

The Doctor in Annam

THE Annamese are a curious people. It is estimated that they number 18,000,000, which makes them the largest group in Indo-China. The Annamese boy is an adult at 13, a father at 16, and an old man at 50. Few live to be 60. In religion they assume that if one is good, three are better. Their unit of social organisation is the family, which includes all persons bearing the same surname, and a family usually constitutes a village.

It is a point of honour in Annam that a doctor never asks his patient what is wrong with him. He merely feels his pulse, and this may take hours, or long enough for the doctor to make his diagnosis. Annamese, not surprisingly, have little faith in their doctors. Consultation is preceded by bargaining for a fee that will guarantee a cure, but it is not paid until the patient recovers.

Doctors, however, are at a disadvantage. The Annamese believe that sickness is a reflection of the unhappiness of their ancestors in the spirit world. It is a warning that relatives of the deceased have not observed their responsibilities to their ancestors.

Mental illness is rare, but the treatment of those who do become mentally sick is inhuman. They are chained up in a room where they will remain for years, even after they have to all appearances recovered. The explanation is that the affliction is taken as a sign that the family, not the individual, has offended one of the many deities to whom they pay homage; it is his way of meting out punishment.

Other families look upon the punishment as an invitation to pillage and destroy the offending family. In self-defence the victims resort to concealment. The evidence of the deity's wrath is hidden away. If neither seen nor heard, the misfortune will remain unknown, and the god himself will be deceived. Recovery is a sign that he has forgotten.

Curiously enough, concealment of mental sickness goes far back in history; it is found in almost all countries. Even we are not free from the deception. There are still people in New Zealand who go to extraordinary lengths to conceal from their friends mental sickness in their family; they feel it is a "stigma."

Admittedly old ideas die hard. But there is no justification in this country, however much there may be in Annam, for being superstitious about mental sickness. Today mental ills, like physical ills, are recognised as a form of sickness to which we are all prone. There is no more mystery about disturbances in mental health than there is in physical ills to which the body is heir.

The progress made in the treatment of mental illness in New Zealand over the last twenty-five years, is convincing evidence of what medical science can achieve in a generation. Remedial techniques provide a means of mitigating the effects of the more serious forms of mental sickness. Where recovery cannot be effected patients are relieved of the harsher manifestations of their complaint. What is overlooked by those who think only in terms of advanced forms of mental sickness is that the majority of the patients in our mental hospitals, like those in general hospitals, are successfully restored to health. Many are discharged within three months; others within twelve months; still others are able to return to their homes, or their friends as outpatients.

In other words, our mental hospitals are hospitals where the sickness known as mental illness is treated by doctors and nurses. The hospitals themselves are on a level with the best in the world. Old ones are being remodelled as speedily as circumstances will permit; the new ones incorporate new architectural features in design and layout. They are located and built to obtain the maximum sunshine; each is self-contained, with modern kitchen, dining room, work room, sitting room and wards, some of which have as few as eleven beds. The furnishings, lounge and sitting room chairs, carpets, curtains, combine to give an atmosphere of harmony and the peace that one would expect to find in a hospital treating disturbed personalities.

The time has come for a fundamental change in New Zealand public attitude towards mental sickness and the hospitals where it is treated. People who should know better cling to old wives' tales that are little more than crude superstitions. We are proud of the progress we have made in the fields of social welfare, education, public health, agriculture, commerce and industry, yet we harbour absurd notions about mental sickness that place us on the intellectual level of the Annamese. We are living in an age that has made tremendous advances in the understanding and treatment of mental sickness; an age that is characterised by humanitarian care of sickness of all kinds. Let us recognise this. There is no place in our lives for the prejudices that terrified our grandparents.

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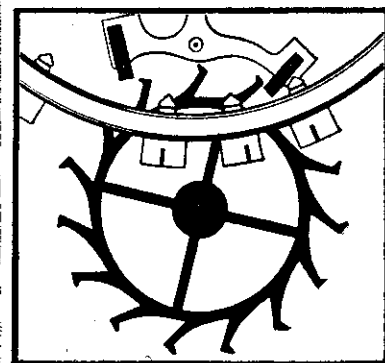


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