Fractures

If compound titanic serum is given.

For fractured neck of femur plaster of Paris is applied from the head to the foot.

In chronic nephritis a director is given to the patient to make her pass more urine.

To clear sputum posterior drainage is carried out three times a day.

Acute Bronchitis

If the patient coughs he is very likely to become a little horse.

THE LOTOS-EATERS, OR STRESS, NEUROSIS, AND TRANQUILLIZERS

BY

I. ATKIN, M.D., D.P.M.

*Physician-Superintendent, Park Prewett Hospital,
Basingstoke; Psychiatrist, Royal Hampshire County
Hospital*

Surely, surely, slumber is more sweet than toil, the shore
Than labour in the deep mid-ocean, wind and wave and oar;
O rest ye, brother mariners, we will not wander more.

TENNYSON.

It is fashionable to assert that the stress to which we are subject is increasing, that this is causing a greater incidence of nervous disorders, and that tranquillizers are desirable for the "restlessness and anxiety of modern man." It is very doubtful whether any of these beliefs are true; certainly no scientific evidence has been produced to substantiate them.

Stress

It is difficult to define qualitatively or to measure quantitatively what might be called a pathological stressful event or situation. What is stressful for one person may be quite innocuous for another. A mouse or a spider may induce an acute state of stress in one human being while leaving another totally indifferent. A serious recession in Wall Street may cause such stress to a loser that he reacts by hurling himself from the twentieth story of a skyscraper; but many other losers react in much milder fashion. Whether a stressful situation produces a pathological reaction will depend on the vulnerability of the personality concerned, and there is nothing to prove that the human species has become less tough. As for the stresses of life, these are much the same as they always were, and are related to problems of food, shelter, disease, love, and the desire for prestige or power. There is no reason to believe that thwarted love, the pangs of hunger, or the loss of freedom are more poignant or more frequent to-day than they were in Assyria and Babylonia, Greece and Rome, in the Middle Ages, or during the nineteenth century. Indeed, many stressful factors have diminished both in frequency and in intensity. During the past fifty years wages and the general standard of living have risen; in many trades and professions there are paid holidays and pensions on retirement; there are sickness and compensation benefits, old-age pensions, national assistance, better housing, and so forth. The stresses caused by poverty, unemployment, disease, and insecurity have been considerably lessened.

The "rapid tempo of modern life" is often blamed for the alleged increase of mental disorders, but it is not clear why crossing the ocean comfortably by aeroplane in a few hours should be more stressful than being seasick on a schooner which may roll and pitch for several weeks, or why travelling in an express train should be worse for the nerves than being rattled in a horsedrawn chaise over a track of ruts and potholes, with the added chance of being waylaid by a highwayman. I suppose that when the first wheel was invented, someone exclaimed: "This new terrible pace of life on wheels will surely ruin us all." It is perhaps of some significance that quite a number of adventurous people attempt earlier forms of transport—for example, crossing the seas in a ketch or on a primitive raft. Are they seeking stressful situations because they are bored by the excessive ease and comfort of modern life? It may be that many of us really need more, not less stress.

Neurosis

Admissions to mental hospitals in England and Wales more than quadrupled between 1920 (over 21,000) and 1957 (over 89,000), but this does not mean that mental illness has become four times as frequent. In 1920 only the cases severe enough to be certified could be admitted, whereas now the earlier and milder psychoses, the neuroses, a host of psychosomatic disorders, the psychopathies, are being admitted—types which had always existed. There are so many difficulties in assessing the incidence of neurosis that it is impossible to give accurate figures which would enable comparison of one era with another, one nation with another, or even different parts of the same country to-day. There is first of all the impossibility of telling where normal ends and abnormal begins.

If a normal person is defined as one who has been psycho-analysed, as has been quite seriously suggested, then very few indeed are normal. According to Freud (Wortis, 1954), "Everybody has some neurotic traits . . . phobias are very common, and I have had three or four myself." Ernest Jones (1955) thinks that many of Freud's psychosomatic complaints—for example, indigestion, constipation—were symptoms of a neurosis. But, of course, Freud did not appear in out-patient statistics as a case of neurosis, and there must be numerous lesser men with phobias and psychosomatic disturbances who are or are not counted for a variety of reasons. A wisecrack is that you are a neurotic if you are foolish enough to get into the hands of a psychiatrist, and this certainly explains the source of most of the statistical information that we possess. However, there are so many variables involved that such numbers have but little significance when studying problems of alterations in incidence. Among such variables are: (1) the prevailing social fashion of when to complain and what to complain about; (2) the pressure of relatives or friends to influence consultation with a doctor; (3) the policy of the general practitioner, both in diagnosing neurosis and in referring to a psychiatrist; and (4) the availability of a psychiatrist, and the variability of his diagnosis.

