

TREATMENT OF INCIPIENT MENTAL DISORDER.

(Vide Brit. Med. Journ. September 11th, 1920.)

SIR,—With reference to your observations in the issue of the Journal of August 28th upon Clause 10 of the Ministry of Health (Miscellaneous Provisions) Bill, if you will allow me to say so, the criticisms of your last two paragraphs single out what appear to be the weakest points in the new provisions.

(1) Any extension of the "voluntary boarder" principle I regard as a mistake. Insistence on the previous consent in writing of the person to be received will often act as a deterrent. Then there are the cases whose mental state is so disordered that they are not in a position to give or withhold consent. The disorientation, the incapacity to form a judgment or take a decision, are evident, yet the disorder may fairly be considered as "incipient in character and of recent origin." Is the door of a psychiatric clinic to be "banged, bolted and barred" on these? If so, where is the medical student of the future to study them? It seems unfair to both parties to compel them to journey out to the asylum.

(2) As regards the provision by which a person who "has been certified as a lunatic" is ineligible for treatment under the new conditions, is it possible this can mean that a person shall not be admitted to the new institutions and homes concerning whom there are in force certificates under the Lunacy Acts? Upon first reading the clause, as a plain man accustomed to understand plain English "as she is wrote," I naturally put the same interpretation as you do upon this proviso. I fear we must assume that this interpretation is correct, notwithstanding that it might well puzzle all the notaries in Padua to explain why persons aforesaid certified under the Lunacy Acts, and recovered, are ineligible under the new conditions—are to be shuffled off as encumbrances on the march of progress. Those of us who have dealt with these cases—who are aware that large numbers of them need not have been certified under the Acts had the provision now contemplated been in existence, and who know that, in case of relapse, recertification and recommitment to the asylum would be unnecessary were the provision in existence—anxiously await the reasons for this exclusion. Are these unfortunates, like the Board of Control, to whom access to the new institutions, etc., would be barred by some, looked upon as bespattered with unsavoury oils from the "machinery of the Lunacy Acts—as 'damaged goods'?"

Doubtless an early meeting of the Medico-Psychological Association and of the National Association of Mental Hospital Authorities will be called to consider the provisions of Clause 10.—I am, etc.,

EDWIN GOODALL,
Cardiff City Mental Hospital.

August 30th.

HOSPITAL TREATMENT OF THE PSYCHOSES AND PSYCHONEUROSES.

By EDWIN GOODALL, C.B.E., M.D., F.R.C.P.Lond.

(Abstract.)

THE following suggestions are concerned particularly with patients other than in the Metropolis who are either of the usual hospital class or not able to pay more than from two to five guineas a week, most of them only able to pay such fees for about six months. Under the designation "psychoses" would be comprised the various varieties of mental disorder, mainly in an early phase. The psychoneuroses would be illustrated by the borderland states, with mixed mental and "nervous" manifestations; psychasthenia or neurasthenia, with obsessions or imperative ideas; morbid doubts and fears; tics, with psychical perversion; psychoses associated with disorders such as Graves's disease or chorea; mixed nervous and psychical disorders after mental or physical shock; psychoses associated with minor epilepsy.

How could they be comprised in such a scheme as has been sketched in the Interim Report of the Consultative Council on Medical and Allied Services? On consulting the Report it will be seen that the only reference made to mental disease is under "Supplementary Services" (pars. 14 and 74). Amongst these

services come "hospitals for curable or incurable mental disease." So that the patients now referred to would merely be provided for in a supplementary fashion, together with, for instance, cases of tuberculosis, of infectious disease, and of epilepsy suitable for colony care. Incurable mental disease could be adequately provided for thus, but not curable. The psychoses and psychoneuroses together constitute a vast and oppressive liability, which, I maintain, cannot be discharged through the medium of a mere supplementary service.

One may conceive cases of the psychoses and psychoneuroses as occurring in a certain area, and provision being made for them under the general scheme of the Interim Report as follows (existing buildings, modified or enlarged, to be used for the present; the psychiatric clinic would require to be a new building):

(a) In a rural district, where the most modest requirements of an indoor clinic or hospital are scarcely available and the needs of patients would have to be met under the next heading.

(b) In a small town able to furnish a building worthy to rank as a hospital (primary centre). Here there would be comparatively modest equipment for diagnosis, clinical laboratory work, and medical and surgical treatment.

(c) In a large town containing a hospital in an adequate sense, with visiting medical staff, some with training in special directions; a resident medical officer or two; some of the nurses specially trained in various directions, with one or two capable of conducting, with some tuition, a class of Swedish exercises; with masseuses; with laboratory facilities of a fairly extensive kind and technical apparatus; with out-patient department—in fact a hospital equipped with everything entitling it to rank as a secondary centre.

(d) In the town wherein is situated a medical school, with its associated hospital, research and laboratory workers, teaching facilities, and consultants—the teaching or tertiary centre to wit; the *ne plus ultra* when the lacking clinic in psychiatry, complete internally, with its out-patient department in association with other like departments of the hospital, shall have been established.

