"TEMPORARY" TREATMENT: AN ANALYSIS OF THIRTY CASES.

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SINCE the passing of the Mental Treatment Act, 1930, 30 patients have been admitted to St. Ebba's Hospital under Section 5, and it is proposed to analyse the type of case admitted, and to mention some of the difficulties encountered in treating patients on a temporary basis.

Of the 30 patients, 25 were female and 5 male, and the following diagnoses were made:

	Female.	Male.
Schizophrenia	17	3
Toxic confusional states	3	..
G.P.I.	2	..
Cerebral arteriosclerosis	1	1
Delirium tremens	..	1
Delirious state	1	..
Alcoholic Korsakov syndrome	1	..

CLINICAL MATERIAL.

As will be seen, 20 patients were suffering from schizophrenia, 17 of whom were in a state of acute catatonic excitement, while 3 were mute and stuporose. The former were restless, excited, hallucinated, disjointed in talk and suffered from bizarre delusions and passivity feelings.

All these patients, with one exception, a woman of 40 with a late schizophrenic or paraphrenic state, could be looked upon favourably from the prognostic point of view, as the previous history revealed good personalities and abrupt onset of the illness, which was of short duration before admission. The duration varied from five days to three months, the average time being two months. The average age was 32, the oldest being 37 and the youngest 16. Most of the patients, in addition, showed adequate precipitating factors, such as the puerperium, physical ill-health or adequate mental stress.

The toxic-confusional states were the result of influenza in two cases and tonsillitis in one, and were abrupt in onset, as were the cases of delirium tremens and delirium. The patient suffering from the Korsakov syndrome showed

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gross memory impairment with confabulations, and was definitely non-volitional. The two cases of G.P.I. were admitted as toxic-confusional cases and were diagnosed as G.P.I. after admission, but as all cases of G.P.I. in the L.C.C. mental hospitals are treated at Horton Hospital, they were not suitable cases for retention in St. Ebba's Hospital.

The two patients suffering from cerebral arteriosclerosis were not suitable for admission on a temporary basis, owing to the prognosis, and were the only ones which should not have been made " temporary " patients, but certified in the ordinary way.

RESULTS.

	Female.				Male.			
	Rec.	Rel.	N.I.	Died.	Rec.	Rel.	N.I.	Died.
Schizophrenia	6	3	8	..	2	1	..	..
Toxic-confusional states	1	1	..	1	..	..	..	..
G.P.I.	..	..	1	1	..	..	..	..
Cerebral arteriosclerosis	..	..	1	..	..	1	..	..
Delirium tremens	..	..	..	..	..	..	..	1
Delirious state	..	..	..	1	..	..	..	..
Korsakov syndrome	..	1	..	..	..	..	..	..
Total	7	5	10	3	2	2	..	1

It will be seen from the table that—

9 patients were discharged " recovered ".

7 „ „ „ " relieved " (of whom 3 remain in the hospital on a voluntary basis).

10 are " not improved " (of whom 6 are still in hospital, 1 was transferred as a temporary patient to another hospital, and 3 were discharged to observation wards, and are now certified in other mental hospitals).

4 died.

It is now proposed to analyse these results in detail.

RECOVERED GROUP.

Female schizophrenics.

	Recovering volition on admission.	Time of becoming V.P. after admission.	Duration of Stay as V.P.
1.	Yes	28 days	6 months.
2.	No	5½ months	3½ „
3.	„	5 weeks	Still in hospital.
4.	„	4 months	5 weeks.
5.	„	5 „	Still in hospital.
6.	„	7½ „	„ „

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Female confusional.

	Recovering volition on admission.	Time of becoming V.P. after admission.	Duration of Stay as V.P.
7.	Yes	36 days	Left same day to convalesce in country.

Male schizophrenics.

8.	Yes	7 weeks	Still in hospital.
9.	,,	28 days	6 months.

It will be noticed that four patients are still in hospital on a voluntary basis. These patients have made good recoveries, but have not yet departed, as they have been advised to remain until some environmental difficulties have been removed.

RELIEVED GROUP.

Females: Schizophrenics.

10. This patient recovered volition 3½ months after admission, refused to stay on a voluntary basis, and, as she was a private patient, was taken out by her husband under Section 72, 21 days after recovering volition.

11. This patient began to recover volition towards the end of her 6 months' stay, and as she refused to stay on a voluntary basis she was discharged to her sister's care at the expiration of her order by operation of the law.

12. This woman was recovering volition on admission, was made a voluntary patient 32 days after, and remains in hospital as a voluntary patient, as she is still rather aloof, detached and abstracted, though volitional.

Confusional state.

13. This patient became volitional 25 days after admission, was made a voluntary patient, but departed 3 weeks later against advice.

Korsakov syndrome.

14. This patient became volitional 5 months after admission, became a voluntary patient, and is still in hospital, as she is paranoid, facile and irritable, and shows some organic deterioration.

Males.

15. This patient, suffering from schizophrenia, was recovering volition on admission, became a voluntary patient 28 days later and left 2 days later

on his father's advice. He has since been readmitted on a voluntary basis, and is still in hospital.

