

Hatch Asylum, which contained some 330 persons of unsound mind, together with 40 members of the asylum staff, were destroyed in a very short space of time by fire, the loss of life being 52, all women".

There followed the most searching enquiries, and at the formal inquest the jury blamed the disastrous construction of the temporary buildings equally on the London County Council, the Home Secretary and the Lunacy Commission. The London County Council, however, could plead in mitigation, that so hard pressed were they to meet the ever increasing demands for accommodation for their patients that temporary buildings had to be erected as a matter of expediency. The Home Secretary could have, but for his own reasons, decided not to veto the plans. The Commissioners in Lunacy, in their own defence, made it abundantly clear that "the inflammable character of the buildings in which the disaster occurred is therefore in direct antagonism to the principles of construction which the Commissioners have habitually demanded". (*Journal of Mental Science*, 1903).

But, whoever was blameworthy, the repercussions of the tragedy were immediate and included drastic alterations to the plans for the building of mental hospitals. At this precise time the estate of Horton Manor, Epsom, Surrey, was being developed as a

complex of psychiatric facilities. Horton Hospital itself was being planned and the appropriate committee had opposed the replication of the plans used for the building of Bexley Hospital in Kent. They favoured the more imaginative design of the Maryland State Asylum in the USA; but to put this into effect would have necessitated the use of temporary buildings which, in the light of the Colney Hatch fire, would have been wholly unacceptable. A compromise was reached: the Bexley design would be used, but with specific modifications. Perhaps the most lunatic of these was to leave the interminable external corridors running round the semi-circular exterior of the hospital unglazed and totally at the mercy of the elements. And in the winter, the winds that blew and the snow that fell could be more unkind than man's ingratitude. I know, because for more than a quarter of a century I suffered them.

References

- HUNTER, R. & MACALPINE, I. (1974) *Psychiatry for the Poor*, p. 49. London: Dawsons of Pall Mall.
Journal of Mental Science (1903) XLIX, 588.
Journal of Mental Science (1903), XLIX, 322-324.
Lancet, (Leader) (1903), 1, 314.

This is the first of a new series.

Psychiatric Bulletin (1989) 13, 189-190

Conference report

Psychoanalytic psychotherapy services in Europe – London, 11–13 November 1988

The Association for Psychoanalytic Psychotherapy in the British National Health Service*

DAVID TAIT, Physician Superintendent, Murray Royal Hospital, Perth

It is often from a conference a little peripheral to one's day-to-day work which we learn most, so it was when I attended this meeting. I was attracted to it partly because it was cosmopolitan and my knowledge of psychiatric services in Europe was limited.

*Linda Kaufman is the Administrative Secretary of the APP and is based in the Tavistock Clinic, 120 Belsize Lane, London, NW3 5BA.

Secondly, although my clinical work is as a general psychiatrist, my orientation is firmly psychodynamic (Tait, 1988). Lastly as Physician Superintendent in Murray Royal (yes we still have them North of the border!) I have on my agenda how best to develop psychotherapy within our own service.

The meeting certainly was cosmopolitan, with about 130 delegates from 16 countries. Particularly well represented were the Scandinavians (always of

interest to Scots in that these are also small countries where problems can perhaps be grasped more easily), but with delegates from as far apart as Northern Ireland and Hungary, Iceland and Greece, you may imagine just how novel this meeting was for all of us.

It was very clear how important the social and historical context was in different countries. Professor Brocher, from West Germany, spoke movingly not only about the Holocaust itself but also about the practical devastation this had wrought in analytic circles in his country, how “de-Nazification” had perhaps left people with a false sense of innocence and that anti-Semitism perhaps still showed itself in disguised ways. Likewise the Finns spoke very clearly of how their unique experience in both World Wars had influenced their society.

With regard to delivery of care, where medical and psychotherapeutic services are involved with Government or private insurance services, one imagines that no blank cheques are written. It was fascinating to hear that a private insurance company in West Germany was convinced on economic grounds by its own research that psychotherapy worked, as was the State social insurance in Finland which had conducted its own eight-year outcome study. Two very opposite ways of trying to develop psychotherapy services were described by Dr Vitger from Denmark and Dr Pylkkamen from Finland. In the former country there had originally been a bias much more towards biological psychiatry; it fell to dynamically orientated psychiatrists themselves to organise further training with the help of colleagues from London, which has been a rolling programme over some eight years and which seems to have turned around the views of the majority of psychiatrists there. In Finland, by contrast, a Government initiative, a Task Force on Psychotherapy, has been very active in recent years and it was astonishing to hear that in Helsinki there are 200 psychotherapists with a six-year training, 310 with a three-year training and a further 280 presently being

trained – all for a population of 800,000. The model of psychotherapy there would seem to be that the logistics at least bear more similarity to primary care than they do to specialist services.

The two highlights amongst the British contributions were from Jonathan Pedder and Anton Obholzer. Dr Pedder, as ever, was a joy to listen to, if only for the way he expresses himself, but the theme of his paper ‘How can Psychotherapists Influence Psychiatry?’ was initially reassuring, as he spoke of how the psychotherapist’s stance enriches psychiatry, yet ultimately worrying if psychotherapists were to branch off into further independence from psychiatry which could only lead to its impoverishment.

Dr Obholzer spoke on the theme ‘Psychoanalysis and the Political Process’. His challenge was that analysts should leave their introspection behind and become involved in the fight for resources, and that their background, particularly the work of Klein and Bion, armed them with an understanding of organisations which would be hard to rival. I had just scribbled down “a rallying call to political action” as an *aide-memoire* for myself when Dr Obholzer used the words “sermon” and “conversion” – his was the perfect inspirational paper with which to close the conference.

What did I get out of it? As a clinician I was fascinated and reassured to see how neurotic illness and a psychotherapeutic response respect no national or cultural barriers. More importantly I came away armed with ideas and enthusiasm for the further development of psychotherapy both locally and within Scotland.

Reference

- TAIT, D. (1988) Some aspects of the treatment of the neuroses. *Proceedings of the Royal College of Physicians of Edinburgh*, 18, 49–58.