My Student Elective

Contemporary psychiatry in China

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Until the past decade little information was available outside China about its practice of psychiatry. Last winter in my student elective I spent two months learning about the psychiatric services in urban Chengdu, Shanghai, and Beijing; I was unable to see at first hand any rural mental health facilities.

Historical background

From the period of Fu Hsi, the first legendary Chinese emperor (about 2852 BC), the recognised types of illnesses related to "wind" included "paralysis," "falling sickness" (epilepsy), and "excited insanity" (hysteria).¹ The Yellow Emperor's Classic of Internal Medicine, of about 1000 BC, described hysteria in relation to excessive Yin and epilepsy as a surfeit of Yang.² It stated that "those who act contrary to the laws of the four seasons dissipate in their duties, and if Yin is not equal to Yang the pulse becomes weak and madness results." More recently Wang K'en T'ang in *Standards for Diagnosis and Treatment* (1602) recognised insanity, mania, fits, and three types of depression (those associated with anger, apprehension, and melancholy).³

The first psychiatric hospital was established by Dr John Kerr at Canton in 1897, though by liberation in 1949 there were fewer than 2000 beds specifically designated for psychiatric patients throughout the country. The flavour of this period is well captured in a section from *Behind Iron Bars*, written in 1926 by McCartney: "Mental patients constitute a very helpless class in China."⁴ If caught upon the streets doing anything wrong they are arrested and thrown into prison and treated as if they were criminals. If they are homeless and wander in the streets, they are mocked and laughed at and stoned."

Developments after liberation

The first generation of psychiatric workers after liberation extended the previous hospital capacity to 20 000 beds by 1966, introduced child psychiatry as a specialty, and inaugurated the teaching of psychiatry to medical students. The well documented drive against prostitution and venereal diseases reduced admissions of patients with neurosyphilis from 10% to 1%.

The cultural revolution affected psychiatry in both general and specific ways. Mao established four general principles for the health services: put prevention first; serve the needs of the workers, peasants, and soldiers; emphasise public health measures; and unite Western and traditional Chinese medical knowledge. With specific reference to mental health, patients were exhorted to develop

correct thoughts, attitudes, and actions as the method of cure and to struggle against the root of mental illness (then seen to be atavistic bourgeois contamination) by group discussion and analysis of revolutionary writings (Mao's essay *On Contradiction* was often used).⁵ During this period academic psychiatrists retreated from any apparently ideologically motivated research and focused on the more politically safe areas of epidemiological surveys and electroencephalographic studies.

Map of China.

Current views of causation

The past decade has witnessed a sea change as regards acceptable explanations for the causes of mental illness in China. I was told by Professor Liu of the department of psychiatry at Sichuan Medical College in Chengdu that what were formerly political re-education classes have become periods in which nurses and patients sit quietly together reading newspapers. Electroconvulsive treatment, banned during the cultural revolution, has been reintroduced and is indicated, as in Great Britain, for severe suicidal depression, obsessive-compulsive states, and, less often, catatonic schizophrenia. Genetic and biochemical influences on the expression of mental illness are receiving renewed research interest. Dr Gu Niufan, of the Shanghai Psychiatric Institute, told me of his work to establish genetic markers for schizophrenia. His department is also investigating prolactin concentrations as an indicator of outcome in psychosis and is developing the use of the dexamethasone suppression test for establishing prognosis in depression. In the view of Dr Jiang Zuoning, consultant psychiatrist at the An Ding Hospital in

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Beijing, the current biochemical orientation can be seen as over-compensation for the ideological accounts of mental illness during the cultural revolution, and he suggests that in a further progression psychosocial factors will be given increased attention in the coming decade.

Changes in classification

Any Westerner's comment on psychiatric practice in China has until recently been hampered by the considerable discrepancy between the Chinese system of classifying mental disorders and the

Classification of Diseases, the term is now rarely used within British clinical practice. Professor Wang in Chengdu described to me the characteristics of this condition as lassitude, poor concentration, sleeplessness, reduced libido, and a "dreamy sleep." As I encountered the term I was struck by its use in two senses: firstly, as a broad description of what in Britain are called "the neuroses," and, secondly, in a derogatory manner, comparable to our use of "hysteria." Work at the Shanghai Psychiatric Institute is attempting to subclassify the conditions that fall within the blanket term neurasthenia and so permit more specific cross cultural comparisons.

