

parochial assistance, and would thus have escaped official recognition and inspection altogether. The risk of pregnancy can, obviously, be most easily avoided by boarding out no women of child-bearing age. On close inspection the risks and dangers of boarding out suitable cases in private dwellings prove to be, all of them, avoidable, and its advantages so great that they far outweigh any of the considerations which have been urged against its adoption in England and Wales. It is a system which is applicable on a large scale only to a certain proportion of asylum patients, that is, to inoffensive patients who are the subjects of chronic mental disorders for which no special treatment is required, and also to patients convalescing from acute psychoses. To many of these latter the family-care system offers the most satisfactory means of testing their fitness for return to society, and if it be true that the special mental hospital is the only proper entrance to the asylum, it is equally true that the family-care system provides the only proper exit.

The Teaching of Psychiatry. By D. G. THOMSON, M.D.,
Medical Superintendent Norfolk County Asylum, Norwich.

I WISH that the advocacy of what I believe will be one of the most important developments in the history of our specialty had devolved on someone occupying a higher position in our branch of medicine, someone whose opinions and views would carry more weight and influence than mine can aspire to ; at the same time thirty years' experience as a medical officer in London and provincial asylums, public and private, perhaps entitles me to open a discussion on a subject on which I have spent some thought, and I am proud of the privilege of doing so before this Association to-day.

I think we are all alive to the fact that new ideals and possibilities are arising in our work among the insane. Half a century or more has converted the ghastly chaos of the mad-house into the comfort, luxury even, of our present-day asylums, and everlasting honour to the men who worked this beneficent change. But we can no longer afford to rest on our

oars and complacently gloat over the existing high-grade administration of our asylums, and we who profess to be specialists and leaders of opinion on matters connected with the insane should now be considering if the time has not come to take fresh stock of our position, to determine if our present methods of dealing with the insane and of teaching and training those who come after us are archaic or not.

I am afraid that some of us are satisfied to be efficient administrators of institutions, to comply with the requirements of the law applicable to the insane, to satisfy our committees of visitors, the Lunacy Commissioners and other public bodies, and all this—no light task in itself—to the peril of our proficiency as physicians. I have no intention at present of referring to the vexed question as to how far administrative and medical skill can co-exist in the same individual, or be expected from him, but I do postulate that in the treatment of recent or acute cases—and they are the only ones that count—it is the highest medical skill that is the essential factor of the two.

If any stimulus were required to bestir us and make us reflect on these matters, surely it is coming from many directions, notably in the recent work of Mott, Lewis Bruce, Orr, Rows, Ford-Robertson, and others, and so recently as Valentine's day, 1908, when Maudsley made his memorable and munificent offer to the London County Council of £30,000 "for the establishment in London of a fitly equipped hospital for mental diseases."

It may be that our ultimate high function is the prevention of disease, and I am afraid that the pessimism which is apt to be the outcome of experience warrants a fear that therein lies our only chance of being of much use to the race in the matter of insanity, still, until we have succeeded in preventing insanity we will have to be contented with our less ideal function of treating insanity as it arises.

I think I cannot give better introduction to the subject of my paper than by taking the three main propositions given in Dr. Maudsley's letter to the Chairman of the London County Council.

"As a physician," he says, "who has been engaged in the study and treatment of mental diseases for more than half a century I have been deeply impressed with the necessity of a hospital the main objects of which would be :

“(1) The early treatment of acute cases of mental disorder, etc.

“(2) To promote exact scientific research into the causes and pathology of insanity, etc.

“(3) To serve as an educational institution in which medical students might obtain good clinical instruction.”

It is the last or third proposition which will serve as text for my remarks to-day, for after all it is the main proposition. Is not the medical student of to-day the physician and investigator, referred to in the first and second propositions, of to-morrow? And we will be beginning at the wrong end, so to speak, unless we closely examine all that the third proposition implies.

