

tion. In Tansi's opinion, more and more cases are being detached from the imbecile class and placed among the idiots, so that he thinks eventually the old idea entirely in favour of hereditary degeneration as the intrinsic factor in idiocy and imbecility will give way to the modern idea entirely in favour of cerebro-pathies. This is pushing the idea too far; there are two very distinct classes, the idiots, resulting from trauma, and the imbeciles, resulting from congenital defect of structure, and a study of the heredity in these cases should be one of the means—probably the chief means—of discriminating one class from the other. If idiocy is acquired, there should not be a preponderance of defective ancestry; if imbecility is a congenital defect there will be (and there is) a preponderance. Even according to Tansi himself, the idiot is devoid of true intellectual and affective anomalies, whereas the imbecile displays them in abundance.

(¹) A paper read at the Meeting of the South-Eastern Division on October 4th, 1911, at the Bucks County Asylum.

The Development of Psychiatric Science as a Branch of Public Health.⁽¹⁾ By R. G. ROWS, M.D., Assistant Medical Officer and Pathologist, County Asylum, Lancaster.

ONE of the most striking developments of recent years, a development which may be seen in most countries of the civilised world, is that of the recognition of the necessity for preventive measures against disease. This necessity is not only felt in medical and scientific circles, but is, in many instances, quite as keenly appreciated by members of the general public. Few people are now indifferent to an outbreak of a serious infectious disease even in a distant land; and, in case of an outbreak in our own land, we no longer patiently watch it run its course far and wide without making strenuous efforts to check it, but by investigation we try to ascertain its cause, and by segregation and fumigation we keep it somewhat under control. The report of the spread of the "plague" in Eastern Asia at once led to an inquiry as to our preparedness to prevent its being introduced into this country, and to combat it if it gained an entrance. We have now an army of inspectors whose duty it

is to watch our food-stuffs, and the way they are handled, to investigate the conditions under which our working classes are asked to labour, to inquire into the surroundings in which the people live, and to prevent pollution of the air and water. We have a service in many parts of the country to instruct mothers how to feed and attend to their children, and the children, when they go to school, are examined to discover whether they are suffering from any disability which would hinder their making use of their opportunities, or which, if not corrected, would tend to become aggravated.

This inspection of the general health in the home, in the school, and in the factory is now a recognised part of our national equipment, and with its development there have arisen various means of help for those afflicted with common diseases and disablements. So popular has this movement become that it is discussed by everyone, it is written about in our papers and journals, and a public opinion has been developed which few would dare to oppose. This general sympathy and activity have grown with the increase of our knowledge of these diseases. Why is it then that so little attention is directed to the disablements connected with mental incapacity, congenital or acquired, and that mental diseases in their incipient stages are practically neglected?

It is true we have had commissions and reports. A few years ago a Commission was appointed to inquire into the "degeneracy of the race," and we were consoled with its report that the race showed no signs of increasing degeneracy. Later we have had a Commission on "the care and control of the feeble-minded." The facts collected by this Commission revealed a condition of things which startled us out of our state of indifference, and gave our nerves a somewhat rude shock. The report of the Commissioners contained many interesting and strongly expressed conclusions, and many important and far-reaching recommendations. The question of carrying out some of these recommendations is, we believe, now being considered, but, at the present time, we have in this country practically no facilities for helping the mentally afflicted—whether juvenile or adult—unless the mental affection is so marked as to require their segregation in a home for idiots or an asylum for the insane. Some small isolated efforts, such as an out-patient department in a general hospital, have been made, but the

results have not been very encouraging; nor can we expect any satisfactory results until this question is approached in a thorough and methodical manner and we are guided by a scientific knowledge of the subject in all its aspects.

Modern humanitarian sentiment has moved us to care satisfactorily for the bodily condition of our insane, but unfortunately we seem to rest satisfied with providing well-appointed refuges for patients suffering from mental diseases after the disease has become well established. We make no provision for the preliminary stages of mental disorder, and many of the cases have reached a chronic condition before anything is done for them. It is not at all uncommon on investigating a case admitted into an asylum to find that the first symptoms of the disease appeared six, twelve, or eighteen months before the patient received any medical advice.

