**Bedford Pierce, The Hospital Treatment of Incipient Insanity (1908)**




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# THE HOSPITAL TREATMENT OF INCIPIENT INSANITY.

*Introduction to a Discussion in the Section of Psychological Medicine, at the Annual Meeting of the British Medical Association, Sheffield, July, 1908.*

BY

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In opening this discussion on the early treatment of mental disorders in general hospitals and private practice I must at the outset disclaim any originality in the remarks I venture to offer. The ground I propose to cover is so well worn, that I have not attempted to mention the names of those who have passed along it. If I have disgressed a little, I hope you will bear with me. Some may be willing to sympathize with the wayfarer who is now and then tempted to pursue a beckoning bypath.

It will be generally admitted that, under present conditions, it is difficult, if not impossible, to secure effective treatment for early undeveloped cases of mental disorder. Even patients with ample means frequently fail to obtain appropriate treatment, although many more alternatives are open to them than to those coming from the wage-earning classes.

If the wife of an artisan shows signs of breaking down, little or no effective treatment is possible until the patient is bad enough to be sent to an asylum. At present no general hospital will admit such a case, at least not in this country. Convalescent homes are necessarily closed, nursing homes are too costly, and even if the patient is wishful to place herself under care somewhere, little or nothing can be done. Such a patient cannot even be admitted to the county asylum as a voluntary boarder. Thus, in the great majority of instances, the case drifts on until some decided evidence of insanity appears. The next step is to consult the relieving officer; he arranges in most cases for the patient to be removed to the workhouse infirmary, then after a week or two she is certified as insane, haled before a magistrate, and transferred to the county asylum. This institution is generally many miles away from her home and family, and though she may recover, it must be admitted that the procedure is most unsatisfactory, and there is serious delay in rendering effective treatment.

There is reason to fear that any change in procedure which rendered it easier to place patients under care in existing asylums for the insane would fail to meet the need. The objection to asylums turns largely on the special character of the institution and the certification and attendant loss of civil rights that is required before reception. We may deplore the prejudices that exist, and point out that they rest on superstition and ignorance, and yet they greatly influence us in giving advice. Though we may say that mental disorder is but a symptom of bodily disease, we know, and our hearers know, that insanity commonly degrades the person attacked, that the hereditary factor cannot be ignored, and that more than half those who are placed under care remain and become demented.

I cannot but think that our existing methods of dealing with the insane go a long way towards keeping up prejudices in this matter. A person suffering from mental disorder cannot receive adequate treatment without the sanction of a magistrate, and there is no other disease which requires a justice of the peace to be consulted before remedial measures are taken; the patient forthwith loses civil rights; he is treated in a special institution far removed from his family, under conditions which are determined by questions of safety that concern only a small proportion of his fellow patients, and is subject to regulations widely different from those in a general hospital. The nurses belong to a special class; the medical officers are specialists of only too pronounced a type; the managing committee is not associated with or connected with any other body or organization that deals with the sick; in short, the whole government of the asylum emphasizes the fact that the insane are not as other men, but require special treatment under special regulations.

It is probably impossible to alter the present system—at any rate, as regards confirmed cases of insanity—yet it is evident that it tends to perpetuate existing prejudices and increases the difficulty of placing early incipient cases under treatment in the institutions best equipped for the purpose. Practically speaking, the effect of our present system is that patients are not certified and placed under care until every possible alternative is exhausted. In consequence of this much valuable time is wasted. All of us can remember, in not a few cases, the disastrous consequences of this delay. Even where no obvious untoward incident has occurred, there has sometimes been reason to think that the result of the case would have been widely different had the early treatment been more judicious.

Something must be wrong with a system which virtually deprives patients from securing efficient treatment in the early stages of an illness.

In order to facilitate the early treatment of insanity, it has been urged by some that hospitals of a somewhat different character from those we have at present should be established, whilst others recommend that special wards

or pavilions attached to our general hospitals should be available for this purpose. There is much in common in these two proposals, since the special pavilion, if it be large and properly equipped, becomes in effect a special hospital. An important contribution to the subject has been published this year by the State Board of Insanity of Massachusetts in the special report as to the Best Method of Providing for the Insane.

In a small pamphlet of 36 pages is found a full and careful statement of the principles which should guide the State in the discharge of its duties to the mentally afflicted. As regards the City of Boston the State Board recommends the establishment of—

1. A psychopathic hospital of 120 beds within the city.
2. A voluntary and convalescent branch in the suburbs.
3. A custodial and infirmary centre within a 10-cent trolley ride.
4. A farm colony within a 25-cent trolley ride.

