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**Part I.—Original Articles.**

*The Diploma in Psychiatry.* By T. S. CLOUSTON, M.D.,  
LL.D.

THE institution of the new Diploma in Psychiatry by the Universities of Edinburgh, Durham, and Manchester, with the coincidence in my case of entering on my fiftieth year of membership of the Medico-Psychological Association—I find, alas! there are now only four names above those of Dr. Yellowlees and myself—has made a strong impression on my mind. The diploma seems the beginning of another stage of progress of our branch of science. We have in the half-century advanced all along the line, in our original research work—the core of the matter after all—in our literature, in our teaching, in our professional status, in our nursing, and in our salaries and pensions. The rate and amount of progress have been steady and considerable. Many of our younger men, I find, take that progress for granted. They scarcely realise the conservatism of the powers that be, medical and otherwise, in Great Britain, nor the former deep-rooted neglect of the public and of our profession towards anything connected with “Lunacy.” It is not, I am convinced, our administrative work nor our public usefulness alone that have helped us. It is the glamour which our science has lately cast on the public mind. Its inherent interest and its mystery have, almost more than anything else, aided our cause. I never yet had an audience of students in the class-room, or of ordinary citizens

in the lecture-hall, or of the *élite* round a dinner-table whom I could not interest in the marvels of the human brain and the disturbances of its mental functions from the scientific point of view. The subject in its social relations is in the air at present. The man among us who fails to use this leverage for the ends of progress does not know his power. I have always cultivated an optimism in regard to the future of brain knowledge that has been unchanging and incurable. It seems to me that a retrospect and review of our position may be of interest to some of our workers. The new diploma gives me a chance of such a review.

Not taking into account our administrative, philanthropic, and official advances, the recent course of psychiatry may be said to have been played in five acts: (1) The teaching of it to students; (2) its taking visible form and voice in the shape of an Association and Journal; (3) its capture of a place in the general profession through the compulsory instruction in its main facts of all medical students; (4) its seizure and utilisation of the laboratory idea; (5) its long struggle for a registrable hall-mark—now happily attained. Those events have all been intimately related to each other one leading on to the next, and being its necessary corollary.

(1) The teaching of psychiatry goes much beyond the half-century. We know that Esquirol taught medical students in Paris in the early part of the nineteenth century. Great Britain, Germany, Austria, America and Italy, as well as the lesser European countries, soon followed suit. Among those who have passed away—Morison, Conolly, Guislain, Rush, Schroeder, Van der Kolk, Griesinger, Westphal, W. A. F. Browne, Meynert, Krafft-Ebing, Skae, Laycock, Hack Tuke, Sankey, and Lombroso are a list of which any department may be proud. Sir Alexander Morison began to lecture on the subject in London in 1823, being the first teacher in this country, so far as I am aware. He began clinics at Hanwell in 1839. In Edinburgh, our medical students first had the opportunity of such teaching in the year 1841 by Dr. Mackinnon at the Royal Edinburgh Asylum. Every school of medicine in the world has now one or more recognised teachers of psychiatry. Its teaching is combined or mixed up with neurology in many schools in Europe and America. Theoretically they should be taught together; practically, they are more efficiently taught

apart. The psychiatrist is apt not to know or care much for his neurology; the neurologist is apt to fail in his practical psychiatry. The teaching of psychiatry has this advantage over almost every other subject in medicine—it is more full of human nature. The teacher who makes it dull is no teacher at all.

Our Association was not neglectful of the claims of teaching. In 1892, its Council passed a resolution that a “board of education” should be appointed “to consider all questions affecting medico-psychological teaching.” That Board formulated a “scheme of instruction” for the guidance of teachers in insanity.

(2) The next stage, the organised association of those interested in psychiatry, took place in 1841, and fourteen years afterwards—in 1855—that Association founded this Journal under the forceful editorship of Sir J. C. Bucknill, then Dr. Bucknill of the Devonshire County Asylum and in 1862 the joint author with Dr. Hack Tuke of our first great British text - book, *The Manual of Psychological Medicine*. British psychiatry owes more to the *Journal of Mental Science* than to any other factor. The forty-five psychiatrists who in 1841 gave their written approval of the formation of the Association have now grown to 680, and comprise almost all those who form our department of medicine. It is a living body with many activities. To realise what it and the Journal mean to us, just imagine ourselves without them! We should feel like the mere units of a victorious army that has been disbanded. Psychiatry would largely be helpless, voiceless, and unprogressive in our country.

