

“The past year evinces that there is still much procrastination in conveying the insane poor to an asylum, in consequence of which it is much to be feared the disease is aggravated and often proves fatal. Thus wives and children are too frequently deprived of their natural protectors, and in not a few instances become a heavy burden on the rates.

“The inference to be drawn from the statistics of insanity is that a large proportion of those individuals who are withheld from the asylum during the early period of the disease become the subjects of chronic insanity. The expense incurred in maintaining the destitute insane at the commencement of the malady would ultimately prove a measure of pure economy. In many instances the expenses of a few months only would fall on the parishes instead of their becoming, as is too often the case, paupers for life, and with the miseries of the unfortunate patients greatly aggravated. There is much reason to fear that unless measures are adopted more efficient than those at present resorted to, great neglect will continue to exist. A well-devised system of transmission with early treatment might probably have arrested the ravages of the disease.”

This was published in the same journal in 1850.

(1) A paper read at a Special Meeting of the Medico-Psychological Association held in London on November 20th, 1911.

Some Points Complementary to the Institution of Post-Graduate Instruction in Psychiatry.⁽¹⁾ By DAVID ORR, M.D., Senior Medical Officer, County Asylum, Prestwich.

IT is now generally granted that a post-graduate training for medical men desirous of taking up lunacy as a speciality is essential in order that the study of the causation of insanity may progress along scientific lines, and accurate co-ordinated observations result therefrom, but it is equally necessary that the conditions and circumstances of these men on taking up work in asylums should conduce to the best interests of the speciality in question and tend to bring out the best qualities of the medical personnel. A moment's consideration proves that such conditions are conspicuous by their absence.

Assistant medical officers have no legal position, they are

condemned to celibacy until superintendents, or in some instances deputy-superintendents, thus resembling house-surgeons in general hospitals but with the irksome addition of years of waiting. They have no real career in the sense that can be applied to an assistant physician or surgeon at a general hospital, and if, at the outset, they are stimulated by the desire for scientific research, the incubus of routine work soon tends to stifle it. Many assistant medical officers have to look after five hundred patients, five hundred abnormal minds, each one of whose perverted mentalisation would afford interesting study to the acutest intellect for a considerable period of time. This task for a raw youth is manifestly absurd.

There are two ways in which the position of assistant medical officers in asylums may be regarded. Their position is either that of a medical man to look after the general health, comfort, and welfare of a certain number of insane persons, or it is that of a trained specialist able and willing to devote his life to the amelioration or cure of the mentally afflicted by bringing to bear modern research and knowledge on his subject. If there be any who imagine that duty towards the insane ends on completing the routine prescribed by the rules at present in force, a duty confined to daily rounds, physical examination, observance of general hygiene, and an elementary mental examination, then we have no hesitation in telling them that such an attitude is unworthy of a decade in which all other branches of medicine are making sufficient headway to justify past effort and hold out prospects of far-reaching results in the future. We hold that with the time at his disposal the assistant medical officer should be encouraged in every possible way to approach his subject in a more highly scientific spirit than that which at present is demanded in the service, and thus help to bring his speciality into line with the other special branches of medicine which in modern times converge towards the prevention of disease.

All this may seem to be an indictment of assistant medical officers in general, an adverse or even biased criticism, but we would hasten to correct any such impression. This is a criticism of a system which, though in recent years it has greatly improved in its organisation, discipline, administration and guidance on lines suggested by humanitarian thought and modern science, yet even now has limitations which paralyse

the true work of psychiatry. Attention has been almost exclusively confined to administrative work ; consequently the claims of science have received scanty consideration, both without and within the asylum. So no reasonable person would dream of attaching blame for lack of scientific tendencies, effort, or attainments, to assistant medical officers.

