Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

Quarterly Meeting.

The Ordinary Quarterly Meeting of the Association was held at 11, Chandos Street, London, W. 1, on Wednesday, February 22, 1933, the President, Dr. R. B. Campbell, F.R.C.P.E., *J.P.*, occupying the Chair.

The minutes of the previous meeting, having been printed in the Journal, were taken as read and confirmed.

Obituary.

The President referred to the recent deaths of Dr. Hyslop, Dr. Beadles, Dr. Alan McDougall and Dr. G. E. Peachell, and asked members present to stand in silence as a mark of respect.

Members rose in their places accordingly.

The President said he assumed it was the wish of those present that letters of regret and condolence be sent to the relatives of each of the deceased.

This was agreed to.

Council Business.

The President said that the Council had spent a very busy forenoon. The more important matters, which the general body of members should know about, were the following:

The legal advisers to the Association had pointed out, in regard to the Gaskell Fund, that, in addition to the new trustees who were appointed at the last meeting, it was necessary that the existing President of the Association and his immediate predecessor should also be Trustees. They had accordingly been appointed.

Dr. G. W. Smith had been asked to represent the Association at the Congress of French-speaking Alienists and Neurologists to be held in April next.

Dr. Collins had been reappointed to represent the Association on the General Nursing Council.

It had been arranged that the Campbell Clarke Prize for mental nursing should be awarded at both the May and November Final Nursing Examinations, and that it should be open to both male and female nurses, provided that the candidate had completed his or her course of training in one mental hospital; the value of the prize to be three guineas, together with a suitably inscribed gold medal. The prize would be awarded for the first time at the May, 1933, examination.

The Council had agreed to award a fee of seventy-five guineas to Dr. Adolf Meyer, who was to deliver the Maudsley Lecture in May.

Arrangements for the Annual Meeting were not yet completed, but the President-Elect had informed the Council that the meeting would probably be held at Clacton-on-Sea during the first week of July.

The Council had considered very carefully the report of the British Medical Association on the relation of the general practitioner to the treatment of mental disease, and recommended that the following resolution should be sent from the Association to the British Medical Association :

> " That in the opinion of the Royal Medico-Psychological Association the policy of the British Medical Association with regard to the treatment of mental diseases is not in the best interests of the patients and of psychiatry."

The President added that as this was a very important matter, the Council were anxious that the resolution of protest should go forward as the considered opinion of the entire Association, and he asked the members present to vote upon the Council's resolution.

The resolution was carried unanimously.

It was agreed that Dr. Worth and Dr. Rice—representing the Royal Medico-Psychological Association at the Joint Conference with the Mental Hospitals' Association—should be instructed to lodge a strong protest on behalf of the Association against the British Medical Association's findings.

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Election of New Members.

The meeting agreed to the list of candidates for membership being voted upon *en bloc*. In consequence, however, of several black balls appearing, separate ballots were taken, the following being finally elected members:

Carruthers, Peter Walter, M.B., Ch.B.Ed., Assistant Medical Officer, The Old Manor, Salisbury; Montague Villa, 36, Wilton Road, Salisbury.
Proposed by Drs. J. P. Westrup, J. R. Benson and S. Edgar Martin.

Osgood, Frederick Charles, M.B., Ch.B.St.And., Deputy Medical Superintendent, Royal Eastern Counties' Institution, Colchester, Essex.
Proposed by Drs. F. D. Turner, R. C. Turnbull and A. G. Duncan.

Fitzgerald, Otho William Strangman, M.B., B.Ch.Dubl., House Physician, Bethlem Royal Hospital, Monks Orchard, Beckenham.
Proposed by Drs. J. G. Porter Phillips, Murdo Mackenzie and Clement Lovell.

Smith, Gilbert Mackay, B.A., M.B., B.Ch.Dubl., D.P.M., Junior Assistant Medical Officer, County Mental Hospital, Berrywood, Northampton.
Proposed by Drs. F. J. Stuart, E. D. Hayes and D. J. O'Connell.

