



ROBERT WILLIAM ARMSTRONG
President, 1957-58

[Frontispiece

THE JOURNAL OF MENTAL SCIENCE

[Published by Authority of the
Royal Medico-Psychological Association]

No. 433 [NEW SERIES
NO. 397]

OCTOBER, 1957

VOL. 103

Original Articles

EDUCATION IN PSYCHIATRY

THE PRESIDENTIAL ADDRESS DELIVERED AT THE ONE HUNDRED AND
SIXTEENTH ANNUAL MEETING HELD AT LITTLEMORE HOSPITAL, OXFORD,
3 JULY, 1957

By

R. W. ARMSTRONG, M.A., M.D., D.P.M.

Physician Superintendent

*Littlemore Hospital, Oxford, Lecturer in Psychiatry,
University of Oxford.*

EXTREMELY conscious of the honour of addressing you as your new President today, I feel rather like the character in "Ruddigore" who was required to perform his infamous misdeeds before the keenly critical eyes of his ancestors. I am acutely sensible of the psychic portraits, as it were, of my presidential ancestors lining the supra-temporal halls of our ancient association of psychiatrists and this induces in me a humble awareness of the contrast between my own shortcomings and the excellencies and achievements which we know were theirs. Some consolation is, however, afforded me for I trust that I will not be deemed presumptuous if I assume that two of my presidential ancestors are gazing down on me today with moderate approval. I refer to the two former Medical Superintendents of Littlemore Hospital who, like myself, have had the honour of presiding over our Association: Mr. William Ley in 1848 and Dr. T. S. Good in 1930. It is a matter of some justifiable local gratification that out of the four Medical Superintendents who have guided the destinies of Littlemore Hospital in its 111 years of existence, three have occupied the highest position in the Royal Medico-Psychological Association.

A General Secretary in the years which precede his translation to the highest office has unrivalled opportunities of learning from the presidents whom he serves and I can honestly say that I have learned from all of them. In that respect I am not alone, for a characteristic of our Association is that the many-sidedness of our particular discipline means that we all learn from one another—we educate each other. It is this theme of education in psychiatry that I have chosen today for my Address but I should not be content to restrict and confine such education within ourselves and our own speciality. On the contrary, I think it is our duty to educate the public about what we can do for our patients and, also of some importance, what we cannot do. Our immediate past-President, Dr. T. P. Rees, who only a few minutes ago led me to the place which he has filled with such distinction during the past year, nurtured in

Warlingham Park a number of psychiatrists whom he imbued with the principles of development and reform characteristic of him and sent them out to educate and improve more backward hospitals, but he did more: he never forgot the importance of educating the community which Warlingham Park served and the goodwill and esteem he built up for himself and his hospital were most happily signalled by the Borough of Croydon which made him a Freeman on his retirement. It has always seemed ironical to me that neither Warlingham Park, which has done so much to educate both psychiatrists and the public, nor my own hospital, at which medical students, health visitors and occupational therapists have been taught for many years, is called a "Teaching Hospital"!

I suppose that if one had to summarize our past-President's innovations at Warlingham Park, the best phrase to use would be that the characteristic of his viewpoint was a cultivation of the mental hospital community in its therapeutic orientation to the outside world. This is not done merely by unlocking ward doors and pulling down iron fences—recently some of our colleagues have indulged in a rather undignified scramble for credit in respect of these improvements to mental hospital amenities—but by making the chronic, long-stay patient feel that he is accepted and no longer unwanted in his illness by those around him and by giving the acutely ill patient a sense that he is a member of a segregated therapeutic group, moving at a slower pace than the outside world towards the point of establishing contact again as soon as possible with it. The hospital staff whose activities were once entirely intramural gained increasing acceptance in the Borough of Croydon and thus were able to establish valuable channels for the prevention and early treatment of mental illness. Surely Dr. Rees' chief claim (if he was not too modest to claim anything!) would be as a pioneer in psychiatric education?

