A NOTE ON THE POTENTIAL USE OF TEMPORARY TREATMENT.

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SINCE the passing of the Mental Treatment Act of 1930 the use made of Section 5, dealing with temporary treatment without certification, has varied considerably in different areas, and has, in general, been much less than had been hoped for. In a discussion of this section of the Act held at a quarterly meeting of the Royal Medico-Psychological Association on November 20, 1934, Sir Hubert Bond stated that, while in the opinion of the Board of Control temporary patients should form 15% of the admissions to a mental hospital, in 1933 the proportion of such patients to total admissions was 6·5% in registered hospitals and licensed houses, and only 1·8% in the public mental hospitals.

With the object of suggesting a figure to which the temporary admissions might approximate if Section 5 were used to the full, the number of cases which could have been admitted on a temporary basis are calculated in two series of consecutive direct admissions to Bexley Mental Hospital, a London County Council institution with direct admissions drawn almost exclusively from the observation wards of rate-aided general hospitals; one series, of 1,700 cases, is of females, and the other, of 1,300, is of males. They were chosen from the records of discharges, and are patients who were non-volitional on certification or on admission, and who regained volition in a year or less (Section 5 (11) (12) (13)). In order to avoid examining the records of everyone in the two series, the enquiry was limited to patients whose stay in the hospital was not longer than 15 months.

While the decision whether or not a patient is non-volitional is less certain from the study of records than from the study of the patient himself, it is believed that the criteria used have led to fair accuracy; in cases of doubt the patients were assumed to be volitional. Volition was regarded as absent in the following states:

Delirium and gross confusion (including the confusion of acute mania).

Stupor (including the inaccessibility of acute depression).

Apathy, with lack of concern regarding present state and future prospects.

This method of enumerating the admissions which might have been dealt with on a temporary basis is open to the objection that one is judging with full knowledge of the progress of the patients up to the time of their discharge,

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and therefore that some patients who might, clinically, have been regarded as suitable for temporary treatment, but who proved after admission to be unsuitable, are not included. On the other hand, the estimated proportion includes cases which would certainly not have been considered suitable for temporary treatment (that is to say, who would not have been regarded as likely to benefit appreciably from a comparatively short period of treatment), but who in actual fact did conform with the requirements of the Act as regards the absence of volition and the time of its return.

In the series of 1,700 female admissions, 307, or 18%, would have been suitable for temporary treatment, and in the series of 1,300 male cases the corresponding total was 144, or 11%. The proportion for the two series combined is 15%, which is precisely the estimate of the Board of Control. The majority of the cases were discharged recovered, but a small number, 23 females and 17 males, never regained volition, and were discharged on the application of friends or relatives under Section 72 or Section 79 of the Lunacy Act, 1890; these cases are retained in the totals as they lost their acute symptoms and undoubtedly benefited by their stay in the hospital. The distribution of cases is shown in the table.

The classification is that still in use for official statistical purposes, which is one not entirely suitable for comparative purposes owing to the number of types of mental disorder which may be included under one heading. "Recent melancholia," for example, included, in practice, such diverse cases as the more disabling of the psycho-neuroses, manic-depressive states, and schizophrenic manifestations; similarly "delusional insanity" is a term which covers a multitude of conditions. An anlysis of the tabulated percentages would therefore be of little value, and from the table one can gain a mere impression of the types of cases suitable for temporary treatment. Perhaps the most striking figures are the totals, which show that the percentage of female cases is very much higher than that of male cases. This difference may be due to a greater incidence of "non-volition" in female admissions, for the percentage of the total male admissions discharged in less than 15 months, whether volitional or non-volitional on admission, is more nearly equal to the female, the figures being 31·9% of the male and 36·9% of the female cases.

It will be observed that in every form of insanity, save general paralysis and recent mania, the percentage of female cases suitable is greater than the percentage of male cases. Even if the cases diversified as II 8*a* and *c* are taken as one group, the male percentage is still 31·6 as compared with the female figure of 30·7%, and the male percentage remains higher than that for any other of the male forms of insanity. Confusional insanity and acute delirium, as might be expected, show comparatively high percentages, as also does alternating insanity.

