News and Notes

Patients in Hospitals

“The Reception and Welfare of Inpatients in Hospitals” is the title of a pamphlet just published by H.M.S.O. (9d.) and written by the Central Health Services Council. It deserves very careful attention by everyone on any hospital staff in any capacity. It is easy for them to think that the patient is so grateful for the help and care which is certainly being afforded that his other reactions to hospital can be disregarded. But this pamphlet emphasises the harm that can be done to the patient’s feelings—and so his health—by leaving him in ignorance not only of what is to happen next in his daily life, where he can speak to the almoner, who is on the staff, and so forth, but even of the nature and severity of his illness. It is, in fact, a consistent and painstaking attempt to see the hospital from the angle of the patient and of his relatives. It almost looks as if the writers had been ill themselves. They are not afraid to tilt against those evils often accepted as inevitable—noise and early waking.

Whereas some of the improvements recommended are realised to be difficult in the present financial shortage, the majority can be carried out simply by more attention to a correct and understanding attitude of the patient’s feelings from the day he has been put on a waiting list till after his discharge.

It is good to see that the Lancet, ever attentive to the patient’s point of view, commented at once on this pamphlet in a leading article (31.1.53).

Leagues of Hospital Friends

The value of the contribution which a vigorous group of “Friends” can make to the happiness and efficiency of a mental deficiency hospital has been amply demonstrated by that attached to the Fountain Hospital for M.D. Children in London, which in its monthly Bulletin always gives a page to recording “Friends” activities.

In connection with mental hospitals, too, such bodies are needed and it is satisfactory to note that the Minister of Health, Mr. Iain Macleod, referred to this in addressing the Annual meeting of the National League of Hospital Friends. He hoped that no Chairman of a Hospital Management Committee would regard his hospital as complete without such a League, and stressed the value of the type of approach which the voluntary worker alone could make.

The address of the National League, to which 130 Local Leagues are now affiliated, is 23 Knightsbridge, London, S.W.1.
The Health of the School Child

In the report of the Chief Medical Officer of the Ministry of Education, there are three chapters of particular interest to those concerned with mental health—Chapter X on Cerebral Palsy, Chapter XI on the Educationally Subnormal Child and Chapter XII on Epileptic Pupils.

Cerebral Palsy

There are now five schools in England for children suffering from this condition, whereas until five years ago there were none at all, but vacancies are few and the children are very carefully selected. Educable cerebral palsied children are also found in schools for the physically handicapped and for the educationally subnormal, and a number of special units have been established in special schools of these and other types. Some children receive home teaching. Roughly half the total estimated number (approximately 1 per 1000 of the population aged 0-16 years) are so slightly handicapped that they can attend ordinary schools.

Various estimates have been given as to the distribution of intelligence of cerebral palsied children and the question is a very vexed one. Whether or not there is need for a secondary grammar school cannot yet be established, and the Report suggests that it is too soon as yet to say what would be the best form of provision for the intellectually brighter section of this group.

This is only one of the problems awaiting solution; there are many others.

Educationally Subnormal Children

In this chapter, reference is made to the regrettable lack of sympathy and understanding shown to E.S.N. children which has probably contributed to the lack of adequate provision for them.

Attention is drawn to the reluctance of some School Medical Officers to diagnose a young child as ineducable and to the practice in some areas, e.g. London and Bradford, of giving them a trial period in special schools before a final decision is reached. This practice is commended by the Ministry with the qualification that:

"unless the child's presence is detrimental to the interests of the other children, the length of stay in school should be sufficient to allow the formative influences of the school to operate, but it should not be so long that the school is unable to discharge its obligation to those children who are clearly educable—as would be the case if it contained many ineducable children. In most cases a decision could be reached within a year; often a stay of six months should suffice".

The importance of special teaching for the educationally subnormal child is stressed and it is pointed out that in, e.g. reading whereas without it, few such children can make progress comparable with their mental ability, with it they can attain this
standard. Most important of all, special education succeeds in making these children more socially adaptable and acceptable, enabling them to acquire qualities of character and social development depending almost entirely on their wise handling and training during school life.

Progress in opening new special schools is being made but at the end of 1951 there were still some 12,000 children awaiting places.