As an instance of this may be mentioned a case admitted into an asylum suffering intensely from the most frightful auditory hallucinations. After the patient had been in the asylum a few days and somewhat settled down, he was asked when he first began to hear "voices"; he replied "about twelve months ago." He heard them, at the beginning, only at night and began to be troubled in the daytime just before his admission to the asylum; then his conduct became altered, and that first friend of the insane—the relieving officer—took him in hand. Here, then, was a case—and this is no isolated instance—in which the mental disease had existed for twelve months; during that time the patient had received no treatment, nor could he, under the system in vogue with us, have received treatment from anyone who had had experience in insanity. After six months in the asylum this patient escaped from a party working in the gardens and was well enough to take care of himself and keep out of the hands of those who searched for him; and, in all probability, if he had been able to consult someone capable of treating a mental case, it would not have been necessary for him to have been taken to an asylum at all.

In this country we have a system under which all the men who enter the asylum service and who alone have an opportunity of acquiring an intimate knowledge of mental diseases are forbidden to carry that knowledge into the outside world for the benefit of those suffering from these diseases; and even if a sufferer should voluntarily go to an asylum and ask for

advice, all that can be done for him is to suggest that he should consult a medical man outside, who, by the way, has had no experience in insanity, or to recommend him to call and see the relieving officer. The neglect to provide such cases with facilities for obtaining advice may have been excusable in the days when our knowledge of insanity and its causes was extremely limited, but it is quite unjustifiable in the light of modern advances regarding the ætiology and pathology of mental diseases which have been acquired by patient investigation in the Clinic and the Laboratory. We now know some of the factors which are intimately connected with the origin of mental diseases although we may not be able to explain their mechanism. We know that a third of the cases admitted into our asylums bring with them a history of alcohol or syphilis. We know that the causes which give rise to cretinism can be combated by the use of thyroid extract. We know that many cases of idiocy and imbecility are directly caused by inflammatory lesions of the brain, which are produced *in utero* or in the early years of life, and which, if they do not lead to severe conditions of mental enfeeblement, may provide a ground for mental breakdown later in life. Another great advance has been achieved by the remarkable work of Freud and Jung, which shows us the importance of psychogenic factors in the production of neurasthenic and hysterical disorders.

Other examples might be mentioned, but those referred to are sufficient to demonstrate two important facts: (1) That the causes of insanity resemble the causes of other diseases to combat which our service of Public Health has been instituted; and (2) that in order to achieve any good results in the treatment of mental disorder, the work must be undertaken by a service of men of high scientific training and keen enthusiasm.

The importance attached to psychiatric medicine in the different countries of the world may be estimated by the facilities they provide for teaching the subject and for enabling the community to benefit by the practical application of the most advanced scientific knowledge of mental diseases. In this country we have at last awakened to the necessity of giving some special instruction to the men who are about to undertake the care of the insane, but there is as yet little sign of an appreciation of the value of psychiatry as a branch of public health. The relation of psychiatry to the community was one

of the most important subjects brought before the International Congress for the Care of the Insane held in Berlin in October of last year. The subject was introduced by Professor Sommer of Giessen. He drew attention to the interesting reports presented to the Congress dealing with this subject from all points of view, including references to the organisation and management of institutions for the insane, to the boarding out of patients in families, to the organisation of the nursing staff, to the increasing number of houses for the insane and of those confined in them, to the relation of psychiatry to legislation, to the causes of mental disturbances and their connection with certain common diseases, with customs and with the development of civilisation. He showed how the development of psychiatry naturally led from simple statistics and treatment of the insane to the study in psychiatric clinics of the causes which produce insanity; how the study of heredity and endogenous diseases led on to the consideration of the relation of mental diseases to the manner of life and to the customs of the people, and how mental hygiene thus becomes intimately connected with the study of predisposition in the general population; how the development of forensic medicine demonstrates the close relations existing between psychiatry and the laws and penal justice. The important relations between psychiatry and forensic medicine have been insisted on by Professor Kraepelin also. He has pointed out the large number of crimes committed by those of unsound or imperfectly developed minds and also the close dependence of human behaviour on bodily states, on heredity, on the conditions of life and the accidents of life. Both he and Professor Sommer lay stress on the necessity for a sound knowledge of psychiatry on the part of those who have to advise on forensic cases or to give expert evidence in the courts of justice; they also suggest that some training in this subject would be an advantage to those in the courts of justice who have to adjudicate on the evidence brought forward. Professor Tamburini, of Rome, discussing the report of Professor Sommer, referred to the already instituted psychiatric and forensic-medicine schools and to the schools for scientific pedagogy and anthropology as evidence of the increasing recognition of the social element in the causation of individual and collective anomalies, and suggested that from this recognition would spring prophylactic as well as curative treatment.