(3) The third stage of our progress was the effort to make instruction in psychiatry an essential and compulsory part of the medical education of all students. We early recognised the loss to our science and the deprivation to general medicine of an isolated position. Morison again led the way by petitioning the University of Edinburgh in 1823 that “lectures might be attached to the course of study to the medical students.” He petitioned the Government to the same effect in 1838. Dr. Boyd, of the Somerset Asylum, a scientist of industry and zeal, wrote an article on “The Necessity of Insanity as a Branch of Medical Education” in our Journal of 1859, in which he pleaded vigorously for his thesis. Laycock,

as the Professor of Medicine in the University of Edinburgh, had in 1857 instituted a course of lectures on medical psychology, but those were supplementary to his ordinary lectures, and were not compulsory on the students. Most of us attended them, however, and they had a marked effect in directing the minds of many Edinburgh students to the subject. He was an enthusiast and an idealist, subtle and elusive, but fascinating in his ideas of "mind and brain." In 1875, he obtained the sanction of his University in putting a question in mental diseases for the M.D. degree for the first time in this country. The Universities of London in 1887, and the University College, Dublin, afterwards followed suit, at the suggestion of Dr. Hack Tuke in the one case, and Dr. Conolly Norman in the other.

Psychiatry was made a compulsory subject of study for all medical students in 1893 by the General Medical Council, all the universities and licensing bodies homologating this decision within the next few years. That was the charter of our real and full incorporation into general medicine. It came about after much discussion and opposition. In 1888, the Council had made a recommendation that the study of insanity was "desirable" for all candidates for examination. I had, in my evidence before the Scottish Universities' Commission in 1890, made the following recommendations:

"1st. That all students should be compelled to attend a minimum course of practical instruction of, say, fifteen clinical demonstrations—residence for six weeks in an asylum as clinical clerk being accepted in lieu of this. 2nd. That all candidates for examination for the M.B. degree be, clinically at least, examined in this subject." Many others had pressed the same views on the General Medical Council, Universities, and Licensing Authorities. Sir John Batty Tuke in the Council was of the utmost service in its coming to the final resolution in regard to this matter.

One of the most curious things connected with this important event in the history of psychiatry was the small impression it seemed to have made at the time on psychiatrists and in current medical literature. I find no notice taken of it in the *Journal of Mental Science* except, almost casually, in two sentences of Dr. Conolly Norman's Presidential Address in 1894 (*Journal of Mental Science*, vol. xl, pp. 489 and 490). It

seemed generally to be considered of little importance, or was accepted as a matter of course. We, in fact, captured our place in medicine and were absorbed in the quietest possible way, with no flourish of trumpets, though, as Dr. Norman said, the action of our Association had "stimulated" the Council into insisting upon instruction in mental diseases in the new curriculum. No rules or regulations were at first made by the universities as to an examination in psychiatry for the M.B. degree. As a matter of fact some of them appointed examiners on the subjects, but few questions were put to the candidates for some time, and the majority of the candidates still received their degree without any test in our subject. In Edinburgh, both in the University and at the Colleges, I have discouraged the putting of questions in mental diseases, simply because I knew that the students had too much to get up already. As a psychologist I realised the limitations of the human brain. But I insisted on a regular attendance on my teaching, especially the clinics. That, I thought better than any cramming for the purpose of passing an examination. For our M.D. and M.R.C.P.E. it is one of the optional subjects.

(4) We now come to the fourth important event in the teaching and study of psychiatry. That was the institution of special laboratories for the investigation and teaching of the pathology of the subject. The lead in this movement was taken by Dr. Bevan Lewis at Wakefield. Chiefly through his magnificent work there, as brought out in his *Text-Book of Mental Diseases* in 1889, was the psychiatric conscience roused to feel that we had not been doing our duty in omitting to use, as one might, for the advance of science, for the education of our assistant medical officers and students, and for the good of humanity, the plethora of pathological and clinical material at our disposal. No doubt many individual physicians had done good original work in the small pathological rooms attached to various mental hospitals. At Morningside, at Wakefield (under Sir James Crichton Browne's vehement initiative) and elsewhere pathologists were appointed to asylums. The London County Council first established a fully equipped laboratory at Claybury in 1895, putting Dr. Mott, a man of European reputation, in an independent position at the head of it. The Scottish asylums combined in 1897, and by a voluntary effort established a pathological

