" Si quid novisti, rectius istis,
" Candidus imperti, si non, his utere mecum."

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Visiting Physicians to County Asylums.

The last Report of the Commissioners in Lunacy contains a series of suggestions to the Visiting Justices of asylums on the appointment and duties of officers to these institutions. In these suggestions the appointment of Visiting Physicians is commented on in the following terms:—

"The Commissioners consider it the preferable arrangement, that there should not be any Visiting Physician or other visiting medical officer with a salary; but that in lieu thereof the resident medical superintendent should have the power to call in medical or surgical advice on extraordinary occasions, at the expense of the asylum. If there are honorary physicians or surgeons attached to the institution, their services would be gratuitous, unless when they were so specially called in."

This opinion expressed thus authoritatively by those best qualified to form a just one, has been contravened and censured by more than one of our contemporaries. So far as we have been able to understand their ples for the appointment of visiting physicians to asylums, it is made to rest mainly on two grounds, which without circumlocution may be thus stated. In the first place it is supposed, that such officials would act as a check upon any maladministration or objectionable conduct on the part of resident officers, and as a security to the public that neither cruelty nor neglect was practised in the institutions placed under their inspection. In the second place, these appointments are advocated in order that by intellectual *collision* with medical superintendents the latter may be prevented from passing into a state of "passive sloth" or absolute dementia, owing to their seclusion from the external world and their too great devotion to a monotonous routine of duties.

To the first argument it may be objected, that it is scarcely consistent with sentiments of nice honor, for a physician to act as an inspector under the disguise of a colleague. In campaigning every one knows what is thought of an officer who is found within the lines in an assumed character, and what is done with him. For heaven's sake let not the sacred character of a physician be ever degraded into that of a spy. Few will deny that both public and private asylums require thorough and frequent inspection to satisfy the public mind, and to prevent abuses from creeping in. The law provides that such inspection shall be given, and public asylums do for the most part receive it, though according to Lord Shaftesbury, "nothing can be more imperfect and unsatisfactory than the inspection of private asylums." If the appointment of visiting physicians is necessary, that they may serve as guarantees to the public independent of the Commissioners and of the asylum staffs, surely their services are needed infinitely more in private asylums than in public ones, since in the former alone is any great deficiency of inspection stated to exist. Our contemporaries, however, have entirely overlooked this very obvious inference.

We are well aware, that in a few county asylums the visiting justices discharge their duties unpunctually and imperfectly, but with these exceptions it may be truly asserted that no kind of public institutions are more thoroughly inspected according to law than those

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devoted to the insane poor. In some notorious instances, indeed, the visiting justices far exceed the boundaries of inspection and general control, taking upon themselves the legitimate duties of the psychiatric physician. Assisted by talented matrons and stewards, certain committees almost elbow medical men out of the field. Instead of needing visiting physicians to assist them in the duties of inspection, they with the exception of the drugging part of the business almost monopolize the duties of the physician to themselves. Why should asylums be the *last* places where the old proverb of *ne sutor, ultra crepidam*, can be applied ?

Besides the visitation of county asylums and their inmates by commissioners, visiting justices, guardians and overseers of the poor, and union medical officers, provided for by the law of the land, there is frequently a great amount of unofficial visitation. At Hanwell the unofficial visitors during the year have been counted by thousands, and at most other asylums their number is very considerable. If, however, for the complete satisfaction of the public mind any extension of visitation is needed, by all means let it be effected, but let it be done openly and avowedly. If it is deemed necessary to have medical visitors in addition to the medical commissioners, let them be members of committees of visitors, as indeed is frequently the case already. But in the name of honesty and candor, let us have no smuggled underhand inspection under the disguise of medical assistance. Besides experience has proved that visiting physicians cannot, or do not, act as a detective police in plain clothes, since it has happened that those asylums in which serious abuses have been brought to light, have had such officials upon the staff, a broken staff to trust to, as the governors of Bethlem found.

