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THE PRESIDENTIAL ADDRESS.

“The Past and the Future.”

DELIVERED AT THE ONE HUNDRED AND NINTH ANNUAL MEETING OF THE ASSOCIATION ON WEDNESDAY, 12 JULY, 1950.

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THE first and truly pleasurable task of a newly elected President of this old and honourable Association is to thank the members for election, and that I now hasten to do; also for the numerous and kind expressions of congratulation and support I have already received.

My life in the Association and connected with it has been one of unexpected shifts and new experiences. In 1914 the late Alfred Miller, then your Registrar, informed me I was his deputy-assistant-acting-unpaid-secretary. The duties consisted in writing out thousands of names of entries to the examinations for the nursing certificates in a large book and later adding the results against each name. Luckily the 1914-18 war cut short this activity, and I found the duties of a regimental medical officer much safer and quieter than the bustle of an Association examination under Miller. The experience, however, gave me quite an understanding of the work the Registrar undertakes so willingly for the Association, and if nothing else it taught me the names and situations of the mental hospitals. Alas! all the former are now changed and I have to try and learn them again.

My next experience was to be informed by the late Dr. Lord that I was a member of the Clinical Psychiatry Committee and later of the Education Committee—why or how I was left to imagine, but that is the way this unpredictable Association works. Obey orders first and find the reason—if any—later.

At the Folkestone meeting in 1936 I was informed that as there was no one else I was there and then made Secretary to the Education Committee, Dr. Masefield being called to higher things. Nine happy years followed, with

XCVII.

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diverse and intriguing duties carried out under the Chairmanship of Dr. Petrie.

The gestation periods for some of the items of the Education Committee's agenda are certainly long enough, though others are commendably short. The new edition of the "Red Handbook" was agreed upon at Ayr in 1937, and though the happy event is expected at any time now, the period of waiting has certainly been rather extended. Dr. Dax is assuredly to be congratulated on handing over to the Specialist Consultant Obstetrician Editor a complete infant ready to be cast on an expectant Association. The twin—the "Green Handbook"—is, however, only as yet a pious endeavour.

Five years ago at Birmingham I was sent for by that powerful and autocratic body, the Nominations Committee, told to sit down and take notes as I was to be the new General Secretary. Someone was humming that old refrain "I will give you the Keys of Heaven" and I tried the answer "Oh! no John, no John, no John no!", but without avail. The Petrie-Masefield combination was irresistible.

The duties of the General Secretary are the most absorbingly interesting of all the Association's honorary jobs. Everyone is so helpful, the interests are so varied and the problems are so worth tackling that the whole atmosphere is stimulating. The work has increased from year to year, and the upheaval of the new Health Service has put new burdens on the Association. I should like here to say how much we all owe to the hard-working, efficient and ever cheerful secretaries at Chandos Street, without whose aid the Association would soon find themselves in Queer Street.

The great thing about being a Secretary is to do exactly as you want to do and make your Chairman believe that all suggestions are of his begetting. This works well with all but the Scots, who have the most unfortunate way of arguing about even their own ideas, not to say those of the Secretary.

That there can be no pleasure without pain, however, is an axiom well known, and the pain to me is to know how and on what subject to base this address. This difficulty is one that has obsessed every President I have known.

At least they have said so! And this is the 22nd consecutive annual meeting I have attended. All, I am sure, have consulted the volumes of the *Journal*, though few have admitted the fact. Dr. Helen Boyle is the last I have found who openly admitted having done so; my admission, therefore, that I have found this fact is my admission of having tried to get an inspiration from others.

Most Presidents have illuminated their own pet subjects, some have been prolix, others brief, but all interesting and informative.

The longest address was probably that of the late Dr. Lord, who spent some two hours reading the first half, while the second half had to be held over for publication in the *Journal*.

The shortest was that of Dr. Leeper in Dublin in 1931; he decided that a reception at the beautiful grounds of Dean Swift's Foundation at Lucan on a summer's afternoon was preferable to any words of wisdom of his.

A reception in honour of the Association by the Sheffield Regional Hospital Board this afternoon is certainly a thing to be looked forward to and enjoyed, so that, even if I have to conform to custom and placate the Furies, I will not keep you long, nor will I be able to place on record any gems of wisdom or

profundities of research ; but I should like to wander over some events in the past years to see if we can get an outlook on the future.