laboratory for the asylums of the northern kingdom, with Dr. Ford Robertson as our superintendent. Two of our especial features were the training of the assistant medical officers of asylums in modern pathological methods and technique by means of special courses of instruction, and the circulation of microscopic slides showing recent work. Lancashire, both at Rainhill and Prestwich, soon took up the running, and our opportunities in Scotland have lately been trebled through the establishment of the Western Institute by Dr. Oswald and Dr. Easterbrook's wide-reaching scheme of research at the Crichton Royal Institution. Drs. Mott, Ford Robertson, Campbell, Orr, Shaw Bolton, Rows, etc., not to speak of the acting superintendents of mental hospitals, have not only done original work of the highest importance, but have put a new face on British psychiatry. Our physician-superintendents and assistant physicians of mental hospitals and our medical students have now, at these laboratories under the guidance of their superintendents, the opportunity of seeing and learning the latest methods of section-cutting and staining, of bacteriology as applied to mental diseases, experimental work, the employment of serums and vaccines, and clinical psychiatric pathology. In them much of the instruction required for passing the examination for the new diploma in psychiatry can, and will, no doubt, be given. As a part of the ordinary teaching of the classes of mental diseases, too, they will be more and more available. Their importance cannot fail to increase year by year. Great Britain will thereby be enabled to keep up with the Continent and America in her scientific methods and resources for psychiatric work.

The fifth and last stage—for the present—attained is our new diploma, our hall-mark, the symbol of our academic coming of age. I had taken a keen interest in this matter, and while the events which led up to it were fresh in my mind I sat down to write an "Occasional" for this number of the Journal; but the whole question of our progress grew on me and led me to write this article, for the length of which I am inclined to apologise. Our younger members, however, may thereby better realise its great importance. On them its further stages of progress will depend. The event should stimulate and encourage them. "*Quasi cursores vitai lampada tradunt.*" We are handing over the lamps to them. We see

with joy in every recent number of this Journal the certain proofs that they will carry them forward in the scientific race. It is worth while tracing the gestation of this our new-born psychiatric child.

As early as 1869 Laycock—always before his time in things psychiatric and neurological—made a proposal to institute “a suitable scientific and practical examination for candidates for asylum appointments,” and the Scottish Commissioners in Lunacy approved of this scheme. But it came to nought. In 1885 the Medico-Psychological Association, on a report of its Council, decided to institute a special examination in psychiatry, giving a certificate of competency (“M.P.C.”) to those who passed. It formulated conditions and rules for such an examination, appointed examiners for the three Kingdoms, and, in the year 1896, the first examinations were held in London and Edinburgh, thirteen men receiving the certificate. The examination was taken up warmly by the teachers of mental disease in the three kingdoms, and went on year by year till 1893, when, as we have seen, the General Medical Council made insanity a compulsory subject. For some reason that checked the flow of candidates. The certificate, though it had been of great service—some 328 men have taken it up to this time—was generally felt not to be of sufficient weight and authority. It was not registrable, and it was not academic. Its examination was not wide enough in its scope. The ancillary sciences were not recognised in its examinations. It was, in fact, too narrow and not scientific enough. It had done its work and served its day, and a substitute was clearly needed.

A word should be said here about the “Gaskell Prize,” which was a benefaction by his sister, Mrs. Holland, in 1886 in memory of Mr. Gaskell, one of the Commissioners in Lunacy, awarded to those who, having already taken the M.P.C., chose to go in for an honours’ examination, but was not given at all if the candidates did not attain a certain high standard. The histology of the brain and psychology were added in addition to the ordinary subjects of the M.P.C. examination. It has been taken by eleven men, the list including some of our most distinguished young psychiatrists, many of whom have since done good original work. We all hope this prize may still be given for an honours’ examination



in connection with the new diploma. It will thus be most useful, and will fitly commemorate the distinguished psychiatrist whose name it bears.

