THE

JOURNAL OF MENTAL SCIENCE

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

No. 389 [NEW SERIES No. 353.] OCTOBER, 1946. VOL. XCII

Part I.—Original Articles.

"EXPERIENTIA DOCET."

THE PRESIDENTIAL ADDRESS DELIVERED AT THE ONE HUNDRED AND FIFTH ANNUAL MEETING OF THE ASSOCIATION ON WEDNESDAY, JULY 17, 1946.

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A NUMBER of months ago Dr. James Gilchrist sent me a reprint of his Presidential Address to the Cardiff Medical Society. In the opening paragraph he relates how he had racked his brains to think of a suitable title, and eventually hit on one which he willingly bequeathed to his presidential successors because he believed it might be "applicable to all circumstances." As I reflected on the task in front of me many other titles came to my mind, but all were so permeated by the idea contained in the words "Experientia Docet" that I decided to adopt it in the hope that my friend would consider my action the sincerest form of flattery.

A senior position in one's profession is perhaps not an unmixed blessing, but at least it provides an opportunity to ponder over the years of apprenticeship, to consider what has been learned, and what is still unknown, and to attempt, however inadequately, to express the fruits of one's experience in the somewhat forlorn, but none-the-less pious, hope that it may be of some help—positive or negative—to those who are following in the same pathway.

It is obvious, of course, that psychiatrists should be well-trained physicians, and it ought always to be remembered that, according to Hippocrates, the fundamental qualities of a good physician consist of learning, sagacity, humanity and probity. For the psychiatrist those qualities can bear a little further elaboration. Learning, for instance, implies a broad cultural background plus specialized knowledge; sagacity is something more than wisdom; perhaps it might mean wisdom plus experience, which is synonymous with judgment; humanity is an indication that Hippocrates was thinking in terms

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of the man more than of his disease, that the good physician weighed up all the circumstances and judged them in a considerate manner; whilst probity implies that intimate, confidential doctor-patient relationship (to-day trembling in the balance) which only comes from straightforward dealing. Provided a man possesses the above-mentioned Hippocratic qualities, then he might reasonably stake a claim not only to be a good doctor but even a good psychiatrist. But the psychiatrist requires something in addition. He must be able to acquire that detailed and specialized knowledge both of science and art indicative of his deep interest and insight into the problems and difficulties which beset those who are nervously and mentally afflicted. That is not a task for everyone. I have been fortunate in having had the help and friendship of many assistants who, as part of their native endowment, have been interested in psychiatry, have had a special flair or aptitude for it, and with whom it has been a real pleasure to be associated. I have had others, many of them with excellent abilities, who completely failed to grasp the fundamental implications of psychiatric work, and seemed unable to appreciate or sense the emotional needs of such patients, and thus sympathetically enter into an analysis or discussion of their difficulties. That, however, does not cast any reflection on either their character or their brain-power, but merely indicates an absence of that particular something, that co-ordination of heart and mind which enables a psychiatrist not only to be successful, but to get real pleasure out of his work. While the above opinion applies particularly to the psychiatric specialist, and while it is important that he should be more comprehensively trained in the future than he has ever been in the past, yet it is our special duty to ensure that the general physician of the future is far better equipped, psychiatrically, in relation to the understanding and treatment of those psychological and emotional factors which operate in every form of illness. The really good general practitioner owes his success to his ability to do so. It is because of this that it is now being realized that psychiatry is not just another speciality, but really constitutes the other half of medicine in contrast to those more popular major subjects, medicine, surgery, midwifery and gynaecology.

Of what, then, does psychiatry consist? To express it quite simply it may be said that psychiatry consists essentially in understanding the science of man, and in maintaining the mental health of the individual so as to enable him to conduct his life at the highest level of efficiency. To effect this we require:

1. To study how all personal and environmental factors, how nature and nurture can be so synchronized and controlled as to prevent a breakdown of the personality structure. This entails a wide social programme dealing with the quality of the race and the conditions under which we live. The inherent importance of such a programme depends upon an assessment of backgrounds in relation to personal and family qualities. Galton realized that many years ago when he stated: " The land is over-stocked and over-burdened with the listless and incapable." We can all subscribe to that statement; we realize it is true, and we constantly assert that the world chaos which exists is partly determined by the fact that our study of the quality of the race, the science of man, has failed to keep step with scientific progress in more material directions.

