

to reiterate in the strongest terms their conviction that a strong Lunacy Commission is essential to the efficient administration of everything connected with the care and treatment of the insane. They urge the constitution of such a Commission, and the enactment of legislation on the matters dealt with in this memorandum, giving the necessary legal machinery to initiate the many urgent reforms so long needed for the betterment of the insane and the general well-being of the community at large.

---

#### MENTAL DISORDERS: STUDY AND TREATMENT IN EARLY STAGES.

##### PSYCHIATRIC CLINICS.

*To the Editor of the Times.*

SIR,—Permit us through the medium of your columns to draw attention to the urgent need of reform in the methods of dealing with disorders of the mind in this country. The insane are still dealt with under the provisions of the Lunacy Act, 1890. In 1914 the Medico-Psychological Association of Great Britain and Ireland, after careful inquiry into the status of British Psychiatry, urged reforms in the methods of treatment of incipient mental disease, and the provision of facilities for study and research. In November, 1918, this Association adopted a report of a sub-committee appointed to consider the amendment of the existing lunacy laws. This report states that there are very few facilities for patients who are threatened with mental breakdown to obtain skilled treatment until they are placed under certificates under the Act, whereas the early symptoms of disorder often occur long before certification is possible; that, owing to treatment being delayed, the most valuable time for adopting measures to secure early recovery is lost; that the public, which is alive to the material and moral damage which certification often inflicts on the patient and his relatives, refuse to resort to it, even when it has become possible, and thus still further postpone the adoption of efficient treatment; that where certification has to be resorted to, the subsequent course of events often shows that this might have been avoided had there been facilities for treatment under other conditions; that many medical practitioners, having had no opportunity of gaining knowledge of the manifestations and treatment of mental disorders in their early stages, fail to recognise the seriousness of the condition, and are, further, deterred by the necessity of certifying the patient from advising suitable treatment.

The existing Lunacy Act, protecting, as it does, society, and safeguarding the liberty of the subject, allows insufficient scope for the treatment and cure of the patient.

The position—and we cannot believe that the public can be aware of it—is that a very large class of the community is debarred from obtaining advice and treatment (except such as can be given in an out-patient department, and even this provision is extremely rare), in the early stages of disease, and this owing to the operation of laws designed mainly with a view to protecting the interests of that class.

The proposals made by the experts composing this sub-committee to remedy the defects summarised correctly represent the view of all with practical knowledge of the subject. These aim at the provision of treatment in the early and curable stages of mental disorder without certification, which provision would be rendered possible by a short amending Bill to the Lunacy Act, embodying the reforms most urgently needed. The proposals are, in brief, as follows: The provision of clinics—the so-called psychiatric clinics—in large centres of population, and especially in connection with the general hospitals, and where schools of medicine exist; the extension of the system of voluntary admission (which now obtains in respect of licensed houses and registered hospitals for the insane), so that patients, whether of the private or rate-aided class, may place themselves for treatment in county borough mental hospitals; or further provision for the private patient class, so that, with the approval of the Board of Control, such may be

received without certification (but with the cognisance of the central authority) into homes, privately owned or supported wholly or partly by voluntary contributions, and also into existing public and private mental hospitals ("licensed houses"); also received, with the sanction of the board, as single patients, without certification, provided that a medical practitioner gives a written recommendation, stating that suitable treatment can be obtained in the proposed house.

Of the above proposals, that concerned with the establishment of clinics in psychiatry—with in- and out-patient departments—as an integral part of the general hospital system, is the most important. Our main hope of avoiding the never-ending extensions to existing asylums lies in the operation of these clinics. In this respect this country is deplorably backward as compared with other European countries, great and small, with the United States, and with some of the component parts of the British Empire. This is the more regrettable since it is in these clinics that students and the future holders of posts in mental hospitals should be taught and all available means of research be provided. For none of these purposes is the present "asylum" system adequate. In such clinics patients would be received without reception orders or certificates, and would be subjected to the minimum of official supervision; and on these lines they might be treated for a stated period—not less than six months. The late Dr. Henry Maudsley was the first to give practical expression to the urgent need for these clinics when, eleven years ago, he made his munificent gift—ultimately amounting to £40,000—to the London County Council, which rendered possible the erection of the Maudsley Neurological Hospital, Denmark Hill. This hospital has rendered most valuable service during the war in the treatment of patients and the instruction of medical officers. It is gratifying to think that Dr. Maudsley's wish, that his hospital should be used for the treatment of early cases of mental disorders, without certification, and for the teaching of psychiatry, is likely ere long to be realised.