The General Secretaryship makes the holder at times delve into the past history of the Association for precedents and rulings. In many ways the old *Journals* give sufficient information, but the minutes of the Council are the most informative, though in both one has to read between the lines with a background of knowledge or rather lack of knowledge of the time.

The annual meeting at Littlemore, Oxford, decided upon the production and publication of the *Journal of Mental Science*. This was in the year 1853. The subjects discussed in the early numbers, the ideas expressed by eminent men, the difficulties experienced by those engaged in hospitals appear to be of perennial interest.

Listen to the great reformer Lord Shaftesbury in 1855—

“ Nevertheless we entertain a confident opinion that if the labours of the medical gentlemen were carried out under more favourable circumstances their effects would be the greatly more successful.”

Or Churchill in the late war—“ Give us the tools . . . ”

Compare these with the last edict of the Ministry—“ No more money for anything.”

I should like to make a note here of the spelling used in these early copies of the *Journal*. The spelling of many words such as “ honor ” and “ favorable ” must remind us that the American language is much more conservative than our own, and that there is a considerable use of idiom often thought modern, a survival of Elizabethan English.

That money or rather the lack of it is the root of all evil is nothing new, and was not confined to this country only. The report in 1853 of the Ohio Mental Hospital stated that there was so little money that the Medical Superintendent had to pledge his credit to buy food for his patients pending the decision of the General Assembly to raise money or no. At the same date the picture at The Retreat, Hartford, Connecticut, was the opposite. Dr. Burlingame's predecessor, Dr. Butler, was extending and making better provision in all departments, especially in ventilation, which appeared to be a burning question of the times. He was also inveighing against relatives who would remove half-cured patients—a curious preview of our present difficulties under the recast Section 72 and the vagaries of voluntary patients.

The early editors of the *Journal* were fierce and outspoken men. How long would they last nowadays when the mildest criticism evokes storms of abuse from all and sundry ?

Listen to these few extracts of remarks on the Commissioner's entries and the annual reports. At the North Riding Asylum, the birthplace of occupational therapy as we know it to-day with the accent on therapy, the remarks say that all patients are occupied all day even to the state of hard labour, and if they aren't then the “ Spencer ” or strait-jacket soon puts them on the right road ; but these were the early days, the days of vast building schemes when the local big-wigs rated their efficiency by the smallness of the maintenance rate against a background of capital expenditure.

Kent County also got a word in season for refusing any occupation to anyone except a few non-demented chronics!

The Commissioners came in for many a hard hit, though also for praise. They state in the Warwick report that the farm is being got into excellent state, but the editor reminds them that they failed to say that it was a tenacious clay of the poorest quality, and was bought by the County Justices from the Lord Lieutenant at an enormous price.

Also they say Worcester was free from epidemic disease, but the editor notes dryly that 8 patients died from Asiatic cholera and 4 from dysentery during the year.

Cholera and dysentery are the subjects for many papers and notes in those early days, and many and curious were the remedies used and advocated.

One paper advocated calomel gr. ii every quarter hour for 5 hours and then gr. ii every half hour for the next 12 to 15 hours. Heroic!

Shortage of water to the new building sites was remarked. The Editor caustically states that architects and committees must believe that the madness of insanity was closely allied to hydrophobia. Ventilation and heating were also subjects for debate. It is curious to recollect that even 40 years ago most mental hospitals had a definite smell noticeable to all who visited them. Nowadays either our sense of smell is diminished and atrophied or else the "asylum smell" has vanished. I believe it is the latter, and that the freedom and lack of restraint is the cause as well as better sanitation.

This freedom from restraint was the theme that above all was the subject of discussion and the basis of numerous papers. Though many of us to-day rank Hanwell as the pioneer of freedom, it was in fact Gardner Hill at Lincoln who was the pioneer, but Conolly's writings and publications disseminated the idea far and wide.

The restraint chairs, we read, were used to floor the carpenter's shop at Hanwell and to make picture frames at Lancaster—the Editor liked the latter idea best, though he did not miss the symbolic "treading underfoot" of Conolly.

