

if he might suggest it, no definition of this had been given by Dr. Mott. What was the cause of neurasthenia? There was not always a nervous history. He appreciated the President's remarks on the alternation of asthma and insanity, and Sir Thomas Clouston's reference to influenza and insanity, when the latter considered influenza to have been responsible for lowering the nerve power of one-third of Western Europe. The ductless glands were also responsible for many cases of neurasthenia. Not long ago he had the case of a young woman who had been to many nerve specialists and had been treated as a neurasthenic case; she had "rest" treatment several times, but eventually drifted to the asylum. She seemed to him very like a case of ordinary myxœdema, but there was a distinct thyroid palpable. Dr. Mott kindly saw the case also, and they agreed that it was a neurasthenic case with symptoms of myxœdema. She died, and a very careful examination after death revealed a complete disintegration of the glandular structure of the thyroid, which was shown to have been inactive. There were probably many cases in which the ductless glands were at fault—the supra-renal capsules, the pituitary body, the thyroid, the lymphatics, and possibly other glands of which little was yet known. Considering that syphilis was so common, and that not more than 4 per cent. developed general paralysis, it must be grafted on to some neurasthenic base before it was revealed as general paralysis. He maintained strongly, and was supported by the statistics he had quoted, that general paralysis of the insane was, from the heredity standpoint, related to the other varieties of insanity and could be transmitted to descendants, and it would be most interesting and instructive to know, from the pathological standpoint, what was the underlying physical factor of the inheritance of insanity. Another point was the following: There were so many cases of insanity at the ages of forty-two, forty-six, sometimes fifty-six and sixty-three, that it showed the impossibility of ending insanity by segregation or by castration, or by sterilisation. Certainly in many of the cases the children were born before the occurrence of the insanity.

Dr. CRICHTON MILLER pointed out that Mendel's law was only intended to apply to unit factors in the first place. Insanity was, as Dr. Hyslop pointed out, a clinical entity. We were bound to be disappointed if we expected this law to hold in tracing the heredity of cases of insanity. Again, with regard to Galton's law, what Galton really pointed out was the *potential* contribution of each ancestor, rather than the actual contribution.

(¹) *Proc. Roy. Soc. Med.*, 1912 (Neur. Sect.), pp. 15-20.

(²) *Lancet*, 1907. i, p. 935.

Assistant Medical Officers in Asylums. By Dr. J. B. SPENCE, Medical Superintendent, Burntwood Asylum, Lichfield.

THE title of this brief paper will be familiar to many of you as the heading to letters which have recently appeared in several successive numbers of the *British Medical Journal*. Some of the letters have been signed with the full name of the writers, others with a pen name. They have all been characterised by moderation of language in the presentation of the case in which the writers and many others are deeply interested. For some time past I have felt strongly that something should be done to improve the position of assistant medical

officers of asylums, and am in full accord with the work of the Committee of this Association, who have recently furnished an interim report upon this subject. A further report will doubtless soon be forthcoming upon the financial and social position of assistant medical officers, and it is this view of the case which I desire to place very briefly before you this afternoon.

As most of you know, the Interim Report referred to (which the Association, with perhaps unconscious self-sacrifice, has fathered at the expense of its own legitimate offspring, the Certificate of Efficiency in Psychological Medicine), advocates the more advanced education of all candidates for the post of assistant medical officer, and I believe that there are those who go so far as to say that no appointments—certainly no senior appointments—should be given except to those who hold a special qualification in mental science, just as in the case of men who apply for the post of medical officer of health, where a special diploma in sanitary science is regarded as absolutely essential. Dr. McDowell, of Morpeth, who has been a very active member of the “Status” Committee, with admirable tact took the opportunity of a meeting held in the Guildhall of the City of London, at which representatives from the committees of many asylums were present, to press upon their notice the advisability and importance of granting furlough leave to the junior members of the medical staff of their asylums in order that they might have the opportunity of making a special study of subjects required by universities who either do now or who may in the future grant diplomas in psychological medicine. No one will dispute the wisdom of this step forward in the study of the causes and prevention as well as in the treatment of insanity, but there may well be, and there are, grave doubts as to its practicability. In this, as in so many other of the affairs of life, the money factor has to be considered, and while I would not even hint in a learned society like this that the labourer is worthy of his hire, or that the proper scientific spirit should not be “to set the cause above renown, to love the game beyond the prize,” yet there are such mundane matters to be taken into account as wives and bairns, who might not regard the position from such a lofty eminence, and for whom we all would desire a fair share of the best that we are able to provide, so that there is no doubt, should the time come when all applicants must be holders of a special diploma, there will

