

New Hope Glistening For Mentally Retarded

By CY BERLOWITZ

Two minutes after you walk into the community store at Willowbrook State School you're sitting at a table with five patients ranging in age from about 16 to 60. They are discussing the future:

"Right now I'm doing gardener's work," said one impeccably dressed young man. "but I don't like it. I think I'll try for a porter's job."

Teen-age twin sisters, both of whom work behind the counter at the store, plan to go on for additional training.

A woman of 60 says, "When the couple I work for went to Europe, I had full charge of their two teen-age sons. I made them take a bath every night and they didn't like it."

These are the mentally retarded, the ones who are supposed by many to be incapable of doing very much with their lives.

Since 1958, Willowbrook State School has had a program that enables selected retardates to be placed with families and given jobs in surrounding communities.

Known as the Family Care and Day Employment Programs, they are designed to give the retarded opportunities to be self-sufficient individuals who can contribute to the community where they live and work.

There are approximately 100 retardates in both programs and, according to Robert Gilson, director of social services at Willowbrook, efforts are being made to find homes and jobs for others.

Participants in the programs are carefully selected by the school's medical staff which refers them to the social services department.

The selectees are given intelligence and psychological tests to determine their potential for community adjustment. Each patient must have the approval of Dr. Jack Hammond, the school's director.

"The social services department," says Gilson, "then prepares the patient for his transition to the community through a series of counseling interviews."

We try to allay, continued Gilson, "some of their realistic and unrealistic fears of what it means to live and work in the community. We tell them what they can expect from an employer and what their employer will expect from them."

The social workers who conduct the interviews find jobs for the patients and homes for those who will live, but don't work in the community. Those who don't work are primarily young teen-agers in family care program.

Families taking children are reimbursed for room, board, clothing and medical care.

"People request these youngsters," said Dr. Hammond, "for a variety of reasons." In one case, a family with a mentally retarded child wanted a companion for him.

"But mostly, he went on, "they are idealists who get satisfaction out of contributing to the development of another human being."

Those in the Day Employment Program work anywhere from one to five days a week, as porters, bakers' helpers, office boys, mothers' helpers and domestics. One, said Gilson, is now earning \$1.75 an hour as a nursery man for a Staten Island florist.

Most of their earnings is banked. The patient receives enough for daily expenses plus some extra pocket money.

Initially, they return to Willowbrook after their day's work. When it is determined that a satisfactory adjustment has been made, the patient is discharged from the institution. Federal studies have shown that mentally retarded workers have higher than average attendance records and stay on the job longer.

A poster in Gilson's office reads, "We're Homeward Bound!"

Possibly 300 Causes Involved, But Cure Awaits Discovery

There are between five and six million mental retardates in the United States suffering from more than 100 disabilities resulting in curtailed intelligence, misshapen bodies, psychotic tendencies, hideous facial features, faulty skin pigmentation—and often death, says Dr. George A. Jervis.

Many of these problems have been studied for 100 years, but little progress has been made in finding the causes or cures.

The causes number as many as 300, including chemical malfunctions of the body; viruses, either prenatal as in the case of German measles in the mother at the beginning of pregnancy or virus infections in the child shortly after birth; poisons, and injuries.

Injuries can either be prenatal or postnatal. Auto accidents and accidental falls are common causes. The brain-injured child is mentally retarded to some extent in one-half to two thirds of the cases.

The most frustrating factor for the physician is that nearly 25 per cent of the retardation diseases are due to chemical malfunctions in the body to which only chemists

can give an answer.

The chemistry problem is widespread in medicine. There is evidence that some cases of schizophrenia have a chemical cause. The kind of temporary psychoses caused by minute doses of LSD is only a demonstration of a possibility that has been present in medical theory for nearly a century.

The specialized field of lipid chemistry holds the answers to at least 37 retardation diseases resulting from defects in metabolism or digestion in the child. Lipid is a catch-all term for a large number of fats and fatty substances in the body. Lipids are metabolized by enzyme action into new substances, with different molecules, which the body uses for energy.

Mental retardation results when the enzyme employed by the body to break down a certain lipid is missing. Doctors know exactly how this happens, but they don't know why, or how to stop it.

A fairly rare, but well known example is galactosemia, which is due to a missing enzyme in the five-step process of changing milk sugar to glu-

cose. As a result, the milk sugar cannot be expelled by the body and builds up to alarming proportions, surrounding the brain cells with sugar. If unchecked, galactosemia results in death within two years in most cases. Those children who do survive are blind and idiotic.

One ordeal some parents must face is having a child with one of the six types of gargoylism, due to the failure of the body to metabolize a very complex sugar. The result is dwarfism and grotesque facial and skeletal deformities.

Probably the best known disease among those with a chemical cause is PKU, or Folling's disease. In this disease, the body cannot make use of one of the amino acids, which results in defective skin pigmentation, often epilepsy and sometimes mental illness.

In many cases, doctors can prevent retardation through early diagnosis and special diets. This is particularly effective for galactosemia, in which the child is simply deprived of milk and milk products for life and lives an otherwise healthy life.

Director of New Center Seeks to Find Answers

By WILLIAM O'CONNELL

An eminent physician, a \$7-million building, a large staff and the latest equipment are being combined in Willowbrook by the State Department of Mental Hygiene to work for the prevention and cure of that most heartbreaking of afflictions, mental retardation.

The Institute of Basic Research in Mental Retardation will be housed on the grounds of Willowbrook State School in a building expected to be ready in the fall.

Its director will be Dr. George A. Jervis, 63, a native of Northern Italy, near Turin, and a resident of Rockland County for the past 31 years.

Dr. Jervis, a tall, balding man with bushy black eyebrows and a trace of his native accent, has been in the United States since 1941. He began his medical education at the University of Paris and was sent to Columbia University on a fellowship.

Mental retardation has always been his specialty and he speaks of it, not as a detached scientific observer, but with constant reminders to his listeners of the terrible heartaches it causes.

The doctor and his wife, Ruth, have raised two girls and a boy in their home across the street from the Letchworth Village Hospital, in Thiells, N.Y., where he has been director of research for the state for 31 years.

In addition to his duties at



DR. GEORGE A. JERVIS

Letchworth, Dr. Jervis has been a lecturer at Columbia for 25 years and is director of research for the Joseph P. Kennedy Jr. Foundation in Washington, D.C.

The foundation has spent more than \$15 million on research since its establishment by the late President Kennedy. Sargent Shriver is now executive director of the program, with centers in Boston and Cambridge, Mass.; Stamford, Conn.; and Baltimore, Md.

Dr. Jervis spends one day a week in Washington offering advice on research progress, and intends to continue his

work there after the Willowbrook installation opens — "if they want to keep me."

His enthusiasm for the Institute on Staten Island is not matched by his feelings about moving here — "You don't live in one county for 30 years without becoming attached to it," he says of Rockland.

His plans for the Institute for Basic Research are simple: discover cures for the 100 to 150 diseases resulting in mental retardation and brain injury.

"Seaview Hospital was in some danger of going out of existence," he said, "because the disease it set out to cure, tuberculosis, is no longer a major health menace." That is the kind of failure to which he would like to see the Institute fall prey.

"I don't expect to see it, though, in my lifetime," he said. Meanwhile, his life is

The new Institute building has five floors, each devoted to a specific phase of basic research: Chemical, psychological, medical, pathological (study of brain cells), and biological statistics.

Included in the Institute will be a small, very specialized hospital. Patients will be selected from those children with difficult cases, not only from the state school, but from Staten Island in general and all over the state. The hospital program will require a large nursing staff, since all the children will be in need of almost constant attention.

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