of
and ,
of ,
for treatment under the Mental Treatment Act, 1914.

I herewith send a true copy of the above-mentioned authority.

(Signed)
Medical officer of asylum or hospital, or an approved person.

Dated this day of , 191 .

(1) NOTE.—If at the request of the patient himself it must be so stated.

To the board of control.

ASSISTANT ASYLUM MEDICAL OFFICERS.

From the Annual Report of the Council of the British Medical Association, published in the Supplement to the *British Medical Journal*, May 8th, 1915:

The Council reported in its Annual Report last year that in co-operation with the newly-formed Association of Assistant Asylum Medical Officers of England and Wales a standing Sub-Committee containing representatives of the latter Association had been set up to consider all questions affecting the interests of this class of practitioners. During the present session attention has been given by this Sub-Committee to the question of the pay and conditions of work of assistant asylum medical officers, and the appended memorandum has been drawn up. It has received the approval of the Assistant Asylum Medical Officers' Association, and is now submitted to the divisions and representative body as embodying the considered opinion of those chiefly concerned.

SPECIAL REPORT OF COUNCIL ON THE CONDITIONS OF EMPLOYMENT AND REMUNERATION OF ASSISTANT ASYLUM MEDICAL OFFICERS.

(1) The Council has had certain statistics placed before it by the representatives of the Assistant Asylum Medical Officers' Association which clearly demonstrate the unsatisfactory conditions of pay and prospects of the service. The commencing salaries of first assistant officers begin as low as £150 per annum, and for second assistants as low as £120 per annum. The average salary for first assistants is about £325, and for second assistants £225. To these salaries must be added certain emoluments, the cash value of which may be averaged at about £100 per annum. The inadequacy of pay and prospects is felt more particularly by officers who have spent some years in the service, for it appears that after five to ten years' service the average salaries, including emoluments, amount only to £350, and after ten years' service £425, with exceedingly little chance in the majority of cases of any further promotion. It thus appears that to many officers the service is in the nature of a "blind-alley."

(2) It may be said that the best remedy would be for those who are dissatisfied to leave the service, but it must be remembered that there is hardly any other branch of medical activity which so unfits a practitioner for any other work, so that after a few years in the service it becomes exceedingly difficult for an officer to make a fresh start. Recently the operations of the law of supply and demand have raised the salaries of those entering the service, and have thus led to the anomalous position that many juniors who have entered at the increased rates are getting better pay than a number of their seniors. The law of supply and demand cannot, however, be reckoned on to improve the conditions of the older officers who are, generally speaking, quite unable to make the only effective protest open to them, namely, to threaten to resign.

(3) But in the case of the senior officers there is another grievance which is felt quite as much as the financial one. Many of them have no prospect of being able to marry, either because the rules of the asylum specifically debar them from marriage, or because there is no separate house accommodation. Statistics show that out of 167 officers, 146 are unmarried, and most of these are over thirty years of age. This is neither good for the individual nor for the State, and where this

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has been realised by the asylum authorities, and the assistant officers have been allowed to marry, and have been provided with a house outside the institution, it has only been granted as a favour and is not established as a right. The Assistant Asylum Officers' Association has represented to the Council that it is time that a certain proportion, at any rate, of the seniors of the assistant officers were provided with separate house accommodation as a matter of course, and not as a special privilege. With this proposition the Council is in cordial agreement, and it therefore makes the following recommendations. The discussion of the recommendations will, it is hoped, evoke among members of the Association generally a feeling of sympathy with a branch of the profession which up to the present has been to a large extent isolated from the general body of the profession.

Recommendations.

Salaries and Emoluments.

(*a*) That the minimum commencing salary of assistant asylum medical officers be £220, rising after one year of probation to £250, and then by £25 per annum to £350 per annum, irrespective of promotion, and that the salaries of officers who are not promoted should then rise automatically by £10 per annum for ten years.

(*b*) That in addition to the operation of the above scale, an officer on being promoted to second assistant should receive an additional £50 per annum, and on being promoted to senior assistant an additional £50 per annum.

(*c*) That assistant asylum medical officers who have received promotion shall also participate in the automatic increase of £10 per annum for ten years, which commences after five years' service.

(*d*) That emoluments should be valued at least at £100 per annum, and made commutable for full value at the end of five years.

House Accommodation.

(*e*) That every asylum should contain a separate house suitable for a married assistant officer, and that where an asylum contains four or more assistants two such houses for assistant officers should be provided.

The Council, by a resolution, approved of the above recommendations.

QUESTIONS ASKED BY MR. GOODRICH AT THE MEETING OF THE LONDON COUNTY COUNCIL ON MAY 11TH, 1915.

(1) Has the Chairman of the Asylums and Mental Deficiency Committee seen an article in the *Daily Express* of April 24th, 1915, by Sir Laurence Gomme on "The Chaos in the Government of London," in which he refers to some services of the Council remaining "untouched by outside thought," and goes on to say "we are left, for instance, with the management of lunatics, which goes on without changes in its objective or much care for its results, and the ratepayer is still supporting patients who are kept alive solely by medical and nursing skill far beyond the age of ordinary lives"?

(2) Is it a correct statement that lunacy administration in London has "gone on without changes in its objective or much care for its results"?

(3) Is it a fact that patients in the London asylums are kept alive "far beyond the age of ordinary lives"?

Answers.

(1) The answer to the first question is in the affirmative. I think that the Council will regret that Sir Laurence Gomme should have made a sweeping general statement of this kind without, I fear, any investigation. I am informed that the late Clerk of the Council paid one visit only to a London Asylum, and that was to inspect some Saxon remains which had been discovered in the grounds.

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