PSYCHIATRIC UNITS IN PUBLIC HOSPITALS.

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THE subject of the treatment of early mental disorder has deservedly received much attention in late years; it admittedly bristles with difficulties, which arise from many causes, some of them capable, in my opinion, of considerable amelioration, even under existing conditions of legislation. It is with a view to describing an experiment now being made in London that I am writing this article.

Most of the preliminary treatment of mental cases in London is carried on through the machinery of the Poor Law, by medical officers and nurses of the observation wards of the workhouses. Here the patients arrive very often hostile and refractory, having betrayed their affliction sufficiently to bring them within the arm of the law, either through police channels or under the statutory detention order of a relieving officer. On arrival at these observation wards, often unsatisfactory in structure and staffing, they must be examined by a justice and a doctor with a view to certification or discharge; criticism has been levelled against this system from many angles, among the more serious charges being lack of skill in diagnosis and treatment, and in the nursing and handling of the patients.

From the point of view of the general public health the problem is of outstanding interest, since the mental breakdown is often the concomitant or even the precursor of a physical breakdown. The apparently general increase of nervous disorders should be regarded as a warning to us to examine the machinery of our civilization with great care—especially in so far as it tends to produce exhaustion of nervous powers—and to take measures to counteract their influence at every turn. It has been my good fortune to have to cope with a corner of the problem in circumstances of considerable difficulty; it may therefore be truly claimed that if some success has attended this effort, then the beginnings of a path have been found, and in more favourable circumstances greater success should be attained. The scheme has been considered promising enough to be recommended for adoption by the London County Council when it takes over control in April, 1930, and so perhaps it is worth while setting out in some detail.

Object of the Scheme.

The scheme aims at bringing all the suspected incipient mental disorder in an area in touch with a unit comprising in- and out-patient departments, and situated in a hospital which deals with physical ailments. The unit must be of such a standard as to command the confidence of the public, and patients should be willing to resort to it without always having to be driven to it. The best specialist advice would be obtainable, and also the most modern methods of treatment; there would be special facilities for the most kindly and helpful inquiries to be made with a view to cutting the illness short and preventing its recurrence. The activity of this unit should not, in my opinion, so heavily preponderate over the rest of the work of the hospital as to lead to its being more than a large special department. Within its scope should be included:

1. Any type of organic nervous disorder.
2. Any type of functional nervous disorder.
3. Disorders of conduct in children.
4. Incipient mental disorder in adults who attend voluntarily.
5. Cases under statutory orders for detention and examination.

It was the present inadequate provision for this last category which led to my investigations of lines of possible advance. The subject is rather complicated legally, but it will never present great difficulties for those able to

make adequate provision privately. The ordinary poorer citizen, however, who shows signs of mental disorder is removed to an observation ward in what is legally a workhouse, and in that ward grave decisions have to be arrived at which affect his future liberty and treatment. Certification may be called for in order to protect the patient and the public, but no one can deny that the fact of certification is not helpful to a citizen subsequent to recovery, whereas a stay of a few weeks at a nerve clinic may actually stamp an individual as being of a superior order of intelligence. Why should not the poor be allowed the luxury of a nervous breakdown occasionally without the stigma of certification?

For these observation wards there is often no skilled nursing available; there are no facilities for diagnosis or treatment on a modern scale; there is a financial reward for transferring cases to a mental hospital, and often the governing idea is to send patients on to a mental hospital at the earliest possible moment, where skilled treatment will be available in good surroundings. Any critic who saw my observation wards might think this theory was correct, but the patients and friends very seldom take this view, having, for various reasons, an intense dislike of the fact of certification.

How the Scheme may be Carried Out.

If we agree that prevention of certification in a case likely to recover quickly is a desirable end, then the path to reform of the existing conditions becomes fairly clear. First of all there must be a consultant of standing who will give an opinion as to which cases should be certified, which discharged, and which detained for treatment. To do this satisfactorily necessitates having a fairly large unit of beds at one's command—say 150 to 200. The advantage of this will be the possibility of classification in the admission stage, with segregation of the noisy or objectionable patient; these patients often quickly recover, but the inexorable demand of the welfare of the majority will lead to certification in the absence of isolation accommodation.

