running the complicated gadget. Oh, for a better knowledge of radio and tubes and batteries!" (Truman was trained as a chemist.) "Part of the time the instrument is used for routine diagnosis, and part of the time for research.

"The other new thing is electric-shock treatment, the latest in a series of drastic treatments, that, in some cases, have worked almost miraculous cures on insane persons. Earlier methods involved artificial fever, insulin shock, and convulsion-producing drugs. The electric-shock treatment method involves putting a sizable current right through the patient's temples for a tenth of a second or so. A convulsion is produced, and some of the channels between parts of the brain are shaken up. When they settle back again, they frequently assume

Continued on page eight

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