The last two proposals are outside the scope of our present discussion. With reference to the first two, I hope I may be permitted to quote freely from the report, as the arguments in favour of the erection of a special hospital could hardly be expressed more clearly.

> The hospital should receive all patients for first care, observation, and examination, preliminary to suitable distribution to the custodial and infirmary branch and colony. It should have a reception house and other provision for classification and short treatment of all clinical types of acute and curable insanity. The distinctive characteristic of its residual patients would be probable curability. The hospital should be small, retaining not more than 10 per cent. of the insane of the whole district. It should be the centre of the higher medical and scientific work, with an adequate staff of physicians and ample facilities for research into the nature and causes of insanity. The training school for nurses should here reach its fullest development. The whole régime should be elevated to the plane of the general hospital for acute physical diseases. . . .
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> A psychopathic hospital, in a large city, should be located near the general hospital and medical school in order that disease of the brain may be associated with affections of other organs, its physicians stimulated by contact with investigators and teachers in other fields, and its facilities for investigation and abundance of clinical and pathological material supplement and complete the assemblage of general laboratories and clinics. They would be trained for the future teachers in mental diseases and physicians in the service of the institutions. In the wards of these hospitals, convenient of access from the general hospitals, students would become as familiar with mental symptoms as they now are with manifestations of physical disease. They would go into practice in the community able to recognize and interpret the early indications of derangement of the mind at the time when they alone may foresee its possibilities, and, perhaps, forestall its development into confirmed insanity by preventive counsel and curative measures. Such exclusive opportunity is now lost, as a rule, because of lack of such knowledge and training, and because the scanty means of the poor do not allow home treatment and the general hospital for other acute affections shuts its door in the face of the mental patient. Hence there is imperative need of public provision for the treatment of

incipient mental disease, especially while the patient and his friends are unconscious of its presence or shrink from the idea of insanity. The present lack precludes preventive treatment and lessens chances of cure.

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In the opinion of committing physicians throughout the State, 21.5 per cent. of their patients who are sent to insane hospitals might be treated under the voluntary relation in general hospitals. It is probable that some 500 insane commitments might be avoided every year in this Commonwealth if adequate provision of this character were available. The expense would be saved, the stigma of insanity escaped, and the right attitude of physician to patient preserved. Furthermore, every hospital, especially in the cities, should be a centre of instruction and counsel in mental hygiene, prevention of insanity, and after-care of discharged patients. The poor of the district should be encouraged to seek its advice and granted free consultation while they may properly remain at home.

It is interesting to note that the needful legislation has been obtained to give effect to this report, and the State Board is authorized to select a site and prepare plans. The hospital will probably be in the heart of Boston, in association with Harvard University and other medical schools and the general hospitals. Things are moving rapidly in this direction in America. Mr. Phipps has given £100,000 for the erection of a similar hospital in Baltimore, another is contemplated in New York, whilst Michigan has been a pioneer in this matter, and its psychopathic hospital was opened in 1906.

It will be necessary to consider next how far the proposals so actively taken up in America are applicable to our conditions here. Some difficulties, moreover, arise if the hospital be a building specially constructed for the treatment of insanity for periods longer than a few weeks.

1. If the usual legal formalities be necessary before patients can be received there is little doubt that the new institution will have few advantages over existing ones. Any prejudices now prevalent would soon attach themselves to it. Call the hospital what you like—psychopathic, psychiatric, or the barbarous term "mental hospital"; the fact that persons are detained therein, certified to be of unsound mind, will militate against applications for treatment for early incipient cases.

2. Another difficulty arises when any hospital for the insane is situated in a populous centre. How will it be possible to provide adequate facilities for open-air treatment and for exercise? The cost of land would necessarily limit the size of the garden, and though rest in bed is good treatment in a large number of recent cases, one must admit that some require outdoor occupations, organized games, manual labour, all of which are by no means easily provided in a city. At present the great bulk of the insane in Great Britain are living in country districts, with ample air space, abundant opportunity for exercise, and there is a danger that in respect to hygienic conditions the proposed hospitals will be less satisfactory than our present asylums. No doubt it is intended to draft patients requiring outdoor

occupation to the farm colony or the convalescent sanatorium, but many of the recent cases will be likely to require more space than can be provided in a populous district. Walks abroad would have to be in streets or public parks, and outside the boundaries of the hospital would be little of that restfulness so greatly needed to promote recovery.

