The Disabilities of Alienist Physicians.

The growing number of medical men engaged in the treatment of mental diseases, due to the increase of asylums, renders it desirable to remind the specialty from time to time of the disabilities from which it suffers, legally and socially.

These disabilities only come into operation when the physician retires from his connection with the asylum. Owing to the large size of these institutions and the consequent arduous nature of the work, the number of men who retire at a comparatively early age, still being capable of valuable work, is steadily increasing, and it is probably desirable that it should increase still further.

These physicians, possessing a large amount of valuable experience, find themselves greatly limited in applying it to the service of the community in two directions. In the first place, a large proportion of the public, owing to its prejudice against insanity, avoids, until compelled by the direst necessity, any approach to a physician who is known to have had experience in treating it. To avoid doing so, they will often resort to the treatment of persons whose knowledge of insanity is practically *nil*, and who practise as specialists on the strength of a certificate from some medical man or hospital that they have learned massage, Swedish drill, medical electricity, Weir-Mitchelling, etc., in endless variety. These quasi-quacks advertise for patients, parading their almost worthless "certificates of proficiency" as if they were on an equality with medical diplomas.

If a medical man is consulted, care is taken, in the large majority of cases, that he is not one whose name is associated with mental diseases; it is only in the last resort, when means are exhausted and the mental breakdown is complete that an alienist is resorted to.

The position of the specialty in relation to the public and the profession is almost identical with that of the ophthalmic specialty fifty or sixty years ago, when eye quacks abounded, and every surgeon felt himself justified in spoiling a hatful of eyes in qualifying as an eye surgeon.

This disability will, of course, continue until the public and

https://doi.org/10.1192/bjp.51.212.144 Published online by Cambridge University Press

the profession are educated into the recognition that the treatment of mental disease is not limited to Weir-Mitchelling, etc., with or without a course of narcotics, in a nursing home, or the alternative of travelling abroad.

The more important legal disability of alienists is a distinct injustice, however much we may have become habituated to it. The medical man who has gained experience in nervous, lung, or any other special disease may start his hospital or sanatorium and reap the benefit of his special qualification without let or hindrance. The alienist physician, on the contrary, is limited to a single patient, being in this respect placed on a level with every layman in the country.

In some few instances, both of laymen and medical men, a second and even a third case may be taken, "if the friends of the first case do not object."

This concession is better than none, but in the case of the experienced physician, at least, the basis might be taken that it was to the advantage, not only of the one patient, but of all three, to have specially skilled attendance, in face of the fact that so many cases fitted for home care are now driven to comparatively unskilled treatment.

The late lunacy legislation in its attempt to extinguish licensed houses is responsible for this infringement of the liberty of the medical subject.

Much fair and a large amount of unfair criticism has been advanced against private asylums, but there can be little doubt that the best private asylum has advantages in treatment which it is difficult, if not impossible, for a public institution to equal; and we have to remember that private asylums have often led the way in reforms and improvements.

The legal mistake in regard to private asylums consisted in the license to treat the insane being practically granted to the house, an obvious absurdity, unless the house is supposed to be endowed with special curative qualities, like the sacred wells and springs of mediæval therapeutics.

The legal restriction of medical men, however experienced in the care of the insane, to a single case must be based on the ground of the danger of dishonesty, since in institutions they are allowed to treat hundreds of patients.

If this is the case—and there is no alternative reason—it is singular that in this free trade in single cases the law has made

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no provision to exclude ex-convicts and other persons of defective character from entering into the business.

The dishonesty, moreover, might be as great with a single case as with a larger number, and the legal position appears therefore to be utterly illogical.

That anyone wishing to undertake the treatment of insane persons for payment should be called on to prove that he is fitted for the work by experience and character, and possesses the means for carrying out such treatment, would be right and proper; only after such proof should a license be granted, and only to persons who could give such guarantees. As the law stands it is a gross interference with the liberty of the medical person to practise his profession in the way that is best for him and the community. The fact that this intolerable injustice, which was imposed with contumely and insult, is borne without protest is strong evidence that our profession is so wanting in *esprit de corps* and common national feeling, that it has tamely submitted to a wanton aggression on that supposed British palladium, the liberty of the subject.

The Pathological Laboratory and the London County Council.

The pathological laboratory of the London County Council has done so much good work, and is capable of doing so much more, that any suggestion which may limit its usefulness demands earnest consideration.

A contemporary has recently suggested that the laboratory should be moved to London, in order that there should be scores of workers where there are now only a few. It may be conceded that a research laboratory in London might be a most desirable thing in itself, and we should be pleased to see it established, in addition to the Claybury Laboratory for morbid anatomical research in connection with clinical observation.

The experience of the laboratory of the Scottish asylums in Edinburgh points to the desirability of close connexion with a large asylum. This laboratory was first established in Edinburgh near the medical schools and quite away from any asylum, but it soon became evident that this was a mistake, and it was moved close to the Morningside Asylum, which is accessible

https://doi.org/10.1192/bjp.51.212.144 Published online by Cambridge University Press