

There has been no concurrent increase in the use of non-benzodiazepine hypnotics such as chloral hydrate or chlormethiazole; drugs which have their own particular problems.

### Comment

Medical practitioners in North East Essex Hospitals agreed to a district health authority policy on the prescribing of benzodiazepines. An original feature of the policy was the collaboration between hospital pharmacists and medical staff to ensure that prescriptions met the guidelines.

One proposal has just recently been implemented. All out-patient and discharge benzodiazepine supplies now carry an additional label warning, "Warning, long-term use may cause dependence". Emphasis has been on changing hospital prescribing habits so that new benzodiazepine users are not created inadvertently by routine prescription of hypnotics, and in the hope that family doctors will follow hospital prescribing patterns. This spread to the community has not yet taken place. A small survey of 20 community pharmacists in the Colchester area revealed that the numbers of repeat prescriptions for benzodiazepines do not appear to be falling significantly, although some pharmacists report a fall

in lorazepam prescription. This local initiative is only one of the several influences which have limited benzodiazepine use in the past year. Among the major influences are the Committee on Safety of Medicines Report in January 1988 and the Royal College of Psychiatrists Report in the Bulletin (1988).

It is hoped that all the local and national initiatives will encourage drug-free approaches to the treatment of insomnia and anxiety.

### References

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- (1987b) A policy on benzodiazepines. *The Pharmaceutical Journal*, 239, 677 (Letter).
- ROYAL COLLEGE OF PSYCHIATRISTS (1988) Benzodiazepines and dependence: A College statement. *Bulletin of the Royal College of Psychiatrists*, 12, 107–109.
- Copies of the Illustrated Information Leaflet for patients are available from Colchester District General Hospital Pharmacy Department.*

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*Psychiatric Bulletin* (1989), 13, 294–295

## Crichton Royal Hospital 1839–1989

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On 4 June 1839 the first patient walked with friends the mile uphill to the new Crichton Institution from the lunatic wing of Dumfries and Galloway Royal Infirmary. Detailed clinical records support a diagnosis of melancholia; the patient was discharged well in 1844 and follow-up confirmed her recovery.

The hospital was founded by Mrs Elizabeth Crichton, the widow of Dr James Crichton, both Physician to the Governor General of India and trader in India and China. Mrs Crichton's first desire was to establish a fifth university in Scotland. However she was refused Government approval, largely because of lobbying by the four existing universities in Scotland, which had vacant places, were short of money, and knew that students would be attracted to a new competitor. The university thus rejected, Mrs Crichton decided a proper second choice would be a lunatic asylum.

When Crichton opened with some 120 beds it was designed mainly for paying patients but with accommodation ample enough to receive the local and other poor. It was described in the press as "surpassing everything of its kind that has yet been established in Europe". An advertisement for the institution read as follows: "Every facility will be given for the admission of individuals whose condition requires confinement, whatever their rank or means may be; and it has been determined that the maintenance, classification and general treatment shall be regulated more by what the Patients may have been accustomed to, and by what their present happiness and ultimate recovery may demand, than by the sum of money that is paid".

The first physician superintendent or 'Resident Physician' was Dr W. A. F. Browne, formerly Superintendent to the Montrose Royal Asylum; he was

appointed at the age of 33. He was presented with a clean slate on which to try to realise his dream of creating the ideal asylum as defined in his publication of 1837, *What Asylums Were, Are, and Ought to Be*. He introduced for patients, apart from medical treatment, physical exercise, carriage drives through the countryside, work in the gardens and stables, and cobbling, tailoring, dress-making, laundering and cooking. Patients also engaged in reading, writing, translating, painting and music making; indoor and outdoor games; lectures; and visits to the Dumfries Theatre. They were encouraged to keep pets.

The most innovative of Dr Browne's moves was the introduction of a course of 30 nursing lectures in 1854, six years before Florence Nightingale established a school at St Thomas's.