Stern, Ruby Olive, M.D.Lond., M.R.C.S., L.R.C.P., Pathologist to St. Andrew's Hospital, Northampton.
Proposed by Drs. Daniel Rambaut, D. J. O'Connell and R. Worth.

Stern, Edward Samuel, M.A., M.B., B.Ch.Cantab., M.R.C.P., D.P.M., Assistant Medical Officer, Napsbury Mental Hospital, St. Albans.
Proposed by Drs. A. O'Neill, C. E. Roachsmith and E. J. C. Hewitt.

Colahan, Arthur Nicholas Whistler, M.B., Ch.B., 9, Prebend Street, Leicester.
Proposed by Drs. K. K. Drury, J. Francis Dixon and T. Wishart Davidson.

Graham, John James, M.B., Ch.B., D.P.M., Assistant Medical Officer and Pathologist, Knowle Mental Hospital, Fareham, Hants.
Proposed by Drs. F. Golla, J. L. Jackson and C. E. Alan Shepherd.

Payton, Dorothy, M.B., Ch.B.Birm., M.R.C.S., L.R.C.P., Assistant School Medical Officer, City of Birmingham; Education Office, Birmingham.
Proposed by Drs. G. A. Auden, K. A. H. Sykes and T. C. Graves.

Paper.—"**The Rorschach Test and its Clinical Application,**" by Douglas R. MacCalman, M.B., Ch.B., Medical Director, Notre Dame Child Guidance Clinic, Glasgow; Late Resident Psychiatrist, Boston Psychopathic Hospital. [*Abridged.*]

Introduction.

Psychiatrists have, in the past, tended to neglect the more academic psychological tests. Nor is this surprising, for most psychological tests have been designed to measure personality in too narrow a sphere. The great mass of psychological testing has, in fact, been restricted to the measuring of intelligence. But "it is an old story that it is one thing to know a patient's intelligence and another to know what are the other elements in his personality; and what these other elements will permit him to do with his intellectual equipment, or, as the case often is, what they will compel him to do with it" (2).

When, in 1921, Hermann Rorschach published in the second volume of *Arbeiten zur Angewandten Psychiatrie* (Bircher, Berne), under the title of "Psychodiagnostik" (1), the methods and results of a diagnostical apperception experiment, consisting in the interpretation of casually created forms, it seemed that the ideal test, from the point of view of the clinical psychiatrist, had been devised. For Rorschach claimed, firstly, that his test was an accurate gauge of intelligence; that, secondly, it evaluated the emotional life of the patient, giving an index to his affective lability and his tendencies to extraversion or introversion; and thirdly, that it threw light on the unconscious mechanisms in personality. Further, he announced that individuals could be classified into various reaction types. He claimed that different reaction patterns were obtained for the different types of normals; for the affective disorders; for the different classes of schizophrenics; for the organic mental disorders; for mental deficiency and epilepsy. In short, he maintained that the test was a diagnostic instrument of surprising delicacy. Over the great majority of other psychological tests also the Rorschach test maintains certain distinct advantages. Education plays but a small *rôle*, and only the highly intelligent normals form a contrast; while the same material is used for all grades of intelligence, so that the results are comparable (3). The material is sufficiently unlike an intelligence test to free the subject from emotional inhibition, incident to the test situation itself, and so gives the clinician a more accurate picture of the equipment available for intellectual functioning in life generally (2).

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These are almost grandiose claims to make for one test, and it is the purpose of this paper to report on its application to the clinical field, and to estimate the truth of Rorschach's assertions. Further, it will be considered whether this test, in its present form, can become an instrument to be used in the everyday practice of clinical psychiatry, as the Binet test, or modifications of it, is used in psychometry.

In so short a paper no attempt will be made to outline either the history, the scoring or the interpretation. An attempt will be made to show, not how it is done, but what is accomplished. It might be mentioned, however, that the idea of interpreting casually created forms is not new. For many years the world has known that curious ink skeletons or ink ghosts can be made by folding a sheet of paper on which blots of ink have been scattered at random. Previous to Rorschach's work one finds in the literature such names as Binet and Henri, Dearborn, Kirkpatrick, Pyle, Starch, Whipple, Bartlett and Parsons, but it was left to Rorschach to develop the interpretation of ink-blot responses, and to establish norms by careful experimentation, the results of which were checked by case-histories and psycho-analytic material. In the midst of these researches, only a year after the publication of his only paper on the subject, Dr. Rorschach died, and the bulk of his experiments, with the conceptions based on them, was lost to the world.

