

Glossary of terms relating to mental hospitals, Western Australia

Antipsychotic

A class of drugs developed in the early 1950s which seemed to control the more distressing symptoms of psychotic illness. The first modern antipsychotic was **chlorpromazine**.

Bromo-chloral, pot. brom chloral

A combination of chloral hydrate and potassium bromide, used as a sedative in general, maternity and psychiatric hospital settings from the late nineteenth century. It was also a potent anticonvulsant. Bromochloral was used in WA mental hospital settings until at least the late 1950s and the introduction of more effective sedatives and sleeping pills.

Butobarbitone (brand name Soneryl)

A barbiturate drug used as a hypnotic (sleep inducing drug)

Cardiazol treatment

In Budapest in the 1930s, Hungarian researcher Ladislas von Meduna induced deliberate seizures in patients using injections of a camphor-like heart drug, pentamethylenetetrazol (marketed as cardiazol), which became the focus of intense psychiatric research across Europe. Cardiazol experimentation began in Britain in 1937, and quickly outstripped insulin coma therapy in popularity there: cardiazol could be administered to numerous patients several times a week and took only a short time, whereas **insulin coma therapy** required daily treatment and constant medical attendance. This new form of treatment based on inducing seizures with cardiazol became known broadly as 'convulsive' or 'convulsion therapy'.

Dr Victor Webster, who came to work for the WA Mental Hospitals Department in March 1936, read about cardiazol treatment in a medical journal when he was working at Claremont. He discussed insulin coma therapy with Ernest Thompson, and when Webster transferred to Heathcote he secured permission to introduce cardiazol treatment. Dr Gwyn Williams – who was taught how to use cardiazol by Webster, and used it extensively in his private psychiatric practice in Perth - gave a first-hand description of its use to a 1938 Royal Commission into the management of Heathcote Reception Home.

The patient is placed on a bed. A tourniquet is applied to the arm. The arm is adjusted with a vein, if available, quite easily to be discerned. A syringe is filled with a variable dose of cardiazol [sic], and the needle has to be inserted directly into the vein.

Once the needle is in the vein, the material must be injected with considerable speed, and the tourniquet released. Then, in a second or two, a nurse or assistant has to be ready with a gag to place in the mouth of the patient to prevent damage to the tongue and so on. The part where the needle has been

inserted has to be dressed, and the patient has to be kept under very careful observation for two or three minutes.

The patient has the typical epileptic fit, in which is the loss of consciousness, and gets into a very rigid condition. Subsequently there are rhythmic movements of the limbs, and then the patient passes into a state of coma.

After the coma there is a variable period, in some cases lasting 20 minutes and in some cases one hour, during which very close observation is necessary. Sometimes the patient's respiration ceases for a brief period after the cessation of the movements, and some artificial respiration is necessary or oxygen has to be administered. That is a very tricky stage. No injection can be undertaken without due care and thought.

The process was not recommended for patients with heart, thyroid or epileptic conditions, and although Williams claimed to have carried out treatment on some 300 cases, he added that 'I am always glad when the patient has come around without any mishap.'

One of the problems with cardiazol treatment was that the action of the drug induced great fear: after the injection but before the seizures began, patients would be seized with overwhelming dread or horror, which they were able to remember upon awakening. This was why **insulin coma therapy** was the preferred option in many Eastern States hospitals. Cardiazol was in turn made redundant by the introduction of **ECT** to Western Australia in the mid-1940s.

Chlorpromazine (brand name: Largactil)

Chlorpromazine is a phenothiazine, and the first modern antipsychotic drug. Its antipsychotic properties were discovered more or less by accident during tests to see if it was effective as an antihistamine. Chlorpromazine was commercially available by the early 1950s, but there was at the time little real understanding of its long-term properties, side-effects and optimum dose, all of which had to be developed through ongoing testing and clinical use.

Chlorpromazine is highly sedating and also helps to control vomiting, but has some unpleasant physical side effects such as dry mouth, blurred vision, urinary retention and constipation. Long-term side effects of the drug can include tardive dyskinesia, a neurological disorder in which a patient would be unable to stop moving, the victim of constant repetitive involuntary limb and facial movements.

Cretin

True cretinism is a serious thyroid deficiency which leads to stunted physical and mental development, and often resulted in institutionalisation until its underpinning pathology was better understood and treated.

