President's Column
THE WANT, THE WAIT & THE WASTE

We have a mandate to make adequate psychiatric treatment available to all, regardless of ability to pay. Those who cannot afford treatment constitute a large number as evidenced by those ever present waiting lists which now exist at nearly every free and low cost facility in the State. To help resolve this situation, more treatment centers are planned by the State and other groups. This is good, but unless a change in the usual clinic procedure occurs, these new facilities will also soon be plagued with endless waiting lists.

Criteria for change will grow out of a defining of goals of the Mental Health Centers. Different facilities will undoubtedly have different aims and make varying degrees of use of allied personnel and existing agencies.

At present the total cost per treatment visit to State clinics is more than the average fee of a private psychiatrist. Treatment centers cannot afford to continue the policy of delegating intake responsibility to non-physicians who must routinely obtain a detailed history, frequently a battery of psychological tests, and then a staffing with the physician. After determining necessity for treatment, the patient is often placed on a waiting list. Most of this procedure is totally unnecessary for routine treatment problems.

We cannot hire enough trained psychiatrists to handle intake at the clinics. Better treatment could be offered more quickly.

(Continued on page 6)

L. P. A. ANNUAL MID-WINTER MEETING
January 15th, 16th, and 17th, 1965
Buena Vista Hotel, Biloxi, Miss.
Register now with William Super
Come Friday night and bring your wife.
See you all there
Program on Page 2

Problems Of Professional Identity
One topic of current concern among psychiatrists nationally and locally has been the growth of private practice by non-medical psychotherapists. Some feel that this is an invasion of the medical domain by unqualified persons, dangerous to patients, and to be resisted by all available means. Others decry these objections as chauvinistic, provincial, often economically motivated and unfair, both to the professional people involved and to the many patients who need care. It is my belief that neither extreme viewpoint is correct, and that ultimately the issue will be resolved only after there has been a certain amount of growth, reshuffling and redefinition of the various professional disciplines involved.

The number and variety of professions participating in this mass identity crisis is truly amazing and includes not only medicine but many of the social sciences, religious groups, educators and others. For example, a national interdenominational religious group has contacted the A.P.A. to discuss its concern over loss of clergymen to the private practice of psychotherapy.

I do not believe this role changing is because psychotherapy is lucrative, but because it is effective. Its popular espousal has, however, disrupted the heretofore neat line of demarcation amongst the scientific and humanistic disciplines.

The science of human behavior, growing with such impressive vigor and validity, has never been the property of any special group or branch of science. This is utterly unavoidable; the proper study of man is man and not the domain of any special men. What the outcome of this will be, we cannot hazard to guess. Certainly a General Psychology of Behavior will eventually be developed and come to rest in proper perspective within all of the scientific and humanistic professions. The process of assimilating this new body of knowledge is, in my opinion, causing many professional identity conflicts.

(Continued on page 4)

Edward H. Knight, M.D.

Ed was born in New Orleans, Louisiana, and educated in the New Orleans Public School system. His family was originally from the Bayou Teche country of South Louisiana. After premedical work at Louisiana State University in Baton Rouge, he received his medical degree from LSU in 1945. Following a tour of duty in the Medical Corps he went to the Menninger Foundation in Topeka, Kansas, for three years of psychiatric residency. Here he met and married Mary Knox and they now have six children ranging in age from 4 to 11.

Ed is currently engaged in half-time practice of psychoanalysis and teaches half-time as Associate Professor in the LSU Department of Psychiatry. He is a Fellow of the American Psychiatric Association and a Diplomate of the American Board of Psychiatry and Neurology, 1952. He is a member of the American Psychoanalytic Association and a Teaching Analyst of the New Orleans Psychoanalytic Institute. In 1961-62 he was President of the Louisiana Psychiatric Association and in 1964 he received the Distinguished Ser-

(Continued on page 3)
Minutes of Executive Council Meeting
December 3, 1964

Present for the meeting were: Doctors Cohen, Caruso, Burdon, Ritter, Touzet, Super, Pratt and Feigley.

1. Membership applications of Albert Peter Koy, M.D., and Lincoln Denton Payne, M.D., were read and favorably voted upon. Their names are to be presented to the General Membership in January, 1965, for vote.

2. The Treasurer reported a total balance of $2,245.00, with $625.00 of this having been collected for the Mid-Winter Meeting in January.

