

THE PLACE OF PSYCHIATRY IN MEDICAL EDUCATION.*

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IN discussing this subject, "The Place of Psychiatry in Medical Education," one needs to consider various aspects of a wide field. First there is the education of the student in the medical school in both the pre-clinical and clinical years. Next we have to deal with post-graduate education, including the value of the mental hospitals, the psychiatric clinics, and the general hospitals, etc., in this regard. Then we have to consider the education that leads to research in our field—such research, for instance, as the relationship of the endocrine glands to the nervous system, the field of bio-chemistry, the matter of heredity and of eugenics. There is also the subject of "mental hygiene"—a term that is rather loosely applied, but should include the educational aspect of psychiatry. Lastly, there is the preventive aspect of the subject.

I think we all agree that psychiatry is not to be looked upon as one of the minor subjects or departments of medicine. It should be taught along with the major subjects of the curriculum, and this teaching should begin in the pre-clinical years, and should not be left, as is so often the case, to a few lectures in the final stages of a medical course when chronic types of mental disease are shown at an asylum. Unfortunately that is all that the curriculum will allow in certain universities, but we must not be content with this state of affairs.

When we approach the subject of the relationship of psychiatry to general medicine, we must first remember that the psychiatric examination of a patient means the study of the whole individual. The patient must be regarded as a biological whole, and therefore we must understand the personality and the psychological reactions,

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as well as the physical make-up of the individual with whom we are dealing. The general practitioner should be able to deal with the rank and file of human problems, and the tendency to avoid a case that appears to be in the field of the mentally abnormal should be overcome. Doubtless it will be overcome when the graduates of our medical schools are given a more general understanding of mental mechanisms and psychiatric conditions. In my experience there is a great tendency, even in some very well equipped medical schools, as well as in the rather backward ones, for the physician and the surgeon, after having examined the patient and after having exhausted the various aids to physical diagnosis, to arrive at the conclusion that nothing more can be done in the general hospital for the patient with a mental disorder, be it mild or severe. Further, when the psychiatrist is asked to see such patients in a general hospital, it is often the custom for him to be invited in consultation on the day of discharge of the patient.

Recently I was asked to see a girl who was going home on that day, after three weeks in hospital, because her relatives could not afford to keep her there any longer, and also because the physical examinations had not revealed the cause of her mucous colitis. It was readily revealed that she had been married three months or less, and that prior to her admission to hospital she had been living with her mother-in-law, in an environment which was evidently very unsatisfactory. Her marital relationships had been abnormal: neither she nor her husband understood the matter. The situation was easily dealt with in a few interviews.

Cases of this kind are met with over and over again. What part can the psychiatrist play in dealing with such patients in the general hospital? Of course, it largely depends on the general attitude of the physicians and surgeons themselves, and of the teachers in medicine. We should see to it that we co-operate in the general hospital, provided that the psychiatrists who are doing this work are well grounded in their psychiatry, are good physicians, and can command the respect and confidence of the physicians and surgeons on the staff of the hospital. Unfortunately many men who undertake consulting practice in psychiatry, and especially some who carry out various forms of psycho-therapy, have not first obtained a sound training in medicine and in psychiatry.

One of the greatest needs in the relationship between medicine and psychiatry is the further development of consultation and teaching services conducted by selected members of the staff of the psychiatric clinic; men who, first of all, are well-trained physicians,

and, in the second place, are broad-minded, common-sense psychiatrists.

THE TEACHING OF PSYCHIATRY IN THE UNIVERSITIES OF THE
UNITED STATES OF AMERICA AND OF CANADA.

A year ago I was invited by the National Committee for Mental Hygiene to direct an investigation of the teaching of psychiatry in the universities of the United States and of Canada, and to ascertain if improvements could possibly be brought about. We have been carrying out this work with the co-operation of an advisory committee of leading teachers of psychiatry and with an adequate staff of assistants. Sixty-eight universities which are classified as first-class universities by the American College of Surgeons have been visited. To date, 60 of them have been reported upon. It might be of interest to you to hear some of the results.

Of these 60 medical schools in the United States and Canada, 15 are giving what may be considered adequate teaching in psychiatry, leaving 45 in which the teaching in that field is inadequate. Twenty-eight of the 60 schools are giving some teaching in the pre-clinical years. This is undergraduate education in preparation for the clinical teaching later on in the medical course. Thirty-one of the 60 schools are teaching psychiatry only in the final years. The average number of hours devoted to the teaching of psychiatry in all the schools is 68. The maximum time is 200 hours, the minimum *nil*. In North America there are 12 psychopathic hospitals, working on lines somewhat similar to the Maudsley Hospital in London, and there are 18 general hospitals which have psychopathic wards attached to them, and 17 State mental hospitals which carry out systematic teaching in psychiatry. Forty hospitals associated with universities have out-patient psychiatric clinics.

