

let it be with us and let the family develop as it should without constriction by a mental defective growing up in it. How much in the community was mental deficiency accepted as illness? As these patients were admitted from all of this area, they brought with them diseases which were endemic in those populations. During the poliomyelitis epidemic in the early 1950s, the commissioner of mental hygiene gave to New York City the right to transfer 400 patients from the wards of New York City hospitals into Willowbrook so that they would have room for the poliomyelitis victims.

Mr. Professor, you should have stood at those ambulances when they were emptying out their cargo. You see pictures every once in a while of people from concentration camps suffering from extreme starvation. That is the condition in which these patients were. A skin bagful of bones. They looked like skeletons. Should we have accepted these conditions as part of the picture of mental deficiency as we did with tuberculosis in mental hospitals?

Now we come to hepatitis. Does this professor, as I said before, think that the doctors from New York Medical School were working in a vacuum? As I understood and knew in my heart, every person who came into Willowbrook State School, be he patient, employe, professional or non-professional, would contract hepatitis sooner or later. Some had the attacks mild, some had them severe. Some went to bed, most got out of bed. Some did not make it.

We used gamma globulin in their treatment. It was reasoned that if gamma globulin were valuable in the treatment of catarrhal jaundice, why could it not be used for producing immunity? We knew that it could ameliorate the affects of hepatitis. Would it not be better to confer immunity upon our newly admitted patients and staff by administration of gamma globulin together with the bacillus at once?

This was the principle. As we began to get control of the situation, we began to find out more and more as to what the sickness really was, and it was not an experiment. It was really a progression in thinking and reasoning. Where was the trouble. We had to find out exactly what the situation was. So we isolated this newly admitted group of patients, with the consent of the parents, in a sep-

arate room. It was not an experiment by this time. As immunization developed, we placed the babies into the general population and watched to see if they would contract the disease, and they did not.

Admission to Willowbrook State School was according to a list established by the commissioner of mental hygiene, in the order in which an application for admittance was received. This list was strictly and absolutely followed. When a vacancy occurred, we admitted a new patient. No one was allowed to jump that list. We wrote to the parents of these children telling them of the situation and of our research program and that if they wanted to participate, we would admit them as far as there was space. It was not forced. It was offered. If they wanted it, well and good, if they did not, well and good. It did not affect their position on the original list.

This went on for years until a few disgruntled parents wanted to jump the list for admission and began to agitate that the only way to get into Willowbrook was to be exposed to this experiment. Nonsense. This research was just something separate by itself. I found some space in a building which was unoccupied. It had been reserved for a doctors' residence. I converted it into the ward for the study of hepatitis.

The research went on without the cost of one penny to the state of New York as all of the research projects at Willowbrook went on. I did not get any money to use for research. But research went on throughout the institution. I counted once. There were 73 research projects going on at one time. Why single out this hepatitis?

Babies who played around the floors of the wards were carrying and transmitting all sorts of infection and intestinal parasites. We were working on those. We had a research project there. Why single out hepatitis? We did not have to give them infectious agents. They picked them up from one another.

Should I have allowed all this to continue? Spasticity? Cerebral palsy, so called? We had a good share of this. Why not challenge the research in cerebral palsy? We used all sorts of modalities. Finally, after having worked with electricity for years, we discovered that certain drugs would be effective. Why single out hepatitis?

I consulted with my staff as to what we should do about catarrhal jaundice and the formation of a program. Those I consulted were the resident medical staff, consulting medical staff, nurses, social workers, and yes, clergymen as well as many others. You would think that from at least one person there would come a protest if it was immoral. Not one was raised. When we submitted

the proposition to the commissioner of mental hygiene, he considered it for quite a while, with his staff. When approval came, there was still no protest. Something had to be done or else I was going to lose my patients in droves, with so called "broncho-pneumonia or kidney involvement." It was only after all of this that I invited a doctor on the staff of New York Medical College to go to work.

At any rate, the professor is beating a dead horse. Willowbrook has been destroyed. Willowbrook State School should have been designated Willowbrook State Hospital, as it operated during my administration, when we were studying and working on the prevention of mental deficiency, to prevent anybody being born mentally defective. We were also working at the same time on treatment, and we did cure some patients of their mental deficiency. This you do not know. Nobody stopped to ask me when all of the challenges were being made.

The people who were in charge at that time are either gone from the scene or deceased. I am talking of the time of the demolition of Willowbrook. Catarrhal jaundice became infectious jaundice which finally became hepatitis, after the virus of the Willowbrook strain was discovered and acknowledged all over the world. And what to do about it? Should I have allowed my patients and employes to continue to contract, in this particular instance, infectious hepatitis?

I was not working toward the benefit of mankind. I was working to improve the health of my patients and the general hospital population of which that patient was one. No. He was not an isolated entity being used solely for the purpose of the world. He was just being treated and given immunity against the disease which he would contract and which might cause his death eventually. He was going to contract and pass along hepatitis almost 100 per cent, with or without symptoms. This is one of the things we learned as we went on.

There is much more I could say, but I felt that I should come out of retirement when this challenge was made and these accusations were levelled against my loyal and faithful staff, my overworked and overburdened people on the wards who had to stand the brunt of these accusations for loyal and faithful work as though they were guilty of "immorality." accused and demoralized.

By whom? By What? What for? What is the experience of this armchair philosopher and others like him who are trying to be Monday morning quarterbacks? It has just become fashionable for misinformed and misdirected people to throw stones at Willowbrook State Hospital.