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RECENT PROGRESS IN PSYCHIATRY

INTRODUCTION

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It was felt that, having regard to the stagnation which is so apt to happen to everyone in wartime, the time was ripe to gather together information on recent progress in psychiatry and its ancillary subjects. It is 15 years since Henry Devine, whose early demise was such a loss to British psychiatry, issued his *Recent Advances in Psychiatry*. The period of time since then is too great to cover adequately with paper supplies restricted, so the present review is confined to work published during the five-year period 1938-1942, and in some instances the first half of 1943. It is hoped to make this review a quinquennial publication.

Owing to war conditions the continental literature has proved to be very difficult of access. Undoubtedly a number of journals have ceased publication, but it is hoped that when war conditions have ceased we will see the rebirth of all these journals. Several European countries, in peace time, were much better supplied with psychiatric literature than we are. For instance, there were some sixteen Italian journals dealing with psychiatry, etc., whereas in Great Britain there are only three!

Psychiatry has made considerable progress during the period under review, particularly with regard to treatment. Treatment by electric shock and by prefrontal leucotomy appear to have "come to stay."

The reconstruction period after the war may see a considerable development in mental health services, but here a word of warning may not be out of place. Psychiatry, with its ancillary subjects, is a very wide and difficult subject, and a sound knowledge of it is not to be gained by a six months' appointment in a mental hospital or clinic together with the possession of a diploma in psychological medicine. To-day psychiatry includes child guidance, which is rather a prophylactic measure, and criminology, but not every psychiatrist is going to possess a knowledge of the latter, although obviously everyone dealing with the psychological side of criminology ought to have a sound psychiatric training.

The training of the psychiatrist cannot be adequate in a period of less than ten years from qualification. It is a very difficult and complicated subject

and requires years of constant experience and study, including long-section study of patients. The "born" psychiatrist is a *rara avis*.

The development of out-patient clinics combined with, in the general hospitals, beds under the control of a competent psychiatrist is essential to progress. These clinics ought as far as possible to be developed in connection with the universities, although in the provinces this may be very difficult. An Institute of Psychiatry situated in London would be a great asset.

When we come to consider psychiatry itself we find that some of the newer treatments have caused us to stop and consider whether our ideas about the physiology of the nervous system are as sound as we thought. Golla has pointed out that we have to revise our static ideas and look on the nervous system as much more fluid than we had imagined. Prefrontal leucotomy, which still comes in for a degree of thoughtless and ignorant criticism, is going to revolutionize the treatment of mental illness, but is still very much in its infancy, and there is a great deal to learn and a very wide field for investigation of some areas of the brain and some branches of psychology. Electric shock treatment has made immense progress, and is now the method of choice in convulsion therapy. Electro-encephalography has been of great service, and is only now developing as it ought to do. Grey Walter has recently made considerable progress in analysing the alpha rhythm of the EEG into three types. Types of thinking may in time be distinguished by investigating change in the electrical potential of the brain. In the pathological world progress is, as always, slow, but it is sure, and it is becoming realized how much pathology owes to micro-chemistry. The future holds out inviting prospects along many new lines, and it is to be hoped that psychiatrists will no longer reject pathology as a dead subject confined to the mortuary. There is a great future before it if only the new methods are used. The biochemical aspect, including both the endocrine and vitamin approaches, is coming more to the fore, and there is no question that a wide knowledge of all three subjects is an essential to the fully-trained psychiatrist. I would go so far as to suggest the inclusion in the Diploma of Psychological Medicine of a paper consisting of biochemistry, including the vitamins, and another on endocrinology. Unless a psychiatrist has a reasonable knowledge of these subjects he cannot investigate and treat cases adequately. Recent work in which the testis has been examined by biopsy by Hemphill at Bristol tends to confirm the work of Mott on the testis in schizophrenia, and an extension of this work with its obvious implication and application to child guidance work from a prophylactic viewpoint is one of the most urgent research problems.

The future of psychiatry is very bright, but there is a great deal of concentrated hard work and research required.