It was with a view to stimulating research in asylums that a sub-committee of the Educational Committee of the Medico-Psychological Association drew up a curriculum for a post-graduate diploma in psychiatry which was submitted to universities along with the request that they might institute a course of study. Four of them supported this Association and in three the course is in actual existence. So far, therefore, something has been accomplished and facilities for training are provided. But there is an important aspect of the question which must be considered before any further step can be taken, and that is the attitude of the assistant medical officers towards the new movement.

There are always two interests in any bargain, so let us consider how an assistant medical officer would receive the suggestion that he should be specially qualified in psychological medicine with an expenditure of his own time and money. We readily admit that incitement to work and free scope for the development of ambition are the best stimulus for getting good results from the average man. At the same time there are considerations affecting his social and domestic life to which he cannot be entirely oblivious but which are neglected under present asylum conditions. So our young man in question would in all probability, and rightly too, turn and say, "I'm to spend this time and money, I'm to use my special knowledge to conduct research in insanity, I'm, in fact, to be a specialist ; meanwhile, in exchange for this I'm shut up in an asylum, treated like a house-surgeon, have no legal status, can't be married after a reasonable period of probation, must live like a monk. Keep your qualification ; I'm a mere man, and claim to live a natural human life."

Now, can exception be taken to this attitude? Surely not. It is quite reasonable ; and it is only by looking facts in the face, by admitting the alienated and anomalous social position of assistant medical officers in the asylum service, and by speedily rectifying the faulty, even pernicious system which

condemns them to something worse than a monastic life, that any headway ever will be made towards putting what we are pleased to call our speciality on a rational basis. Were the whole position of medical officers remodelled so that it might be relieved from the depressing influences of present asylum duties and permitted the members of the medical staff after a period of probation to have the option of leaving the quarters provided in the asylum and of occupying a house, then the greatest difficulty in the path of further progress would be removed. Such a radical change of system would be beneficial to both the asylum and the officials, and once established the governing authorities could expect, and if necessary demand, co-ordinated scientific work from the medical staff; and in doing so they would only be performing a duty in the public interest of the present and future. Special post-graduate education and extension of privileges to assistant medical officers must, therefore, go hand in hand; the former without the latter will be a conspicuous failure.

Is there any necessity for so many medical men to live in the asylum building every night? In large asylums there is a staff of six assistants, in smaller ones two or three; the number varies of course; but there they are waiting for promotion, dining together every night, killing the evening in a routine fashion, which in a few years becomes appallingly monotonous. There is no work beyond a night round, they are rarely called up for an emergency, and yet they all live in. Should any casualty take place at night it is almost invariably slight; as a rule one is called to administer a hypnotic. The point need not be laboured; it is obvious to those who have spent any time in the service, and so it may be assumed that a relaxation of the present rigid arrangement would entail no neglect of the patient. This is not the place to go into details as to how a living-out system for medical officers could be arranged, but surely in our largest asylums the superintendent with two assistants, and in the smaller with one, would be ample to cope with the slender amount of night duty. Those who regard this suggestion as too bold and unworkable might contrast our present enlightened system of treatment in lunacy with the times of straight-waistcoats and chains. Under some such modification as indicated above medical officers could look forward to leaving the "shop" behind them on completion of

duty—a very important point in asylum work and one thoroughly appreciated by the lay mind. We are of opinion that this matter has only to be put before asylum committees in an unbiassed manner to receive full consideration and support.

