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Foreign Report

Psychiatric Research in India

N. N. WIG, Professor of Psychiatry, All India Institute of Medical Sciences, New Delhi

The progress of psychiatry in India during the last 35 years is indeed impressive. At the time of Independence in 1947, there were just a handful of Indian psychiatrists looking after some 20 odd mental hospitals scattered throughout the country. Colonel M. Taylor (1946), who reviewed the status of mental health services for the Bhoré Committee on Health Survey Development in India, ruefully noted the gross inadequacy of mental health services. A major recommendation of the Committee (1946) was to start local training facilities for doctors and other health professionals in the field of mental health. The first landmark was the opening of the All India Institute of Mental Health at Bangalore in 1954. The role of Dr Mayer-Gross, who was closely associated with the development of this Institute in its early years, will be long remembered by many Indian psychiatrists.

Following this event, progress was rapid. Soon a number of other centres in Delhi, Chandigarh, Bombay, Calcutta, Madras, Ranchi, Lucknow, etc., took up postgraduate training programmes in psychiatry. At present there are over 25 postgraduate training centres. Every year about 80-100 new psychiatrists qualify (the present total number of qualified psychiatrists in India is about 800). Psychiatry is no longer confined only to mental hospitals (which number over 40), but has spread to over 150 teaching and other general hospitals. In many states like Kerala, Tamilnadu and West Bengal there is now a psychiatrist at almost every District. There are also many psychiatrists, especially in the big cities, who have gone into full-time private practice. However, total mental health problems of India are nowhere near a solution. For a population of about 700 million, the ratio still remains about one psychiatrist for a million people. Other mental health professionals are even fewer, and facilities are mostly confined to big cities.

Against the background of such limited resources and

heavy pressure of patient care work, many psychiatrists in developing countries necessarily regard psychiatric research as luxury. On the other hand, many others have felt that service, training and research are three essential components of any good health programme and research is of vital importance for a developing country.

At the time of Independence, psychiatric research was virtually non-existent. Occasionally some good papers by Indian psychiatrists had appeared in the world literature but these were very few and no organized psychiatric research was being conducted anywhere. The meetings of the Indian Division of the Royal Medico-Psychological Association, which were not very frequent, provided a forum for academic discussion. Since 1946, the annual meetings of the independent Indian Psychiatric Society have become the principal forum for psychiatric research presentations. The main impetus for research, however, came with the opening of the psychiatric postgraduate training centres. Many of these centres were situated in teaching medical institutions in general hospitals and these provided not only special laboratory help, but also much needed research atmosphere.

One major handicap to a research scientist in a developing country is lack of openings for publication. Research workers in developing countries often feel, perhaps unjustifiably, that their papers are refused not so much for the content of the research material as for the poor sophistication in presenting the results in a foreign European language. It is also true that problems relating to India may not be of much interest to the average reader of British or American psychiatric journals. Thus, emergence of local journals has been a significant step in the promotion of medical research. In India at present there are five or six journals devoted to psychiatry, clinical psychology and related mental health disciplines. Of these, the *Indian Journal of Psychiatry*, under the editorship of first Dr

Venkoba Rao and now Dr B. B. Sethi, has, during the last ten years, emerged as an important national journal.

This journal, like many others in developing countries, has had a chequered career. After going out of publication a couple of times in the 1950s and 60s, it has slowly established itself as one of the leading journals of psychiatry in the developing countries. Recently, Dr H. B. M. Murphy (1980), who is Chairman of the Transcultural Psychiatry Section of the World Psychiatric Association, paid it a rich tribute by observing: 'The most important journal for transcultural psychiatrists, in many opinions, is the *Indian Journal of Psychiatry*. This has now blossomed into a solid, wide-ranging journal. Nearly every issue has reports which show how local cultural traditions are moulding both the manifestations of mental disorder and the way disorders need to be handled on the sub-continent.'

Reviewing research publications in psychiatry over the last three decades in India, Wig and Akhtar (1974) observe that there has been a significant shift in the interest of investigators between the first 15 years of Independence and the later period. Whereas the earlier publications related more often to psychoanalytical theory and individual case records, research publications after about 1960 have more often been in the area of psychiatric epidemiology and social psychiatry. It seems that the research interest has shifted from the individual to the community. This, perhaps, reflects the present political and social realities of India and the developing world.

In this brief newsletter mention will be made of Indian publications in psychiatric epidemiology, natural history of mental illness, delivery of mental health services, psychodynamics and the development of local indigenous psychological tests for research and other purposes. In the field of psychiatric epidemiology, there are now more than 15 field survey reports from all parts of the country, from urban as well as rural areas, discussing the prevalence of mental illness in the community. In addition studies on special populations, such as children, industrial workers, and immigrants have been published. Data are now available about the prevalence of mental disorders in general health services, or patients attending private practitioners and primary health centres. Separate data on mental retardation, epilepsy and alcohol and drug dependence have also been collected. The quality of these publications has steadily improved and many of these reports have been published in the *British Journal of Psychiatry*, *Acta Psychiatrica Scandanavica*, and other international journals of repute. Some of these studies have broken fresh ground by developing newer techniques of case identification, mental state examination, etc, more suited to local conditions. Not very long ago it was a popular belief in European psychiatry that mental disorders and especially conditions like schizophrenia and depression were uncommon in poor Eastern countries. These studies have provided enough evidence to show that mental disorders are as widely prevalent in India

as in Europe or North America.