16. This man was admitted in a confusional state as a result of cerebral arteriosclerosis, and became volitional 4½ months later. He agreed to stay on as a voluntary patient and remains in hospital, still in a state of depression with signs of organic deterioration.

Not Improved Group.

17, 18 and 19. These three patients have only been in hospital for a short time, and are still in a state of schizophrenic stupor.

20. This patient has been in hospital since October 22, 1936, and her temporary order was extended for a further 3 months on March 25, 1937. Her order is being extended again for a final 3 months, and although she has improved somewhat and the prognosis appears to be good, it is doubtful if she will have recovered volition at the end of her year, and certification may be necessary.

21. This patient recovered volition one month after admission, but 20 days later was again non-volitional. She has been in hospital for 4 months, and as the prognosis appears to be good, the order will be extended if necessary.

22. This patient became volitional one month after admission, and became a voluntary patient. One month later she became restless, excited and violent, gave in her notice to leave hospital and was sent to an observation ward.

23. This patient, whose prognosis was good, had been a temporary patient for 9 months, and as she was unlikely to recover in another 3 months she was discharged to an observation ward, where she was certified and sent to another mental hospital.

24. This patient was admitted as a voluntary patient, and as she became non-volitional 3 months after admission she was made a temporary patient. She improved, and became volitional 3 months later, but refused to stay in hospital as a voluntary patient, and was discharged by operation of the law, at the end of 28 days after recovering volition, to an observation ward.

25. This patient was suffering from G.P.I., and was transferred as a temporary patient to Horton Hospital for treatment.

26. This patient has only been in hospital for 2 months, but as she is suffering from cerebral arteriosclerosis with a poor prognosis the order will probably not be renewed.

Deaths.

Four patients died from pneumonia, one of whom was suffering from G.P.I., one from a toxic confusional, and two from delirious states. All died within 11 days of admission, and exhausted themselves as a result of their restlessness.

COMMENTS.

There are certain points which arise in dealing with patients under Section 5, and the first is the matter of prognosis. It is obviously no use selecting cases for treatment on a temporary basis, even though they are non-volitional, where the prognosis is bad, since eventually they must be discharged and certified. Thus it is important to have the cases examined in the first place by competent psychiatrists. Another important point is that the total time over which the order can be extended appears to be too short. Thus patient 23 had to be certified, as she was unlikely to get well in 12 months, but in all probability will make an excellent recovery in two years; while patient 20, whose prognosis also appears to be good, will also require certification if she is still non-volitional at the end of a year. It is really in this type of case, together with the so-called "perplexity" states seen in schizophrenia and depression, which have a long duration but a good prognosis, that temporary treatment would be of value, and yet the Act defeats itself by not allowing the patient a sufficiently reasonable time in which to recover volition. There appears to be no good reason why temporary treatment should not be extended up to 2 years.

Another difficulty arises as to when a patient is to be considered volitional. For instance the first time a patient says that he wishes to go home or stay in hospital, is he to be considered volitional? Many patients in a state of stupor have periods of accessibility, and then lapse again into stupor. This means that periodically slips have to be sent in to the Clerk of the Hospital, stating that the patient has again become volitional or non-volitional. There appears to be no hard and fast rule as to when this must be done, but it would be more practical to wait until the twenty-eighth day from the day the patient became either volitional or non-volitional to decide whether he was *i.s.q.*, except for the fact that alternative treatment has to be arranged by the twenty-eighth day. This consists in the making of the patient into a voluntary patient, if he is volitional and willing to stay in hospital, or to reversion to temporary status if he is non-volitional, and this requires some time. This period of 28 days is therefore in practice too short, and should be increased to at least 2 months. Barbour (1) also found that this period of 28 days was too short for practical purposes. In addition to the above difficulty, the patient at times refuses to remain in hospital after recovering volition; he goes home, relapses, and requires certification.

Thus patient 15 left two days after becoming a voluntary patient, and has since returned to hospital as a voluntary patient for further treatment. If the 28 days were increased to 2 months the additional month may make a profound difference to the patient's health before leaving, and often having emerged from a state of stupor or confusion, during the extra month he may come to regard the hospital from a different point of view and be willing to remain on a voluntary basis.

Again many patients are recovering volition on admission, and if unwilling to stay on a voluntary basis would have to be discharged in a month's time. This is much too soon, and often means a relapse with readmission to hospital, which is surely detrimental to the patient. Marshall (2) states that only 10% of patients who are suitable for treatment on a temporary basis are fit for discharge in this time, and even 10% is probably high.

It appears, then, that Section 5 of the Mental Treatment Act, 1930, is of value in those psychoses with a good prognosis, and where volition is absent, but that modifications are necessary if full benefit is to be derived from its application.

References.—(1) Barbour, W. J., "Temporary Treatment in Mental Hospital Practice", *Brit. Med. Journ.*, Feb. 6, 1937, p. 281.—(2) Marshall, J. K., "A Note on the Potential Use of Temporary Treatment", *Journ. Med. Sci.*, Jan., 1936, lxxxii, No. 336, p. 43.