

this consultative work out of local or State funds, in cases where the patient has no means. In suitable cases, and where distance allows, the patient can be sent by his doctor to the out-patient department of the nearest psychiatric clinic, or of the nearest mental hospital, should such department exist at the latter, and advice as to his disposal be thus obtained. However obtained, expert advice could decide whether the patient should be dealt with in hospital under (b), (c) or (d); whether—exceptionally—by reason of the gravity of his symptoms, notwithstanding their recent origin, or of insufficient accommodation being available under (d), the case should go to a mental hospital. When the case falls to be treated under (b), his own doctor should look after him, whenever possible, expert advice being available. Under (c) the patient will be under the care of a member of the visiting staff. Expert advice in this instance will, for a time, only be available from the mental hospital and psychiatric clinic, the senior staff being placed on the visiting staff of the hospital. But these clinics will in time furnish specialists for the large towns, who will be on the staffs of the hospitals with psychiatric wards. The consulting work of the district would be done by the director of the clinic and by these specialists. As consulting work is an essential part of the recommendations of the Interim Report, the need for clinics in psychiatry, in this instance for the training of consultants, is once more emphasised.

It is highly desirable that patients who are convalescent from the maladies here dealt with—and no doubt the same is true of most diseases—should not return direct to their homes, but through a convalescent home or sanatorium. Recuperative centres are, I observe, recommended (para. 74) in the Interim Report.

If the psychoses are to be dealt with under a three-hospital system a modification of the Lunacy Laws will be necessary, and therefore the recent presentation in the House of Commons of the Ministry of Health (Miscellaneous Provisions) Bill, which authorises under Clause 10 the care and treatment of cases of mental disorder "incipient in character and recent in origin," notwithstanding the provisions of any existing Act, is welcome. I observe nothing in the proposals of the Minister of Health which would render impracticable the scheme of care and treatment herein outlined, though the observance of certain formalities, such as the notification of reception, the production on authorised demand of written consents and certificates, is likely to prove irksome and to cause resentment at the outset. No vivid imagination is needed to forecast the administration hereafter, in whole or in part, of a three-hospital system, under Clause 11 of the Bill, by local authorities. These should meantime be diligently advised to insist on provision under any such system for cases of the psychoses and psychoneuroses.—*Vide Lancet*, September 11th, 1920.

DIPLOMAS IN PSYCHOLOGICAL MEDICINE.

THE needs for schools of psychiatry were well stated two years ago in the annual report of the Board of Control, when attention was called to deficiencies in the arrangements as at present organised for the treatment of persons suffering from mental disorder, especially in its early stages. During the two years that have elapsed both the loss to the country and the hardship to individuals resulting from insufficient attention to incipient mental cases have been recognised by the medical profession and all sections of the thinking public, so that any educational development improving the scientific position of psychological medicine will meet with warm approval.

Diplomas in psychological medicine, though of comparatively recent date, have been instituted at various centres for some ten years, while affiliation of mental clinics to the teaching in general hospitals has been much recommended. When this takes place there will be no dearth of suitable applicants for posts at asylums, for many young men can then be trained to take up the work in sympathetic and scientific spirit. But before the lunacy service can become attractive, the views of the Board of Control, which have been stated to the visiting committees of asylums, must receive practical expression by a general improvement in salaries, in accommodation for married officers, and by the provision in asylums for the more effective treatment upon modern lines of recoverable cases. The following bodies have now arranged to grant diplomas in psychological medicine or

psychiatry, namely, the Universities of Manchester, Leeds, Edinburgh, Cambridge, Durham, and London, and the Royal College of Physicians of London. The regulations for obtaining these diplomas point to much similarity in the scope of the examinations, though there are differences in the duration of the courses and the syllabus, details of which can be obtained from the various examining bodies.

The necessity for raising the standard of the training for assistant medical officers in asylums, and of affording facilities for such training, is very real. If the authorities give proper preference to the candidates for vacancies who possess diplomas or degrees in mental disease the status of this branch of the medical profession will be automatically raised, and pay and conditions of service will have to be made commensurate. It is necessary that the authorities should make arrangements to grant study-leave on full pay to their Assistant Medical Officers, especially if it is the object of these officers to obtain a diploma which they were previously without; and augmented salary might well be paid to successful examinees. In the face of the facts acquired in recent years as to mental health, it is necessary that psychological medicine should now form an integral if special part of medical education, so that no University should willingly be without such an organic unit as a school of psychiatry.—*Lancet*, August 28th, 1920.

The study of mental diseases has long been a necessary part of the ordinary medical curriculum, and psychiatry is one of the branches of medicine which candidates for the M.D. degree of the Universities of London and Edinburgh can take up. In addition, diplomas in psychiatry or psychological medicine can be obtained from the Universities of Cambridge, London, Edinburgh, Durham, Leeds, Manchester, and the National University of Ireland, and from the Royal College of Physicians of London. The Medico-Psychological Association of Great Britain and Ireland also grants certificates of proficiency after examination, and encourages the study of psychiatry by the offer of prizes for original and research work.