I think no one conversant with the existing state of affairs will contend that the present mode of instruction of medical students in psychiatry can do more than give them a smattering of knowledge; indeed, except for those taking University degrees even this modicum is not imparted. We all know the kind of lectures given and the clinical exhibits, admirable in their way, but which are sown on unprepared ground and which are looked upon by the average medical student as of much the same entertaining and bizarre character as the lectures on poison murderers, Madeleine Smith, Pritchard and Co., in medical jurisprudence⁽¹⁾. Medical art is, however, long and medical student life short, and after all, but a smattering or merely the elements of any of the subjects taught in the medical curriculum is attainable, so I must not labour this point. I am inclined to believe that Dr. Maudsley rather aims, in his third proposition, not so much at the education in psychiatry of the ordinary medical student as of the post-graduate medical student who desires to take up mental diseases as a specialty or as an adjunct to the practice of pure medicine or neurology. Is it not a striking, nay, even an extraordinary, fact that mental diseases among all specialities is the only one where no post-graduate training and special study are demanded? If public health work is pursued one has to study specially the subjects therein included, and obtain a diploma in public health; in military and naval surgery special post-graduate study is demanded, and after study in special military and naval hospitals a searching examination is undergone before obtaining the diploma, or in this case commission as it is called.

Familiarity and custom blind us to anomalies, so I would ask you to look at the matter afresh and see if our present method of training the alienist is satisfactory. The majority of us began our careers as assistant medical officers of asylums, without having had the opportunity of attending a post-graduate course of instruction in mental diseases.

It may be answered that the actual service in the asylum is the post-graduate course, and that the medical superintendent is the instructor of the newly fledged doctor who is the assistant medical officer, but we know that beyond imparting a measure of his clinical and administrative experience to his juniors the medical superintendent is in many instances unqualified, even if he had the time, or were it his duty to do so, to give or direct the necessary training and teaching.

The wonder is that under existing circumstances so much good work has been done in the past, for let us picture to ourselves asylums dotted in more or less isolated positions all over the country, the laboratories where any appreciable investigation or original research is carried out numbering some 5 *per cent.* of those asylums, the isolation and separation of those asylums and laboratories from centres of medical thought and intercourse, what wonder that there is this feeling of dissatisfaction, of unrest both in lay and medical circles, and a clamouring for a more scientific method of dealing with the ever-increasing burden of lunacy, and that especially at its source.

So much for destructive criticism of present arrangements; let us see shortly what are the various remedial changes which have from time to time been proposed.

They may be classed under three heads, and virtually are included in Dr. Maudsley's three propositions:

- (1) The need for the provision of adequate early treatment.
- (2) The promotion of more general and systematised investigation of insanity as a disease.
- (3) The need of good clinical instruction for those who desire to study mental disease.

As regards No. 1 I need say no more than that Dr. Clouston, Dr. Carswell and others have strongly advocated the provision of mental wards in general hospitals, the London County Council, Dr. Maudsley and others the establishment of "receiving houses" and special mental hospitals for early acute cases of mental disorder, in the great cities at all events.

Now, I contend No. 1 is of little value and would be a gross waste of money if propositions Nos. 2 and 3 are not considered of prime importance ; they are practically complementary of one another and may be considered together, and it is on those two propositions that I have suggestions to submit for your consideration.

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. The Medico-Psychological Association has made a laudable effort to stimulate the study of mental diseases by giving prizes and by instituting a certificate of proficiency. Unhappily the response has not been satisfactory.

As to the ways and means and the scope of this post-graduate training I can in this introductory paper merely outline the latter, but one or two years' study of the following subjects would be essential :

- (1) The anatomy and physiology of the nervous system.
- (2) Neuropathology.
- (3) Experimental psychology, normal and morbid, such work, for example, as that done by Dr. Sherrington, of Liverpool, Dr. Rivers, of Cambridge, and one or two others.
- (4) Psychiatry, systematic and clinical.

All those subjects could be taught in the wards and laboratories of a mental hospital, such as Dr. Maudsley proposes in London, and afterwards in similar institutions in the great teaching centres, Edinburgh, Dublin, etc., and would provide what he asks for, the "good" instruction he refers to in his letter. Dr. Maudsley does not write loose English ; he must have had some comparative idea in his mind as between what is in vogue in the way of psychiatric instruction at present, and what that psychiatric instruction ought to be in his use of the word "good" before the word "instruction."

