

# Back to the future

## SUMMARY OF TREATMENT OF INSANITY

*Home Treatment, Treatment in Lodgings, and Asylum Treatment.* – It is one of the most important decisions that has to be come to in the treatment of decided mental disease, whether the patient shall remain at home, shall be sent to suitable lodgings, or shall be sent to an asylum. There are comparatively few cases except acute puerperal mania, short attacks of delirious mania and alcoholism, that can be best treated at home, and then only among the well-to-do, where good nursing and suitable rooms can be got, and the attack does not last long, runs a definite course, and does not need for its treatment much open air and exercise. When a case of mental disease becomes quiet and chronic, with no urgent symptoms and no great tendency to degeneration of habits or mental condition, home is sometimes a suitable residence if there is a responsible head of the house and general medical guidance.

When the case is not doing well at home or is not likely to do well, then comes the question of a hire house or rooms, to be tried before an asylum is resorted to, or during the whole attack. In selecting a house or rooms the following principles should guide us. It should be in the country or in the quiet suburbs of a town, but not too isolated. It should have an enclosed garden with good walks. It should have easy access to the country roads. Rooms on the ground floor should nearly always be selected. Before use, all door keys should be taken out and kept by the nurse. If an inside bolt is on the W.C. it should be taken off, and the windows should have stops put on, so that the lower sash cannot be raised more than six inches. Sunshine and cheerfulness should be prime motives for selecting a room.

During the treatment in rooms medical visitation should be frequent; this has a good moral effect on the patient, and keeps the nurses up to the mark and prevents them thinking they are only “keepers” for the safety of the patient rather than nurses for his cure. All precautions against suicide and danger should be carefully taken and stringently enforced. If the case lasts long, special means must be taken to

provide amusement for the patient and break the monotony. Visits of relatives, while often exciting and harmful in the acute stage, do much good and keep everybody up to the mark later on. Change of rooms may be needful to secure change of air and scene.

I have treated almost every kind of case, from acute, violent, raving mania to the mildest melancholia, in private houses and in lodgings, and very many with success. It is largely a question of house, nurse, and money. It is of course very expensive, seldom coming to less than at the rate of seven pounds a week all told, and often much more if three or four nurses are needed.

The forms of insanity most suitable for treating in such a way, or that it is most desirable so to treat, are mild melancholia, adolescent insanity while recent, puerperal insanity, some cases of hysterical insanity, mild cases of mania that look as if they would run a short or regular course, lactational insanity, that of pregnancy, senile insanity in the very aged, and some cases of alcoholic insanity.

The advantages are that the “name of an asylum” and of technical insanity is avoided, a most important matter in some cases. Professional reputation and success are less likely to suffer; appointments run less risk; the patient is far better pleased when he recovers, and his friends are more satisfied. But the patient’s recovery must be the paramount consideration. He has the right to have the best chance of living, and not dying mentally. Its disadvantages are the want of constant medical supervision, of a medical routine of life and discipline, the difficulty of getting responsible and skilled nurses, the want of freedom of walking in some cases, the risk of disturbing neighbours, the greater risk of suicide, the friction of nurse and patient left so long together, the irritation of personal control, the monotony of the life, and the want of the stimulus of institution life.

Poverty almost always implies an asylum as securing the best treatment in nearly all forms of insanity.

T. C. CLOUSTON, *Clinical Lectures on Mental Diseases*, 1892, J. A. Churchill.

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**Contributions for this section should be submitted two months in advance of publication**