

assistant medical officers in county asylums thoroughly interested in their work, and engaged in scientific observations, who are obliged against their will and tastes to contemplate resignation, and engaging in general practice. That they will carry with them a large amount of special knowledge eminently useful to them in their profession is very true. This, however, does not lessen the loss to the department of medicine in which they were likely to make fresh discoveries in the therapeutics and pathology of insanity. It would indicate a lamentable apathy on the part of men who perform their duties during many years for a salary the limits of which they have reached, and which, if the rules of the institution permitted, would not enable them to marry, if they did not speak out and combine for the purpose of improving the material condition of their class. The question for the Association to consider is whether it can promote the interests of assistant medical officers by any definite mode of action. We trust that the subject will be carefully considered by the members prior to the Spring meeting in Manchester, and that the meeting may then be in a position to pass some resolution calculated to secure the objects in view.

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*Proposed Hospital for the Insane of London.*

At the usual weekly meeting of the London County Council, at the Guildhall, on November 5th, 1889, the Earl of Rosebery presiding, Mr. Brudenell Carter as Chairman of a Committee on a hospital for the insane, submitted the following report, which was agreed to by the Council:—

“Your Committee were instructed to inquire into, and to report to the Council upon, the advantages which might be expected from the establishment, as a complement to the existing asylum system, of a hospital with a visiting medical staff, for the study and curative treatment of insanity.

“Your Committee have now concluded their inquiries with regard to the question submitted to them.

“Your Committee have arrived at the conclusion that a hospital of the kind described would be likely materially to increase the present knowledge of the nature and causes of insanity, and therefore ultimately to increase the means avail-

able for its prevention and for its cure. They are consequently prepared to make the following recommendations :—

“(a) That an adequately equipped hospital, containing one hundred beds, for the study and curative treatment of insanity in pauper lunatics of both sexes, be established in the metropolis, and that it be under the direction and control of the Council.

“(b) That the ordinary medical staff of the hospital consist of a chief resident medical officer who has had asylum experience, of an assistant resident medical officer, of four visiting physicians, each of whom shall hold office as physician or assistant physician in a general hospital, and a pathologist. The members of this staff to perform such duties and to receive such stipends or honoraria as the Council may from time to time direct.

“(c) That, in addition to the ordinary medical staff, the following honorary medical officers be appointed, namely : A surgeon, an ophthalmic surgeon, an aural surgeon, a laryngologist, and a gynaecologist. Each of these honorary officers should hold, or should have held, similar office in a general hospital, and they should all be available as consultants whenever required by the physicians, or for the performance of operations which fall within their respective departments, when such operations are decided upon.”

The Committee concluded by requesting to be empowered to draw up a detailed report on the whole question.

Any endeavour to advance psychiatric medicine ought to be welcome, and we at once lay before our readers our opinion on the very important recommendation of the County Council of London.

If this new hospital succeed, there is no doubt that it will be followed by others in the larger centres in England, and therefore it is of the utmost importance that no false expectations should be raised, nor any unwise steps taken.

We do not think that enough men practically connected with the treatment of the insane were examined personally, and we should have liked to have seen or heard more of the sixty-five replies which were received from medical superintendents of asylums and others. We think that the members of the profession who were examined are only partly representative.

Before considering the recommendations, we would refer to

what we take to be the principles which started and carried out the investigation. First, insanity is said to be spreading almost unchecked by medical treatment, that little or no advance in the therapeutic treatment, the clinical investigation and the pathology of insanity has been made in England; and that of all the branches of medicine and surgery, this is the only one which lags behind.

We must ask ourselves if this is true, and next, if true, whether the proposal is the best way of meeting the want. We admit that psychiatry has not made as much progress as has surgery or some branches of medicine, but this surely depends chiefly on the nature of the malady which is concerned. The brain and its functions are not understood as are the kidney and its physiology, and consequently the pathology of the two must stand on different levels. Whether we are materialists or not, we must admit that the relationship of mind to brain is not cleared up, and that consciousness and its mysterious origin are not yet understood.

The asylum physician cannot be expected to make greater progress than the physiologist.

If mental medicine is behind, that is not necessarily the fault of the physician.

We fully admit that insanity does not all depend on disease of brain tissue; disorders of function may lead to change in tissue relationship, and possibly to disease; and those who act on the idea that every evidence of insanity means a related disease of brain, are on the wrong track.

If the asylum superintendent is not abreast of his medical brethren in medicine, is the plan suggested likely to bring him forward and to advance his science? We think it may, to some extent—partly directly, and partly indirectly. Increased knowledge of facts, increased power of observation, should lead to good results, and increased experience will, at least, teach some enthusiasts that there are lines along which attempts at advance are vain and wasteful efforts.

The Hospital is to be an institution where acute mental disorder is to be treated. We can understand the treatment of acute brain disease apart, and on the hospital plan, but the medical treatment of many cases of acute mental disorder on the same plan, will be dangerous and unsatisfactory. The present superintendent is often laughed at, looked upon as a superior farm-bailiff, having a decided turn for theatrical amusements, a kind of universal provider. Those who laugh, have not had a near view of the functions of such men, and

have not seen how many patients are yearly cured by general and not therapeutical means.

How is it that the general physician, who is so possessed by calm scientific knowledge that he can spare much of it for his asylum brother, is so fond of sending all his insane—nervous—patients away for change, and not treating them therapeutically, and we wonder if more is to be done by medicine for Hodge than for my Lord ?

Let the experiment be tried, but with full recognition of its difficulties. Experience will teach the inexperienced—a clear gain.

The hospital must be in or near London, and we agree that 100 beds are enough to begin with ; but we fear that the grounds necessary for the proper treatment of mental cases will not be obtained, Bethlem Hospital alone having anything approaching the ground required near London.

As to the staff, it is well that the chief resident medical officer should have some knowledge of insanity, for the provision for the visiting staff seems to exclude those who have practical knowledge, seeing that it is to consist of four men who are physicians or assistant physicians in a general hospital. The idea, we presume, is that no one who has a taint of the old principles should have anything to do with the new *régime* !

We conclude that if the County Council found it necessary to build an ophthalmic hospital, they would officer it with people who would treat the eyes on broad general principles. We maintain that the idea that every hospital physician knows what insanity is, is a delusion and a snare.

Let the visiting physicians be neither exclusively general, neurological, nor psychiatric ; let each class be represented, and some good will follow.

We have criticised conscientiously, we hope not unkindly, the details of this well-meant plan, and have no doubt that if it is ever carried out, parts of it will be modified, for the objects of the hospital are not only to advance medical practice and clinical instruction, but also to cure the patients, and to fulfil these ends, they must be adapted by practical experience to well-defined ends.

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