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PSYCHIATRIC DEVELOPMENTS.

THE PRESIDENTIAL ADDRESS DELIVERED AT THE ONE HUNDRED AND
THIRD ANNUAL MEETING OF THE ASSOCIATION ON WEDNESDAY,
NOVEMBER 29, 1944.

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THE Centenary Meeting of the Royal Medico-Psychological Association should have taken place in 1940. I was honoured in 1939 by the Association nominating me as President-Elect. Much has happened since then, and for five years we have met under the able presidency of Dr. T. C. Graves, whose inaugural meeting had necessarily to be a short one; it was held in London and was limited to the delivery of his presidential address. I feel that we owe a great debt to Dr. Graves for his constant attendance and work, often under difficult war conditions.

The Association was started in 1841 by a letter addressed by Dr. Samuel Hitch to all medical men attached to the Public Lunatic Asylums of Great Britain and Ireland. It was pointed out that these institutions were the true School of Mental Pathology, and that periodic meetings for the exchange of experience and opinions would be of importance and value. *Six members* attended the original meeting at Gloucester.

The Association was definitely established on July 27, 1841, under the name of The Association of Medical Officers of Hospitals for the Insane, and the original members numbered thirty to forty. The list of original members contains the names of Connolly of Hanwell, Pritchard of Bristol, and Dr., later Sir Charles Hastings (of Worcester), a principal founder of the British Medical Association.

In 1865 the title of the Association was changed to The Medico-Psychological Association of Great Britain and Ireland, and in March, 1926, a Royal Charter was granted.

There is good reason to believe that this Association takes precedence in point of time of any in the world devoted to Medical Psychology and Psychiatry. Its functions were closely followed by an association in France, and then by associations in the U.S.A. in 1844 and in Germany in 1864.

In those early days the Association and its members did excellent pioneer work. The name of Dr. Connolly of Hanwell is still honoured on the Continent and in America as the man who removed the fetters from his patients, and these strange relics of a past age are still preserved at that hospital.

The *Journal of Mental Science* was founded in 1853, being originally called *The Asylum Journal*. It is a pioneer journal, certainly the oldest in the English language to deal with this subject. A recent proposal to change its title provoked much discussion. Perhaps we may be permitted to adopt the dictum of the Prime Minister that "those who can look furthest back can look furthest forward," and so leave our Journal under its old name, to acquire a position of prominence in our rapidly extending specialty as the principal journal of British psychiatry.

All great wars stimulate and stir national thought and modify national life, and the word "reconstruction" is heard on every side. The medical implications of the Beveridge Report and the reactions of the profession to the White Paper on

National Health Services are all too well known, and psychiatry itself, suffering from growing-pains, will have to adapt to the suggested alterations in general medicine.

The Royal Medico-Psychological Association is now co-operating with the Psychological Medicine Group of the British Medical Association and the Psychological Medicine Committee appointed by the Royal College of Physicians, in an endeavour to produce a single authoritative report on the position and aspirations of British psychiatry, and there seems every hope of this being issued at an early date. Although details of the already published reports of the Royal Medico-Psychological Association and the British Medical Association vary somewhat, there is much unanimity. The details are best read in the official reports. It is only necessary to consider the general trends which are emerging.

Two great principles stand out, firstly, the necessity for all engaged in the specialty to have some knowledge of all the different branches of our work; and, secondly, that a much greater co-operation with general medicine is essential.

Psychiatry, which started with the study of those exhibiting the grosser disorders, has gradually extended to include the neuroses, child psychiatry and delinquency, and by reaching out to adjust those in industry, is tending to become coterminous with psychology, which latter has been broadly defined as the study of behaviour, and includes most human relationships. Those engaged in the treatment of the neuroses are now coming to recognize how essential it is for them to have a competent knowledge of the psychoses, and those who, working in mental hospitals, deal primarily with the psychoses are, through the development of out-patient clinics, acquiring a knowledge of the neuroses. Also the worker in child psychiatry has need of both kinds of knowledge, as well as of mental deficiency, together with a full realization of educational problems. As a well-known worker in this field has aptly observed: "This paragon has still to be created."