Epidemiology

The East-West diagnostic disagreement makes any comparison of the prevalence of mental illness tentative. The combined results of research in Chengdu, Shanghai, and Beijing suggest that schizophrenia is about as common as in Britain (table).

Incidence and prevalence of schizophrenia

	Incidence (new patients/1000/year)	Prevalence (patients/1000)
Beijing	0.11	2.00
Shanghai	0.20	4.00 (3.00 rural) (5.00 urban)
Chengdu	0.35	3.10
Britain	0.15-0.20	5-10

Regarding the neuroses, a recent survey of about 4000 people in the Haidian district of Beijing found two cases of depression, two of anxiety, and six of hysteria—prevalences far lower than those among the British population. The psychiatric institutes of Shanghai and Beijing report, by Western standards, exceptionally low prevalences of drug dependence (0.75/1000), alcohol abuse, sexual disorders, and suicide (10 a year reported in the Shanghai centre and two at the Beijing institute).

Concerning women's experience of mental illness, a survey in Beijing in 1981 found that the risk of being diagnosed as schizophrenic was 2.6 times higher for women than for men. This was attributed variously, in line with the multifactorial approach to explanation, to women's double burden as both breadwinner and traditional housewife, women's endocrine and hormonal changes, their greater psychological lability, and their risk of involuntal (menopausal) psychosis.

Treatment

Patients with neurosis, in Western terms, are seen in China by general physicians and are often treated with acupuncture and herbal remedies; psychiatric practice is largely concerned with psychotic conditions, predominantly schizophrenia, and, for these, traditional forms of treatment are rarely used alone. Dr Zhang Ling Dong in Shanghai discussed the symptomatic use of acupuncture in treating visual hallucinations, anxiety, stupor, and excitement. The vast majority of schizophrenic patients are treated with drugs. An unpublished study by Dr Zhang Ming Yuan in 1978 of 857 schizophrenic inpatients at the Shanghai Psychiatric Institute found that 82% received chlorpromazine (12% with electroconvulsive treatment); 6% were given this drug with either acupuncture or a herbal preparation, and only 1% received herbs alone. Electroconvulsive treatment, reintroduced since the cultural revolution, is given by paramedical workers in rural areas by portable devices without any anaesthesia or muscle relaxant.

Professor Liu in Chengdu told me that the doses of standard drugs for schizophrenia may be reduced where they are used in combination with herbs such as tutin. Modified insulin treatment

Case presentation at department of psychiatry, Sichuan Medical College, Chengdu.

International Classification of Diseases standard (9th revision) in Britain and the Diagnostic and Statistical Manual framework (3rd edition) used in North America. Dr Chen Chang Hui of the Beijing Institute of Mental Health described one research project in which 98 patients, diagnosed as schizophrenic according to Chinese traditional criteria, were assessed by Western standards: 82 met the criteria of the International Classification of Diseases for a diagnosis of schizophrenia and 84 the criteria of the Diagnostic and Statistical manual.

The term "neurasthenia" is widely used within Chinese psychiatry and was first proposed as a diagnosis by Beard, an American, in 1869.⁶ It became sufficiently popular for Muller to write a 14 page bibliography in 1894. In 1909 the Frenchman, Janet, put forward the term psychasthenia to emphasise the psychological features of the condition.⁷ Although still included within the International

(in which 40-120 units of insulin are given daily for seven weeks) is employed in Chengdu for "neurasthenic" patients, and an 80% success rate is claimed. Psychotherapeutic interventions would be termed supportive in the West (Freudian depth psychology is still viewed as an individualistic irrelevancy) and encompass heart to heart exhortations, and group meetings that aim to encourage the patient to return to being an active member of the work unit.

Visiting one of the few psychiatric wards for children in China, at the An Ding Hospital in Beijing, I found that most of the children were diagnosed as childhood schizophrenics, and the treatment given varied from antipsychotic drugs to the steroid hydrocortisone—a method initiated in the Soviet Union but not recognised in Britain.

Community psychiatric services

Over the past 20 years Dr Xu Chang Lin has helped establish a three tier community psychiatric network in Shanghai. At the municipal level the psychiatric institute and a hospital with 850 long stay beds situated outside the city offer specialist referral and long term treatment. The 92 constituent districts have general hospitals whose physicians provide care for 90% of all psychiatric patients, and many districts have psychiatric hospitals, such as the one I visited in Jing An district. With 50 members of staff, it caters for the 65 inpatients (one ward for men and one for women). It also acts as a base for the community team, which sees outpatients, makes home visits, keeps a psychiatric register for the district, and liaises with work units and neighbourhood committees.

