

bodily inherent deficiency for oxidation processes. Pighini also confirmed this research, for he found an increase of neutral sulphur associated with the same disease. Microscopic observations have indicated a feeble appearance of Nissl pattern in the large pyramidal Betz cells of the ascending frontal convolutions and the nucleus of the cells was eccentrically placed. In other recorded observations there was also an increased local proliferation of the neuroglia nuclei. The same degenerative changes were noted also in the smaller and medium-sized pyramidal cells of the cortex. Microscopic examination of thirty cases of cerebro-spinal fluid in this disease by Dr. Harper-Smith reported no organism and no cells in the centrifuged deposit of the fluid. The test for proteins was also negative in all the cases. Yet there must be some metabolic toxins connected with the decay of the large pyramidal cells. In the case under review the only suggestion made by Dr. Mabile is a selective lesion of the neurons co-ordinating the representation of an act with its execution, and it would seem at present impossible to describe more clearly such a diffuse lesion as must occur among the very delicate cortical cells and their processes. It is a reflection upon our pathology that so grave an affection of the will, of the memory and of the attention should remain hitherto undescribed and undiscovered.

A Report on the Conditions of the Lunacy Service and of the Teaching of Psychiatric Medicine in Germany.
By R. G. ROWS, M.D., Lancaster.

THE position of the assistant physicians in the German asylum service and the conditions under which they worked were investigated by a Committee of the German Society for Psychiatry in 1908. In January of that year a meeting was held in Berlin at which Dr. Hans Wachsmuth introduced the subject under the title "Conditions of the Medical Service in Asylums—Independence of consulting physicians (Oberärzte) and hospital physicians (Abteilungsjärzte) and the duties of the assistant physician (Assistenzärzte)." This paper was published in the *Psychiatrisch-Neurologische Wochenschrift* in February, 1908, and in a letter which I received recently from

Dr. Wachsmuth he stated that considerable improvement in the service had been made during the past four years.

The causes which had given rise to dissatisfaction with the service were: (1) The poor pay; (2) living in; (3) want of independence and responsibility; (4) important matters being discussed with the head attendant or matron and decided without the assistant physician being consulted at all (Dr. Hopf, Potsdam). Of these the poor pay and the want of independence, even after long service, were considered the most important. Comparing the men in the asylum service with others who had received a thorough academic training, he showed that most of the latter have a much more independent position than the asylum assistant physician, and he suggested that this lack of independence could be rectified by the combined effort and mutual goodwill of superintendent and assistant physician. He pointed out that asylums at present are too large. They are so large that it is impossible for one man to direct the medical work and also the administrative department. At present the assistant physicians must of necessity be independent *de facto* but they are not *de jure*. The amount of independence will vary under different conditions, but it will be established when a large legal, civil and administrative responsibility is created, and it will be possible then for the superintendent to hand over, *de jure*, some portions of his responsibility to his assistants; at the same time the administrative authority of the superintendent must be maintained. Further, the building of smaller asylums would act favourably in two ways. It would provide more positions of independence and of sufficient salary for a larger number of men. Wachsmuth asserted that two asylums of 400 patients in place of one of 800 would provide the independent positions and would not be more expensive.

With regard to the internal routine of the asylum, Dr. Wachsmuth recognised that the matter of transference from one section to another must rest with the superintendent, but within the sections the assistant physician must be free to arrange the routine while the superintendent acts as consultant. Notice was taken of the fact that some men are not fitted to be trusted with independence to this degree, but Dr. Wachsmuth added that if after three years in psychiatry a man is not qualified to carry on a section he is not a fit person to be in

the service. The question of the appointment and dismissal of the *personnel* of the asylum was recognised as a difficult one. In some asylums the consulting physician (Oberarzt) of the section has the right to suggest and the superintendent to confirm the appointment; dismissal should rest with the superintendent or with the committee.

