seen—especially after some of our French hosts had not been too complimentary about the non-private services. It is obvious that the combining of private enterprise and public money through insurance schemes and charitable trusts is encouraged by the French Government, and hospitals and clinics so provided are the show places. But the state hospitals, apparently with many problems similar to those in our National Health Service, especially staff shortages, are nevertheless making a necessary contribution to the mental health of France. The arrangement whereby the British officially only visited private institutions was made by the French organizers.

One small interlude seemed symbolic to some members of the party. In one of the long Metro corridors two boys were playing guitars and singing for money. On talking to them they turned out to be southern European students without any cash, trying to learn several languages. They had been in London and had been able to work there while they studied. It is not so easy to get a work permit in France, but they were determined to stay in Paris long enough to get a working knowledge of French. And they were certainly enjoying using their initiative to get what they wanted without official interference. This determination was seen to be uppermost in the minds of the people in the Mental Health Services—they were aiming at the best, were willing to admit their deficiencies, but were determined to find every opportunity for improvement and make the most of that opportunity. In some places the new ideas were beginning to look old fashioned, but that is seen as no reason for standing still.

Throughout the tour exchange of ideas was considered important, and lectures and papers from both sides were welcomed. The final day, with its extensive tour of the XIIIth Arrondissement hospital and clinics, should have ended with some papers from our party. But everyone was tired, and despite the effort put into preparing the papers, including changes made late the night before in the light of what had been seen, no one was sorry when champagne and petits fours were substituted for the academic programme—this time not in an elegant courtyard or beautiful garden as in Touraine but in a modern suburban clinic that could have been anywhere in the world.

DENMARK

By H. C. Beccle

OUR Study of Denmark commenced on Wednesday, 28 April 1971, when the party travelled via Harwich and Esbjerg to Aarhus, Denmark's second largest town. Here we encountered an inflationary problem worse even than our own; and, with traffic moving at an even more frighteningly fast rate than ours, we realized that Denmark had its quota of pushful and aggressive drivers. Overall, however, we were impressed with the natural courtesy of the Danish people, their placid stability and their tolerance. And so to the purpose of our visit.

Aarhus University is comparatively new, having been founded in 1928. The State Hospital at Risskov was, however, built in 1852, and it has been associated with the University since 1943. Professor Strömgren was our mentor on the occasion of our visit, and he gave us to understand that Denmark was in the throes of economic penury and there had been cuts in welfare spending—a not unfamiliar situation. He described his country as composed of a homogeneous middle-class population; yet, in this seemingly classless society, neurosis, geriatric disorders and depression were increasing. To meet this, there had been a vast expansion in the number of doctors, clinics and ancillary aids. Apart from Copenhagen, which had its own psychiatric service, all psychiatric hospitals were state-controlled. The eventual goal was that every city and county general hospital should have a psychiatric unit within its curtilage, the number of beds suggested being 300.

Dr. Schou took up the story of psychopharmacology, with especial reference to lithium therapy. Then Drs. Dupont and Nielson dealt with demographic, statistical and chromosomal research carried out at the hospital, including investigation of the effects of psychotropic drugs on chromosomes. Finally, the subject of mental retardation was touched upon. This problem appears to loom much larger in Den-

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mark than in our own land, and it would seem that much care and devotion are given to it. The service is controlled from Copenhagen, and supervises some 27,000 known subnormal folk, some in institutions and about 13,000 supported in the community.

A visit to the department of Child Psychiatry concluded the day. Here all the usual problems of childhood and adolescence, including dyslexia and behavioural disorders, are dealt with. It is interesting to note at this point that there are no Approved Schools in Denmark, juvenile delinquency being the responsibility of a Child Welfare Authority.

And so to Copenhagen.

On Monday, 3 May, we were taken to the Glostrop State Hospital, which serves a population of 600,000. The last year under review saw the admission of no fewer than 5,000 patients. There is no waiting list, but there is overcrowding to the extent of from 10 to 30 per cent. Readmissions amount to 80 per cent, and entries under compulsion are now down to 3 per cent, a very laudable figure. Increases in out-patient and day hospital facilities have helped to support some 60 per cent of psychotic individuals. During the last decade, day hospital patients have increased in number from 2,000 to 10,000 a year.

The hospital is provided with the customary occupational and industrial outlets, and there exists an excellent relationship with industrial companies. An Industrial Council has been established on which patients' interests are represented. Further, useful and profitable co-operation has been formed with the trade unions. Work received from the community is undertaken and paid for at normal rates; working conditions are those of industry and include the punching of time cards. There is an impressive list of staff members, medical, nursing and ancillary, much to be envied by those of us at home, particularly when we are told that there are available no less than six psychologists and ten psychiatric social workers. In addition, it was pleasant to hear that there is close collaboration with the County General Hospital nearby, giving an excellent service to all patients in both hospitals in all the disciplines. Finally, all those familiar amenities are provided, including radio, television, a library and reading room, typing school, beauty parlour and hairdressing, barber's shop, and a hobby room in which patients can pursue their personal interests.