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The preservation of mental health constitutes the "Challenge of our Times." But such a statement implies that we must be willing to take a much more comprehensive outlook than merely the care and treatment of those who are mentally ill. President Fosdick in his review of the work of the Rockefeller Foundation during 1945 very pertinently states that our knowledge of human motives and desires will require to be used constructively with a view to increasing the happiness of mankind. "The towering enemy of man is not his techniques but his irrationality, not science but war. Science merely reflects the social forces by which it is surrounded. When there is peace, science is constructive, when there is war science is perverted to destructive ends." . . . "The mighty imperative of our time, therefore, is not to curb science but to stop war—or, to put it in another way, to create the conditions which will foster peace." Well may we ask what we psychiatrists can do to help in bringing about those conditions which have been so admirably expressed by President Fosdick. In the first place we must recognize that it is essential for human progress to improve the law of averages so that the inefficient, listless, incapable type are replaced by the efficient and employable. That is undoubtedly a most formidable task, but it is by no means an impracticable one so long as we are willing to take a very long-term view. It requires, however, that people of all grades and shades of opinion shall develop a higher sense of responsibility than at present exists in regard to their family and social obligations. In other words, we want people so naturally endowed and so nurtured that they will adapt themselves to their social milieu more harmoniously than they have ever done in the past. I need hardly remind you that when Galton introduced the term Eugenics he defined it as the science of improving the stock, but he did not confine its use to assortative or selective mating, but stated specifically that eugenics "took cognizance of *all* influences that tend, in however remote a degree, to give to the more suitable races, or strains of blood, a better chance of prevailing speedily over the less suitable than they otherwise would have had." While, therefore, we prosecute our research work in relation to greater biological exactitude, yet side by side we require to develop our programmes of social reform in regard to housing, slum clearance, open spaces, and industrial conditions generally. Viewed in such a way, then, it is not too much to say that eugenics is the most fundamental of all the applied sciences. But to make it into a real dynamic force there must be a fusion, as Lindemann has suggested, between the biological and sociological sciences.

2. It will be necessary to develop the ability to make a close and careful study of all those subjective, emotional states, and all those objective symptoms and signs which our experience will have taught us to regard as the possible forerunners of disaster. To do this we have to learn to talk to our patients—to size up their personalities—to direct them to the appropriate jobs.

3. We must know how to assess our findings, how to arrange them in orderly groupings so as to facilitate our ability to classify and diagnose.

4. After having ascertained all the available facts, we must learn to relate them to the total personality of the individual as determined by a study of his history in terms of his reaction to the various stresses of the life situation.

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If the above assumptions are reasonably near the mark, then psychiatry may be recognized as one of the greatest socializing influences we possess. At the same time the knowledge we gain from the above sources will enable us, should a breakdown occur, to employ those remedies and modes of approach which we have learned to understand. It should be remembered that, even with all the aids that science can provide in the form of various specific therapies, failure will often result unless we keep constantly in front of us the background or setting in which the illness occurs, and the human factor which is present in every ailment. Cabot expressed it thus: " Even in dollars and cents the hospital is losing by its blindness to backgrounds. The same ailments in the same patients are treated again and again with a wisdom equal to that of the sage who dipped up water with a sieve"; and again, " As well might one try to pick up a man's shadow and carry it away as to treat his physical ills by themselves without knowledge of the habits that so often help to make him sick, and the character of which these habits are the fruit." He stressed the view that the humanitarian and scientific side of our work need each other as man and woman do. He illustrated his viewpoint by relating how one morning he said to his resident: " What is there in the waiting room?" " A pretty good lot of material," said the other briskly; " There's a couple of good hearts, a big liver with jaundice, a floating kidney, three pernicious anaemias, and a flat foot." All were interesting no doubt in themselves, but their real significance could never be appreciated unless the human, social and economic factors behind their complaints were fully investigated. I have drawn attention to this matter because in these days of successful empiric methods there is a danger that the philosophical and humanitarian principles on which our work so much depends will be lost sight of. Even now our genial detractors are inclined to describe psychiatrists as not knowing where they stand, as having made a complete *volte-face* from the psychological to the physiological and mechanistic. I trust that no such merry-go-round has occurred. Surely we know that the multiple causation which is at the root of practically every form of nervous and mental illness demands a many-sided approach with a variety of associated techniques, and that the personality of the individual with whom we are dealing must always be kept in the forefront. At least, that has been my experience gained during the past forty years by my association with many of the great pioneers in modern psychiatric work. Clouston, Adolf Meyer, Kraepelin, Alzheimer, George M. Robertson, Ford Robertson, Hoch, Mott, Oswald, Campbell, Kirby, are the names of men I remember with gratitude. All of them were men with great clinical and psychological insight, men who had been trained in a wide cultural and scientific field, and had an intense interest in developing the science and practice of psychological medicine. With such leaders—and with many others as well—it is not to be wondered at that since the beginning of this century we have had an exciting, absorbing, fascinating and productive period in the development of psychiatry. It has become almost too common for present-day workers to dismiss many of the achievements of the past as merely superficial and descriptive. Such an attitude creates a danger of good clinical observation being swamped either from a too intense empiric treatment angle, or