'Dirty habits', 'dirty in their habits'

Case notes sometimes refer to patients as being 'dirty'. This is usually a reference to urinary and/or faecal incontinence, and possibly smearing. When bed state is reported, 'wet' indicates urinary incontinence and 'dirty' indicates faecal incontinence.

ECT (electro-convulsive therapy)

This new treatment was a variation on Meduna's idea of convulsion (see **cardiazol**) but induced this time with electricity rather than drugs. Italian researchers Ugo Cerletti and Lucio Bini found in 1938 that briefly passing an electric current through a living person's brain could apparently produce benefits in people experiencing confused states. A description of this new therapy, called by Cerletti 'electroshock' treatment, appeared in the *Lancet* in 1939, and was promoted as a cheaper, easier, less traumatic and potentially safer form of convulsive therapy than cardiazol.

The shocks were delivered approximately twice a week, as with **cardiazol**, but with the advantage that there would be no build-up of drugs in the person's system. There was also another advantage: most patients did not remember the process afterwards. An early account claimed:

All the disagreeable subjective sensations present in cardiazol therapy are missing. There are always instantaneous loss of consciousness and retrograde amnesia, even if the amount of current has not been sufficient to provoke a fit. Therefore the patients never refuse to continue treatment because of disagreeable memories. Another advantage for patient and nursing staff is that psychomotor agitation is almost unknown in electricshock therapy. The patients behave like genuine epileptics after an attack and are generally quiet and drowsy and sleep if we want them to sleep ... A further advantage is that there is no need for intravenous injections. Economy is also made possible both in expensive drugs and in nursing staff.

At Parkside Hospital in Adelaide in 1941, staff built their own ECT apparatus rather than trying to import one from Britain as it struggled under wartime bombardment. South Australia's Superintendent of Mental Institutions Dr Hugh Birch told the *Adelaide Mail* on 22 March 1941 that 'Electrical convulsant therapy will replace the use of cardiazol in the treatment of the mentally sick.' ECT was first used at Callan Park Mental Hospital in Sydney at around the same time. Goodna Mental Hospital in Queensland introduced ECT in around 1944, where its success led to machines being ordered for Toowoomba Mental Hospital.

Drs Frank Prendergast and Zacharias Wechsler tried the new therapy at Heathcote in 1945, and by the end of that year Prendergast was so pleased with the results that he ordered an ECT machine for Claremont. Particularly notable was that of 200 ex-military personnel, all except one had been successfully treated at Heathcote and were discharged back to the community, which Prendergast believed was due both to the existence of Heathcote and to the introduction of ECT there.

ECT, unmodified

Initially, **ECT** was given without any anaesthetic or muscle relaxants. These were not introduced in Western Australia until at least the late 1950s or early 1960s, but this was not unusual: in 1958 a survey found that only 60% of hospitals in the UK used modified ECT, while 80% used only muscle relaxants. Today, all ECT in Western Australia is given 'modified' with anaesthetic and muscle relaxants.

Encephalitis lethargica

This was sometimes known as 'sleepy sickness', an unusual infectious disease, and could have had distressing sequelae if the patient survived (and around a third of those infected did not). Severe symptoms could develop after recovery, including Parkinsonism, severely blunted emotional responses, and in some cases a complete

change in the patient's personality. It could lead to institutionalisation in a mental hospital.

Eugenics

A group of ideas which developed in the late nineteenth century, related to a strongly hereditary perception of human health and wellbeing. The eugenics movement encouraged optimum reproduction by the healthiest and fittest, and the control of reproduction by those considered less fit and able. This intersected with questions of the hereditary transmission of mental illness, and often gave rise to discussions of forced or voluntary **sterilisation** of the 'unfit'.

General paralysis of the insane, general paresis of the insane, GPI

These are common terms used for neurosyphilis. Other terms relating to this condition included paralytic dementia, *dementia paralytica*, Bayle disease, parenchymal syphilis, symptomatic neurosyphilis, and progressive dementia, *tabes dorsalis*, and locomotor ataxia. The primary cause is tertiary syphilis.

The onset of GPI was often marked by depression, followed by memory loss and intellectual impairment. There could be an abrupt personality change caused by frontal lobe damage, with disinhibition, uncontrolled excitement and over-activity – often the point at which relatives would have the sufferer certified as insane, especially if they did not know that the person had had syphilis. Until the introduction of effective syphilis treatment in the 1920s, GPI was one of the most common causes of admission to a mental hospital in Western Australia. It affected men more than women, and men diagnosed with GPI and admitted to Claremont usually died within two years of admission.