I understand that the London County Council have remitted the matter of the "Maudsley Bequest" to their Asylums Committee for consideration and report. I am aware

that that body comprises many eminent men, and some with knowledge of asylum work, but I sincerely trust they won't be above appealing for expert advice in such an important matter.

No one is more cognisant than myself of the difficulties ahead in this matter of the proper training and teaching of our future alienists, but in this introduction to a discussion on the subject I won't refer to these at present, but conclude my remarks by moving "that the Education Committee of this Association be instructed to consider a scheme on the lines I have suggested for post-graduate teaching in mental diseases or psychiatry" (which, as I have endeavoured to show, is by far the most important and crying want at the present time), "so that we may approach the universities or other teaching bodies on the subject."

(¹) By the way, I read in the prospectus of a London post-graduate college that a course of five demonstrations on mental diseases will be given by a medical officer of one of the London County Asylums! Well, the only comment one can make on this is "better a small fish than an empty dish."

DISCUSSION.

At the Quarterly Meeting on May 19th, 1908, in London.

Dr. SAVAGE said that the subject was a most important one, and he felt strongly with Dr. Thomson that the teaching of psychiatry must be reorganised. One knew what would be best but one felt the extreme difficulty of obtaining it. He said that in training men to become efficient in the treatment of those who are of unsound mind there were certain points it would be essential to consider. Firstly, in staffing their large institutions they must provide a medical superintendent. If the chief administrative officer were not a medical man they would soon relapse into the sad state of affairs which once existed. Secondly, many persons of unsound mind did not require what was ordinarily meant by the term "medical treatment." Harm was done by keeping certain patients in bed, taking their temperature, looking at their tongues and examining their stools and their urine, and one was sure there were large numbers of patients whose disease could not be demonstrated by any method unless the medical man were a resident in the asylum. As regards the treatment of patients, some of the suggestions made recently were anarchical in character; people were not satisfied with what existed and therefore desired to do away with it all and start afresh. He feared, however, that such a course would not lead to the desired goal in their branch of medicine. A practical plan which had to some extent been adopted was to have hospital wards in connection with the asylums, and the London University had set a good example by providing that men might take their degree of Doctor of Medicine in Psychiatry. His own feeling was that there was a slow development, and it was being realised that more psychiatric teaching must be given, more use must be made of hospital wards in asylums, and that it might be helpful to have wards for the insane attached to the general hospitals.

Dr. PERCY SMITH agreed as to the incompleteness of the course of instruction which medical students received in mental diseases, but quite realised that owing to the many claims on their time it was impossible to extend this course. The student was taught anatomy and physiology in the early part of his curriculum, and neuro-pathology was included in the instruction given in the lectures and demon-

strations on pathology, but he certainly had not time to attend a course of experimental psychology. As to acquiring a knowledge of psychiatry, the members of the Medico-Psychological Association knew that the only way to accomplish this was by the daily observation of the insane and by living in the same institution with them. He wished to ask whether Dr. Thomson thought no one should go as a junior assistant medical officer to an asylum unless he had taken out special courses of instruction in the various subjects which Dr. Thomson had indicated as being suitable for post-graduate study. If that was Dr. Thomson's view he held that the market would be closed. Many men did not know whether they wished to pursue the study of mental diseases until they had had actual experience in an asylum. With regard to the Medico-Psychological Certificate, there was no doubt that if it had been properly taken up by superintendents of asylums throughout the country there would have been by the present date a larger number of men who had specially worked at psychology and mental diseases and who would thus have been well qualified to advance the treatment of the insane. He recognised with regret the apathy displayed by some medical officers, but at the same time knew that there existed a large body of highly-qualified men in their particular branch who, though producing no epoch-making discovery, were doing their daily work with thoroughness and interest. If Dr. Thomson looked through the list of members of the Association he would see that their qualifications were as good as those of men in any other branch of the profession. Dr. Smith referred to the post-graduate courses of instruction which he had given at Bethlem Hospital, and stated that his experience was that the men wanted clinical teaching there.

