

*Clinical Instruction in Insanity.* By JOHN SIBBALD, M.D.,  
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(*Read at a Meeting of Members of the Medico-Psychological Association, held at Glasgow, April 27, 1870.*)

At the meeting of members of the Medico-Psychological Association which took place last November, in Edinburgh, a resolution was passed expressing "a strong opinion as to the necessity of making clinical teaching in insanity imperative in every medical curriculum." It was agreed that it would not be wise on our part, as an association, to specify the details of those measures, which we hoped the various medical schools might feel disposed to take in furtherance of this object. But it is evidently the special duty of members of this association to consider the subject carefully in every detail, and to be prepared to give a mature opinion upon it.

There are some directions in which we may expect the views of even the members of the association to diverge; and there are, perhaps, still more in which we shall be found to coincide amongst ourselves, but to differ from the general public. I therefore venture to bring under your consideration a short statement showing what appears to me to be the present position of the matter, and the courses open to our selection. If I do not succeed in convincing you of the correctness of my views, I have no doubt that I shall elicit much that is valuable in the comments made upon them.

It is no exaggerated statement to say, that in the whole domain of disease, there is no important section which receives so little attention from the instructors of our youth as is the case with mental disorder. In some general courses of lectures on medicine, there is, indeed, an amount of attention paid to the subject which we may admit to be proportionally commensurate with its importance. But such treatment is exceptional, and is too often regarded as a digression from the proper topics of the course. The deficiency has been rather acknowledged than remedied, by the institution of a few special courses devoted to Psychological Medicine. Out of eleven medical schools connected with the London hospitals, stated courses upon this subject are delivered only at University College and St. George's Hospital. In connection with the former, Dr. Sankey has

the advantage of exhibiting illustrations at Camberwell House Asylum. Dr. Blandford, at St. George's, is at present without such advantage, and I understand that a short course which Dr. Thorne Thorne is to give, during the ensuing summer, at St. Bartholomew's, will also be unaccompanied by clinical illustration. At St. Luke's Hospital for the Insane provision has been made for admitting students to its wards; but the arrangements are such that little advantage has accrued from them. At none of the nine English provincial schools is there any recognition of the special study of insanity in the published prospectus, though lectures, more or less in connection with the schools, have been delivered at Bristol, Cambridge, Newcastle, and Wakefield.

In 1851 Dr. Skae opened a class for clinical instruction in connection with the Edinburgh Asylum, and this, along with the course of lectures more recently inaugurated by Professor Laycock, has to some extent supplied the Edinburgh school with important advantages. Dr. Jamieson, in Aberdeen, also lectured for a short time at the Aberdeen Asylum, but the students did not take such advantage of the course as to induce him to continue it. Last year, Dr. Robertson gave a course of lectures at the Town's Hospital in Glasgow, which, I believe, was attended by five students.

I am not aware that any special courses upon this subject exist in Ireland; but Dr. Cuming, Professor of the Practice of Medicine in the Belfast College, intends giving a course of lectures on Mental Diseases; and these will be supplemented by clinical demonstration at the Asylum, given by the Physician to that Institution.

"They do" not "order this matter better in France." A *confrère* pre-eminently qualified to form an opinion writes:—"There is no official instruction in Mental Diseases connected with any of our faculties. As with all other specialties, the professors of those subjects at present in possession of the field, use all their influence or power in opposing it, and have hitherto succeeded in preventing the institution of a course Psychiatry. This must be accomplished sometime, but *when* that may be, I cannot at present say. The necessity of doing something was recognized in 1862, and five *Professors extraordinary* of our faculty were officially charged with supplementary courses on an equal number of specialties. This, however, was not attended with great success, and was discontinued. The supple-

