

Clinical Notes and Cases.

Habit-formation. By OWEN BERKELEY-HILL, M.A., D.M.Oxon.,
Lieut.-Col. I.M.S., Medical Superintendent, European Mental
Hospital, Ranchi, Bihar and Orissa, India.

IN every mental hospital one of the most trying duties of the medical and nursing staff is the correction in certain patients of habits which, apart from their intrinsically disagreeable nature, exert a retarding effect on rehabilitation. Among such habits the most common are those which have their roots in auto-erotic, anal-erotic and exhibitionistic phantasies, such as masturbation, copious salivation, collecting rubbish, and disregard for the proprieties in respect to the excremental functions. In order to ensure that patients who have bad or disgusting habits may be brought and kept under special observation and treatment I have this year devised a chart called the "Habit-formation Chart." Altogether fifty-eight of these charts were issued in the course of the current year among an average population of two hundred European and Eurasian patients. In column 1 of the chart is recorded the nature of the disagreeable habit or habits (for a patient may have more than one bad habit at a time). In column 2 is recorded the prescription (or prescriptions) which appear likely to give the best results in each particular instance, *i.e.*, when the age, sex, personal traits and the nature of the mental disorder of the patient have been taken into full consideration. The habit-formation chart is then sent to the ward sister, who takes measures to ensure compliance with the instructions. At the end of each week the effects (if any) of the treatment are noted by the ward sister in column 3 and the chart passed on to the occupational therapists for any notes they may wish to make, for the closest co-operation between nursing sisters and occupational therapists is highly desirable. These charts are now ready for inspection by the medical superintendent during his weekly review of the occupational therapy reports. The results which have so far followed this procedure have been highly satisfactory. Out of a total of 58 patients treated along these lines, 41 patients have been cured of their bad habits. In a number of cases strict personal supervision by the nursing staff has proved sufficient to effect a cure. On the other hand, a tendency to collect rubbish and stuff the

pockets with it has usually been checked by sewing up the pockets, or by the confiscation of bags, etc., devoted to the conservation of undesirable odds and ends. The inculcation of smoking or of chewing gum has helped considerably to check, at least in non-smokers, the habit of copious spitting. Other cases of spitting have been treated by small doses of atropine and morphine. In some cases disciplinary measures, such as debarring the patient from attending dances, cinema shows, etc., have effected a cure. In this hospital, where every patient is at liberty to walk in and out at any time in the day, the deprivation of this privilege ranks among the few severe disciplinary measures, and so far has not been utilized in this connection. Apart from any special measures directed against the bad habits of individual patients, it is perhaps of some interest to mention that a general improvement of behaviour has been apparent throughout the hospital ever since the abolition of any attempt to segregate the sexes in different sections. Ever since male and female patients have been allowed to occupy the same ward the standard of individual behaviour has been distinctly raised, and most of the acts connoting a lack of proper feelings of shame have become very uncommon. It is in some ways fortunate that the mental hospitals in India, whether for Indians or Europeans, have never been subjected to any outside control other than that of a senior administrative medical officer of the province in which they happen to be situated. The history of psychiatry in India affords ample evidence that the public, official and unofficial alike, have always reposed complete confidence in the honour, integrity and professional knowledge of medical superintendents of institutions. No suggestion has ever been made for the creation of any accessory measures for supervision, such as exists in England in the Board of Control. While this unqualified confidence in the men in charge of mental hospitals in India may have, from time to time, led to some slackness or inefficiency, no medical superintendent of an asylum or mental hospital can ever have had cause to complain that his efforts to promote the advance of psychiatry were hampered by official interference.

HABIT-FORMATION.

RECORD.			
<i>Name</i> _____			<i>Date</i> _____
Habit.	Methods adopted to correct.	Result.	Remarks.
1	2	3	4