That the superintendents of asylums are in any danger in falling into "a dull unvarying system of routine," and a condition of "passive sloth," owing to seclusion from the "external world," may or may not be correct. The captain of a ship is secluded from the external world still more strictly than the superintendent, without much danger of falling into a state of "passive sloth," or "a dull unvarying system of routine." But should such a danger really exist, it is incredible that the occasional visits of some elderly medical gentleman from the neighbouring town will have any influence in preventing so undesirable a result. The latter, indeed, must himself submit to the inglorious routine of merely indorsing the acts of the superintendent; unless he is not to be deterred from striving for independent action, by the contrast of theoretical knowledge with that which is both practical and theoretical, and by proving painfully to himself, the folly of coming into those wards as a teacher, where he ought first to come as a laborious and patient learner.

The superintendent of an asylum is far more likely to fall into "a dull unvarying system of routine," from a divided responsibility, and a consequently divided interest and anxiety concerning the welfare of his patients, than for want of the intellectual "collisions" which are recommended as a preventive. The visiting physician may be a spur to his resident colleague, he is more likely to be a cushion; he may act as a stimulant, but it is far more probable that he will act as a sedative. With divided responsibilities it is impossible that either blame for shortcomings and disaster, or credit for progress and success, can be justly apportioned to those who merit them; and the consciousness of this fact may make both resident and visiting officers careless of incurring the one, and negligent of deserving the other. But the superintendent who is left to his own resources and responsibilities will feel, with King Harry,

"The fewer men the greater share of honor."

On more than one occasion have we been assured by superintendents, that they have felt themselves withheld from this or that attempt at improvement, because they were hampered by visiting physicians, who would either defeat their efforts or purloin their credit.

At the present day, the visiting physician is indeed generally an ornamental and useless flourish only on the asylum staff, a mere incubus on the finances, without in the slightest degree either aiding or impeding the labors of the superintendent. But where such is not the case, he will be liable to become either a passive impediment, or actively detrimental to the best interests of the institution to which he has the misfortune to belong.

The plan of appointing visiting physicians was in vogue so long as diseases of the mind were attacked almost entirely by pharmaceutical remedies, and before the moral system of treatment was understood, or indeed discovered. At that time the visiting physician of an asylum discharged his duties like the corresponding officer of a general hospital. Two or three times a week he visited the institution, for an hour or so, and prescribed for the patients bleedings or vomitings, bolus, blister, or glyster; and if, notwithstanding, the patients recovered, so much the better: otherwise chronic mania and restraint, or dementia and filthiness, awaited them. None of those innumerable influences, great and small, unpurchaseable at Apothecaries' Hall, and denominated in the aggregate *moral treatment*, were put in requisition. The physician, at that time, might be no mere pretender to occult science and mysterious power; but an earnest man making the best of the means at his disposal; but he was as if fighting pugilistically with one fist, and that not the best one. Drugs alone might, perhaps, effect some good, but moral influence is now universally acknowledged to be the most potent and beneficial agent of treatment. The non-resident officer was found to be powerless in the use of the latter. The moral system of treatment can only be properly carried out under the constant superintendence, and by the continuous assistance of the physician; a circumstance which rendered it necessary that he should be resident on the scene of his labors, and not an occasional visitor merely. The introduction of this system, therefore, necessitated a change in the plan of medical attendance, and the old fashioned one has for some time been gradually falling into well merited dissuetude.

In a few asylums the visiting physician, full of years and honors, is still retained on the staff, a relic of the past; doubtless in acknowledgement of old services, rather than for the discharge of present ones. In two or three others, this officer still presides over the drugging department, everything else being of

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necessity left into the hands of his resident colleague. A plan rather more unreasonable than it would be in war, to confide the command of the cavalry to one independent general, and that of the infantry to another. In confirmation of our opinions we extract the following judicious observations from Dr. Thurnam's Statistics of Insanity.

"That the plan of government here advocated is the one most calculated to secure energetic action, and unity of plan, appears in the very nature of things at least probable; and is also, I think, established (as far as such questions can be) by observation and experience. Which, it may be asked, are the establishments, which as a general rule have contributed most extensively to our knowledge of insanity, and its treatment, those chiefly under the direction of resident or of visiting physicians? And, again, we may ask without unity of plan, and that energy of action which an undivided responsibility will generally be found to secure, what is it probable will be the character of the moral treatment; or, indeed, can any moral treatment worthy of the name exist? And what unity of plan can there be, when instead of a single resident directing head, availing himself of the observations and assistance of his younger and less experienced colleagues, we have a resident physician or other medical officer, whose responsibility is more or less lessened, as soon as a visiting medical officer enters the house; and who to a like extent is at least liable, however inadvertently, to have his authority, and influence with the patients depreciated and diminished? It is, perhaps, hardly possible, except by living in an hospital for the insane, for any one to be made aware of the disturbing effect which the visits of a non-resident medical officer, even when acting in friendly concert with the resident physician, may produce on the patients. A word, a look, or a gesture on the part of one is often sufficient to encourage hopes or excite fears, or it may be to revive delusions or propensities, to effect the suppression of which may have been the labor of weeks on the part of the other."—p. 79.

