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STUDY TOUR IN BELGIUM, 1951.

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TWENTY-ONE members and wives went to Belgium from 19 to 27 May, 1951. Professor de Busscher entertained us all to dinner at Ghent on the first evening, and gave us an address on the tour in general and the Law of Social Defence of 8 July, 1930, in particular.

The next afternoon, Sunday, we visited Caritas Melle, a mental hospital for women, which Dr. Paul Verstraeten showed us around. This institution, like most women's hospitals, is run by the Roman Catholic Church, all the sisters being nuns, who are helped by a number of assistant nurses or *laïques*. As there is no separate mental deficiency legislation the patients were mixed. It was orderly and clean, and we were struck by the excellently equipped kitchens, the good condition of the gardens and furniture, and the quiet demeanour of the patients, although we did not see active treatment. Private patients may be voluntary and enjoy excellent accommodation, but all others must be certified. New patients are brought to the hospital by the police. The doctor has power of discharge, and, although there is no link with the general hospitals, he follows the patients up afterwards.

We went to Brussels for the rest of our stay, and the next day Dr. G. van Looy entertained us in the Farm School, at Waterloo. It consists of attractive villas in pleasant grounds of 150 acres. High-grade defective boys are admitted without formality between the ages of six and fifteen, and kept until they are twenty-one. There is an ample staff of teachers, instructors, and tradesmen. Mental tests used include the Terman-Merrill, Rorschach, Healy, Dozeretzky (Guilmain), and free design. Psychograms are constructed. The mode I.Q. is 65. There are an excellent farm and beautiful, well-equipped shops for weaving, basketry, shoemaking, carpentry, and tailoring. All boys begin with weaving on large looms with flying shuttles; they then do basketry, after which they may choose their work. Clear instructive diagrams and examples of work were displayed on the walls. There were the usual well-equipped kitchens. Enuretics are put in a specially nice dormitory with the best boys, the air is kept dry, the depth of sleep noted, and the heaviest sleepers put in beds nearest to the light. A frank film of freely associated activities in a camp run by a mental after-care association was shown.

Our visit to Gheel on the 22nd was to many the most important of all. Here, at the State Colony, there are 250 patients in the mental hospital in the town, and 2,400 boarded out locally among 18,000 other inhabitants. The hospital is overcrowded, and it is hoped to expand it fourfold on a new site three miles away. After a few weeks there, patients are, if possible, transferred to families within a radius of 20 miles. This boarding-out area is divided into five sectors, each under a psychiatrist with two nurses. Each of the latter visits all her patients—a couple of hundred—fortnightly. The psychiatrist visits them monthly. These regular visits to the patient and foster family are essential. Choice of a suitable family for each patient is a matter of experience, and depends on his character, previous disposition, social standing, and occupation. Sometimes he has to be moved from one home to another until he is suited. If he is physically ill he returns to the hospital, and if the illness is chronic he is transferred to another institution. He labours under few restrictions, being free to go to public entertainment, etc., yet even these few may be resented, and some patients constantly feel themselves in jeopardy of being returned to the mental hospital. Minor incidents are frequent, but serious ones are rare. But there are two or three suicides a year, and about four illegitimate births a decade. Any respectable family, except the Colony doctors, may take one or two patients of the same sex. Each patient has his own bedroom, but is otherwise quite one of the family. Although patients are now tidier and less bizarre in behaviour, foster homes are becoming scarcer, especially for the aged. The maintenance rate is about 26*s*. a week, and part of this is retained by the hospital to pay for staff, clothes, and bedding. Besteads, too, will be provided. Guardians are paid 14*s*., 24*s*., 30*s*., or 35*s*., according to how troublesome the patient is. Although there are metal work,

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mining, and other occupations locally, the staple industry is horticulture, and smallholders make the best guardians. Hence patients are settled further and further from the town. Boarding out is traditional, with a religious beginning from the story of St. Dymphna, but the real attraction is economic, for the smallholdings are too big for one man and his family, so that he is glad of patient help. His own average wage has risen out of proportion to the boarding-out allowance, and is now £7 10s. to £10 a week. Although the local people are industrious and exacting, there is no longer quite enough work for patients, so a small workshop will be built for them. The director, Dr. Rademaekers, kindly arranged for us to spend the afternoon seeing patients boarded out. They and their hosts looked healthy and happy.