This expansion must have a profound effect on our Association if it is to remain a principal force in psychiatry. Sections—officially still designated "sub-committees"—dealing with the neuroses and with child psychiatry have recently been formed, and a section dealing with industrial psychology may logically follow. This is in addition to the Mental Deficiency Section which has been in being for some years. It is evident that a reconstruction of the Society, the recognition of the Sections, and their representation on the Council will be necessary if the Association is to continue to function adequately.

The need for psychiatry has received a fillip from the work with the Armed Forces. Even articles in the lay press show a realization of the constant need felt for psychiatric advice, and if the habit thus acquired is fostered, early advice will be sought with useful results. This helpful work will be less limited under peacetime conditions. In war time the primary consideration must be the individual's fitness for full or partial service, and much trouble has been saved by removing those who by reason of instability or other mental disorder were psychiatrically inefficient, and a trouble and a menace to their comrades and the efficiency of their units. Beyond this, co-operation between the psychiatrist and the National Service officers of the Ministry of Labour has been of help in ensuring their best employment in civilian life.

In peace time the examination and adjustment or rehabilitation of all those who through mental abnormality are rejected by the industrial machine will be most important. However successfully fulfilled is the promise of full employment, there will always be a "hard core" of unemployment, consisting chiefly of persons who are psychiatrically incompetent, even though they may not exhibit obvious mental disturbance. The mentally defective and unstable, as well as the vague group of psychopathic personalities, will largely figure in this group, and psychiatric advice will help to adjust those to whom adjustment is possible, but it will have to be frankly recognized that a proportion will always be dependent on the community. The community would save itself a lot of trouble by deciding at an earlier stage when permanent or semi-permanent segregation is desirable in the interest of the individual and the population in general.

The essential contribution of the psychiatrist must be based on knowledge of normal human behaviour, enlarged and supplemented by a study of the exaggerated reactions of the abnormal. This knowledge can be useful when applied to psychological problems in general, apart from the actual treatment of those who

need medical help. Its most practical application, beyond treatment, will be in the problems of social medicine, and embraces heredity as well as environment. These factors enter largely into both child and adult psychiatry, and come also into delinquency studies. When industrial and rehabilitation problems are added, we have probably reached the limits of what is feasible and reasonably within our scope.

Nevertheless, beyond this there are many spheres which we may influence, and which in turn may affect us as psychiatrists, and, indeed, may be essential to our own education and efficiency.

We have to face the fact that there are many persons who, apart from the professed psychologists, profoundly affect the psychological aspects of national life. The amount of such material is bewildering, and makes judgment and careful selection necessary. All the arts express psychological aspirations, some paintings seeking expression mainly by symbolism, which appeal according as they strike sympathetic chords in their audience. The emotional releases associated with music are in general universally recognized. This is seen in church music and singing, and accounts for the popularity of concerts and community singing. The novelist cannot be efficient without a knowledge of psychology, if he is to have a proper appreciation of the characters that he is portraying. The brilliantly clever expositions of more elaborate psychological processes are often less popular than simple emotions vividly expressed. Even a cursory knowledge of literature shows that although psychological principles have been restated and relabelled, the underlying principles were understood in classical as well as in more modern times. The most popular authors merely restate ancient themes in modern language. At times a genius arises, such as Shakespeare, whose phraseology appeals as much to-day as in his own time, and psychological principles can be found on every page of his works. This brings us to the playwright and the films, where psychology is even more obvious. The actor to be successful must share this knowledge in order successfully to interpret and expound the characters, and this is not possible without an appreciation of the underlying instincts and emotions.

Certain successful psychiatrists in the past have been men of great versatility, and it is probable that the reason for their success was their wide psychological appreciation. However great their theoretical knowledge, it is doubtful if anyone can be successful as a psychiatrist without this general realization of common emotions.

Other fields of activity from which the psychiatrist can learn are those of advertisement and salesmanship, where the appeal is to the gratification of human instincts and aspirations. Sex and money-making are the basis of many of these appeals, as well as the desire to improve the mind or body. Fear is also utilized, often most unscrupulously, harmlessly when deodorants are being advertised, but causing harm when placebos are sold for serious ailments.