3. A third objection arises from the character of the patients admitted. They will be acute and recent cases with a prospect of recovery. Chronic patients will be removed to the custodial or infirmary centre, quiet dements to the colony, convalescents to the suburban sanatorium. It is to be feared that an institution only containing such patients as would remain would have an unduly high proportion of the troublesome, noisy, and depressed suicidal patients, and too small a proportion of those would be able to take an interest in general topics or follow useful occupations. I fancy new cases coming for the first time would find the hospital depressing and the behaviour and appearance of the patients far from encouraging.

4. Lastly, there is the financial difficulty. In the majority of English countries there will e little disposition to build new hospitals for the insane. It will be said with much force that modern up-to-date institutions have been provided. They are for the most part beautifully situated, and their equipment has been of the very best. It is, therefore, not reasonable to ask us to build over again fully-equipped hospitals in our cities and towns.

In fact, the very perfection of our present institutions will prevent any progress on the lines suggested. It must be remembered that connected with many of our asylums there are already detached hospital blocks designed for acute cases and fitted with every possible means of treatment. It is, therefore, probable that only in those districts in which overcrowding of existing institutions renders it necessary to make additional provision for the insane is it likely the local authorities will entertain the question of erecting psychopathic hospitals similar to those now being established in America.

The next point to consider is whether it is not possible to meet the difficulty by the establishment of special departments in our hospitals and infirmaries. One of the greatest obstacles to progress in England is lack of co-operation between the various persons concerned. This is eminently the case in respect to the institutions dealing with sickness.

We have a large number of entirely independent general hospitals, supported by voluntary contributions, managed by a committee, and responsible to no one but their subscribers; next we have Poor-law infirmaries doing the same work in certain departments, managed by the guardians and supervised by the Local Government Board. Lastly, we have the county and borough asylums, managed

by a committee of the local council under the supervision of the Lunacy Commission. These are quite independent, and there is much waste of effort by overlapping. The Poor-law infirmary stands in an intermediate position, and in relation to insanity it forms a sort of receiving house. Although insane persons are received and detained in almost all workhouse infirmaries, they are not "institutions for the reception of lunatics," and so the patients cannot be transferred to the asylum without a medical certificate and magistrate's order.

In certain districts the power to detain patients for a limited time has resulted in the formation of special wards in which large numbers of patients are annually treated until recovery without certification. This seems to suggest a solution of our problem, at least as regards the legal position of persons suffering from undeveloped insanity. If it be found that a great many cases of mental disorder can be dealt with satisfactorily in workhouse infirmaries, it is evident that under more favourable conditions there is no doubt as to the possibility of success. But it seems altogether wrong in principle that persons suffering from mental affections should have in the first place to apply to the relieving officer and become paupers in order to receive treatment. In my opinion the treatment of acute disease is not the proper function of the guardians of the poor, and it has only become so through the inability of the general hospitals to meet the demands upon them. This, however, opens up a very wide question, and it is to be hoped that the Poor-law Royal Commission will be able to suggest a remedy for this as well as for the many other inconsistencies arising out of our present system of Poor-law relief.

The treatment of the insane in general hospitals rather than in special psychopathic hospitals or in Poor-law infirmaries has been strongly urged by many authorities, in particular by Dr. Clouston of Edinburgh. This is in a sense a return to the lunatic wards of long ago, which were justly condemned and abandoned in favour of our present asylum system. There is, however, no danger of a repetition of the abuses of the past, and much can be said in support of the proposal to open special wards or pavilions for the treatment of the insane as an integral part of the general hospital.

In the first place, it emphasizes the fact that insanity is a disease—that the insane are patients needing medical treatment. After a time one can hope that it will be as natural for patients afflicted in mind to seek advice at the hospital as if they were suffering from any bodily ailment. Cases will, in consequence, come under treatment much earlier than at present, many accidents and calamitous results of insanity will be averted, and there is good reason to think that in some cases timely advice and treatment will result in recovery without the necessity for certificates or legal care.

Secondly, this tends in the direction of bringing the

practice of psychiatry more into line with general medicine, and will in university centres greatly assist medical education.