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from the over-specialized specific aetiological angle so strongly stressed by the psycho-analytic school. My experience as a teacher of psychiatry, as a hospital superintendent, and as a consultant has convinced me that we are still urgently in need of psychiatrists who will take a comprehensive view, who will continue to be good clinical observers, and who will work with the actual facts rather than with theories which assume a truth which cannot be absolutely justified. There is a place, undoubtedly, for speculation, for cold reason and logic, but emotions and feelings are " chiels that winna ding " unless we are able to effect that rapport that constitutes the human touch. Because some of us may be a shade conservative, yet we need not necessarily be accused of therapeutic nihilism, of being kindly caretakers, of being unduly static. I admit that it does us all good to be gingered up, to keep in close association with our younger brethren, and to be receptive of new ideas, but on the other hand " experientia docet " is a valuable precept for our younger colleagues to remember, because so much of the art and practice of medicine depends on it. In my younger days I, too, scoffed at experience, and used often to say (to myself usually), " Only give me the opportunity and I will show what can be done," but now I trust I have acquired more of that modesty which is so valuable in making one understand how little is known, and how much more there is to understand. To-day, in the rush for speedy results and spectacular recoveries—no doubt very laudable endeavours—there is a danger of our methods and teachings being too rule-of-thumb, our diagnosis too rapid, and our treatment too arbitrary. I merely sound a warning, and express my view that there is still a great opportunity for good clinical psychiatrists, men trained to observe, record and analyse, so that even greater contributions to psychiatry may occur than have so far been recorded. Let me give you a few clinical examples, chosen more or less at random, of conditions which still require intensive study:

1. Unreality states, with their depersonalization and derealization syndromes.

2. Puzzled, perplexed, hypochondriacal states with easy fatigability.

3. The spoiled-child reactive states, which are about as difficult to understand and treat as any group I know. Such persons require everything cut and dried, organized, so arranged as to eliminate failure; it is a querulous, questioning, " unconscious repetition compulsion " state which almost drives both patient and doctor distracted, and reminds one of the insistence and argumentativeness of the epileptic.

4. The stupors, which are so symbolic of the death motif.

5. Obsessive tension states.

6. The relationship of delinquency to mental disorder.

The above list could, I have no doubt, be added to with advantage by others, but it is given merely to indicate some of the gaps in our knowledge which continue to exist, and which we must strive to fill. The above-mentioned clinical examples are not separate entities; they dovetail into one another, and they are merely the individual response of a vast variety of persons who are striving to meet the problem of their lives, even although they may be utilizing methods which are obviously inadequate and distorted. The tech-

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niques which have been developed to deal with such matters, psychobiological, psychoanalytic, and neurological, have already scored many individual brilliant successes. Far greater successes are likely to result if, in appropriate instances, we use them in combination rather than in a too exclusive, isolated and highly specialized a manner. While Adolf Meyer's psychobiological approach is the most fundamental, the most satisfying, and the most fruitful, yet, where necessary, it must be fortified by the deeper, finer, more intensive methods of the analyst, by the chemo-therapy of the internist, or even by the scalpel of the neurosurgeon. If, however, anyone fails to use Meyer's concept of the total personality, and omits ascertaining *all the facts*, then woe betide him; a great deal of otherwise well-planned research and therapy becomes too spread over the target and rarely or never scores a bull's eye. Meyer stressed psychosomatic and social medicine relationships—man in relation to his environment—long before they were ever called by such names. He divorced psychiatry from its institutional aspects by emphasizing the view that psychiatry was not solely a medical matter, but that it was one which dealt with the organization of life itself, and required for its adequate functioning the collaboration of the educationalist, sociologist, industrialist, lawyer, pastor, and intelligent public. That is not an impracticable ideal; we have seen it in embryo working successfully in the Armed Services during wartime, and we may hope that the harmony existing between executive and specialist branches may be perpetuated in peace. This, of course, applies not only to the care of those who may be ill, but also to the rehabilitation of those who need a little extra help; in the latter instance the spiritual or psychic vitamins of friendship and companionship are often as efficacious as the more vulgar material ones.

