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Part I.—Original Articles.

The Maudsley Hospital.

THE Maudsley Hospital was opened on January 31, 1923, by the Minister of Health (the Right Honourable Sir Arthur Griffith-Boscawen, M.A., *J.P.*). Fifteen years have now elapsed since the late Dr. Henry Maudsley made his generous offer to the London County Council of £30,000 towards the cost of erection of a hospital with three main objects: (1) Early treatment of cases of curable mental disorder; (2) promotion of scientific research into the causes and pathology of mental disorder with a view to prevention and treatment; (3) provision of facilities for clinical instruction in psychiatry. The realisation of Dr. Maudsley's project was delayed in the first instance by difficulty in finding a site complying with his condition that it should be within four miles of Charing Cross, and later by the occurrence of the war.

In 1911 the present site—conveniently situated opposite to King's College Hospital on Denmark Hill—was acquired. The Hospital and Nurses' Home erected on this to the designs of Mr. W. C. Clifford Smith, *O.B.E.*, F.R.I.B.A., M.I.C.E., an Honorary Member of our Association, were approaching completion on the outbreak of war. In May, 1915, with the agreement of Dr. Maudsley, they were lent for the treatment of those suffering from the nervous disorders arising out of the war, and continued to be used for this purpose by the War Office until August, 1919; and by the Ministry of Pensions from then till October, 1920.

Dr. Maudsley died on January 24, 1918, leaving by his will a further £10,000 for the purposes of the Hospital.

Sir Frederick Mott, who was an intimate personal friend of Dr. Maudsley, was consulted by the latter before the offer which led to the foundation of the hospital, and afterwards collaborated in the development of the scheme for its organisation. It was largely due to him that the offer was made. During the period when it was devoted to sufferers from the war, Sir Frederick took a prominent part in the clinical investigation and treatment of these cases, and continued his duties as Director of the Pathological Laboratory of the

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London County Mental Hospitals, which had been transferred from Claybury to the Maudsley on the completion of the latter in 1916.

It is greatly to be regretted that Sir Frederick's retirement (see p. 220) from the latter position on March 31, 1923, should follow so closely upon the reopening of the Hospital for its original purposes. It is fortunate, however, that not only will he continue to act for a time in an advisory capacity, and to direct the instruction which he initiated in 1920 with the approval and under the auspices of the London County Council for a Diploma on Psychological Medicine, but further that those upon whom will devolve the actual management of both Hospital and Laboratory have had the advantage of association with him for a number of years. The nature of the hospital as now opened differs to some extent from Dr. Maudsley's original conception of it, but in a direction with which before his death he had expressed entire sympathy. When he made his offer he was aware that, like all other local authorities, the Council was empowered only to provide an institution where none but certified patients could be received. During the following years a strong feeling grew up that certification should be reserved for those needing detention against their will, that treatment without certification should be provided for all, whether rich or poor, who recognised their morbid mental state, and further, that this treatment should as far as possible be given apart from the certified. Holding as he did that mental symptoms were but the expression of physical disorders, Dr. Maudsley supported the assimilation of the proposed hospital in its voluntary character as in all other respects to the model of the ordinary hospital for bodily illness.

In 1915 by special legislation the Council obtained powers to receive as boarders and to maintain and treat at the Maudsley Hospital, on such terms as to payment and otherwise as they may determine, any person suffering from incipient mental infirmity who is desirous of submitting himself voluntarily for treatment and to defray the whole or any part of the cost of treatment.

More recently it has been decided that the hospital shall be reserved entirely for voluntary cases, and that no case shall be admitted under certificate, or certified there either for retention or for transfer to a mental hospital.

To emphasise the voluntary character of admission every patient is required to sign a form of application for this, though, as at the registered hospitals, no such formality is statutory. Notification to the Board of Control is required of admission and of discharge or death, but only by registered number and not by name, except upon special request. Under special rules agreed to by the Board other statutory records and reports have been reduced to a minimum.

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The hospital is subject to visitation by the Board, but it has been agreed that if after voluntary application for admission a patient passes into a state in which he is no longer capable of volition he can be retained without certification.

Every patient, however, is entitled to discharge on giving 24 hours' notice of desire for this. This involves an undertaking by a relative or friend to arrange for suitable care and treatment upon discharge, either at the patient's request or by order of the medical superintendent. Only in cases where the person giving this undertaking refuses to honour it, or where discharge even for a short time would obviously be dangerous to self and others, will the hospital authorities direct transfer to the observation ward of an infirmary to be carried out.

It might be thought that limitation of admission to those desirous of treatment would be very prejudicial to two of the primary objects of the hospital, *viz.*, research and teaching. It can already be seen that the effect in this direction is surprisingly small. While not all cases of any form of psychosis can be admitted, some cases of every type can be. The main limitation is in respect of those numerous hopeful cases that are so confused as to be incapable of expressing (whether in writing or not) a desire for the treatment they need.