mentary course on Mental Diseases was, indeed, successfully carried on during four years, from 1862 to 1866, by M. Lasègue, now Ordinary Professor of Clinical Medicine. He gave, annually, twelve theoretical lectures at the *École de Médecine*, and twelve clinical lectures at the *Salpêtrière*; but his successor, M. Reynaud, was not so successful, and since 1867 this supplementary course has been discontinued." When the Asylum of St. Anne was established by the *Préfet* of the Seine, it was at first called the Clinical Asylum, and it was hoped that it would become the seat of a great school for instruction in Mental Disease. This hope, however, has not been fulfilled. "Clinical instruction" in insanity, says the writer from whom I have already quoted, "does not exist at present. MM. Baillarger and Falret, who, for a long time, gave highly valued courses at the *Salpêtrière*, no longer do so. MM. Jules Falret and Auguste Voisin have commenced giving theoretical courses, with which a certain amount of clinical instruction is combined."

In the German Universities, both theoretical and practical teaching in insanity receive greater attention. Professors have been appointed at Berlin, Göttingen, Vienna, Munich, Erlangen, and Breslau; and courses are delivered by private lecturers at these universities, and also at Greifswald and Halle. The attendance upon these courses is generally small, averaging in most cases only about 10 per cent. of the students of medicine, though in some it has reached as high as 60 or 70 per cent. In Bavaria, alone, does psychiatry take its rightful place among the subjects required in the examination for license. In Göttingen, Munich, and Erlangen, clinical illustration is obtained in the neighbouring asylums. In Vienna, Dr. Meynert is at present able, to some extent, to obtain such illustration in the asylum, and it is expected that a section of the establishment will be placed under his supervision for clinical purposes. Professor Leidesdorf hopes soon to have a part of the probationary section of the General Hospital devoted to a similar purpose. In Berlin there are united under Professor Westphal a section of the General Hospital, which is set apart for the treatment of the insane, and a section for the treatment of diseases of the nervous system presenting no mental symptoms.

One of the most complete provisions for clinical instruction in insanity is to be found at the Medical School of St. Petersburg, where the Asylum is made fully available for the benefit of the students.

In America there were Clinical Lectures on Insanity, delivered by Rush, at the University of Pennsylvania, so early as the end of last century; and more recently Pliny Earle and Tyler have given similar instruction at the Berkshire and Cambridge Medical Schools. The College of Physicians and Surgeons of New York has recently appointed Dr. D. Tilden Brown, of Bloomingdale Asylum, to be "Lecturer on Psychological Medicine and Medical Jurisprudence." But the most significant indication of Transatlantic progress is the establishment of a chair of "Diseases of the Mind and Nervous System," at the Bellevue Hospital Medical College, to which Dr. William A. Hammond has been appointed.

The general impression which I have been led to form as the result of enquiries, both in this and other countries is, that there is very imperfect provision for instruction in this branch of medicine, and that such provision as exists has by no means been fully utilized. It is not my intention to enter on such general questions as the merits of systematic lectures on medical subjects, nor to express any decided opinion regarding the advantages or disadvantages of specialism in the organisation of the schools. The point of greatest importance, and one which will not be gainsaid, is that no complete knowledge of disease can be obtained without full opportunity of clinical observation and illustration. The practical question therefore is, how, in regard to mental diseases, such opportunity can be most efficiently provided.

Three objects must be kept prominently in view in endeavouring to solve the problem. (1) How those intended for the ordinary practice of the profession can best obtain the requisite knowledge. (2) How the truest view of the pathology of insanity can best be presented to the student; and (3) how such instruction may be given with the least possible inroad on the time of the student.