Those who have experience, be they general practitioners or specialists, of the difficulty and inappropriateness of dealing with—I will not say treating—these patients in their homes will fully appreciate how much the application of the three-centre scheme will mean to them. In my judgment the first desideratum is to get them away from home surroundings and from relatives. Is there any class of invalid to whom this applies with equal force? Solve this difficulty by providing for these cases on the three-centre system, and their treatment is at once placed on a sound footing, and the haunting fear of the alternative to home—the asylum—will fade, treatment will commence in reasonable time, and less will be heard of the need for extending asylums. In making such provision regard must be had to special requirements. Whether cases of the psychoses and psychoneuroses are received under (b), (c) or (d) of the above scheme, they will require facilities under the following headings:

A room or ward so arranged, supervised and administered, that means of self-injury are reduced to a minimum; one or more single rooms for isolation; a nurse or nurses, trained in mental disorders (preferably with general training also; the combination is more and more to be found); one or more masseuses, according to requirements; facilities for open-air rest in bed, for regular weighing; douches, open baths, available for prolonged warm-bath treatment—under (d) baths maintaining a constant level and temperature; a garden for exercise and occupation; facilities for indoor occupation, especially handicrafts—under (d) suitable shops, sewing-room and gymnasium, and other facilities for treatment under this special heading, which need not be specified here.

As regards *diagnosis and medical advice*, the principal and second medical officers of the nearest public mental hospital should be available for consultation, as also the director, or one of the staff, of the nearest psychiatric clinic. I would suggest that the domain of the psychoses and psychoneuroses is quite peculiarly one in which the general practitioner finds himself, and will continue to find himself, in need of expert advice, and that he will not commonly take the sole responsibility of deciding how the patient should be disposed of. I think a special case can be made out for an arrangement under the general scheme, with the agreement of the controlling authorities of mental hospitals and psychiatric clinics, whereby a reasonable fee is payable to the staff of these institutions for

this consultative work out of local or State funds, in cases where the patient has no means. In suitable cases, and where distance allows, the patient can be sent by his doctor to the out-patient department of the nearest psychiatric clinic, or of the nearest mental hospital, should such department exist at the latter, and advice as to his disposal be thus obtained. However obtained, expert advice could decide whether the patient should be dealt with in hospital under (b), (c) or (d); whether—exceptionally—by reason of the gravity of his symptoms, notwithstanding their recent origin, or of insufficient accommodation being available under (d), the case should go to a mental hospital. When the case falls to be treated under (b), his own doctor should look after him, whenever possible, expert advice being available. Under (c) the patient will be under the care of a member of the visiting staff. Expert advice in this instance will, for a time, only be available from the mental hospital and psychiatric clinic, the senior staff being placed on the visiting staff of the hospital. But these clinics will in time furnish specialists for the large towns, who will be on the staffs of the hospitals with psychiatric wards. The consulting work of the district would be done by the director of the clinic and by these specialists. As consulting work is an essential part of the recommendations of the Interim Report, the need for clinics in psychiatry, in this instance for the training of consultants, is once more emphasised.

It is highly desirable that patients who are convalescent from the maladies here dealt with—and no doubt the same is true of most diseases—should not return direct to their homes, but through a convalescent home or sanatorium. Recuperative centres are, I observe, recommended (para. 74) in the Interim Report.

If the psychoses are to be dealt with under a three-hospital system a modification of the Lunacy Laws will be necessary, and therefore the recent presentation in the House of Commons of the Ministry of Health (Miscellaneous Provisions) Bill, which authorises under Clause 10 the care and treatment of cases of mental disorder "incipient in character and recent in origin," notwithstanding the provisions of any existing Act, is welcome. I observe nothing in the proposals of the Minister of Health which would render impracticable the scheme of care and treatment herein outlined, though the observance of certain formalities, such as the notification of reception, the production on authorised demand of written consents and certificates, is likely to prove irksome and to cause resentment at the outset. No vivid imagination is needed to forecast the administration hereafter, in whole or in part, of a three-hospital system, under Clause 11 of the Bill, by local authorities. These should meantime be diligently advised to insist on provision under any such system for cases of the psychoses and psychoneuroses.—*Vide Lancet*, September 11th, 1920.

DIPLOMAS IN PSYCHOLOGICAL MEDICINE.

THE needs for schools of psychiatry were well stated two years ago in the annual report of the Board of Control, when attention was called to deficiencies in the arrangements as at present organised for the treatment of persons suffering from mental disorder, especially in its early stages. During the two years that have elapsed both the loss to the country and the hardship to individuals resulting from insufficient attention to incipient mental cases have been recognised by the medical profession and all sections of the thinking public, so that any educational development improving the scientific position of psychological medicine will meet with warm approval.

Diplomas in psychological medicine, though of comparatively recent date, have been instituted at various centres for some ten years, while affiliation of mental clinics to the teaching in general hospitals has been much recommended. When this takes place there will be no dearth of suitable applicants for posts at asylums, for many young men can then be trained to take up the work in sympathetic and scientific spirit. But before the lunacy service can become attractive, the views of the Board of Control, which have been stated to the visiting committees of asylums, must receive practical expression by a general improvement in salaries, in accommodation for married officers, and by the provision in asylums for the more effective treatment upon modern lines of recoverable cases. The following bodies have now arranged to grant diplomas in psychological medicine or