arise a demand for remuneration in some proportion to the time and money expended upon the acquisition of a higher certificate. Indeed, it is not necessary to labour this point in view of the fact that even now it is no easy matter to secure the services of such a colleague as we would desire to work with. So many new appointments for men about the age of those who are suitable for junior posts in asylums have recently been created, that the difficulty which has already arisen is certain to increase as time goes on, and I do not hesitate to say that committees of asylums will be compelled by the law of supply and demand to increase the stipend of the junior medical officers so as to induce the right type of man to enter our speciality. As I write, I am informed that a marked increase has been observed in the amounts recently offered in advertisements for junior medical officers, but so far I have seen no indication that this increase has extended to the senior men as well. In these days, when tuberculosis officers, school attendance officers, deputy medical officers of health, and other like offices are opening out interesting and fairly lucrative careers to young medical men, it becomes daily more difficult to obtain men of the class we should like to have as our colleagues, and when one sees posts advertised with salaries of £400 to £500 a year attached to them with the freedom which assistant medical officers of asylums cannot be expected to have, one does not wonder that many young men prefer to take up other branches of the profession rather than that of medical officer of an asylum. So far I think I have with me the opinion of a large majority of superintendents, but perhaps there may be some difference as to the merits of my next proposition. For a few years a man—provided it is made worth his while financially—cannot do much better for himself than hold a post in an asylum. He gains experience which cannot be acquired elsewhere, and which frequently proves very useful to him in after life; he learns something about organisation, which is also to the good in general practice, and on the whole he cannot fail, if he is the right sort of man, to have a fairly decent time, free from any serious responsibilities, during a comparatively brief tenure of the junior post. But the time comes when he will begin to ask himself the question whether a continuance of this pleasant existence is quite the wisest course for him to pursue in view

of the future, and at this point, in my opinion, we often lose a good man who would, under more promising circumstances, follow the course of study suggested by this Association, and so render himself eligible for the next step in his career. As things are now what has he to look forward to? In the majority of asylums he may expect perhaps an increase of salary, which in itself is not a bad thing, but is not a sufficient inducement to a man to cause him to stand fast. It may happen that in a few cases men are fortunate enough to obtain charge of an asylum at a comparatively early age, but in the majority of instances years must pass before this takes place, and, as we all know, many men grow old without having had the good fortune to succeed in obtaining promotion in their own county, or a higher post elsewhere, and that not through any fault of their own, but simply because they are the victims of circumstances over which they have practically no control. It is this condition of affairs which requires the close and experienced consideration of the Association in order to arrive at some decision which might be pressed upon those who are in a position to give practical effect to any recommendations made with a view to improve the position of assistant medical officers, and especially of the senior assistant medical officer. I should be encroaching upon the functions of the "Status" Committee if I were to go into any considerable detail of the points which I consider require attention, but whoever has read the letters to which I have referred knows well where the shoe pinches, and consequently has a very fair idea of the direction in which reform is required.

