

From Madhouse to Mental Hospital.

A World Health Organisation study shows how people once regarded as "possessed of the devil" are now treated as just ordinary patients.

A W.H.O. STUDY ON mental hospital legislation* in 40 countries reports that in 1952 70 per cent. of the mentally ill in England and Wales entered psychiatric institutions of their own free will. In Scotland the figure was 67 per cent., 31 per cent. in France, and 10 per cent. in the United States.

"In several countries," says the report, "voluntary admission, although not provided for by law, has become current practice and is as informal as admission to a general hospital."

The report was undertaken by the W.H.O. on the recommendation of its Expert Committee on Mental Health which pointed out that W.H.O. could do much to encourage the adoption of modern legislation for mental health services and hospitalisation in countries where it does not yet exist. It draws attention to the efforts of a number of countries to humanise the treatment of the mentally ill by making it possible for the medical profession to accept and treat them like any other patient, by accepting that prevention is better than cure also for mental diseases, and by facilitating early and voluntary admission to hospital treatment "thus often preventing long and injurious illness."

From "Lunacy" to "Mental Illness."

Here is a vivid testimony of the distance we have travelled from the time when insanity was considered a punishment meted out by a vengeful god or the work of the devil, to the present day when the very words "insane" and "insane asylum" have generally been struck out from the medical and legal language and replaced by "mental illness" and "psychiatric care."

A historical section shows how over the centuries treatment for mental illness has been progressively humanised: "Among primitive peoples, mental disease has generally been looked upon either as a punishment by a good spirit or, more often, as the result of malevolent action by the devil, or even as demoniacal possession. This conception, which still survives among certain African and East Indian peoples, was very prevalent in Europe throughout the Middle Ages and even later.

"During the Middle Ages a few monasteries harboured lunatics, but it appears that the first asylums for their care were built by the Moslems, whose ideas on the treatment of mental patients were derived from the Eastern physicians. In Europe, the Bethlem hospital in London was first used as an asylum in 1403; the second was opened in 1408 at Valencia in Spain. During the following century further asylums were established in Europe. The insane were received into the first general hospital established in North America in Pennsylvania in 1756 (but were detained in the cellars!). The first American hospital for the insane was opened in Virginia in 1773."

The Insane were kept in Chains.

"The purpose of these early asylums was not the care and treatment of the mentally ill, but the incarceration and, if possible, subjugation of the violently insane. Most of these asylums resembled prisons, and the inmates were regarded as criminals; prisons were in fact used where no asylums existed or insufficient accommodation was available. Unfortunately, this practice has not yet altogether disappeared, and it is still possible under the legislation in force in certain countries for persons awaiting 'trial' or admission to hospital to be taken to the local gaol.

"Insane persons who were not admitted to an asylum were often subjected to equal cruelty at home, being locked up in a garret, chained, and neglected and non-violent insane paupers were frequently harried from town to town.

"Very gradually a more humane attitude towards the mentally affected began to develop. In 1792 more than 50 insane inmates of the Bicêtre hospital in Paris were liberated from their chains, which had been worn by some for over 30

years. Even pessimists had to agree that these patients became less rather than more violent.

"Reform in England was initiated by the Quakers who founded the York Retreat in 1813, purposely avoiding the name 'asylum' or 'madhouse.' The use of chains was abolished, and therapy consisted in work and exercise and the cultivation of a moral atmosphere."

There follows an account of how reforms and research in some countries contributed to improvements in others and how during the 19th century the attitude toward treatment of the insane gradually became more scientific and enlightened.

Hospitals instead of Prisons.

Reference is also made to the fact that until recently alcoholics and drug addicts were dealt with in most countries under penal law even though it was recognised over a century ago that the problem was medical rather than criminal. For alcoholics and drug addicts special institutions have now been created to deal with their problems and the W.H.O. report cites examples of work along these lines in the United States of America and Switzerland.

"Another category of mentally affected persons dealt with under criminal law are sexual psychopaths, or 'sex offenders.' Legal provision has existed for some time for the reception of sexual psychopaths of low intelligence into mental hospitals. For a certain time castration was employed in some countries but this method has now fallen into disfavour. It is possible that special departments for the treatment of certain types of sexual psychopaths will be established as a result of extensive research on the problem which is now being carried out, in particular in the United States of America."

The report also discusses legislative measures for the protection of the mentally ill particularly against "arbitrary admission or the prolonged and unjustified detention of mental patients."

Toward full Psychiatric care.

In conclusion the report points out the tendency observable in the legislation of a number of countries for provision "of full psychiatric care in the community, including preventive action and the institution of in-patient and out-patient clinics providing early treatment as well as arrangements for screening and advising persons in need of hospitalisation."

* International Digest of Health Legislation, Vol. 6, No. 1.

"Milton."

WE KNOW OUR READERS are very conversant with the many uses of "Milton," but we wonder if they know that one problem on the continent is the water which is not always safe to drink, especially for children. This can easily be remedied by sterilising it with Milton—four drops to a tumbler is all that is needed. It doesn't taste and it does avoid the risk of being upset and the holiday ruined as a consequence.

This is advice which all intending travellers would appreciate. A small bottle doesn't take up much room in a suitcase and comes in handy for insect bites and for soothing sunburn too.

Here is word about harmful germs: Not all germs are harmful but some are. These harmful germs, if they gain access to our bodies through the food we eat, for example, cause illness and disease. The best protection is to destroy such germs before they have a chance to do harm and this is where Milton can help. Milton, although it is a very powerful germ killer, is completely safe to use.

To set your mind at rest on this point, Milton belongs to the class of disinfectants used by municipal authorities to make drinking water safe. Milton is the only chemical steriliser which can be used with complete safety on foodstuffs in the home. To prevent the germs which cause putrefaction and decay, attacking meat, fish, game and poultry, fruit and vegetables, Milton is invaluable. Food treated with it will stay fresh and good for days. And contrary to what you may think *Milton leaves absolutely no taste or smell* on the food when used according to the directions.

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