

off and on, for some years, in a hospital, but would not stay there. Dr. Norwood East, medical officer of Brixton Prison, was quite clear that the prisoner was a genuine epileptic, and stated that the disease would render him very impulsive. He did not, however, think that the offence was committed in a state of epileptic mania or of epileptic automatism.

In the face of this evidence, there was, in the existing state of the law, no alternative to giving the man a determinate sentence of imprisonment. But the judge took the reasonable view that the prisoner's epilepsy was no cause for giving him a short term. And he sentenced the prisoner to three years' penal servitude, with a view to the protection of the public, pointing out that he would be treated in accordance with his state of health. This is not the prisoner's first conviction. And a system which, unless he can be certified as insane, releases an epileptic with criminal propensities at the expiration of a determinate sentence of detention appears to us entirely indefensible.

Mr. Justice Roche further suggested that the question of sterilizing such persons, in order to prevent them from propagating their species and so "breeding from the worst stock," should be seriously considered. Without expressing any opinion as to the feasibility and desirability of this course, it appears to us significant that a judge, in his official capacity, should advocate it.

Occasional Notes.

The Administration of Public Mental Hospitals in England and Wales.

THE report of the Committee appointed in December, 1921, by the Minister of Health "to investigate and report on the charges made by Dr. Lomax in his book (*The Experiences of an Asylum Doctor*) and to make recommendations as to any medical or administrative improvements, etc.," was published in August of this year. It is a document of considerable interest and has been widely read and discussed, especially by governing bodies of the public mental hospitals.

Our views on Dr. Lomax's book were briefly indicated in an "Occasional Note" (*vide* vol. lxviii, p. 171), and they are fully supported by the findings of this Committee. We are not surprised that the cult which has taken Dr. Lomax for its high priest is decidedly not pleased with the conclusions arrived at. Its devotees continue unabatedly to inveigh that creation of their imagination, "the system," which is as illusory as the facts upon which they hold up the mental nurses to opprobrium. However, to those members of the public, especially

the friends of patients who have been much agitated by Dr. Lomax's and other publications, the report will have a reassuring and calming effect.

The greater part of the report deals with Dr. Lomax's allegations. There will be no two opinions as to the masterly and logical way the evidence for and against his not always definite charges are handled. In fact, it has seldom been our lot to read a report in which the arguments are so readily followed and the facts so clearly put; and it reflects the greatest credit on the breadth of view and mental acuity of the members of the Committee, and fully justified the selection of the Minister which had been much criticised. Space will not permit of a complete critical digest of this part of the report, but we cannot refrain from touching on one matter.

Apparently part of the so-called "systems" is the subjecting of a mental patient to an unwelcome acquaintance with a crude method of relieving intestinal stasis in the hope of reducing mental excitement, *i.e.*, by the exhibition of croton oil. This form of treatment, like blisters, bleedings, and clysters, was much in vogue in olden days, especially when the theories of "humoral pathology" in mental disorders held sway; but like its companions its use has become less and less prevalent as medical science has advanced, and is not resorted to except for special reasons, mainly physical. There are, however, a few who still believe in its efficacy in relieving certain mental symptoms. Dr. Lomax, however, in his book gave an opposite impression. He stated that in asylums croton oil is given without proper care, used as a punishment, and that its use there has led to colitis and other serious diseases. We were apparently still living in the dark ages of psychiatry, and needed guiding towards better ideals.

The Committee searched in vain for any evidence in support of these allegations of brutality involving chiefly the medical officers and found none, for of 22 mental hospitals during two selected weeks in no less than 15 was croton oil never prescribed, in 5 it had been given to a trifling number of patients, and in 1 only was it used in as many as 27 cases during one week and in 39 cases during the other week.

As it happened the one person (and he had declined to give evidence) apparently most qualified by experience to speak of this form of treatment was Dr. Lomax himself, for at Prestwich out of 333 doses administered from October, 1917, to March, 1918 (during his first period of residence there), it transpired that no less than 253 were prescribed by him, and that he was the only medical officer "who neglected to enter in the prescription book the quantity he prescribed." We make no charges against Dr. Lomax in this respect; unlike him we are prepared to believe that he treated his patients as befitting one belonging to an honourable profession, but he did

make disgraceful charges against other medical men for which the Committee found no foundation.