The great peculiarity of insanity is, that social, rather than medical, reasons require that the majority of those suffering from it should be confined in establishments specially devoted to their care; and it is to such establishments that one naturally looks for aid in supplying clinical illustration. It is evident, however, that they can only partially fulfil the requirements of the case, since a large number of the insane remain outside their walls; and it must strike every one as being a circumstance of great importance that those patients, not found in asylums, furnish precisely

the cases which the general practitioner is called upon to treat. Some of these cases are chronic, and suffered to remain in the outer world, because their condition is not one that requires, either for their own benefit, or for the safety of the public, that they should be placed in an asylum. A large number, however, consists of those in whom the disorder is in the incipient stage, and who may be expected at some period to become asylum inmates, if not prevented by more or less rapid recovery of health. In the treatment of the latter class, the general practitioner finds himself in the presence of one of his most serious responsibilities, and one with which, in too many instances, his ignorance renders him unable to cope. It is generally after he has commenced the independent practice of his profession, that the physician obtains any direct acquaintance with insanity; and this too is obtained slowly, incompletely, and with difficulty. How many minds have been wrecked in the process—how many families have been ruined—it were perhaps better not to enquire. It has been suggested, that a ward for acute cases should be established in such asylums as are in the vicinity of medical schools; and this measure would, to a certain extent, answer the requirements of the case. There is reason to fear, however, that the system of treatment pursued in an asylum could never, even in a separate clinical section, illustrate such treatment as could be followed in the patient's home. It is seldom that a patient reaches the asylum during the initial stage of the disorder. Residence in such an institution must always be associated with social consequences of a kind to make it regarded with aversion; and there must always be a large number of cases in which it will be delayed till the last moment. There would still, therefore, even in the section for acute cases, be comparatively few who were still in the stage at which it is most important that the ordinary practitioner should have studied them; while most of the cases would require and receive such treatment as could seldom be adopted in a private house.

The only other way in which it appears possible to present cases of insanity for purposes of teaching is, by providing facilities for their admission into ordinary hospitals. There are, no doubt, many difficulties to be overcome before this could be satisfactorily accomplished. Somewhat special administration would be required for the wards devoted to this purpose; and it would be desirable that, in their original construction, this

purpose should have been known and provided for. It might also be found that some slight alteration of the law would be required.

Until recent times, such admission of patients suffering from insanity into general hospitals was much more common than at present. In the Infirmary of St. Marylebone, there was, up to 1846, an opportunity for students becoming acquainted with mental as well as other diseases; and in the opinion of one so well qualified to judge as Dr. Boyd, who was for eight years medical officer to that institution, and is now the President-Elect of our association, there is no reason why clinical instruction in insanity should not be combined with the illustration of ordinary disease. Till a still more recent period there were lunatic wards attached to Guy's Hospital, in London, though they were never utilized for the purposes of instruction. The patients who occupied them were chiefly chronic and incurable, and were never regarded as suitable for such an object. The fact, however, that such wards existed, shows that the complete exclusion of such cases from the ordinary hospital is an idea of recent date, and that the administration and legal difficulties are not insurmountable.

But how would such an arrangement affect that advancement of scientific knowledge which leads to safe and useful practice? Would the more complete view of the pathology of insanity be presented in such wards or in the ordinary lunatic asylum? To those who hold that Mania, Melancholia, Monomania, and Dementia are distinct diseases, and constitute true pathological species, I admit that it must appear impossible to illustrate insanity truly, without the material presented by an ordinary asylum. But I believe that we might as justly classify respiratory disease under the heads of *hurried* and *slow, spasmodic* and *deficient* respiration, as admit that these conditions of the mind comprehend the several species of mental disease.\* It is shown in the history of our science that the knowledge of mental disorder has increased just in proportion as such disorder has been regarded as a symptom of ordinary disease. Mental disease

\* To show how misty are the conceptions which medical practitioners in general have of these conditions, it may be mentioned, that at a recent trial three medical practitioners were examined, one of whom declared that the prisoner suffered from mental depression, another that she suffered from acute mania, and the third that she laboured under dementia. Such occurrences are not uncommon.

can only be viewed by the physician as abnormal action of the psychical functions of the brain. It would be regarded on all hands as an absurdity, if we were to study asthma apart from cardiac disease, or convulsions apart from teething; and it is equally an absurdity to study the insanity of pregnancy apart from the bodily disorders peculiar to that condition. The fact is, that the attempt to isolate the study of insanity has been the chief cause of the difficulty of defining it, has been the chief obstacle to the progress of correct views of its pathology, and has re-acted in an injurious manner upon the study of other diseases.\*