In this connection it will be of interest to recall that in the case of mentally-disordered soldiers the Army authorities arranged, during the war, that they be received into military mental hospitals without any orders or certificates. These men were, in the first instance, not sent to their asylums until the mental disability had lasted for a period of nine months and was deemed incurable; later it was decided that this step should be taken after observation and treatment for such an extended period as was necessary to form the opinion that recovery was unlikely. Large numbers of the men were received in very early phases of the disease. The immense boon and solace this wise step conferred upon the patients and their relatives are best known to those physicians who have been connected with these hospitals. If these men could be treated thus whilst in khaki, they could, and should, be similarly treated as civilians, and under far better medical conditions than in asylums. The war has in this, as in other instances, been a means of education.

The necessity of carrying out the reforms above outlined has been repeatedly urged in the leading organs of the medical profession. That the Board of Control, the central authority in matters appertaining to the insane, is well aware of the pressing need for them is sufficiently shown by the recommendations contained in its fourth and fifth annual reports for the years 1917 and 1918. From the latter it appears that the Board has submitted to the Lord Chancellor and the Secretary of State the heads of a Bill, with a recommendation that it should be introduced into Parliament at the earliest practicable date, and be pressed forward as a measure of urgent importance to the health and welfare of the people. In October, 1918, a deputation representing the National Council of Mental Hospital Authorities was received at the Home Office, and it was abundantly clear that that Department was in sympathy with the representations made with a view to these reforms. Up to the present time, however, we have no evidence that any step whatever has been taken to the desired end.

We believe it to be the fact that in the present Parliament there are a number of medical men and others interested in this matter, and there is a reasonable hope that such a Bill would meet with sympathy and a swift passage into law.

We would, therefore, earnestly appeal to you to lend your powerful support in this matter, so that the introduction by the Government of the legislation necessary to facilitate, on the lines indicated, the early treatment of mental and allied

nervous disorders may be no longer delayed, and a grievous injustice to a very large class of suffering humanity may be removed.

We are, Sir,

Your obedient servants,

PONTYPRIDD.

THOMAS BARLOW.

CLIFFORD ALLBUTT.

G. H. SAVAGE.

FREDERICK W. MOTT.

ROBERT ARMSTRONG-JONES.

JOHN LYNN-THOMAS.

W. MCDUGALL.

CHARLES S. MYERS.

G. ELLIOT SMITH.

R. PERCY SMITH.

BEDFORD PIERCE.

ROBERT B. WILD.

DAVID DRUMMOND.

A. H. TROW.

M. THOMAS.

E. GOODALL.

*Times*, February 6th, 1920.

#### MENTAL DISORDERS.

*To the Editor of the Times.*

UNIVERSITY OF EDINBURGH.

SIR,—As one living under different and happier laws than the writers of the letter on the above subject, I desire to point out that in Scotland mentally deranged patients who have means, or whose friends can pay for their support, are able at the present time to receive curative treatment in any house or home without being certified to be insane and without being sent to any asylum. Insane patients are accordingly often sent by physicians from England to Scotland to benefit in this way by the kindly provisions of its considerate system of laws, and to avoid the stigma of certification as a lunatic or detention in an English asylum while undergoing curative treatment. These powers have existed in Scotland for half a century, and after such a prolonged and completely successful experiment there should be no hesitation in conferring similar privileges on the people of England, and in removing not only an invidious but what is to many sensitive persons and families a most cruel anomaly.

I have, in the second place, to point out to reformers of the lunacy laws that something more requires to be done than the mere repeal of laws that obstruct reform and the enactment of others that confer new powers; there is also the question of financial aid. In Scotland we possess practically all the powers the signatories desire, but the voluntary treatment of the poor—that is, the State-aided or parochial class—is for practical purposes a dead letter for this peculiar reason: that a grant in aid is given by the State for the maintenance of any person who is certified to be a lunatic, but this grant is withheld, although the patient be treated on similar medical lines, if he or she be not certified insane. Human nature being what it is, this is a cause of delay in obtaining treatment, and it encourages the certification of the patient as a lunatic for the sake of the Government grant, rather than treatment without certification.

The objects desired by the signatories have the sympathy of everyone engaged in the care of the mentally afflicted. Our legislators may grant the powers asked for with an easy mind, as they have existed in Scotland for over 50 years and they have not been abused. Lastly, the financial problems connected with these admirable ideals must be carefully worked out, otherwise the powers, if granted, may be found worthless in practice.

I am,

Yours sincerely,

GEORGE M. ROBERTSON,

*Professor of Psychiatry.*

*Times*, February 12th, 1920.