

Club Wards [Die Kameradschaft]. (*Psych.-Neurol. Woch.*, No. 16, April 21, 1928.) Bresler, F.

Dr. Bresler discusses the provision, in mental hospitals, of open and free wards or villas, in which there is no permanent supervision by the staff. Regular or occasional visiting may be arranged, or the ward may be left entirely unattended. Selected patients are placed in charge, and entrusted with responsibility for the good order of these wards. The patients are to regard themselves as living in a common mess or club rather than in a hospital ward. The system owes its inception to Mönkemöller, and Dr. Bresler proposes the latter's name to designate wards of this type.

A. WALK.

Family Care of the Insane in Present-day Germany [Die Familienpflege Kranksiniger im heutigen Deutschland]. (*Psych.-Neurol. Woch.*, Nos. 16 and 17, April 21 and 28, 1928.) Bufe, E.

A system of boarding-out exists in connection with the majority of German mental hospitals. The boarded-out patients remain attached to the hospital and are placed with families resident in the immediate vicinity; they are attended by the staff of the hospital. Their numbers are small compared with the total patients resident in the hospital itself; about 2-5% is the average proportion, though some institutions board out as many as 10% of their patients. The system differs from that seen in colonies founded on the Gheel model, where a small central hospital serves a large population of patients in family care, and from the Scottish and Norwegian practice, in which small numbers of patients are dispersed over a wide area and do not remain in close connection with any institution. It must also be distinguished from "open supervision," which applies to patients who do not need institutional care and can remain in their own homes, subject to regular visitation and assistance. Family care of the insane was largely in abeyance during the war and post-war periods, but is now again firmly established. The author discusses the advantages of the system and lays stress especially on its economy; he believes that a saving to the institution will result even if paid labour has to be employed to replace boarded-out working patients.

A. WALK.

6. Mental Hospital Reports.

ENGLAND AND WALES.

Birmingham City Mental Hospitals.—Dr. Graves, in his capacity as Chief Medical Officer, reports on the work of the three mental hospitals under his supervision for the year 1927, and especially on the investigations and treatment of physical disease processes.

Of 531 cases admitted oral sepsis was recognized in 77%, and the dental surgeon reports that this percentage is higher than that met with in private practice—presumably of the same class.

50% of all the cases admitted during the year showed some form of septic condition in the upper air-passages, ear, nose or throat.

"It is worthy of record that no patient has been made worse mentally or physically by operative treatment, which has been carried out in the presence, in many cases, of considerable circulatory weakness, generally due to the septic condition towards which the operative treatment is directed.

"Improvement leading to recovery and discharge has followed in a considerable number of cases.

"These diseased conditions in the upper air-passages have been found associated with many types of mental disorder, in states of depression, exaltation, confusion, stupor, hallucination, post-encephalitic, epileptic, general paralysis, puerperal, and in adolescents as well as those of mature years.

"Apart, however, from what is the effect on the general health, the question has arisen as to the possible direct action of these conditions of nose-mouth sepsis on the brain."

The relation of gynæcological conditions to mental disease, and the effect of influenza and post-influenzal conditions, is gone into with some detail, and as regards epilepsy—

"Dr. Pickworth's work on two cases of advanced epilepsy and mental disorder points to the direct invasion of the brain by organisms passing through diseased bone of the skull and damaging the pituitary gland. Thus the clinical and pathological evidence we have, supported by histories of the patients' illness, point to the value of the early treatment of diseased conditions in the head in the prevention of mental disorder."

At Rubery Hill and Hollymoor a Widal test for typhoid, paratyphoid, the food-poisoning group of infections, the dysentery and other allied organisms is carried out on every case on admission.

"This work has shown that about 25% of the cases *on admission* have had at some time or another intestinal infections of greater or less severity, which may have been responsible for reduction of vitality in various degrees, and so led indirectly to the production of mental disturbance.

"Some of these cases become 'carriers,' and the infection is liable to become active later in the form of dysentery, colitis and severe diarrhoea. Two such cases arose during the year. In one, a male idiot, the predominant infection was a *Bacillus pyocyaneus*, and the other gave *Bacillus Shiga* for a short while.

"These conditions soon cleared up under treatment."

The recovery-rate for the year was 48·1% at Rubery Hill and Hollymoor, and 41·4% at Winson Green.

Devon Mental Hospital.—On December 31, 1926, there were on the register of this Hospital 1,227 patients (M., 493; F., 734)—an increase of 11 in the year. There were admitted during the year 294 cases (M., 127; F., 167), and the recovery-rate on the direct admissions was 35·53%.