But not only have diseases affecting one of the organs most intimately connected with all the rest been made a separate study, but one section of the diseases presenting cerebral symptoms has been unnaturally divorced from the others. The study of chorea, where the mental symptoms are involved, is attempted without reference to the pathology of ordinary chorea; general progressive paralysis with mental symptoms is studied apart from spinal paralysis and locomotor ataxy uncomplicated with such symptoms. Hence it happens that the diseases met with in asylums are supposed to be essentially distinct from what are found outside. Hence it happens that a man is said to be delirious, but not of unsound mind, and that the condition of a man labouring under the delirium of alcoholic toxæmia is thought to be separated by a wide and mysterious gulf from that of a sufferer from mania due to impaired cerebral nutrition. It was truly remarked by Dr. Conolly, that in regard to this subject medical men have overlooked the ordinary principles of practice. "They have sought for and imagined a strong and definable boundary between sanity and insanity which has been imaginary and arbitrarily placed."† The establishment of wards for mental diseases in connection with an ordinary hospital may, therefore, be regarded as presenting an opportunity of re-uniting, what had unfortunately been put asunder, and which ought always to be joined together.

\* "We must hail the complete union of this apparently dis severed branch of medical enquiry and practice with the whole field of professional inquiry. It is, of the cerebral affections, among the gravest, and yet most curable, and cannot be isolated. It should be studied, taught, and practiced with its congeners."—Annual Address before the Medical Society of the State of New York, February 5, 1868, by John P. Gray, M.D., President of the Society, and Medical Superintendent of the New York State Lunatic Asylum, Utica.

† "To diagnose the nature and seat of the physical lesion of the brain and nerves is the great problem to be solved in each individual case, and here the alienist stands side by side with the general practitioner."—Dr. Gray, *op. cit.*

Three years ago, I had an opportunity of seeing the working of Griesinger's great experiment in Berlin. Within the grounds of the Royal Charité, there is a detached block of building, the first and second floors of which are occupied by recent cases of insanity. There is little in the construction of the building distinguishing it from the other portions of the general hospital. With the exception that comparatively few of the patients are confined to bed, that a larger number of attendants and nurses is provided, and that more care is taken to obtain occupation for such as can be industrially employed, there is little to indicate any special peculiarity in its organization. The use of mechanical restraint has been abolished, solitary seclusion is very little resorted to, and during many visits that I paid to the wards, I always obtained evidence of humane and orderly management. To one accustomed to asylum administration the most obvious peculiarity was the want of workshops, amusement rooms, and similar provision for the employment and entertainment of the inmates. Such employment as there was, corresponded to that of the convalescent patients in the ordinary wards. The dress of the patients was that adopted in all sections of the hospital. A special garden or airing court is attached to the building, but a large number of the patients had also free access to the general hospital grounds. The supervision of the attendants devolved on the general director of the hospital, in the same manner as he controlled the nurses in the other sections of the establishment. The physicians stood in precisely the same relation to the insane patients as they did to the phthisical or fever patients. And as in a general hospital, the same physician may have charge of a small-pox ward and a typhus ward, so in the Charité, Griesinger was physician to a section for nervous diseases, uncomplicated with insanity, as well as to that section of the hospital which I have just described. The food for the lunatics was provided in every respect similarly to that for the other patients. Clinical lectures were given during the summer session by Professor Griesinger three times a week, in one of the rooms of the lunatic section, the first portion of the lecture being given without the presence of any patients. The patients were then brought in singly, and their condition demonstrated while the Professor held a conversation with them. No discussion regarding their condition took place in their presence, but generally took place partly before their entrance and partly after their departure. On every occasion in which I was present, such feeling as



was exhibited by the patients, seemed chiefly to be one of satisfaction with the attention paid to them.\* After the lecture, the class was taken to see any special cases whom it was inconvenient to bring into the lecture room. During the winter session, and forming part of the same course, lectures were given in the portion of the building devoted to somatic nervous disease. The number of students during my visits to these lectures was usually between 30 and 40. As was mentioned in a previous part of this paper, a somewhat similar arrangement is expected to be carried out in the General Hospital at Vienna.