Undoubtedly many cases of neurosis have been treated, and still are, by general physicians, neurologists, gynaecologists, dermatologists, and other specialists, under the guise of appendicitis, neuritis, endometritis, and dermatitis. It is instructive to read that Freud's obscure disorder, diagnosed as colitis or cholecystitis,

might have been in part a psychosomatic relic of neurosis (Jones, 1955). The incidence of psychological disorders as estimated by general practitioners in their field of work varies greatly. Some give a figure as low as 5%, whilst others—for example, Pasmore (1958)—rate it as high as 40%; and it is obviously futile to compare with equally varying figures of 50 or 100 years ago, when, moreover, diagnostic categories were different. Altered social conditions and new laws will also influence reported incidence—for example, lack of sick pay compelled some people to carry on with work in spite of a neurosis, and free medical service encourages more frequent consultations. It may be that in the past many people bore neurotic symptoms quietly and stoically, but this does not imply a lesser incidence. The question of increasing incidence is answered impartially by Lemert (1951) as follows: "The history of mental disorders and their treatment in our society leaves us with no incontestable proof that the present-day incidence of these disorders is much greater than in the past, despite the impression created by rapidly growing hospital populations."

Tranquillizers

There is hardly the time to assess with certitude the efficiency of one drug when another appears on the market. A percentage of successes with any new drug exhibited in the neuroses is inevitable for at least two reasons, the influence of suggestion and the fact that the milder neuroses and the minor psychosomatic disturbances are apt to get better with time and with the aid of extraneous factors, such as change of address, acquisition of a new friend, or change of occupation. The "placebo reaction" guarantees relief of symptoms in about 30% of cases. The power of an intensive advertisement campaign may easily double this figure.

Whether chemical or suggestive, or both, tranquillizers have a number of disadvantages. Side-effects such as dry mouth, blurred vision, nausea, drowsiness, occur in a percentage of cases with all of them, and toxic effects such as liver damage, with jaundice or agranulocytosis, are a risk with some. Though few are addictive in the narrow sense, they can all become habit-forming, and withdrawal symptoms have been reported. The most vital objection, however, is that the doctor may use them as a quick way of assuaging the symptoms, instead of trying to cure the illness. The emotional disturbance is damped with a drug instead of its origin being analysed. Though some advertisers are clever enough, after praising the virtues of the new drug, to mention also the necessity of psychotherapy, one wonders how often this is carried out in practice. One cannot expect a busy doctor or a busy patient to sacrifice time in searching for the causes of an anxiety state if a tablet can succeed in dulling or banishing the unpleasant sensations. The liberal use of tranquillizers can thus encourage an evasion of a search for the psychogenic, familial, and social determinants of disease. Problems and conflicts are obscured in a thick cloud of chemically induced tranquillity.

I do not intend to condemn the proper use of tranquillizers, which are finding a useful sphere in psychiatry, particularly in the psychoses, but there is no doubt that they are also much abused. For this a widespread acceptance of the false beliefs mentioned at the beginning of this paper, the flood of advertisements

by pharmaceutical firms and the suggestibility of doctors, is responsible. Also the financial drive of pharmaceutical firms cannot be ignored, as Leiberman and Vaughan (1958) have commented: "Tranquillizers are big business." Advertisements claim success not only for the neuroses or anxiety and tension states, but for such conditions as worry, headaches, irritability, nervousness, restlessness, fatigue, apprehension, hostility, excitement, mild emotional disturbances, and so forth. But is there any human being, except when he becomes a corpse, who does not experience such moods or types of behaviour at some time or other in appropriate circumstances? Some firms when listing indications make a show of being more scientific by suggesting a pathological state with the prefix "over" or "hyper"—for example, over-aggressiveness, over-irritability, over-excitability, over-anxiety, hyperactivity, overwork—but there is no indication of what the standard of normality might be or how an excess is to be measured.

What is happening on a large scale is that an enormous cost to the National Health Service is being incurred by the swallowing of millions of tablets whose effect is to dope emotional reactions, which are either within normal limits or are in need of psychotherapeutic investigation with a view to reconditioning the patient's pattern of behaviour or modifying his environment. Indeed, it may also be argued that the persistent doping of anxieties and tensions can retard social progress because the drives towards an amelioration of environmental deficiencies are weakened. The ideal tranquillizer, free of all side-effects and toxic reactions, and non-addictive, may, by dulling our reactions to frustrations and lulling us into inactivity, prove to be more of an evil than a blessing to humanity.

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THE MENTAL HEALTH ACT, 1959 A PRACTITIONERS' GUIDE

[FROM A SPECIAL CORRESPONDENT]

The Mental Health Act* reached the statute book on July 29, 1959, but, owing to the reorganization needed to implement its provisions, it will not come into operation until a date appointed by the Minister of Health. This date is not yet known, but may be in the summer of 1960. However, by Commencement Order No. 1, 1959, hospitals, licensed houses, and nursing-homes may already receive mentally ill patients informally without powers of detention. This early arrangement clearly indicates the Act's emphasis on voluntary, rather than compulsory, treatment.

To the medical practitioner this 154-section Act might seem a formidable production. Fortunately for him, much in it is pure administration, dealing with, for example, guardianship, transfers of patients, and management of property and affairs. Part V, dealing with the disposal of criminals with mental disorder, is long and interesting, but not important to the ordinary practitioner. Less than 20 of

**Mental Health Act, 1959*. H.M.S.O., London. Price 8s. net.