Dr. DAVID ORR said that ten years in an asylum was enough to open one's eyes to the good points in asylum work. There were many good points in asylum administration, and there had been for years. Dr. Thomson's suggestion was that, instead of sitting down self-satisfied, they should go a little further forward. Without touching on the difficulties which had been mentioned, he thought that if the present question were looked at squarely it resolved itself into one as to whether they in the specialty should stay where they were now. Should English psychiatrists be behind the whole world? No one could follow the French, German, and Italian literature without coming to the inevitable conclusion that most of the men engaged in asylums in those countries knew their clinical psychology, their psychiatry, their pathology and neuro-pathology splendidly, and that they were thoroughly trained men; that they had every opportunity of being trained and doing thoroughly good work. The fact was undeniable that it was hopeless at present to take our position with those men; we could not do it. Therefore it was necessary to decide whether it was worth while to establish good post-graduate teaching. As Dr. Thomson had said, that was the only way in which the specialty, as a specialty, would rank with the specialty in other countries, and other specialties in our own. As to the training of medical superintendents, he thought that assistant medical officers would be able to devote as much time to science as to the administrative part of their work; and, having been thoroughly trained in the first instance, having worked during their period of waiting for promotion, they would be in a position to direct good scientific work on the part of their juniors. This should be the position of the superintendent in England ultimately.

Dr. C. A. MERCIER said he had greatly admired the dissertation of Dr. Thomson, because he had put into words what he (Dr. Mercier) had been thinking for years. He knew that Dr. Thomson's opinions as expressed in the paper were held very widely, much more widely outside their specialty than inside it. He had been delighted to hear the breezy optimism of Dr. Orr, that they were not to be deterred from attempting reform because it was difficult. He remembered formulating in that Association years ago a saying for which he was grievously taken to task. He was asking what men came into the world for, except to overcome difficulties, to make impossible things possible. No doubt there were difficulties before them in connection with the present question, but those difficulties ought to be, and could be, surmounted. The amount of education in psychiatry which was given to the ordinary medical student could not, for the reasons Dr. Percy Smith had given, very well be enlarged; the time of the student was already too much occupied. What required to be given to the ordinary medical student who was going into general practice was such a knowledge of insanity that he would be enabled to

