

Similar Psychoses Found

► **PSYCHOSIS** appears to have the same characteristics whether it occurs in East Africa or the United States, a study of four East African tribes has revealed.

Particularly similar are the symptoms falling into the general category of schizophrenia, reported Robert B. Edgerton of the Neuropsychiatric Institute at the University of California at Los Angeles.

His data on mental illness resulted from a larger University study called the "Culture and Ecology of East Africa Project," in which four separate African societies, isolated from Western influence, were compared socially, culturally and psychologically.

Dr. Edgerton and his group asked more than 500 members of four tribes to describe the behavior of a psychotic person. Surprisingly, reported Dr. Edgerton, all four tribes, separate as they were, described similar psychotic symptoms. He also noted a "remarkable" similarity between these descriptions and the Western European psychoses, particularly schizophrenia.

However, there were some variations in the different descriptions that could be laid to cultural diversity. For instance, psychotic members of one tribe, the Hehe, often expressed their illness in a timorous retreat into the bush, while the mentally disturbed of the Kamba tribe would more often be violent.

Both tribes, the Hehe and the Kamba, which inhabit southern parts of Tanganyika and Kenya, believe witchcraft to be the major cause of psychosis. But they also consider God and the stress of life to be causes.

Farther north in Uganda and northern Kenya, the Sebei and Pokot tribes see psychosis as a naturally occurring disease. Very little emphasis is laid on

witchcraft. A majority think that a worm enters the brain, and treatment often consists of branding the foreheads of victims with red-hot irons, the intention being to kill the worm.

But few of the Sebei and Pokot people believe in their own harsh cures and many admit they do not know the cause of psychosis.

Perhaps because they believe in witchcraft, the Hehe and Kamba people also think they can cure psychosis. Their treatment is much milder and probably more helpful. Besides witchcraft rituals, the tribes use a number of drugs, some of which are probably tranquilizers.

Dr. Edgerton wrote in the *American Anthropologist*, 68: 408, 1966, that these four tribes not only define and deal with the bizarre symptoms of psychosis, but they recognize mild neurotic behavior as an illness as well.

• *Science News*, 89:378 May 14, 1966

GENERAL SCIENCE

Cost of Babies Up More Than \$100 in Decade

► A BABY cost \$193 in 1953 but Papa had to pay \$316 a decade later. A survey by the Health Information Foundation and the National Opinion Research Center, University of Chicago, attributed the increased cost of bringing children into the world to the fact that mothers sought medical care early in pregnancy and more physicians' services were required.

The percentage of births occurring in hospitals had risen to 98.7% in 1963.

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PSYCHIATRY

LSD Helps Severely Disturbed Children

► LSD SHOWS some promise of being useful in the treatment of severely disturbed children, so disrupted they cannot speak, cannot relate to people, and make continuous rhythmic movements, such as rocking back and forth or flapping their arms.

The drug's primary effect seems to be in making these children, who lack virtually all normal human responsiveness, more approachable. It also re-

duces their bizarre movements by more than half.

Dr. James Q. Simmons III, of the Neuropsychiatric Institute at the University of California at Los Angeles, told *SCIENCE SERVICE* his work on autistic children has been halted by the recent furor over LSD (lysergic acid diethylamide). But he intends to continue as soon as the Food and Drug Administration gives its clearance. Most research with LSD stopped recently, with the exception of a few Government projects, when Sandoz, Inc., cut off distribution of the drug.

Before that point, however, Dr. Simmons and his co-workers had completed a study on 18 psychotic children. Tentative findings are that the drug obviously helped the very disrupted, but it seemed to worsen the behavior of those in slightly better condition. This is still questionable, however. Dr. Simmons said the first LSD administration might make a child worse, while the second might improve him.

But with very severe cases, LSD definitely made the children more accessible. Instead of avoiding contact, they would cling to the adult experimenter. They laughed and smiled more and could maintain eye contact.

Perhaps LSD, with its vaunted ability to enhance sensation, made the outside world pleasurable to these children as it had never been before, commented Dr. Simmons. So stimulating were the experiences of sight and sound that they were drawn out of their exclusive internal worlds.

In their first study, published in the *American Journal of Psychiatry*, 122:1201, 1966, Dr. Simmons and his co-workers, Dr. Stanley J. Leiken, psychiatrist, Dr. O. Ivar Lovaas, psychologist, and Benson Schaeffer and Bernard Perloff, graduate students, tested LSD on two autistic children, aged five years.

Data from the second study have yet to be fully analyzed and will be published sometime next year.

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