**Epileptic Pupils**

A special enquiry instituted by the Ministry in May 1950 in some selected areas, gave an incidence of epilepsy amongst school children as 1.2 per 1,000. The great majority of the children surveyed (430 out of a total of 355,000) were in ordinary primary or secondary modern schools, and only 34 out of the 365 actually examined gave a history of fits in school. 59% were of average intelligence: 10% were above average: 16% had an I.Q. between 70 and 84 and 15% one of under 70. If this sample is representative, there are some 10% more epileptic children below average intelligence and some 15% fewer above it than in the general non-epileptic school population. Mentally defective children were not included in the survey.

Some interesting sample cases are given, showing instances of children excluded from school despite the fact that fits were infrequent, and of children with serious behaviour problems. In connection with this latter group it is pointed out that there were only 44 such children out of 365, and it is stressed that most epileptics are well behaved, do perfectly well in ordinary schools and can be expected to earn their living and become good citizens.

Discussing the need for special school provisions, it is estimated that possibly some 1,200 places should be provided, although this may prove to be too many. On December 31st 1951, there were 825 places in residential schools with approved plans for another 140 at one of the schools and with the approval in principle for a new school for about 40 children who are epileptic and severely maladjusted.

The Report can be obtained from H.M. Stationery Office, price 5s.

**Mental Health and the Prison Service**

The incidence of crime and the community's attitude towards it, may be regarded as one factor to be taken into account in assessing national mental health and the reports of H.M. Commissioners of Prisons (which appear year by year with commendable punctuality) should be studied with attention.

The picture given in the Report for 1951, recently published, is in some respects a depressing one, in that it records such adverse
facts as the increase in offences of "violence against the person" by men (in 1950, 1,169 convictions compared with 923 the previous year and 529 in 1938); the serious overcrowding of prisons with a population of 24,000, the highest recorded since 1877, so that over 4,500 men were sleeping three in a cell; the continuing shortage of prison officers making a three shift system in local prisons impossible and necessitating a shorter working week for their inmates; the continuing use of Wormwood Scrubbs as a Borstal Allocation Centre despite its obvious unsuitability; the pictures given in some of the extracts from Prison Governors and Medical Officers of the type of material with which they have to deal. Nevertheless, there is nothing static about the situation as a whole and the Report tells of many experimental innovations—such as the development of preventive detention with its three progressive stages, and of corrective training including a special pre-release scheme in preparation for freedom; the initiation of a scheme of home leave on parole for selected prisoners of the Star class; the opening in Gloucestershire of a new Regional Training prison for 245 men in "open" conditions, and of a new training prison for women in Essex; a scheme of voluntary after care at Holloway under which the Women's Voluntary Service provide a "friend" for any woman desiring it on release.

In the field of mental health in its more restricted sense, progress is also reported. In the chapter on "Health and Hygiene", there is an appendix contributed by Mr. R. S. Taylor, psychologist at the Allocation Centre for corrective training at Reading (later moved to Wandsworth), in which he gave Group Tests to 2,264 men and held a routine interview with each newcomer. In describing his general impressions, he estimates that some 65% of the men could be termed socially inadequate, one of the causative factors in almost every case being unsatisfactory parental relationships. Of the total number passing through the Centre, 1% had previously been certified and the majority still had definite psychotic symptoms; a further 15% had received treatment at some time in mental hospitals. At Holloway, Wakefield and Wormwood Scrubbs, the work of the psychiatric treatment centres continued, and there are now psychologists on the staffs of Wormwood Scrubbs, Latchmere House Borstal Reception Centre, Holloway, Wandsworth, Brixton, Bristol and Portsmouth prisons.

Tribute is paid to the work of psychiatric social workers by medical officers in prisons employing them. One writes:

"I believe that the work of the psychiatric social worker is vital, both for the assistance of prisoners whilst in prison and in order to try to continue a stable relationship with their families when free. It is a commonplace finding that the precipitating cause of a crime is a family quarrel, as a result of which the
offender expresses his exasperation by a sort of social suicide; it is therefore a very necessary part of corrective work to try for family adjustment. The benefit of having a psychiatric social worker to do this work instead of an ordinary social worker, is that he is trained to get beneath the surface and not to be misled by surface phenomena”.

Another, writing of the corrective training wing of Holloway Prison, says:

“The psychiatric social worker also links up with the corrective training wing, as well as the other wings, and we have now the interesting situation, arising that instead of, for example ‘smashing up’ to draw attention to themselves or their cases, the prisoners concerned make application to see me or the psychiatric social worker”.