In order to obtain thoroughly reliable information as to the present position of assistant medical officers throughout England and Wales, I have sent out forms to the superintendents of ninety-four asylums; and here I would like to acknowledge with gratitude my indebtedness to a large number—ninety-two—of these gentlemen for so promptly and fully acceding to my request. I should say at once that I regard the replies as confidential, so that I am unable to give particulars of any one asylum, but I think the method I have adopted of tabulating the results will answer the purpose of this paper, and will afford all the material necessary for a full consideration of the subject. The first question in the circular referred to the number of assistant medical officers in the county and borough

asylums of England and Wales, and inclusive of the two asylums from which I did not receive replies, and the information for which I obtained from other sources, the total number of assistant medical officers in county and borough asylums is 253. Of these, seventeen asylums have only one assistant medical officer, but where there are two or more I have regarded one as a senior assistant medical officer, so that when I refer in this paper to senior assistant medical officers I mean to imply that there is more than one assistant medical officer on the staff.

With regard to the salaries of the *senior* assistant medical officer (question 2), the *average* minimum appears to be £224 and the *average* maximum £309 per annum, exclusive of emoluments, the lowest being £150 rising to £200 and the highest £330 with a maximum of £430.

The medical officers junior to the first seem to vary from an *average* minimum salary of £160 to an *average* maximum of £208, the highest being £185, rising to £330 per annum, and the lowest £130, rising to £150.

The value of the emoluments are difficult to tabulate as they vary so greatly, but in the majority of asylums the emoluments for the purpose of the Asylum Officers' Superannuation Act have been taken at an average of £105, the highest being £140 per annum and the lowest £68.

As to the question whether the medical superintendents throughout the country approve of the senior assistant medical officer being a married man, I am glad to say that the reply has been in the affirmative in nearly every instance:

Sixty-seven of the ninety-two superintendents are in favour without reservation.

Six state that permission might be granted if accommodation is provided. (Of course that proviso is essential in all instances, so that these may be added to the number of superintendents who fully favour the proposition.)

Nine think it might be permitted in large asylums.

Two consider that such permission should not be granted until "after reasonably long service."

Eight regard the question unfavourably, of whom one writes that he "does not think it necessary"; two do not think it advisable as a rule; one emphatically states that he thinks it not advisable. One gives no definite opinion, but says the

question has not arisen, and three do not reply to the question. Two have not returned the form.

In some few of the larger asylums where there are several assistant medical officers on the staff, both the first and second are permitted to marry, but in the majority of instances the feeling seems to be against the granting of permission to marry to the second assistant medical officers. Judging by the replies to my inquiries, fifty-seven superintendents do not approve of the second assistant medical officer being a married man. In the seven London county asylums the question has been definitely settled by the committee granting permission to marry to the first and second assistant medical officers, but at these asylums the medical staff is usually large enough to permit of this exception to the general rule without interfering unduly with the routine duties. Of the remaining twenty-eight replies, twenty-one are in favour subject to certain conditions which might easily be arranged, three are not satisfied that it would be advisable, three reply that the question has not arisen, and one gentleman writes, "Yes, if men are fools enough to wish it."

With regard to the number of asylums which at the present time sanction, or in the past have permitted, the marriage of the senior assistant medical officer, I am informed that in twenty-three asylums there are married assistant medical officers, in three asylums there have been married assistant medical officers, in sixty-three asylums these officers are not married, three superintendents do not reply to the question, and two superintendents have not returned the form.

As to the form of accommodation provided in asylums where one or more of the assistant medical officers are married, or where men holding the position in the past have been married, thirteen superintendents reply that the accommodation has been provided in the main building; two state that a house attached to the annexe or to the detached hospital was utilised; in eight instances houses on the asylum estate are found; three rent houses outside the grounds and to sixty-five this question does not apply.

A matter that presents considerable difficulty is dealt with by question 8. "Are the married assistant medical officers boarded, and what arrangements are made for the wife and

child or children?" I have thought it well to reply to this question in detail, as one cannot but think that should the whole question come to be considered by committees of asylums it would be helpful to them to know what is being done in this particular direction elsewhere.