Now the subject of psychiatry as a branch of public health is too large to be considered in one paper, and, as Professor Lugaro has said, it concerns not only the alienist and the general medical man but also the whole of society.

To-day we wish to draw the attention of the Medico-Psychological Association, as being the Association connected with psychiatric medicine in this country, to the important question of providing some means for dealing with the early stages of mental disorders before certification is necessary, and also for organising adequate facilities for teaching the subject and for carrying on scientific investigations.

It is admitted in most countries that the psychiatric clinic must be the centre from which development in this branch of medicine will proceed. In Germany, for instance, we find a psychiatric clinic is attached to every university in the country. These psychiatric clinics are as much a part of the university as are the medical, surgical, children's or women's clinics, and as the people are able freely to go to these last and to obtain advice from the highest authorities on the disease from which they are suffering, so it is a fundamental principle of the psychiatric clinics that patients suffering from any mental disturbance whatever may freely enter them, and at once come under the care of an expert in mental diseases.

Dr. Orr and I have recently visited the psychiatric clinics at Giessen and Munich, and we should like here to acknowledge the courtesy and kindness we received at the hands of Professor Sommer and Professor Kraepelin and their colleagues.

The functions of a psychiatric clinic are defined by Professor Kraepelin as being :

Attendance on the mentally sick.

The instruction of students.

To serve as a place to which criminals suspected of mental disease may be remanded for medical observation.

The dissemination of medical views on certain social questions and the correction of existing prejudices regarding insanity.

To serve as a connecting link between the larger, remotely situated county asylums and scientific research.

The scientific investigation of all problems connected with the study of mental diseases.

They are carried on on the lines of freely come, freely go, as

far as is consistent with the safety of the patient and the public. In neither of these clinics is any legal document necessary for the admission or discharge of patients. But where the character and severity of the mental disturbance require the longer detention of the patient in the clinic or in an asylum, such detention can be exercised only under a legal procedure which carefully safeguards the rights of the patients.

In this way it is possible to avoid the stigma which is attached to certification and seclusion in an asylum. That this is appreciated by the general public is demonstrated by the number of people who make use of the opportunities offered them. To the clinic at Giessen with its seventy beds, between three and four hundred patients were admitted in 1907. From the report of the clinic at Munich for the years 1906-7, we learn that there were 1,600 admissions in 1905 (the first complete year after it was opened), 1,832 admissions in 1906, and 1,914 admissions in 1907. At the present time admissions go on at the rate of ten or twelve per day. It should be mentioned that at Munich the clinic is open night and day for the reception of patients, so that they can be brought under the care of an expert at the earliest possible moment, and the painful impressions produced often by detention and restraint by unskilled persons and in unsuitable surroundings are reduced to a minimum. This immediate treatment at the hands of men experienced in insanity is a matter of the greatest importance from the point of view of a favourable termination of many of these cases.

Let us now consider the actual treatment of those admitted into these institutions. What most strongly impressed us in these clinics was the absence of noise and excitement amongst the patients; it was certainly an ample demonstration of the value of the means of treatment adopted. It is recognised in the first place that patients must not be crowded together; none of the wards contain more than ten beds. In the next place it is felt that patients suffering from mental disease should be kept in bed, and they remain in bed until they are advancing on the way to recovery. For the patient who is too excited to be kept in bed or who disturbs the others too much, experience has shown that prolonged warm baths provide the best means of quieting him and bringing him into such a condition as will allow of his being kept in the ward. The extent to which the

bath treatment is employed may be judged from the fact that besides the baths used for ordinary purposes of cleanliness there are in the clinic at Munich eighteen baths for prolonged treatment, five movable baths, one electric and one douche bath. The wet pack is occasionally used. The baths are so arranged that the patient can remain in the bath for days or weeks as the case demands, sleep there and take his food there. The result of this treatment is that hypnotic drugs and confinement to a single room have come to be regarded as evils to be used only on rare occasions; in fact the single rooms are occupied by convalescent and quite quiet patients and not by recent and acute cases.

