Editorial.

PROGNOSIS IN THE PSYCHOSES.

At the present time scarcely any diseases are the subject of more investigation than mental disorders, and every endeavour is now being made to utilize any methods of treatment, both biological and psychological, which may lead to their amelioration or cure. In spite of this widespread activity, however, and in spite of the often expressed wish on the part of the psychiatrist that the psychoses should be regarded as naturally and hopefully by the general public and the medical practitioner as other types of illness, an attitude of pessimism in regard to insanity is the rule rather than the exception. Many factors no doubt contribute to the development of such an attitude, one of which is the widespread belief that the psychoses are incurable. There are, indeed, distinguished psychiatrists who would hesitate to use the word “Cure” otherwise than in inverted commas. It does not follow that a pessimistic point of view towards any particular problem is necessarily unjustified, and there are certainly features in mental disorders which tend to foster a gloomy view as to their outcome. Thus, segregation is necessary for a large number of psychotics, and the unrecovered patients are therefore more prominently displayed to the gaze of the public, as it were, than is the case with chronic patients suffering from other forms of illness. In view, then, of the popular impression that mental cases go from bad to worse, and that when they “recover” they break down again, it is most desirable that attempts should be made to discover what really does happen to patients when they leave mental hospitals. It is probably true to say that the prognosis for the general run of mental cases has never been established, and for this reason attention may be drawn to a concise and timely contribution to this problem by Dr. Earl D. Bond, who writes an article on the underestimation of good results in mental diseases. Beginning in 1914, the careers of 1,054 consecutive patients admitted to the department for mental and nervous diseases of the Pennsylvania Hospital were studied.
for a period of from five to ten years. The majority of the patients were suffering from the more severe types of mental disease, only a small proportion being classified as psychoneurotics; of these consecutive admissions, thirty were lost; of the 1,024 patients that could be followed over five years, 26.7 per cent. recovered and stayed well; 14.5 per cent. improved; 32.3 per cent. died; and 25.5 per cent. did not improve. The writer comments on these groups with only one point in mind, namely, the prevailing tendency to underestimate good results. In the first place, among those who recovered are some patients who reached a higher level of health than they had been able to reach before the illness. Thus, a woman who had been doing mediocre work as a shop sales clerk before her illness, was able to take up college work, graduated from a school of dietetics, and has for some years been chief dietetician in a large general hospital, following her recovery. Such cases are of considerable psychiatric interest and are by no means infrequent. The psychosis in these patients appears to have a cathartic effect—it 'clears the air,' as it were, and affords a release of pent-up emotional tension. In the second place, a number of paranoid conditions in which it is customary to assign an unfavourable prognosis are noted as having cleared up, as well as psychoses exhibiting severe catatonic symptoms.

As regards the "improved" cases attention is called to the fact that some patients are placed in this category because their return towards health was only partial, and others because they relapsed. Any cases which relapsed during the period under review were excluded from the "recoveries" even though the patients became normal again. With a few exceptions this group is composed of hard workers, and the improvement reached the state of self-support. The death-rate in this series appears large on the surface, but following any group of one thousand persons, many of them in the later decades, even in a space of five or ten years would bring to light a considerable mortality. As the period of follow-up work runs through 1918, there were a number of deaths from influenza. Many of the causes of death were not related to the psychoses in any way. On the other hand, all the patients with senile and arteriosclerotic psychoses died during the follow-up period.

Unfortunately it is not possible to compare these figures with similar ones in relation to physical diseases, for, as Dr. Bond observes, we have almost no information as to what
happens to patients who come consecutively to the doors of any surgical, medical or special hospital, or to the consulting rooms of general practitioners or specialists. There are plenty of statistics about patients with this or that disease, but none about the general run of patients. Probably the surgeon or physician would be satisfied with a return to full function in 25 per cent. of his consecutive cases, judgment being made from five to ten years after the beginning of treatment. Everything in psychiatry to-day points to the prospect of increasing the recovery percentage by getting at mental diseases early. If by getting at them late, consecutive cases may be expected to show full return to health in 25 per cent., and amelioration in 15 per cent. more, the general practitioner first, and the psychiatrist later, are justified in taking as hopeful an attitude as is taken for surgical problems.

These facts are deserving of emphasis if only for the sake of recovered psychotics who are, in many instances, only too conscious of the fact that they are at a considerable social disadvantage on account of their illness. Those who have an intimate knowledge of these patients cannot fail to be impressed by their extreme sensitiveness in regard to the attitude of the outside world towards them—a reaction which sometimes causes them to dread the time when they will have to leave the mental hospital. It is thus desirable that there should be a more general recognition of the fact that the psychotic may both become and keep perfectly well. Furthermore, though we have no knowledge of any specific remedies which will cure a psychosis, there are features in this form of illness which suggest that the discovery of such remedies is not beyond the bounds of possibility. Spontaneous cures occur in the psychoses which have no parallel in purely physical diseases of the chronic type. Such cures appear almost miraculous and astonish all concerned in the care of the patients in whom it is exhibited. Thus every psychiatrist could furnish instances of patients who have (apparently) been in a state of hopeless deterioration for many years, and who gradually come to themselves and make a complete recovery. In other cases a physical illness may be responsible for the amelioration or cure of a psychosis—a reaction suggesting therapeutic measures which have not been altogether unsuccessful. As an instance the malarial treatment of general paralysis may be cited.

We do not know much about the biological disturbances which are responsible for prolonged mental illness, nor do we...
know what happens within the organism to produce a return to normality. The fact, however, that patients with these serious mental illnesses are capable of recovery is one of profound psychiatric significance. Since such patients can recover, that is to say there is no irreparable structural change which renders a return to the normal an impossibility, it is certainly permissible to indulge in the hope that further investigation may not only enable us to understand why they do so, but that it may also suggest directions in which therapeutics may be applied with a view to hastening or bringing about the natural processes of recovery. There would seem to be no valid reason why the treatment of the psychoses should not one day be as successful as that of any other diseases. Perhaps more so, indeed, since we seldom meet with such "miracles of healing," as those referred to above as occurring in the psychoses, in any other morbid conditions. Thus we can scarcely expect a patient suffering from (say) chronic osteoarthritis so to improve as to exhibit a full return to function. In the first place, then, it would appear that the prognosis in the general run of mental disorders is by no means so unfavourable as some would believe, and, in the second, it would seem to be reasonable to nourish the hope that, with increasing knowledge of the causation and treatment of these disorders, it will be still more favourable than is at present the case.

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