Married assistant medical officers may be divided into three classes: those who have rooms in the asylum main building, those who occupy a house on the asylum estate, and those who rent a house outside the asylum grounds. Of the first class there appear to be thirteen; of the second class ten; and of the third class three. Of the first class (those who have rooms in the asylum main building) three are boarded and lodged; three are charged various sums for the board, etc., of wife and family, while seven board themselves, but are granted an allowance in place of board. Of the second class (those who occupy a house on the asylum estate) six have a house rent free, but are not boarded, receiving an allowance instead; three receive cash *in lieu* of emoluments but pay rent, while one has a house and is boarded, but pays for keep of wife. Of the third class (those who rent a house outside the asylum grounds), three have houses outside the asylum estate, and of these two are boarded, and the third has a money allowance as a substitute for board. It will thus be seen that the conditions under which senior assistant medical officers are permitted to marry are very various, and each case would probably have to be considered upon its merits.

It occurred to me that it might be of interest to set down a few particulars as to the salaries and allowances of medical officers in the prison service, as in that service these officers are free to marry, and are otherwise somewhat in the position of senior assistant medical officers of large asylums. I find that there are eight men attached to local and convict prisons in England and Wales whose minimum salary is £400 a year increasing by £15 a year to £550, while six have £300 a year minimum increasing by £10 a year to £390. One who is marked "special" commences at £450, reaching the same maximum of £550. All have quarters allotted to them, or an allowance in substitution thereof, but no board.

Those of us who have followed the reports left by the Commissioners in Lunacy at their annual visits to asylums cannot fail to have remarked how often a persistent inquiry

into various points of administration, and comments, complimentary and otherwise, upon the way in which the suggestions made have been carried out in different asylums, has frequently resulted in the adoption of such recommendations ; in this way the Commissioners might be helpful by drawing the attention of committees to any alteration in the status of the assistant medical officers which might commend itself to them. I have of course no knowledge as to what view the Commissioners take of this subject, but I have every confidence that if their attention were directed to it they would consider it fully, and if satisfied that intervention would be advantageous, would not hesitate to give all the help in their power so as to bring the matter practically to the attention of committees, who, whatever one may hear to the contrary, are very much influenced in their actions by any remarks or suggestions of the Commissioners, who are naturally regarded as experts in all asylum matters owing to their large experience in the details of administration, in addition to the authority which their official position gives them as the head of the department to which the government of asylums is entrusted.

I regard it as no small part of the duty of this Association to assist its members in every legitimate way to improve their positions, and to support them in their efforts to make existence something more than merely endurable. As illustrating what the Association can do, one has only to look back upon past years and note what has been done for the amelioration of the condition of the mentally afflicted, how greatly the nursing and general treatment of those committed to our care has improved, and what vast strides have been taken in the direction of converting the asylum Sairey Gamp into the smart, considerate, trained nurse we are now acquainted with ; and, more than that, the improvement in the position of that nurse is due in a large measure to the efforts of this Association, which, although sometimes regarded as a sort of trade union, of which the members are the medical officers of asylums banded together for their own selfish interests, is in reality an active agent in the work of bettering the condition of every single person engaged in an asylum, whether worker or patient. It is because I believe we all recognise this function of the Association that I ask you to exercise it on behalf of the assistant medical officers of asylums, although I know there are many difficulties to be

overcome before we shall obtain all that we desire. No one appreciates the perplexities of the position more than I do. To obtain an increase in the pay of assistant medical officers may not be such a hard task, as committees will probably find that it will be impossible for them to combat stern facts, but when the additional expense attending upon the provision of suitable accommodation for married men has to be faced, I fear it will not be without a struggle that we shall overcome their not unreasonable objection, from the point of view of their position as protectors of the ratepayers, to an outlay which cannot be a small one if our colleagues are to be housed in a manner commensurate with the positions which we are anxious they should occupy.