I would now like to refer back to my previous observation that we in the Royal Medico-Psychological Association educate one another. In the early days our members used to meet at their various hospitals and inspect wards and farms and kitchens so that all might learn and profit from another's experience and ingenuity. Our Association has always had a significant proportion of members who are fired by the urge to achieve and disseminate knowledge. More recently we have been educating one another by the enormously successful Maudsley Bequest Lectures which have not only spread the gladsome light of psychiatry but have, by their excellence and good repute, very greatly increased our membership. These lectures were arranged as post-graduate teaching, primarily intended for the dissemination of accepted knowledge and not as a forum for publication of original work. Council thought that our younger members would be glad to attend such lectures and that we might expect 70–100 people to come. I need hardly tell you that what we conceived as part of our self-educating history has become, in the hands of Dr. William Sargant, a major psychiatric occasion in this country, that the Maudsley Bequest Lectures are over-subscribed and crowded-out and that the standard of excellence achieved by the lecturers has drawn not only our junior colleagues (for whom the course was designed) but senior psychiatrists of high professional standing who find time to listen to their peers and sometimes to their juniors delivering a teaching lecture.

I wonder if any other branch of our profession can boast a similar degree of humility and willingness to learn as the often criticized specialists of psychiatry. To the Maudsley Bequest lecturers and to our Registrar we owe a very great debt and I am delighted to take this opportunity of paying tribute to them. It would be indeed unfortunate if the success of our self-educating

arrangements obscured the possibilities of more individual enterprises. Our Association is willing and anxious to award every year a gold Gaskell Medal, a bronze medal and two money prizes (£10 and £5). Here are dangled the rewards for initiative in our branch of medicine—the marks of distinction in a young psychiatrist. Always there are periods in the history of a corporate body when one facet of its development halts while others progress and for some reason the Gaskell Prize was not sought by those of adequate merit last year. Let me take this opportunity of drawing the attention of the vigorous of intellect and the enterprising of thought to these awards, the possession of which will surely lead to advancement in our speciality.

So much then in broad outline for the activities, individual and collective, of our Association in the education of its members. You may feel with me that this is all very capital but when we turn to our achievements in educating the public I am less happy. Most of my senior colleagues will share my feeling that all our conscientious efforts over a period of years to inform the public about our work and our psychiatric hospitals have been somewhat unrewarding. If we make painful progress with a series of carefully prepared television programmes it is only to slip further back into ignorance and prejudice as a couple of patients from Rampton make the headlines of the daily newspapers with their foolish exploits.

An immense amount of harm and hindrance to early treatment of mental illness is due to the confusion existing in the minds of 99 per cent. of the population between mental deficiency and mental sickness. No amount of correction seems to be of any avail with the newspapers or with the public on this point but for twenty years I have emphasized the truth of the matter to my students and perhaps in another twenty years my successor will be able to report better things. In actual fact many of us have been able to educate our own local communities to a limited extent by inviting the public to visit and view our hospitals. This has done much to dispel ignorance in many matters but here I would make the point that it is not enough to proclaim an Open Day at the Mental Hospital, the public must be wooed and enticed with entertainment and buns or they will stay away for the rather interesting reason that we have nothing very sensational in the line of padded cells or Snake Pits to show them. Nor do I consider that mental health exhibitions, consisting usually of the better examples of occupational therapy work, some pictures of asylums ancient and modern and a few of our neater nurses gathered round an E.C.T. box, do very much to educate the public about our work. A better notion is surely the wise use of a cine camera to record the activities of patients and staff and show something of a mental hospital at work. I suggest that the dynamic approach to public education in psychiatric matters is by making such a film and by showing it round the Women's Institutes and British Legions of the area served by a hospital. If this suggestion be considered feasible, it follows that we must set our houses in order . . . Often the years have blunted our vision in matters of buildings, overcrowding and patients' clothing, but we cannot rely on the public turning a blind eye on our deficiencies and it is absolutely vital that we should upgrade our hospitals to a point where we are willing to have them on display to all who are genuinely concerned. This will require money and we will only get money by awaking the public conscience to the relatively backward state of our physical resources. Much is being done to help us by the various Leagues of Friends of our hospitals and I discern a very gradual spread of information among the general public of our needs, but a realization of the responsibility of our Association in the field has recently

prompted Council to propose a Standing Sub-Committee for the purpose of Public Relations. It will be the duty of the members of this committee to voice the considered views of our Association on medico-psychological matters arising in day-to-day social affairs when either responsible bodies or the Press seek our views or when it seems desirable for such views to be made known in the interests of Society. If we have lagged behind the need for such a mechanism of information it is because we have never held professional advancement among our aims and so have tended, by virtue of this and by virtue of our natural distaste for propaganda, to neglect the setting up of an organ of public relations. Obviously the time has now come to remedy our omission.

