

## From the editor

### 'Dementiazine'

During a professional lifetime, most doctors will have encountered outstanding family practitioners. My particular memory is of a husband and wife couple who spent their whole career in a severely deprived area close to Birmingham city centre for whom the general hospital provided inpatient and outpatient services. Any request that they made was invariably in the best interests of the patient. Telephone calls to the practice would be answered by the doctors themselves since they maintained that this was the reason why patients continued to contact them. They were always smartly dressed and he drove a vintage Rolls Royce – that is until his interest in military medals took hold and the car had to be sold to fund the new hobby. After a lifetime of service, they retired and we lost touch.

That is until news came through that they had moved to a nearby residence for the elderly. A visit followed and after signing in, we were taken to the second floor with access via a coded security system to 'our floor for the memory impaired'. The area was divided into three large lounges with 15 or 20 residents in each who, for the most part, were staring vacantly into space. Despite the long interval the couple were easily recognised and still smartly dressed. She smiled and otherwise said little. His confident good humoured 'public school' voice was unchanged. His speech consisted of words that might be used in casual conversation between professionals but put together in a way that made no sense although spoken with a conviction that he was communicating normally. The same question would be repeated a few minutes later with the same apparent interest in the answer. He was wearing two military ties with medals pinned to both lapels. Neither had any recollection of our longstanding professional links but

somehow both seemed grateful that we had come. Both were physically fit and active, moving easily with good hearing and eyesight. Indeed everything seemed in good working order except for the brain. This pattern must be repeated across a large number of care homes around the country where individuals with dementia receive care for their own protection and to provide some relief for their families.

Perhaps there is a parallel with the long stay psychiatric hospitals which are now closed. The visit was a reminder of the consultations for patients at such a hospital all those years ago from our base as resident medical officers in the nearby district general hospital. We gave medical advice to patients who were deemed to have chronic irreversible psychiatric illness when at that time custodial care was the only practical option. Yet, such hospitals have long since closed while the buildings have been converted into upmarket apartments with luxury houses dotted around the extensive grounds. The discovery and introduction of drug treatments for a wide range of psychiatric disorders have transformed patients' lives and minimised the need for much inpatient care.

In the same way that discovery of new treatments for psychosis and depression have made care in the community possible, such progress might in the years ahead also apply to the memory impaired. Progress in our understanding of biochemical neuroscience leading to the introduction of 'dementiazine' or its equivalent may still seem a remote possibility. However, within a career lifetime so did the introduction of active treatment for the patients in those long stay psychiatric hospitals which are happily now only a chapter in volumes of medical history.

Robert Allan

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