My objects in bringing this short paper before you to-day have been: First, to indicate to the assistant medical officers of asylums that this Association is in the fullest sympathy with their aspirations, and is desirous to render all the aid possible towards the realisation of them; second, to place before you in detail the present position of the junior members of the medical staff; and third, to give my hearers an opportunity of expressing their opinions upon a subject which affects not only the assistant medical officer, but everyone connected with asylums—patients, superintendents and staff, and not least the committees, who have the duty imposed upon them of deciding how best to attract and retain the services of loyal and efficient men in the work of the institution under their control and management.

I would like to say before sitting down that my personal opinion on the subject, for what it is worth, is that in order to induce the right sort of man to enter asylum service, the time is ripe for an advance in the average pay of all assistant medical officers, and that, in addition, the privilege of marrying, and of being provided with suitable accommodation in the vicinity of the asylum, should be granted to the second in command, the position and pay approximating to that of medical officers of prisons, whose duties are certainly not more onerous, and whose positions have certain advantages over that of the asylum medical officer.

The PRESIDENT said the Association had had from Dr. Spence a well-considered and balanced statement on a very difficult subject, and the author had done much to help forward the solution of that subject. He did not himself propose to offer any comment on the paper, as he was a member of the Status Committee, and as

all the available evidence was not yet taken, members of that body had not arrived at an opinion. But he asked whether it would be possible to have advanced proofs of the paper before the next meeting of the Status Committee, because the information contained in that paper would be of very great value to the Committee.

Dr. MENZIES said that perhaps he could focus the discussion on the matter by asking how it was suggested that the assistant medical officers would provide for the supervision of the building in the evening and night time, if they were married and living out. If that information were forthcoming, it would smooth the task very much.

Dr. WOLSELEY LEWIS said he was sure all would feel much indebted to Dr. Spence for his paper just presented, because it afforded members an opportunity of discussing a subject which was of very great importance, especially in the larger county asylums. As Dr. Spence had very straightforwardly put it, the difficulty was mainly that of accommodation, from the medical superintendent's point of view. In most county asylums there was no such accommodation. If the senior assistant wished to get married, application had to be made by the superintendent to his committee. And if he were required to stay on the estate the committee had to be asked to build him a house. This of course cost a good deal, and it was not every committee which was willing to do that. It was one of the great difficulties the superintendent was faced with when he was approached by his senior assistant on the subject of getting married. Superintendents would like to hear, in this discussion, the opinions of some of the senior assistants and of the other assistants in asylums, of whom there were several present.

Miss JOHNSTONE (Virginia Water) said she felt it was very important that assistant medical officers should have occasional opportunities of rubbing up their knowledge on the special subject for the benefit of their patients. Most assistant medical officers were at some distance from university and large teaching centres; hence it was almost impossible, without having extra leave for the purpose, to study for higher diplomas. Quite apart from that, such study must have a great influence on one's work. It was perhaps not to be expected that they should get sufficiently long leave to take up a whole course, but two or three weeks extra on to the ordinary holidays would make a difference. She understood that in Germany short courses in psychiatry could be taken out, and surely in this country also something of the kind would be arranged in the large centres if study leave were given. Psychiatry clinics would afford the opportunity to assistant medical officers to rub up their work, and acquire fresh knowledge, but there seemed little chance of doing so at present.

Dr. BOWER said he did not think there was likely to be a very extensive discussion on the paper because most members of the Association would be found to be in agreement with what Dr. Spence said. He, the speaker, had had experience in the three kinds of asylums; and he was a member of a committee which had provided special accommodation for the senior assistant medical officer to be married. All the difficulties which appeared great in the eyes of the objectors had vanished into thin air, and the decision had been a very great success. The question of a separate house for the assistant medical officer who wished to be married was more or less settled by the same conditions as settled the separate house for the superintendent. Not very many years ago no plan for a separate house would pass the Commissioners in Lunacy; but since the village asylum had come into existence and the different parts of the asylum were separate buildings, there was no disadvantage in either the medical superintendent or the senior assistant or the second assistant medical officer having a separate house.

