

## Correspondence

### THE SEEBOHM REPORT

DEAR SIR,

Professor Querido has pointed out that mental illness can only be comprehended as a disequilibrium between the patient and his environment. It follows that psychiatric treatment can only be completed in the patient's environmental setting, and only there can mental health work continue to develop. These are the concepts which have governed the evolution of the mental health services of the last decade, services which have relied upon mutually dependent medical staff and highly specialized mental health social workers. Apart from research into clinical detail, it is difficult to foresee any major psychiatric advance which will not be concerned with the social sciences at least equally with clinical factors.

Were psychiatry not based in the hospitals by tradition and evolution it might well have developed as one of the major social services rather than as a primarily medical discipline. It is nonsensical to ignore its social element in the face of facts, history and logic. The effect of the Seebohm decision is to unify the social services, with undoubted benefit to the majority of staff and clients. But to have included the community mental health work without even discussion and still less decision of the future pattern of district psychiatric services, without consulting those responsible for these services, and without considering what effect the changes may have on the standard of care for the psychiatric patient living at home, is an incomprehensible negation of proper administration and government.

Dr. R. S. Ferguson's ungenerous letter (*Journal* July 1970, p. 126) suggests that he cannot in fact have studied the R.M.P.A. memorandum on the Seebohm Report. All that the Association has asked is that no irreversible changes in the present administrative structure should be implemented until the future pattern of the psychiatric services has been discussed, and the future of the medical services clarified. The arguments against the proposed change are powerful, but the need for changes, perhaps profound, is recognized and accepted. All of Dr. Ferguson's pejorative phrases—'resistance to changes', 'dominant, conservative ideology', 'linguistic nuances', 'institutional hierarchy'—can only reflect his own doctrinaire prejudice, since they

cannot be inferred either from Dr. Pilkington's letter or from the Association's memoranda. I doubt if there is a psychiatrist in the country who is fully satisfied with the *status quo*, or would oppose searching multi-disciplinary discussions of future patterns of care.

Dr. Ferguson sees fit to support his view by quoting a journalistic misjudgement of a century ago. It would have been of far greater interest to hear just why he considers that the clinical and the environmental aspects of the care of mentally sick people should be placed without delay under different authorities, in preference to all alternative possibilities.

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### TOXIC PSYCHOSIS CAUSED BY RADIO-ACTIVE IODINE

DEAR SIR,

'Radio-active iodine' treatment for hyperthyroidism first began to be widely used after World War II. Radio-active iodine was then released from atomic stock piles and made available for therapy. Slingerland, Lamberty and Cassidy in 1958; K. Witton in 1959; Linguette, Swyngedauw and May in 1964; Kearns in 1967, have all published series which add up to many hundreds of cases treated by this method. The incidence of hypothyroidism without overt psychiatric or confusional psychotic occurrence has varied between 8 per cent and 14 per cent. Psychotic episodes have been reported in only a handful of cases.

#### CASE REPORT

This patient became restless and unsettled and moved to a new address and so missed her follow-up appointment. She subsequently developed an acute toxic psychosis which simulated a schizophrenic illness. She was a woman aged 38 years, who had been widowed four years. Her mother had died a year before the onset of her hyperthyroidism. She had always been regarded as a fairly highly strung sensitive person. She had been treated with radio-active iodine at three to four monthly intervals and received her fourth and last treatment three months previously.

I was asked to see her because she had been agitated for 48 hours talking continuously about God and the