Another cause which leads men to avoid the service or to leave it after a certain amount of experience of it is "living in," an entirely unnecessary interference with the personal liberty of the assistant physicians. Of 104 asylums from which Dr. Wachsmuth gained information, a day-service, *i.e.*, one man on duty for the day (Tagesdienst), existed in 88, and in four others there was a day-service on Sundays. Closely connected with this is the question of providing married quarters for the men attached to the asylums. In most academic callings the family lives outside the circle of the work of the husband, or at any rate is not brought into such close contact with it as in the case of psychiatry. In the 104 asylums mentioned in this paper there were:

Medical staff	.	.	.	.	.	.	.	636
Married quarters	.	.	.	.	.	.	.	320
Married men	.	.	.	.	.	.	.	222
Unfilled positions	.	.	.	.	.	.	.	65

The correspondence in many asylums is dealt with by the assistant physician of the section, but is signed by the superintendent. Wachsmuth suggests that the correspondence should be attended to entirely by the assistant physician, *pro* director.

In No. 17 of the *Psychiatrisch-Neurologische Wochenschrift*, Dr. Hopf, Oberarzt in Potsdam, published an article in which he drew attention to the existing tendency by many directors to settle important matters with the head attendants and matrons (Oberpflegungs-personel) and to ignore the doctors. This is the most ticklish point attached to independence (Selbstthätigkeit), and is calculated to render a general collaboration impossible. The director must protect his rights as well as the assistant physicians claim their independence, and this can be done only by mutual concessions. In a service which includes so many responsibilities it would be a great drag on a director always to be anxious about consulting the assistants; on the other hand, a deliberate and constant ignoring of the assistant physicians must be felt as a procedure which the director of an asylum, in

the interests of the medical considerations, can and must avoid.

Bavaria suggested :

(1) Equal pay for all consulting physicians (Oberärzte), if not throughout Germany, at any rate throughout one and the same federal province.

(2) Five weeks' leave for the deputy director instead of four, and week ends for the hospital physicians (Abtheilungsärzte).

(3) Release of the consulting physician (Oberarzt) from section duty ; he should make control visits throughout the asylum.

Funds for scientific work are provided, but time for it is not arranged.

In most of the asylums, varying in size from 100 to 650 beds, there is a medical man for every 100 to 126 patients ; in some of the biggest the proportion is one medical man to every 150 to 200 patients. This includes voluntary doctors, whose duties, however, are practically the same as those of the assistant physicians (Assistenzärzte).

The medical work should not be a business, but a calling, and we psychiatrists must treat it as a calling in order to combat the prejudices of the lay public. Our duties and general activity are those of a public official, but we have not the rights of a public official.

Various improvements, therefore, are necessary in our asylum service, and some of these may be attained through our societies and unions, but the most important factor in achieving such an improvement in our position and in the general appreciation of the lunacy service will be undoubtedly the raising of the academic standard of those who join the service. This, again, will be encouraged and developed by an improvement in the conditions of asylum work.

From this paper of Dr. Wachsmuth we learn that four years ago our German colleagues had to tackle a condition of affairs very similar to that which confronts us to-day, and I am informed by Dr. Wachsmuth that already considerable progress has been made. The conditions of the psychiatric service in Germany at present may be gathered from a letter written by the director of the Galkhausen Asylum in the Rhine Provinces regarding the appointment of assistant physicians :

“ Since the year 1905 a satisfactory examination in psychiatry has had to be passed by candidates in the State medical examina-

tion. All the German universities with clinics have instituted professor's chairs. A further test in psychiatry, after entrance as assistant physicians, is not required. A satisfactory assistant physician of three years' standing becomes a hospital physician (Anstaltsarzt) with a salary commencing at £175, together with house, garden, light, fuel and drugs. Any assistant physician wishing to marry is permitted to do so. Residences are not provided specially in the grounds of the hospitals. If one of the houses on the estate is available it may be occupied, but if none is vacant the doctors are allowed to live outside the asylum estate altogether. The board and residence value of an assistant in the hospital, £50, is allowed them. After about eight years' service the position of consulting physician (Oberarzt) is reached, with a salary of £275-350, house, garden, etc. The director is paid £300-475 and has the usual emoluments."

From this letter we see that an assistant physician may marry even in his first year of service, and that if a house on the asylum estate is not available he may live outside and receive a sum equivalent to the value of the board and lodging of an assistant living in the hospital. We see also that the salary of consulting physician (Oberarzt) is five-sevenths that of the director.