Site.—These wards should be in an institution which is situated conveniently for the district in which the sickness occurs. As in the case of any other acute illness, mental disorder is best treated near home and friends, and the question of transfer to country surroundings should be left until the acute stage is over. This opinion may arouse hostile criticism, but it is based on the observation of several hundred cases over a period of years, and the expressed views of numerous relatives, friends, and the patients themselves. Mental patients often travel badly, and the shorter the journey before they come under skilled supervision the better.

Structure.—The observation wards should give facilities for the seclusion of individual patients on a scale not yet adequately worked out, but possibly of one for every eight to ten cases. In a unit of 80 beds this would mean seclusion accommodation for at least eight cases. The ward decoration should be cheerful, and there should be an opportunity for open-air treatment. The recovery wards should be similarly provided with small wards, since to these will resort the patients who are not under statutory orders for detention, but who urgently require rest and treatment.

The Scheme in Operation.

The following is a brief description of the actual working of the scheme at St. Peter's Hospital. This is a Poor Law institution, containing about 500 beds, in the congested area of Whitechapel; it caters for a poor but hard-working conglomeration of mixed races. Of the 500 beds, 31 are in the observation wards (male and female), and a varying number, up to about 30, in recovery wards for both sexes, and situated above the observation wards.

Patients are admitted on statutory orders of detention from the whole of Stepney, and these orders can be prolonged on a medical officer's certificate for a further fourteen days. This is a valuable power, which exists only in the hands of the Poor Law doctor, and its lack would hamper the activity of any but a statutory authority undertaking this work. The London County Council will

be the Poor Law authority as well as the hospital authority, so quite obviously the possibilities for improved work on the psychiatric side are much enhanced.

One medical officer out of the six comprising the resident staff deals with the work of the special wards; he writes the notes for the specialist's visit and arranges for any pathological examinations. He prepares notes in duplicate for sending with any patient transferred to another institution; in this way he is able to maintain a continuity of information about the patient's illness, which is of great use at the other end of the journey. The duplicate is filed, and to it is added any further information obtained if the patient returns. This medical officer becomes skilled in diagnosis and treatment, even if he is not so at first, for every patient admitted is seen by the specialist, who visits once a week; these visits could no doubt with advantage be more frequent, but there is always the question of remuneration and responsibility. The conditions are not like those of a general hospital, where the beds are in charge of a specialist. Under the Poor Law orders the beds are in charge of the resident medical officer, the specialist being the adviser, and the responsibility of the medical officer in charge is underlined in all orders, written and oral. The medical officer attached to the observation wards for purposes of admitting and relief duties shares the general work of the hospital, and so keeps in touch with it.

Nursing.—The nursing is supervised on each side by the equivalent of a "sister," who holds the medico-psychological certificate; on the male side the whole staff is male. The nurses work an eight-hour day in these wards, but in the recovery and general wards the hours are a little longer. As many as possible hold the medico-psychological certificate or receive training in mental therapeutics. The recovery wards are supervised by specially trained or qualified "sisters," and working under them on the male side are male probationer nurses as well. Here I would point out that it is an advantage to have a male nurse training school in conjunction with the scheme, since male probationers can often be obtained with the medico-psychological certificate, and anxious to receive general training.

General Service.—In addition to the provision of special medical and nursing facilities, the fact that these patients are in a building in which the work of a general hospital is also going on enables every branch of specialist service and treatment to be brought to the patient's aid. Ophthalmological, otological, x-ray, dental, and other services are all available on the spot, and beds in appropriate wards can be obtained. Mental patients have often been transferred to general medical or surgical wards, with great advantage to themselves and no harm to others.

Out-patients.—An out-patient clinic has been established, and is open once a week. To this persons seeking advice can come on a doctor's recommendation, without having to pass a relieving officer; on the other hand, it caters for relief cases, or follow-up cases discharged from hospital. This clinic enables supervision to be continued, and the early help to be given which may avert later serious consequences. The functions of such a clinic are capable of being developed in many directions, but it is certainly not my purpose to have it regarded solely as the resort of the seeker after bottled knowledge.

