

CORRESPONDENCE.

LETTER FROM PROFESSOR C. WESTPHAL.

To the Editors of the Journal of Mental Science.

DEAR SIRS,

You have done me the honour of publishing a translation of my Essay on "General Paralysis of the Insane" in the *Journal of Mental Science* (July 1868, January 1869), I trust, therefore, you will allow me to suggest that there are several misunderstandings in the translation, which may possibly alter the sense of the original. Of these misunderstandings I take the liberty of correcting only one, as in fact through it the greater part of my researches might appear hardly comprehensible.

The learned translator of my Essay expresses the German word "Körnchenzellen" by "nucleated cells;" its meaning is, however, to be rendered in English by "granulation corpuscles."

I have the honour to be

Yours truly,

PROF. WESTPHAL, M.D.

4, Bendler Strasse, Berlin.

March 10th, 1869.

THE EDUCATION, POSITION, AND PAY OF THE ASSISTANT
MEDICAL OFFICERS OF PUBLIC ASYLUMS.

To the Editors of the Journal of Mental Science.

GENTLEMEN,

Though not at present, but hoping at an early date to become, a member of the Medico-Psychological Association, I venture to request the insertion in your next number of a few humble remarks on the education, pay, and position of the Assistant Medical Officers of our county asylums. I have read with much interest the observations you have already made on the subject in the October number of the *Journal* for 1867, and in the number of the same month for 1868, and I think that the Assistant Medical Officers of the present day ought to feel deeply indebted to you for your kindness and consideration in thus opening up the subject for discussion. The publication of a "Memorandum" on this topic by Professor Laycock, as a result of your remarks, shows the deep interest which he also takes in the welfare of Assistant Medical Officers, and he very well points out what is now wanting to enable us to secure really efficient men to fill these posts, and to give them their rights, and make them comfortable.

Speaking from experience, I feel that the system of having one or more resident clinical clerks attached to our large county asylums as a method of preliminary training for the post of Assistant Medical Officer is an excellent one, and I feel pretty confident that it will yet come to receive a gradual and general adoption. During a residence in an asylum as clinical clerk, one gets that knowledge and experience which is not got by mere attendance on theoretical and

clinical lectures on mental diseases. Such a course of lectures is undoubtedly a good and requisite preliminary to a clerkship, but I mean to say that as a clinical clerk, besides getting daily clinical experience, one gradually becomes acquainted with the working of the administrative department in asylum practice, which in itself involves one of the most important parts of the duty of medical officers of asylums. This of course is not touched upon, nor indeed very well could be, in a course of lectures on mental diseases. Besides these advantages, the clinical clerk performs the duties of the Assistant Medical Officer during temporary absence or illness, &c., and thus, as well as by his daily association with him in his duties, has sufficient scope for becoming amply acquainted with the duties of the Assistant Medical Officer. No one can but agree with Dr. Crichton Browne when he stated, in a letter on this subject in your last number, that the clinical clerks should be "wisely and cautiously chosen:" and I think that, if such a judicious selection of clinical clerks were made, and it were required of them that they should have previously attended a course of theoretical and clinical lectures on mental diseases, we would then materially improve the education and raise the status of those entering on asylum practice, and in the end get really good and efficient Assistant Medical Officers. Indeed I hope that ere long attendance on a course of lectures on medical psychology and mental diseases will be rendered compulsory on all medical students, for then we would have a large body of men desirous to enter on lunacy practice, which would give us a wider range for selection.

To get such good and selected men for Assistant Medical Officers, and to make it worth their while to prepare themselves in such a thorough manner for the posts, we must endeavour to make the service more attractive and to get an increase in the rate of salary and a fuller recognition and definition of their position and status as such, than what is usually accorded to them. Our claims as Assistant Medical Officers to consideration in these matters have been well and strongly advocated by you. Few Assistant Medical Officers will fail to be struck by the existing disproportion between the pay of the Medical Superintendent of an Asylum and that of an Assistant Medical Officer as compared with the duties of each, and I think that by permanently raising the salaries of the Assistant Medical Officers, the disproportion would be made less obvious, without any detriment to the Medical Superintendents. If this were done, and from £50 to £100 added to the Assistant Medical Officers' salary permanently, then one of their grievances would be removed and it would be found that on such terms they would remain for a greater length of time in one situation, as they could then afford to wait on for even a tardy promotion. As it is, if promotion does not come at an early date, good men have to retire from Lunacy and betake themselves to General Practice very frequently, and thus they are lost to us. The addition of £50 or £100 to the salary of the Assistant Medical Officer would be very much like "the needle in a bushel of wheat" in the accounts of a large Asylum, and it would, I believe, ultimately turn out to be a good and profitable investment.