Idiocy, idiot

Children and young adults classed as 'idiots' usually had profound mental and often physical disability. Idiocy in the nineteenth and early twentieth centuries was considered to describe people with a mental age of three years. When IQ testing was introduced, those who rated below 25 were classed as idiots. 'Idiocy' or '**imbecility**' was usually given as the person's diagnosis on admission to a mental hospital.

Imbecility, imbecile

Like **idiots**, imbeciles were defined by their considered mental age, which was rated as between three and seven years of age, or an IQ of 26-50.

Insulin coma treatment

In Vienna in the 1930s, researcher Manfred Sakel found that injecting large doses of insulin into mentally disturbed patients who were experiencing hypoglycaemic coma made them far more tranquil when they regained consciousness. Sakel published his results in 1934, and insulin coma therapy was first approved for trial in Britain in 1935. Dr Ernest Thompson began trials in November 1937 at Claremont Mental Hospital. It had limited success, and was labour-intensive, which helped to explain the greater appeal of treatments like **cardiazol**.

Largactil

See **Chlorpromazine**

Leucotomy

Leucotomy is a British medical term used to describe prefrontal lobotomy, in which the nerves connecting the frontal lobe to the rest of the brain were cut. This operation (one of a suite of practices which became known as psychosurgery) was first performed in Australia in 1945 in Parkside Mental Hospital in Adelaide on a 30 year old female patient, with apparently good results. The operation was also trialled in Tasmania from mid-1946, and was used from at least 1949 in New South Wales, although controversy erupted in 1952 when the New South Wales Lunacy Act was specifically amended to legalise leucotomy and other interventions. Leucotomy seems to have been introduced in Western Australia in around November 1947 and continued until at least 1957.

Malarial treatment

This form of treatment was used mostly for patients with GPI, and was pioneered in Europe, where improvements were observed in patients with tertiary syphilis who suffered malaria and recovered. It was used at Claremont Hospital for the Insane from the late 1920s onward, initially with infected mosquitoes and later with infected blood couriered from Mont Park Hospital in Victoria. The treatment was largely unsuccessful.

Mellaril

See **thioridazine**.

Mental defectives

This was the term used to describe children and adults who had intellectual or developmental disabilities. In Western Australia in 1926, the Department of Public Health set up a State Psychological Clinic, headed by local university graduate Ethel Turner Stoneman, who had studied psychology at Stanford University and the University of London. The Clinic's role was to detect 'mental defectives' by screening pre-school and school children and young adults, to classify those defects, and to treat them if possible.

By the 1920s, 'mental deficiency' was beginning to be considered as a separate entity from 'madness' or 'mental sickness', but defining this difference proved both medically and legally problematic. Mental deficiency legislation was passed in most other States in Australia, which placed these persons under separate jurisdiction from 'lunatics', but Western Australia did not pass the Mental Defectives Bill debated in State parliament in 1929. Different terminology was used to describe and classify people considered to be mentally deficient, including **mongoloid**, **idiocy**, **imbecility**, **cretin**, and **spastic**.

Mongoloid or mongol

A person with Down syndrome.

Narcosis treatment

In the 1920s researcher Jakob Klaesi experimented with putting mental patients into a prolonged narcotic coma, apparently with good results. This form of therapy, later known as 'narcosis' or deep sleep therapy, had actually been initiated in the late nineteenth century by Scottish physician Neil Macleod, who advocated a coma of 'bromide sleep' for 21-24 days. Narcosis therapy was trialled in Cardiff, Wales by Dr J H Quastel in 1934 and later by Dr D N Parfitt in England in 1936, who concluded that 'Prolonged narcosis often produces definite improvement - sometimes dramatic improvement - in psychotic cases ... but this form of therapy remains dangerous.' Today this discarded therapy is most commonly associated with the Chelmsford Hospital (Sydney) scandal, where narcosis treatment was used in combination with ECT and other treatments between 1962 and 1979, and was linked to the subsequent deaths of some 26 patients.

Claremont's medical superintendent, Dr Frank Prendergast, explained the technique to the *West Australian* newspaper on 1 February 1947:

In this method the patient was put to sleep with sedatives for three to four weeks and was only sufficiently aroused during that period to be able to have general nursing attention and to take nourishment. For the rest of the time he remained in a state of sleep. It seemed to be very effective in cases where there was a great deal of agitation and depression. By giving the brain cells complete rest it was possible to subdue the agitation completely.

