

THE
JOURNAL OF MENTAL SCIENCE

[*Published by Authority of the Medico-Psychological Association
of Great Britain and Ireland.*]

No. 243 [NEW SERIES
No. 307.] OCTOBER, 1912. VOL. LVIII.

Part I.—Original Articles.

The Presidential Address, delivered at the Seventy-first Annual Meeting of the Medico-Psychological Association, held at Gloucester on July 11th and 12th, 1912. By JAMES GREIG SOUTAR, M.B.

LADIES AND GENTLEMEN,—By your choice I find myself in an honourable position to which in no flight of imagination had I ever aspired. A cautious habit of limiting aspiration by what seems to be the attainable has no doubt saved me from many a disappointment; now it affords me a surprise in a form which to all men is ever the most gratifying—an expression of good-will from those whose opinion is valued most highly, one's comrades and colleagues.

I thank you for the honour you have done me in making me your President for the year. I accept the trust, not because I have discovered in myself fitness for all the duties of the office, but because I take my election as a declaration from you that while you always require from your Presidents loyal and assiduous attention to the business and interests of our Association, you are prepared, on occasion, to dispense with the erudition and the enlightenment which have distinguished so many occupants of this chair. As far as the ordinary qualities will carry me I hope not to fail you, but, on the very threshold of my career, I long in vain for the gifts which are necessary to produce an address such as we have listened to on these

occasions—the address which marks a definite forward movement, arresting attention, clarifying thought, compelling conviction.

My first duty, to me a most pleasant one, is to welcome you to Gloucestershire. It does not offer the type of attraction which has stirred your interest in the capital cities and in the great seats of industry where, of late years, we have been wont to meet. It has, however, in its far-stretching lines of hills, its well-wooded valleys, its rich pasture lands, much delight for the lover of natural beauty, and to him who can visualise the past, who would catch the echoes of the mighty movements which have moulded the nation, it makes a strong appeal. In this western shire race after race, before we were welded into a nation, struggled for possession of its soil, and more than once in the later days of civil strife the last decisive battle of the campaign was fought within its borders and marked an epoch in our history (Tewkesbury, 1471, and Stow-on-the-Wold, 1646). Parliaments assembled in this city initiated principles of Government which have been amongst the most potent factors in securing our rights to justice and our freedom from tyrannical exaction (Statutes of Gloucester, 1278, and the control of the Commons over public expenditure, 1378 and 1407).

In town, and village, and hamlet, and where is now a lone country-side, stand abbey and church, some ruined, some lovingly preserved, to speak to us of that Spirit which, in spite of the frailties of systems, has, through all ages, moved men to their highest conceptions—their finest efforts.

Gloucester was a city of pilgrimages. To-day you, who have gathered here from east and west, and north and south, are maintaining this tradition. Seventy-one years ago, on the 27th of this month, six men, two from Gloucester, one from Lancaster, one from Nottingham, one from York, and one from Oxford, met at the Gloucester County Asylum and founded the “Association of Medical Officers of Hospitals for the Insane”—the name by which, in the days of its infancy, our Association was known. We meet here at our birthplace, thankful that, with the passing years, our capacity for usefulness has increased in many ways, but conscious of the fact that the purpose of our being, as originally formulated, “the improvement in the treatment of the insane and the acquirement of more extensive

and more correct knowledge of insanity," still leaves scope for our most strenuous and diversified efforts.

Of those who have laboured to fulfil this purpose there have passed away during the last year Drs. Blandford, Murray Lindsay, Elliot, J. F. Sutherland, Cullinan, and Sir Richard Brayn.

Of these, some were veterans, perhaps rather weary with the long march; others were still in the full flush of their vigour, but all had that claim upon the friendship and affection of some of us by which, more than by anything else, we always measure our loss. The year which has gone has been marked, too, by some personal events which have given us cause to rejoice. We have seen our long-established appreciation of Sir Thomas Clouston and Sir George Savage graciously recognised by the Sovereign, and the capacity of Dr. Bond, proved in so many directions, secured for high office in the service of the State.