The wide sphere included under propaganda, and much of the work covered by the Ministry of Information, closely concerns the psychologist and psychiatrist. The value of using the father image applied through a well-known entertainer, in conveying needed stimulus to the troops, illustrates how well this is appreciated by those in control.

Interesting and valuable inquiries among cross sections of the population have been going on to obtain knowledge as to the reactions of the people on a variety of subjects. These studies reveal the necessity for instruction, both general and psychological. Such instruction can be beneficial, but it becomes dangerous when used, as with our enemies, to expound a certain school of thought. The fears and suspicions likely to be aroused will always limit such work among a democracy.

Even wider vistas are opened up beyond this. A psychological bureau attached to each of the great political parties is an obvious suggestion, and such parties would be more likely to guide their followers wisely if influenced by sound psychological principles. With a given party in power such bureaux would become advisers to the Cabinet, a position occupied by the soothsayers of the ancient world. These undoubtedly owed their position and success not merely to superstition, but because those who claimed to read the omens were sound practical psychologists and performed a useful function—a lesson for their would-be modern counterparts.

In the field of international politics the study and application of basal psychological principles might save much misery to mankind. A study of the psychology

of the leading statesmen of the world is of special and material interest. Such an examination was made by a number of leading psychologists and psychiatrists of the man who has been primarily responsible for the disturbance of the peace of the world. It is conceivable that if his sense of frustration had been alleviated earlier by psychological means, history might have been altered, although another and probably similar type of dictator might have arisen. Like many outstanding leaders, particularly of a popular type, he however merely mirrored the views of a number of his followers, who in this case also suffered from feelings of frustration. It is interesting to note that caution and a realization that retribution might follow their exposition on the psychology of the Fuehrer prevented this most interesting document being published. Less caution was, however, displayed in some similar attempts on this side of the Channel.

Such are some of the possibilities, immediate and remote. How can they be put into effect? Much will obviously have to be done by indirect means, by educating the public, by educating our own profession, and by influencing general psychological thought. Education commences in childhood, and the instruction of the teachers and their active co-operation is a first step.

Essentially, our problem starts before birth, and embraces all environmental factors, particularly in the early and educational years, and this touches most of the social problems, which indirectly concern all medical work.

HEREDITY.

The intricate subject of heredity has two aspects—the positive one of producing efficient citizens, and the negative one of preventing the unnecessary spread of bad and unstable stocks.

There is no doubt that preventive work in our specialty should start with pre-natal influences. Any attempt to interfere with the natural production is quite impracticable in a democracy, but unless such a Government deals with the problem of its less efficient citizens, and prevents them from supplying the bulk of the population, democracy will ultimately decline and decay. Under modern conditions we provide protection for our less efficient citizens who, under jungle conditions, would not be able to survive. By doing this we load the burden on the more efficient members of society, and there is a limit to such a burden. This is bound up with the larger problem of population. The fate of small nations has been all too obvious in this war. Our ultimate survival rests on an ability to produce a reasonable number of citizens equally efficient in peace and war. With modern weapons and quicker movement, the physical and mental standards demanded grow higher, and those liable to crack under strain, mental or physical, are useless in modern armies. The conviction that those inclined under stress to attacks of psychoses and neuroses are a liability to the active fighting elements of the armed forces has grown with experience. The spread of neurotic symptoms among those who are merely weary or unwilling needs attention, and much discrimination is necessary, especially when previous good service has been given. Those who are content to malingering in order to evade service will not make effective soldiers, but should not be allowed to profit by their asocial conduct.

