wise, awareness of their existence and of their identity is extemely variable, and the *modus operandi* of the 'three wise men' also shows great variation. In some cases the sick doctor being interviewed may be unaware that he is taking part in an official inquiry.

Recommendations

1. The 'three wise men' system can be helpful provided there are proper safeguards, and members of the College should participate if invited to do so.
2. Reports emanating from the 'three wise men' may take various forms, but if written they should be as brief as possible and should avoid unnecessary clinical detail.
3. The 'three wise men' should ensure that their sick colleague is aware of the nature of the meeting, its purpose, his own standing, and safeguards. He should be able to consult his defence society if he so wishes prior to the meeting.
4. The doctor being interviewed should be told whether a report is to be sent to the Area or Regional Medical Officer which may result in further action.
5. If the doctor is to be referred (normally by his GP) to a psychiatrist for further assessment or treatment, this psychiatrist should be invited to contact the 'three wise men'. In this connection, members of the College are reminded that all case records are at risk of being subpoenaed and read in open Court. Case reports must of course be comprehensible and helpful, but unnecessary clinical detail should be omitted.

PSYCHIATRY IN THE 1870s

***From* Insanity and its Treatment.** By G. FIELDING BLANDFORD, *President of the MPA, 1877–8*

Doubtless, you have all heard of the moral treatment of insanity. But shutting a man up in an asylum can hardly be called moral treatment. It is simply restraint, which may be highly beneficial, and even remedial, as it is a means whereby the patient obtains rest and seclusion from all that is harassing and vexing, but it is not what I understand by moral treatment. For in old days men were placed in asylums, and then and there confined in a restraint-chair or strait-waistcoat, by leg-locks and hand-cuffs, and fed, washed, and dressed; and this together with some purging and blistering, constituted the treatment. By the latter, I mean that personal contact and influence of man over man, which the sane can exercise over the insane, and which we see so largely and beneficially exercised by those having the gift, whether superintendents, matrons, or attendants. There can be no proper treatment of an insane person without it, and, beyond all question, the recovery of many has been delayed or prevented by its absence. There are patients, however, who are not within its reach. A man or woman in a state of acute delirious mania is beyond moral treatment, and needs only that which is physical or medicinal. That is why it is of little importance whether we treat such in or out of an asylum, provided we can place them in a suitable apartment. But we may see another who will never get well out of an asylum. What do we notice here? A morbid and intense philautia, an extreme concentration of the whole thoughts and ideas on self and all that concerns self: whether the individual's feelings are those of self-satisfaction and elation or of depression, whether he thinks himself the greatest man in the world or the most miserable, he is constantly absorbed in the contemplation of self, and thinks the whole world has its attention directed to him. Now, when such a being is at home, he generally contrives to make himself the centre and focus of every one's regard; and if away from home, in a lodging or family, he may be able to do the same thing—nay, in the majority of cases, this cannot fail to be the case, for the arrangements of the household must more or less depend on the presence of such an inmate; but place him in an asylum of fifty patients, and he occupies at once merely the fiftieth part of the attention of those about him. He is given to understand that the establishment goes on just the same whether he is there or not, but that being there, he must conform to the rules, his going away depending to a considerable extent on his own efforts, and his observance of the precepts and advice which he receives. He is indulged with a certain amount of liberty, according as he shows that he is fitted to enjoy it, with liberty to go beyond the premises, to

visit places of amusement, to have money at his command, to choose his own recreation and occupation; and this liberty he forfeits if he abuses it, and strict surveillance and watching are exercised until he shows that he can control himself.

Moral treatment

By the moral control exercised personally by man over man, the patient's thoughts and feelings are to be directed from his morbid self-contemplation to that care and concern for others which is his normal state. Those about him will endeavour to supplant by other ideas, subjects, and occupations, his delusions and insane thoughts. As the former gain a foothold and predominance, the latter fade and disappear.

Under the head of moral treatment must be considered the question of occupation, exercise, and amusement; for nothing is of greater importance, not only to the welfare of the chronic, but to the cure of recent cases. All three are in turn requisite and indispensable, though not all are equally required by the same individual. To one bodily exercise is a necessity. In sub-acute, restless, sleepless mania, protracted muscular work will bring sleep, and act as a sedative more efficacious than drugs. Hard exercise will distract another whose thoughts are fixed unceasingly on melancholy subjects. I have known a man dig all day in the garden—dig a pit and fill it up again if other occupation for his spade was not to be had—and profit thereby. In public asylums there are far more opportunities for giving the inmates hard bodily work than exist among private patients. It is very difficult to subject the latter, particularly ladies, to sufficient exercise. Many a lady would be the better, could she be made to do the hard day's work done by many in our public asylums; but beyond walking, it is next to impossible to provide any exercise for her. Gentlemen fare somewhat better: they can ride, play cricket, billiards, skittles, football; but play is not the same thing as regular work, and regular work and long-continued exercise are of more value than the short but severer labour of games. So with regard to mental exercise and occupation. There are many brains which require to lie fallow and do nothing; if they must be amused, we recommend a course of Pickwick, or such like fare, or backgammon, or bagatelle; but some patients require harder mental work. To distract their thoughts they need to fix their minds on a subject deep enough to engross attention, and employ them day after day, and week after week. Such are generally intellectual people, and their occupation must be intellectual. For them I have found no work so suitable as the study of new languages; it is intellectual without being emotional, and does not require a great number of books or much assistance. I have known ladies study Greek and Hebrew, to say nothing of German, Italian, and Spanish. There is no end to this occupation, and to a busy mind it is often very fascinating. But people differ: another may prefer some new fashion of embroidery or lace-work; and drawing and water-colour painting should be encouraged in all who have the very slightest artistic leaning.

CORRESPONDENCE

REGIONAL MEDIUM SECURITY UNITS: SOLUTION OR DISASTER?

DEAR SIR,

I read with interest the letter of Dr R. W. K. Reeves (*Bulletin*, February 1978, page 33) and would agree with many of the points which he makes. At first I welcomed the idea of the medium security units in the hope that they would provide a better service for patients, but like Dr Reeves I am now beginning to have second thoughts.

In this hospital we have, as anticipated, begun to develop major problems as a results of the Department's decision to grant the nurses manning these units an extra lead, allegedly because of the risks involved. The lead has aided recruitment to our unit, but has caused very considerable problems in the district because it is widely assumed that the lead would not be paid unless it was intended that dangerous cases of the 'Broadmoor type' were to be admitted to the hospital. Furthermore, the same fear is widespread throughout the nursing staff who do not serve on the unit. For supporting evidence people point to the high fence which has been built around the unit. Therefore it is in vain that we explain that dangerous cases will still be admitted to the Special Hospitals and that we will only be continuing to treat the same type of forensic cases that we have been admitting for many years.

If it is true that the overcrowding in the Special Hospitals came about largely because of the overzealous application of the 'open door' principle in our psychiatric hospitals, surely it would have been far cheaper to have reversed this latter policy and had a few locked wards and more staff, rather than have built these extremely expensive and highly staffed