Our next visit was to the magnificent and comprehensive Maison St. Norbert at Duffel, largely the creation of Dr. Lamsens, President of the Belgian Society for Mental Medicine. It is a general and mental hospital, mental deficiency institution, nurse training school for laïques, local dressmaking seminary, girls' boarding school, and day and night nursery. All the patients are women and the sisters nuns. There are 1,350 mental patients and 300 feebleminded girls. The buildings are lavish, with the usual tasteful tiled floors and walls. The numerous occupation therapy rooms were light, spacious, and comfortable, and the patients demure and industrious. All patients are occupied as soon as possible after admission. Some of the work is commercial, and housekeeping is specially taught to equip the patient for discharge to her home. The large dormitories were beautiful and airy, each with two rows of beds and ample space behind as well as in between each. Single rooms have fitted wardrobes and basins. There is a large elevator. No new patient is refused, but new buildings are put up as required. There is a beautiful chapel, a fine recreation hall where we were shown an excellent film of activities, and a good gymnasium where we were given a demonstration of physical training of a high standard.

On the 24th we visited the Gaol at Forest, a residential district of Brussels. Dr. Anderson explained the humane attitude to prisoners, and the thorough anthropometric and psychiatric investigations made in suitable cases, which are kept in special observation units.

A short ride then took us to the Dispensary of Mental Health at the Health Centre, and we saw the pleasant rooms used for out-patient diagnosis and the children's play therapy hut.

On the morning of 25 May some of us attended a murder trial of psychiatric interest, and in the afternoon there was a visit to the Oudenarde Penitentiary, where the prison psychiatrist, Dr. Van Hawaert, explained that psychopathic criminals are sent here, and it was evident that a real attempt had been made to humanize their lot.

On Saturday, 26th, we made the long journey to the Institute of Social Defence at Tournai in the Walloon country. This corresponds to the male sides of Broadmoor and Rampton, women being sent to Mons. It has one section for social defence patients, with another for criminal lunatics. We were shown a museum of objects made by patients to help in escape, saws, knives, keys, dummy pistols, and the like. Social defence patients were in large wards with nurses of both sexes, and large wall decorations by an inmate. In the new criminal block there was cellular detention with two central exercise courts. There was occupational therapy.

Throughout the tour we were accompanied by either Prof. De Busscher or Dr. Ley, and we are most grateful to them for what they did for us and to the many generous hosts who gave us hospitality.

BELGIUM: MENTAL HEALTH LEGISLATION.

By T. W. H. Weir, M.D., D.P.H., D.P.M.

Mental Illness.

Admission to mental hospitals in Belgium is by certification under the Lunacy Act, 1851. This Act enables an application to be made by a relative, the police, or a welfare department to the Burgomaster of the district to have the person committed to mental hospital. The Burgomaster nominates a physician to examine the person. The physician confines his observations in his report to a description of the person's behaviour at the time of his examination (social description), and he also completes a statement of particulars. Two copies of the report are sent to the Burgomaster in a sealed envelope, one of the copies of the report being sent to the police, who may themselves inquire into the circumstances and agree or disagree with the doctor's recommendation. The police are empowered to remove the person to the mental hospital. The medical officer of the hospital sends a report on the patient's condition to the Burgomaster, the Governor of the Province and to the Judicial Authority of the area five days after the patient's admission.

After committal to the hospital a patient himself or his relatives have the right to send a petition to the King or to the Minister of Justice. An independent expert can then be nominated by the King or the Minister to examine and report on the person.

There is no periodical report sent to a central department on a patient, and discharge is effected by the chief physician of the hospital.

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Official inspection of mental hospitals can be made by (1) the Inspector-General and Director of Mental Hygiene of the Ministry of Health, who is a medical practitioner, (2) the Governor of the Province, (3) the Burgomaster of the district, and (4) the Public Prosecutor.

The fact that patients entering mental hospitals have to be certified does not prevent separate accommodation being provided at these hospitals for the reception of patients without legal formality ; the type of patient received is he who can enter on his own volition and resembles somewhat the voluntary category which exists in the British Isles.

Mental Deficiency.

There appeared to be no special legislation dealing with mental deficiency in so far as it affects all ages. For persons under 21 years of age there exists the Mentally Abnormal Children's Act (1902–21), which enables a Board consisting of three doctors to recommend that a child should have care and training because of mental abnormality. This legislation is used to authorize the committal of children to institutions such as the Farm School at Waterloo, Gheel Colony, and the mental hospitals. When a person dealt with under this Act reaches the age of 21 years and continues to need further institutional care he has to be certified under the Lunacy Act, 1951.