It is to be hoped that new legislation will render possible the admission of such cases without certification, though subject to proper safeguards, including the right to leave within a specified time upon request. Treatment upon such lines would not, of course, contravene the voluntary principle, and it is thought wiser for the present patiently to await such changes in the law as will allow full development of the potentialities of the hospital and the preservation of its voluntary character.

Space does not permit of anything but the most summary description of the organisation of the hospital for its purposes. It includes an out-patient department open two days per week for each sex and accommodation for 157 in-patients. This accommodation includes: (1) thirteen special private rooms for female patients, with which are associated separate dining-room, sitting-room and garden. This section of the hospital is reserved for quiet and unobjectionable patients who are able to pay six or seven guineas a week. (2) 144 beds in wards (three wards of 24 beds for each sex). Quiet patients are admitted to a separate ward from that for the restless. Ward patients having a legal settlement in the county of London are required to contribute according to means. Those without such a settlement can only be received if prepared to pay the full maintenance rate (at present £5 per week).

There are extensive gardens and abundant facilities for bed-treatment out of doors, either in the gardens, or, when weather forbids

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this, on verandahs. Provision has been made for occupations, recreation, and for various auxiliary modes of treatment, such as hydrotherapy, massage, remedial exercises, and electricity.

The ordinary treatment of both mental and bodily disorders is under the control of the whole-time staff, consisting of the superintendent and four assistant medical officers. In addition arrangements have been made that medical officers of the London County mental hospitals may be seconded with the pay of their rank for either clinical or pathological work at the Maudsley, the number not to exceed four at one time. Further, an indefinite number of qualified medical men and women may be granted the opportunity of voluntary work as clinical assistants, either whole time or part time.

The services of consultant specialists are available for in- and out-patients in regard to surgical, gynæcological and obstetric conditions and diseases of the eye, ear, nose and throat. As three of these specialists are also on the Consultant Staff of King's College Hospital it has been arranged that all necessary special treatment can be carried out in the out-patient department or wards of either hospitals as circumstances require. A dental surgeon attends weekly.

The nursing staff consists of matron, assistant matron, 7 sisters, 18 staff nurses, 23 probationers, and 12 male nurses. In two of the three male wards the nursing is entirely by women; in the third the male nurses work under the direction of a sister and staff nurses. All sisters and staff nurses are required to hold a certificate of at least three years' general hospital training from a recognised school for nurses. All sisters and a number of staff nurses possess in addition experience at either mental or neurological hospitals. General education rather than nursing experience has been emphasised as the most important qualification for probationers, but the great majority of those so far engaged have had experience of V.A.D. nursing or similar work.

The organisation of the hospital for teaching is necessarily as yet incomplete. It may, however, be said that it has already been recognised by the authorities of the Conjoint Board as an institution fulfilling their requirements in respect of a period of clinical experience of mental disorders for the Diploma in Psychological Medicine, such period varying in length according to whether attendance is on a whole-time or part-time basis. Application for a similar status has been made to the various universities examining for a diploma, and it is hoped that the hospital may shortly be one of the recognised schools of the University of London.

The sixth of the courses for the Diploma will start in May under the direction of Sir Frederick Mott. Other forms of teaching, both postgraduate and undergraduate, will be organised later.

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The association with the hospital of the central laboratory of the London County Mental Hospitals will provide the opportunity of combining pathological investigation upon the living patient with accurate clinical observation. Such research, especially if directed to the beginnings of mental disease, seems the most likely to be fruitful of progress, and it is earnestly to be hoped that from it will follow results of general application in prevention amd treatment worthy of the great founder of the hospital.

Lunacy Law and Institutional and Home Treatment of the Insane.[1] Being the Final of a Course of Lectures on Psychiatry for Local Secretaries of Mental Welfare Associations delivered at Horton Mental Hospital, Epsom, October, 1922. By Lt.-Col. J. R. Lord, *C.B.E.*, M.B.Edin.

The Lecturer, after having briefly epitomised the provisions of the Lunacy Act of 1890, continued as follows:

It will thus be readily seen that the chief aims of this Act are to secure—

(1) That no person is received as a patient into a mental hospital or other approved place unless of a certainty he is a lunatic within the meaning of the Lunacy Act, *i.e.*, an idiot or a person of unsound mind, etc.

(2) That a person so admitted shall be discharged immediately he is no longer certifiable as a person of unsound mind and a proper person to be detained under care and treatment.

(3) That he is not ill-treated or neglected while under detention.

(4) That in case of his death in the mental hospital the cause and circumstances thereof are the subject of special report and possibly searching inquiry.

It assumes the possibility of moral turpitude, in carrying out its provisions, on the part of the judicial authority, the patient's relatives and friends, the doctor, the nurses, the managers and even the Commissioners. Its attitude is that of suspicion throughout, and threats and penalties are plentiful—quite enough, I should imagine, to satisfy the most rabid reformer.

The Lunacy Act of 1890 has been much criticised of late, in fact it has become almost fashionable to abuse it. As a legal measure it undoubtedly was most carefully and conscientiously framed. Personally I have a real healthy respect for it in more senses than

[1] *Studies in Mental Inefficiency*, January, 1923.

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