3. The Program Chairman, Dr. Super, announced that approximately 25-30 members have registered for the Mid-Winter Meeting. He was requested by the council to personally contact other members to encourage greater attendance. Dr. Super announced the members who are to be on the two panels of Adolescence and Family Therapy. Inquiries are being made concerning a drug company to sponsor a cocktail party. Philip Reed, President of the Assembly of District Branches, is invited to speak to Executive Council for breakfast on Saturday, January 16th, and to speak to the membership.

4. The names of those members eligible for Fellowship in the American Psychiatric Association were reviewed. Recommendations for advancement are to be sent to the A.P.A. by President Cohen.

5. The Council accepted with regret the resignation of the Newsletter Editor, Arthur Burdon, his resignation is to be effective in July, 1965. Dr. Burdon is to work with President Cohen to select a new editor. Several possible candidates were discussed.

6. The Council was notified that the L.P.A. is now a tax exempt organization, this information was given to Arthur Burdon in getting cheaper rates for mailing the Newsletter.

7. Paul Pratt spoke to the Council regarding various aspects of his position as Commissioner of Mental Health.

8. (a) Communication has been received from the Louisiana Civil Liberties Union; this organization requested endorsement from the L.P.A. for their policy of wanting a medical rather than a punitive approach to the drug addict. Their program appears to resemble that of Great Britain. Arthur Burdon recommended referral to the Committee on Drug Addiction; approved by Council.

(b) President Cohen commented briefly on the Canon of Ethics of the New Jersey Neuropsychiatric Association, prepared in 1949, by Henry A. Davidson. This is a remarkable document, for those interested.

(c) A note from Dan Blain expressing thanks to the L.P.A. for the Resolution concerning equal rights, privileges and responsibilities was read and accepted. See Minutes, September 17, 1964, for details.

(d) A letter from Bob Heath was read thanking the Society for its good wishes on his 15th anniversary at Tulane.

(e) Communication was read regarding re-districting of the various District Branches. Our delegate, Andre Touzet, was instructed by Council to indicate that the L.P.A. takes a neutral stand in the matter.

9. President Cohen presented the idea of contacting all past-presidents to turn in their correspondence for future historical interest. This was endorsed by council, as well as the item concerning Committee Chairman keeping their re-

(Continued on page 6)
Editor's Jambalaya

TO THE EDITOR:

In the letters denying "Hypocrisy," Dr. Gonzalez merely confirms my complaint that the arguments against psychologists often sound like nothing more than aristocratic self-endorsement. Three of his paragraphs tell me that (1) Physicians are trustworthy because they have an old and respected heritage and because they are trusted by each other, (2) Psychologists are not trustworthy because they do not have an old and respected heritage and because most physicians do not trust them, and (3) Clergymen can be trusted because they also have an old and respected heritage and because most physicians do trust them. His fourth paragraph asserts that allowing non-physicians to do psychotherapy in state facilities is not hypocrisy but merely practical politics, a distinction which I believe he might find difficult to define.

Dr. Blackman, on the other hand, tells me I am wrong in assuming that we are impressed by our heritage, that I am right in mistrusting non-psychiatric physicians, and that I am misinformed if I think psychiatrists trust clergymen. I suggest he read Dr. Gonzalez's letter.

Nowhere in my article did I suggest that we should welcome psychologists as our equals. What I said was that our efforts to control them were hypocritical in the light of some of our other behavior. I suggested that we will first have to clean our own house, and we will have to become a little more consistent in our arguments, before we will be recognized as having the right to try to control others guilty of the same deficiencies.

Dr. Blackman dismisses that criticism with the simple idea that there is no reason we can't attack all of these problems at the same time. I assume this means that at the same time he is agitating for legislation to restrain psychologists he is also agitating for legislation to restrain non-psychiatric physicians and clergymen.

The sarcastic vein which I utilize in writing this is meant to reflect the feelings of intelligent laymen who perceive all of this inconsistency. The public image of the doctor is rapidly deteriorating. It is being destroyed by doctors, doctors who have not yet awakened to the fact that we are no longer viewed as self-sacrificing demigods, nor as awesome purveyors of inscrutable magic, and that we must now earn our prestige simply as men.

EDWARD G. LONG, M.D.