You may think the above formulation is excessively far-flung, and that I am trying to have the best of everything in this best of all possible worlds, but quite frankly I am a little afraid of the rapid growth of the ultra-scientific and over-specialized aspect of medicine which is developing in this country. There is a danger of its becoming too greatly hospitalized and organized. In consequence, while we speed onwards it is always salutary to cast an occasional glance back into the past—thus reminding ourselves of the philosophy of those fine old physicians, our forebears, who knew so much about human nature as to become pretty good psychiatrists. You will find much of it in Dr. John Brown's *Horae Subsecivae*, essays and sketches full of wisdom and humanitarianism. There you find constant emphasis laid on the importance of exact, intense observation, on the value of studying the self-recuperative powers of nature, as in the well-known quotation from Sydenham: "I have been long of opinion that I act the part of an honest man and a good physician as often as I refrain entirely from medicine, when, upon visiting the patient I find him no worse to-day than he was yesterday; whereas if I attempt to cure the patient by a method of which I am uncertain he will be endangered both by the experiment I am going to make on him, and by the disease itself; nor will he so readily escape two dangers as one." That statement does not put a spoke in the wheel of progress, but it reveals the experience of a very wise man who realized the importance of taking time, and of being content to

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leave well alone; the *vis medicatrix naturae* is still an important remedial agent in present-day medicine.

It appears to me that our recognition of the above principle throws up two important issues which have never been very accurately formulated. On the one hand, irrespective of the time factor which is so notoriously difficult to assess, we should now be able to appreciate those signs and symptoms which allow us to formulate a prognosis with a fair amount of certainty. We all know that we must exercise patience, that interference is only justified when our experience has taught us that there is a reasonable hope of effecting a special purpose, but that we are justified in maintaining our opinion so long as it has been based on accurate clinical observation. Such observation must embrace all emotional and intellectual factors, with particular emphasis on the maintenance of affect, the degree of insight, the intactness of judgment, and the general circumstances, and even when regression appears to have proceeded to the most primitive level we need not necessarily despair of a favourable outcome. We have improved, I think, on the prognostic-diagnostic groupings first formulated by the master-mind of Kraepelin. To effect our remedial purpose, however, the great value of individual care and attention must be fully recognized. That is where those spiritual vitamins such as friendship, interest, companionship, patience and experience become such valuable therapeutic aids. I think of them especially not only in the management of a patient's life as a whole, but even in dealing with such a common clinical symptom as sleeplessness. In the latter instance the almost invariable course is to prescribe a drug, forgetting that a great many people fear not only the immediate but the more remote effect of any hypnotic; under such circumstances sleep represents to them the loneliness of death, which they so much wish to avoid. In many such instances explanation, understanding and the installation of a sense of security does much more good than the whole of the pharmacopoeia put together. "One must not be afraid of falling asleep if one wishes to avoid sleeplessness" (Tolstoy).

In the second place we should be careful not to allow ourselves to be led up the garden path by internists who expect us to accomplish the impossible. Many of them are very naïve about it, and appear to think that it is as easy to relieve a person of their psychological complexes as it is to shell peas. They would help more if they referred their cases earlier, but we on our part should be well aware of our limitations, and should not hesitate to recognize that there are conditions in our world which are just as inoperable and malignant as in the medical and surgical sphere. While the numbers of such cases are showing signs of diminishing, yet it is their accumulation in our mental hospitals which has led to the fatalistic view of the inefficacy of mental hospital treatment, and generally to the belief that our mental hospital patients are the least interesting and the least important part of our work, and that the greater emphasis should be placed on the psychoneurotics who far outnumber them and are more susceptible to successful treatment. I have a good deal of sympathy with that viewpoint, but yet I do not entirely agree with it because there are many excellent psychiatrists who prefer to work with the former rather than with the latter; they get more satisfaction from doing so, and it is all to