Under the tutelage of Drs. Flygenring and Baastrup we were given discourses on a variety of topics, especially on group therapy with its special techniques, and the methods used to handle family and parent-children groups; along with a sidelong glance towards the so-called permissive attitude as it is viewed in Denmark. We found all this very civilized and sophisticated.

Later, we visited the Juvenile Unit at the Bispebjerg Hospital, where Dr. Hoffmeyer described the organization, which he regarded as makeshift, but which appeared to us to be a thoroughly useful arrangement of seventeen beds. Everything necessary is available here, including nursing officers, school teachers, education experts, student helpers and an excellent secretariat. There are very good recreational facilities of a varied nature, including the ubiquitous guitar, and in general we were very taken with the care and attention given to the sometimes thankless business of helping disturbed young people.

Tuesday 4 May saw us at the Rigshospitalet, where, under the guidance of Drs. Rafaelson, Bech and Bolwig, we visited the psychochemical department where an intensive care unit and metabolic ward were under construction adjoining the laboratory. The objective here will be the examination of the processes of manic-depressive disorder, based upon the theory that this illness is a lifelong metabolic anomaly. The new unit will also deal with mixed somatic and psychiatric conditions. We were introduced to the various pieces of research in progress. One finding which emerged was that bicarbonate of soda enhances the therapeutic activity of chlorpromazine. We were equally interested in a car-driving simulator employed to investigate the effects of drugs such as cannabis and others on driving skill. The findings support our contention at home that cannabis is not the innocent euphoriant that some would have us believe, but a dangerous chemical with potentially serious effects on the nervous system.

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In the afternoon, certain of us visited the State Criminal Hospital at Herstedvester. Here, Drs. Stürup and Borg Svenson discoursed on forensic psychiatry. This famous institution, developed and vastly improved by Dr. Stürup, deals only with the most difficult male criminals who suffer from, or rather display, personality disorders, those we used to call psychopaths. Incidentally, as told us by the doctors with a wry smile, psychiatrists in Denmark have to submit to the same pseudo-humorous and derisive denigration as we have to in Britain. In fact, one Swedish journalist had suggested forcefully that forensic psychiatry should be done away with altogether.

Sentences given by the courts fall under three headings:

1. Indeterminate.
2. Fixed.
3. Suspended, with, or occasionally without, supervision.

Overall control is exercised by the Ministry of Justice, and those who are regarded as insusceptible to treatment as ascertained by psychiatric scrutiny are transferred to ordinary prisons. Every encouragement is given here to interesting occupation, including farm work, and prisoners are stimulated to engage in creative endeavours. All in all, Denmark, although confronted, as is every other developed country, with intractable penal problems and recidivism, is attempting to circumscribe and control its difficulties in a highly commendable manner.

Lastly, thanks to the valuable assistance afforded by Dr. Glancy, it is possible to give a brief account of the final day, 5 May, which was devoted to a visit to Lillemosegård, an institution for adult subnormal folk, accommodating some 300+ patients. There are five associated boarding houses, but an inability to cope with the demand from Copenhagen still exists. Dr. Thompson organized the party into subsections which then visited the various departments. All were impressed by the workshops and the very modern Valdemars Allé across the main road wherein are housed a few delinquent patients, most of whom go out to work. In the afternoon, the party visited Plejehjemmet Lindegården, a superlatively well-equipped psychogeriatric unit of Sct. Hans Hospital, Roskilde, which, together with a 120-bed department in the University Hospital, serves Copenhagen. Dr. Munch-Peterson visits twice weekly, and he has several doctors to assist him including local general practitioners. Most of the patients suffer from organic cerebral disease. Part of the main hospital was incorporated in the visit, and we saw a ward which housed a number of long-stay schizophrenics and which we were told had not yet been upgraded. It compared favourably with a renovated ward in a similar British hospital, which says very little for us at home.

On the evening of 4 May, the Danish Medical Society entertained us at their headquarters, a pleasant building reminiscent of B.M.A. House. A gracious gesture on the part of our Danish colleagues had set this magnificent act of hospitality back one day to coincide with the anniversary of the freeing of their land from Nazi occupation, and there were moving references to the part Britain had played in the liberation.

This was a thoroughly enjoyable and instructive trip, and there was much to be seen in certain aspects of Danish psychiatry which we could copy at home with profit. Once more, grateful thanks are due to Dr. Henry Rollin for the skill and patience with which he organized this tour.

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