The whole subject of giving registrable diplomas in medicine and surgery was brought before the Scottish Universities Commission on the initiative of Sir Thomas Fraser, then Dean of the Faculty of Medicine in Edinburgh University, in 1890. At his instigation the Senatus of that University placed before the Commission a recommendation that special diplomas should be given, and instanced the following subjects which appeared to justify the institution of diplomas, namely, public health, obstetrics and gynæcology, dentistry, ophthalmology, laryngology with otology and rhinology, mental diseases and medical jurisprudence, special and higher examinations being instituted in each subject for that purpose, open to all medical graduates. The proposal was not backed up by any of the other Universities except Edinburgh. It was urged by some leaders in the profession that such diplomas would "degrade" medicine. It was not well received by the medical press, but in the interest of higher education Sir Thomas Fraser strongly pressed the matter for Edinburgh in his oral evidence before the Commission, which gave the asked-for permission.

I also thought the time was fitting for an endeavour to secure a better position for psychiatry when the Scottish Universities' Commission was sitting in 1890. After laying before them a short history of the teaching of psychiatry and pointing out how it was then defective and was handicapped in various respects, I made, in addition to the two recommendations I have quoted, the following :

"That a registrable diploma in mental diseases be instituted by the University (I was speaking for Edinburgh), the standard for this being far higher and of wider scope than the ordinary examination for the degree. It should include, in addition to psychiatry proper, brain anatomy, physiology and pathology, psychology and neurology in so far as these are related to mental diseases. This would be intended for specialists in mental disease and would tend towards the diffusion of knowledge and interest in the higher scientific aspects of disordered mind, and would be likely to stimulate original work in the department by able and cultivated men, and so to benefit medicine and humanity."



Edinburgh University alone asked for authority to institute diplomas in special subjects, and this request was granted in 1892 (Ordinance No. 16, Edinburgh No. 1).

Tropical diseases and Hygiene, having meantime come urgently into public notice, was the first subject in which, in 1905, a special diploma was given in our University. Public health had been provided by a special Science Degree in Edinburgh, but elsewhere the D.P.H. had been instituted and soon became a statutory requirement for all medical officers of health in the Kingdom.

The instant success of those two diplomas have demonstrated beyond cavil their necessity and undoubtedly prepared the way for a similar step in psychiatry. The man came with the need, and he came, like the founders of our Association, not from the ranks of teachers or from a university centre, but from a county asylum, and with thirty years' experience as a medical officer in various mental hospitals. Dr. D. E. Thomson, of the Norfolk Asylum, read a thoughtful and convincing paper at our quarterly meeting in London on May 19th, 1908, on "The Teaching of Psychiatry," in which, after pointing out the deficiency of present arrangements, he said, "I am absolutely convinced that the success of any scheme of reform in the medical aspect of asylum, or rather, lunacy work, depends entirely upon the provision of definite post-graduate training of our future alienists, and this post-graduate training can only be organised and rendered effective if instituted by the universities or other teaching bodies as suggested by Dr. Maudsley, and a diploma in mental medicine be granted, without which no one can aspire to lunacy work or appointments." Dr. Thomson thereby took a broad scientific and a business-like view of the situation, which was instantly seen by those who heard the paper. In the discussion which followed everyone, from Dr. Savage, the senior psychiatrist present, to Dr. Orr, the youngest, agreed with Dr. Thomson, and, from different points of view, urged that his recommendations should be carried out. Dr. Mercier said, "The most important matter of all, perhaps, was to get the licensing and examining bodies to grant diplomas and degrees in that most important subject. Until recognition of that was secured I do not think the study will ever be promoted successfully."

Dr. Thomson proposed a resolution at our Annual Meeting

in July, 1908, and the discussion on this was heartily in its favour. Dr. Lewis Bruce combated the only objection that had been made that the carrying out of the resolution might cause a greater difficulty than existed in getting assistant medical officers for asylums by urging that "it would make the service much more attractive than at present."

The question was formally remitted to the Education Committee of the Association, which authorised Dr. Mercier, as President of the Association for 1908-9, to send a communication in its favour to all the universities and other examining bodies in the United Kingdom. The subject did not suffer in Dr. Mercier's eloquent presentation: "My Association is of opinion that the institution of a diploma would impose a high standard of acquirement in the officers of asylums, would stimulate the scientific study of insanity, and would have an effect in widening and deepening our knowledge of the subject, comparable with the effect produced in public health and tropical diseases by the institution of diplomas in those subjects."

Dr. Mercier's letter at once drew many inquiries from the universities and examining bodies, in response to which certain "explanations" and a series of "suggested regulations" for the consideration and guidance of the examining bodies were sent them. A model syllabus is now being prepared by a sub-committee.