It is the opinion of an eminent contemporary, writing on this subject, that the "posts of resident medical officers to our county lunatic asylums" are not sought for, and therefore are not occupied by "the best and highest class of psychological physicians." This, it must be allowed, is a matter of opinion; therefore, notwithstanding the proverbial odium of judgments arrived at by personal comparisons, we must be permitted to express a contrary one. Whatever may be the case in the metropolis, and under the observation of the learned writer himself, it must be conceded as at least probable, that the resident physician of a county asylum will know something more of insanity, both practically and theoretically, than a medical man distracted by the cares of practice in the neighbouring provincial town. If it be true that asylum men are not comparable with the learned psychologists who are carving out their fortunes in the great metropolis, it must be remembered that London cannot supply visiting physicians to more than three or four county asylums at the utmost: unless, indeed, they make use of the electric telegraph, a mode of performing work which we beg leave to suggest as exceedingly suitable to the peculiar duties under discussion. Provided with a central station, the "*psychological physician of the best and highest class*" might flash intelligence to all asylums between Aberdeen and Cornwall, and stir up the drowsy faculties of all their resident superintendents with the newest psychological revelations. But to maintain that the medical superintendents of county asylums need either inspection or instruction from provincial medical men, who have paid no particular attention to the subject of insanity, is a proposition bordering on absurdity. It is sufficiently intelligible why the London specialist should desire to find himself attached officially to some great asylum, and to gild the solid pudding of lucrative private practice with the honor of public distinction. But what time could a metropolitan "psychological physician of the best and highest class" find in which to study the peculiarities of thought, habit, and disposition, of some hundreds, or say a thousand, of insane paupers? What leisure to obtain the smallest insight into their characters? What chance of gaining the slightest influence over them?

We apprehend that even the overworked and underpaid resident may find greater opportunity for intellectual culture, than such a person with his private practice, and his private asylums, and his public societies, and his various other psychological devices for obtaining name, and fame, and money. That the medical staff of some metropolitan asylums is usually deficient, no well informed person will deny; we feel assured, however, that the only mode of applying a real remedy, and of affording efficient aid to the resident officers will be, by the appointment of resident medical assistants, officers whose hours are not worth guineas, and who can afford to employ them in the tardy occupation of studying and influencing the insane. The metropolitan "psychological physician of the best and highest class" must find himself too fully and profitably occupied in attendance upon the noble and the wealthy, to condescend to the drudgery of being really useful in a great pauper asylum.

There is but little analogy and much contrast between the asylum and the general hospital. In the latter, the great visiting surgeons perform the great operations, and the poor must put up with having their fractures put up, and their dislocations put in, by his young dressers. The great physician prescribes for the great cases in the wards, leaving the youngsters to watch the effects of his remedies, and

"Their prentice han' to try on man,"

in the out-patients' room.

But in the asylum all cases which are capable of treatment are great cases; they are all affections of the same vital organ, and under negligent or unskilful treatment, are all liable to terminate in the most lamentable manner. At the hospital the gamut runs from lithotomy to phlebotomy, and, indeed a few notes lower; but in the asylum diseased mind presents a monotone. There it is impossible to set aside important cases for the consideration of the great visiting psychologist; all cases are all important and require the unintermittent exercise of the best medical skill which can be procured for them.