Dear L.P.A. Member:

The Louisiana Psychiatric Association has felt that it might be advantageous for the organization to maintain a roster of speakers so that when some organization or group requested a speaker from the Louisiana Psychiatric Association, a name might be made readily available to them. This would facilitate organizations in obtaining psychiatric speakers and would, in addition, permit the Louisiana Psychiatric Association to obtain some news coverage for the talk, if indicated.

As chairman of the Private Practice Committee, I have been requested to poll the members regarding each person's willingness to have his name placed on such a roster to perform this public service. If you are willing to have your name placed on such a roster, please signify to me at 3737 North Boulevard, Baton Rouge, Louisiana, 70806. If you have a particular preference as to subject matter on which you would feel most qualified to speak, please also indicate this.

Sincerely yours,

GEORGE J. CARUSO, M.D.

Edward Knight (Continued from page 1)

vice Award of the Louisiana Association for Mental Health.

The many community service activities in which Ed has been directly and deeply involved over the years are too numerous to mention. All members of the L.P.A. are well aware that he breathed real life and vigor into a paper organization back in 1961 and has served faithfully and actively on several committees and on the Council since then. Louisianans can be quite proud of one of their own men who has led in important areas in Louisiana and American psychiatry in the past and is continuing to contribute richly of his experience and effort for the common weal.

THE EDITOR

Tulane Honors Dr. Heath on 15th Anniversary Celebration

In one of the best kept secrets of recent years, Tulane surprised Dr. Bob Heath on the 15th anniversary of his coming to Tulane to set up the presently functioning Department of Psychiatry. A surprise meeting was held on the morning of November 14th., in the auditorium at Tulane, where Dr. Heath was honored in a brief but effective program. Dr. Melvin Sabshin, Dr. Frank Ervin, Dr. Henry Lesee and Dr. Carlos Leon, all former residents and graduates of Tulane's Department of Psychiatry, who are now in full-time teaching, were the featured speakers.

In the evening, there was a banquet for approximately 250 people, gathered in Dr. Heath's honor, at the Fontainebleau Motel, where a serious note was struck in the morning, a more festive atmosphere prevailed at the banquet. Some of Dr. Heath's old friends, who were not featured in the morning program, added a personal note to the occasion. Dr. Heath received a scroll and was given a watch, the presentation being made by Dr. Paul Pratt. Members of the committee, besides Dr. Pratt, who were responsible for arranging the program were Dr. Charles Feigley, Dr. James Brown, Dr. Arthur Epstein and Dr. Andre Teuzet.

MENTAL HEALTH CENTERS AIDED BY FEDERAL GRANTS

Construction of community mental health centers for the first time will be partially financed in 1965 by Federal grants-in-aid of $35 million. This is the first appropriation under a $150 million three-year program of such Federal assistance. Louisiana is to get nearly one million dollars in 1965.

The grants will be administered and awarded to eligible sponsors of the centers by the National Institute of Mental Health. The centers will form the nucleus of the new national mental health program to provide comprehensive treatment of the mentally ill in their own communities.

Centers receiving grants must provide inpatient treatment, outpatient treatment, partial hospitalization, with around-the-clock emergency service available in at least one of these, and consultation and educational services to community agencies.
Professional Identity (Con't from page 1)

It is not the prerogative or responsibility of medicine to regulate something so momentous as the evolution of human knowledge. It is, however, the time honored task of physicians to acquire, apply, and administer all forms of knowledge that are useful in combating illness. From this vantage point we may legitimately examine some of the effects of psychological knowledge on medicine, and especially psychiatry. We are also entitled to an opinion regarding the identity dilemma of our colleagues in other fields, insofar as they have involved themselves with patients and illness.

Psychiatry's Problem

It seems to me that the most vexing problem facing psychiatry today is the pressure to define mental and social normality. This inevitably brings medicine into matters of social value and social arbitration, traditionally the domain of social scientists, scholars, jurists and clergymen. Yet, in the deepest philosophical sense the physician has never known what was normal, but only what was sick, physiology notwithstanding. He would treat the illness and return the patient back to his own private normality—he be Buddhist, bigot, puritan or Moslem. Many social scientists and some psychiatrists now purport to know what is normal; and being so endowed can designate some people as socially sick or non-medically ill. Yet, there is a tremendous difference between the modest diagnosis of "no disease found" and the presumptious label "normal." Witness the dilemma of the psychiatrist in court when called upon to decide not just who is ill but who is socially responsible. Are all criminals and socially aberrant people ill? Where is the line drawn and who draws it? Thus, a reexamination and clarification of the concepts of normalcy and disease is mandatory before psychiatry can clearly establish its own boundaries and burdens. You may rest assured that most sociologic, legal and religious groups will demand a reexamination and clarification of the definition of illness. If so, society will decide these criteria: not medicine or any other special group.