Dr. Eager reports the very large amount of work, clinical and pathological, done during the year in the laboratory, now under Dr. Murdoch, and records the value of antityphoid inoculations in combating the sporadic occurrence of enteric fever in the hospital, the cause of this having been apparently discovered in defective drains.

"As anticipated in my last report, your decision to test the drains has disclosed the fact that they are in such a defective state that there seems little need to look further for the sporadic cases of typhoid in this hospital. In some instances these drains were leaking under wards occupied by patients, and in one case a cavity into which sewage had access was found under the building."

Of the malaria treatment of general paralysis, Dr. Eager reports as follows :

“ Of the 13 cases treated, 3 have died of intercurrent affections, and one (H. A—) has been discharged. This case has been examined from time to time at the Out-Patient Clinic in Exeter, and his condition remains satisfactory. Of the other 9, one male (F. J—) and one female (B. J. A—), who were both admitted in the comparatively early stages of the disease, show considerable improvement. The male case is able to be usefully employed in garden work and to be on parole. The other 7 seem to show improvement, both physically and mentally, and are cleaner in habits than untreated cases. I am intentionally cautious about my reference to any improvement, as remissions so commonly occur in untreated cases of this disease, and this is apt to deceive those who have not had considerable experience of such cases. Time alone can prove the value of this treatment, which must be considered worthy of a thorough trial, seeing that the fact remains that up to the present a fatal termination of this disease is inevitable within a few years of the certifiable stage.

“ With this in mind, I have purposely kept untreated 3 cases, which were picked out at random at the time the malaria treatment was first started in this Hospital, and these 3 cases are all at present alive, and serve as controls to the results obtained by treatment. All treatment has been given by direct infection from mosquitoes, except in two females, in which this produced negative results. Both these cases were in the third stage of the disease, and successful infection was produced subsequently by blood inoculation. One (K. T—) has since died; the other (E. T—) improved physically and became worse mentally, but has lately shown some improvement in this respect also.

“ During the stage of active malarial infection, all cases have been kept in mosquito-proof enclosures specially devised for this purpose, and made in the Hospital workshops.”

The out-patient clinic in Exeter, attended every alternate week by Dr. Eager and by Dr. Reid, of the City Mental Hospital, Exeter, is doing good work, both in treatment of particular cases, and in educating the public to a right view in the matter of mental disease.

The record of occupations treatment is most interesting and shows its value both financially and therapeutically.

Middlesbrough Mental Hospital (St. Luke's).—The total number of patients resident at the end of the year 1927 was 459 (M., 231; F., 228), as against 476 at the commencement. There were admitted during the year 90 cases (M., 44; F., 46), and of these Dr. Drake-Brockman says :

“ They were, throughout, characterized by such effects as are produced by the difficult state of the times. A reduced condition of health, malnutrition and lack of resistance showed itself in a very large proportion of cases.

“ Anxiety and worry of prolonged duration played a definite part in causation, being engrafted on hereditary predisposition.”

He also shows an interesting table giving the state of the area served by his hospital as regards mental disease from the year 1893, which shows that the proportion of certified insanity has increased within the borough from about 1 in 500 to 1 in 400 since that year.

The recovery-rate for the year was the very high one of 62·2%, calculated on the direct admissions, and the death-rate 8·5%.

This hospital also receives under contract patients from the borough of South Shields.

Plymouth Mental Hospital.—The total number of patients on the register of this hospital on December 31, 1927, was 522, but in addition to this a considerable number of patients are boarded out at the Devon, Exeter and Cornwall Mental Hospitals. In consequence of the determination of the agreement for boarded-out patients by the Park Prewett Mental Hospital Committee, the demand for accommodation became acute, and under these conditions the Committee wisely decided to proceed with a scheme for the permanent extension of the hospital, plans for which are now well advanced.

The admissions for the year numbered 132 (M., 47; F., 85), and the recovery-rate was 32·7. As to causation of the mental breakdown in the admissions Dr. Starkey draws attention to "the important part played by heredity"; the figures in Table VIII, however, only show heredity ascertained in about 23% of the cases.