The Editor deplored the absence of escapes as evidence of restraint and applauded those hospitals where escapes were numerous.

Yes! The early editors were great men with flails and scorpions in their hands. The Chaplain at Ayr in 1878—let me quote the *Journal*—"There is a chaplain's report . . . In it the reverend gentleman informs the no doubt grateful Board that he has enjoyed good health during the past year, and after a few uninteresting remarks indulges in some unctuous flattering of the officials."

The early journals, however, were not altogether taken up with caustic remarks, ventilation and dysentery, for the philosophic ideas of the time were widely discussed, and here I include a long article on the correct type of head-dress for male patients.

Dr. Lindsay at Crichton Royal wrote on the introduction of aesthetic elements into psychology, and the attempting by music and pageantry what formerly squalor, silence and darkness were left to accomplish.

Dr. Noble, lecturer on psychology at the Manchester School, defined insanity as an "apyrexial condition of the brain perverting thought and feeling to the destruction or impairment of moral liberty."

It appears that many were covering up in extravagant terms their lack of knowledge, but the striving was there, the effort to win through that is now but slowly coming to fruition.

The Editor was not wholly pleased with the language used, and in a review states that Dr. Pliny Earl of New York makes his book "an attempt to write fine—to soar above the vulgar jog-trot of English prose, to astonish the reader by airy flights of rhetoric and by brilliant conceptions with poetry"; the modern counterpart is a dull dog compared with either Dr. Earl or the Editor.

Those who are now concerned in the subject of abreaction would do well to read the journals, especially the French ones, for the years about 1853 to learn of the interest taken then in stigmatics.

Another subject was metalloscopy and metallotherapy in hysteria—worthy to be read by our modern E.E.G. addicts.

In 1850 the disease of general paralysis of the insane had only been known and described a comparatively few years. In the period 1850 to 1900 paper after paper appeared on the subject. It is easy with our modern knowledge of the disease to laugh at the attempts of our forefathers at describing the disease, but it was a very real entity to them and a serious menace, though it is now relatively seldom seen. An average death-rate of, in England and Wales, 1,382 out of a resident average of 75,903 for the years 1895–98 must be an eye-opener to the younger physicians.

In 1881 the presence of a syphilitic history in nearly every case of locomotor ataxia struck Gowers as most significant, and many observers classified G.P.I. into "syphilitic" and "true."

Koch discovered the bacillus of tuberculosis in 1882, and immediately isolation wards and verandahs were strongly advocated by such leaders as Crichton Brown, Broadbent and Clifford Allbutt. Cheap wooden buildings of combustible materials to be burnt down every few years was thought to be a good solution of the problem. What temporary building in England has ever been burnt down or even knocked down!

The Editor of the *Journal* in 1899 remarks anent the official obscurity on the history of tuberculosis in asylums during the previous fifty years, and says many of the useless statistical tables to be prepared could be scrapped in favour of a few useful ones, e.g. one giving the incidence of tuberculosis.

In short, the first fifty years of our *Journal* record the great move forward that Psychiatry in particular and medicine in general were making.

A groping after truth; a flash here and there of a cause; fierce endeavour to ascertain facts and elucidate the darkness; the study of the philosophy of life; new and better buildings; better sanitation and hygienic measures; freedom for patients; freedom for doctors to think and work—all were noted and placed on record as milestones and direction posts for others. Many were the advances made—many a thing done and forgotten, only to be hailed as new in the present day. Who does not think of shock therapy as new?

In 1880 a girl was bound by ropes and towed out to sea behind a fast row-boat so as to calm her manic state. Result—exhaustion, pneumonia, cure! Where were such advances made, you say? In Ireland, of course.

After-care and visits by trained personnel were advocated, and all must

remember that the Mental After-Care Association was formed in June, 1879, mostly as the result of a Presidential Address to the Association.

Here may I remark that the Association was urged to design their annual meeting on the American style with at least a week of celebrations and events, giving, perchance, the old Metropolitan Asylums Board's medical officers the opportunity to spend the 2s. Xmas Box that splendid body presented to all their domestics, laundry, kitchen workers and medical staff below the rank of Medical Superintendent.