Another event upon which we see reason for congratulation is the addition to the numerical strength of the Lunacy Commission. That was a long desired act of justice to those whose work on behalf of the insane has been a marvel of thoroughness to all who have been in a position to realise the burden of duties which is laid upon them.

In passing from these personal matters my difficulties begin. I recognise that I can bring you no fresh findings from the laboratory, no illuminating generalisation from the wards, no new theory to replace the old, which has had holes knocked in it by collision with rugged facts, and no views on classification—for which, no doubt, you are thankful—except that the more detailed it becomes the greater seems to be the practical difficulty in pigeon-holing cases. I shall, therefore, confine such observations as I have to make to some comments upon two phases of thought—well, perhaps hardly that—drifts of opinion, two drifts of opinion which seem to me to be circling amongst us at present.

The first is that our continental brethren are outstripping us in the study and practice of psychiatry. This is the sort of story which, passing from mouth to mouth, is apt to become a settled and disheartening conviction. I think that its validity might be profitably examined on broad and general grounds. Sir Thomas Clouston, in that fascinating and suggestive book, *The*

Hygiene of Mind, puts before us clearly and forcibly the width of the range of study upon which depends the understanding of the human mind. He writes: "Unsoundness, inefficiency, or weakness of mind may have to do with factors which ordinary preventive medicine has hitherto only touched lightly. Such factors are modes of education, social customs, human feelings, passions, morals, and religion. The man who writes about preventive medicine in the ordinary sense must know something of physics, chemistry, physiology, medicine, bacteriology, and laboratory work. The man who writes about mental hygiene must, in addition, have a special acquaintance with brain structure and function, and must take into special account mental evolution, heredity, psychology, ethics, education, sociology, and the religious instincts. It implies also a special study of mental disease and derangements and the modes of dealing with them. Perhaps even more than a study of fully developed mental disease, it needs a knowledge of those innumerable mental eccentricities, stupidities, lethargies, impracticabilities, losses of control, obsessions, impulses, asocialisms, perversion of feeling, morbid laziness, and all such mental and moral abnormalities as fall short of actual insanity" (*The Hygiene of Mind*, p. 2).

He then asks the question: "Who is sufficient for these things?" The answer to that question is: No person, no people, no period. Knowledge has come, is coming, and will come by small accumulations, the offerings of many minds from far and near, each according to opportunities and predilection, but all precious if bearing on the supreme problem which confronts each of us as physicians: "So to learn the facts and laws of life, in both health and disease, as to utilise his knowledge in every way, and to the highest degree, for his fellow men" (*The Facts and Laws of Life*, Sir J. Russell Reynolds).

At present I hesitate to believe that, as a nation, we are laggards in this far-flung field of thought and endeavour which psychiatry embraces. When the reckoning is made there will, I venture to say, be found with the valued and welcomed contributions in foreign coin, bits of British gold bearing dates of our own times, of days that are gone, of the days yet to come.