Social.—An important part of the work is the maintenance of contact with friends and relatives. As soon as possible after admission the friends see the medical officer, give him an account of the illness and general history, and receive certain assurances about treatment and disposal which help to set their minds at rest. The day after the specialist's visit they can call again at 9.30 a.m., hear what his opinion is, and state any special wishes they have in the light of that opinion. Considerable elasticity is exercised in this area with regard to the discharge of patients to the care of friends, on condition that they sign a responsibility form; but no doubt every doctor must make his own standard of advice conform to that of a legal authority, having regard to the needs and creeds of the particular area he works in, and risking his patient as little as possible, but also paying some heed to the justifiable sympathies of public opinion.

In the following table I give a few statistics of observation ward cases.

	1921.	1922.	1923	1924.	1925.	1926	1927	1928.
No. of cases admitted ...	151	142	158	147	169	345	55	517
Cases certified for mental hospital	89	82	93	87	105	176	249	231
Percentage certified (approximately)	53	58	57	59	62	51	45	44

These figures show a marked drop in the percentage certified consequent on the new policy adopted on centralization in 1926. On 500 cases a 10 per cent. saving of certification means a total of 50 persons a year benefiting by the result of early treatment.

I am indebted to the Stepney Guardians, to Dr. Mapother (the consultant), to Dr. Marian (my assistant medical officer), and, in fact, to the willing co-operation of all who have been brought in contact with the work, for being able to say that mental disorder can be approached like any other illness, and encouraging results be obtained. I can forward fuller statistics of the work to any persons specially interested.

VISIT OF JUGOSLAV DOCTORS TO LONDON.

THE party of over one hundred Yugoslav doctors now visiting London assembled on the morning of Saturday, October 19th, in the Barnes Hall of the Royal Society of Medicine, at 1, Wimpole Street. Short addresses of welcome were given by Sir William Hale-White and Sir James Berry on behalf of the Fellowship of Medicine and the Yugoslav Society of Great Britain respectively. Dr. Richard Burian, professor of physiology at Belgrade University, speaking in excellent English, made a graceful reply. He said that when his colleagues decided to visit this great city they were not only animated by the desire to see the vital centre of a large part of the world, and the capital of a nation which had contributed immensely to civilization, but they wanted above all to have contact with the leaders of British medical science and the British medical service.

Continuing, Professor Burian said: "We Yugoslavs are conscious of the fact that we have, individually and as a whole, very much to learn from the great British nation. Only some months ago our excellent Professor Bogdan Popovic gave us a beautiful lecture on this subject. This, the contact with you, is of inestimable value to the Yugoslav medical men, even so far as medicine is not concerned. However, its principal importance is on medical grounds. Our two medical faculties, of Belgrade and of Zagreb, are young and not quite settled, being founded in a country worn out by the war, and without proper traditions in medical teaching. But we are earnestly endeavouring to raise teaching and research, theory and practice, to a level equal to that existing in other civilized countries, and for these efforts of ours nothing can be more helpful than a close relation with the headquarters of British medicine. Therefore we hope that these relations will become more and more close and cordial, and that we shall have the pleasure of welcoming British medical men among us, although our medical institutions are only at the beginning of their development. A few days ago we had the privilege of seeing at Belgrade Dr. Leonard Findlay, the excellent professor of paediatrics at Glasgow, and to listen to his most interesting lecture. We should be happy if other representatives of British medical science would follow this example."

Professor Ainsworth Davis then showed Dr. Ronald Canti's cinematograph film of the cultivation of healthy and cancerous tissues under the microscope and the action of radium emanation upon them. This film had been lent by the British Empire Cancer Campaign, and was greatly appreciated by the audience. In the afternoon the visitors were entertained to tea at the Mansion House by the Lord Mayor of London.

On Sunday morning a large party made an excursion to Oxford, and in the afternoon a reception was given at the Legation in London by His Excellency the Yugoslavian Minister. Among the medical and other institutions visited on Monday was St. Thomas's Hospital, and in the evening the visitors were entertained by the Yugoslav Society of Great Britain at Crosby Hall, Chelsea, where they had an opportunity of meeting a number of prominent members of the medical profession in London.