FURTHER OBSERVATIONS ON TEMPORARY TREATMENT.

By Louis Minski, M.D., M.R.C.P., D.P.M.,
Deputy Medical Superintendent, St. Ebba's Hospital, Epsom.

(Received March 20, 1939.)

Since the passing of the Mental Treatment Act, 1930, 135 patients have been admitted to St. Ebba's Hospital up to date. An analysis of the first 30 patients admitted on a temporary basis was made by Dr. Wootton and myself, and the results published in the *Journal of Mental Science* for July, 1937. Since that time 105 more temporary patients have been admitted, of whom 84 were females and 21 males, classified as follows:

	Females.	Males.
Schizophrenia	48 (17)	14 (3)
Depressive states	18 (..)	.. (..)
Confusional states (including alcoholic Korsakov)	10 (4)	6 (..)
Cerebral arteriosclerosis	4 (1)	1 (1)
G.P.I.	1 (2)	.. (..)
Manic state	3 (..)	.. (..)
Delirious states	.. (1)	.. (1)
	84 (25)	21 (5)
Total	109	26

The figures in parentheses denote those analysed in the previous paper. Of the last 105, 43 became voluntary patients and have since departed home, 32 are still in hospital as temporary patients, 10 are still in hospital as voluntary patients, 6 died, 10 were discharged to observation wards, 3 were discharged home, and 1 was transferred to Horton Hospital.

The large discrepancy between the two sexes is somewhat difficult to understand; it cannot be accounted for by the admission of patients suffering from puerperal confusional states, a type of illness eminently suitable for treatment on a temporary basis, since there were only 10 patients in this category. On the other hand, this might be expected to be balanced by alcoholic confusional states, in men, but again only 6 patients of this group were admitted. During 1937 the total number of female admissions (certified,

https://doi.org/10.1192/bjp.85.357.784 Published online by Cambridge University Press

temporary and voluntary) to L.C.C. mental hospitals was 2,068, while 1,624 males were admitted during the same period, and yet of 78 temporary admissions during 1937, 59 were females and 19 males. Although the proportion of female to male admissions is roughly 5 to 4, and of temporary admissions 3 to 1, the proportion of temporary admissions to this hospital was roughly 4 females to 1 male.

About 75% of the schizophrenics of both sexes were in states of stupor, and from this point of view were suitable for treatment on a temporary basis. In a number of cases, however, although the patients emerged from their stupor, either of their own accord or with the help of shock therapy, they remained paranoid, hallucinated, excited or impulsive. Some of these patients, who were often by this time volitional, were willing to remain on a voluntary basis, but others had to be discharged to an observation ward, where they were certified.

Five patients who were schizophrenic and with a poor prognosis recovered volition, refused to sign voluntary forms, and were discharged to an observation ward after being in hospital for periods varying from three to nine months.

Five patients were discharged to observation wards at the end of their 12 months' treatment, and in four of these cases the prognosis was good and the patients were beginning to improve, but had not yet regained volition. Although this number is small, it supports the view, expressed in the previous paper, that 12 months is too short a time in which to expect some of the patients to recover, and extension of the temporary treatment for periods up to two years would be a decided advantage.

The depressives who were admitted on a temporary basis were, with two exceptions who were in states of stupor, involutional cases of over 45 years of age, and were agitated, preoccupied with their bodily health and self-absorbed. Some of these patients have only been recently admitted, but although their prognoses appear to be good, it is unlikely that all of them will recover within their allotted 12 months, and some may even become volitional but unwilling by that time, when it will be necessary to discharge them in order that they may be certified. That this moving about from hospital to hospital must have an adverse affect on the patient is obvious, and is another point in favour of increasing the period of temporary treatment.

As quite a number of patients are recovering volition on admission or recover it shortly after, the 28-day period allowed before their status is changed is definitely too short. It is common to see a patient suffering from a puerperal or toxic confusional state in an observation ward and recommend her for temporary treatment, and by the time she is admitted to hospital, which may be quite soon, she is volitional. This means that, provided she retains her volition, at the end of 28 days, if she is unwilling to accept voluntary treatment she must be discharged. Often in addition to being in feeble physical health she has to return to a difficult home environment, with the added responsibility

https://doi.org/10.1192/bjp.85.357.784 Published online by Cambridge University Press

of a new baby, and the result is a serious physical breakdown or the precipitation of another form of mental illness. If voluntary treatment will not be accepted by this type of patient, in many cases a period of convalescence will not be either, and as she is not certifiable, return home is inevitable. The inability on the patient's part to appreciate her own precarious state of health and the added responsibility is a sign of lack of insight, and also shows that recovery has by no means taken place. If it were possible to keep the patient another 28 days, the chances of her going home in a better physical condition and more stable frame of mind would be increased.

Another point is that although a number of patients accept voluntary treatment after recovering volition shortly after admission, they are so unstable, irritable and easily upset that they give in their notice to leave hospital within a few days and leave against advice. Thus, although 43 of the last 105 temporary patients signed voluntary patient forms on recovering volition, ten departed within a few days of doing so.

Again, patients who recover volition after some months are not fit to leave hospital 28 days after doing so, and require a longer period of treatment to stabilize them and fit them for the outside world again. For these reasons it would be of great advantage both to doctors and patients if this period were extended to 2 months or 56 days.

With wider experience of Section 5 of the Mental Treatment Act, it would still seem that its two main disadvantages are the 28 days' volitional period, and the provision that temporary treatment can only be used for 12 months.

https://doi.org/10.1192/bjp.85.357.784 Published online by Cambridge University Press