The Origin and Standardization of the Test.

Before establishing his norms Rorschach did an immense amount of experimentation over a period of some ten years, but unfortunately, owing to his early death, we do not have a detailed history of this work. Even at the time of publication of " Psychodiagnostik " (1), he emphasizes the empirical character of the whole work. He adopts the attitude that the test is a psychological experiment and that his results are purely tentative. With reference to the usefulness of these findings, Rorschach says (p. 128) : " The test was originally conducted on theoretical lines. The fact that the results of the test could be used diagnostically appeared by accident, and purely empirically. In that way the experimental test became an examination test. To begin with, the diagnostic application was used to control the results themselves. Then tentative diagnoses were made on patients unknown to me, after records had been made of them by my colleagues. The more accurate these diagnoses were—without regard to the age or sex of the patient, and whether he was healthy, neurotic or psychotic—the more certain was it that the method was a correct one ". Rorschach's norms, given below, were standardized on 405 individuals, and these norms are taken as a basis on which all investigators work (p. 19) :

	Men.	Women.	Total.
Educated normals	35	20	55
Uneducated normals	20	42	62
Psychopaths	12	8	20
Alcoholics	8	...	8
Morons, imbeciles	10	2	12
Schizophrenics	105	83	188
Manic-depressives	4	10	14
Epileptics	17	3	20
Paralytics	7	1	8
Senile dementias	7	3	10
Arterio-sclerotic dementias	3	2	5
Korsakovs and similarly diseased subjects	3	...	3
Totals	231	174	405

Rorschach does not state that the classification of the terms " debile " (moron), and " imbecile " were made on the basis of any intelligence test.

The Test Material.

The chance forms are constructed by scattering blots of ink on a sheet of white paper, which is then folded in the centre and smoothed with the finger ; this is then pasted on to a square piece of cardboard. He states, however, that only certain designs so formed can be used, and lays down several conditions which must be fulfilled (p. 1) : " Firstly, the forms must be comparatively simple. Secondly, the symmetrical placing of the blot on the sheet must fulfil certain conditions of ' space-rhythm '. If this is ignored, the cards fail to look like pictures, and the result is that many subjects reject them on the ground of their being ' simply ink-blots ', and give no interpretations whatsoever ". Apart from these general conditions, each picture of the series has several special conditions to fulfil. As each separate picture, and also the whole

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series, must be exhaustively examined before it can be fit for use, the compiling of a suitable series of ten pictures is not as simple a matter as might at first sight be expected. The pictures from the point of view of construction are symmetrical, with very strict deviations between the two halves. Asymmetrical pictures are rejected by a great many subjects. Symmetry gives a certain amount of rhythm to these figures.

The test material as now used, and on which Rorschach founded his norms, consists of ten symmetrical designs printed on white paper mounted on stiff cardboard. They are always presented in the same order. Some are in black and grey only. Others include various pastel shades of pink, orange, blue, greyish-green, etc.

The administration of the test is simple in the extreme. The patient sits with his back to the examiner, and the cards are handed to him, in order, with the question, "What do you see here?" or "What might this be?" It is often useful to explain how the designs are made, as time may be uselessly occupied by the patient attempting an explanation of their origin. Occasionally a diffident or suspicious patient may require encouragement; the examiner may say, for instance, "Most people see something". If the patient asks—and only if he asks—he can be told that the card may be turned at will, so that the design may be examined from all angles. Suggestion must, of course, be avoided, and with the average patient the examiner need say nothing, with the exception of the first question, until the test is finished. Everything said by the patient is recorded verbatim by the examiner, who notes also the position of the card, and the part of the blot interpreted. The total duration of the examination, as well as the time which elapses between the patient's receiving a card and his first response, should also be recorded. When the patient has gone through the ten cards, the examiner should revise each response, and question the patient, if necessary, and again without suggestion, to determine what elements he is justified in scoring later. The examiner, of course, must not say anything which may suggest any of these elements to the subject, *e.g.*, he cannot ask the subject "Is the whole picture an animal?" or "What part is the animal?"; rather he should say, "Show me the animal".

