

### Occasional Notes.

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#### *The Martyrology of Psychiatry.*

Under this rubric our contemporary, the *Annales Medico-psychologiques*, tells its readers now and again the tale of a life sacrificed or crippled or endangered through injuries received by physician or attendant from one of our unhappy patients. Many of the lighter events that remind us of the danger in which we live—and even some that are not light—escape unrecorded in France as here. Sometimes when the gravest story has to be told, the reader's eye glistens and his heart beats fast with mingled admiration and regret while he thinks of the noble words *mort sur le champ d'honneur*, more truly applicable to many a member of the healing than of the wounding craft. The thrilling record of martyrdom in the complete sense of the word, however, though fuller than we are apt to remember, is not one to alarm a mind of virile courage. Neither are the injuries threatened by the frenzied deeds of our poor people sufficiently numerous to cloud our souls with apprehension. As in all other men's experience, so in ours, it is not the rare moments, dark or brilliant, deeply stirring the imagination and appealing passionately to the emotions that give our lives their peculiar tone and fix our characters through the inevitable influence of constant repetition: it is the way in which the world bears upon us in the daily routine of our existence, in our common life—

. . . . . "Wherein we find  
Our happiness, or find it not at all."

The physical hurt we receive from our patients counts small among the annoyances of asylum existence which are so heavy. Uncertainty and yet monotony, immense responsibility with usually very limited power, anxiety without acknowledgment, unceasing harassment of every description, make the dreary picture upon a dark background formed by the popular suspicion with which the practitioners of our specialty are regarded.

These reflections are suggested to us by the remarkable quotation from Falret, senior, given by Dr. Christian in an article in the current (March—April) number of the *Annales Medico-psychologiques*. Falret wrote to Dr. Evrat, who was

then beginning his medical career:—"If you wish to join asylum work you may make up your mind to a life of suspicion and an existence of toil, for which you will only gain annoyance and will have no reward." Perhaps this suspicion will be always our doom until such time as all the race has reached the summit of the Mount of Humiliation and tasted of the fruit of the knowledge of good and evil. For sure in this world suspicion of those who care for the insane seems ineradicable. And the reason is clear enough. One of the ugliest of the primitive instincts of humanity is its hatred and dread of the mentally unsound. No doubt in the earliest days of racial struggle for existence this instinct served some useful purpose. All the gregarious nomadic animals expel from the herd the damaged member. The stricken wether of the flock, the wounded deer, the shoulder-slipped horse are driven out to starve, if not kicked or gored or trampled to death. The upstart race of men have got so far in development towards a new ideal as to be ashamed of this originally preservative instinct. What are proudly and preposterously called humane feelings are supposed to have quenched it. How strongly it still exists we, who have the best opportunities of knowing, know well. The physician has stood almost alone among the whole bimanous species in fighting against this hideous survival, and has met the usual fate of the pioneer in morals. The hatred and suspicion, which men are now ashamed to avow that they entertain for the insane, they have transferred to those who have the care of the insane, and it is esteemed a merit to hate the doctor and pity the patient, for men do not recognise how they deceive themselves nor distinguish that the modern sentiment is but the obverse of that old unaltered feeling which they formally disavow.

And so the mental physician is regarded to-day much as the keeper of a tea-house used to be in old Japan, and the agreeable consciousness that no cause succeeds without its martyrs is the chief reward for a life of such work and anxiety that even had a man every possible popular support he would not be justified on business principles in undertaking it. Chronic martyrdom, if that phrase may be coined, martyrdom by pin pricks, martyrdom of the Chinese rest-robbing type, martyrdom by breaking a man's career, or by exposing him to the annoyance of senseless and malignant actions at law, or by every form

of abuse which the law of libel will or will not allow, are some of the modes in which crystallises from time to time the strong solution of suspicion that is the element wherein we live. We are familiar with cases illustrating one phase or another of this kind of thing in every country: England, America, New South Wales, Denmark, Italy, etc. Dr. Christian's article in the medico-legal column of the *Annales* to which we have referred, relates a case in which he was charged with homicide through neglect, because a patient whom he had had under his care at the National Asylum of Charenton, who had refused food and who had been artificially fed, subsequently died three weeks after removal to another asylum. The widow of the patient, who had been a brakesman on a railway, claimed £2,000 damages for criminal negligence, affirming in due legal diction that when a patient is unable to take food himself it is the duty of those in charge of him to supply him with food, and to use all the care and skill and art which medical science affords for the purpose. To the statement that the patient actually was artificially fed, it appears to have been answered that the physician's duty is insufficiently performed by the mere introduction of the tube unless he also provokes the movements of deglutition by electricity or with the help of etherisation or chloroform. The *avocat* who pressed this point was surely not abreast of the times. Need we remind our readers that in this country we commonly assist the passage of the œsophageal tube with Röntgen rays, radium emanation, and Christian science? Our colleague feels humiliated that he, who has grown white in the service, should have had the annoyance of answering to such charges—and we sympathise. We further ask, would the most impudent blackmailer have dared to bring such an action against anybody but an asylum physician, one of that body whom general suspicion holds up as a fair mark for the ingenuity of any speculative lawyer?

The present is not the first occasion on which our distinguished colleague of Charenton has been subjected to vexatious action. Some four years ago (the case is recorded in the November—December number of the *Annales* for 1900) an action was taken against him for damages because one of his patients had committed suicide. The history of the patient, who had been several times in the asylum and had never shown any suicidal tendency, and of the event (precipitation under the

wheels of a passing heavily-laden waggon), suggest sudden impulse. At any rate, there was nothing to suggest neglect, and such an occurrence is unhappily common enough. The action, as it chanced, was unsuccessful. There seems, however, to be a tendency just now in France to endeavour to hold medical men responsible for the suicides of their patients. In the article in which Christian records the case last mentioned, he tells of an action taken against a medical man who was cast in damages owing to the suicide of a patient in his *maison de santé*. The case went by default before the first tribunal. Dr. Duhamel of Fontenay-sous-Bois, the gentleman in question, has appealed, however (after the lapse of three years apparently!), and the appellate court has reversed the first decision and fully acquitted him. It is not quite clear whether this final decision was founded on the general merits of the question or on the somewhat dangerous contention of the appellant's counsel that Dr. Duhamel's establishment was merely a *maison de santé* and not an asylum, and that therefore the proprietor was not in a position to adopt the precautions required for the safety of the insane. It is easy to see how hopeless will become the already unhappy lot of the melancholiac if we are to make it the essential feature of his "treatment" that he is to be guarded against any possibility of suicide, and of course this will be the result if society determines that we are to be punished for every suicide occurring among our patients. We are of those who hold that such an effort is bound to fail, and that the return to retrograde methods would actually increase the number of suicides as well as diminish the recovery rate among the survivors.

On the principle discussed above, we cannot wonder should society care little for the interests of the patient when an occasion arises for baiting the doctor.

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*After-care Association.*

The annual meeting of this Association was held at London House, the Bishop of London presiding, and speaking strongly on behalf of the Association.

Dr. Nicolson moved, and Sir John Batty Tuke seconded, the