Thirdly, if this proposal be generally adopted, it would largely increase the number of places available for the relief of persons with mental trouble. No patient, excepting those from remote country districts, would in the first place be sent far from home and family. Patients could, when it was desirable, be readily visited by the relatives without great expenditure of time and money. Although the stay in the hospital may only be a temporary expedient in many cases, and in a short time transfer to an asylum may be needful, it will nevertheless have been of great value. It would lessen the blow that enforced removal from home and family often involves. Afterwards patient and friends alike would be glad that the formal certification was only undertaken after a period of observation and treatment in a general hospital.

It must be at once conceded that this proposal is beset with difficulties. Many hospital authorities would say that the funds at their disposal are insufficient to meet existing needs, and that it is altogether impossible to entertain the establishment of any new department. In some localities geographical considerations may prevent any extension of premises.

I do not, however, think that the financial difficulty should prevent the subject receiving careful consideration. It is one of great importance, and if a case be made out it is possible that in England as well as in America private benevolence may enable something to be done. Even if this fails, it is not impossible under a new system of Poor-law administration that hospitals which receive such patients might obtain help from the rates without losing their individuality and independence.

Another difficulty lies in the fact that there are many cases of insanity which will require a far longer period of treatment than can possibly be given in any hospital ward, if they are to be successfully treated to recovery. The causes which lead to a mental breakdown have usually been long in operation, and one cannot expect a speedy recovery. This is certainly true of many cases, but there is no doubt that a very considerable number of recent cases will be so decidedly benefited by a stay of three or four weeks, that they may be discharged as convalescent. The results obtained in Poor-law infirmaries abundantly prove this statement. No doubt a prolonged stay in a hospital ward would be undesirable in most cases, and unrecovered patients would have to be removed to the asylum; yet in a few there might be great advantage in extending the period of residence beyond the time named.

Next, the resources of the hospital as to treatment would be limited. Facilities for amusement, recreation, and occupation would be out of place in a general hospital, even if it were possible to provide them. This would greatly restrict the treatment available, and practically

speaking those patients would do best who would be benefited by rest in bed.

But a course of treatment in bed is of great service in the great majority of recent cases, and some authorities prescribe it as a matter of routine. In bed the bodily condition is more easily examined, and remedies are more easily administered. Patients in bed are under more effective observation than if up and about, and at the outset of a case this is an important matter. Although certain patients may not derive much benefit by the "bed treatment" and will do better under the "leg treatment," as it has been called, it is not likely that a short stay in bed will be injurious to such as these.

Special lines of treatment, such as packs, baths, massage, intestinal lavage, restrictions in diet, are all of them as easily secured in a general hospital as in an asylum.

There are, however, more serious limitations in that the resources of a hospital in dealing with noisy, destructive, and violent patients will be small. It is only too likely that such patients would be subjected to mechanical restraint of some kind or other. Restraint is frequently used in a general hospital in a way that would not be permitted in any asylum. Whilst to some extent temporary needs justify extreme measures, this difficulty must be satisfactorily safeguarded. Seeing that the patient is not restrained when he reaches the asylum he must not be restrained in the hospital. It is largely a matter of nursing and management. But in any event there will be a small number of cases which cannot remain long in the hospital ward, for example, the indecent and obscene as well as the impulsive and dangerous, and such will have to be transferred without delay. Yet it is my conviction that the number of these will be very small when the arrangements for treatment are completed.

To sum up the advantages from a patient's point of view:

1. They would be able to obtain treatment earlier, and in some cases this would prevent the development of serious illness.
2. Many would escape certification and attendant civil disability.
3. In the case of those who failed to recover, certification would be delayed and the possibility of mistake could be excluded.
4. There would be less separation from home and family.

There are, moreover, signs that it will not be long before we shall be able to distinguish between our cases with greater accuracy than at present. As it is, an experienced man can pick out with considerable certainty the cases likely to recover soon. In the near future the selection of cases for temporary care in a general hospital will be very less difficult than at present.

Some reference is required to the effect of this proposal upon medical education. At present in this country the

training of medical students in psychiatry is inadequate. The general practitioner has a special duty to the public in relation to insanity. I allude to the signing of certificates of lunacy, and only too frequently he is not properly qualified to discharge it. Moreover, he alone sees the early cases, and is called upon at the outset to give advice.

During the course of training required in almost all our medical schools the student hardly ever sees a recent undeveloped case of mental disorder. Such patients as he sees are already under asylum care, and he has little or no opportunity of coming into personal contact with insane patients.