There was no death from tuberculosis during the year but a considerable number from general paralysis, and concerning these Dr. Starkey comments as follows:

"In my report for 1917 I said: 'The incidence of general paralysis is very high in the district served by this mental hospital, and when one bears in mind that this most fatal form of insanity is the direct result of syphilis, one is impressed with the great importance of the campaign against venereal disease. Since general paralysis is a late sequel of syphilis, its onset being usually from fifteen to twenty years after the primary lesion, we may not count on a sensible reduction in the number of cases of the disease for many years to come, but to the medical man in a mental hospital who daily sees the numbers not only of general paralytics, but of idiots, imbeciles and epileptics who are the sad results of syphilis, acquired or inherited, the problem of tackling the source of such misery and loss of useful lives is indeed an urgent one.' I regret that ten years later I can but repeat this statement."

St. Audry's Hospital for Mental Disease, Suffolk.—In the report for the year 1927, it is shown that the total number of patients in the hospital on December 31 was 1,034; in addition to this there were 40 female patients boarded out at Canterbury Mental Hospital, and it is proposed, as the official accommodation is already exceeded by 72 patients, to obtain further relief by boarding out patients at Kedington Institution at an early date. The admissions during the year were 175 (M., 86; F., 89), and the recovery-rate on the net admissions was 12·8% for the year.

The outstanding event of the year was the completion and occupation of the new nurses' home, of which an excellent plan is given, and Dr. Brooks Keith's views on the great advantage of this to every individual in the hospital are worth reproducing:

"But the building represents a great deal more than the provision of material comfort for the nurses. It is an outward and visible sign of the advances which are being made in the care and treatment of patients in mental hospitals in general, and of the efforts which are being made to institute a humanitarian hospital system in place of the old prison-like *régime* of the past. The insane are no longer regarded merely as anti-social units to be kept under lock and key for the safety and convenience of the general community. They are recognized as sick persons who can be restored to health by suitable treatment and by skilled nursing. Individual patients are closely studied and analysed by intelligent observation; the factors at work in the production of their particular form of mental aberration

are sought, and where possible removed, and they are carefully classified and treated according to the stage of their illness.

"A striking result of treatment on these lines is the amount of freedom and absence of irksome restrictions which it is possible to grant with safety to selected patients, and the benefit of this is reflected in the general atmosphere of happiness and contentment which is so noticeable throughout the Hospital. But success in this direction depends upon the individual efforts of the nurse who has opportunities denied to all others of gaining an insight into the patient's mental condition, and whose personality must inevitably influence for good or evil the process of readjustment which is necessary to the restoration of the disordered mind. It is the intelligent observation, sympathetic understanding and tactful treatment by the nurse that we rely upon to replace the old methods of forcible restraint. The duties of the mental nurse become more and more exacting with the elaboration of modern methods of treatment, and call for efforts of patience, perseverance and self-control unequalled in any other branch of the nursing profession; indeed the mental strain resulting from constant association with the insane has to be experienced to be appreciated. In order to maintain the standard of service demanded by modern requirements it is essential that provision should be made for suitable rest and recreation for the staff between their periods of duty. Such facilities are amply provided for in the new home, and we look forward to a continuance of that loyalty, devotion to duty, and efficiency, which has so long been a feature of the nursing service here, and this at a lesser cost in terms of health to the staff."

SCOTLAND.

Aberdeen Royal Mental Hospital.—During the year 1927, 161 (M., 76; F., 85) certified patients were admitted to this institution, and there were 37 voluntary boarders, but only one parish sent a rate-aided voluntary patient.

"It is a matter of regret that more advantage is not taken of this method of dealing with those who are mentally ill, and who are not only willing, but often anxious to obtain appropriate treatment. As I have stated in previous reports, much valuable time is wasted because so many of these cases are not sent into a mental hospital until they are certifiable. This step may not be possible for a very considerable time after the illness has commenced, and when the disease may have passed into a chronic state. When a patient is treated in the early stages there is much more probability of recovery taking place, whereas, if the disease is confirmed, he may require to be maintained in a hospital for a great many years, thereby costing the public a large sum of money for his maintenance.

"Another point of importance which should be remembered is that if a person is entitled to the Old Age Pension, he receives it if he is a voluntary patient, but not if he is certified."

At the end of the year 788 patients remained on the register as against 794 at the beginning.

The chief forms of mental disease in the admissions were manic-depressive insanity, infection-exhaustion psychosis and dementia præcox, and there were 4 cases of general paralysis. Alcoholism was assigned as the cause in 15 cases, and venereal disease in 9 cases.

Referring to the treatment of general paralysis by malaria infection, Dr. Dods Brown states that so far no patient treated in this way at his hospital can be considered as improved sufficiently to enable him to be discharged, though the majority have benefited, both mentally and physically. Some of his cases were treated by the "protein shock treatment," but no definite results were obtained.