Treatment on these lines will, of course, necessitate the employment of a large medical and nursing staff. At Giessen, with seventy beds and between three and four hundred admissions a year, there are five medical officers, including the Director. At Munich, with one hundred and twenty beds and three or four thousand admissions, there are fifteen medical officers to carry on the work of examination and supervision of the patients. The nursing staff must be provided in the proportion of at least one to five. This is of course a high figure, but there are two conditions to be remembered: first, the very large number of admissions dealt with, and secondly, that these clinics are established not for the housing of the insane, but for the care and cure of those suffering from incipient mental disturbances—a most important distinction and one not yet fully appreciated in this country.

Besides the patients admitted into the clinics for treatment, a large number obtain advice and help from the out-patients' department conducted by Dr. Gudden.

But the valuable functions carried out by these clinics are by no means limited to the practical work of treating those suffering from some mental disturbance. Equally important are the duties of instruction and research.

In order that the community may receive the benefit of the application of the results of the most advanced scientific research in this important and difficult branch of medicine, it is necessary not only that the medical staffs of asylums should be trained, but also that the general practitioners should know enough about the subject to be able to recognise the early manifestations of mental disease and to appreciate their signifi-

cance. They would then be able to co-operate with the clinics to the immense advantage of the patients and of themselves.

Now in Germany every student must attend a six months' course of instruction in psychiatry and pass an examination in the subject before he can obtain his diploma. The teaching is carried on in the University clinics. Having obtained his diploma, the man who wishes to take up this branch of medicine applies for a post as voluntary assistant in a clinic or asylum. Under the guidance of one of the assistants he takes histories of patients, helps in the examination of blood and urine, learns to make lumbar punctures and to collect blood for serological tests, and is also encouraged to make independent observations. In usually less than a year he is given charge of a ward or small group of wards. In the second year of his service he is eligible for an assistantship in the clinic or in an asylum. Each assistant, besides his strictly clinical work, carries on some chosen line of study. In order that he may have better facilities for learning the literature on the subject and finishing his selected work, he is given, besides his annual month's leave, two months of each year for this purpose, and during this time he remains at the clinic, but is free from clinical duties. Then there is a monthly "Referatabend," that is, one night per month is set apart for the discussion of the work done and for its consideration before publication. At these meetings reports on current literature also are made, important forensic cases are discussed, and expert evidence is reviewed.

Further, numerous short courses of instruction in special subjects are provided, courses in sero- and cyto-diagnosis in the insane, the technique of the Wassermann reaction, of biochemical and other special methods of examination.

Of very special importance in the clinic is another course which has been arranged for qualified men. This was attended in 1906 by thirty-eight men, and in 1907 by sixty men, of whom one third were foreigners. In this course were included demonstrations on clinical and forensic cases, criminal psychology, methods of examination, and the anatomy, normal and morbid, of the central nervous system.

The last and perhaps the most important section of the clinics with which we shall deal is that which provides facilities

for scientific research. We recognise the action and interaction between psychiatry and the many associated sciences, but we have now to consider the psychic and physical conditions connected with mental disturbances. Advance in this direction will be slow, and will, in fact, be rendered possible only by patient, thorough, scientific investigation. Here also we were much impressed by the facilities provided for research in the two clinics we have just visited. Rooms well furnished with apparatus are provided for the clinical examination of the patient, for the deeper investigation of mental life in the form of experimental psychology and psycho-analysis, and for the finer clinical examination of the blood and other fluids of the body, especially the cerebro-spinal fluid. The vast importance of anatomical investigations is also recognised, and at Munich room is provided for thirteen investigators to carry on a mass of work which it is hoped will help to solve some of the mysteries connected with the normal and morbid action of the central nervous system.