The moral and intellectual tribute which each people pays to

progress has its national characteristics. It has ingrained in it the peculiarities of the organised society of which it is an expression. It is the inevitable outcome of far distant and immediate formative influences. It is pregnant with that spirit of a race which gives special bent to its ideas and direction to its energies. In the very diversity of this spirit lies the hope of man's ultimate conquest over the problems which beset him. The assault on ignorance is made on every side and by an infinite variety of means—means, as I have indicated, which are dictated to each people by its dominant characteristics. Of our own race Leslie Stephen, in his *History of English Thought in the Eighteenth Century*, says: "The strong point of the English mind is its vigorous grasp of facts . . . they have been slow to construct or to accept systems, however elaborately organised, which cannot be constantly interpreted into definite statements and checked by comparison with facts." Do those who bewail our supposed backwardness in all that concerns the study of mind forget that it is the value, not the similarity of the offering which matters? If we be open to suggestion, theory, hypothesis, speculation, whencesoever they come, and be ready to endeavour to interpret them into definite statement and check them by comparison with facts, we are true to our national characteristics, and we take our indispensable place in the science which we serve. "Science," says Huxley, "has need of servants of very different qualifications; of artistic constructors no less than men of business; of people to design her palaces, and of others to see that the materials are sound and well fitted together; of some to spur investigators, and of others to keep their heads cool" (Huxley, *Scientific Memoirs*). We are in a sad state indeed if it can be shown that we in this country serve psychiatry in none of those ways. I take leave to doubt, however, if it can be shown that we are out-distanced by any in our practical application of knowledge to the treatment or care of the insane, or that we are not busily and effectively engaged in endeavouring to formulate measures which, under the actual conditions and circumstances of our modern life, can be applied, with a reasonable sense of the probabilities of things, to diminish the incidence of some forms of mental disorder.

To those who are inclined to be pessimistic as to what has been done in other directions for British psychiatry I recom-

mend the perusal of the historical part of Clouston's article "The Diploma in Psychiatry" in the April number of our Journal for 1911. "We have," he says, "in the half century advanced all along the line in our original research work—the core of the matter after all—in our literature, in our teaching." And he gives chapter and verse in proof of that progress in which he himself has played so distinguished and so inspiring a part. The last volume of our Journal and other recent publications bear testimony to the fact that we have amongst our members a large number of men who are pursuing investigations along the lines of anatomical, physiological, pathological, chemical and clinical research, interrogating the function of every organ of the body, stimulated thereto by the suggestion that in many cases the wreck of mind is but a manifestation of antecedent faults in metabolism which may be found to be remediable or avoidable. I, personally, see no reason to believe that the riddle of mind, either sound or unsound, if solvable at all, is to be completely solved by these means. There is, I somehow feel, a delusive fascination in the very simplicity of such suggestions as that mental disorder is due to the circumstance that "the assimilation of anabolic substances is suspended and the accumulation of catabolic products increases" (Tanzi, p. 43); that "predispositions are dependent upon constitutional anomalies of metabolism" (Tanzi, p. 55); that "it is not improbable that the cause of such a predisposition lies in a special form of imperfect balance of metabolism" (Tanzi, p. 62). Although much research has been made on those lines both abroad and at home, there is really very little to show in the way of positive findings to support such speculation. This may be urged by some as a reason for increasing the facilities for research. It should not discourage further investigation, but I do not think that it is enough with which to approach the State or the public in any corporate capacity with a request for financial assistance for the support of such research. We must be prepared to show that what has been done by a large number of competent workers holds out substantial promise of effecting one or other or both of the great objects in view—the cure and the prevention of mental disorder. It would be hopeless in this country to go to any public department and ask for the expenditure of money merely to gratify that zeal for inquiry which is characteristic of the

scientific mind. Such a request would be met by the truly scientific question—not What are your theories, your hypotheses, your speculations, your hopes? but upon what ascertained facts do you base them? If we are prepared to show that what has been done is justified by its practical utility, if we can demonstrate that laboratory and clinic have furnished knowledge which makes for the mental health of the people, our case is won. We then shall have ranged on our side, insistent in support of our claim, not only the intellect of the nation, but that mighty force—the humanitarian instinct, which counts amongst its many victories for civilisation the rescue of the insane from the dominion of superstitious belief and of barbarous practice.

When the State or the community becomes the pay-master it will insist, as it rightly may, that the work done is such that it can be transmuted into utilitarian benefits. Have we reached the stage in research in psychiatry when we can promise these? Are we not as yet rather inspired by hopes than supported by assurances which we can formulate to ourselves or submit to others in a concrete and convincing way? The dead hopes of past times are as well known to the intelligent laity as they are to us, and we must show that the bantling which we offer for adoption has in it real promise of a vigorous and useful manhood to secure acceptance by, and support from, the community. Public health, including the last big movement to combat tubercular disease and tropical medicine, established their claim to public recognition and support in this country only when individual investigators demonstrated their ability to stay and prevent disease and thus add to the safety and stability of organised society. The results of their investigations had been “interpreted into definite statements and checked by comparison with facts.”