Having located the portion referred to, the examiner should next ask, "How do you know it is an animal?" If the answer is, "By the shape of it", the response is scored as "form"; or if the answer is, "Because it is green like a frog, and it has a frog's legs", then "colour" and "form" can be scored, and so on.

Classification of Responses.

Each response is then scored according to:

(1) Its mode of apperception, *i.e.*, whether the design is interpreted as a whole (W); as a detail (D); as a rarely perceived detail (Dr), etc.

(2) Its quality, *i.e.*, whether form (F); colour (C); shading (Fc); stereognosis (Ch); or movement (M) is perceived.

(3) Its content, *i.e.*, whether the response is that of an animal (A); human (H); landscape (Ls); botanical (Bo); object (Oj), etc.

(4) Its originality (O) or popularity (P).

After the responses have been scored, they are tabulated as follows, *e.g.*, from a case of schizophrenia-simplex:

Total Responses, 17.

Manner of apperception.		Quality of interpretation.		Content of interpretation.
W 0	.	M 0	.	H 1
dW 1	.	C 0	.	Hd 2
D 9	.	CF 0	.	A 9
Dr 7	.	FC 0	.	Ad 4
Ds 0	.	F 14	.	Ls 0
Do 0	.	F— 2	.	Bo 0
..	.	F(c) 1	.	Oj 0
..	.	..	.	F(c) 1

F% = 85. Mode of apperception (Erfassungstypus) = D, Dr.
A% = 62. Type of apperceptive experience (Erlebnistypus) = OC = OM.
O% = 0. Type of succession—Stereotyped.
P% = 6. Rejections, 2.

It is from the above summary that Rorschach forms the basis of his interpretation, to which, in its totality, Oberholzer gives the name "Psychogram" (5).

The English symbols used by the writer are those produced by Dr. F. L. Wells and Dr. S. J. Beck, of the Boston Psychopathic Hospital Psychological Laboratory.

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Scoring of Responses.

The scoring of responses is a matter of experience, and at present no hard and fast rules can be laid down. There is an insufficient number of detailed norms, and tables classifying responses actually obtained, to score all responses on a quantitative basis. Experimental work will, in time, accumulate a sufficient number of obtained responses to lay down some such quantitative basis, and the major difficulties of scoring will be over. Until then, each examiner must learn by his own experience, and this constitutes one of the chief hindrances of the general use of the test.

Interpretation.

Having administered and scored the test, one has accomplished by far the easiest part; for the interpretation of the Rorschach test findings is a difficult and somewhat lengthy process, even to those who have spent years in familiarizing themselves with it. Here, indeed, the Socratic principle, that the more one knows the less one thinks one knows, is appropriate, and even the recognized experts are somewhat diffident of making a diagnosis. Rorschach himself had developed the interpretation of the experimental records to an astonishing degree—one might almost say to dizzy heights—and anyone who wishes to see a vivid example of his skill should read the article which was published posthumously by Oberholzer (5).

There are a considerable number of cases which are admitted to hospital on the verge of, or actually in stupor. No matter how adequate the anamnesis may be, the psychiatrist will have difficulty in making a differential diagnosis between benign and malignant, depressive or katatonic stupor, and the prognosis is therefore in doubt. If the patient is able to respond at all, the Rorschach test will do much to indicate the seriousness or the benignness of the outcome.

Conclusions.

Except for the accumulation of statistical material, the test is of little value when applied to the chronic institution patient. The administration of the test, in such cases, takes an hour or longer, and the picture, clouded no doubt by stereotyped living and lack of mental activity, shows little but co-arctation and dementia. When mania or depression is marked the test is difficult to administer, but the diagnostic picture is usually clear, and telling glimpses of the dynamics may be obtained. In the organic group it is again difficult to administer during the acute stages, but is useful as a diagnostic aid.