The proposal to form special pavilions for nervous and mental cases, or a psychopathic hospital attached to the general hospital, will go a long way to remedy this deficiency in medical education; and if there also be established an out-patient department, this will provide an opportunity of examining early unconfirmed cases and of studying the perplexing problems that arise when one approaches the borderland between sanity and insanity. It is, moreover, clearly undesirable that the study of mental diseases and the researches into their pathology and etiology should only take place in asylums situated as a rule in remote districts far from medical schools and a scientific atmosphere. It would be well for the students as well as for those engaged in original research if the laboratories were a part of a university. There can be little doubt that the establishment of special hospitals in our cities with attendant departments for clinical research would result in a more rapid increase of knowledge in psychological medicine.

We must regretfully admit that our system of teaching psychiatry compares unfavourably with that in most European countries; yet there is good reason to think that, in London at any rate, a great step forward will shortly be made owing to Dr. Maudsley's generous donation to the London County Council.

Time will not permit much being said as to the treatment of early cases of insanity in private practice or among the wealthier classes. Cases constantly arise for which existing methods of treatment, such as a nursing home, or in a doctor's family, or hydropathic institution, are found to be unsatisfactory. Some of these might be sent to the special hospital pavilion as paying patients, but I think in many cases treatment under conditions of greater privacy will be required.

I therefore suggest that existing institutions for the insane should erect special departments or set apart detached houses for the reception of incipient cases. I see no reason why the special facilities existing in Scotland for the temporary care of incipient cases should not extend to the care of patients in such detached houses. If a private individual can be trusted to detain such a patient for six months, so can a recognized hospital for the insane, which

is subject to regular inspection by Commissioners and other authorized visitors.

Such a temporary means of detention is urgently needed. I have in mind a public man, who became suddenly confused, depressed, and suicidal, and came to the Retreat under certificates, as I was unable to receive him as a voluntary boarder. In a month this gentleman recovered, and then found that, owing to the certificates, he had lost his position as managing director of a private company. Can we be surprised that prejudices exist against the present system if the incidence of temporary medical disorder produces such results? Can we wonder that pressure is put upon physicians to evade the law and consent to illegal uncertified care?

There is no doubt in my mind that the alteration in the law to meet this difficulty would be a simple matter, and though it would undoubtedly mean an increased area requiring supervision by the lunacy authorities, it would certainly prevent the abuses so widespread at the present time, and at the same time render it much easier to place undeveloped cases of insanity under effective treatment without serious loss of time.

## Conclusions.

1. Under our present system early and undeveloped cases of mental disorder, especially those derived from the poorer classes, are unable to obtain proper advice or treatment.

2. That it is most desirable to provide in or attached to our general hospitals special wards or pavilions for such cases, and that out-patient departments be established in connexion with them.

3. In university centres and other large towns the hospital ward might become a special psychopathic hospital, provided it was affiliated or closely connected with the general hospital and medical school.

4. At present the opportunities afforded to students for obtaining clinical instruction in mental disease are inadequate, and the above proposals would greatly assist in remedying this deficiency.

5. The present system of dealing with the insane tends to separate psychiatry from general medicine, which is hurtful to both the general public and the medical profession. It certainly has the effect of rendering it less easy to effectively treat early and incipient cases.

6. Poor-law infirmaries attached to workhouses are unsuitable places for the treatment of acute disease, whether of body or mind.

7. It is desirable to devise some means of co-ordinating the functions of hospital, infirmary, and asylum to avoid overlapping.

8. The facilities for treating patients from the wealthier classes are also inadequate. It is suggested that existing

institutions should be encouraged to open special departments for the reception of early incipient cases, and that the present vexatious legal requirements be suspended for a limited time in the case of such patients.

9. An alteration in the law is urgently needed, so that early undeveloped cases may be placed under treatment without lunacy certificates or loss of civil rights for a limited time, say not exceeding six months. A medical statement setting forth the facts and a notification to the Commissioners in Lunacy should be required in every such case, and possibly a right of appeal to a magistrate might be considered desirable as a safeguard against wrongful detention.

10. It is further suggested that this principle of notification should be applicable to all cases so detained, whether it be in asylum, hospital, or private house, provided always that such house or institution should be open to inspection by the Lunacy Commissioners.

It is believed that a change in the law on the lines indicated would render it much easier to secure effective treatment of mental disorders in their early stages, and it would at the same time tend to prevent much of the illegal detention and irregular practices so prevalent at the present time.