'recommends that further consideration be given to investigating this matter fully and making appropriate recommendations'.

The pamphlet is an invaluable check-list when setting up a clinical trial, and will help greatly to avoid the increasing number of administrative and legal pitfalls. It is somewhat turgid in style, as is almost inevitable with a multi-author report. For the clinical investigator evaluating treatments, both new and old, it represents the best possible investment for 50p.

M. H. LADER

CORRESPONDENCE

A MUSEUM OF PSYCHIATRY

DEAR SIR,

I do not intend in any way to detract from the achievement of Stanley Royd Hospital (and in particular that of Mr Ashworth) in establishing a museum, as reported by Dr Snaith in your December issue (p 19), and I wish it a long life and success in setting an example to other hospitals in responsibility towards their historical material. Your readers may like to know, however, that the claim that this museum is 'unique in British psychiatry' is slightly exaggerated.

In 1967 the Bethlem Royal Hospital and the Maudsley Hospital appointed a full-time professional archivist. Two years later the archives were rehoused in a new building, providing climatically controlled storage space for the records which have accumulated during the last seven hundred years and those which are expected to accrue during the next fifty, office accommodation, space for readers to use the records for research, a workroom for the repair and rebinding of damaged documents, and a museum.

The archives side has developed considerably, and already extends far beyond its natural function of providing research material relating to the history of this hospital alone. Perhaps because the department is rare if not unique (I must be careful after my own earlier remarks) in this country in housing someone engaged full-time in work associated with the subject, it increasingly attracts inquiries on any topic remotely connected with the history of insanity. But although it is tempting to dilate on the archives and their actual and potential role in historical research, our concern for present purposes must be strictly with the museum.

This has now been open for about five years, but after a trial period the permanent exhibition was expanded and completely reorganized in 1972. It covers as many aspects as possible of the history of the Bethlem Royal Hospital from its foundation in 1247, and the Maudsley Hospital from its conception in 1907: and through entries in the catalogue (which has been passing through the press for so long that it is practically due for a second edition, but which is very soon to appear in print) each item is related to its place in the hospital's history and wherever possible used to set that history in its wider context of the history of the care of the insane. The story is developed chronologically in a display of documents from the archives, photographs, and prints, selected especially for this purpose: the rest of the exhibits are pictures and three dimensional objects, many of them interesting in their own right, but most valuable where they can be used to illustrate some broader aspect of the story. The catalogue (when printed) should thus stand to some extent as an independent history of the hospital and its place in psychiatric history, to which the exhibits in the museum might be regarded as the illustrations.

Unfortunately the premises are already too small, and among the items which cannot at present be displayed are a collection of watercolours by Richard Dadd, pieces of 17th and 18th century silver, and a number of strait waistcoats and other strong clothes, though these are brought out on request. Among many other objects which *are* on display apart from the chronological section are early almsboxes, a collection of iron manacles and other instruments of restraint, portraits of physicians, pictures of the various hospital buildings from the 18th century on, Governors' staves of office, an elaborately inscribed trowel used to lay the foundation stone of the third hospital (now the Imperial War Museum), and an 'improved patent magneto-electric machine for nervous diseases'. The two magnificent figures of Raving and Melancholy Madness by Caius Cibber,

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from the gateposts of the second hospital (1676), are at present at the Victoria and Albert Museum where their cleaning and restoration has just been completed, but they will eventually return after a year on display there.

The museum is open to the public without restriction every day during normal office hours, and sometimes at other times by special arrangement, and since the beginning of 1973 (the first year in which records were kept) has been visited by nearly fifteen hundred people. These include groups, such as official visitors to the hospital (many from overseas), nursing and other students from Bethlem and elsewhere, historical societies, and other organizations (often local); and individuals such as patients and their friends, staff and theirs, schoolchildren, and members of the neighbouring population out for a stroll. Additionally, of course, there are those people who come to pursue some particular historical inquiry, and who may be scholars or research students who have also come to use the archives (or pick the archivist's brain). Group visits are generally organized in advance, and include a talk on the hospital's history either beforehand, or simultaneously with a tour of the museum.

The Bethlem museum is thus used and, I like to think, useful. As an insitutional member of the Museums Association with an entry in the *Museums Calendar*, as well as a record repository offically designated by the Lord Chancellor as a proper place for the custody of Public Records (as all NHS hospital records are), the hospital's facilities in this area of historical research are already quite well known to the museum and academic world. That they are less well known in the more general world of psychiatry is perhaps best illustrated by Dr Snaith's claim for the uniqueness of the Stanley Royd museum.

My intention in writing now is not, however, primarily to seek publicity for our own museum as it exists at present, but to expose the limitations of this and any similar institutional museum in order to arouse interest and support for the museum which we should all be aiming to establish (and for which I had intended soon to make a plea in this journal in any case), a museum of psychiatry. I do not myself use this description of the Bethlem museum. and I hope that my colleagues at Wakefield will forgive me for saying that such a thing does not yet exist, at any rate in England. Both the Bethlem and Stanley Royd museums are largely parochial in content, being concerned with the history of their own specific institutions, though both hospitals may claim important positions in the wider field of psychiatric history—Bethlem as the oldest and most famous of the Lunatic Hospitals, and the only public establishment in the country specializing in the care of the insane between the medieval period and the eighteenth century, and Stanley Royd as one of the early representatives of the new Asylum system set up in the nineteenth century. Nevertheless, they are both too narrow in scope to fully justify the term 'museum of psychiatry'.