The psychoneurotic group forms almost ideal material for the Rorschach test, no matter whether one proposes to direct treatment along psycho-analytical lines or not. Much is learned of the patient's conscious and unconscious processes, which can be interpreted as the psychiatrist sees fit. A very clear picture of the patient's personality is obtained, and treatment is thereby facilitated.

By no means can every case admitted to hospital be tested, because of the time which requires to be spent in administration and formulation of the psychogram (roughly five hours is spent on each case), unless the hospital has a full-time psychologist or psychiatrist who has no other duties. In its present form the test must, of necessity, be reserved for problem cases.

In the out-patient department, or in private practice, where the time for examining the case is limited, the test is of great value. It can be administered, in the average case, in about half an hour, and the psychogram can be formulated at the psychiatrist's leisure. When the patient next visits the clinic or the psychiatrist's consulting-room, the broad lines, at least, on which further investigation and treatment must be carried out will be known. On the other hand, the psychiatrist may prefer to carry out his preliminary investigations and treatment on more orthodox lines, and reserve the Rorschach test for such time as a deadlock may occur, through the patient running out of material, or through the psychiatrist being unable to decide on which lines to proceed.

In child guidance work, as one can judge from the work of Beck, Loosli-Usteri, Löpfe and others, the Rorschach test is found an admirable adjunct to diagnosis and index of the lines on which treatment should be carried out. In this work the patient is often too young to discuss his difficulties, and one welcomes any test which is of value in probing the emotional life.

Finally, it may be said that the test has far-reaching possibilities, but conclusions drawn from it, at present, must be guarded, and much painstaking work must still be done before it can be used with confidence. It is yet in an experimental stage, and those who work with it must understand clearly that their efforts cannot be used, at present, with the same certainty with which one uses the findings of the Binet-Simon, Kuhlmann-Anderson or similar intelligence tests.

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Discussion.

Dr. STEWART asked what was the effect of showing the same series of figures twice or more often; did the subject respond differently, or did he give very much the same interpretation each time?

Dr. HARDCASTLE asked as to the responses of a manic-depressive patient; how would his responses compare in the manic phase with those in the depressed phase? One felt that they should both be the same, and it was rather difficult to appreciate that they would be so in the two very different types of patient concerned.

Dr. TURNER asked whether the reader of the paper had had experience with this test in the case of mental defectives, or had he dealt only with mental patients?

Dr. LINDSAY referred to a test which had been employed for some time at his hospital, and which consisted in asking the patient to draw a man. If the patient was not expert at drawing, much valuable information could be derived from that drawing attempt.

Dr. MACCALMAN, in reply, said the study of the effects of a repetition of the series was something which would have to be undertaken some time in the future: it was a very interesting problem. Supposing one did this test when the patient was very ill, then did it when he was recovering, or when he was completely better, the question was whether the interpretation of the picture would change each time. That, so far as he was aware, had never been tried, certainly no sufficient series had been investigated. He would say one would see a very great change in the Rorschach picture. He thought the patient would have forgotten his responses in a month or so; in any case, he thought one would receive then a different set of answers altogether. The beauty of the test was that even though one were testing a trained psychometrist, he could not know what the examiner was trying to get at.

He had heard the objection raised to this test that there were too many sexual details in it, but he thought that only applied to analysts. One analyst friend was shown a card, and he said, "There is nothing here but sexual symbolism". Much depended on the way one saw them.

With regard to the manic-depressive group, he advised the questioner on this to read S. J. Beck's recent article, which gave a full description. The questioner (Dr. Hardcastle) had said the test ought to give the same responses in both the manic and the depressive phase. But he, the speaker, thought that one got an entirely different picture in the manic and in the depressive phase.

The series of blocks he had shown was the only one that had been standardized, though many other series of blocks had been used. It would be very interesting to invent a new series, but only after years of labour could it be standardized.

The test had been used a good deal for mental defectives, but he himself did not do much mental deficiency work. S. J. Beck, whom he had already mentioned, had published many results from mental defectives, and with them it was said to be very reliable.

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With regard to the question as to how the test would compare with patients' drawings, the latter should show similar results, since both the Rorschach readings and the drawings were determined by the patient's personalities.