A number of small institutions cater for the care of the young mental defective, but there are no special institutions providing similar provision for the adult, and the latter is accommodated in the ordinary mental hospital associating with the mentally ill.

Forensic Psychiatry.

Much research has been carried out in the prisons of Belgium into the factors associated with crime. Dr. Vervaeck, a former psychiatrist and anthropologist to the Belgian Prison Service, contributed much to this work. In the earlier phases most attention was given to the study of the physical make-up of the prisoner and followed the Lombroso principles of physical measurement. In more recent years there has been a shift from the consideration of the physical aspects towards a closer investigation of the psychological make-up, and nowadays a complete psycho-social dossier is prepared on each prisoner covering personal history, family history, work situation, and health history.

Dr. Vervaeck advocated legislation to enable special treatment to be provided for those persons coming before the Courts who were found to be suffering from an abnormality of mind, the abnormality of mind to include feeblemindedness, insanity, psychopathy, and persistent criminal tendencies. It was his opinion that such persons should not be punished in view of their mental state by terms of imprisonment in the ordinary establishments, but that they needed social training, treatment, and care under special conditions, including special institutions, in their own interest or for the protection of the public.

The Law of Social Defence (1930), which came into operation on 1 January, 1931, was framed to permit Dr. Vervaeck's views to be put into practice.

This Act enables the Court to have any prisoner examined to determine the existence of mental abnormality. The psychiatrist who carries out the examination can be nominated either by the Judge or by the Defence. The psychiatrist's report on the personality of the prisoner includes inquiries into the family life and health history. He is asked to express an opinion on (*a*) Is the person able to keep control of his actions ? (i.e., responsible for his actions). (*b*) Does he understand the nature of his action ? For the purpose of the examination the psychiatrist can have the person under observation at home, in the psychiatric section of the prison, in a mental hospital, or any other place that he wishes. The period of observation can be up to three months.

If the report of the psychiatrist indicates the presence of mental abnormality the Court is enabled to hand over the person to the care of a Commission or Psychiatric Board constituted under the Act. The Judge places the person under the jurisdiction of the Commission or Board of Social Defence for a specified period, five years in ordinary offences, ten years in felony cases, and fifteen years in major crimes, i.e., capital offences. Capital punishment by beheading still exists on the Statute Books of Belgium but it is never carried out nowadays, as death sentences are automatically commuted to life imprisonment.

The Commission or Board is made up of three persons : (1) an examining magistrate or judge, (2) a barrister-at-law, (3) a psychiatrist. These persons are appointed by the Minister of Justice, and the term of office is for a one-year period except in the case of the psychiatrist, who can be re-appointed. Belgium is divided into ten regions each with its own Board or Commission.

When the person is placed under the control of the Board he appears before that body and can be represented by his family or by a solicitor on his or his family's behalf.

The Board is not concerned with the nature of the crime, but with the personality make-up and the present mental state of the individual. The Board can decide to (*a*) place the person in a special institution, (*b*) place the person in community care.

(a) *Institutional care.*—This may be in such a place as the Institute for Social Defence at Tournai for men who have a severe form of mental disability, or such other special type of institution as may exist. Committal can also be to an ordinary mental hospital or mental

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deficiency institution. Where a person is placed in an institution a report has to be made on him by the psychiatrist in charge of the institution at least once every six months to the Board. The Board then visit the person and may authorize his continued care in the institution or change him to community care. A week after the Board's visit they again meet to receive any representations on the part of relatives and to make decisions as to further care and treatment.

(b) *Community care.*—Where a person is considered suitable to remain in the community the Board can authorize this, subject to any conditions which they may think fit, these conditions include staying at one particular type of work, at a particular place of abode; or that the person shall not frequent certain places, such as public-houses; that he must report regularly to the local Dispensary for Mental Hygiene. The person can be placed under the guardianship of a particular individual, ordinary citizens acting as such guardians. Social workers carry out the supervision of the individuals whilst under community care.

Institute of Social Defence, Tournai.