Like all good physician superintendents, Browne was not only an excellent clinician, but keen on plumbing. He constructed at the highest point of the hospital a series of sand filter beds from which water gravitated to service tanks. His foresight was rewarded in 1848 when cholera killed 430 townspeople – his patients were spared.

In response to a growing admission rate, Crichton Royal greatly expanded over its first hundred years to a thousand acre development catering for some 1,300 patients by the end of World War II. The driving force behind this massive expansion was Dr C. C. Easterbrook, Physician Superintendent 1908–1937. Strict adherence to local red sandstone and attractive landscaping helped unify the designs of architects William Burn and Sydney Mitchell and Crichton's own Clerk of Works, James Flett.

Crichton Royal relinquished its private status in 1948 but as it kept considerable 'amenity accommodation' it continued to attract patients from throughout the United Kingdom and abroad for many years. Changing psychiatric practice, however, has resulted in a fall in numbers. Today we have 450 patients of whom some 100 were originally admitted from outside our present catchment area, Dumfries and Galloway Region.

Crichton Royal today is a victim of its past success. Beautiful, solidly constructed buildings designed for 1,300 patients and set in rolling parkland contain 450 patients. Efforts to persuade the Health Board and Regional Council to develop facilities for psychiatric patients throughout the region have met with little success over the past 15 years. "Crichton has wonderful facilities – surely you don't need more?" However we are now attracting non-psychiatric facilities, some Health Board, some not, on to the Crichton site; by so doing we may persuade the Health Board to release funds for much needed psychiatric developments, especially for the elderly, throughout our extensive catchment area (2,000 square miles in

area, stretching 120 miles from Stranraer in the west, to Langholm in the east).

Crichton Royal has also had a long tradition of conducting clinical research. In 1909 the Directors established three Fellowships in clinical neurology and psychiatry, in pathology and chemistry, and in pathology and bacteriology. These posts, however, were irregularly filled and it was not until the arrival of Dr P. K. McCowan in 1937 that research facilities were greatly expanded. Professor Willi Mayer-Gross, late of Heidelberg, left the Maudsley and became the first Director of Clinical Research in 1939. In 1944 the Board appointed another Director, this time of Psychological Research, in the person of John Raven. There was a vast expansion of investigation in almost every field of psychiatry. This was indeed the heyday of Crichton research. During Mayer-Gross's tenure from 1939–954 141 papers were published. Studies on physical methods of treatment such as leucotomy, ECT, and insulin therapy predominated but there were also papers on neurology, psychology, pharmacology, EEG studies, social psychiatry, alcoholism – and subsequently in child psychiatry and geriatric psychiatry, as the ever ingenious McCowan and his successors established large and pioneering units in these newer disciplines. Two original papers of leucotomy and its sequelae published in the *Lancet* in 1945 and 1947 stand out. Mayer-Gross's work culminated in the text book co-authored with Dr Eliot Slater and Dr (now Sir Martin) Roth *Clinical Psychiatry*, published in 1954.

There have been only four Directors of Clinical Research over the past 50 years (Mayer-Gross, Dr A. C. Tait, Dr J. C. Little, and Dr R. G. McCreadie). The post must now be unique in the NHS. Sessions are allocated to research although there is a clear understanding that clinical work must come first. The Crichton Fellowships, unfortunately, have long since gone but we have managed to retain a research registrar and research assistant. Crichton's clearly defined catchment area makes clinical and epidemiological research possible, realised as far back as 1948 by Mayer-Gross in his *Mental Health Survey in a Rural Area* and continuing to the present day, with, for example, the Nithsdale Schizophrenia Surveys.

Although much psychiatric research nowadays requires high technology and large teams, there must still be a place for clinical research in an everyday NHS setting. That is the view of the current Director; it is bearing fruit – there have been 49 publications from the department since he was appointed in 1982.

A hundred and fifty years on one site is no mean achievement for a psychiatric hospital. We suspect that on our 200th anniversary there will still be a core of psychiatric services on the Crichton site – and in the same buildings.