Dr. SARGEANT said he had never been an officer in a county asylum, but had been assistant medical officer in a private asylum, where he was very comfortable. What had often struck him was that when the Commissioners paid their visit and paid careful attention to the accommodation and comfort of patients, and sometimes to that of nurses and attendants, and even inquired whether the medical superintendent was comfortable, on no occasion did they see the assistant medical officer's quarters, or ask whether he was comfortable, or what he was paid, or appear to take any interest. It would be a good thing if the Commissioners could be persuaded to take more interest in the accommodation and conditions of the assistant medical officer than they apparently did.

Dr. POWELL said he thought the great cause of complaint from which medical officers of asylums suffered was the slowness of promotion. Assistant medical officers, whether senior or junior, were, in many asylums, men of somewhat long standing, and the promotion was so slow that the hardship increased as time went on. In fairly large asylums, where the superintendent himself was not in close touch with the patients, and possibly did not see them every day, it was very important for him to have as his senior assistant a man who was experienced, and one whom he could trust to see that everything was done properly with regard to the medical treatment and care of patients during his absence. In smaller asylums, where the superintendent was himself in close touch with the patients, seeing them every day, it was not so important that his senior should be very experienced. In large asylums a large part of the medical duty must be delegated to his assistants; therefore everything should be done to ensure that the assistant's life should be comfortable, and the conditions such as would induce him to stay. With regard to junior assistants, on the other hand, he thought superintendents were largely to blame in that they sometimes allowed junior assistants to become what were known as "chronic assistants," when it was quite evident that they would never ultimately gain any post of distinction or responsibility. If in twelve months that became evident, it was the superintendent's duty to tell such an one that he was not calculated to rise to the top of the tree in that line, and therefore he would do wisely to seek another field of work. He did not himself think it was conducive to the welfare and good of asylums generally that junior assistants should remain long in asylums. It was better to have frequent changes in the asylums, having men fresh from the hospitals, with the new ideas they would bring. It could not be for the real good of the asylum to have three or four men who were simply hanging on. They got into a groove in the work, and they did not infuse that spirit into the institutions which there should be.

Dr. PASSMORE said that at Croydon Mental Hospital his senior assistant asked him to approach his Committee in order to obtain permission to get married. That permission he was able to obtain. On the estate was a house which was originally built for the steward, and afterwards used for patients. The use of this was granted to the senior. The second assistant might be allowed to have married quarters in the main buildings. He thought that if medical officers for asylums were going to be required to possess the high qualifications which had been referred to, the time had arrived when they should be adequately remunerated. He felt that so much that he induced his Committee to offer for a junior assistant at Croydon a salary of £250. To a certain extent the Commissioners in Lunacy had the matter in their own hands, because when plans of projected asylums were sent up to their office, they should insist that a separate house should be built for the senior assistant medical officer; and the quarters in the main building should be so adapted that they could be occupied by a married man. At Croydon they had a good bacteriological laboratory, and found plenty of work to do. There was also an X-ray department. The medical officers there did their best to attend classes in London, and in that way work towards something better in the future. Men who wish to get married should not be condemned to celibacy simply because asylum conditions were such that they could not. He was very much in sympathy with the paper by Dr. Spence, and he thought the time had arrived when all superintendents should try to make the lives of their assistants happier.

Dr. SPENCE, in reply, said he thought Dr. Bower had effectively answered the remarks of Dr. Sargeant. Lunatics, he considered, were the best doctored people in the world. People outside, when anything happened to them, had to wait until a doctor had been sent for, but patients in asylums were accustomed to being waited on hand and foot. During the many years he had had the opportunity of seeing Commissioners at their visits, he had known them inquire as to the messing, housing and general conditions of assistant medical officers. His experience was that the Commissioners did not overlook that, which he regarded as a very important part of their duty.