At the meeting of the Royal Medico-Psychological Association to which allusion has already been made, the President, Dr. D. Rambaut, observed

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I.	Males.* Total admissions.	Suitable cases.	Percentage of total admissions.	Females.† Total admissions.	Suitable cases.	Percentage of total admissions.
(1) Congenital mental deficiency :						
(*a*) Without epilepsy	7	..	..	10	..	..
(*b*) With epilepsy	29	..	..	25	..	..
II						
(1) Insanity with epilepsy	59	7	11·9	42	8	19
(2) General paralysis of the insane	264	27	10·2	46	5	10·9
(3) Insanity with grosser brain lesions	30	3	10	31	9	29
(4) Acute delirium	13	3	23	35	16	45·7
(5) Confusional insanity	83	24	29	222	89	40·1
(6) Stupor*	1	..	..	10	4	40
(7) Primary dementia	194	24	12·3	166	27	16·3
(8) Mania :						
(*a*) Recent	62	21	34	95	27	28·4
(*b*) Chronic	3	..	..	4	1	25
(*c*) Recurrent	14	3	21	35	13	37
(9) Melancholia :						
(*a*) Recent	246	19	7·7	459	52	11·3
(*b*) Chronic	12	..	..	30	..	..
(*c*) Recurrent	18	2	11	73	12	16·4
(10) Alternating insanity	48	7	14·6	109	28	25·7
(11) Delusional insanity :						
(*a*) Systematized	8	..	..	21	..	..
(*b*) Non-systematized	161	2	1·2	227	9	4
(12) Volitional insanity (*c*) Doubt.	5	..	..	2	1	50
(13) Moral insanity	1	..	..	..	..	..
(14) Dementia :						
(*a*) Secondary or terminal	29	2	6·9	49	6	12·3
(*b*) Senile	13	..	..	9	..	..
Total	1300	144	11	1700	307	18

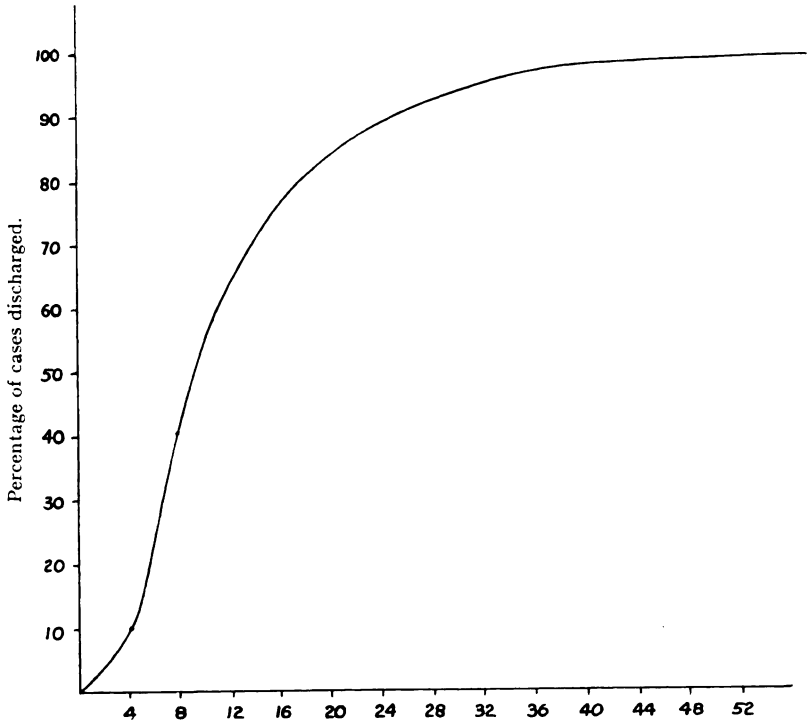
* Male cases admitted between January, 1924, and January, 1931.
† Female cases admitted between January, 1924, and January, 1934.

that he considered that the period of 28 days allowed for the detention of a patient after regaining volition was too short. He was referring in particular to patients suffering from alcoholic insanity who would benefit by a longer stay in the hospital, but who would refuse to remain as voluntary patients; the observation might include sufferers from other forms of mental disorder also, such as the patient who, after an acute and brief manic episode, may still at the end of 28 days after becoming volitional be too irresponsible to be suitable for care in a home of the poorer type such as those from which the majority of the population of a rate-aided hospital is drawn, while at the same time he may be too self-satisfied and lacking in insight to agree to treatment on a voluntary basis. That 28 days would have been insufficient for the majority of patients in the series is shown in the curve below, which is concerned with the periods elapsing between the return of volition and the discharge of the patient in 411 cases.

It will be observed that the curve is steep in its lower part, and, while only 10% (41 cases) were discharged within the permissible 4 weeks, 40·3% (165

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cases) were discharged within 8 weeks. The periods are calculated from a study of the case-reports, and must therefore be regarded only as approximations. Errors in the estimation of these periods will tend towards shortening them, as volitional recovery was not especially looked for by those writing the reports, and may often have occurred before a note indicating it was made.



Weeks between return of volition and discharge (in four-week periods).

SUMMARY.

1. An estimation has been made of the proportion of temporary patients to total admissions which might be expected in a public mental hospital. In male admissions the proportion is found to be 11%, in female admissions 18%, and in the total admissions, 15%.

2. It is suggested that the period of 28 days allowed by law for the detention of a temporary patient who has become volitional is, from a medical point of view, too short. Only 10% of patients, in a series of 411 who were non-volitional on admission, were considered fit for discharge 4 weeks after the recovery of volition.

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