In general the status of psychiatry in America is as follows: There is a separate department of psychiatry in 19 medical schools, and psychiatry is combined with the teaching of neurology in 16, and it is a sub-department of medicine in 25 of the 60 medical schools so far reported upon. So you will see that the standards of psychiatric education, and also the methods adopted, vary considerably.

It is interesting to note the attitude of the professors of medicine, surgery and pædiatrics, and of the deans of the faculties of medicine regarding our work. It is very important to know how other people regard our subject, though it may be hard to get them to tell fully

what they do think about it. In nearly every case they complain, firstly, that our subject is too isolated from medicine, secondly, that our personnel is inadequately trained, and thirdly, that our technical terms are varying and often meaningless. I think that these criticisms are very important, and it is our duty to overcome the conditions which make such criticisms possible. Frequently the professors of pædiatrics complain that child-guidance clinics are too isolated from the teaching schools; that is to say, when they are established by themselves apart from the university, these clinics lose much value as teaching centres. In general the teachers in other fields of medicine are anxious to co-operate with us, and to do all that they can to assist the closer relationship of our work to theirs.

THE TEACHING OF PSYCHIATRY IN THE MEDICAL SCHOOL.

In dealing with undergraduate education one feels it is important to teach psycho-biology (as Adolf Meyer terms it) early, while the student is learning his anatomy and physiology. The importance of personality trends should be dealt with and demonstrated to the students at that stage, and, generally, it is best done by a psychiatrist, rather than by a psychologist who has not had a medical training. It is often difficult to find men in our specialty sufficiently well trained and experienced in psychology and physiology to show to the student the importance of the correlation between those subjects and our work; but when such men are available it is better that they should do that teaching. It is often useful to have clinical material available at that stage, but not to demonstrate it in the same way as one would demonstrate clinical cases to advanced students. Some illustration of the simpler reactions will interest students greatly, even in the early stages. The main thing is to teach the importance of the whole personality, instead of dealing with one subject after another without any correlation between them.

When we come to the last two or three years of the medical course, the most important aspect of teaching is the demonstration of the neuroses and of the earlier types of mental disorder which we see right through the wards of ordinary general hospitals. As a result, there will be added interest in the demonstration of the psychoses. The ideal arrangement is to have a psychiatric clinic associated with the general hospital; otherwise we must make use of the mental hospital nearest to the university. It is unnecessary

to teach the differential diagnosis of mental cases to the undergraduate. That type of education he cannot afford the time to absorb; it is much more important that he should be taught to study his ordinary cases *in toto*; that he should apprehend the importance of the psychiatric aspect of his cases, rather than that he should be able to tell a manic-depressive from a schizophrenic reaction. He may be shown instances of those reactions, but they are not of primary importance in the teaching of the average practitioner of medicine.

Whilst associated with Yale University as Clinical Professor of Psychiatry, I attempted to show the importance of teaching the principles of psychiatry to students in the wards of the general hospital. It was done in this way: The professor of medicine was requested by the Dean to allow the psychiatrist to see any material in the medical wards which might be of interest to him. He was called in consultation as before, but when he was in closer contact with the interns and the staff of the medical unit, the number of consultations increased to 10% or even 20% of all the medical cases in the medical wards, and the material in those wards proved of remarkable value for teaching purposes. Each week the psychiatrist gave a demonstration of selected cases to the students who were at that time under the care of the professor of medicine. There were no difficulties regarding hours in the curriculum.

After one term the professor of surgery at Yale asked that the same teaching should be carried out in the surgical wards, so that we have established, in that university, the teaching of psychiatry and the psychiatric aspects of general hospital cases, especially the early ones, the neuroses, etc., in the departments of medicine, surgery and children's diseases, without any increase in the curricular hours allotted to psychiatry. It is surprising how much material is available for this sort of teaching.