Up to the present we have dealt with only one of the points germane to reform. There is another of special importance—that of the legal position of an assistant medical officer. When a young graduate takes up asylum work he finds himself in a service hedged round by a strict Act of Parliament, but to his surprise he discovers that in that Act there is no mention of the assistant medical officer. The Act of 1890 speaks only of the “medical officer or superintendent,” and the “medical officer” is defined as “superintendent,” or, if the superintendent is not a medical man, the “resident medical officer of the asylum”; there is no reference to any medical officer except the “medical officer or superintendent.” Neither in that Act nor in any subsequent Lunacy Act is the assistant medical officer mentioned. On further inquiry, however, he discovers that he is mentioned in the Commissioners’ rules as follows: “The entries in the medical journal, case-books, and *post-mortem* book to be kept in every institution for lunatics shall be made by the medical officer thereof or by an assistant medical officer under his supervision and control, and every such entry shall be signed or initialled by the person making the same.” His position as a clerk to make entries “under supervision and control” defines the value set upon his services towards the insane with an exactness which could only be the product of a legal outlook. Irrespective of years of service his position remains unaltered and unalterable until such time as he becomes senior medical officer and automatically acquires the right to act as deputy-superintendent. It is true he is not called on to do more than the legal minimum; he need never have read any books on his speciality; he need have made no study of psychology or of psychiatric medicine beyond an empirical observation or two in his daily round. He need never have shown the slightest interest in scientific knowledge. All this ought to, and does, impress him with the fact that he is a mere cypher appointed in obedience to a legal mandate, and very little experience shows him that his position is wholly undignified and one in which he can take no pride. He certainly has no reason to grumble at the initial salary. For

a newly qualified man to start with a salary of £150 per annum and all found, and that salary to increase by a substantial sum annually, must be considered satisfactory. But even in those circumstances we constantly hear of the difficulty of obtaining suitable assistant medical officers.

Now one point that must be remembered is that in this country the asylums have so increased in size, and the administrative duties have become so heavy, that it is impossible for the superintendent to give much attention to clinical work. This is handed over almost entirely to the assistant medical officer, and he finds himself responsible for four or five hundred patients; only the more important cases and incidents in his section receive any attention from the superintendent. It must be, or at any rate should be, extremely galling to an assistant to feel that although he has this responsibility he is not, after all, a legally recognised officer of the medical staff of the asylum. It is true that at one time during the organisation of asylums assistants were appointed for the sole purpose of attending to the immediate wants of their patients, but regard the different position of lunacy at the present day.

It will be at once admitted that the science of psychiatric medicine has made vast strides, as strides in science go, during the last twenty years. Twenty years ago the knowledge of the subject was rudimentary. Metaphysical psychology was not yet seriously attacked; the anatomy and physiology of the nervous system were not considered of fundamental importance as a basis for the study of mental disease; the reaction of the nervous system on the organs of the body, and of the organs of the body on the nervous system were unknown or only hinted at; the analysis of the mind from a therapeutic point of view was not employed; investigations into the structure of the nerve units, of the lesions which occur in them, and of the mechanism by which these lesions are produced were scarcely begun. The methods in use at that time were unequal to the task, but since 1890, thanks to Golgi, Nissl, Cajal, and Bielschowsky, investigators have been in a better position to cope with the many difficulties, and to face them. Much has been done by these methods, and new methods for investigating even more difficult problems are being discovered year by year. By those means new fields are being opened up, so that it is

obvious that a high grade of scientific training is necessary before a man can undertake work of this nature.

But what has the lunacy service to offer one who knows that his duty does not end with merely seeing his patients clothed, fed, and kept clean ; who has recognised that there is a scientific side to psychiatric medicine, of intense interest and of supreme importance, and who has striven to keep abreast of the work done by others, and to add some contribution himself? In several countries on the Continent it is admitted that if a man has reached the age of twenty-seven to thirty years, if he has qualified himself to carry on research, and if he has shown by his efforts that he is intent on continuing in his serious endeavour to add to our knowledge of psychiatric medicine, he is justified in claiming that he shall be recognised as a permanent legally appointed officer of the asylum in which he is working.