At the hospital, a prolongation of physical suffering

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may in a few instances be the result of entrusting a considerable share of the practice to juniors, against which occasional evil, the constant advantage to the public of affording students practical experience in the treatment of disease constitutes an important set off, but mental disease treated by the unskilful and the inexperienced, may become permanent and incurable; a result so fearful to the patient and of so grave a nature to society, that no possible advantage to learners, can for one moment be put in the balance against it. We are assuming for the sake of argument that the visiting physician proposed for an asylum is on a par with those of hospitals; this, however, is but an assumption, and is incorrect in fact. The latter have for long years been laborious and pains-taking students, clinical clerks, and assistants in the hospital wards, patiently qualifying themselves for practice in the only true school, namely, that of experience. But where and how has the visiting physician of the best and highest class qualified himself for the duties he covets in the county asylum? His claims to psychological distinction may be dependent upon authorship, or relationship, or upon divine genius, but he has certainly not worked his way through gradations of experience and of office in an asylum, and therein he differs widely from the visiting physician of the general hospital.

The asylum is unlike the general hospital in many particulars, besides the above mentioned. It is not a charity; the services of its medical staff are not gratuitous, and its inmates are not such by their own free will. By the act of abrogating the liberty of its inmates, society has incurred the responsibility of supplying them with sufficient care and treatment; and payment is provided in the same manner as taxes are provided for the State and tithes for the Church. If through the imperfection of laws or the parsimony of those who execute them, the inmates of public asylums do not receive skilful and sufficient care and treatment, they are defrauded of their just rights; and to remedy such a defect by procuring medical aid as the great hospital charities procure it, would be a condonation of the wrong.

The comparison of the asylum to the general hospital as an argument, was fit only *ad captandum vulgus*; it may also serve to shew with what ease "the psychologist can reason without logic and illustrate without aptitude."

The opinion is not unreasonable, that it may sometimes be advantageous to secure for an asylum the occasional services of a retired superintendent, with whom the patients and all the difficulties of the place are as familiar as twice-told tales. But this opinion derives all its force from the very arguments we have used against the general appointment of visiting physicians, since such an officer would possess the indispensible qualifications of special experience. Special circumstances may, no doubt, arise from time to time, under which the appointment of such a person as a visiting physician may be equally honorable to himself and expedient to an asylum. Every one must have acknowledged the propriety of retaining the services of Dr. Conolly as visiting physician to that institution which he has rendered famous throughout the world as the home, if not the birthplace, of the new system of treatment; a home in which it was reared and nourished from a precarious infancy to the period of adult and vigorous maturity; and few will dispute that this connection, so long as it lasted, conferred at least as much honor upon the institution as upon the officer. But at the present time we believe that no visiting medical officer of any asylum in this country has undergone any probationary education as a resident medical officer. Such appointments have been conferred upon the strength of personal interest, irrespective of any claims founded upon peculiar knowledge or experience in the treatment of insanity: they must consequently be considered as little honorable as they are useful.

The above observations are intended to have reference to county and borough asylums alone. There are several hospitals for the insane partaking in part of the character of charitable institutions and in part of that of private asylums, wherein the visiting medical officers have considerable if not paramount authority. To the support of such institutions the visiting medical officers contribute largely by sending and recommending private patients. At the present time we express no opinion on this arrangement; nor on that adopted in those hospitals for the insane unfortunately situated in the midst of towns and cities, and in which the modern system of moral treatment is to a great extent impracticable. But for county and borough asylums for the insane poor, the Commissioners in Lunacy have decided against visiting physicians. They have done so after long and ample observation, and it is fair to suppose, that independently of any theoretical opinions, they have not permitted themselves to come to a decision on so important a subject except upon the sure ground of experience.

Of thirty-five county and borough asylums now open in England and Wales, seven only, namely, those for Surrey, West Riding, Kent, Stafford, Nottingham, Norfolk, and Bristol, are returned in the Commissioners' Report as having visiting medical officers. With the exception of the Surrey, these asylums are amongst the oldest in the country; and in the three new asylums for Yorkshire and Lancashire the practice of the old asylums for these counties has not in this respect been imitated.

In despite, therefore, of the objections of our contemporaries, we feel assured that the Commissioners in Lunacy have given to visiting justices the soundest and best advice, in recommending them not to appoint visiting medical officers to institutions under their control. And we think it improbable that the staff of any new county asylum will be provided with such officers, or that in old asylums when vacancies of such offices occur they will be refilled.

The Visiting Justices of the Devon County Asylum have requested the Editor of the *Asylum Journal* to publish their Annual Report therein, offering to pay the additional expense so incurred. While the best thanks of the Association are due to the Visitors for this graceful compliment paid to its organ. It has been deemed prudent to postpone such undertakings for the present.

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