A true museum of psychiatry must aim to touch on every aspect of the history of insanity from the dawn of history until the present day, medical, social, architectural, legal, philosophical, literary, artistic, etc. It must cover such topics as the physical, pharmaceutical and 'moral' treatment of the insane; the birth and development of lunatic hospitals, private madhouses, pauper asylums and out-patient clinics; attitudes of society to the insane, and theories of physicians about insanity; legislation to protect the helpless from society, and society from the dangerous; the representation of insanity on the stage, in art, and in literature; the insanity of creative men, and the creative work of the insane.

Such a museum will not be established simply by combing hospitals and former asylums for their 'historical material', (which a survey has already shown to be sparse and largely repetitive); but happily the days of the museum as a mere collection of labelled objects is over. A combination of original material deliberately sought out from many sources, reproduction by slides and photographs, and many modern display techniques must be used. And in addition to a permanent display tracing the historical development of all its themes, a museum of psychiatry must also have an area in which temporary exhibitions can be staged on both historical and contemporary subjects; proper facilities for housing and studying reserve collections; some kind of reference library; and most importantly it must have gallery space for both permanent and temporary exhibitions of the creative work of psychiatric patients, past and present.

Through increasingly sophisticated and attractive methods of presentation, museums now provide an increasingly efficient means of communication; and few of us would probably disagree that in the field of psychiatry, even its history, the more communication the better. There is now a Mustard Museum at Norwich, and a Telecommunications Museum in Taunton: it is high time there was a Museum of Psychiatry. I can think of no better place for its establishment than at the Bethlem Royal Hospital, where its nucleus already exists, and which might be thought to bear something of the same relationship to psychiatry as Norwich bears to mustard: and I shall be very glad to hear

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from anyone who is interested in any way in furthering this project.

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PSYCHIATRIC DECISION AND HOSPITAL POPULATION

DEAR SIR,

The White Paper *Better Services for the Mentally Ill* (1) discusses both 'new' and 'old' long-stay patients, but does not estimate how long such patients will remain in need of care and treatment. As the White Paper points out, some 30,000 out of an original 110,000 patients in 1954 were still in mental hospitals in 1971, and half of these were under 65 years of age. The projection made in 1961 that none of this group would still be there 15 years later was wrong. Some of the 'new' long-stay patients may also remain in hospital for longer than expected, as has happened with some 'old' long-stay patients.

A census of all patients in Tooting Bec Hospital (originally an infirmary for mental defectives and chronic harmless mental patients) in May 1973 (2) showed that sixteen patients had been in the hospital continuously for over 50 years. There were 7 women and 9 men in this group and the diagnosis for 14 of them was subnormality or severe subnormality (the admission diagnosis had been high-grade or low-grade imbecile). The two other patients had been diagnosed as 'melancholia and weak-minded'. Seven of these patients had been employed for most of their lives doing ward work in the hospital—generally simple cleaning or scrubbing the floors. Eight patients worked in other departments in the hospital, including the nurses' home, Matron's office, the Physician Superintendent's house, the pharmacy and the stores. One patient who had been admitted in 1921, suffered from severe subnormality associated with spastic diplegia. She had choreo-athetotic movements and dysarthria. She had spent the whole of her 50 years in the hospital in a wheelchair.

These patients had spent most of their lives working in the hospital. Similar patients admitted today might not remain so long, though some would require a sheltered environment for the rest of their life, whether hostel, hospital or elsewhere. Psychiatric decisions taken over 50 years ago still affect the population of patients who are in hospitals today. When planning future psychiatric services it is important to remember that it may be a further 50 years before the effects of changed admission policies are fully realized and that some of the 'new' long-stay patients described in the White Paper (1) who are being admitted today may still be in hospital in the year 2025.

THOMAS BEWLEY

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2. BEWLEY, T. H. *et al* (1975) *British Medical Journal, iv,* 671–5.

Tooting Bec Hospital,
Tooting Bec Road,
London, SW17 8BL.

PSYCHIATRISTS COMING TO NEW ZEALAND

DEAR SIR,

British psychiatrists visiting or considering coming to New Zealand are invited to correspond or call upon myself at Oakley Hospital, Auckland 2, NZ.

My colleagues and I would be only too pleased to hear of developments in the UK in the psychiatric sciences and administration, community psychiatry etc.

Naturally we would be pleased to tell you of the New Zealand scene and of any research being done at the Oakley Mental Health Research Foundation Unit on the hospital grounds here.

Oakley Hospital is situated in pleasant surroundings, only six miles from the central Post Office of Auckland.

Trusting to hear from and exchange views with English colleagues.

P. P. E. SAVAGE
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