recognise an insane person when he saw one, and so that he might know when it was advisable to call in a second opinion. It was not for such a practitioner to discuss the niceties of psychiatry, or to be able to treat a case right through. But the subject which Dr. Thomson had just brought forward was a totally different one; it referred not only to graduate, but post-graduate study; it concerned the training of experts to take their places in our great asylums; not only the study and treatment of the insane, but, still more important, the advance of our knowledge of psychiatry. He did not at all agree with what Dr. Orr had said as to this country being behind the rest of the world concerning psychiatry. He thought the natural modesty of all Englishmen was apt to be very much exaggerated in that direction. As an examiner he found that candidates gave him the opinions of Germans and Italians and Americans, and that they read German, Italian and American books quite unnecessarily, because the knowledge which they got from them was, for the most part, second-hand knowledge derived from this country. What the Germans, Americans, and Italians did for the most part was to give new names to things which English alienists had known for a long time and present them as new discoveries under the new names. He did not think the study of psychiatry was at all backward in this country, but the teaching of it was. There ought to be better organisation and better methods of teaching psychiatry and training men to take their places in the extremely responsible positions of the heads of the great public asylums of this country. It had been alleged—he did not know with what truth—that candidates for the junior places in our public asylums found the posts unattractive. But there was no branch of medicine so well paid or which met with such a certain and large reward as that of psychiatry. He agreed that every person who contemplated holding a responsible position in an asylum should be a skilled psychiatrist. The actual scheme of training was a matter of detail, which might be left to the committee which Dr. Thomson suggested should sit upon the question. It should be comprehensive and thorough, and include the preliminary subjects as well as the advanced ones. Dr. Thomson recommended experimental psychology. He had no strong opinion that experimental psychology should be excluded, but he had no very sanguine hopes of it being of any great importance. But that normal psychology should be studied he had no doubt at all. If insanity was, as it was always called, a disease of the mind, or a disorder of the mind, if its synonym was unsoundness of mind, surely persons who studied it and were constantly immersed in the treatment of it ought to know something about the normal mind before studying the abnormal mind. He felt very strongly that efforts for the promotion of post-graduate study in insanity were very sorely needed; that the asylums in the neighbourhood of our great cities and towns were the proper seats of that instruction. 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 he did not think the study would ever be promoted successfully. If men had attained to a considerable degree of knowledge of the subject, they would want to possess a diploma, some guinea stamp to show that they had attained that knowledge. Unless that could be done, he very much doubted whether the efforts of the Association would be attended with success. He did not see why other universities should not do as London University had done, and grant a degree in psychiatry, nor why the colleges should not be giving some diploma in psychiatry, as was being done in the subject of public health and in tropical medicine. It seemed to him to be such a natural development of the perpetual training and the increasing knowledge, for it was impossible for any one man to know the whole of medicine; and it was most desirable that every man who took up any special branch of medicine should be thoroughly well grounded not only in the more advanced, but in the more elementary and preparatory studies, so that he should have a firm grasp of the whole. That range of study, however, could not be secured except by the regulations of examining bodies which required a thorough academical knowledge of the whole subject from end to end. The study of the subject needed to be systematised. The mere effort of persons working voluntarily must be backed up by the sanction of the universities and other examining bodies, and he would like, with Dr. Thomson's permission, to add a suggestion that the subject should go before a committee of the Association, which should be empowered to approach the

examining bodies to ascertain what part they were willing to take in promoting the post-graduate study of psychiatry.

Dr. HUBERT BOND said he was sure that all present had listened with extreme interest to Dr. Thomson's paper. It was a subject on which he had himself often pondered and which he had at heart. There were sometimes two yolks in an egg, and that was what he felt in regard to Dr. Thomson's contribution, namely the desirability of inducing universities and qualifying bodies to establish and grant a diploma in mental diseases, and the necessity to then persuade asylum authorities to demand that candidates for their medical appointments should hold such. Was the situation not comparable to the Public Health Department? All present would remember the day when a public health diploma was not necessary for the medical officer of health; and the moment it became necessary a great rush was made to the portals of the universities and qualifying bodies to obtain those diplomas. It would be just the same in their own field if a strong committee could persuade the universities to grant such diplomas, and then asylum committees or Parliament that such diploma should be necessary, at any rate in respect of medical appointments in asylums of a certain size.

The SECRETARY read a letter which had been received from Dr. Clouston, in which he said he regretted his inability to be present at the meeting, as he would have liked to take part in the discussion on Dr. Thomson's paper on the teaching of psychiatry, and to express his opinion in favour of the author's general proposals. Dr. Clouston said he thought the subject a very important one for the future of their department, and suggested that the question be brought up at the annual meeting in July. It might be well, he thought, for the Educational Committee to discuss it in the first instance.

The PRESIDENT thanked Dr. Thomson for coming forward and reading his paper. He joined with Dr. Mercier in saying how pleased he had been to hear Dr. Thomson have the courage of his opinions and call a spade a spade. Then, how or where were all the necessary trained men to be got whom Dr. Thomson wished to have in asylums? Surely the proper places in which to train them were institutions where they could get the necessary and full experience, not only clinical, but pathological and other. That being so, he was curious to know how Dr. Thomson would staff the asylums with trained men unless they went through the asylums and trained, as at present. It was possible—and he thought it would come—that the heads of asylums should possess certain definite diplomas. Much as Irishmen were accustomed to complain at the way they were treated, he thought that in this respect they went one better than we in this country, as he understood that no medical officer could be appointed superintendent of an Irish asylum unless he had been qualified a certain number of years, and had had a definite amount of experience. That was all in the right direction. If they would only provide for a diploma in this special branch, they would go a long way to meet Dr. Thomson's idea, which was an excellent one. While there might be differences of opinion on details he was sure there was but one opinion as to the desirability of everyone, especially those at the head of institutions for the insane, possessing the requisite qualifications as to training and experience, so that they might help and encourage those working under them. He would join with Dr. Mercier in saying that Dr. Orr seemed to depreciate his own work. So long as Dr. Orr and his colleagues were able to continue the splendid work upon which they were engaged he did not think there was reason to fear comparison with the work which might be done by Germans, or Italians, or Americans.