I quite agree with you and Prof. Laycock, that, as defining his status and position, the term Assistant Medical Officer is objectionable. It has this objection on the face of it, that whereas the so-called Assistant Medical Officer assists the Medical Superintendent in all his duties, both administrative and medical, he only gets the credit, by his present appellation, of assisting him in his capacity as Medical Officer. I would propose therefore that in the case of one only or a Senior Assistant Medical Officer, that he receive the appellation of *Assistant Superintendent*. I prefer the terms *Assistant* to *Deputy* Superintendent (as recommended by you and Prof. Laycock), because it more fully implies and specifies the duties of the Assistant Medical Officer as he continuously assists the Medical Superintendent both in the administrative department of the Asylum and in the medical treatment and management of its inmates; for we must recollect that an officer of a lower grade may be *deputed* to assume the duties of a higher, when circumstances require it, on account of previous experience

merely, and not on account of his being actually at the time and having been for some time an officer in the lower grade, as is the case with Assistant Medical Officers in Asylums. Regarding the rule whose adoption you propose in the Rules and Regulations of all Asylums, in order to make clear and distinct to all subordinate officers what position the Assistant Medical Officer holds and what authority he can exercise in the temporary, or prolonged absence from duty of the Medical Superintendent, I think it is at present very rarely to be seen amongst the Rules and Regulations of Asylums; but in those of the Fife and Kinross District Lunatic Asylum, where I held the post of Assistant Physician for some time, there is a rule to the following effect, which pretty clearly states the position of an Assistant Physician in the absence of the Medical Superintendent. Referring to the Assistant Physician, rule 3 states that "in the absence of the Medical Superintendent—he shall perform his duties and exercise his authority over the patients and attendants." Even this is not quite explicit enough, however, for it does not mention the other subordinate officers. The rule you recommend is a very good one, but would not the following be shorter and perhaps as explicit. viz.:—The Assistant Superintendent shall in the absence of the Medical Superintendent exercise all his authority, and shall be during such absence responsible for the whole general management of the Asylum.

In conclusion, I have as an Assistant Medical Officer to heartily thank you for your kindness in taking up this most important question, and I trust that after a little further ventilation of the subject in your valuable columns we may come to some determination as to the most advisable course to be taken in order to gain what we desire. Whether or not it shall be in the form of a petition from the Assistant Medical Officers, of Asylums, in a body, to your influential and representative Association, and also to the Commissioners in Lunacy to institute enquiries into the matter and afford us weighty assistance, time will show. Enclosing my card.

I am, Gentlemen,

Yours very truly,

"AN ASSISTANT MEDICAL OFFICER TO A COUNTY ASYLUM
AND FORMERLY A RESIDENT CLINICAL CLERK."

March 9th, 1869.

Appointments.

DR. LOCKHART ROBERTSON has been elected Corresponding Member of the Medico-Psychological Association of Vienna.

SKAE, C. H., M.D., Assistant-Superintendent of the Fife and Kinross District Lunatic Asylum, has been appointed Medical Superintendent of the Ayrshire District Lunatic Asylum.

MAYHEW, Mr. C., of King's College Hospital, has been appointed Clinical Clerk at the West Riding of Yorkshire Lunatic Asylum, Wakefield, vice Aldridge, promoted.

BURMAN, J. WILKIE, M.B. Edin., L.R.C.S.E., late Resident Clinical Clerk at the West Riding Asylum, Wakefield, has been appointed Assistant Medical Officer to the Devon County Lunatic Asylum, Exminster.

LEWIS, WILLIAM BEVAN, L.R.C.P., Lond., M.R.C.S.E., L.S.A., Assistant Medical Officer to the Bucks County Lunatic Asylum, at Stone, near Aylesbury.