

"MAD DOCTORS"—A PROTEST.

By A. R. URQUHART, M.D., Physician Superintendent, James Murray's Royal Asylum, Perth.

I READ your annotation entitled "Sir Charles Russell and the Mad Doctors" with great disfavour. Do you, as responsible for the opinions of THE HOSPITAL, indeed maintain these views? or is the editor on holiday? THE HOSPITAL circulates in this institution week after week in the hope of impressing all concerned that this, too, is an hospital with the intention of curing the curable and relieving the hopeless. It is not seemly that such a heading should be found on the pages of a journal designed to aid "science, medicine, nursing, and philanthropy."

The use of the offensive title is, perhaps, a matter of taste; and it is not my purpose to further notice a personal affront. The main object of my writing is to controvert in the strongest manner your statement that a patient ought not to be placed in an asylum unless he is "dangerous." Such a statement is neither scientific, medical, nor philanthropic. Do you suppose that men in my position are content to be mere jailors? The asylum physician is first of all a physician, and the question for the medical profession is not whether A is dangerous to himself or others, but whether it is to A's best interest that he should be treated medically in an asylum.

Furthermore, the law of England is brand new. It was to be a perfect panacea for all the troubles of the world of lunacy. It was a Consolidation Act. It was specially designed to enable the magistrate to try the lunatic. The opinions of those who had long and intimate experience in lunacy practice were unheeded, and their consequent dissatisfaction is by no means confined to the decent obscurity of asylum reports. The law was constructed to favour the views you now express. It does not become you to find fault.

Then you seek a definition of sanity, and charge medical specialists with chaotic and illogical opinions. It is not in the power of man to define sanity. Chaotic and illogical opinions abound in the religious world, with an open Bible, and Baptists and Pædo-Baptists confidently sure that the other is wrong. The aim of the physician is to ascertain, to predict and to treat, and it is no shame when he does not go beyond stating an opinion founded on experience. He says, "Under certain circumstances I believe that such and such is the best course," and if he says no more, THE HOSPITAL should be the last to urge him to the bombast of the charlatan.

Any stick is good enough to beat the madhouse keeper

with. There is no reference in your annotation to the difficulties and impossibilities. The pathological changes in a case of general paralysis are now a fixed quantity, and the future of the individual can be predicted with almost unflinching certainty, but the indefinite changes in the brain of a "slight" case of insanity leave ground for much debate and qualified opinion.

Lord Bramwell it was who claimed to be able to diagnose insanity. The subject is matter for never-ending debate between lawyers and doctors, and certainly the doctors will not admit that the lawyers have the best of the argument. The British jury will take the opinion of any expert except that of a physician who has spent his years in the study of insanity. As all men are heaven-born politicians, so is each the infallible judge of his neighbour's mental soundness. When the world asks for practical guidance it follows its rule in not taking the advice tendered. It rather pins its faith on the fortuitous collection of uninformed mediocrity swept into the jury box to be the sport of the most expensive barrister available.

[The expression "Mad doctors" to which our correspondent takes exception was not used with any offensive intention, but simply as a convenient and familiar form of words which everyone would readily understand. We willingly withdraw it. So far as the general opinions expressed in the annotation complained of are concerned, we stand by them, only expressing the conviction that our correspondent has not taken them up rightly. Our contention is that lunacy should be more precisely defined; that there should be classes of lunatics and degrees in lunacy for purposes of administration, even though it may be impossible to make definition and classification so precise as to satisfy scientific purism. We maintain that deprivation of liberty should sometimes be only partial, and sometimes complete. There are certain insane persons who are rightly allowed to be at large. That an asylum is an hospital we gladly admit, but even at an hospital there are partial patients as well as full patients; that is, out-patients as well as in-patients. There is, moreover, a large class of persons who, if tested by a strict standard of health, would be declared to be not well, but who yet are neither in-patients, out-patients, nor patients at all. We must still insist that lunacy specialists have not brought up their work to a standard which makes administration at once easy, just, and satisfactory to the common-sense of the public.—EDITOR.]

PASSING TOPICS.

THE PERSONAL ELEMENT.

IT is only natural that a consideration of the several subjects treated of in the remarkable evidence given before the Lords' Committee by Mr. Burdett should develop differences of opinion. Yet everyone interested in hospital work must feel a satisfaction that the inquiry did not close without an opportunity being given so redoubtable a witness to set forth some, at least, of the conclusions arrived at by one whose acquaintance with the details of hospital administration has been acquired not alone by utilising the ordinary channels of experience, but by such far-reaching and self-imposed labours and investigations as may well be accounted unique.

If, in dealing with evidence covering so wide an area, and containing much that is either actually original or original in the manner of its presentment, the hospital experts, and those who think themselves of that order, will be at no loss to find material for discussion, we are disposed to believe that upon one point, at any rate, there will be on their part something approaching to unanimity. Mr. Burdett probably only gave expression to the conviction of ninety-nine out of every hundred people who have lent their minds to the subject when he pronounced the committee as a weak factor in hospital administration, and proceeded to point out the value of personal service.

When we assert that committees generally are woefully inefficient, we readily admit that there are some well deserving of exemption from the stricture. But we opine that these exceptions are only numerous enough to prove the rule and to show what a committee ought to be, and can be, if rightly constituted and composed of suitable members. It is the

fashion, unfortunately, to assume that anybody of a certain social position is eligible to serve upon a hospital committee, and that the hospital should not only take his efficiency for granted, but should be grateful for such intermittent and inefficient service as he can render, because it is not paid for. Here we have an attempt to support an unreasonable contention by a subtle incoherence which obscures the real issue. That the argument answers the purpose may be admitted, inasmuch as a majority of people only too unquestionably acquiesce in the preposterous sentiment that a man who voluntarily accepts office without remuneration is under no obligation to perform the duties attaching to such office, for the reason that his services are not remunerated.

In the case of hospital committees, the due performance of duty manifestly requires an exercise of the personal interest and sympathy Mr. Burdett demands. When these qualities are forthcoming, and not until then, knowledge and aptitude follow, and the institution gets the benefit. We confess we are not very hopeful that the committee system will ever prove equal to all that is required of it, because the rendering of continuous service without a fixed individual responsibility, and without the impetus communicated by the force of novel and exciting circumstances, is with most people an ungrateful task. Concern naturally has a tendency to evaporate when it is distributed, and sympathy when shared by many is often too attenuated for recognition. But until a revolution occurs in things charitable for which we are not yet prepared, committees will be indispensable to our institutions and it is just as well therefore considering their importance that when weighed they should not be found wanting.

AGRICOLA.