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## EDITORIAL.

## THE PREVENTION OF INSANITY.

One of the saddest diseases with which the trained nurse is brought into contact is that of insanity. Specially because, with experience in this class of case, she realizes that, in many instances, patients whose cases are hopeless might have recovered had they been treated in time, yet they had little chance of special medical treatment until they arrived at a stage when they could be certified as insane, by which time the disease had progressed so far that their chances of recovery were much prejudiced.

We realize as we contemplate the conditions in well ordered asylums to-day that we have progressed much since the days of the madhouse; but we need a third development in the care of patients suffering from mental diseases, that is the provision of hospital treatment in institutions where, without any stigma of insanity, they can easily go for advice and care in the early stages of mental instability, so that a certain proportion never become certifiable, because presumably the delicate machinery of the brain has responded to treatment and been re-adjusted.

Last week a deputation, representing all parties in the House of Commons, and including several distinguished medical men, were received by Mr. Herbert Samuel, President of the Local Government Board at the House. The deputation urged him to take steps towards the establishment of homes for the treatment of early and uncertifiable mental cases. They presented a memorial signed by more than half of the members of the House, and by leading doctors, asking the Board to enable and encourage local authorities to supply such homes with a view to the prevention of insanity. Patients would enter these homes as they would enter a hospital, on a voluntary footing, without certification or compulsion, and would be free to leave after giving due notice.

It was further urged that the proposed institutions should not be regarded as halfway houses to asylums, and that in order to encourage the public to come to them for early treatment they should be kept outside the jurisdiction of the Board of Control under the Mental Deficiency Act. The preventive measures proposed would not only be a great gain to the community, but would reduce the expenditure on costly asylum accommodation which was such a heavy burden on the rates.

Sir John Jardine, Dr. Chapple and Dr. F. W. Mott all urged the importance of providing opportunity for such treatment as is already given in observation wards in Poor Law Hospitals in Scotland; Dr. Chapple emphasised the importance of popularising the idea that insanity is a mental disease, and should be treated in hospitals for the purpose, and Dr. Mott said that enormous sums were spent on asylums where human derelicts were kept alive; what was needed was expenditure on prevention.

In the course of a sympathetic reply Mr. Samuel said the Scottish system in this, as in other social matters, was in advance of our own. If fresh legislation was asked for, the immediate prospects were not rosy. As one keenly interested to carry reforms in the interests of public health it was most disheartening to see how good measures were put off year after year and decade after decade because the legislative machine was choked with the work it had to do. He would not hesitate to take administrative steps within his power by asking the medical department of the L.G.B. to make a special study of the problem, to enquire into the experience of Scotland, to get into touch with the Board of Control and report to him, so that he might know what were the best lines upon which to proceed administratively.



