

Vital clinic being axed at Willowbrook

By CHRISTOPHER M. COOK

Despite enormous breakthroughs claimed in the treatment of some types of mental retardation at the Neuro-Endocrine Research Unit at Willowbrook State School, the unit will be closed as part of the state's budget cutbacks.

The announcement came from Albany last week that the unit, the only known one in the world to treat mental retardation medically, will be eliminated by Monday.

Sifting through records which have been kept at the clinic on the progress of patients, Dr. Nathar Penn, acting director, came across a card file which indicated that of 92 patients treated in the last 8 years, 42 have returned to society to become close to normal participants — an average of 45 per cent.

NO EXACT RECORDS

Penn said that he knew that the clinic had been successful but no exact records were ever kept showing to what degree treatment had worked.

Most facilities, including Willowbrook itself, treat patients by programming through which they are taught to function in basic ways. They learn to eat, walk, use bathrooms and play, but that is about all. If they are then capable, they are handed back to the family where they usually continue to live for the rest of their lives. The success of the programming, as far as taking the financial burden off government, is approximately seven to 10 percent, which is considered good. In many cases the individuals obtain work or become partially self-supporting.

The question arises: Just how has the clinic had such a success with its 45 per cent, and why was it never known? The answer reads somewhat like a Louis Pasteur or Albert Schweitzer story.

Dr. Max Reiss was an English physician who came to the United States in the mid-1950s as part of the "brain-drain" of scientists, engineers and doctors who were attracted here by the wide possibilities of research and opportunity in their fields.

Dr. Reiss accepted the position of running the Willowbrook clinic, after being invited over because of the unusual type of research on mental retardation he had done in England.

What Dr. Reiss did was to examine the patient from every possible scientific point of view and then treat him medically; something that had never been done before and, as far as is known, is still not done anywhere else.

What he found was that there was basically two types of mentally retarded patients: Those who had diagnosable causes such as German measles during pregnancy, mongoloidism or eating lead when very young; and there were those whose mental illness could not be diagnosed either through lack of background information or because there seemed to be no particular physical impairment in their lives. This last group particularly interested Dr. Reiss, and it was around them that he based his research.

BATTERY OF TESTS

Dr. Reiss put the patients through a battery of tests which included examination by a psychiatrist, an endocrinologist, a geneticist and a pediatrician, and if a cause for the mental retardation could still not be found, he treated them with a hormone known as Human Chorionic Gonadotrophin (HCG).

HCG is one of the hormones which is vital to the development of the child during pregnancy. It is often used by doctors to insure the health of the fetus when a mother is having trouble with her pregnancy.

Dr. Reiss' contention was that if the hormone could help so much in pre-natal stages, then maybe it could help the mentally retarded patients capable of varying degrees of self support, while he conducted other forms of research.

According to Penn, Dr. Reiss, was a man who shied away from any form of publicity and locked himself into his research. This, he feels, may be one reason that Reiss' success never came to light.

He never kept any count of his successes, and only acknowledged that he had sent several patients back into society by the notations on cards in his file.

CONTINUED WORK

Then in October last year Dr. Reiss died. Penn succeeded him and continued his work.

"Reiss was an extremely dedicated man," Penn said. "He was the type of man who, if he had exhausted his funds and needed something, would go out and pay for it out of his own pocket without ever thinking twice about it."

Penn then went back to the Reiss theory and using the same point of departure, set about adding to it. He decided that brain development in the mentally retarded could be helped further by the addition of yet another hormone also considered vital to the development of the fetus — Progesterone.

He undertook testing of the combination of the two hormones on animals and had startling results.

Penn now feels that the combination of both hormones given to the mentally retarded could make an almost normal individual.

He has sought and been granted permission from medical societies to try the tests. And last week obtained consent from parents of some of the Willowbrook patients.

But while he is on the verge of what may be the greatest breakthrough in the history of mental retardation, the governor of New York State last week cut off all funds to his clinic.

SUCCESS RATE

It was in sorting out the material on file in time to close up, that Penn and his associates started reminiscing about Dr. Reiss. They then made a count of the cards in his file and to their surprise found out that Reiss had had 45 per cent success with the patients he treated.

Then they did some arithmetic and came with some more startling conclusions about the operation of the clinic itself.

First of all, the clinic is operated at a cost of about \$200,000 a year. But when the clinic returns the patient to his community, the state no longer supports him. Therefore the clinic is saving the state approximately \$161,000 a year by virtue of the patients

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can work or become mentally self-supporting.

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First of all, the clinic is operated at a cost of about \$200,000 a year. But when the clinic returns the patient to his community, the state no longer supports him. Therefore the clinic is saving the state approximately \$100,000 a year by virtue of the patients

it cures and the various tests that are done at the school that would cost more if done outside of it.

In addition to the variety of medical services which the clinic supplies to the school, it serves as a counseling service for parents in examining chromosomes of affected children on Staten Island.

To point up its success, the clinic cites several cases of rehabilitation:

One of the patients is now in college.

OWNS HOME NOW

A boy admitted when he was 10 years old was treated for two years, graduated in 1964, is living in a Staten Island community and owns his own home.

Of those who had an intelligence level of 61 points, which is considered a moron:

A boy admitted at the age of nine, one of four siblings in the school, was discharged in the custody of his brother and is now working.

A boy admitted at the age of 14 was treated for a year and is now capable of self-support.

After six months of treatment another boy is now earning \$75 a week.

Dr. Penn does not claim to have been totally successful in rehabilitating cases. But those mentioned are among the lowest IQ level at Willowbrook and have made enormous progress due to treatment.

He also is certain that there will always be someone to take issue with the program and question its validity, but then again he feels that the 45 per

cent cured by Dr. Reiss speaks for itself.

If Dr. Reiss could get 45 per cent results where the state program gets seven to 10 per cent results, what his clinic could possibly do for the mentally retarded patient could be astounding, he feels.

Not only is the clinic of value as far as this research goes, but it provides medical services to the home in many other ways too.

Financial data itself shows that the group of 27 doctors and researchers who will be laid off on Monday is saving the state and the community money, he said.

The cost of maintaining a patient at Willowbrook is \$3,600 a year and much less (if anything) once outside the facility.

Not only that, but the types of tests run on patients at Willowbrook would cost \$60,000 a year if done commercially, and are included in the clinic's budget at present. When the clinic closes the tests will have to be done commercially, Dr. Penn said. So that when all the costs are computed, the clinic actually saves the state money rather than have it conduct many vital services from outside the home.

Dr. Penn and his associates said that they will meet with State Sen. John J. Marchi to try to win his support to keep the clinic open.