The problem of increasing the numbers of the efficient citizens still remains, and is likely to be insoluble under democratic rule. To be logical, artificial insemination would be as effective in raising human standards as in raising the standards of stock, but such methods will not be adopted by free communities. Nor are we certain regarding the ideals to be aimed at, as we are in the lower animals. An alliance between those descended from an F.R.S. and a stable warrior of distinction, such as the holder of a Victoria Cross, would not necessarily result in producing the best characteristics of each strain, or even an intellectual brave man, although the chances would be greater than with ordinary stock. The geniuses and near geniuses that have been produced by unstable and unhealthy stock show what might be lost to the world by interference. A patient once remarked to me that his immediate family consisted of seven mentally unstable persons and two geniuses. The latter were persons distinguished in a certain branch of the creative arts.

The evil family trees which have been demonstrated as resulting when two bad strains unite need no emphasis, and sterilization or segregation is an inevitable and logical precaution which most psychiatrists will not challenge.

Aldous Huxley's well-known satire envisages a world based on the production of children *in vitro* instead of *in utero*, and their conditioning for development into supermen, average citizens, and hewers of wood respectively, so forming the perfectly composed state. While these ideas point out the ridiculous side of planning, it is, nevertheless, increasingly dangerous for nations who wish to remain great to ignore all precautions to maintain a healthy and effective race, and in a competitive world governmental action will be necessary in this, as in other spheres. The illusory ideal of fewer and better citizens may merely result in an increasingly elderly nation becoming too decadent to hold its heritage. This obviously means larger and healthier families, preferably among the more intelligent types. History shows that highly civilized species tend to become less fertile, compared with the cruder types. At present even the more obvious methods of increasing the efficient are needed. Taxation takes little account of families, but family allowances, even if rather inadequate, are now likely somewhat to redress the balance.

One important reform seems likely to come into operation, namely, the withdrawal of the bar of marriage on all government-employed women. The virtual sterilization of a multitude of useful government and local government officers was an unmitigated evil. The orientation to spinsterism of a large number of female teachers brought definite harm, and tended towards a political outlook which also had a distorted view towards the family life of the community. The loss of the flower of two male generations cannot be ignored, and has seriously affected the efficiency and virility of the nation.

CHILD PSYCHIATRY.

A most obvious link in preventive psychiatry is the study of the child. This covers a number of important fields, at present imperfectly linked up. Owing to the importance of its legal aspect, Mental Deficiency has acquired a special significance. The problem covers the unstable and maladjusted child, associated with varying degrees of intelligence or deficiency.

The three modes of approach to child psychiatry are in great need of co-ordination. At present the child guidance clinic may be quite divorced from the work of the school medical officer, and again separated from the work of those who give institutional care to the ascertained defective. It is complicated by the fact that diagnosis rests with the educational authorities, generally advised by the educational psychologist, whereas treatment remains with the health authorities.

One group of medical examining authorities should suffice for ascertaining maladjustment or instability, as well as mental defect, and the same source should organize the treatment.

As a theoretical concept, every child should be examined from a psychiatric point of view when starting its education, during education, and when being adjusted into gainful work, and this last shading off into vocational guidance. Official education is about to cover the period from 5 to 16 years of age, with a possible extension down to 2 and up to 18 years of age, or even higher if university education is included. Even if the official ages only are taken into account, three examinations are all too few, namely, one at the commencement, a second, say, at 11 years, when the type of secondary education is decided, and at 14 or 16 years, when vocational or vocational training looms large. A limited research on a number of varied types of children should point the way as to the benefits likely to be derived from such investigations, and also the type and scope of examinations which should be used.

The practical difficulty at once emerges that the supply of psychiatrists is limited, and that competent child psychiatrists are still fewer in number. Much of this work can and should be done by the educational psychologist, but these are also in very short supply. It has been computed that an educational psychologist is desirable for every 10,000 children, which would mean that large authorities who at present hesitate at employing even one such psychologist ought really to be employing about 45.

There is no branch of psychiatry in which the social worker is of greater importance, and the supply of these is likely to be grossly deficient, even for the evident needs of adult psychiatry, for some time after the war.

We are thus faced with two problems if this essential work is to develop, to prove to the authorities that they cannot afford to do without this work, and to provide for the training of suitable workers or the education of those handling this work. A primary need is for more psychological instruction for the teachers, who, in the main, are only able to assess intellectual capacity, and are inclined to ignore emotional factors, and this holds to some extent for the educational psychologist, and is not unknown with those who assess mental deficiency. The development of knowledge among the teachers and among educational psychologists will increase the realization of the possibilities, and increase the demand for care and treatment.