There can be little difficulty in deciding which arrangement would be attended with least encroachment on the students' time. Nothing is so inconvenient to a student, as attendance upon a class which meets at a distance from the locality of the rest of the school. The late Professor Griesinger had the greatest experience of the conduct of such a class; and he was strongly of opinion that a psychiatric clinic can never flourish if there are any special inconveniences or difficulties connected with the attendance. "There must, on the contrary," he said "be the greatest facility in making the visits; time must especially be economised, and everything must be made as easy of access as possible. All arrangements, therefore, are unsuitable in which the psychiatric clinic lies either at a considerable distance from the town, or, if in a large city, at a considerable distance from the other clinics. It is a point of the utmost importance that it should be in their immediate neighbourhood; even a distance of half-a-mile would be sufficient to cause utter failure." It is evident that this important indication can seldom be fulfilled, except by having the wards for the insane in connection with the general hospital.

But, whatever plan be adopted, let the influence of this association be used to its utmost, to secure the provision of some means for instructing the students of medicine in this important branch of practice. It is urgently necessary for the honour of the profession, that something be done to remove the defect. We take a position little better than that of the charlatan when we profess to aid our patients with

\* Dr. Belgrave writes, regarding the asylum at St. Petersburg :—"The history of the asylum, though short, has satisfactorily proved the compatibility of clinical instruction with successful domestic management and medical treatment."—"Journal of Mental Science." April, 1867.

I have never known anyone who had experience of any moderately well organized attempt, believe that there is any real difficulty in dealing with the patients during a demonstration.

the full resources of our art, and have omitted the study of so an important a department. We incur unnecessary anxiety and labour in our ignorant attempts to deal with insanity when we meet it; and not infrequently we have to lament the sad results of our incompetence.\* To the members of this association it may be that this language does not apply; but I am convinced that it does apply to the bulk of the medical profession, and the members of the association must share the blame if they do not exert themselves to enforce a due provision for the required instruction.

Those most nearly interested in obtaining the necessary reforms are those who may suffer from the disease and require the treatment. It thus affects the interests of every individual of the community. It is of urgent *public* importance that the matter should be satisfactorily dealt with. The language used by Dr. Conolly in 1830, is still susceptible of little qualification. "The interests of the public greatly require that medical men, to whom alone the care of the insane can ever properly be entrusted, should have opportunities of studying the forms of insanity, and of preparing themselves for its treatment, in the same manner as they prepare themselves for the treatment of other disorders. They have at present no such opportunities. During the term allotted to medical study the student never sees a case of insanity, except by some rare accident. The first occurrence, consequently, of a case of insanity in his own practice alarms him; he is unable to make those distinctions which the rights and the happiness of individuals and of families require, and has recourse to indiscriminate, and generally to violent or unnecessary means; or gets rid of his anxiety and his patient together, by signing a certificate which commits the unfortunate person to a mad-house. In the plan of his medical study, therefore, attention to diseases affecting the mind forms hardly any part; and it has thus happened, that many individuals have been ignorantly confined and unjustly detained in houses for the reception of lunatics; and persons of all ages, suffering under temporary mental derangement, from temporary causes, have been shut up with the incurable. Nor is it any exaggeration to say, that such treatment has in many cases destroyed all hope of recovery."

\* Many cases might be cited in support of this statement; few have had much to do with insanity without seeing them. I have seen a patient who had been seized with acute idiopathic mania, the result of anxiety, reduced to such a condition in a few days, by so-called antiphlogistic treatment, as to sink from exhaustion chiefly due to the treatment. Such cases are not infrequent.