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their credit that it is so. Furthermore, the knowledge and experience gained in the wards of our mental hospitals is of paramount importance in preventing many egregious mistakes both in diagnosis and treatment. Our mental hospital physicians, both past and present, have worked often under the most heart-breaking conditions, but yet they have made immense contributions to psychiatric knowledge for which they have never received sufficient credit. If you should think my opinion requires justification I would refer you to the great American philosopher William James, who said: " Insane conditions isolate special factors of the mental life, and enable us to inspect them unmasked." He mentions how " from a study of hallucinations we have learned about sensation; from illusions, perception; morbid impulses and imperative ideas have thrown light on the normal will; obsessions and delusions have led us to study the normal faculty of belief." That statement indicates the importance of tackling our problems with a variety of techniques, and it provides an appropriate spur for continued effort in relation to an admittedly difficult and complicated group of cases. The best and most striking example I can give you is the elucidation of the disease known as general paralysis. Initially we have the clinical observations of Haslam, the apothecary of Bethlem Hospital, soon to be followed by the clinico-pathological correlations of Bayle and Calmeil, and later by the histo-pathological findings of Nissl and Alzheimer. Then we had such special studies as the significance of the Argyll Robertson pupil; the examination of the tendon and other reflexes; the serological researches of Widal and Wassermann; the demonstration of the *Treponema pallidum* in the brain cortex by Noguchi and Moore. Finally we have the triumphant treatment of the disease with malaria as suggested by Wagner-Jauregg, the only psychiatrist, so far, to have achieved the distinction of becoming a Nobel prizeman. All the above work directed first from one angle and then from another should constitute a sufficient warning to prevent us from minimizing one medical field at the expense of another; all are part and parcel of the same problem which may require to be dealt with in a variety of ways, but there always remains the common denominator of a person who requires help in a specialized manner. It is only by such an appreciative attitude that we will get rid of the seven-and-twenty jarring sects which Walshe has referred to. Remember our job is a very responsible one; it deals with the shaping of life's destiny, and in order to accomplish this with justice to ourselves and others, we require with the utmost delicacy to be able to investigate the whole life and development of the individual, always keeping in front of us not so much the limitations as the more positive aspect of the available resources of those whom we may be called upon to help. It is indeed no easy task. It requires patience, tactfulness in handling people, human understanding, and a sureness of touch which will prevent us from adding anything extra to the troubles and difficulties which the person has already experienced. Such helpfulness only comes from wide experience, and from an earnest desire to assist those in trouble. " Before you judge a man you must know the secret of his thoughts, of his sorrows, of his feelings; not to be willing to know more of his life than its material events is to make it a chronology, the history of fools." So wrote that great social

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historian Balzac in *The Magic Skin*, a book described essentially as "a commentary on the undisciplined lust of wordly success, indulgence in which shortens life literally and directly by exhausting nervous energy." Therein we have a message which is important for all of us. Our main purpose is to see how man's nervous resources can be conserved so that he will function at the highest level of efficiency. That is what constitutes a real, live, dynamic psychiatry, a psychiatry whose purpose it is to analyse the personality in relation to life's circumstances, the quality of the man even more than his disease. If we fail to do so we will continue to make many serious mistakes; we may be harsh when we should be sympathetic, we may be sentimental and diffident when we should be direct and forceful.

This, however, is neither the time nor the place to enter into an academic discussion of personality in relation to such qualities as character and temperament, or to biology, psychology, ethics and religion. I am thinking of it rather in the clinical sense of diathesis or constitution, of how under a given set of circumstances, physical or mental, that person is likely to react. It is by this insistence on consideration of the personality factor that psychiatry has made, perhaps, its greatest contribution to general medicine, but general medicine has been slow to accept it, and still deals too exclusively in cross-sections rather than in longitudinal life studies. Campbell in his Lowell Institute Lectures entitled "Human Personality and the Environment" illustrated the idea I have in mind very well. There he gave a fascinating account of the personality in relation to all factors, constitutional or environmental, which might influence or modify it. A knowledge of personality, the power to assess it, is shown to be essential for all engaged in directing people in their industrial and social relationships—the school teacher, the factory executive, the social worker, the lawyer, the physician, the minister. It does not matter much what the illness is, whether functional or organic, reversible or irreversible; it is still the same factor, the type of individual in whom the illness is occurring which is of so much importance. Hazlitt, in his essay on "Character," expresses it thus: "There is nothing that helps a man in his conduct through life more than a knowledge of his own characteristic weaknesses (which guarded against become his strength), as there is nothing which tends more to the success of a man's talents than his knowing the limits of his faculties, which are thus concentrated on some practicable object." That is a far grander, wider, and potentially more fruitful working hypothesis than merely to reduce everything to terms of brain function, as contained in the rather out-dated formula, "the brain is the organ of the mind." We must, indubitably, make allowance for a physiological and mechanistic concept, but it is of equal importance to take into consideration the hundred-and-one influences of a personal and environmental nature which so determine our emotional feelings and responses. The work of Rothschild (*Amer. J. Psychiat.*, 1944) on senile and arteriosclerotic states lends much support to the above view. He has pointed out the numerous inconsistencies which exist between the severity of the mental symptoms and the extent of the cerebral lesion. Mild clinical alterations may be associated with severe neuro-pathological damage; pronounced clinical involvement may show only slight anatomic