A vote of thanks was accorded Dr. MacCalman for his address.

OBITUARY.

Theophilus Bulkeley Hyslop, M.D., C.M., M.R.C.P.E., F.R.S.E.

The passing of Dr. T. B. Hyslop on February 12 of this year marks the end of a most striking personality, and his popularity was testified by a large attendance at the memorial service held at All Souls' Church, Langham Place. The mourners included members of the various hospitals with which he had been associated, members of the artistic profession, and very many personal friends, some of whom had not seen him for years.

From his youth up he lived in an atmosphere of mental science. He was born on May 27, 1863, and was the third son of William and Margaret Hyslop, of Stretton House, Church Stretton. His father had the merit of rising from humble beginnings to become the proprietor of Stretton House.

"T.B.", as he was familiarly termed by all his friends, was educated at Perth, Birmingham, Oxford and Edinburgh (Collegiate School). He won prizes at all of these and entered the University of Edinburgh in 1880. While a student he was selected as a member of his year for the Student's Representative Council at Edinburgh, and at the Tercentenary Celebrations at the University in 1884—the year after his father died, by the way—he played a prominent *rôle* in organizing the reception of the foreign delegates, receiving several medals in recognition of his work.

He was greatly interested in Clouston's lectures, and during the two years after taking his degrees (M.B., C.M.) in 1886, he held successfully the posts of Clinical Assistant and Pathologist to that great school of mental science, the West Riding Asylum at Wakefield, Clinical Assistant to Bethlem Royal Hospital, Assistant Medical Officer to the Royal Albert Asylum for the Mentally Defective at Lancaster, and Deputy Superintendent to the Glasgow District Asylum at Bothwell. It was during this period that he also visited several asylums on the Continent.

In 1888 he was appointed Assistant Medical Officer to Bethlem Royal Hospital, of which establishment he became Resident Physician and Medical Superintendent ten years later, when Dr. Percy Smith resigned that office in order to take up consulting practice. He led a very active life while at Bethlem, and resigned that post in 1911 to follow the example of his predecessors and do consulting work "up West".

While Assistant Medical Officer at Bethlem he took his M.D. at Edinburgh (1890), and in 1895 he published an excellent treatise on *Mental Physiology*. It was written primarily for the psychological part of the London M.D., and it is strange that it never reached a second edition. It was also in 1895 that he became lecturer on Mental Diseases to St. Mary's Hospital in succession to Sir James Crichton-Browne. In 1897 he was appointed Demonstrator in Psychology to Guy's Hospital in conjunction with Dr. (later Sir George) Savage.

He obtained the Gaskell Medal of the Medico-Psychological Association in 1889, and for three years was examiner for that honour. He was also a member of the Library, Educational and Parliamentary Committees, and was on the Council of the Association. He interested himself in all sorts of societies intimately or even remotely connected with his life's work, and was on the Council of many of them, such as the Medical Society of London, the Neurological, Psychological and Harveian Societies, the Chelsea Clinical Society (President), the National League for Physical Improvement, the Christian Union for Social Service, the Parents' National Educational Union, the Union of Women Workers, the Child Emigration Society, the Society for the Study of Inebriety (President), the British Medical Temperance Society, and the National United Temperance League. I do not know whether he ever became a teetotaler, but for years he was a great anti-alcohol publicist.

About 1905 he began to conceive that the chief causes of mental disorder were such factors as "brain-fag", over-education, the worry and bustle of modern life, over-crowding, alcohol and noisy streets. About that time he wrote a sort of novel (*Lapula*) after the style of Swift's *Gulliver's Travels*, satirizing the customs of the day. He did a good deal of public lecturing along these lines, and there is a collection of his views on such topics in a large tome, *The Borderland*, which he published in 1924. When he was President of the Section of Psychological Medicine and Neurology at the Annual Meeting of the British Medical Association in 1910 he gave an address on "Occupation and Environment as Causative Factors of Insanity". As President of the Section of Psychiatry of the Royal Society of Medicine his address was on "Problems of the Future". These were mostly on the same lines, but his oration at the

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