Dr. Lomax appears to be undeterred and unrepentant as to his method of propaganda judging by his further contributions to the Press (vide *Medical Press and Circular*, August and September, 1922, and the *Fortnightly Review*, November, 1922). Whether Dr. Lomax agrees or not with the conclusions of this report it should at least have cured him of generalising from suppositions, suspicions, and impressions the applicability of which has not been the subject of his careful inquiry. Propaganda on these lines, found unsupported by reliable evidence, is certain to alienate the sympathy and co-operation of thoughtful people. As stated in our previous note on this subject we have no quarrel with the main lines of reform and advancement advocated by Dr. Lomax in his writings. With certain exceptions they represent in part the policy of our Association for years past. We welcome help and co-operation from any source in our endeavour to secure greater efficiency in the public mental hospitals and the advancement of the profession of psychiatry generally, but we do object, and most strongly object, to mis-statements of fact in this endeavour, and to the public being misled as to character and work of mental hospital staffs and as to the treatment generally of patients under their care.

Dr. Lomax's article in the *Fortnightly Review* for November is the worst offence of this character we have read for some time.

We may find time and opportunity of dealing more fully with this article later. In the meantime the following observations must suffice and reveal again Dr. Lomax's mental agility at misinterpretation and innuendo. Referring to p. 22 of the Committee's remarks regarding the appointment of Medical Superintendent he says: "The Committee themselves admit (p. 22) that the present methods of selection of medical men for this office are not satisfactory." We turn to p. 22 of the Report and we find—"and we do not suggest that these Committees do not exercise great care and discretion in making the appointments." Then comes the Committee's suggestion that the Visiting Committees should have the advice and guidance of some central body. Why? Because the central body would be "in a position to review and compare the worth of the medical officers in mental hospitals throughout the country"—a different story, and which lends no support to his allegations of private influence and favouritism superseding medical attainments or psychiatric knowledge. Continuing the quotation from Dr. Lomax's article he goes on to say—"but they say nothing of the equally important point of a superannuation age-limit. There is at present holding office in a large county asylum a superintendent, so I am told, over eighty years of age, who has

held this post for forty-five years." This may be true; we cannot say. If the matter is important then it is put forward as an example of the tenacity with which medical superintendents hold on to their posts. The innuendo regarding this and one regarding the inefficiency of the medical colleague referred to is obvious. Now what are the facts? We have no means of ascertaining the age of the medical superintendents, but their dates of qualification are available to anybody. Dr. Lomax's constant failure to ascertain facts is again exemplified. We find that out of the 94 superintendents of mental hospitals in England and Wales only one was qualified in 1868, 3 between 1870 and 1879, 18 between 1880 and 1889, 41 between 1890 and 1899, 25 between 1900 and 1909, and 6 since 1910. What a different story! And what evidence is there of the necessity for a superannuation age-limit? Old scandalous statements regarding the mental hospital medical service and the social status and character of the mental nurses are resurrected and seriously offered for public consumption in 1922, although he says regarding the latter, "My own experience of this class is certainly more favourable than that of most of my informants and I hasten to put the fact on record." So was the experience of 482,949 sick and wounded soldiers during the war. Does Dr. Lomax attach no importance to the high opinions of our nurses expressed by the Army nursing authorities? His writings demonstrate his incapacity to distinguish fact from fancy, or to apprise what is general or exceptional, or to present a case really worthy of public credence and consideration.

Regarding the Committee's recommendations there will be considerable but not entire agreement. With the recommendations as to the size of mental hospitals, the classification of patients undergoing indoor treatment, study leave for medical officers, organisation of "after-care" work, the strengthening of the medical staff, research work, no doubt there will be general agreement; indeed, many of them have already been urged for years by our Association.

The Committee makes some recommendations regarding the post of superintendent. It is obvious that the logical outcome of the policy of the Association in respect of the post-graduate education in psychiatry of medical officers will be that in due course the holding of a diploma in psychological medicine will be a *sine qua non* for the post of medical superintendent. Indeed, some would look still further and visualise the circumstances which would render it necessary for superintendents to have in addition what is commonly known as a teaching qualification. The further recommendation, already referred to, that a small advisory committee preferably associated with the Board of Control should be available for consultation

when making these appointments is not likely to prove very practicable. The *personnel* of such a committee would present immense difficulties. Would they hold themselves responsible for their advice? Would any body of men care to express an opinion on the relative standing of the various medical qualifications, or the professional standing of any medical man, or the intrinsic value of any original work? A medical assessor not connected with the county or borough authority making the appointment to sit with the committee to ensure expert critical sifting of the claims of the candidates would be a much more practical proposition.