Similar conditions are mentioned in a letter from the director of the Alt-Scherbitz Asylum. Further, from an article by Schroeder (Alt-Scherbitz) and from a publication by Dr. Hans Laehr we learn (1) that although a special training in psychiatry, subsequent to the State medical examination, is not obligatory—and here we must remember that all students in Germany must take a course of instruction in a clinic—still, an assistant physician receives a higher initial salary if he can show that he has had some post-graduate training at a clinic; (2) that the appointment to the position of hospital physician (Anstaltsarzt) is a life-long appointment; (3) that in most of the Federal provinces the assistant physician reaches the position of hospital physician (Anstaltsarzt) after three years' service and that of consulting physician (Oberarzt) after eight to nine years' service; (4) that in many of the Federal provinces a special fund is provided to enable physicians to attend congresses connected with psychiatric medicine, or to pay their fees and provide them with books and other necessaries if they go to a university or clinic for a period of study.

Now to return to the final paragraph of Dr. Wachsmuth's paper: "Various improvements, therefore, are necessary in our asylum service, and some of these may be attained through our societies and unions, but the most important factor in achieving such an improvement in our position and in the general appreciation of the lunacy service will be undoubtedly the raising of the academic standard of those who join the service. This, again, will be encouraged and developed by an improvement in the conditions of service." In this paragraph the two sides of the question, *viz.*, an improvement in the position of assistant physicians and an improvement in their academic training so as to deserve and to be justified in demanding fresh privileges, are made evident, and the question must be considered from these two points of view simultaneously. It will be useless to pay attention to either side alone.

From another letter we learn that since 1905 it has been obligatory throughout Germany for every candidate for the medical degree to pass an examination in psychiatry. At least one semester's attendance on lectures and clinical demonstrations at a university clinic is required, and the large majority of students of medicine attend during two or more semesters. During this time they receive instruction regarding cases of mental disease, psychology, experimental psychology and forensic psychology. Having obtained his degree the man who wishes to further fit himself in this branch works as a voluntary assistant in the wards of a clinic or an asylum.

Under the supervision of a regular assistant he takes histories of and examines patients, helps in testing the sputum, blood and urine, learns to make lumbar punctures skilfully, and to collect the blood for the serological tests. Efforts are made not to overburden the new-comer and not to make his work too monotonous. He is made to feel that he will soon be looked to for original observations and hypotheses, and he usually responds to the tacit appeal to individual intellectual activity.

Usually in less than a year he is given charge of a ward or a small group of wards. The second year of his service he is eligible for an assistantship, and is either promoted where he is or goes to another institution as a regular assistant.

In the clinic each assistant, outside his strictly clinical duties, carries on some chosen line of study. After this has progressed to a certain extent there comes a period when the

completion of his work requires his undivided attention; to this end an arrangement is made so that every assistant in addition to his regular holiday away from the institution is given two months out of each year for special scientific requirements. He remains at the clinic, but is free from clinical duties.

Further, there is a monthly "Referatabend," at which the results of work are made known before publication, reports on current scientific literature are made, and important legal cases are discussed freely and expert testimony is reviewed.

There is also at the clinic at Munich a course in the evening once a week. The hour is arranged to suit the doctors in general practice; this course is well called a "Practicum." It is crowded by eager, earnest men who wish to keep up with the times, and who, of course, have no time to go to the ordinary university courses.

In addition to the ordinary assistants (clinical) there are here four persons holding unique positions. They are selected from amongst those who already have had considerable experience in psychiatry or allied branches of science, and who, by their past work, are considered desirable additions. They come here partly as teachers and partly as independent research workers. They relieve the heads of the departments of much of the less important work, and are able to influence and stimulate the other assistants to scientific effort.

The voluntary assistant receives free board and lodging only in most cases: sometimes a small honorarium is given to him.

In order that the Committee may have a more comprehensive idea of the facilities provided in a well-appointed clinic such as that at Munich I append a list of lectures given in the clinic during the session 1908-9; this list is taken from the *Jahresbericht über die Königliche Psychiatrische Klinik in München*.

By Professor Kraepelin:

Clinical Psychiatry;

Clinical Demonstrations for Advanced Students;

Clinical Experimental Psychology.

By Professor Gudden:

Topographical Anatomy of the Brain;

Psychiatric Polyclinic;

On the Treatment of Young Criminals in the Federal States;

Criminal Psychology for Medical and Legal Men.