In Italy, in 1899, the government assured to the director full authority over all the branches of the asylum—clinical, disciplinary, and economic. But in 1909, owing to the efforts of the assistant medical officers who formed an association, and of some of the superintendents who recognised that the work of the assistant medical officer was satisfactory in proportion to his sense of responsibility, while a long dependence was deleterious, the Government of Italy decided to recognise officially the assistant medical officer's responsibility for his own section, *i.e.*, he was given a sphere of personal action. Giannelli states that in France, Germany, Switzerland, Norway, Denmark, and in some asylums in Russia, the assistant medical officer is autonomous in his own section. Sciuti, after years of the application of this principle in the asylum at Naples, expresses his strong approval of it. In England, a man who continues to work while in the lunacy service may gain very little by it. After ten years or more he may find himself in the same position, with the same salary, and with the same prospects for the future as though he had simply fulfilled the letter of the law. After his years of experience he may be still in an intolerably dependent position—certainly the worst incentive to work that can possibly be imagined, and one which gradually kills interest, enthusiasm, and therefore progress.

If we compare the lunacy service with other medical ser-

vices—Public Health, the Royal Army Medical Corps, or the Colonial Medical Service—we find that they are now attracting men in large numbers, and for the simple reason that each member is trained for special duty and freely given the responsibility which is inseparable from his work. It is only by doing so that the true qualities of the man are brought out or his deficiencies discovered—a very important point in the efficient organisation of any service which is the concern of a community. And this raises a point not sufficiently recognised by those who govern the arrangements for the segregation of the insane. Has it ever occurred to those governing bodies that the lunacy service is not, but should be, one of the most important departments of State medicine? Does it require any argument to demonstrate beyond dispute that the mental health of a community is quite as important as the physical? Not a stone is left unturned to stamp out a few cases of small-pox, although we are all carefully vaccinated, and the country is staffed with highly trained medical officers of health, but with true British inconsistency the crying need for a thorough organisation of lunacy affairs is, year after year, allowed to pass unheeded. And why? Because the medical staff of our asylums have not that position as a body which gives authority to statement of facts and to the suggestions which must emanate during the evolution of a special department of science. Were it recognised that those who come into the asylum service should be trained and efficient, that responsibility should be extended to assistant medical officers who, after a period of probation, have qualified themselves to merit the name of specialist, then from that moment lunacy affairs would be established on a basis which would give those who think some hope for the future. To ignore the young members of a service is not the way to produce efficient men who will occupy positions of responsibility in the time to come; and the mere fact that assistant medical officers have no legal position, are ignored, are legally irresponsible, and untrained, must appeal to everyone as an anomaly which should receive immediate attention. It is this state of affairs which is holding back progress in the treatment of insanity, and making it, as a science, ineffective. Those who look across the channel and see the work, the enthusiasm, and the formation of clinics in psychiatry, envy the broad-mindedness of our Continental

neighbours, and feel that Britain, the leader in humanitarian methods, is out of the race where science is concerned.

To sum up, then, there are three evils in our asylum service at the present time which demand immediate reform, unless we are content to sit in the background while other services are taking their legitimate place in the scientific world.

(1) Those who have decided to adopt the lunacy service as a speciality must be properly trained. Post-graduate courses have been considered and provided.

(2) After a period of probation, say three years, asylum committees should consider an application to live away from quarters, either in a house on the estate, or in close proximity to the institution.

(3) Every permanent assistant medical officer must have legal recognition.

These three recommendations would seem to be the basis from which progress will spring, and co-ordinated investigation develop. The question of the causation of insanity is too huge a subject for single-handed effort, and to expect any results of real permanent value under the present system is a ridiculous under-estimation of the intricacy of physiological and pathological processes. Nature does not yield up her secrets to the tyro, and those who await the advent of a genius too often forget that it is the patient work of his predecessors which enables him to put on the coping-stone, and claim the credit of a brilliant discovery. And so at the present time when it may be truthfully stated that we know practically nothing of the causation of insanity, it is our duty to organise investigation and subject it to the criticism of trained minds in order that the discovery of well-grounded facts will be the outcome.

When all the permanent medical officers of our asylums are true specialists, the speciality will have a power of the utmost use to humanity, and the lay and medical papers will cease to advertise the narrow opinions and babblings issued by those who know too little of the whole subject to speak with any authority.

(1) A paper read at a Special Meeting of the Medico-Psychological Association held in London on November 20th, 1911.