Regarding this appointment and that of assistant medical officers, the Committee mention the desirability of selecting men who have held house appointments in general hospitals. Their remarks on this matter are liable to misconstruction and might be used to support Dr. Lomax's contention, who says that—"The medical staff, again, is recruited mostly from inexperienced youths who have recently left the Hospitals, and who without any antecedent knowledge of their work, or being the possessors of any diplomas in psychiatric medicine, or even having held the office of house surgeon or house physician, etc.!" He seems ignorant of the fact that it is well nigh impossible to obtain a diploma in psychiatry before service in a mental hospital, and Dr. Bond's paper published in our Journal on "The Need for Schools of Psychiatry" (January No., 1920) has apparently escaped his observation. The Committee's observations, of course, give no support to this glaring inaccuracy. The Committee do say, however, "an examination of a series of advertisements issued during last year revealed 14 cases in which it was specifically stated that previous experience was not necessary." We think, in fact as regards some of these instances we are certain, that this announcement was made because of the dearth of candidates in rural hospitals, and not specially to attract those without previous experience. Naturally an experienced candidate with a good record is always, we venture to say, preferred. Now as to candidates having previously held house appointments, the Committee do not state what evidence they had before them as to the number of medical officers in the mental hospitals who have not had this valuable experience.

Our own impression is that considering the limited number of these hospital appointments, having regard to the large output from the medical schools, and in comparison with other services, we have a good proportion of medical officers who have held these posts(!), and certainly that such candidates have always been given the preference. What is probably of even greater value is a spell of general practice, especially in the poorer districts. Such experience is valuable

to a mental physician. Thereby he becomes better acquainted with the many aspects of human nature, and gains a personal knowledge of the environment of the class from which many of his patients are drawn.

We are glad to say that views identical with those held by Dr. Lomax on the mental hospitals as a service for medical men have for some years been losing sway in the medical schools, and there is a greater number of candidates of the right type to pick and choose from as regards the metropolitan and town districts. It is the entirely rural mental hospitals that suffer most in this respect.

The Committee make some suggestions for the improvement of the mental nurses' service. The recommendation that some distinction should be made as regards "the two duties of mental nurses, namely, nursing proper and social duties," and their hours of duty, appear to us to be entirely impracticable except perhaps in small private institutions. The so-called social duties are of great importance in the treatment of many acute cases, and both onerous and trying. We should keenly sympathise with the matron who had to arrange her "duty sheet" on these lines, and the accountancy involved would be intricate and colossal in a large institution. A more practical direction in which something could be done as regards hours of duty is to have a daily time-table for each of the four main sections of a mental hospital, *i.e.*, the acute, chronic, infirm and industrial, to suit the welfare of the patients and facilitate the work of the staff in charge of them. It would not necessarily mean any difference, or very little difference, in the total of hours worked weekly.

A further recommendation that every institution should have at least one fully qualified hospital nurse on its staff could well have been amplified by urging that the facilities for general hospital nurses to receive mental training should be improved, and that *per contra* facilities for study-leave for mental hospital nurses to receive general hospital training should be provided. Both are possible.

Another recommendation is the suggestion that special occupations officers should be appointed. This is an important matter about which volumes could be written. Occupational therapy has come to the fore a good deal, especially in America, in the treatment of the neuroses and the psychoses. As an economy it might not be immediately felt, but if it results in citizens of productive capacity being restored to the world, although such treatment might be expensive, yet the outcome would be an economy. Occupational therapy is something more than humanising the lives of the insane and rate-saving. Just as the disordered mind shows itself in disorders of behaviour, so it is thought that a restoration of behaviour or a re-education of muscle and volition may restore the intellectual and

effective faculties. There is a limit to the usefulness of working patients detained in institutions. To turn mental hospitals into factories in competition with outside industry would rouse much resentment and opposition. But to use "occupation" with a strict eye to the patient's recovery no sane person could rightly object. In the last miscellaneous return published by the Board of Control the number of patients employed in the county and borough mental hospitals was given as 63 *per cent.* men and 61 *per cent.* women. We are modest in this country, and not prone to label either mental hospital officials or the posts they occupy with high-sounding names. At present it might be the occasion for derision if we were to group the laundry, needleroom, workshops, the farm, etc., of a mental hospital together as the Department of Occupational Therapy, and to designate the staff attached to them instructors and instructresses and to appoint a special medico-administrative officer as director. But the day is perhaps not far distant when the already considerable good work done for the recovery of patients by humble officials in these departments of the mental hospital will be more recognised and put on a sounder psycho-therapeutic basis. Short of this we have no doubt the appointment of an officer with a knowledge of a number of skilled occupations to give technical instruction to the patients would be a valuable addition to the staff of a mental hospital.

The Committee assume that it is the legal right of any patient to forward letters unopened to the Lord Chancellor and others. Although in practice this is done, yet *Archbold's Lunacy* is in doubt as to the applicability of Section 41 of the Lunacy Act, 1890, to pauper patients. The posting of notices regarding this right is ordered by the succeeding section of the Act, but "so that every private patient may be able to see the same." We mention this because the public should be quite clear as to the actual legal duty of the "manager" in this matter. Patients compulsorily detained are prone to suspicions, and nothing in their environment should encourage this attitude. This is the danger of such notices, which is equally applicable to the suggestion that letter-boxes should be provided in the wards. Suspicious patients are not likely to trust their letters to boxes cleared by junior officials, and will continue as now to hand them to the medical officers. Such recommendations are a comfort to the relatives and friends rather than to the patients.