By Professor Alzheimer :

Normal and Pathological Anatomy of the Cortex of the Brain ;
 Practical Forensic Psychiatry for Medical and Legal Men ;
 Clinical Demonstrations for Advanced Students.

By Dr. Specht :

Introductory Course in Experimental Psychology ;
 Studies in Criminal Psychology.

By Dr. Rüdin :

Legal Psychiatry for Medical and Legal Men ;
 Problems, Facts and Prophylaxis of Degeneration.

By Dr. Plaut :

Methods of Examination of the Insane ;
 Diagnosis—Spinal Puncture, Cyto-diagnosis, Wassermann reaction.

In connection with the short course for qualified men the instruction was given by the following teachers :

Alzheimer : Normal and Pathological Anatomy of the Brain-cortex.

Brodmann : Topographical Histology of the Brain-cortex.

Isserlin : Psycho-diagnosis and Psychotherapy.

Kattwinkel : Demonstrations in Neurology.

Kraepelin : Clinical Psychiatry. Clinical Experimental Psychology.

Liepmann : Aphasia, Apraxia and Agnosia.

Plaut : Cyto- and Sero-diagnosis.

Rüdin : Problems and Facts of Degeneration. Forensic Psychiatric Demonstrations.

Weiler : Physical-Clinical Methods of Examination.

In this same report there is a long list of works which have been carried out in the various laboratories in the clinic, anatomical, psychological, anthropological and others.

Expert reports on criminal cases are also made. For this purpose the criminal is admitted into the clinic under special observation.

The importance of psychology and of psychiatric medicine in social, forensic and legal matters was made evident in Professor Sommer's article on "The Position of Forensic Medicine." He pointed out that forensic psychiatry has embraced a much larger field during the last few years, and that it has

assumed an important position in our social life. Its application in cases of those accused of crime and of those under sentence, in cases of weak-mindedness in relation to capacity to manage business affairs, in cases of injury under the Employers' Liability Act and also of young people in reformatories will be appreciated by everyone. Professor Sommer communicated with many universities in Germany, Austria, France and Italy, and he found that in Germany and Austria lectures in forensic psychiatry were provided, and that these lectures were attended by legal as well as by medical men. At Giessen the teaching is entrusted to the Oberarzt of the clinic.

In the matter of education also psychology finds a wide application.

From the report so far the Committee will gather some idea of the scope of this branch of medicine, and will no doubt recognise the necessity for the development of facilities for teaching and research. These facilities are provided in Germany through the psychiatric clinics in connection with the universities. Every university has a psychiatric clinic attached to it which occupies a position in the university as important as the surgical, medical or other clinics. In most countries in Europe it is admitted that the psychiatric clinic must be the centre from which development in this branch of medicine will proceed. The functions of such a clinic are defined by Professor Kraepelin as being :

Attendance on the mentally ill.

The instruction of students.

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

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

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

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

In the regulations for the reception of patients into the psychiatric clinic at Giessen we find—

S. 1.—The function of the psychiatric clinic at Giessen is the cure and care of those mentally afflicted, and clinical instruction in psychiatry.

S. 4.—The application for the admission of a patient into the

clinic is to be made in writing by the next of kin, by the committee, or failing these by various other authorities.

S. 5.—The following information must be provided regarding the patient :

(a) A history from the medical attendant or the district medical officer (Kreisarzt).

(b) From the municipal authorities regarding the civic conditions.

S. 6.—In emergency cases the reception of the patient is allowed temporarily on application to the director.

S. 23.—In case of recurrence within three months after discharge the patient can be brought back to the clinic on sending information to the director.

S. 27.—Patients who, because of the interests of teaching or because of want of room, can no longer be retained in the clinic, must be sent to one of the provincial asylums. In that case the relatives must be informed at once and their assent obtained.

S. 29.—In case the relatives object the matter is submitted to the Minister for the Interior and to the Minister of Justice. In the same way these authorities decide the matter if the relatives wish to remove the patient against the will and advice of the director.

These clinics 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 them no legal document is 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.

Treatment of such large numbers 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.

