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EDITORIAL

"Instrumentation- Optimism - Frustration" Script in Psychiatric Research

(The CT Scan : The Latest Model)

The hope in a magic solution issuing from the galloping technological advances to resolve the psychiatric dilemma lies somewhere in the conscious spectrum of any practitioner or researcher in the field, not excluding most psychoanalysts. Perhaps this is the cause why the same script repeats itself with no or minimal progress or alteration. Every few years we come to act the same rôle :

A technological device or a new laboratory technique declares a better possibility of getting to know the nature of the pathology in the CNS responsible for the pathogenesis of psychiatric disorders. This initiates a wave of optimism followed by a gush of research in the promising direction but with the least effort to search for, or formulate, the appropriate hypothesis that is likely to better fit the new tool. Honest comparative studies then follow, limitations accumulate, data mostly contradict each other, follow-up studies fail to support initial findings or prove original assumptions and, lastly, neither significant correlation nor causal relation could be established.

The most recent script is related to the CT scan. It seems to repeat the pneumoencephalography story with the advantage of being a non- invasive and sophisticated measurement. The review by Jacoby (1982) shows that at its best and from an academic point of view, CT may have certain prognostic value in dementias (particularly SDAT and MID)*. This limited value does not justify the undue enthusiasm for

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* Senile Dementia Alzheimer Type and Multi-Infarct Dementia.

such technique to be applied to most psychiatric illnesses not only on an academic research level but also as a practical diagnostic tool. However, such enthusiasm may reflect the continuous urge on the part of the psychiatrist to remember that he is but a physician to fit in the fashioned technological-medical model. As such, we usually overlook the fact that medicine is primarily an art of healing and technological devices could only enhance, but never replace, such art.

Another point to be revised is the tendency of the investigators to consider the possible atrophy detected by the CT as a pathogenetic factor, or at most as possibly mediated through or caused by some other concomitant process such as ageing, institutionalization, malnutrition, intercurrent infection,..... etc.

It may be as reasonable (or more reasonable) to start the other way round. Arieti (1974) postulates "..... the central nervous system would be the victim of the psychological conflict that it produces; the conflicts or turmoil themselves would disrupt the organization of complicated neuronal patterns." He considered "the functional alteration of the nervous system in schizophrenia not at a biochemical or molecular level, but at a preceeding level as a disintegration of neuronal pattern." Arieti was fully aware that such postulate could not be fully proved at the present state of our knowledge. The CT scan is a later technological achievement and it may open the gate to further developments that are able to minimize the gap between such hypotheses and their possible approval.

We have to think, also, in the atrophy detected as a possible consequence of specific disintegration of this or that area (s), i.e. as a sort of misuse or disuse atrophy resulting from neuronal dysharmony in a particular disease. We do not expect, by the present CT device, to disentangle the "cause" from the "effect" related to this circular problem. However, such orientation of the related current hypotheses may stimulate further elaboration of new techniques in the proper direction. It may also help to plan certain follow-up studies of the process of disorganization along with its behavioural and patho-anatomical con-

sequences. An operational coherent hypothesis should stimulate creating new research devices as much as new devices can add a wealth of necessary part information.

The only way to get out of the stereotyped "instrumentation-optimism- frustration script" is to make good use of the feedback (failures). It is not enough to develop more the same instrument in the same direction but it is as necessary to revise the underlying hypothesis and elaborate the assessed clinical data. The history of the medical model (the ego-ideal of psychiatry nowadays) tells us that medicine has always developed through primarily detecting a pathophysiologic pattern of dysfunction then going to search for its aetiological basis and patho-anatomical associates or consequences. Part information, whatever valid and concrete, should be used mainly in stimulating more logical and comprehensive hypotheses.

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Psychiatric Morbidity in a Mental Retardation Unit

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ABSTRACT

This study is an attempt to classify mental disorders in mentally retarded patients within the existing psychiatric diagnostic framework. Prevalence of psychiatric disorders was estimated to be 58% among 31 patients in a private hospital for mentally handicapped in Cairo. Depression, schizophrenia and early childhood autism were present in 3 cases, while neurotic disorders, behaviour disorders, hyperkinetic syndrome and hypomania presented themselves in 2 patients. Organic catatonia was detected in 1 case. Epilepsy showed itself in 11 retarded patients (35.5%), chiefly of grand mal type (63.6%). Aggression was a common symptom found especially in epileptic retarded patients, particularly in females and those with severe retardation. A plea is made for further studies on psychiatric morbidity of mentally retarded patients.

INTRODUCTION

The presence of psychiatric disorder in a mentally handicapped person is often overlooked, misdiagnosed or inadequately treated. Along with physical dependency needs, psychiatric disorder is also accepted as one of the principal criteria for admission to hospital of a mentally retarded person (SMMD & SED, 1979). Kraepelin (1896) took the view that 'imbecility may form the basis for the development of