We commented at length on the discharge of patients under Section 79 of the Lunacy Act 1890 in our review of the Report of the Board of Control (England and Wales) for 1919. We pointed out that this Section provided little or no protection to the public from the possible dangers which may result from the restoration to freedom of certifiable lunatics. The public without doubt are entitled to

know the provisions of any law passed presumably for the well-being of the community, but it is doubtful whether they would at all approve of Section 79 being carried out on a large scale. The Section entitles two *visitors*, if they think fit, to discharge a lunatic upon the undertaking of a relative or friend, to their satisfaction, that he shall be properly cared for and prevented from doing injury to himself and others, but it is left to them to interpret the degree of satisfaction. The relative or friend is not required by law to produce evidence of character or suitability, neither are the visitors required to make local investigations and inquiries regarding the proposed environment of the patient. Furthermore the patient on discharge is free and cannot legally be detained by his relative or friend. Having regard to these facts it is difficult to know why special attention should be drawn to Section 79 unless it is to encourage the relatives and friends to take advantage of it. From the medical officer's point of view the most evil consequence is the possibility of the recovery of patients being ruined by premature discharge, and we should like the views of the Commissioners as to whether discharge under this section of convalescing patients is justified even though the relative or friend could properly care for them and prevent them from injuring themselves or others. A definition of what is meant by "properly cared for" in this connection is required.

Regarding the visitation of mental hospitals, what is really wanted is a much closer relationship with the general public. Every ward, if possible, if not every section of a mental hospital, should have regular approved visitors—men and women of some experience of social work. They would daily bring into our mental hospital a breath of fresh air, and combat that tendency to "institutionisation" which afflicts all hospitals. They would gather environmental information regarding the patients of great value to the medical officer, take under their special care friendless patients, and act as a link between the patients and their home affairs. Greater facilities are advocated for the friends and relatives to see patients in the wards. It should be remembered, however, that visiting rooms are provided to meet the convenience of visitors, and not to exclude them from the wards. There would be a great outcry and a real grievance if these rooms were abolished. In many hospitals there is a buffet attached to the visiting room where refreshments for both visitors and patients can be obtained which is much appreciated.

The concluding recommendation refers to several matters to which certainly constant attention should be directed. As regards the daily toilet of patients and the hour of rising and of going to bed improvement means more nursing staff and increased cost. We would all welcome this. It is well known that the friends and relatives

of patients are difficult to satisfy, especially recently, for reasons which are obvious. Most of them soon learn, however, that we are not as bad as we are painted—indeed, as a rule, the relationship between them and the staff soon becomes cordial, and but for the publicity that would be given to their private affairs we should have no lack of public expressions of their appreciation of the care and treatment patients receive in mental hospitals, and an endorsement to the full of the final conclusion of this Committee—“that the present provision for the care and treatment of the insane is humane and efficient.” That both could be vastly improved there is no doubt, but the next step lies with the public, *i.e.*, to ease the path and provide the means.

(¹) From a cursory examination of the records in the *Medical Directory* of the members of the Association who are assistant medical officers, it would appear that the majority have held house appointments.

Significance of Sociology for Psychiatry.

PSYCHOPATHOLOGY, in extending its studies to crime and the minor psychopathies, comes to deal more with the *maladjustments* of function than with their disorders and imperfections. Certain mental aberrations are regarded as “faulty reactions,” “regressions,” or “evasions of difficulties,” and much use is made of the conceptions of “attitude” and “psychological type.” From such a standpoint the alleged traumata is to be found in the social environment; it is social stresses and disharmonies that are blamed. The strictly Psycho-analytic School, in the theory of “censorship,” “repression” and “resistance,” assigns no less pathogenic significance to *social* contacts. It is not between mind and its *physical* environment that we find most psychopathic disharmonies. Disturbances in this adaptation point to organic disease or abnormality and are correspondingly intractable. It is with the relationships between *mind and mind* that psychopathology is chiefly concerned.

Apart from the aetiological significance of the social environment, we find psychopathy manifested chiefly in social reactions. For example, delusion is not distinguished from “normal” belief by its truth or falsity. A very large proportion of current belief is demonstrably false, while “new” truths have often been branded as delusional. We are more tolerant now than to regard all foreigners as mad, but still, the justification of belief is consent, class, sectarian or racial. Literally abnormality is disease. No belief and hardly any behaviour is too fantastic to gain this social sanction in some circumstances; the *acceptance* of such is hardly ever regarded as pathological, its *origination* far otherwise! All delusions have this