

## *Obituary*

### *Horsley Gantt*

Professor W. Horsley Gantt, who died on 26 February 1980 at Baltimore at the age of 86, achieved distinction by his mastery of the physiological methods of Ivan Pavlov, of whom he was the biographer.

Born in Virginia, Gantt became an MD of the Johns Hopkins Hospital, Baltimore. In 1922 he came to England on his way to Russia under the American Relief Administration, whose task was to report on the degree of disease and undernourishment that followed the war and the revolution; and on his return from Russia he spent a year in London working in the laboratory of Professor MacNee at University College Hospital; then, having been greatly impressed by Pavlov's genius for experimentation, he decided to return to Russia to work with him. He remained in Leningrad for four years (1925–29). This was the period in which he made the acquaintance of John dos Passos, the writer, who became a lifelong friend and with whom he journeyed widely on foot in Southern Russia. At the same time he perfected his knowledge of the Russian language. Gantt's contacts with Russian scientists did much to dispel suspicions and misunderstandings that arose in the McCarthy era.

In 1929, on his return to Baltimore, he initiated the Pavlovian Laboratory at the Johns Hopkins Hospital at the instance of Adolf Meyer. Among his many contributions to medical research were studies on the treatment of diseases of

the liver and digestive disorders; secretions of the digestive glands; conditional reflexes and behaviour; anatomy of conditional reflex pathways; experimental neurosis; constitutional factors in disease; application of physiological methods to the dynamics of human psychopathology; and most important of all, preventive psychiatry. Gantt also challenged the teaching of Freud on the grounds that it was not based on any scientific findings but was more in the nature of a cult. He received many awards, including two from the American Heart Association (1951 and 1954), as well as the coveted Lasker Award. This recognition was for his work on the effect of environmental stimuli on cardiac rhythm.

Gantt retained his physical and intellectual vigour till the last year of his life, attending and contributing to many congresses, where the audience could generally expect an original point of view to illuminate the problem being discussed. It was partly owing to his enthusiasm and friendliness that many British psychiatrists looked on Baltimore over the years almost as a second home. His frequent visits to England were always special occasions, and these contacts with his stimulating personality will be greatly missed.

A. SPENCER PATERSON

## *Reports and Pamphlets*

### **Seminar on Day Care for the Mentally Ill**

DHSS seminar at National Institute. November 1978.

Day care, whether in a psychiatric day hospital or a local authority day centre, is potentially the most intensive form of care available for mentally ill patients who are treated while still living in the community. While day hospitals have existed for more than three decades, social service day centres are a relatively new development. Where both these facilities exist in the same area there is sometimes found a degree of overlap, and confusion on the part of both the referred and the referring as to the differences between the two. The DHSS seminar held at the National Institute for Social Work was set up to provide an exchange of ideas

about day care for the mentally ill.

The opening paper by Douglas Bennett gives a comprehensive review of the role of the day hospital, showing how this has changed in parallel with changing attitudes and practice in psychiatric care. It emphasises that to some extent the role of individual day hospitals may be influenced by other provision, or the lack of it, in the area.

The second paper (Geoff Shepherd) draws attention to the contribution of recent research in the socio-psychological field towards the creation of a 'non-institutionalizing environment', taking up a point in the first paper that the long-term patient will always be with us.

Carol Edwards, who has been one of those involved in a major study of all day care for adults, draws upon the study to give details about day care available for the mentally ill. Mrs Edwards highlights the similarities that have been found

between day hospitals and day centres, the number of care staff, the activities, and the age, sex, marital state and living arrangements of the users. The most striking differences were the smaller proportion of staff with qualifications and the less favourable staff-client ratio in the day centres. This seems to underline the warning spelt out by Dr Bennett that we must avoid two standards of care—particularly when there are indications that clients in social services day centres may be more disabled than their day hospital counterparts. In conclusion, this excellent paper reviews the possibilities of the organization and relationship of day hospitals and day centres in the future.

The fourth paper describes the experiences of a clinical psychologist (Margaret McAllan) who became director of an expanding social service day centre, and gives an interesting review of the development of this centre.

Finally, in another descriptive paper, Joy Shires speaks of her rewarding experience with a Travelling Day Hospital where flexibility and a homely informal approach are the watchwords of a multidisciplinary team.

This report will be of interest to all who are involved in day care for the mentally ill, and in particular to those developing new facilities. It explores a wide range of possibilities for both day hospitals and day centres. The similarity between the two is evident, the divergence in their roles less clear, but until all areas have a complete network of community facilities local needs may well dictate the type of provision made. Copies of the report may be obtained from DHSS Mental Health Division, Room C401, Alexander Fleming House, Elephant and Castle, London SE1 6BY.

CHRISTINE HASSALL

**Caring from Day to Day**, by Sheila Peace  
MIND publication, 1980. £1.55.

This report is very welcome indeed, based as it is on a historical review, critical evaluation and factual research. While the general psychiatrists were in the forefront of the day hospital movement, its potential for the elderly was to a large extent pioneered by geriatricians in many centres throughout Britain.

The survey of day hospitals catering for the mentally infirm elderly eventually concentrated on 27 day hospitals about which full information had been given. The report recognizes that the initiative for setting up day hospitals has rested with individual consultants; also that the setting up of day hospitals requires considerable energy and a degree of controlled aggressiveness.

Staffing levels of each hospital are examined, and it is surprising that 21 per cent of day hospitals are run with less than one day per week of consultant service, and 14 per cent have consultant service only 'when necessary'. Nursing staff

levels, too, are of interest, but the figures given could have been more helpful if they had been presented in terms of whole-time equivalents.

In general, an opportunity has been missed to relate the various levels of provision with the numbers cared for per day, the stated aims of the unit and the subjective impression of the day hospital team as to the adequacy of their staffing levels. Nevertheless, anyone planning a day hospital would be well advised to consult this report.

It is evident from this study that general practitioners appreciate day hospital care, as 77 per cent of referrals come from them. This emphasizes the importance of the primary care team in developing a community-orientated attitude to the care of the elderly.

The important question of transportation merits and receives considerable attention. The observation by Dr Jolley concerning the low priority given to services for the elderly can be echoed by those clinicians who have had to defend their day hospital in recent years.

However acutely ill the elderly person may be, we are told 'that is a 'social' problem, why don't you get the local authority to deal with it?' Yet it should be self-evident that old people should have the same priority as other regular hospital attenders.

This report ends with a series of recommendations which psychiatrists involved in the care of the elderly would find sensible and appropriate. Among these recommendations are: purpose-built premises, a special separate day hospital transport system, earlier intervention, and access to clinical psychologists and remedial staff.

After such a set of favourable comments, any reviewer is entitled to some quibbles. Not all psychogeriatricians would accept that a day hospital for the elderly should be for the 'mentally infirm' (a euphemism for organic psychiatric disorder). Depression, mania, neurosis and paraphrenia may all present with non-specific pictures, such as self-neglect or failure to cope socially. Though these are indistinguishable initially from the symptoms of organic states, the unit should be geared to cope with the full spectrum of psychiatric disorders that will be encountered. Another implicit assumption which I would challenge is that elderly people will have a better deal if they obtain treatment in a day hospital serving psychiatric patients of all ages; all too often even in such institutions they may be victims of 'ageism' and the special social and health problems of the elderly may escape attention.

MIND is to be congratulated on focusing on such an important issue, providing new information and reaching such clear conclusions. I hope that our 'planning teams for the elderly' will read this report and recognize that setting up day hospital services for the elderly is too important to be left to the planners.

The day hospital is a welcome infant, but it is in danger of succumbing to financial starvation.

KLAUS BERGMANN