We have dealt at some length with the clinical and scientific departments of the psychiatric clinics as they are developed in Germany in order to draw attention to what experience has proved to be of practical value in the treatment of mental disorders, to demonstrate that although the difficulties of the subject are so evident there is no reason to be dismayed at the increasing complexity of the scientific problems, and to show that a man need not be considered, nor need he consider himself, beyond all hope because he may be disturbed by a hallucination, a little confusion, or a wrong judgment. Experience, guided by knowledge and combined with enthusiasm, has proved that something can be done for many of these cases if they are taken in time, and the results of scientific endeavours show year by year that there is less and less justification for the indifference of the authorities entrusted with the care of the insane who stand helplessly and hopelessly before this problem, apparently convinced that little or nothing can be done.

Combined with this inactivity we often find an academic discursiveness, an arm-chair sentimentalism, on the part of some who have not done much to advance our knowledge of the biological basis of insanity, and of others who have never had anything to do with psychiatry but who offer wild suggestions—still from the arm-chair—as to interfering with the

liberty of the subject and as to the sterilisation of those who have committed the unpardonable sin of becoming insane in a society which has done so little to help them to avoid such a catastrophe. It is certainly easier to write popular articles on subjects like "heredity" or "degeneracy," than it is to discover by patient work the laws of the one or the causes of the other.

Surely before such extreme measures are adopted, or even suggested, it is our duty to make some effort to discover the pathogenesis of mental diseases by scientific investigation, and to educate the people that they also will have to take a part in solving this important problem.

Then we shall no doubt be met with the objection that the provision of such institutions will involve the expenditure of such an immense sum of money. I believe we spend in Great Britain about £3,000,000 a year on those suffering from various forms of mental affliction. That, certainly, is an immense sum to spend while getting so little in return. A large proportion of this money is spent in housing, feeding, clothing and taking care of the 97,000 inmates of the county and borough asylums of England and Wales. We learn from the Commissioners' Report, published in 1910, that 20,000 patients were admitted into these asylums during the previous year, and of these over 30 *per cent.* were discharged after a longer or shorter detention. Now it may safely be said that very few of these 20,000 fresh admissions did obtain, or could have obtained, any advice for their mental illness at the hands of anyone who had had experience of mental disorders before they reached the stage when certification and seclusion in an asylum became necessary. When we visited Giessen we were informed by Professor Sommer that in the province of Hesse, by reason of suitable treatment during the early stages of mental illness, they had been enabled to postpone for some years the erection of a new asylum in the province. Is it not, therefore, fair to assume that, if facilities were provided whereby expert advice and treatment in a well organised psychiatric clinic could be obtained by those threatened with a mental breakdown, we should save enough of the £3,000,000 to justify the expenditure involved in the establishment of such clinics? Further benefits would be derived from them in that we should be able to avoid the breaking up of the home, which now in so many instances

follows the removal of the bread-winner of the family to an asylum and his long detention there. And as the patient would enter the clinics freely and without certification, we should get rid of much of the stigma which still attaches itself to those afflicted with mental disorders, a cruel relic of the time when such a breakdown was considered to be a punishment inflicted by an outraged Deity for past transgressions.

From purely commercial considerations, therefore, this project of providing psychiatric clinics should recommend itself to the authorities, and, if we convince the community that, by means of these clinics something can be done to prevent an attack of insanity, or to shorten it when it does occur, there will be no difficulty about the money. Our country is soon to be dotted over with sanatoria for consumptives. Now we need not discuss the advisability of such a movement; the point for us to recognise is that when once the community is convinced that phthisis is, to a certain degree, a preventable and curable disease, there is practically no objection to the expenditure of the money. So it will be with regard to psychiatry if it is shown that the problem is not insoluble.