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disturbance; extensive vascular changes may be present and yet there may be no mental involvement at all. He has come to believe, therefore, that structural damage to the brain is only one factor in the production of arteriosclerotic disorders; the individual diathesis of the person must always be taken into consideration: the psychologically handicapped in any way show a high degree of vulnerability. If that statement is true of vascular disease of the brain, it is equally applicable to all other types of organic brain disease. It reinforces the argument that it is not the actual incident or condition which means so much, but rather the way the person feels about it and reacts to it. A common and familiar example is the individual response to alcohol, drugs and head injuries. There too the inadequate personality types demonstrate the most virulent reactions, whether the brain damage has been slight or severe. Masserman's experimental work on animals has been strongly confirmatory, for he has shown that the total personality of the animal rather than the purely mechanical response of the brain to various stimuli is the important point. Superficially it might seem as though we would require to amend the above argument in the light of the remarkable personality changes which can be effected by means of surgical division of the fronto-thalamic fibres. It is evident that conduct and emotional drive may be more closely bound up with hypothalamic function than has been appreciated, and there may be some justification for supposing that we all possess a specific hypothalamic rhythm which determines our particular reactive type. Even so, we may hope that the surgical techniques which are now being employed, and which have resulted in such brilliant results, will be exercised upon a rather specialized group rather than upon people in general. In any case, a wide field of new work has been thrown open, in which the neuro-surgeon and psychiatrist may participate with interest to themselves and benefit to mankind.

It is, however, almost too much to expect that we will ever be able to effect a complete differentiation of personality types. It is wiser to think in terms of inter-mixtures and to learn to pick out what is predominant. Jung has gone so far as to say that " a pure type can never occur in the sense that a person is entirely possessed of the one mechanism with a complete atrophy of the other." Even in those of the same group great differences occur depending on their basic functions, whether thinking, feeling, sensation or intuition. The main distinction for Jung is whether or not tension (introversion) or relaxation (extraversion) is in the ascendant. William James utters much the same thought when he says: " Where the character as something distinguished from the interest is concerned, the causes of human diversity lie chiefly in our different susceptibilities of emotional excitement, and in the different impulses and inhibitions which these bring in their train."

While then it may be legitimate enough to have a number of lines of approach whereby we can study and evaluate the personality, yet we will agree that this is essentially a task for the psychiatrist and psychologist, so that we may come eventually to a clearer understanding of the qualities of man and of the motives and feelings which influence his conduct. This is essential not only in relation to our particular medical problems, but to the

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bigger issues of life in general. The man himself, how he is constituted, how he responds biologically to the stress and strain of life should be the main aim of all our work. It is surprising and disappointing, however, to find medical literature so barren of good clinical personality studies. They may be coming, however, because this past war has directed attention more to the value of personality studies than almost to anything else. I would instance particularly such a book as *Men Under Stress*, in which attention is drawn to the ability of essentially normal individuals to adapt to the exigencies of war. "A hair," it is said, "divides the normal from the neurotic"; more or less everyone has his breaking-point leading to the production of neurotic symptoms. The authors of that book give many brilliant, vivid case-records of the Air Force personnel with whom they were associated—"personality profiles" they term them—an analysis of which leads to the determination of those combinations of unhealthy motivation with unsuitable emotional trends which lead to difficulties in combat. They add, however, very wisely, that the only valid test for endurance of combat is combat itself; many anomalies occur. Such case-records have a particular value in that they are red-hot, so to speak, and study the live man in his actual surroundings. To me they are infinitely more satisfying then the (often) invidious analytic studies of great personalities long since departed whose souls might very well be allowed to rest in peace.

In contrast to medical literature, general literature has been rich in the delineation of personality types full of psychiatric interest. Think of the excitement and stimulus afforded by Lord David Cecil's life study of the poet Cowper, or of his fascinating description of Lady Caroline Lamb in *The Young Melbourne*. Joseph Conrad's novels, too, abound in character studies which give us much help in understanding the people whom we are often called upon to help. You remember "Lord Jim," the man "who was overwhelmed by the inexplicable, overwhelmed by his own personality—the gift of that destiny which he had done his best to master." There was a man, an idealist, a man who had attempted to foresee every mischance, and how he would deal with it should the necessity arise, a man who visualized himself as a credit to his home, his upbringing, and his calling, but actually when the occasion came he was found lacking in that decisiveness which made all the difference between success and failure. "The sting of life could do no more to his complacent soul than the scratch of a pin to the smooth face of a rock." Others of Conrad's characters, Allmayer, Jasper Allen, Willens, show the same sort of failure, and are all in striking contrast to the twenty-year-old youth making his first voyage as second mate on the ship "Judea, London; Do or Die," who endured his test and experienced the satisfaction and exaltation indicative of a personality that was in every way sufficient for the task in hand. There is something more to that than courage dependent on will-power or sheer determination; there is a subtle spiritual element closely intertwined with a sense of purposiveness and righteousness. Macaulay brings out what I mean in his description of the respective leaders at the Battle of Neerwinden—on the one side "the hump-backed dwarf (Luxembourg) who urged forward the fiery onslaught of France, on the other the asthmatic skeleton (William of Orange)