The clinics are under the State, as are the universities of which they form a part. The first attempt at the treatment of the insane in a hospital was made in the Juliuhsppital in Wurzburg: since this hospital was founded in 1576 patients suffering from mental diseases were treated under the same conditions as those afflicted with other diseases. Since 1888 there has been a separate university institute. Clinical instruction was already given in 1833 by Marcus. In Munich a clinical-psychiatric course was started by Solbrig in 1861. From that time various efforts were made to establish facilities for the scientific teaching of the subject, chiefly by Gudden and Anton Bumm. At first it was thought that a clinic might be established in connection with the provincial asylum, but it was at once recognised that this arrangement would not work smoothly. Finally the municipal authorities of Munich made an offer to the university to provide a site for a psychiatric clinic, and

the State undertook to erect the necessary buildings, to furnish them, and it also guaranteed the management. This scheme was carried out at a cost of £78,500; £68,500 for the buildings, £7,500 for furnishing, and £2,500 to provide scientific apparatus.

As we have mentioned already, there is a psychiatric clinic in connection with every university in Germany. In these facilities are provided for the care of cases of acute insanity, and owing to the absence of legal formalities they are made use of by a large number of borderland cases which require psychiatric treatment, but cannot make up their minds to submit to the painful preliminary conditions usually connected with admission into an asylum. In these the subject of psychiatry also, which cannot be learnt from lectures and books, is taught by clinical demonstrations and clinical work, and, further, scientific investigations are carried on from which will spring prophylactic as well as curative treatment.

Professor Kraepelin, in his speech at the opening ceremony of the clinic, pointed to the advantage which would be derived by patients, by students, by science and by humanity. He gratefully acknowledged the interest taken in the establishment of the clinic by the State and especially by the Minister of Instruction, by the municipality of Munich, by the authorities of the university, and by the medical faculty. "Many heads and many hands have worked together" in order to provide this science with the requisite means of progress. He thereby rendered manifest the necessity for co-operation amongst all interested in scientific and social advance if we are to succeed in combatting the terrible scourge of insanity.

It is interesting to observe that at the commencement of his speech on this occasion he made a quotation from a decree issued by the Bavarian Minister of the Interior in 1863. The quotation was as follows:

"By the choice of a site for the Upper Bavarian Provincial Asylum in the neighbourhood of the capital city, Munich, it was recognised that it would be of the greatest value that such an institution should be open to students of the University and to those already in the practice of medicine. It would be evident also that the immediate correct treatment of the mentally afflicted would be of the greatest importance, and that the instruction of those just entering the medical profession would lead to very beneficial results."

Sixty years ago, *i.e.*, ten years before the decree just referred to was issued, the visiting committee of Hanwell Asylum was inspired by Conolly to include in its annual report similar enlightened views regarding the necessity of basing the treatment of mental diseases on a scientific knowledge of the subject. And about the same period there came a plea from the medical staff of the Forston Asylum in Dorsetshire that means should be adopted to ensure the early treatment of cases of mental breakdown.

Appendicitis in Private and Public Hospitals for the Insane. By JOHN FREDERICK BRISCOE, M.R.C.S., Westbrooke House, Alton, Hants.

THE excuse for a discussion on this physical affection in association with the insane mind is an attempt to prove by its rarity in county and county-borough asylums, asylums for idiots, mental hospitals and licensed houses of England and Wales, that it is preventable. In ten years from 1902 to 1911 there are recorded by the English Commissioners in Lunacy seventy-five deaths from appendicitis, typhlitis or perityphlitis, ascertained in the majority of cases by *post-mortem* examination, as having occurred among the insane population of the above institutions. And of the seventy-five deaths it would be instructive to know how many of these had the relics of this disease upon them or were suffering at the time of admission from acute or chronic symptoms. In making the statement that appendicitis is a rare malady in private and public hospitals for the insane, I do so with the support of several practitioners of psychiatry. Not only do these clinical observers give me their assistance, but further I have the help of the pathologist to the London County Asylum at Claybury who states, "I do not believe there has been a single case of appendicitis on the *post-mortem* table at Claybury since I have been pathologist. Consequently in more than 2000 *post-mortems* there has been no case." In comparing the Claybury Hospital for the insane with two general hospitals, St. Bartholomew's and Guy's, we can make a valuable contrast. For instance, at St. Bartholomew's Hospital 1645 autopsies were made between 1909 and 1911, and of these, 69 were recognised as appendicitis.