

Treatment of Mental and Nervous Disorders

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We have received a communication from a contributor, Dr. Driver, which we hope later to be able to publish, but his purpose may be fulfilled for the present by calling the attention of our readers in the editorial columns to the importance and difficulty of the task of providing adequate facilities for the treatment of incipient cases of mental disease. Dr. Driver thinks that our mental hospitals do not provide for efficient classification generally, and, in particular, not enough provision is made for preventive treatment in cases of neurasthenia and psychasthenia which may develop into definite insanity. He thinks that a borderland case incarcerated in the main building of a mental hospital is more likely than not to progress in the wrong direction. There is much to be said for this contention, but happily of late there has been a marked improvement in the mental hospital buildings in New Zealand, and in the direction of facilities for the treatment of patients whose minds are not very far astray and who give good hopes of recovery. We have closely examined at Seacliff and at Porirua buildings set apart for this purpose. These buildings, it is true, are within the grounds of the mental hospitals, but they are apart from the main buildings, and we understand that the arrangements are similar at Sunnyside and at Auckland. Let us refer briefly to this branch of the work at Porirua, where the building itself is bright and cheerful and the surroundings equally pleasant. The patients suffer no more restraint than is implied in being prohibited from mixing with the outside world except through visits from the friends and relations. They are provided with recreation and amusement, billiards and music and reading, and the lighter cases have private bedrooms such as a traveller has in a good hotel, and the rest of the patients have dormitories not unlike small wards in a general hospital. Theoretically it would be well to have several smaller build-

ings instead of one large one, but practically this is not possible on the score of expense and adequate supervision. Such refuges as these are greatly to be commended and lead to excellent results, but we agree with our correspondent that more is required, but not required of the Mental Hospital Department. These branches of the mental hospitals do not, and cannot remove the stigma of certification of insanity, and what that entails, for they are intended mainly for patients who must be certified, because it is unsafe in these cases to allow liberty, but patients can be admitted of their own free will without certification, and some are voluntary patients as the result of kindly persuasion.

But there are many patients with neurasthenia, psychasthenia, and various phobias, never more than at the present time when the whole world suffers in some degree from shellshock, who cannot attend regularly to their work, are unhappy at home and not suitable for admission to a mental hospital, a general hospital, a private hospital, or even to one of these special institutions in connection with a mental hospital to which we have alluded. These patients are an economic loss, and the despair of the physician, particularly if the physician has learned nothing and forgotten nothing since the days before the Great War. No honest doctor can now attempt to cure such diseases with nerve tonics and sedatives, and visit the patient once or twice a week, because there is no medicine that will cure such diseases. Let us take the treatment of these case out of the hands of the Mental Hospital Department so that we may take the patient's mind away from insanity, and there will be fewer admissions to asylums. We think that a special ward in a general hospital is not suitable for cases of psychasthenia, but special institutions are required. We must follow what has been found most effective in the treatment of the large number of soldiers whose nerves were

shattered in the war. Fortunately, there is an institution at Hanmer specially equipped for the treatment of the psychasthenics. Probably soon the Hanmer Hospital can be taken over by the hospital division of the Health Department. An increasing number of civilian male patients can be received, and it is a matter of urgency to make similar provision for female patients. The medical profession should encourage this form of treatment by specialists who employ

suggestion, physiotherapy, recreational and vocational treatment, analysis and whatever else may be judiciously added to the advantages of a country life. With provision of this kind, in addition to what already exists, we think we shall be doing our duty in the light of our present knowledge of an unfortunate class of patients for whom we have been able to do little in the past. Often the silver cord is loosed before the golden bowl is broken.

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