At the third level of the network are neighbourhood day centres. I saw the Yu Yao occupational therapy centre in Shanghai (one of 26 similar facilities in the city), where 90 patients, half of whom are mentally handicapped, work a six day week packing steel rulers and are paid on a piece rate basis. Dr Xu Chang Lin's research shows that these community services have reduced the rate of readmission to hospital from 35% to 15%.

What, if any, is the rationale of giving boiled water to children or adults suffering from diarrhoea and vomiting? Is there any reason why potable tap water should not be used?

The rationale is to sterilise the water. In places where the sterility of tap water is not in doubt and the likelihood of contamination is low the water does not need to be boiled. In young infants a commercially prepared glucose/electrolyte solution is best used.—D P ADDY, consultant paediatrician, Birmingham.

A previously normal and scholastically successful schoolgirl of 17 has developed morbid suspicions about her classmates and her school performance has deteriorated. What investigation and treatment are advised?

The main issue to be checked here is her psychiatric state. Adolescence is a time when most young people go through a phase of being extremely sensitive about themselves, and ideas of reference—that is, feeling that people are looking, commenting, and criticising—are a common occurrence during adolescent turmoil. Although previously stable young people may go through such a phase, 17 is also the age when psychotic illnesses may show themselves, and one of the most characteristic presentations is when youngsters start to believe that other people are critical of them. The difference has much to do with the extent and degree of the sensitivity. Usually a youngster going through emotional turmoil can be helped by a sympathetic examiner and will show a variation in mood.

A youngster who is on the threshold of some psychotic illness, on the other hand, shows a far deeper disturbance of mood and distress, and may in addition show some first rank symptoms of a psychotic illness that would include confused thought processes and the possible presence of hallucinatory experiences in terms of "hearing" critical voices. There is also the degree in which she believes the criticisms made about her are in fact true, and whether the beliefs accord with the examiner's observations of her and the accounts given by her family and by her school. It is also essential to get a

Future directions

The current concerns of Chinese psychiatry reflect two coexistent themes: the need to standardise the system of classification in line with international schemes; and the determination to maintain traditional forms of treatment, legitimising their action in terms of neurobiochemical research. Subspecialisation is now gathering pace, with its associated professional rivalries, and an international congress on child psychiatry was organised for April 1984 as the possible psychological consequence of the policy to have one child families become more widely recognised. The wider social implications of this method of population control, in terms of a future cohort of the unsupported elderly, combined with the increasing longevity of the people, mean that there are now plans to establish for the first time a psychogeriatric service in China over the next five to 10 years.

In short, the Chinese psychiatric service seems paradoxical to the Western observer with the familiar (the widespread use of chlorpromazine for schizophrenia), the novel (intravenous hydrocortisone for childhood schizophrenia), the incautious (unmodified electroconvulsive therapy), the impressive (urban community care), and that which is obsolete in Britain (modified insulin treatment). It is a service that reflects the contemporary Chinese climate in both selectively encouraging certain Western influences while developing the best traditional Chinese forms of treatment.

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sense of what sort of family she lives in, and whether there may well be other causes in the family that could account for the degree of concern that the patient has about herself. It is essential that a youngster presenting with severe problems of this type should have a proper psychiatric evaluation by someone who knows and understands the ordinary development of young people of that age.—A BENTOVIM, consultant psychiatrist, London.

How accurate are liquid crystal thermometers?

Liquid crystals are used in thermometry mainly for the display of data from thermistors, since digital displays using liquid crystal require less current than other types of digital display. Such thermometers, like other types based on either a change in appearance or in colour of crystals, or traditional mercury in glass, are inherently capable of reading to better than the nearest 0.1°C, all that is normally required medically. Though they sometimes have less thermal inertia, they are, however, in general subject to the same errors as other thermometers. In particular, sublingual readings from them, as from other thermometers, are not reliable unless the mouth has been closed for several minutes, and are also not reliable in air colder than about 20°C because of cold saliva entering the mouth from the parotid duct.¹ Similarly, rectal temperature is not reliable unless measured at 80 mm depth or more, and it lags behind the temperature of arterial blood if the latter is changing rapidly during body cooling or rewarming.² Such readings may often be made more conveniently by the new methods of thermometry than by old ones, but the calibration of the new instruments must be checked regularly, as they are often less stable than mercury thermometry, and all of the old precautions in their use and in the interpretation of readings must still be taken.—W R KEATINGE, professor of physiology, London.

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