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Fifty Years of General Hospital Psychiatry

Hans von Brauchitsch, M.D.*

LADIES AND GENTLEMEN:

Psychiatry — and this may come as a surprise to some of you who have attended the APA Conventions over the past few years — is not yet a third major political party on the contemporary American scene. Psychiatry, to be concise, is that branch of medicine that deals with the diagnosis and treatment of mental diseases. This is, of course, a task which easily and frequently becomes frustrating and disappointing. Mental diseases as a rule are difficult to diagnose and at times impossible to treat. A sense of futility may occasionally overcome the psychiatrist, who then tends to turn to seemingly more rewarding fields, such as the reform of society at large and the claim to extra-ordinary insights and expertise in fields which have little, if anything, to do with the practice of medicine.

Yet, if there has been progress in psychiatry, it appears to me to have come usually from people who were more concerned with the welfare and health of their patients, than with the quest for a panacea of all social ills. As little as some of us may like the self-image of the psychiatrist as a medical specialist dealing with a defined but limited patient clientele, it remains a fact that our major discoveries were based on the often dull, unexciting, and tedious skut-work of direct patient care.

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Introductory remarks presented at the opening of the fiftieth anniversary celebration lecture, Henry Ford Hospital, May 9, 1974.

We are here today to celebrate one of these accomplishments — a step forward in the interest of better patient care which was taken 50 years ago with so little fanfare and in such modesty that it passed unnoticed by professional and laymen alike, in spite of the fact that it influenced the course of psychiatry more profoundly than many of the spectacular claims to fame which so frequently compete for the headlines of the newspapers. I am talking about the creation of the first psychiatric unit ever to be fully incorporated into a general hospital, which took place in the city of Detroit, at the Henry Ford Hospital in the year 1923.*

The idea of incorporating psychiatry into the comprehensive medical care program offered by a general hospital is said to have originated with Henry Ford I himself. Those of us who know the history of the early years of the operation of this hospital have no doubts that, if not created by Henry Ford himself, the idea must at least have had his wholehearted endorsement. We thus have to acknowledge with gratitude — although possibly also with surprise — that an important model of modern mental health care delivery may have originated within the same conceptual framework that created the idea of the assembly line.

*To avoid any misunderstandings, it should be pointed out that psychiatric services associated with general hospitals existed prior to that date (Ann Arbor 1901, Boston 1912, The Henry Phipps Clinic 1913, etc.). These, however, were physically segregated and operated as semi-independent units. The Henry Ford Hospital was the first hospital to fully integrate psychiatry — structurally and administratively — into its operations.

Beyond paying homage to the fertile and innovative mind of Henry Ford, we should consider for one moment, however, the quiet, dedicated, and highly efficient contributions of the physicians who turned the idea into a reality. Foremost, I wish to mention the name of Dr. Thomas Heldt — in my opinion, one of the great unsung heroes of modern psychiatry — who was the creator and leader of the Neuro-Psychiatric Service at this hospital until his retirement in 1952. He was followed by Dr. Lorne Proctor who was the chairman of the Department of Neurology and Psychiatry at the Henry Ford Hospital for 15 years. Last, but not least, I would like to mention Dr. Eugene Alexander who joined the staff of the Henry Ford Hospital in 1946 and became chief of the psychiatric services until his resignation in 1968. He retired in 1972, but returned to Detroit to attend the current convention of the American Psychiatric Association where he was to be honored by becoming a life member of the APA. Suddenly and unexpectedly taking ill, he passed away on Monday, May 6, 1974 in the very hospital to which he had donated a quarter of a century of the most dedicated and humanitarian services.

Being heir to 50 years of tradition is a liability and a challenge, as well as an honor. We cannot rest on our laurels, but being daily confronted with the example of the accomplishments of our predecessors, have to continue to seek new and innovative ways of delivering mental health care. The Department of Psychiatry at this hospital was traditionally a service organization with a predominantly intramural orientation. We have always taken pride in the fact that we were just one member in the family of physicians that constitutes this hospital. We feel, however, that we have come of age, and that we deserve to make use of the independence that was bestowed on us by separating Psychiatry

from Neurology four years ago, and by the creation of an independent Department of Psychiatry. Already we have ventured outside of the walls of the institution, and we are currently engaged in the creation of a comprehensive community mental health network that will hopefully reach from the inner city to the affluent suburbs. The hospital has honored us by making us the first department to create a satellite clinic (the Troy Mental Health Center), and we feel challenged by the opportunity to demonstrate that private psychiatry operating independently from and unencumbered by governmental controls can create a more effectual and more economical comprehensive mental health service that need not distinguish between the rich and the poor, the affluent and the indigent, but that can render high quality services to all those who need it.

I am not pretending that we have the solution to all problems besetting psychiatry, nor do I even claim that our way of doing things is necessarily better or more desirable than a multitude of models of mental health care. Tying together, however, both the accomplishments of the past and the aspirations of the future is one element that is easily forgotten whenever psychiatrists congregate, namely, that psychiatry is only one branch of medicine. Our strength stems from the fact that we are one department at a general hospital. Without the support of our friends in medicine and surgery, in obstetrics or in radiology, we would accomplish little. Our psychiatry is a community psychiatry in two senses of the word. It serves the community of patients. It does so by allowing itself to be one member in a community of physicians. Thank you.

Reference

Heldt, T.: Some historical reminders in hospitalization. *H.F.H. Med. Bull.* 4:123 (1956).