Be that as it may, medicine still relies mainly on the individual's symptoms and not society's complaints to chart its own area of responsibility. We cannot as yet represent or treat society—only our patients. From this position I can see no other alternative than that the final inescapable responsibility for illness, as we know it today, rests with the medical profession. Until, or if, some new social institution emerges, or the definition of illness changes, this will be the role and authority of medicine, as well as its defining characteristic. Other professional disciplines can and must contribute according to their special nature, either actively by supplying special skills, or fortuitously by producing valuable knowledge. Medicine must call, select and incorporate data and techniques from all sources of human knowledge in its battle against pain and death. Medicine is an artistically applied pan-science that respects no borders in its pursuit of better ways to combat illness.

Other Professions' Dilemma

The psychologist in his general study of behavior must inevitably include abnormal human behavior. The social scientist exploring malfunctioning social processes cannot exclude the individual. The pastor frequently finds progress toward spiritual growth blocked by emotional conflicts. All should and will study emotional illness as a means of enhancing the furtherance of their professional objectives. But when they center their entire career around the study and treatment of mental illness, one may legitimately inquire if they have not also abandoned their original objectives. This is their identity problem. If all three, and others as well, focus their training and identity on the treatment of psychic illness, then they are all simply psychotherapists and less so, anything else. We would then expect that they should equip themselves to diagnose all types of illness as does the physician. Physicians know that all therapy includes a constant process of rediagnosing, and that therapy itself produces new illnesses. This obtains in both physical and psychological therapies. Therefore, the constant presence of someone qualified to diagnose all illnesses is a requirement in all treatment. This can only be the physician.

The Physician's Authority

We all are aware that theoretically anyone can be taught to perform an appendectomy or to conduct a psychoanalysis. If we condone this on grounds of a paucity of surgeons or psychiatrists, we are accepting an expedient and not optimally resolving or meeting the problem of mental illness. The physician organizes his own identity, his assimilation of knowledge, his peculiar perception of reality, through the common denominator of individual illness. He recognizes, in the last analysis, not separate psychological, social, physical or spiritual illnesses but mainly a sick person who can only be grasped as an indissolubly unique mixture of all in one. No matter how poor his aptitude may be in any one or more of these several dimensions, his tradition, training and techniques inevitably spring from this holistic view of illness.

His training, while not adequate in all of these dimensions, does ideally contain a broader coverage of all of them than that of any other profession. This is so because he ultimately is obligated only to the sick person and not to science, religion or even society. All of the other professionals who do psychotherapy draw their identity from, or represent, either a branch of science or a philosophic concept of the nature of man. Medicine is a branch of nothing and represents only sick people.

My contention, then, is not that other professionals are any more or less proficient in this special treatment called psychotherapy, but that they are performing a basically medical function by laying aside one professional identity while incompletely participating in another.

A Way Out?

If, however, a new entity should emerge—that of the "medical psychotherapist," I would hold no brief; providing that the training of such a practitioner would be something more specialized that simply any one of several Ph.D programs ranging from Education to Divinity.

There may well be need and rationale for such a special training program leading to a degree in "medical psychotherapy." Something of this sort exists in England and has been frequently discussed here. An abbreviated exposure to the medical school curriculum and the hospital experience, with larger emphasis on psychiatric studies, is presented to graduate students. These may come from diverse undergraduate backgrounds but all

(Continued on page 5)
News Items

Two-hundred seventy registrants from twenty-eight states and eight foreign countries attended Touro Infirmary Department of Psychiatry’s “Psychiatry in the Mid-Sixties” November 19-20, 1964. Participants included John Donnelly, Stuart Finch, Robert Gibson, Reginald Laurie, Judd Marmor, Jules Masserman, Howard Rome, Elvin Semrad, Charles Shagass, James Sussex, Harvey Tompkins, Hilda Bruch and Bart Hogan. L.P.A. Members who participated in the program were: Alvin Cohen, James Knight, Edward Knight, Charles Watkins, and Gene Usdin.

