

Discussion:

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It is a definite contribution to scientific progress to develop any type of test which is more objective in nature and permits recording results numerically. Dr. Clyde has done this by preparing a set of 3 x 7 inch cards carrying perforation for machine classification. The 133 traits listed include "angry, anxious, absent-minded" etc. Each subject classifies himself with one set; the examiners with a different set. Results fall in 4 categories: (1) Not at all; (2) A little; (3) Quite a bit; (4) Extremely. With a weight of 1 for each card, this permits computation of an overall score at any time. Changes in score produced by drugs or other treatment may be expressed quantitatively.

This is a decided improvement over scoring many psychodiagnostic tests in use. Other questions may be added to the present list; validation of present attributes confirmed; the troublesome question of relative weights to be assigned various questions resolved; and the applicability of these questions to measuring psychological behaviour changes. Such studies are desired in various types of mental disturbances, as well as in "normal" individuals.

Mental patients comprise half of the total hospital population in the United States. Dr. Kris points out that an increasing number of these patients are receiving "tranquilizers" and that there is an increasing rate of discharge from mental hospitals to the community. Also, the remaining patients tend to be more tractable. Our experience with one of these tranquilizers at Eastern State Penitentiary suggests that one in four inmates showed significant improvement in behaviour pattern during administration, not shown while on a placebo.

Tranquilizers differ pharmacodynamically, and are not interchangeable. Individual patients may be expected to show better response to some than to others. The effective dose will vary between patients as well as within any patient from time to time, possibly as a result of such factors as tolerance, metabolic or pathological alterations, and differences in intensity of external stresses. Dr. Kris emphasizes the growing need to indoctrinate the general practitioner in adequate therapy for furloughed and/or discharged mental patients, which will further decrease readmission rates. The development of side effects such as jaundice or blood dyscrasias should be anticipated during continuing therapy. There is very little data on the effect of chronic administration of these drugs. Dr. Kris makes 6 very pertinent suggestions, perhaps the most important being need for cooperation by possible employers.

Mr. Patton presents convincing evidence that there is an association between the decrease in the number of mental patients in the New York State Hospitals, and the increase in therapy with "tranquilizing drugs." Further explorations will be made to determine if this is a true correlation. This will be done by cohort analysis, which was started in 1954. It is hoped that an attempt can be made to determine the particular "tranquilizer" used, and the optimal dose for each, since these drugs are not interchangeable. The development of any toxic effects with prolonged use should be carefully observed. Other factors such as intensive treatment and open hospital policy made only a minor contribution to this decrease in hospital stay, which is real and in spite of increase in the number of general population. Any possible difference in mortality rate on mental patients in hospitals as compared with the same age groups outside hospitals, would be interesting to determine.

Patients between 1 and 65 years of age, and who have been in mental hospitals less than 10 years show greatest improvement, and half of them may expect discharge after a comparatively short hospital stay. The greatest benefits may be expected in schizophrenia, and less in alcoholic psychoses. Mental hospitals will be needed for custodial, rather than active treatment. Increasing knowledge by the general practitioner regarding therapy of such patients may be expected to materially decrease re-commitments.