Two oral history accounts indicate that narcosis treatment was trialled at Claremont in M3, the hospital ward, either in the late 1940s or early 1950s. Narcosis therapy was definitely trialled at Heathcote before 1945 under the direction of Jewish émigré doctor Zacharias Wechsler, who had studied with pioneering psychiatrist Eugen Bleuler in Switzerland, and who became acting medical superintendent of Heathcote in 1942.

Paraldehyde

Paraldehyde is a barbiturate. It was first synthesized in 1829, and was introduced into British clinical practice in 1882. Because of its relative safety and ease of administration, it was the most widely-used hypnotic and sedative in mental health care until the development of modern antipsychotics in the 1950s. It gave a characteristic foul smell to the breath, which has been compared to 'rotten oranges'.

Phenothiazine

An organic compound which occurs in modern antipsychotic drugs. The 'phenothiazines' form the largest group of neuroleptic antipsychotic medications.

Refractory

This is a term applied often interchangeably to patients who were either very difficult to manage in the ward environment, or who did not respond to treatment. There were two wards at Claremont for violent and/or unmanageable patients, one male (M2) and one female (F2), which were usually referred to by staff as the 'refractory' wards.

Resperine (brand names Quiescin, Serpasil)

Resperine is a first-generation 'typical' antipsychotic developed in the 1950s and used in Western Australia from the mid-1950s until the development of second-generation antipsychotics. In the UK its use in psychiatric medicine has now been discontinued completely.

Sexual depravity, sexual perversion (also moral depravity, perversion)

When used to describe child patients, this could indicate early promiscuity, compulsive masturbation, sexual predation on younger or weaker children, and/or homosexual behaviours. In adult patients, it usually indicated homosexual behaviours, paedophilia and paraphilias.

Spastic, spasticity

This term was used to describe children and adults with cerebral palsy and other physical and developmental disabilities.

Sterilisation

From the late nineteenth century and the rise of **eugenics**, there was increasing public debate about the idea of sterilising people with **mental deficiency** or suffering from mental illnesses to prevent these conditions (believed to be hereditary) spreading throughout society. Other groups singled out for sterilisation were criminals and the poor. After the disastrous experiments conducted in Nazi Germany, the issue of sterilisation continued to be discussed, but in terms of preventing unwanted pregnancies resulting either from consensual sex or sexual assault of young women institutionalised with mental illness or mental deficiency. Permanent surgical sterilisation is still a contentious issue for these vulnerable populations, and temporary or long-lasting contraception is the preferred option.

Sulfonal

Sulfonmethane, or sulfonal, is a hypnotic (sleeping drug), and was a coal-tar by-product. It is described in US physician T D Crothers' classic *Morphinism and Narcomania from other drugs* (1902). It was used in narcosis therapy, but was also used as a sedative at Claremont Mental Hospital.

Thioridazine (brand name Mellaril)

One of the first generation of 'typical' antipsychotics prescribed and administered in Western Australia from the 1960s onwards. Mellaril was first approved for human use in the US in the early 1960s, but in 2005 it was removed from the world market by its manufacturers as a schizophrenia treatment.

Typhoid, typhoid fever

This is caused by ingesting food or water contaminated with *salmonella typhi* bacteria, and causes prolonged vomiting and diarrhoea that can be fatal. It is highly contagious, as contamination can spread through vomitus and diarrhoea not being disposed of correctly. It is a different disease from **typhus**, which is caused by being

bitten by contaminated body lice, and which is also highly contagious, especially in institutional surroundings.

'Voluntary boarders'

Patients in Western Australia have always been able to be admitted to mental hospitals at their own request, sometimes with the assistance of relatives and guardians, but the conditions around this have changed over time.

- Under the 1871 Lunacy Act, the only type of voluntary admission was that of the private (full fee-paying) patient.
- With the new Lunacy Act of 1903, the superintendent of a hospital for the insane could admit people who wanted to lodge as 'voluntary boarders' in the Hospital, with the written consent of two JPs. This was for a specific time period only, at the end of which the patient was to be discharged. The patient had to apply for the written permission themselves, and could also discharge themselves with 24 hours' notice.
- Under the 1962 Mental Health Act, these became known as 'informal' admissions.
- The 1981 Mental Health Act (which was passed but never promulgated as law) clarified this by devoting separate sections of the Act to those over and under the ages of 18.
- The current Mental Health Act 1996 also allows for voluntary admissions.