Next to psychiatric epidemiology, perhaps the largest number of research publications in India is available in the field of clinical psychiatry. Many researchers have focused their attention on the variation of psychiatric syndromes as seen in this part of the world and compared them with the well-known descriptions of European and American textbooks. For examples in studies on schizophrenia, Indian colleagues have reported much more of acute and catatonic cases than are seen in the West. Depressive cases are reported to have more of somatization and hypochondriasis, but less of guilt feelings. Many workers in India have commented on the occurrence of brief, acute psychotic episodes with relatively good outcome. The aetiology remains uncertain, but some of these seem directly related to stressful environmental factors and thus resemble the reactive psychosis described in Scandanavian countries. There are also indications, as noted in the International Pilot Study on Schizophrenia (one of whose field centres was at Agra), that prognosis of schizophrenia may be better in India and other developing countries than in Europe or the USA. Cases of hysteria still continue to appear in large numbers in Indian psychiatric clinics, whereas cases of sexual deviation are still a rarity. But one of the commonest sexual disorders identified by Indian psychiatrists is a culture-bound phenomenon referred to as 'Dhat Syndrome' in which a young man with relatively poor socioeconomic and educational background presents with multiple somatic complaints, along with a feeling of physical and mental exhaustion. The patient attributes this to the passage of semen in the urine, and there is also guilt about loss of semen by nocturnal emission and masturbation. There is a widespread cultural belief in India (and many other neighbouring countries) that semen is a very precious bodily fluid and its loss leads to serious bodily and mental illness. In popular folk medicine, as well as in the ancient well-developed system of Ayurvedic medicine, such symptomatology is clearly recognized as an illness and many herbal and non-herbal remedies exist.

Another area of research which has attracted a good deal of attention in recent years and where Indian psychiatrists have made significant contributions concerns delivery of mental health services. Near Chandigarh in North India and near Bangalore in the South, two outstanding programmes of community care in the rural areas have been launched through which basic psychiatric services are being delivered by appropriately trained health workers and doctors at primary health centres. These studies have attracted considerable attention all over the developing countries.

Many psychiatrists in India have commented on the usefulness of the presence of close family members in the hospital for the recovery of psychotic patients. Following the noble traditions set by the late Dr Vidya Sagar at Amritsar and later at Rohtak in North India, many centres, particularly in general hospitals, insist on keeping a relative in

the ward along with the patient. At Bangalore and Vellore, special studies to test the efficacy of such methods are being done. Use of yoga for many psychosomatic conditions has also aroused great interest in Bombay and other centres.

Contribution of national and international agencies in mental health research

Medical research has become a complicated affair which requires not only the inclination and talent of a research worker, but also much more in terms of money, equipment, training, etc. Traditionally these have been provided by university departments, but many countries have evolved national research organizations which encourage and support medical research. In India, the Indian Council of Medical Research has, during the last 30 years, made a most significant contribution in the country's effort toward self-sufficiency in research. About 20 years ago, a separate expert group on mental health was constituted which met annually and reviewed ongoing research projects and sanctioned funds for new ones. A new impetus to mental health research was provided by the bold policies of the current Director-General of ICMR, who constituted a national advisory committee on mental health. After the committee's deliberation in 1979, it was decided to form seven research task forces in the several areas of mental health. In 1980 these task forces selected priority areas of research. The list was then finalized by the national advisory committee. About nine topics have been chosen for multi-centred collaborative research. These are:

1. Phenomenology and natural history of acute psychosis;
2. Study of illness behaviour in patients with pain;
3. Factors affecting the course and outcome of schizophrenia;
4. Study of psychiatric problems of the aged;
5. A comparative study of the patterns of childhood and adolescent psychiatric disorders;
6. Training for general health personnel in the delivery of

mental health services;

7. A study of the training programme for the non-psychiatrist primary health care doctors;
8. Study of the prevalence and pattern of drug use in the community and the effects of intervention programme;
9. Development of psychological tests.

This experiment will be watched with great interest in the hope that it will create the necessary atmosphere for more meaningful research in the country.

The contribution of the World Health Organisation

The World Health Organisation has made a major contribution in promoting mental health research in SE Asia. During the last ten years under the dynamic leadership of the Division of Mental Health, a number of new programmes have been developed. Following the first WHO-sponsored International Pilot Study of Schizophrenia, a number of WHO collaborative research projects have been launched. A number of current WHO collaborative research projects have centres in India. Such collaborative research has brought the local workers in contact with top experts in the international field. It has increased their confidence, provided them with new research opportunities and been a great help in improving the quality of research.

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News Items

The Sunnyside Bicentenary: A Museum

Sunnyside Museum was officially opened in June 1981 by Lord Southesk to commemorate the bicentenary of Sunnyside Royal Hospital.

The museum, the first of its kind in Scotland, is a worthwhile and interesting place to visit. It is sited in the main building of the hospital which is situated in the village of Hillside, three miles north of Montrose. The display includes lantern slides, an audio-visual show, a strait jacket, photographs, documents, Victorian pastimes, patient art and nursing attire.

The museum is open each Wednesday from 2.00 pm to 4.00 pm, but visits outside this time can be arranged by contacting the curator of the Museum.

Curt P. Richter Prize in Psychoneuroendocrinology

The International Society of Psychoneuroendocrinology is inviting submissions for their annual prize (sponsored by the Irish Foundation for Human Development) for meritorious research in the area of psychoneuroendocrinology. The sum of \$1,000 will be awarded for the best essay or manuscript of original research or a review including original research from a scientist or physician under 40 years of age on 1 January 1983. Manuscripts should be submitted in quadruplicate to: Gerhard Langer, MD, Associate Professor of Psychiatry, Allgemeines Krankenhaus der Stadt Wien, Psychiatrische Universitätsklinik, Lazarettgasse 14, A-1097 Vienna, Austria. Deadline for submission: 2 January 1983.