THE INFLUENCE OF RESERPINE ON A DISTURBED MALE WARD AND A METHOD FOR ASSESSING THIS

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WHEN we commenced using reserpine in our disturbed male ward we were impressed by the calming effect which this produced in many of the patients and by the fact that the ward as a whole became quieter. In order to confirm these impressions we created a method which enabled us to express the behaviour of the patients in a graph. We thus had a simple means of comparing one clinical state with another and of assessing the influence of the therapeutic measures used.

In using this method we considered six factors as determining the conduct of our patients:

1. Anxiety
2. Social adaptation
3. Aggressiveness
4. Paranoid attitude
5. Mood
6. Intelligence

We then evaluated the degree in which each of these factors was present in the following way:

0. Nil
1. Slight
2. Moderate
3. Extreme

From this evaluation resulted the next classification:

Anxiety:

0. The patient feels anxious only when facing real danger, but does not discuss his fears with others.
1. The patient speaks spontaneously about well founded fears.
2. The patient suffers intermittently from unfounded fears.
3. The patient is in a continuously anxious state.

Social Adaptation:

0. The patient secludes himself from society.
1. The patient does not look for contact spontaneously, but responds readily to overtures.
2. The patient turns to the group spontaneously and is accepted by it.
3. The patient is a valued member of the group.

Aggressiveness:

0. The patient does not react even to strong noxious physical stimuli.
1. The patient reacts verbally to noxious physical stimuli.
2. The patient reacts with physical aggression to noxious verbal stimuli.
3. The patient has spontaneous outbursts of violent physical aggression.
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Paranoid Attitude:
0. The patient is not paranoid.
1. The patient is suspicious without formulating the reason why.
2. The patient always makes enquiries why and has a paranoid glance.
3. The patient has paranoid delusions.

Mood:
0. The patient is depressed.
1. The patient suffers from emotional lability.
2. The patient is normal.
3. The patient has a manic or hypomanic mood.

Intelligence:
0. The patient suffers from idiocy and imbecility.
1. The patient suffers from feeble-mindedness.
2. The patient has an average intelligence.
3. The patient has a superior intelligence.

Thus we composed a graph of a normal person in the following way:

Let us first give an example of the behaviograph from a case of catatono-paranoid schizophrenia:
This method having proved efficient, we compared the behaviour of the patients in our 23-bed ward for agitated male patients during reserpine therapy with their behaviour the previous year, when reserpine was not yet in use. A survey of that ward was therefore made during the period 1 August till 31 October, 1954; it was repeated during the same months in 1955.

Our survey included all the patients mentioned in the ward notebooks during the period in question, and covered 48 patients in 1954, 46 patients in 1955. Their stay in the ward lasted not less than one week, and in some cases, three months or longer. The same number of patients was given, during both periods, insulin-shock therapy and largactil treatment, while during August–October, 1955 about one-third of the ward patients received reserpine treatment.

One mgm. reserpine tablets (a product of the Teva Pharmaceutical Industry, Jerusalem) were used. The patients received from 4 to 30 mgm. daily for periods varying between three weeks and three months.

This method enabled us to express the behaviour of the patients in the form of graphs; by first scoring the behaviour of each patient separately, and then averaging the results for the whole ward, it was possible to obtain a complete general picture of the ward condition.

The results are summed up in the following graph.

![Graph showing the influence of reserpine on agitation in a male ward.](image)

The pathological curve is approaching the normal.

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**DISCUSSION**

Examining the results of our investigation we see in Behaviograph IV a remarkable decrease in the paranoid attitude, the anxiety and the aggressiveness.

![Graph showing the decrease in agitation after reserpine therapy.](image)
One would expect an equal increase in the social adaptation. That this is not so can be explained in the following way: social adaptation grade one means per definitionem that the patient does not look for contact spontaneously. This looking for contact has nothing to do with the agitated impression made by the ward. Thus we should not be surprised that there is no considerable change in the social adaptation. However, improvement in the quality of social adaptation is facilitated by the above changes in the clinical state and now can be achieved more easily by psychotherapy.

Our method is probably not sufficiently exact to demonstrate that reserpine does not depress the mood to the extent mentioned in the literature.

**Summary**

1. In order to show the influence of reserpine on the atmosphere of an agitated male ward of a psychiatric hospital, we made a comparison of that, before and after, reserpine treatment.
2. Toward this purpose we used a method permitting the expression of the clinical behaviour in a graph.
3. As a result of our investigation we found a remarkable decrease in the paranoid attitude, the anxiety and the aggressiveness of the patients. Improvement in the quality of social adaptation is facilitated by the above changes in the clinical state and can now be achieved more easily by psychotherapy, a fact on which we will report at a later date in greater detail.

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**References**