The present activities of the Royal Commission on Capital Punishment remind us that the Association was actively engaged in the subject of criminal responsibility nearly every year in those far-off days. Hack Tuke wrote forcibly on the so-called mental experts in 1880. In 1886 the Association called for a Royal Commission. The McNaghten Rules were formulated, and it is interesting to note that the words "insane delusion" were deliberately used to make a distinction between the popular and the scientific sense of the words—popular meaning merely a mistake, whilst scientific was used to describe insanity or disease of the brain.

The younger generation and even the not-so-young can have little idea of the alcoholic state of the population any night in a large city. The effects of alcohol on the incidence of insanity was a commonplace in the days gone by. Liverpool stated that high range of employment led to high level of drinking and incidence of insanity and vice versa—the *Journal* was not convinced.

The United States are said by Dr. Jellinek, the biometrist, to have at least four million alcoholics to-day. That is those whom alcohol has robbed of their heritage of normality. I would ask you to read about that great psychological experiment undertaken by A.A.—Alcoholics Anonymous—and the outstanding work done by them.

A word or so more about buildings—that subject which preoccupied so many of our leaders in the last 50 years of the nineteenth century.

Towards the close of the century the villa system was considered and thought worth a trial, but most people forgot that the first asylum built on that principle was in Jamaica at Kingston as early as 1847 and that it was a complete success.

Ideas which are to-day only half-formed were put forward for acute treatment centres, with the necessary space in the vicinity for the chronic cases, but our forefathers echoed our lament—if that is a possible feat—of the undesirability, noted as far back as 1855, of admitting the senile and idiot to clutter up the hospital.

The 1886 Presidential Address was very strong on both these points, and Lockhart Robertson was all for the villa system with villas for the acutely ill.

T. S. Clouston designed a building for Massachusetts, but the plans were no real advance on what had been built already, and contained none of the ideals advocated by Lockhart Robertson.

Whilst travelling abroad members usually visited the mental hospitals, writing reports on their return for the *Journal*, and most interesting reading they make. I think that those who go on our Study Tours could write longer and better

reports than is done now, giving us who perforce have to remain at home the benefit of their advice and views on treatment and construction.

Ventilation, heating and outside appearance counted most, whilst interior arrangement appeared to count for little except in general terms. Ventilation I have referred to. Heating caused much trouble, and some Medical Superintendents refused to use the architect's pet system, much to his disgust no doubt, and relied on open fires. How many architects ever supplied space to store coal in a ward, not to speak of sufficient cupboards for ward use or space for patients' personal belongings, or side rooms for treatment and investigation?

Outside appearance counted for much; Brentwood's "Mediaeval appearance in the Tudor style" called for Editorial praise.

That the Stafford Mental Hospital was out of date in 1850 was noted by the Commissioners, who stated it was about to be pulled down. Like a poor relation it is still with us, but rumours of its removal still circulate! Manchester and Nottingham were bolder than Stafford and did demolish the old buildings and erect new ones.

The Commissioners had an eye for beauty and described the Killarney Asylum in glowing terms, one of the best and most beautifully situated and one of the best run.

One other matter was noted that has a definite bearing to-day. The value of the Annual Reports of the various hospitals and the Commissioners' entries was stressed in many quarters. What of to-day? Is the Minister afraid so that he discourages these reports, and gives so meagre a few pages devoted to Mental Health in the Annual Report of the Ministry? Not that all reports were of the same value. That for the Leicestershire and Rutland Asylum was a "handsome pamphlet," but was noted for its complete absence of information! The tour, a few years ago, of the Commissioners was easily plotted on a map by entries regarding the presence or absence of—canaries! Other birds or their absence did not count. Probably there was some deep psychological significance in this!

Nomenclature of disease for purposes of classification and statistical tables caused concern and many views were put forward. Signs, symptoms and signs of every imaginable type singly and in combination were tried, only to be discarded as knowledge grew.

It appears to me that we have got back now to much the same position with our new and unexpected, expensive statistical white elephant—or should I say pink?

The effort made by the Association in the early 30's of this century was far more scientific, concise and accurate, and was received and approved by the Board of Control; not used by them, however, for unhappily, as occurs so often in England, the views of foreigners must have precedence.

If I have spent so long over my first half-century of years I will endeavour to hit up the runs for the second half at a better rate of scoring.

