

TREATMENT OF INCIPIENT MENTAL DISORDER.

(*Vide Brit. Med. Journ. September 11th, 1920.*)

SIR,—With reference to your observations in the issue of the Journal of August 28th upon Clause 10 of the Ministry of Health (Miscellaneous Provisions) Bill, if you will allow me to say so, the criticisms of your last two paragraphs single out what appear to be the weakest points in the new provisions.

(1) Any extension of the "voluntary boarder" principle I regard as a mistake. Insistence on the previous consent in writing of the person to be received will often act as a deterrent. Then there are the cases whose mental state is so disordered that they are not in a position to give or withhold consent. The disorientation, the incapacity to form a judgment or take a decision, are evident, yet the disorder may fairly be considered as "incipient in character and of recent origin." Is the door of a psychiatric clinic to be "banged, bolted and barred" on these? If so, where is the medical student of the future to study them? It seems unfair to both parties to compel them to journey out to the asylum.

(2) As regards the provision by which a person who "has been certified as a lunatic" is ineligible for treatment under the new conditions, is it possible this can mean that a person shall not be admitted to the new institutions and homes concerning whom there are in force certificates under the Lunacy Acts? Upon first reading the clause, as a plain man accustomed to understand plain English "as she is wrote," I naturally put the same interpretation as you do upon this proviso. I fear we must assume that this interpretation is correct, notwithstanding that it might well puzzle all the notaries in Padua to explain why persons aforesaid certified under the Lunacy Acts, and recovered, are ineligible under the new conditions—are to be shuffled off as encumbrances on the march of progress. Those of us who have dealt with these cases—who are aware that large numbers of them need not have been certified under the Acts had the provision now contemplated been in existence, and who know that, in case of relapse, recertification and recommitment to the asylum would be unnecessary were the provision in existence— anxiously await the reasons for this exclusion. Are these unfortunates, like the Board of Control, to whom access to the new institutions, etc., would be barred by some, looked upon as bespattered with unsavoury oils from the "machinery of the Lunacy Acts—as 'damaged goods' "?

Doubtless an early meeting of the Medico-Psychological Association and of the National Association of Mental Hospital Authorities will be called to consider the provisions of Clause 10.—I am, etc.,

EDWIN GOODALL,
Cardiff City Mental Hospital.

August 30th.

HOSPITAL TREATMENT OF THE PSYCHOSES AND PSYCHONEUROSES.

By EDWIN GOODALL, C.B.E., M.D., F.R.C.P.Lond.

(Abstract.)

THE following suggestions are concerned particularly with patients other than in the Metropolis who are either of the usual hospital class or not able to pay more than from two to five guineas a week, most of them only able to pay such fees for about six months. Under the designation "psychoses" would be comprised the various varieties of mental disorder, mainly in an early phase. The psychoneuroses would be illustrated by the borderland states, with mixed mental and "nervous" manifestations; psychasthenia or neurasthenia, with obsessions or imperative ideas; morbid doubts and fears; tics, with psychical perversion; psychoses associated with disorders such as Graves's disease or chorea; mixed nervous and psychical disorders after mental or physical shock; psychoses associated with minor epilepsy.

How could they be comprised in such a scheme as has been sketched in the Interim Report of the Consultative Council on Medical and Allied Services? On consulting the Report it will be seen that the only reference made to mental disease is under "Supplementary Services" (pars. 14 and 74). Amongst these