The number of persons remanded to prison for mental observation and report during 1951, was 5,009. The number found insane on remand was 253, while 168 prisoners were certified during sentence. The number found mentally defective on remand was 229, a decrease of 37 on the previous year, and 50 were certified in prison; of these 36 were transferred to mental deficiency institutions and one was handed over to the local authority on the expiration of sentence. On December 31st 1951, there were 17 defectives in custody awaiting vacancies.

The need for future research along psychiatric and psychological lines is stressed, to aim at:

“a more intensive individual investigation, medical, social and psychiatric, including psychological, and carried out as a routine in such a way that the individual offender will accept it and not use it as a reason for regarding himself as a medical case of a psychiatrically abnormal person and thereby erroneously claiming exemption from the consequences of his criminal acts”.

The extracts from the Annual Reports of Governors, Chaplains and Medical Officers, published as an Appendix, give close-up pictures of day to day dealings with prisoners which throw into relief the more general statements made in the Report itself.

Some Forthcoming Conferences

*International Seminar of Vocational Guidance*

This is being held in Florence, April 20th to 30th 1953, under the Presidency of Professor E. Lobet, who is President of the International Association of Vocational Guidance.

Enquiries should be addressed to Professor Emile Lobet, 77 Rue Jean Robie, Ministry of Education, Brussels, or to Dr. Carlo Lo Gatto, Ministry of Education, Via Filippo Casini, 6, Rome.

This is the first International Seminar on the subject, and representatives of relevant organisations are cordially invited to be present.
International Catholic Child Bureau

The fourth Congress arranged by this Bureau is to be held at Constance, Germany, from May 4th to 9th.

Its subject will be "Childhood and Family", which will be studied in its various aspects by a number of specialised committees. In addition, there will be two general lectures.

Further particulars may be obtained from the Secretariat General Bureau International Catholique de l'Enfance, 31 Rue de Fleurus, Paris, VI.

British Social Biology Council. Summer School

The 1953 Summer School will be held at Aix-en-Provence from August 6th to 20th, on the subject "Nature and Nurture"—the part played by heredity and environment in the formation of character and intellect.

The fee for the School is £34, covering full board for 15 days, second class travel, and tuition.

For particulars apply to the Secretary of the British Social Biology Council, Tavistock House South, London, W.C.1.

Central Council for Health Education

A Summer School will be held from August 10th to 20th 1953 at the Royal Holloway College, Englefield Green, Surrey, designed to interest workers in the medical, educational, industrial, and welfare services.

Particulars may be obtained from the Medical Director, Central Council for Health Education, Tavistock House, London, W.C.1.

World Federation for Mental Health

An event of outstanding interest in the mental health field held during 1953, will be the 6th Annual Meeting of the World Federation for Mental Health to be held in Vienna from August 16th to 22nd, by kind invitation of the Burgomaster.

The general theme of the Meeting is to be "Social Provision for Mental Health", and it is suggested that the "Working Groups" which will be a feature of the proceedings should discuss this subject under the following headings:
1. Mental Health and Social Security.
2. Mental Health and Alcoholism.
3. Mental Health Problems of Refugees.
4. Mental Health and Juvenile Delinquency, including Juvenile Prostitution.
5. Rehabilitation and the Problems of Handicapped Children.
Arrangements for the Meeting are in the hands of Professor Hans Hoff, M.D., President, and Dr. Walter Spiel, Secretary, of the Oesterreichische Gesellschaft für Psychische Hygiene.

The place of meeting will be the University of Vienna, and members will be accommodated in various hotels within easy reach.

For further particulars, apply to the Secretary-General, World Federation for Mental Health, 19 Manchester Street, London, W.1.

Observation Wards

It has for many years been the practice of the London County Council to deal with cases of mental illness in the first instance by admitting them to its Observation Wards in which, before the War, there were 353 beds. By the end of 1951 there were only 217, to which during the year, 5,791 patients were admitted.

This accommodation, the County Medical Officer points out in his Annual Report, is quite inadequate, and since 1948 a number of patients who would formerly have been admitted to Observation Wards now have to be sent direct to mental hospitals.

The necessity for this procedure is regretted owing to the fact that some 45% of patients cared for in Observation Wards are found not to require mental hospital treatment which is probably equally unnecessary for a proportion of those for whom no alternative can now be provided.

Committee on Adoption

The appointment by the Home Secretary, the Minister for Welsh Affairs and the Secretary of State for Scotland, of a committee “to consider whether any changes in policy or procedure are desirable in the law relating to the adoption of children”, is a welcome development.