It must not be taken as remissness, as indifference to the importance of the subject, as want of sympathy with research or as failure in the desire to promote treatment, that we do not possess institutions like the highly equipped State-supported clinics and research laboratories which have existed for many years elsewhere. That we do not possess such institutions must rather be taken as showing that their advocates amongst us have not, as yet, made incontrovertible the contention that the sum of benefits derived from them is either in practice or in

realisable promise commensurate with the financial burden which their establishment and their maintenance would entail. It has to be remembered that what the community is ready to appreciate and to pay for is not knowledge generally, but that knowledge which can be assimilated and materialised in action. By every sign their eagerness for such knowledge is not diminished, nor is the munificence of their support abated.

The other drift of opinion upon which I should like to say a few words is that which seems to be gathering round the diploma in psychiatry. It is altogether good that further opportunities should be afforded for study under competent teachers. It cannot be hoped to include in the syllabus of training the sweeping range of knowledge which bears upon all the circumstances and conditions which make and mar the mind. To give direction to effort it has been necessary to select from a host of subjects, probably of equal importance, certain lines of study which alone shall lead to the diploma, but we must, I think, free our minds from the idea that these are the only lines which shall lead to effective and successful work in our branch of medical practice. Many men will as solitary pioneers continue to fight their way through the thicket of problems which besets them. A multitude of paths will be pursued, some sunny and seductive, which end in the quagmire of error, but some will lead to little plots and patches whence are brought back goodly things fit for the adornment of the slowly growing temple of knowledge. Others, too—and that the vast majority—will continue to labour in the plains. They are the general practitioners of our branch who dread rather than desire the title of specialist, who recognise that we are linked up to the whole range of medical and social activities, who are fully able to appreciate but not to pursue research, who are deft in the practical application of knowledge to those to whom they minister, and who, withal, have learned in the school of intimate experience that the mind diseased is not always to be wholly comprehended by chemical analysis or microscopic investigation—that the balm which helps or heals often has no place in any published system of therapeutics.

In my opinion an altogether false value is attached to the possession of the diploma if it be supposed that those who wear the badge of the drilled company which we propose to establish will monopolise either fruitful suggestion which makes for pro-

gress or the material benefits which a career in psychiatry offers. I cannot agree that without the diploma "no one can aspire to lunacy work or appointments" (Dr. D. E. Thomson, "The Teaching of Psychiatry," *Journal of Mental Science*, July, 1908), that "it will become essential for those who are candidates for the higher appointments" (Clouston, "The Diploma in Psychiatry," *Journal of Mental Science*, April, 1911), or that "no man will hereafter venture to set up as a consultant in mental diseases except he has this diploma" (*ibid.*). Nor do I think that the possession of the diploma will be the influence which will operate to secure for assistant medical officers higher salaries or that somewhat vague thing, improved status, or separate houses, or any of the other boons and benefits which in a sympathetic spirit we are now endeavouring to comprehend and to compass as far as may be. If all experience be not valueless, success in the career of psychiatry will still largely depend not on diploma or degree but on the proved possession of inborn qualities of character, capacity and feeling which give to labour its reliability, effectiveness and grace. I do not perpetrate the folly of thinking that the possession of the diploma is incompatible with the possession of these essential personal qualities, but I protest that inasmuch as the diploma can, at most, be but a sign of a varying degree of acquirement within a narrow range of that wide field of knowledge which is applicable in our work, it can never be, and ought never to be, the sole passport to advancement and success.

What I have said may earn for me the title of "reactionary"—not necessarily a term of opprobrium. The reaction which I advocate is against the pessimism which petrifies British effort by belittling it, and against the optimism which overloads with exaggerated hopes—the precursors of inevitable disappointments.