British Journal of Psychiatry (1994), **165**, 416

A HUNDRED YEARS AGO

The status of asylum medical officers

SIR: The correspondence evoked in your columns shows that there are grievances of asylum medical officers which are real, manifold, and should be remediable.

1. Asylums exist for the care, welfare, and treatment of patients. The new asylum medical officer soon gets disabused of this idea; he finds that the prevailing asylum spirit is one which makes for the maximum comfort, exaltation, and glorification of the superintendent.

2. The duties of a superintendent are implied in his title – physician superintendent, medical superintendent; but he will soon find that many a superintendent of an asylum, in the first place, spends most of his time in duties which elsewhere fall in the province of house stewards and farm officers, duties in which, at his best, the medical superintendent must be but an amateur; while those for which his professional training and previous experience eminently qualify him are mainly delegated to the assistants.

3. Superintendents visit the wards but seldom, and then not in company with the assistant. The whole system of hospital treatment is here set at defiance. There is no visiting together, no systematic consultation at the bedside, no co-working in the treatment of patients. On the other hand, the superintendent visits the wards at times and cursorily; he not infrequently alters the treatment prescribed by the medical officer, especially if the latter should depart from the traditional grooves with which he (the superintendent) is conversant, with results which are tantamount to a snub to therapeutical and medico-psychological work, and a deterrent to the confidence of the patient in the medical officer under whose treatment he is.

4. Superintendents have too much absolute power – such as no man however great or gifted ought to have – over the professional status, the very livelihood and prosperity of his brother physician. The fate of the latter is verily in the hollow of his hands. The door is thus open for prejudices and abuses, for the best of superintendents are fallible men with human passions and interests. "If the cases in which the careers of assistant medical officers have been thus blighted beyond repair be disclosed, the revelation would be a startling and a shameful one." Many an asylum could unfold such a tale. That such a possibility should exist in Russia or China is a disgrace which should not be tolerated and perpetuated in our branch of the service in the nineteenth century.

5. The pay of medical officers is inadequate. With a charge of 300 to 500 patients, his pittance begins at £100 a year, rising annually by about £15 to £25. Why should the superintendent, who gets £1,000 (to £2,000) a year, house, board, garden produce, etc., grudge the possession of a house and a salary equivalent to half of his own, to his deputy – the senior assistant medical officer – who in addition to his own duties has all the labour and responsibilities of the superintendent when the latter is taking his yearly vacation.

6. The prizes in lunacy are already too few; the pittance of officers is meagre, they cannot marry, and their position is subordinate, and can be made humiliatingly so according to the action and attitude of the superintendent. The asylum service is so constituted that it scotches the profession of our best men, and draws into the service a lower class of medical men than the average.

7. The majority of those who elect to remain do so from little choice. Having spent the best years of their life (say from 28 to 39), they settle into a resigned and routine life, give up indefinitely prospects of marriage or going into private practice, and wait till the turn of the tide brings the superintendency within reach.

So the world of medical science rolls on, but we medico-psychologists lag behind in the morass which ought to have vanished with the medieval ages.

Let us look forward to doing something tangible at the British Medical Association to achieve such a consummation. I beg to propose that a private committee of medical officers – including such as Drs. Mercier, Strahan, Rees Philipps, etc. – should, with your assistance, meet in London (preliminary meeting) to discuss steps to be taken before bringing matters before the British Medical Association. – I am, etc.,

HOPEFUL

May 22nd.

*We will willingly assist in the formation of such a committee.

British Medical Journal, 26 May 1894, 1155–1156. *Researched by Henry Rollin, Emeritus Consultant Psychiatrist*, Horton Hospital, Epsom, Surrey

https://doi.org/10.1192/bjp.165.3.416 Published online by Cambridge University Press