Charles Feigley spoke at the Baton Rouge Chapter of the Academy of Religion and Mental Health last month. His topic was “Group Psychotherapy.”

Sam Benbow spoke on two occasions recently to the Board and guests of the Evangeline Area Guidance Society of Lafayette, Louisiana. This Board is composed of some thirty persons, representative of the surrounding eight parishes which form the Evangeline area. Dr. Benbow’s talks were on “What a Psychiatrist Does In Your Guidance Center,” and “Children Development — The First Six Years.” Dr. Benbow plans to continue his lectures next February.

David Freedman was a participant in a panel entitled “The Genetic Determinants of Obsessive — Compulsive Phenomena in Character Formation.” This was at the mid-winter meeting of the American Psycho-Analytic Association in New York this month.

Edward Knight participated in the meeting in a workshop on “Perversion,” led by Dr. Sandor Lorand.

Also, Carl Adatto presented a paper at the same meeting entitled “On The Metamorphosis From Adolescence to Adulthood.”

In the October, 1964 issue of the Psychiatry Digest there is a book review by Vann Spruill of a Textbook in Analytic Group Psychotherapy (by S. R. Slavson).

In the November issue of the same periodical, there is a book review by Ed Knight, of Essays on Ego Psychology: Selected Problems in Psychoanalytic Theory (by Heinz Hartmann).

Gene Usdin has an article entitled “Criminal Responsibility and the Psychiatrist” appearing in the September 1964 issue of the Southern-Medical Journal. Gene also was a guest lecturer at the Carrier Clinic, in Belle Mead, New Jersey, speaking on “Emotional Problems of the Adult.”

Attending G.A.P. this past month were Mottram Torre, Harold Lief, Gene Usdin, and Vann Spruill. Gene has the distinction of being Chairman of the Committee on Psychiatry and the Law of both G.A.P. and the American Psychiatric Association.

Thomas Fulmer has been named Superintendent of the Southeast Louisiana State Hospital at Mandeville, Louisiana. A panel entitled “The Drinker: Social or Alcoholic” has been held at the DePaul Hospital Guild. Edwin Fuchs and Mr. Ashton Brissolara appeared on the panel with Gene Usdin.

Kenneth Ritter was a delegate to the Annual Meeting of the Central Psychiatric Association in Denver, Colorado last month.

William Super, Director of Psychiatry at Charity Hospital, recently addressed a group of Professional Nursing Home personnel and interested professionals on the Mental Health aspects of rehabilitation of senile patients This program was under the supervision of the Louisiana State Board of Health.

Attending the recent A.M.A. Congress on Mental Health were Paul Pratt, Tom Rafferty, Jud Bender, Ed Norman, Ted Watters, and Gene Usdin.

Attending the recent A.P.A. Committee Meeting in Washington, D.C. were Arthur Epstein, James Knight, Edward Knight, Gene Usdin, and Arthur Burdon.

James Knight also spoke at a three day panel for nurses on Alcoholism, using the topic of “Understanding the Alcoholic as a Person.”

William McBride, Jr., spoke to the Kapp Lamda Chapter of the Beta Sigma Phi Sorority in Carthage, Texas, on the subject “Personality and Relationships.”

Dr. McBride participated in a panel discussion at the First Methodist Church, Shreveport, Louisiana, on the subject of Alcoholism.

Robert Heath has presented a paper entitled “The Relation of Psychoanalytic Training in Community Psychiatry,” to the December meeting of the Academy of Psychoanalysts in New York.

Don Gallant has been a guest lecturer at Duke University, Department of Psychiatry. He discussed “Psychopharmacology.”

A. J. Rodehorst and Allan Johnstone presented a scientific paper at the DePaul Hospital Medical Staff recently entitled “Developing a Program in the Adolescent Unit at Mandeville.”

In the November issue of Diseases of the Nervous System, M. P. Bishop, Donald Gallant, W. Nesselhof, Jr., and D. J. Sprehe have a paper entitled “Controlled Evaluation of Butaperazine in Schizophrenic Patients.”


