

## Correspondence

### MENTAL ILLNESS UNDER THE MENTAL HEALTH ACT

DEAR SIR,

I read with interest Dr. Haldane's observations on the Mental Health Act, and I feel myself that there is a considerable problem involved in the interpretation of the expression "mental illness".

Most recently I have encountered the problem in relation to alcoholism, having seen two patients who had been compulsorily detained in hospital on account of aggressive and irresponsible behaviour whilst drinking. Both were established alcoholics but in neither case was there any evidence of dementia, delirium tremens or other psychosis which I would have thought necessary to justify detention under the Mental Health Act.

I did make a tentative attempt to get a legal opinion on this, but was advised that the decision was a clinical one. Is it? I do not recall problems arising in this way prior to 1959, and it was the law that was changed in that year, not the patients. If, in fact, the law was then changed to make provision for the compulsory detention of alcoholics and of the sexual offender mentioned by Dr. Haldane, then this should be made plain.

It would seem under the old Acts the function of the Board of Control in scrutinizing certificates did serve to achieve some standardization of practice but there is no longer any such co-ordinating body and it would seem that widely diverging views are now arising.

Yours faithfully,

E. HOWARTH

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DEAR SIR,

Dr. Haldane has some misgivings about the psychiatrist having a psychopathic (sex offender) patient compulsorily detained under the Mental Health Act, possibly for an indeterminate period.

Allow me to exacerbate Dr. Haldane's misgivings. Loss of liberty is loss of liberty, whether the institution be mental or penal. While inmates in the good mental institutions have more freedom than in the good prisons, those in the bad wards of our worst institutions probably have a far more dire life than those in

our worst prisons. Also, perhaps paradoxically, in some things prisoners enjoy more protection of the law than certified patients, and a prisoner at least knows why he is detained and for how long. In the U.S.A. recently a man was discharged after thirty years from an institution for the criminally insane because he had the unique luck to find a lawyer who was able to prove that he had been detained by mistake (his casepapers had been mixed up with those of another patient). His steady efforts over thirty years to prove his sanity, and his loss of temper when he failed to do so had been all along regarded as confirmation that he suffered from paranoia.

The U.S.A. is more psychiatrically orientated and has graver problems of delinquency and mental health, but we possibly can see in an exaggerated way the shape of things to come, and perhaps learn some of the things not to do. For many years now, well-meaning American judges have sent delinquents to mental hospitals who do not cater for them, and this only upsets the routine of the hospital. A number of States have "psychopathic laws" under which a psychopath is held until the treating psychiatrist declares him cured. It was discovered only after a number of years that no psychiatrist, understandably, would take the grave responsibility of declaring a possibly dangerous patient "cured" and thus the patient remained detained. These laws, originally regarded as great advances, have by now fallen largely into disuse. An alcoholic who was arrested in Washington, D.C., for a minor offence had to sue for her legal right to plead guilty, since otherwise she might have been detained under the "Durham Rule" (which had until recently been regarded as an advance on the McNaughton because of its wider and more elastic concept of insanity). After much learned discussion and experimentation for the last twenty years, leading American jurists are gradually coming to the conclusion that the conservative McNaughton concept (in essence, that only open and flagrant psychoses constitute "insanity"), offers greater safeguards.

Another implication is highlighted by the fact that while the insanity plea in murder trials is usually entered by the defence, in the case of minor offences it is sometimes pleaded by the prosecution in the U.S.A.

Much could be said on these important issues. The price of freedom is eternal vigilance. The Courts are

the guardians of our liberties. There are many reasons why psychiatrists, apart from certifying open psychoses, should as rarely as possible be the ones who determine whether and for how long a patient is detained. The prime task of the psychiatrist should be to treat and to devise new treatment techniques for difficult types of patients. Criminal psychiatry and the treatment of psychopaths is still in its infancy and there are few psychiatrists willing and able to treat them. But to those who wish to do so English law and practice offer sufficient scope, e.g. allowing them to treat the patient while he is on probation.

Yours faithfully,

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#### INTIMATIONS OF IMMORTALITY

DEAR SIR,

I hope you will offer hospitality in your columns of this journal to this written expression of boundless delight I expressed over the excellent paper by Dr. Fitzherbert on "Intimations of Immortality" (November, 1964). We in India have long striven to rid psychiatry of deplorable materialism and now Dr. Fitzherbert has taken up the torch for all of us.

We in India through the wisdom of our ancient books have always known that every infant is in contact with the divine by some process, perhaps extrasensory, and Dr. Fitzherbert has shown now

how we project what we have got to know in this way on to our elders, parents, teachers and benefactors. Our Indian upbringing has always stressed that we must honour and love all these people, and the materialist view of sex going on between children and their parents has always been abhorrent to us.

Dr. Fitzherbert's excellent theory also seems to offer adequate explanation for our honoured institution of extended family. Our ancient books teach us that there are many gods and we probably are in communion with all of them projecting it all on to very many people so forming a closer link with them. As this extrasensory gift we all possess as infants is getting lost as we are getting older it probably also got lost through the ages from generation to generation. I should be interested to know from Dr. Fitzherbert whether the nations embracing monotheism have not already lost some of the great gift of extrasensory communication, thus only being able to make contact with one god (and his wife?) projecting them on to father and mother. We in India believe that our ancient books have helped us to preserve it all. May I end by quoting the great poet Wordsworth: "Civilization—at what price". (I am sorry I have been unable to find the exact poem where this comes from.)

Yours faithfully,

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#### CORRECTION

In the article "Sleep Disturbance in Depressed Patients" by J. G. Samuel, which appeared in our issue for September, 1964 (pp. 711-719), the following correction should be made to the acknowledgments—

The thioridazine syrup (Melleril) and placebo used in the trial were supplied by Sandoz Products Ltd. The Bayer Products Co., to whom these drugs were attributed, supported the trial financially.