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who covered the slow retreat of England." In contrast to their physical constitutions each of them had that quality of leadership which enables a man to stand out from his fellows. I have used the above digression into general literature to emphasize not merely the importance but the absolute necessity of keeping the spirit which outlines or determines the purpose in the forefront. R. L. Stevenson may have had that in mind when he interpreted the meaning of religion as a rule of life, an obligation to do well: " If that rule, that obligation, is not seen, your thousand texts will be to you like the thousand lanterns to the blind man." That is what I am striving to indicate by the term personality—something which is almost synonymous with religion as an obligation, as a rule of life which will never let us down, and which it is our duty to go on studying.

Day by day new problems and situations keep presenting themselves. All of them may be somewhat similar to those we have known before, but yet they vary according to the personality involved and the surrounding circumstances, and in consequence each person requires to be assessed anew. That is the reason why, in contrast to most other branches of medicine, we have no stereotyped answer, no infallible panacea. There is always a portion of the neurotic or insane mind which is almost impossible to assess. In consequence, irrespective of all the care we may take, we are constantly in the presence of the unexpected, the inexplicable, the destinies of those whose life's values we can only guess at vaguely. It is the above uncertainty which makes our work, to some of us at least, fascinating rather than irritating. But it should act likewise as a warning not to be too hasty in our judgment of such important issues as prognosis, diagnosis and treatment.

I am no advocate of procrastination, because I know there are many situations in which we must act with that power and promptitude which Dr. John Brown considered was dependent on what he called the " Nearness of the Nous " or presence of mind. While that quality is important for doctors in their work, it is equally important for people generally in the management of their own lives. Its absence may lead to disastrous results, and this is particularly true in the case of those who have never grown out of that feeling of omnipotence which constitutes such an important feature of our childhood days. The persistence of such a condition leads inevitably to that emotionally immature, self-sufficient, selfish state with a consequent lack of ability to profit by advice and experience which makes life a misery for the subjects themselves, and a heart-break for all those who are dealing with them. I do not believe that that concept has been sufficiently applied, but I have been interested to see that Tiebout makes use of it in his paper on " Alcoholics Anonymous " (*Amer. J. Psychiat.*, Jan., 1944), in which he describes the alcoholic—poor man—as suffering from " a narcissistic egocentric core dominated by feelings of omnipotence and intent on maintaining at all costs its inner integrity." Certainly the alcoholic brooks very little control from either man or God; he feels he can cope with his own destiny and manage his own life; he fights to maintain his supremacy. The " Alcoholics Anonymous " group believe that if such a one can be taught to accept God and religion, he may reach a state of submission and acceptance, and in so doing will cease to be an alcoholic. The