Turning now to the education of our own junior colleagues in our specialized field I should like to refer to a development which has been sponsored by our Association in recent months. This is a practical application in the teaching of psychotherapy whereby experienced practitioners of psychotherapy of all schools and no school are being invited to make available their knowledge and experience for those who wish to learn other than physical methods of treatment. Our hope is that by a system of apprenticeship and supervision of case-management our junior colleagues who may not wish to undertake subscription to the views and submission to the training of a particular school of psychodynamic thought, may yet learn some of the skills, principles and techniques of short-term psychotherapy which will enable them to meet the needs of an out-patient session or a group of psycho-neurotic in-patients. In this way, utilizing to the full our national genius for compromise, we shall avoid the ugly schisms between analysts and shockers that weaken the reputation of psychiatry in some less-fortunate countries.

This enlightened project for the teaching of psychotherapy to young psychiatrists is but part of the general problem of their education and I should like to refer with pleasure to the recent development within our Association of the use of audio-visual aids to teaching, sponsored by Dr. Jonathan Gould. This work may have far-reaching implications for we have learned that when many sources of attention are mobilized, retention of information is more efficient. In other words the use of sound films may be increasingly a desirable method of teaching candidates for the D.P.M. It is all the more important, therefore, to remember not to overlook the primary role of apprenticeship in psychiatric education nor fall into the error of imagining that anything can replace the living experience for the young psychiatrist of day-to-day contact with his patients and with his seniors in formal and informal discussion, for it is not too much to say that only by such personal contacts can one acquire the essential knowledge of our discipline which is not susceptible to rigid formulation in principles of theory or rules.

The hard work involved in reading text books and literature, the attendance at formal lectures and the demonstrations of cases are necessary, or at any rate unavoidable for the post-graduate studying to qualify in psychiatry and it may be objected that, in view of these provisions, there is no need for the additional aspect of training that I have called apprenticeship. Furthermore, many senior psychiatrists may feel that teaching is not their *métier* and that they have little time to teach their juniors. I would insist in the face of all such arguments that some form of craftsman-apprentice teaching and training will always be essential in the making of a sound psychiatrist with, as many of my general practitioner friends say, "both feet on the ground". Looking back in my own case and making the unwarranted assumption that I qualify as a sound psychiatrist, I would select and pay tribute to three Masters from whom I

learned greatly—Douglas McRae who taught me to know my patients and how to manage them, G. W. B. James whose clinical assistant I was at St. Mary's and who taught me the work of a psychiatrist in an out-patient clinic, and Thomas Good, at whose feet I sat for a year when I came to Oxford as a willing apprentice in order to learn something about psychotherapy. My short point is that no part of this knowledge could have been gained from book or from lecture.

For those of us who have the stimulating task of teaching medical students it is important to decide where one stands in the scale of opinion expressed within the two extremes—"psychiatry is the other half of Medicine, and Medicine is the other half of psychiatry". Most undergraduate teachers feel very strongly at times that their speciality plays too small a part in the medical curriculum and I personally have long grumbled at the totally inadequate amount of pre-clinical instruction insisted on at my own University. The Oxford tradition that an undergraduate may please himself as to whether he does or does not attend lectures is ill applied to the training of medical students and over the last 18 years I have repeatedly found that perhaps two-thirds of my pre-clinical pupils have paid me the compliment of accepting all I had to offer in the way of teaching, while one-third were too busy rowing or running to be able to come to my classes at all. By simple calculation I estimate that roughly 350 Oxford medical graduates have in my time dispensed with any lectures and demonstrations on the psycho-neuroses, to say nothing of the psycho-somatic concept. What these graduates have learned in our subject they have learned from general physicians and from text books. This is an admittedly unsatisfactory state of affairs when considered in the context of general practice with an expectation of at least 30 per cent. of minor mental illness and perhaps accounts for the high rate of referrals to psychiatric out-patient clinics by some general practitioners. On the other hand, the very real interest in psychological medicine shown by some of my pupils is already bearing fruit within my own consultative field for I number among my general practitioner friends several old students of mine who are cheerfully and willingly devoting time and enthusiasm to that minor psychiatry which can be done so well in general practice. After due consideration I have come to believe that pre-clinical instruction in psychiatry should be compulsory and should be the subject of a professional examination as are anatomy and physiology. Professor Pickering has said that each professor feels it his duty to his subject to demand sufficient hours be allocated to it in the curriculum and that his subject has a separate examination—all perfectly valid except for the forgotten fact that the student's capacity for intellectual punishment is extremely limited. This is so true, and so self-evident, but I think we teachers of undergraduates have hitherto been over-diffident in our demands for a larger share in the medical curriculum. In America teaching of psychiatry is based upon the recognition "that psychiatry has progressed beyond interest in the abnormal human only and is now interested also in the average man and how he relates to his total environment". I quote Dr. John Ewing of the University of North Carolina who describes the steps taken to integrate psychiatry with general medicine at that University's Medical School in a recent article. From this it is only too clear that we have far to go in this country before we approach American standards of teaching in our subject. Even if we decide that we do not necessarily want to go so far or so fast, we could still advance a long way without attaining grounds for complacency. In the United States the average teaching time in our speciality is 152 hours, according to statistics supplied to the first World Conference on Medical Education—I

