

## Part II.—Reviews.

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**Administrative Psychiatry.** By W. A. BRYAN, M.D. London: George Allen & Unwin, Ltd. Pp. ix + 349. Price 15s.

There is, indeed, a scarcity of books dealing with the administration of mental hospitals, and although this book is written by an American from the point of view of American psychiatry, so many of their problems are the same as ours that this book cannot fail to be of the greatest use to all medical officers of mental hospitals, young and old. The book is not purely theoretical, but written from a very practical standpoint, and more particularly from the view-point of the Worcester State Hospital, Mass.

We wish the following quotations could be permanently before the eyes of some medical superintendents and many members of committees:

“To stress the breeding of blue-ribbon cattle or the production of prize-winning vegetables and sacrifice medical supplies and equipment is a short-sighted policy.”

“The custom of judging the administration of hospitals exclusively on the basis of per capita cost is a vicious practice. They can be operated at such low cost that the essential purpose for which they are built is defeated. Excessively low per capita costs are invariably gained by sacrificing many things that would contribute to the recovery of the patients.”

It is very interesting to read that “working on the theory that the institution has a double function of medical practice and business management, a few states have tried the experiment of placing a medical director in charge of the treatment of the patients and a business manager in control of the economic side of the organization. This is an administrative absurdity, since such dual-headed forms of organization violate the major premise of good administration—one responsible head to every activity”. We could have told them this thirty years ago, when the same idea was found to be a dismal failure in this country, and it always will be. “In order to carry out the highest psychiatric ideals the medical executive must have financial control.” This agrees entirely with our views. Certain bodies in this country are trying the same again without any thought of the welfare of the patients.

Again, “When political considerations enter the hospital, professional efficiency flies out of the window”. Recent happenings in the State of Massachusetts make our hair stand on end.

The author wisely points out that loyalty works both ways. One has so often seen loyalty converted into an opinion that utter inefficiency must be winked at and quietly hidden.

The goal of a mental hospital is purely psychiatric, so that it ought to be explained to all administrative individuals that their work has to be integrated and correlated with the end in view of promoting the recovery of the patients and nothing else.

The chapter dealing with the nursing problem is full of good advice. We wonder how many of our nurses can be described as “waste conscious”?

We are very pleased to see the statement that eight hours is a sufficiently

long period for anyone to spend in a ward with psychotic patients. On the other hand, we do not agree that it is impossible for anyone to work ten or twelve hours under the conditions that prevail in the mental hospital. We see it in practice every day. There are two peak hours for accidents in the wards, between 6-7 a.m. and between 3-5 p.m.—both times when nurses who are tired show irritability and lack of care.

The remarks on barbers' shops and beauty parlours make interesting reading, and might with advantage be applied to a considerable number of mental hospitals in this country. We wonder how many mental hospitals with 2,000 patients in this country have 350 major surgical procedures per annum? We do not agree with the "careful selection" of books for the mental hospital library. There would be very few readable books left if some selectors had their own way. Patients should be allowed to read those books which they would choose to read if they were at home. We like the suggestion that the hospital should send each patient a birthday card on his or her birthday.

We think that medical superintendents cannot but derive great benefit by reading this book, and we hope it will improve their attitude towards the assistant medical officer—which is not always what it should be—and lead them to spend time in instructing those with less experience and knowledge than themselves.

We should like to see a copy of this book presented to every medical officer on joining the staff of a mental hospital with instructions to learn it by heart and apply it—with discretion. It is very good.

G. W. T. H. FLEMING.

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**Treatment in Psychiatry.** By OSCAR DIETHELM, M.D. New York: The Macmillan Company, 1936. Pp. xvi + 476. Price \$4.

This is the best book on the treatment of mental illness in the English language. This is no compliment, for there are really no others which cover the whole ground. The author, who is Professor of Psychiatry at Cornell University, is a wholehearted supporter of Adolf Meyer, so that much of the treatment indicated is based on Meyerian principles, and follows the lines used in American State hospitals.

The first six chapters are devoted to the general principles of treatment and the last eleven to details.

Psychotherapeutic methods are well covered, but rather too briefly, only sixty-seven pages being devoted to suggestion and hypnosis, psycho-analysis, individual psychology, analytical psychology, group analysis, Rank's and Stekel's modifications of psycho-analysis, persuasion, re-education, and indirect methods. A separate chapter is then devoted to distributive analysis and synthesis as outlined by A. Meyer. The analysis is "distributed" by the physician along the various lines which are indicated by the patient's complaints and symptoms.

Every analysis should then lead to synthesis, so leading to integration of the personality. It is interesting to read the author's views on prolonged narcosis: "Intravenous somnifen, which was used in the beginning, has been given up because of its dangers. Luminal subcutaneously was first substituted and then dial ciba intramuscularly. The most widely used treatment now is the administration of dial by rectum." We wonder how these views would be received in this country!