The last fifty years and especially the last twenty-five have seen such tremendous strides forward in the line of treatment and research that it is too close and not in focus yet for evaluation in every respect.

In fifty years this country has been involved in large-scale war on three occasions. There is no doubt that the upsets of war stimulate thought and output. It is hard to remember that in the South African war more of our troops died of enteric diseases than were killed in battle. Almroth Wright will always be known as one of the fathers of the modern curative and preventive era. Though there is much more to do, the change in safety to life to-day from these diseases is remarkable.

The spirochaetal cause of general paralysis and tabes has revolutionized our ideas and malarial treatment our results. It will take time, however, to evaluate the treatment of the acute stage of V.D. infection on the tertiary manifestations in terms of the rise and fall of virulence of the elusive spirochaete.

Alone, these two advances in the grip of medicine on intestinal and syphilitic diseases would have given the future historian sufficient cause for thought.

Who will and when see through the fog of enthusiasm that surrounds at present insulin, electro-shock and leucotomy treatments, all in their various phases, types and combinations?

Any new type of treatment is like an ampelopsis, that plant that grows by suction; first year the tender shoots, next year a fine show of growth, and next year all over the damn place!

It must be the duty of the Association to view and review every type of treatment so that an unbiased, critical but withal kindly eye—void of fear on the one hand or favour on the other—can present the results to the world. Thank goodness our members have that scientific outlook that is glad to have the preliminary results and conclusions of the few placed before the many, well knowing that no progress can be made unless there is critical study by colleagues at home as well as abroad. We must always be on guard against excess.

Our good friend from Hartford, Connecticut, said to me not long ago that one could not walk down the Harley Street of New York and emerge at the far end with one's frontal lobes intact.

Further to this point may I draw your attention, if that be not presumptuous, to the fourth leader in *The Times* as a daily delight and inspiration, especially to a President-Elect in search of material for an address! Let me quote part of the leader which referred to the unfortunate death of Lord Mildmay a short time ago. It is headed "Gentleman Rider," and proceeds:

"As a nation the British have always owed both their survival as such and the projection of their spirit into a wider sphere to a capacity for taking risks; and it is perhaps an almost tribal instinct among them to feel a peculiar affection for those who exhibit this capacity at its best. The man who plays always for safety is only a little less revered by them than the man who does not play unless he feels confident of victory. By the daredevil they are interested rather than impressed, for they distrust stunts; those whom, in whatever field, they honour most highly as sportsmen are generally men who combine the skill and authority of the professional with the pluck and insouciance of the amateur."

Wise words to our own daredevils, and an inspiration to the well-trained, thoughtful worker.

As I am on the subject of fourth leaders, may I mention another starting "A penny for your thoughts" and say something about the present crisis in our affairs?

The mental hospitals have had, for well over a hundred years, a reasonably standard system of accounts, and could with accuracy forecast their budget demands, giving costs under many headings to decimal points of a penny.

Those who read the back copies of the *Journal* will find many references to these costs, and the published annual reports give the detail. To say the least it is unfortunate that just when we are going ahead with curative treatment as distinct from custodial care this very accuracy of estimating should endanger our progress.

We are in the position that Mr. Micawber found himself—misery instead of happiness for a mere sixpence in the pound deficit in his accounts.

I believe we cannot refuse to accept certified patients. To cut down expenses temporarily by refusing voluntary patients is to commit suicide. Our hospitals in general are understaffed, and where large savings are to be made without disaster is hard to see.

We can only hope that the Regional Hospital Boards and the Ministry will well examine the accounts of their mental hospitals and colonies for the years past and take the statesmanlike course of restoring the cuts, when they observe the meticulous care and scrupulous desire for economy with efficiency characteristic of the Committees of Visitors and continued by their successors. Mr. Bevan acknowledged this fact in the House of Commons, and held up the efficiency in value for money of the Mental Health world as a point for others to emulate.

That large sums are required for capital works is obvious to all. New hospitals are required for the growing population. Most urgent of all is the need of accommodation for the mental defective in our midst.

There are many thousands—I believe tens of thousands—of mental defectives, who on expert advice require institutional care, and are surely entitled to it under the widespread umbrella of the National Health Service.