wonder how many of our British medical students receive even half that amount of teaching in this country! Little will be accomplished until time and experience has modified the attitude of our teaching colleagues to many of whom psychiatry cannot be regarded as a scientific discipline because it lacks an organic pathology. Eventually the integration of psychiatry with medicine will surely be best accomplished in case conferences where psychiatrists play their part in discussion with other clinicians. MacCalman has wisely said that "it is only when the student comes to know the psychiatrist as a familiar figure in the wards, out-patient departments and clinical conferences that he recognizes and accepts the part which psychological medicine has to play in the prevention and treatment of ill health".

It is necessary for me to allude briefly to the places where psychiatry is taught to medical students. Most of the teaching, apart from formal lectures, is done in out-patient clinics and in mental hospitals. Valuable as these may be, the student is handicapped because he usually sees a patient only once and acquires only a uni-dimensional view of the case. The opportunities for direct contact between student and patient are far too meagre in most medical schools and even when there is a psychiatric unit as part of the teaching hospital, it is not usual for students to be given the chance or the time for clerking there. Nevertheless, it is in these general hospital psychiatric units and in the wards of general hospitals that medical students should, in my opinion, be taught psychological medicine and they should be taught by psychiatrists who should set and mark examination questions in the students' Finals. The Birmingham experiment where students had to take and pass a separate examination in psychiatry as part of Finals perhaps went too far but at least it was preferable to the Oxford system where general physicians set and mark questions in psychiatry.

It is important that students should visit a mental hospital to learn something of its aims, therapeutic atmosphere and legal implications. Now that most mental hospitals are designated as Observation Wards, they often have a wealth of clinical material on which the student can be taught, but I can see little advantage in showing medical students advanced and chronic psychotics: such patients are more usefully studied by graduates working for the D.P.M., and where there are psychiatric units for early cases, there the student can most profitably study psychological medicine.

It is worth considering for a moment who should actually do the undergraduate teaching, for very considerable developments have been taking place in this field during the last twenty years. In the London teaching hospitals students are and have been taught by part-time Consultants on the staff of these hospitals. In the provinces the students formerly received their instruction in psychiatry from a Medical Superintendent in a mental hospital but in recent years Professorial appointments at provincial universities have had the effect of reducing the part played by both Medical Superintendent and his mental hospital. Only in Oxford and Cambridge is there no Chair of Psychiatry and Cambridge does not teach clinical medicine anyway. I have no doubt that the teaching of psychiatry to students has benefited by the establishment of Professorial Units and that in time my own "home of lost causes" will come into line with other universities. When this happens I shall hand over the major part of my teaching duties with very great reluctance, for there is no activity which keeps a medical man on his professional toes more firmly than the duty of instructing the young! Perhaps I might record a plea that psychiatrists who carry out the thankless and unrewarded duties of medical administration in

addition to their clinical responsibilities should be allowed to contribute to undergraduate teaching—I think we have, without undue conceit, a good deal to contribute which will be a use to the future general practitioner in his management and disposal of a mentally ill patient. I am aware that the present swing of the pendulum has produced a climate of opinion which favours the selection for all academic teaching posts in psychiatry of those who are uncontaminated in any way by experience in administration. May I gently make the point that the past somewhat excessive exaltation of Medical Superintendents is no more and no less misguided than the present tendency to imagine that all knowledge and virtue must automatically belong to Consultants in psychiatry who have chosen the purely clinical or laboratory path to advancement?