Malcolm Latour conducted the Scientific Portion of the General Staff Meeting of Mercy Hospital this month. His topic was “Establishment of the Seaton Unit at DePaul Hospital for the long term treatment of hospitalized psychiatric patients.”

Arthur Seale and Dr. D. P. Barber, Chief of Geriatrics at Central State Hospital, announced the acceptance for membership of their hospital into the National Geriatrics Society. In approving Central, the Society attested that the Institution meets their requirements as to staff administration, facilities, and physical plan for the adequate care of geriatric patients.

Max Sugar and Walter Prickett attended the Southern Regional Meeting of the American Association of Psychiatric Clinics for Children in San Antonio last month. Walter presented a paper entitled “The Cost of a Hard-core Family in a Seven Year Period.”

W. L. Walls writes Christmas Greetings to all his friends and associates here at home from Saigon, Viet Nam, W. L. expects to be home for next July and out the Navy. We all wish him the very happiest holiday away from home.

Professional Identity (con't from page 4) have in common the intention of practicing psychotherapy. Such a plan would eliminate the waste of training people in social work, psychology, education, etc. who have no intention of pursuing these careers. Their involvement in the medical community would include patient-centered training in the traditional medical sense with closeness to birth, sickness, pain and death. It is my belief that in fairness to practitioner and patient, the deep significance of the healing art can only be grasped and grown into, after one has stood close to people caught up in the inner and outer extremities of human existence. Thus I do not feel that the issue of non-medical psychotherapists will be resolved by any allocation of private domains but will instead be resolved when a realistic approach to the education of the psychotherapist under medical tutelage is evolved.

EDWARD H. KNIGHT, M.D.
President’s Column (Con’t from page 1)

... economically if the State facility adopted the concept of paying a private physician a fee for the initial examination and, when indicated, brief treatment of financially eligible patients. The State of Louisiana has a sufficient number of psychiatrists to make this treatment procedure practical.

The nature of clinic treatment is such that it often creates a lack of incentive in patient and therapist to terminate. A recent large study indicated that 50 to 75% of patients referred to private psychiatrists would obtain good results and treatment would be terminated in less than 15 visits. Setting a maximum of 15 visits would serve as a good incentive for both doctor and patient to reach an end point in treatment. Many psychiatrists report that a significant number of patients are seen for even fewer visits with excellent results. This does not mean that the clinic does not also get good results, but the physician’s authority and ability to make quick and independent therapeutic decisions and to use drugs would eliminate the need for extensive, expensive, and unnecessary workup of a considerable number of patients. This would free the non-medical personnel to work on treatment problems that require procedures not ordinarily handled as well by a psychiatrist in private practice. Also, those patients who do not respond sufficiently to brief, intensive treatment might then be referred more effectively and economically to the multidisciplinary approach of a clinic and arrangements made for long-term therapy.

With interest in community psychiatry at a new height, this is an opportune time to effect changes that will do away with waiting lists and wastage of manpower.

Cordially,

ALVIN COHEN, M.D.

Meeting (Cont. from page 2)

... cords. He was authorized to purchase a three drawer filing cabinet for preservation of these records.

10. Next meeting of L.P.A. set for Saturday, January 16, 1964, at the Buena Vista Hotel, Biloxi, Mississippi.

Respectfully submitted.

CHARLES A. FEIGLEY, M.D.
Secretary, La. Psychiatric Association

According to the Public Affairs Research Council of Louisiana, 19,660,000 dollars were spent last year on the State Mental Hospital program. $21,533,000 is budgeted for 1964-65. Five years ago the cost was 13.9 million and ten years ago it was 7.2 million.

Advertisement

General physicians and psychiatrists needed for state mental hospital developing new and stimulating programs involving most modern methods of treatment. Hospital Improvement Program with aged, alcoholism, in-service training, professional training and research. Affiliated with approved training program and research activities of Tulane School of Medicine, where teaching appointments are available. Part of comprehensive mental health program that has five comprehensive centers, and 17 guidance, aftercare and alcoholic clinics in operation. Salary for general physicians begins at $12,360 with housing and other allowances. Salaries for psychiatrists begin at $13,680, at $14,400 and at $16,800 with housing and other allowances. Contact: Dr. Cecil Edwards, Clinical Director, East Louisiana Hospital, Jackson, Louisiana.

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