We are also glad to record that two of its members are closely connected with the National Association for Mental Health—Dr. Doris Odlum, a Vice-President, and the Hon. Mrs. M. E. Edwards, who is the Chairman of the Association’s own Sub-Committee on Adoption.

The Secretary of the new Government committee is Miss J. M. Northover of the Home Office and it is to her that all communications should be addressed at Room 514, Horseferry House, Thorney Street, S.W.1. Persons wishing to give evidence are asked to forward a brief statement of points it is desired to make.
Counselling Service for Parents of Young M.D. Children

This Counselling Service at the Department of Psychological Medicine, University College Hospital, was initiated nine months ago and now has a steady flow of applicants.

An unexpectedly large number of the children referred by reason of mental deficiency, have proved, on further examination, to be not so much defective as emotionally disturbed, and there have been some cases which have clearly shown the effects of maternal deprivation in early infancy.

There is no doubt that the Service is valued by the parents making use of it and that they deeply appreciate the opportunity it gives them of discussing the many problems which arise in a family following on the advent of a child who is mentally defective.

The Service also has a value in the training of medical students and post-graduate students studying clinical psychology as through it they are given opportunities of learning more about mental deficiency and serious emotional disturbance in early childhood, and about the difficulties with which parents have to contend.

Applications for appointments (on behalf of children up to 5 years of age) should be addressed to the Counselling Service, Department of Psychological Medicine, University College Hospital, 23 Devonshire Street, London, W.1. Wherever possible, a letter of referral from the patient's family doctor should be provided.

The Mental Deficiency Waiting List

In his Report for 1951, the County Medical Officer of Health for London refers to the loss of beds in mental deficiency institutions incurred by his Council as a result of the re-allocation of accommodation by the four Metropolitan Regional Hospital Boards under the National Health Service Act, under which 25% of L.C.C. beds were transferred to other local health authorities.

At the end of December 1951, there were 154 London cases awaiting admission, of whom 117 were infants and young children. Accommodation at the Fountain Hospital which also takes patients from a part of Surrey, is quite inadequate and the need for more beds for this particular group is urgent. If they could be provided, London's problem would, it is claimed, be largely solved. No doubt this is true but there are other possible solutions for curtailing the waiting list—the use of Short Stay Homes for example, and the encouraging of parents to keep young M.D. children at home wherever possible; and for these solutions we should not cease to press in addition.
It may be of interest to give here some statistical information included in a speech by the Parliamentary Secretary to the Ministry of Health made in the House of Commons on November 5th 1952, during a debate initiated on the adjournment by Mr. Bernard Braine, (member for Billericay, Essex).

Miss Hornsby-Smith whilst fully recognising the urgency of the problem of accommodation denied that nothing had been done to deal with it. Since the coming into operation of the National Health Service Act 3,066 new beds had been provided and many under-staffed beds had been equipped. The proportion of capital expenditure allocated for mental deficiency treatment in 1950-51 was 7.1%, in 1951-52 it rose to 11.4%, and in the current year (1952-53) it will be 10.9%. There has also been an appreciable increase in nursing staff. In 1948, the total number of full-time nurses was 5,941; it was now 6,542 and the staffed beds are 54,025 compared with 48,793 at the time of the take-over, although the decline in the recruitment of student nurses was, of course, a disquieting fact.

Dealing with the waiting list, Miss Hornsby-Smith said that the demand was growing faster than the number of beds it had been possible to make available. At the beginning of 1952 the total number of defectives awaiting vacancies was 7,929 as compared with 3,933 in July 1948. In addition, there were 5,000 mental defectives in mental hospitals who should be transferred. Thus 15,000 new beds were needed and there were 2,145 unoccupied for lack of staff.

**Occupation Centres**

A question asked in the House of Commons on October 23rd last, by Mr. W. S. Shepherd, elicited from the Minister of Health information about Occupation Centres which was not included in the Ministry's Annual Report.

In December 1951, there were 195 Centres and 11 Clubs, and the number of mental defective in attendance was 7,351. The corresponding figures for the previous year were 183, 12 and 6,318. There had thus been an increase of 22 Centres during the year 1951, and an increase of 1,033 defectives receiving day training.

These figures may give some small satisfaction though it has been estimated that there are over 2,000 mentally defective children living in the community, who are suitable for such training but for whom it has not yet been provided.

The number of defectives receiving visits from Home Teachers at the end of 1951 was 1,316 as compared with 1,110 the previous year.