Lastly I turn to the education of our nurses. Our Association has long concerned itself with the education of mental nurses and it would be idle for me to recapitulate the pioneer work done by our predecessors in the examinations which we have only recently handed over to the G.N.C. For many of our members this relinquishment of our examination in mental nursing was a misguided move and one to be deplored or regretted. I personally firmly believe that our leaders behaved wisely in coming into line with other branches of nursing and, reluctant as I am to say it, it has become apparent to me that we have advanced further in the education of our nursing staff in the last five years than we did in the whole of my previous twenty-five years' experience. I could wish that our staff recruitment and our supply of future senior nurses matched the advances in our training methods. It is a sad reflection on the present position in the Oxford Region that the cost of bringing a student nurse through to staff-nurse's position worked out last year at £3,000 a head, allowing for wastage. Once again the thought of educating the general public comes to my mind. We who work in and around psychiatric hospitals know so well the value and importance of good nurses and how hard it is to recruit and keep them. But our hospitals have not that social cachet which produces waiting lists of young women drawn from the cream of upper middle-class society. Could we but educate the general public about the interest and importance of our work we might even attain the position (here I speak for my own hospital) of taking on the nursing staff one or two *British* young women from our own neighbourhood, for you must understand that in Oxfordshire (as in many other counties) mental hospital patients do not have the advantage of being nursed by young women born and brought up in the county. However, we are very glad to have on our nursing staff young people from other parts of the country and of the world and these are the ways by which nowadays we try to educate them. Firstly, what I have already said about the value of the apprenticeship system applies as much to nurses as to young psychiatrists in training. This means that nurses must be taught on the wards by the medical staff and by the Sisters. In order to correlate teaching methods the Oxford Regional Board has done pioneer work in running Refresher Courses for Sisters and Charge Nurses. These courses last a week and are run every quarter with the object of instructing senior staff not only in the latest developments in psychiatry but in inter-personal relations and man-management. As our student nurses are being taught the latest methods in the Training School, we have considered the necessity to keep our senior nurses up to date in the same methods in order to avoid conflict on the Wards. We meet this by sending our seniors in turn as observers to the student nurses' classes and tutorials so that the Sister or Charge Nurse knows exactly what is being taught to the student nurses who will be posted to their wards. We also meet the need for co-ordination by monthly

Nursing Procedure Committee meetings which are attended by all senior nursing staff, assistant matrons and tutors. The Matron acts as secretary and the Medical Superintendent invariably presides. These meetings have proved most valuable and we use them in a wide variety of ways for instruction and dissemination of information and as a forum for discussion which produces opinions, recommendations and—not infrequently—criticisms. Recently I have had the pleasant experience of giving a course of systematic lectures in Psychology and Psychiatry to the senior student nurses at this hospital and have been gratified by the voluntary attendance at these lectures of senior members of the nursing staff and, indeed, by others who are interested but who are not engaged in nursing. May I draw your attention to the analogy with the Maudsley Bequest Lectures to which, as I mentioned earlier, go not only our junior colleagues studying for the D.P.M. but their seniors who attend out of interest and to keep abreast of what is being taught. It is so obviously desirable in the wards of our hospital that the student nurses should not be better-informed than their seniors for, as we have so often found, such a state of affairs breeds jealousies and resentments and makes for bad inter-personal relations.

When I look back on my earlier days when candidates for our Association's examination received so many lectures from the medical officers and some coaching from an assistant matron I reiterate with some confidence my opinion that we have come a long way in the education of our nursing colleagues. The facts that our standard of recruitment is disappointing and our wastage-rate is alarming do not invalidate my contention that we have raised the level of nurse-training.

Here at Littlemore we have been fortunate in our teaching association with the Dorset House School of Occupation Therapy and students from that school have had regular lectures and demonstrations from my medical colleagues. The influx of such keen and often intellectually bright young people into an elderly mental hospital is inevitably a stimulating experience for their teachers and, as I have said about medical students, keeps the teacher on his psychiatric toes!

Furthermore, for a considerable number of years we have had the pleasant duty of helping in the education of Health Visitors who come to me for lectures and demonstrations in early mental illness and in mental deficiency. I regard this part of our educational work as of the very greatest importance, for every one of these trained nurses will go into countless homes and households where not only will they be able to give useful advice about the referral of patients to their family doctors where the need of psychiatric treatment seems evident, thus enabling the family doctor to treat or seek consultant help in treatment, but the Health Visitor who has been taught in and has seen the work of a modern mental hospital can do so much to overcome the prejudices and help to educate the general public in matters of mental health.

Ladies and gentlemen, in speaking to my title I have ranged over a wide field and omitted more than I have included—this of necessity. I have tried to touch on some outstanding points—points of achievement, points of development, points of recession and, alas, points of neglect. It is well for us to take stock from time to time in this field, for education in psychiatry—whether it be of the general public, our medical colleagues, or our student nurses—is a subject which merits, I suggest, your recurrent and earnest attention.