Dr. MERCIER said he understood Dr. Thomson to propose a resolution, and he would be glad to second it.

The PRESIDENT said it would be more convenient to take that afterwards.

Dr. THOMSON, in replying on the discussion, said he was grateful to Dr. Savage for giving the meeting the benefit of his wide knowledge and experience; but he went more into detail, in regard to which he, Dr. Thomson, admitted there were difficulties; and that stage had not yet been reached. All that he asked was that that meeting should come to some agreement—or disagreement—about the principle. He really referred to the future mental hospital for acute cases, or even the hospital block for acute cases in connection with the large asylum. He said in his paper that it was only the acute cases which counted. Everyone knew

that the majority of cases in our asylums were incurable; nothing more could be done for them than at present. It was to the early acute cases that his views were particularly meant to apply. He had been asked what were his views as to how the executive medical officers would work and what his general scheme would be. He again replied that that was a detail, which would have to be settled later on. He was very much in the position of the Socialist. The Socialist could not give any definite picture of what his ultimate Utopia would be like; it would be evolved as he went on. It was the same in regard to the present subject. As Dr. Orr said, the difficulties would vanish as the reform went on. He thought Dr. Percy Smith had rather laboured the point about the medical student. He had great sympathy with the unfortunate medical student; he had a son at Cambridge now, burdened with every kind of "ology," and it was true that he did not want any more on his already overloaded back. His views had been directed entirely to post-graduate training. How was it that when he advertised in the *Lancet* and *British Medical Journal* for an assistant medical officer he got only two applicants, and they were not suitable for the vacant post. It was that condition of things which he wanted to alter. That would, as Dr. Bond truly said, be altered by his scheme, and as soon as a diploma in Public Health was required there was a rush to the portals to secure it. He agreed with the President that Dr. Orr depreciated his own pioneer work in pathology. He could not go the length of agreeing with Dr. Mercier as to the position of the British alienist compared with that of his colleague abroad. The President had asked where the men were to come from, and had said that the heads must be taught, so that they could encourage the young men. But a beginning must be made at the other end, with the juniors, the newly-fledged graduates. One could not begin at the top and train the superintendents. He was much obliged for the way in which his paper had been listened to. He had perhaps been somewhat brusque, and called a spade a spade, but it was not likely to go forth that he had done any injustice to the great work of the men who had preceded them. At the beginning of his paper he said that everlasting honour was due to the men who had done so much for asylums and asylum work in the last fifty years.

The PRESIDENT said, with reference to the proposal at the end of Dr. Thomson's paper, that Dr. Clouston in his letter seemed to make a helpful suggestion, namely that at the Annual Meeting a motion should be brought up on the subject. He feared that under the rules anything done that day would be of such a small character that no real good could come of it. He suggested that Dr. Thomson should give notice of his intention to bring forward a motion on the subject at the Annual Meeting.

Dr. MERCIER pointed out that Dr. Thomson's motion referred the matter to the Educational Committee now. By the present suggestion three months would be lost.

Dr. PERCY SMITH asked that the motion might be read again.

Dr. THOMSON said he moved that the Education Committee be instructed to consider some scheme on the lines he had suggested, for post-graduate training in mental diseases, so that the Association might approach the Universities and teaching bodies on the subject. He did not bind himself to that, but was inclined to agree with the President's suggestion that he should give notice of a motion at the Annual Meeting.

The PRESIDENT said the matter could be referred to the Educational Committee as well.

This was agreed to.