Take a medical ward case. A divinity student who had been under observation in the out-patient department for three months suffering from diarrhoea with blood in the stools was admitted into a ward, and after three weeks of investigation—which was an extensive one, as he had been in the East, and it was suspected that he had an infection—nothing was found to account for the condition. But when psychiatric examination was carried out we found that he was under considerable emotional strain as the result of much indecision. He was in the final year of his divinity course. He was the son of a clergyman; he was devoted to his parents, and was very anxious to succeed for

their sakes, as they had denied themselves much in order to put him through a university course. But the further he went in his studies, the more problems and religious doubts arose in his mind, so that he felt an increasing difficulty in adjusting himself to his future. He was interested in business. His parents were interviewed, and assistance was given the young man to tell them that he could not go on with the vocation of a clergyman. Thereupon he made a good recovery, because he no longer had this problem before him which had been such a constant source of anxiety.

Take a gynæcological case. A woman of 58 had been admitted to hospital three times in the past eighteen months. She had given much trouble on the last occasion, and evidently after her return home she had been the cause of much anxiety to the local practitioner, for he wrote, "Will you please re-admit Mrs. So-and-So; really something must be done for this woman." We looked up her previous record, and found that what was done on the previous admission was the removal of her uterus, ovaries and tubes. She had had twelve children, most of them now grown up, and she stated that her husband still insisted on intercourse every night of his life, even on the night she was discharged from hospital on the last occasion. This time she returned with exactly the same symptoms as before the operation was done, but she now said she was sure she had a cancer. She confessed that the only time she had relief from her husband was when she was ill. The situation was dealt with by persuading her to stay with her grown-up children for several months.

All hospital departments contain patients with mild as well as more advanced reactions of a psychiatric nature. These patients have already been examined by the students assigned to them, and have been seen by other students attached to the wards. The psychiatrist helps the student to understand the mental reactions, and to carry out a thorough mental as well as physical examination. Thus the student is taught to understand the whole personality, to assess the psychological, physical and other factors in their relationship to each other as causal factors in the ill-health of the patient. The arrangement at Yale University has led to an increase in the interest shown, not only by the students, but also by the interns of the hospital, in psychiatric teaching in general.

I am indebted to Prof. Eugen Kahn, Director of the Department of Psychiatry, for his co-operation in the development of this aspect of psychiatric teaching at Yale University.

In the section to the recently published report to the Council of the British Medical Association, dealing with "The Training of the Medical Student in Respect of Mental Disorders" (1), there are two clauses which are rather important in this direction. Clause 18 states :

"It is admittedly possible in most of the larger mental hospitals and certified institutions respectively for the student to obtain satisfactory clinical tuition and experience in the psychoses and mental deficiency. It is, however, hardly possible to give adequate clinical teaching in the psychoneuroses at these institutions, since (1) at present they provide for only a few of these patients, and (2) for the reasons mentioned in paragraph 21. The only facilities, therefore, are to be found in the special out-patient departments, which are rarely visited by the students."

Clause 21 reads :

"It is exceedingly difficult to give practical tuition in the psychoneuroses, since so much of the examination and treatment must be done by the physician alone with the patient. The intimate and intricate nature of much of the emotional and environmental difficulties make this inevitable. This is one of the difficulties that has to be faced in comparing the teaching of psychiatry with that of general medicine and surgery, where numerous students can be present and usually see and examine the patient. It is questionable whether it is justifiable from the point of view of the patients to 'demonstrate' cases of psychoneurosis."

Clause 18 is very true. The out-patient departments are as a rule not used by the universities for clinical teaching. But Clause 21 is, I think, inaccurate in this regard : it is quite easy, if one is working in a general hospital with a small group of students, to show the psychological importance of the case, the social aspects, etc., even if the whole class is not present at the examination itself, for, if necessary, one must see the patient alone. It is not easy to demonstrate the method adopted in investigating a case, but that comes with experience. However, one can demonstrate what must be looked for, and one can tell what has been found after an interview with the relatives—a matter which is so often omitted. Generally one finds that the resident medical officers in hospital who are getting their twelve months' experience particularly benefit when a psychiatrist is actively associated with their work. At the university with which I am associated the interns of the general wards have requested that on one evening in each week a psychiatrist should discuss with them the psychological problems

they have met with in their wards. We shall not get such a request unless we are working in conjunction with them, and in that way we can do much in the general hospital to overcome the difficulties expressed in the above-mentioned report to the Council of the British Medical Association.

POST-GRADUATE TRAINING FOR SPECIALISTS IN PSYCHIATRY.