But it is altogether unworthy of this subject that it should be considered so much from the commercial side. Too often the successful administration of our asylums is measured by the maintenance rate, and no question is asked regarding the encouragement or neglect of scientific work in these institutions. Too little practical interest is evinced in the important questions which form the crux of the whole matter: What is the biological basis of insanity? What is the mechanism of the action of the causes which give rise to insanity? Can anything be done by scientific investigation to check this scourge? What means must be adopted to attain this end? Without doubt the most important of these means will be the dissemination of the knowledge of the subject already obtained and patient devotion to further research. The response of some of the universities to the proposals of the Medico-Psychological Association was a step in the right direction, but it is a question whether this subject can be satisfactorily taught when the university does not contain within itself the material with which to teach or men to teach it who are devoting all their energies to psychiatric science. We would submit that the establishment of institutions somewhat on the lines of psychia-

tric clinics as they have been developed in several of the countries of Europe would provide valuable centres in which knowledge could be acquired and from which it could be disseminated. The advantage to the student of working in the atmosphere of a clinic where he may see the treatment of mental disorders according to the most advanced knowledge on the subject, where he may be instructed by men who have done and continue to do their share in investigating the still obscure questions connected with this difficult science, where he may be encouraged to make some investigation on his own account with some one at hand to direct and advise him, and where facilities for attending courses of instruction in special branches of the subject are provided, will be obvious to all. There is no doubt that the interest of the men who decide to undertake the subject of psychiatry will depend largely on the way in which the subject is taught to them, and also on its being demonstrated to them that, although progress will be slow, a whole-hearted zeal in the scientific examination of patients and in the investigation of the causes of mental disorders will eventually allow of something being done in the way of prevention.

This is a big task, no doubt, but equally there is no doubt that the task can be accomplished if, having recognised the unsatisfactory conditions under which psychiatry exists at present in this country, we make an honest effort to develop this science in all its branches and to provide a service of men qualified to assume the position of experts and enthusiastic to do their share of work.

Although this task will require the co-operation of all who feel an interest in sociological questions, it is an undertaking to be initiated and directed by those connected with psychiatric medicine. There can be no doubt that the principles contained in these papers will be readily admitted by all the members of this Association. It remains now to put these principles into action so that the reproach of such a glaring neglect of this subject from the points of view of the patient, of the students, of the assistant medical officers of our asylums, of the community and of science may be wiped out. That these principles are not new is demonstrated by the reports of two asylums which we have read since the papers were written. These reports are so intensely interesting that we feel we cannot do better than close with an extract from each of them.

The first extract is taken from the fourth report of the visiting committee of Hanwell Asylum. The Committee say :

“In the constitution of the Hanwell Asylum we are also struck with the paucity of medical officers attached to it. There appear in round numbers to be about 500 patients on the male and 500 on the female side, yet there is only one resident medical officer attached to each department and one visiting physician for the whole establishment. The inefficiency of so small a medical staff is obvious. If we look across the Channel we find in Paris that the Salpêtrière, with its thousand patients, has four times the number of visiting physicians and ten times the number of resident medical officers. The disproportion between the sane and the insane is here so great that it is impossible under such a system to bring any moral influence to bear upon the afflicted multitude. Then, again, this asylum costs the county £26,500 per annum (as appears by the present report), and yet does nothing of any importance for the benefit of this department of science.

“Such an asylum as Hanwell ought to do something more for the benefit of science. There ought to be a more numerous medical staff and a permanent clinic attached to such an institution. We have statistical tables before us giving the number of patients admitted and discharged, cured, relieved and dead, but where are its pathological reports? Since the opening of the asylum 1,261 patients have died, yet the *post-mortem* examinations, when such have taken place, have been made privately, neither student nor professor being benefited by witnessing the result. The County Asylum of Hanwell, supported largely as it is by county rates and parish assessments, is as much a hospital as St. George's or St. Bartholomew's, and ought to have a medical staff as numerous and efficient as those of any other metropolitan hospitals. While charity might thus be administered upon the highest principles of Christian benevolence, something ought to be done to advance our knowledge of science and thereby enable us to relieve the afflictions of suffering humanity.”

This Report was published in the *Journal of Psychological Medicine and Mental Pathology* in 1849.

The second extract is taken from the eighth report of the medical officers of the County Lunatic Asylum at Forston, Dorsetshire. It runs thus :

“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