When the Law of Social Defence was inaugurated it had been hoped to provide special institutions for the purpose, but up to the present this policy has not been fulfilled. Existing buildings have had to be used to accommodate persons coming within the scope of the Act. One of these is the Institute of Social Defence at Tournai, which actually forms part of a mental hospital, whose patients are " common law " or certified patients. The hospital accommodates 1,200 patients, of which approximately half are Social Defence cases. The layout of this hospital resembles somewhat our own mental hospitals. A feature of the hospital was a new section with one hundred single rooms and communal work and recreation rooms with a concert hall and chapel. This unit received the more difficult psychopaths, amongst whom were to be found lawyers, doctors, clergymen, etc. Treatment included the usual physical methods with a limited amount of occupational activities, although not to such a highly organized degree as was seen at other hospitals in Belgium. Here, as elsewhere, mechanical restraint in the form of leather cuffs and body belts was in use. The two types of patients were kept apart except the more deteriorated cases of each group which were accommodated together. The medical staff of this hospital comprised the chief physician and three assistants.

Prison Services.

Each prison had a psychiatrist on its staff, either a whole- or part-time. The prison of Forest in Brussels which was visited had a psychiatric observation ward of 47 beds, the prison population itself being 700, comprising persons of both sexes. The female prisoners were supervised by nuns. The psychiatric observation ward catered for prisoners undergoing sentence, and who developed psychiatric disorders which required diagnosis and treatment. The period of stay in this unit varied from one to three months. If further special treatment or care was required the prisoner was transferred to the ordinary mental hospital or to the Social Defence Service, with possible admission to Tournai Institution.

A special psychopathic prison unit was seen at Oudenarde. This unit is run by the Prison Service Administration, and has a lay Director in charge with a visiting psychiatrist on the staff.

This prison has accommodation for 152 males with a staff of 25 warders. It receives malades mentaux " prisoners, that is, selected prisoners who on account of mental disturbances are not able to endure life in ordinary prison. The categories admitted include:

1. Mentally abnormal, of whom mental defectives form one-tenth (15).
2. Psychopaths—(*a*) constitutional, (*b*) episodic, (*c*) drug addicts. These comprise seven-tenths of the prison population.
3. Epileptics with neuroses.
4. Criminals who having served ten years imprisonment can ask to be transferred to this unit (6).

The prisoners are selected from each prison psychiatric unit, of which there are ten in Belgium. These persons are dealt with as common criminals and do not come under the Social Defence Law. In Belgium a prisoner only serves one-third of his actual sentence if his behaviour is satisfactory, and if it is his first offence; if it is the second or further offence then two-thirds have to be served. Should psychiatric problems arise in a prisoner before he completes his sentence he is transferred to the psychiatric unit of the ordinary prison, from where he can be transferred to the mental hospital. The more serious forms of psychoses are not admitted to Oudenarde, but are sent straight to the mental hospital, where they complete their sentence and become " common law " patients if they require further treatment.

A medical report is submitted to the prison Commission on each prisoner every three months. The routine of this unit is based on a fixed daily programme. Each prisoner has his own cell, in which he has his food but otherwise takes part in communal activities, both recreational and occupational. The prison unit had extensive workshops equipped with power machines; one shop has engaged in the assembly of equipment such as light switches,

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light plugs, and other accessories. There is also a tailoring shop and power weaving section. Each prisoner was able to earn money, which was available to him on his discharge. A radio diffusion set with extension speakers provided music throughout the prison. There was a small six-bed ward, with single rooms for the more agitated or disturbed patients.

This prison served as the remand unit for the local area, the remand prisoners not being allowed to associate with the other prisoners.

It would appear that this unit exists in the absence of proper accommodation under the Social Defence system, and that when such accommodation becomes available this particular unit would no longer be required.

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Circulation of Journals.

The following journals are available at the Library :

Acta Psychiatrica et Neurologica.
American Journal of Mental Deficiency.
American Journal of Orthopsychiatry.
American Journal of Psychiatry.
Annales Medico-Psychologique.
Archives of Neurology and Psychiatry.
Brain.
British Journal of Addiction.
British Journal of Medical Psychology.
British Journal of Psychiatric Social Work.
Bulletin of World Federation of Mental Health.
Digest of Neurology and Psychiatry.
Excerpta Medica, Neurology and Psychiatry.
Howard Journal.
International Journal of Psycho-Analysis.
Journal of Abnormal and Social Psychology.
Journal of Nervous and Mental Diseases.
Journal of Neurology, Neurosurgery and Psychiatry.

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