It is generally agreed that the first duty of a Medical School is to see that its students are well trained in all aspects of medicine. This requires an understanding of the principles of psychological medicine, and no man can be a completely trained practitioner unless the psychological aspects of medicine have been included in his studies. But the training of a psychiatrist is a post-graduate matter. In the United States and Canada there are not more than five or six universities which are giving adequate post-graduate instruction in psychiatry; and one feels that there are but few centres in the British Isles which give adequate training for future psychiatrists. It is most important that this problem should receive attention, for we shall not be able to deal with the undergraduate unless we have more well-trained teachers, specialists in our own subject. Fortunately, some of the American Foundations have become more actively interested in this matter, and have formulated programmes for fellowships, so that more of our students who wish to obtain an adequate training in psychiatry, from whatever country they come, will find facilities for the purpose. The mental hospital services are most useful in this direction. During the past year a post-graduate scheme has been established by which every medical officer who enters the Ontario Mental Hospital Service must go through a period of training at the Psychiatric Hospital associated with the University of Toronto.

In addition to post-graduate training, which is best arranged in connection with psychiatric hospitals, it is very important in big mental hospitals to have a member of the staff whose special responsibility is the training of junior members. In American hospitals the "Clinical Director" is a very valuable officer. It is his duty to see that the younger men get the assistance they need with their problems, and conferences with him are regularly held in connection with interesting cases in the hospital. Such a post could be established with benefit in all important mental hospitals.

Then there are the social agencies outside the hospital; these are most important in the training of the younger men. The

psychiatric out-patient dispensaries which are being established more and more, as also the child guidance clinics, are valuable training centres. But more important than all of them, I think, is the general hospital itself. There should be established in the wards of the general hospitals a relationship between well trained psychiatrists and the physicians and surgeons. It is hardly necessary in Great Britain to refer to the importance of training in neurology, because this subject takes such an important place in connection with the various diplomas in psychological medicine. Attempts are being made to introduce the diploma into the United States and Canada.

Another very important aspect of post-graduate training for psychiatrists is some experience of general practice. There are very few psychiatrists nowadays who have that opportunity. Generally they go straight from the university to the hospital, or obtain a fellowship.

It might be felt that there would be considerable difficulty in carrying into effect in general hospitals such teaching as has been outlined. But unless we make a start we shall not get far. The most important step is to use the consultation privileges which are given us. Every opportunity should be taken to know the physicians and surgeons as well as possible, as also the students and hospital residents, and to give demonstrations to students. Then very soon the staffs of general hospitals will realize the importance of our association with their teaching.

THE IMPORTANCE OF PSYCHIATRY.

In conclusion, it is agreed that the cause of mental disorder does not lie in heredity alone, nor in bacterial infection, nor in the failure of endocrine adjustment, nor in exhaustion following emotional factors, nor in environmental influences, nor in the infantile fixations at various developmental stages; but it is the resultant of many factors. It is the disentanglement of the web of causes and effects that is necessary, and this is the problem which faces the psychiatrist. The physician often feels that he cannot afford the time, and perhaps may not possess sufficient interest to make the various investigations of the social history. The surgeon usually prefers something more definite. The general practitioner has his time so fully occupied, and his peculiar social relationships to the patient and to the family are such, that he often finds he cannot obtain the evidence that is

necessary to understand the factors responsible for the patient's condition.

Hence the psychiatrist, like all physicians, must of necessity be a student of human nature, possessing not only a knowledge of disease and skill in diagnosis, but also insight, understanding, tact, sympathy, and all those qualities which spring from the finer feelings of men. He must ever be ready to co-operate with his colleagues in the various fields of medicine. He must have time and patience to ascertain and evaluate all the factors in the series of integrations which lead to the response of the patient to his total environment. And, in addition, the psychiatrist must have the training which will give him an understanding of mental mechanisms and reactions.

At the same time every practitioner of medicine should be so equipped that he understands the general principles underlying the total reaction of the human being to the internal and external forces which commonly react upon him. He should have a knowledge not only of the anatomy and physiology of the body, but also an understanding of the personality and of the mental reactions which commonly occur in response to the various dissociations of function. Only by such a knowledge can many of the problems which come daily before the practitioner in every branch of medicine be solved and a rational therapy be conducted.

The teacher of psychiatry has therefore an important part to play in the training of every practitioner of medicine. Besides demonstrating the reactions of the body and of the mind to external and internal forces, he can do much towards supplying the student of medicine with that insight into human nature and that understanding of the whole personality which are essential to a well rounded medical education.

Reference.—(1) *Report to the Council of the British Medical Association Regarding the Relationship of the Private Practitioner to the Treatment of Mental Disorder.* Supplement to the *British Medical Journal*, April 30, 1932.