The reaction on the parents and family of the low grade defective can only be gauged by those who have to come in contact with the problem, and it is often disastrous. No less deserving of the earliest care are the higher grades, who are the cat's paws of the younger hooligans who cause so much social mischief. I am firmly of the belief that the removal of the defective from the streets would do much to solve the delinquency problem.

The training and supervision given in good colonies to these defectives, in many cases fits them later to give a useful and adequate return to the community for the cost originally expended on their training. On the ethical side I need not touch, nor do I wish to enlarge further on the subject of delinquency, which to-morrow will be discussed in all its aspects by those eminent in the branch and eloquent in words.

At the present date there are in the Sheffield Regional Hospital Board area no less than 655 defectives for whom places are being actively sought; in addition to this there are over 3,000 cases notified and known for whom institutional care should be provided. I must state here that the Minister in the

House in June this year stated that there were 5,316 defectives awaiting admission, but he did not state the number of known defectives for whom institutional care was both necessary and desirable.

The Sheffield Board, to their eternal credit, put up to the Minister in the strongest terms the need for a million pounds to build or expand colonies in their area. One can only tear one's scanty hair and cry—"How long, Oh Lord!, how long?" and compare the lost millions in African groundnuts to the inestimable benefit that even one million would bestow on the M.D. situation.

There are many and urgent problems facing the Association in the immediate years to come, apart from the present financial state, and, though finance is bound up with progress, we need not hesitate to make our plans.

Amongst them I will mention only a few of the more urgent and pressing :

The recruitment and training of our medical staffs ; the number and types required in the new dispensation where every ensign not only has a Field Marshal's baton in his knapsack but is promised its emergence at the age of 32 ; the recruitment and training of our nurses and other medical auxiliaries ; the role of the acute hospital and the out-patient treatment centres—treatment centres that afford a proper accommodation for patient, doctor, nurse and P.S.W., with space for rest after treatment. These will reduce the volume of patients being admitted to hospital, admitted only too often because out-patient facilities are lacking ; the provision for the aged ; the proper way to care for those cases referred to us under the Criminal Justice Act (it may be noted that the French Government in the 1850's placed all cases charged with crimes carrying capital punishment in the observation ward of the hospital at Maréville so that the Director, Dr. Morel, could advise the Court) ; the question of medical administration in our hospitals and colonies ; the very position of our own Association as the arbiter of psychological progress and thought ; cybernetics—that completely engrossing subject ; the E.E.G.; atomic substances ; the question of the comic-strip in the newspapers that is fast making a world of make-believe for youth, especially in America, and with so many exhibiting a sadistic streak that surely can do no good ; the suitability of certain films for public showing, also of broadcast talks and discussions.

These and many other topics will require our united thought and understanding.

We must fit ourselves to be able and willing to co-operate with others to devise and plan prevention of mental trouble. A population "*Integer vitae scelerisque purus*," freely translated to read "Well integrated morally and in no need of psychoanalysis" must be the aim.

To me there are two main avenues of approach to this goal ; a general return from the post-war restlessness and feeling that everyone is out of step except our Jimmy. Second, by an abolition of these cursed controls and orders that stifle everyone, especially the would-be housewife, combined with the supply of an adequate number of good houses. Given these latter I feel that my first premise will be met and there will be a vast decrease in the psycho-neurotic population.

To have dwelt somewhat in the past needs no excuse if we are to try and

forecast and plan the future. I would ask those who can to study our past history in the *Journal* and elsewhere. I would say, somewhat in the words of the Bible, "Put on the whole armour of God"—in other words, try and be the whole physician and not the sub-specialist. The whole patient is given to our care, and not only the mind, wherever that may be situated. Study whatever influences may exert their beneficial or harmful effects on it, both internal and external, and strive forward.

There is ample to strive for, worth striving for. We have many millions of years to go before we join Kipling when he wrote :

" When Earth's last picture is painted
and the tubes are twisted and dried ;
And the oldest colours have faded,
and the youngest critic has died ;
We shall rest, and faith ! we shall need it ! "

As long as we live there is hope, and hope is always a target to aim at.

I am finished, but to quote a then Duke of Gloucester—"Another damned thick square book ! Always scribble, scribble, scribble—eh ? Mr. Gibbon ! "