I cannot speak as to what has been and is being done in other universities and examining bodies, but it may be of some interest to many of the members of the Association if I give a short account of what we have done in Edinburgh.

On the reception of Dr. Mercier's letter, Sir Thomas Fraser took the matter up with enthusiasm. I feel that psychiatry and we who are its disciples stand much indebted to him. He has had the happiness of bringing to a successful termination this work he began in 1890 in the greatest of all the schools of medicine in Great Britain. He first obtained the approval of the Medical Faculty, the Senatus, and the University Court, to the general principle of a diploma in psychiatry. The Faculty of Medicine then appointed a committee to consider the question and draw up a syllabus with time tables, etc. The committee consisted of Profs. Greenfield (pathology), Schäfer (physiology), Robinson (anatomy), Mr. W. G. Smith

(Lecturer in Psychology), Dr. G. M. Robertson and myself, with Sir Thomas Fraser as Convener. This Committee met frequently, and carefully considered in the first place the suggested course of instruction put forward by Dr. Thomson and our Association. We altered that in some of its details and we did not endorse the proposal of having optional subjects, but we kept on the main lines of the scheme of the Association. There was, as might have been expected in a Committee representative of so large a range of science, a tendency to set the standard too high. There was a good deal of give and take among us. For myself I was impressed with the great advantages of a committee of such wide scientific reach as compared with one composed of specialists.

We finally decided that the courses of instruction and the subsequent examinations should consist of: (1) The anatomy of the nervous system; (2) the physiology, histology and chemistry of the nervous system; (3) pathology, macroscopical and microscopical, of the brain and nervous system; (4) bacteriology in its relation to mental diseases; (5) psychology and experimental psychology; (6) clinical neurology; (7) psychiatry; (8) clinical psychiatry.

The duration of the studies (nine months), the hours of attendance on each course, the fees, and the two examinations were all arranged for. A special exemption to the regulations as to attending lectures, etc., was made for three years from October 1st, 1911, in the case of "such candidates for the diploma as are at the time medical officers of asylums who have held office for at least two years prior to October 1st, 1911." They will, of course, have to pass the examination. The University Court on January 16th, 1911, approved and sanctioned the Regulations we sent up to it.

I can imagine many medical officers of asylums feeling discouraged on looking over the list of subjects to be studied. But I think a little consideration will convince them, as it did me, of the reasonableness and the ultimate value of setting the standard high. The instruction in the ancillary subjects will widen their scientific horizon and will make future original work easier and more imperative to our assistant medical officers. Committees of asylums will pay higher salaries, and will arrange for the necessary absences of their staff. It will pay all round in fact. Senior assistant medical officers

will acquire such a professional position thereby that committees will be more likely to provide separate houses and facilities for marriage for them. The glamour of science, of which I spoke, will induce for us all greater respect in the minds of the laity and also a greater self-respect. I have no sympathy with the excuse that assistant medical officers have no time to get up such a number of new subjects. They have plenty of spare time for tennis and other amusements. It will keep their minds keen and on a higher level. The diploma will make a sharp difference between the men who go into mental hospital work for a year or two and those who mean to make it their life's work. It will come to be essential for those who are candidates for the higher appointments. No man will hereafter venture to set up as a consultant in mental diseases except he has this diploma. If it is looked on as a duty it will raise our ethical standard. The dignity and the importance of psychiatry will be more realised. The enthusiasm and the joy of making new discoveries in an unknown land will be roused. If I were now an assistant medical officer I should without hesitation at once set myself to obtain the diploma.

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*On the Wassermann Reaction in 172 Cases of Mental Disorder (Cardiff City Mental Hospital) and 66 Control Cases, Syphilitic and other (chiefly from Cardiff Infirmary), with Historical Survey for the Years 1906-10, inclusive: Comments and Conclusions.*<sup>(1)</sup> By H. A. SCHÖLBERG, M.B.Lond., D.P.H., Pathologist and Bacteriologist, Cardiff Infirmary and the City Mental Hospital, and EDWIN GOODALL, M.D.Lond., B.S., F.R.C.P., Medical Superintendent, Cardiff City Mental Hospital.

THE sero-diagnosis of a syphilitic infection, commonly known as the "Wassermann reaction," is based on the work published by Bordet in 1899, and Bordet and Gengou in 1901. It was there shown that the absence of hæmolysis could be made available as a naked-eye test indicative of a specific infection, and that the occurrence of hæmolysis negatived the existence