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explanation almost seems to make it too easy. The cure of alcoholism under such circumstances becomes a form of religious conversion, but the principle embodied has a much wider significance, and is more generally applicable. A similar mechanism is in evidence in practically all of those who experience states of emotional conflict, in people who find it difficult to accept the guidance of others; and particularly in hypomanics and paranoiacs, and those who for one reason or another may have over-compensated their difficulties. A beautiful illustration was afforded by the case of a young man who had suffered from birth from a withered arm, and who in his psychosis expressed the most superior ideas regarding his condition, and consistently refused to accommodate himself to his actual life situation. All such cases must gain in "objectivity and maturity" before real betterment can be expected. The principle inherent in the above discussion is, I believe, a most useful working hypothesis. It is one which the psychiatrist, by his knowledge of human motives and mental mechanisms must, even although the symptoms are subjective and individual, be able to explain fully to the patient. To do this, however, the psychiatrist requires to be a good listener, a thoughtful investigator, and one who can formulate for the patient, in clear, non-technical language, the crux of the situation, whether it is dependent on deep-seated emotional conflicts or on physiological phenomena. I have mentioned the advisability of using clear, non-technical language, and I really mean it, for nothing does psychiatry more harm than the pseudo-scientific phraseology which is so constantly employed. Most of it is quite unnecessary, some of it is almost incomprehensible, and the result, not infrequently, is a hodge-podge which makes reading it a nightmare. Psychiatrists will do a great service to themselves and others if they will express their ideas so clearly as to be readily understood by the man of average intelligence. A case history is often hopelessly spoiled by the use of technical terms which have been neither clearly defined nor clearly understood. Psychiatry, as I have mentioned before, is completely dependent on longitudinal life studies dealing with all the cross-currents and backgrounds of the patient's life. If we have such studies, then we will never lay ourselves open to the charge of experimenting needlessly on those human lives which to every doctor constitute a sacred duty and a special privilege. We can only adequately protect ourselves by our ability to give a reasoned statement on the basis of all the facts. You may consider that I am over-emphasizing the factual basis of clinical observation and scientific method, but recently I have been supported in my view-point by a surgeon, W. D. Cruikshank, who has written as follows: "To all the sciences one method of procedure is common: (1) the collection of facts; (2) the selection of those facts which are significant; (3) the orderly arrangement of these facts in time sequence; (4) the contemplation of these facts until causal relationship becomes apparent; (5) the checking or control of the newly discovered causal relationship until its truth is established beyond question." The above statement may seem a simple formula, something which can be acquired easily, but I can assure you that it is not so simple and easy as it sounds. It requires great skill and understanding, which only comes from extensive and prolonged observation and experience.

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In the beginning of this presentation I defined psychiatry as the science of understanding man in his social relationships with the object of reaching to that healthier and saner world of which we are all so much in need. I said further that this was far too big a task for psychiatry alone; that it required the aid of all those educational, social and legal aspects of human life and work which inter-digitate with our particular specialty. But while we call for and welcome the aid which all other sources may provide, yet we as psychiatrists must take a far more prominent part than we have ever done previously in leading and directing public opinion in relation to those problems which are vital to the health of the nation. We must be in the van, we must have the courage of our convictions, and must learn to express our views fearlessly in relation to all those social evils which do so much to impair the efficiency of mankind, and with which we as doctors are probably more familiar than anyone else. Some of these matters, however, will form the basis of our programme at this meeting, and I feel sure that constructive proposals and suggestions will be forthcoming.

Meantime, however, I believe we can be a shade more optimistic and positive than Clark Kennedy (*The Art of Medicine in Relation to the Progress of Thought*, Cambridge University Press) when he writes: "Unless human nature changes, perfect environmental conditions, even if they ever can be achieved, are not likely to persist. Nevertheless, we can work for improvement in moral and intellectual standards on which the maintenance of satisfactory conditions of life ultimately depend, and in the meantime more could be done to maintain a higher average level . . . life can be too comfortable to promote health and too soft for the development of personality." He suggests the difficult feat of "striking a balance between those who look for a perfect heaven on earth, and those who look for a perfect earth in heaven." It is surely our job to strive for our ideals, and to attempt, however difficult it may be, to promote those changes in human nature which a healthier world demands. Much more, I am sure, can be accomplished if we and our successors will continue to meet the challenge of the unfit, if possible, before they are born, and at least in those early formative years while conditions are still modifiable. We must always maintain the positive outlook which has enabled us to be the foremost and most active exponents of the principles of what is now called social medicine. The Psychiatry of the future must be a form of mental hygiene which will become part and parcel of the lives of the ordinary members of the community. To effect this the principles governing psychiatric work, the philosophy of psychiatry, must come to occupy a much more prominent place in the education of the medical student than so far it has attained to. The emphasis must be placed on the principles of mental hygiene and prevention. Every year of conducting professional examinations confirms my belief that no student should be allowed to graduate as a practitioner of medicine until he has had a satisfactory training and passed an adequate examination in the principles of mental health. My experience tells me that students of medicine should become interested in causes, in the biological response of the individual as a whole to those causes rather than in the differentiation of stereotyped clinical types. Above all, I would ask you to

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remember the phrase " Experientia Docet," and to balance your enthusiasm with patience and presence of mind.

One word more in conclusion, and then I have done. My late colleague and friend Robert Dick Gillespie emphasized more than once that it was important for any presentation to have an appropriate ending. As I thought of this, and turned it over in my mind, certain lines (from Euripides' *Alcestis*) came back to me, lines which, while pointing out the uncertainties and possible disappointments of life, yet at the same time have always conveyed to me a triumphant message of hope and encouragement:

> " A thousand shapes our varying fate assumes,
> And oft those things for which we fondly hoped
> Come ne'er to pass ; but God still finds a clue
> To guide our steps through life's perplexing path,
> And thus does this great business end."

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