

criminate in law between the classes it is now sought to differentiate. If changes are imminent in England, we would rather see a policy instituted which would result in the removal of the restrictions on the establishment of private asylums, so that they might develop as the hospitals for the insane have developed, without let or hindrance except as may be ruled by the survival of the fittest under the intimate supervision of the Commissioners in Lunacy. We hope to see the private care of the insane restricted to competent persons equally under official control. The results of recent legislation have not been happy. Those in charge of private asylums have been the objects of ill-considered and unjust restrictions, those in charge of separate patients have been given a free hand—a physician charged with the care of several patients is the object of suspicion and detraction, any illiterate caretaker will pass muster if he quietly confines his business to a single patient. Now it is proposed to smooth the way for the caretaker by speaking comfortably of his ward, and to still further prejudice his neighbour by affixing to asylum gates, *For Lunatics only*. That is what we know as Compromise in England. Can we endorse it?

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*Instruction in Mental Disease to the Medical Student and Practitioner.*

The need of instruction in mental diseases by the incipient general practitioner was dwelt on in an occasional note in our last issue. A paper on this subject in the *British Medical Journal*, by Dr. Robert Jones, raises the question of the methods and extent of instruction that is necessary and possible.

The mental disease curriculum which Dr. Jones advocates is perhaps rightly described by one of his critics as a counsel of perfection. The time limit alone is a complete bar to the student's obtaining a mastery of the histological technique necessary for any really useful investigation of brain disease; neither is it possible that he could acquire such a knowledge of the treatment of insanity as would qualify him for the post of superintendent of an asylum; and the question, indeed, is not in regard to the most desirable, but to the most practicable course of instruction.

The existing arrangements, for a course of twelve lectures with clinical demonstrations in an asylum, probably take as much time as the student can fairly be asked to spare for the subject ; and if this main basis is settled, the question only remains as to the methods by which these means should be made effective.

The effect of the lectures depends on the lectures themselves and on the insistence on attendance. The lectures to cover the ground in any satisfactory manner must necessarily be condensed, and as far as possible illustrated.

The demonstrations should be made to include every phase of mental disease, and should certainly embrace a visit to an idiot asylum, and desirably also to an asylum for imbeciles.

Dr. Jones recommends practice in the filling up of certificates, and it is advisable also to exercise the thoughts of the students by calling on them to write an opinion on the responsibility of patients or on their capacity for making a will.

Demonstrations of a carefully chosen series of microscopical preparations are certainly desirable. Post-mortem demonstrations are rarely possible beyond the exhibition of a recent brain or two.

These things are probably the minima of teaching, but the difficulty is to make them efficient. Students, under the influence of novelty, crowd to earlier demonstrations, but soon tend to fall off in their eagerness, and they are especially shy of that part of the curriculum which calls on them to fill up forms or express written opinions or observations. An effort or two of this kind will, however, arouse the intelligent interest on the subject more thoroughly than anything else, and such efforts should therefore be called for rather at the beginning than the end of the course.

The most that can be hoped for from such a course without further experience is that the student should be able to recognise a case of mental disorder, know enough of treatment to avoid any gross mistakes or oversights, and be prepared to fill up a certificate in a formal manner.

That a newly qualified man with no other training and experience than can be thus given should be called on to fill up a certificate of insanity is a question of an entirely different character ; no doubt in the majority of cases he would be quite

right, but in some few instances it is possible that he might over- or under-estimate the serious nature of the disorder.

The law, however, demands that any qualified practitioner may be called on to sign a certificate, however inexperienced, and no change can be expected unless some bishop or other bigwig is certified with undue facility, when it will be discovered that the discharge of this function demands special training and experience.

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*The Scottish Universities and Psychiatry.*

A well-informed and cogent article in the *Scotsman* for July 4th shows how defective the Scottish Universities are in regard to the teaching of Psychiatry, and pleads for a full consideration of the whole question. The writer, seizing an opportune moment, while Mr. Carnegie's munificence is the topic of the day, shows how much has been done in the Universities of Germany in providing clinics for study and treatment of the insane, and how little has been done in Edinburgh to bring the medical school into line with other countries which have long led the way. He shows the importance of the omission, and refers to the fact that there is even yet no clinic attached to the Royal Infirmary, as accessible to students as that infirmary, although the establishment of such an institution has been repeatedly urged during the last thirty years. Of course the wider questions of the advancement of science, and the improved treatment of nervous and mental patients, find able advocacy in the article referred to. Referring to what has been done at Würzburg, the best clinic in Germany, it is stated that it cost £14,000 for sixty beds, with laboratories, lecture-room, etc., complete; that the site was the gift of the Municipality; and that the Government, in the usual course of German educational policy, liberally contributed. It is also shown that the observation wards established in Glasgow have materially reduced the admissions into the asylum, and that the several public boards of Edinburgh ought to take special interest in such a scheme on the ground of economy alone. The writer indicates these boards, and gives reasons why they should combine to set up a clinic of Psychiatry in Edinburgh. He calls upon the Town Council, the Medical School, the Edinburgh District Lunacy Board, the Royal Infirmary, and