Those who take up psychiatry as a career work as medical officers of public or private mental hospitals, or similar institutions. In practically all cases they are resident officers, having board, lodging, etc., either in the hospital itself or a residence in the grounds. Junior assistant medical officers receive about £300 per annum and senior assistant medical officers about £500, in both cases with board, lodging, laundry, etc., in addition; if married the value of board, etc., is commuted for cash. Medical superintendents, whose pay commonly ranges between £800 and £1,500 per annum, are provided with a house in the grounds of the hospital and draw various allowances.

Since the passing of the Asylum Officers' Superannuation Act in 1909, all officers and others of the established staff of a mental hospital may retire at the age of 55 on a pension varying from one-half to two-thirds of the value of their pay and emoluments, or one-fiftieth for every year served, paying as contribution 3 per cent. of the value of their appointments annually. This very favourable prospect may not appeal to juniors joining the services, but is an eventually valuable asset.

Mental hospital work has undoubtedly not been in favour with newly-qualified medical men in years past, the principal reasons alleged for this being as follows: (1) It is a local and, except indirectly, not an imperial service; this tends to slow and uncertain promotion. (2) The rule or custom hitherto prevailing, that assistant medical officers may not marry and are merely perpetual house-surgeons, living as bachelors in rooms. (3) That much of their work is clerical, administrative and routine, which, if not destructive to the medically trained individual, is at least not conducive to scientific medical initiative, as in medical service in the army or other public services, rather than the possibly more attractive general hospital, or private practice, work.

In March, 1920, the Board of Control did useful service by issuing to visiting committees of asylums a circular upon the three following matters: (a) The dearth of suitable applicants when vacancies occur for the post of assistant medical officer, and the probable causes thereof; (b) the need for the provision for the more effective treatment upon modern lines of recoverable cases of mental disorder; (c) the necessity for raising the standard as to the training of existing and future assistant medical officers in asylum practice, and of affording facilities for such training.

Under (a) the Board of Control, after pointing out some of the disadvantages of the present state of affairs, made the following suggestions:

(i) That an improvement be made in the salaries of the assistant medical officers, at least to such an extent that in the cases of all those who have been in the service above a certain number of years and are regarded as permanent officials, the salary should be reasonably sufficient for a married medical man, and that in the case of the deputy superintendent it should more closely approximate than at present to that of the superintendent.

(ii) That, in the case of a permanent official, application for permission to marry be not required; that, according to circumstances, proper accommodation for a married man be provided, and that, subject to rules approved by the Secretary of State for the protection of the patients, and with due regard to the proper administration of the institution, permission to live out may be granted.

(iii) That to the title of assistant medical officer the words "and deputy superintendent" should be added to that of the one selected to be in charge during the absence of the medical superintendent.

(iv) That the use of the title "senior assistant medical officer" should not be restricted as at present to the post of first assistant, but should be extended and be indicative of a certain standing and expert knowledge. By the adoption of this suggestion there would in many asylums be two senior assistant medical officers, and perhaps even three or four in the largest asylums.

(v) That, except where there has been previous asylum experience, appointments to posts of assistant medical officers should in the first instance be temporary in character.

Under (b) the Board suggested that the treatment of recent recoverable cases should be carried out by members of the medical staff conversant with modern methods, and that the number of the medical staff should be sufficient to ensure that none of them is required to undertake the treatment of more than fifty recent cases at any one time.

Under (c) suggestions were made with a view to encouraging assistant medical officers to obtain a diploma or degree in mental diseases, including provision for study-leave on full salary. The attitude of the Board of Control is clearly shown in the following sentence: "If the welfare, treatment and recovery of patients is not to be jeopardised and the study of mental diseases is not to lag behind the study of other branches of medicine, the Board feel the necessity of initiating measures to maintain progress and to secure the best possible treatment of the patients." Readers who wish to go further into this subject may be referred to an interesting paper⁽¹⁾ read before the Medico-Psychological Association in November, 1919, by Dr. C. Hubert Bond, on the need for schools of psychiatry. In this Dr. Bond urges the need for mental clinics and schools of psychiatry, and reviews the progress that has been made towards realising the measures, powerfully advocated in 1908 by Lieut.-Col. D. G. Thomson, for supplying adequate instruction in the institutes and practice of psychiatry.

Both the British Medical Association and the Medico-Psychological Association are working separately and together to improve present conditions of service, and have, for example, already removed the "celibacy" objection to the service.

Finally, it may be said that, as in the Army Medical Service or other public medical services, while routine, administrative and clerical work bulk largely in mental hospital duties, there is ample material, time and scope for purely medical work, difficult as the subject may be, in psychiatry as one of the branches of medicine open to young graduates.—*Vide Brit. Med. Journ.*, September 4th, 1920.

(¹) *Journ. Ment. Sci.*, January, 1920.

EDUCATIONAL NOTES.

Maudsley Hospital.—It has been decided to repeat Part I of the course for a diploma of psychological medicine and to run it concurrently with Part II during October, November and December—in other words to commence the Second Course 1920-21 this October. The syllabus published on p. 194 (April number) remains the same, except that as regards Part I the lectures are reduced to eight in