There is no branch of psychiatry which so forcibly brings forward the two great factors in this specialty, namely, heredity and environment. The foolish and unstable parent has supplied part of the material, and has probably aggravated inborn tendencies by providing an unsuitable environment. Then social and economic factors inevitably arise, and the problem becomes an endeavour to adjust parents and alter environment generally. Indeed, this leads to a criticism of the child guidance aspects of psychiatry, that it tends to recommend segregation from the unsuitable home—a procedure that is not easy in practice. This is really a wider problem of which separation from the home environment is the easiest way out. The real solution is to render the environment more suitable for the child. The social workers' reports on the maladjusted child should do much to educate the teachers as to the difficulties of their charges, and should help in determining in doubtful cases the type of education for which the child is most suitable. This leads on to the highly debatable question of vocational guidance. The work of selection in the armed forces has been useful in allotting personnel suitably by dividing the material, as regards intelligence and combative capacity, and eliminating as far as possible the neurotic and emotionally unstable. In the civil field the problem is less easy, but it is evident that there is a wide sphere of usefulness in indicating the type of work which can most profitably be followed. Those with a sense of form or mechanical capacity are examples of where this type of help can be suitably given. Any attempt dogmatically to coerce people into occupations considered suitable would be resented and arouse antagonism. With equal opportunity the more favoured occupations will become competitive, and this is envisaged in medicine. The importance of factors other than mere examinational capacity will, it is hoped, be kept in mind. Character, such as power of observation and judgment, and originality in thought, remain as vital as the capacity to absorb and reproduce facts communicated by others. A profession will stand or fall by the intelligence displayed in selecting its recruits.

An important issue is the relation of the psychiatrist to the educational psychologist. Collaboration is essential if suitable guidance is to be given. A complication is the relation of the educational services and the health services. The Education Act places the responsibility for diagnosis of these cases on the educational authority, while the treatment falls under the domain of the Ministry of Health. The education authority commonly employs psychologists, and tends to place them in charge of such guidance centres as they establish. In some cases there is a suspicion that treatment is attempted at these centres, and that cases are only referred to psychiatrists when exhibiting gross and obvious abnormality. The extent to which psychiatrists can allow themselves to be used in a subordinate capacity arises; it is evident that in the absence of medical advice psychological treatment may be directed where physical treatment is really needed. The type and siting of these clinics has been much debated. The educationist favours a clinic at or near the school, and there is something to be said for this in testing and making minor adjustments. The medical predilection is naturally for a clinic at a hospital, and clinics have been successfully organized at psychiatric hospitals. Some would favour the pediatric hospital, but the best site is probably at the general hospital, in association both with the pediatric and psychiatric clinics.

DELINQUENCY.

Delinquency brings a number of children into the psychological net, and much help can be given in respect to family adjustment, and even in regard to unsuitable environment. It must be remembered that a great deal of minor delinquency is

almost inevitable with children who are likely to become satisfactory and even successful citizens. A child so lacking in initiative as never to break the slowly learnt rules of the community is unlikely to have sufficient enterprise to launch and guide his life successfully. Having eliminated asocial conduct due to faulty upbringing or environment, and making allowance for normal childish exuberance, there remains the child who is definitely unstable, and whose conduct remains unaffected by all efforts at adjustment. There will often be a bad background to such cases, and parents will not usually bring these children for adjustment and treatment unless compelled. A number of such asocial children are the offspring of similar adults, but at times they come from respectable stock. As they grow up they join the problem group of psychopathic personalities, with asocial trends. They are essentially unstable, and few fail to show this in the emotional sphere. The electro-encephalogram has demonstrated the high proportion who show cerebral dysrhythmia, and this accords with clinical evidence. The recognition of this instability by objective findings has been supplemented by a study of the factors which may bring out such latent instability, and this has raised the whole question of criminal responsibility. The McNaghten Rules have remained in force for a hundred years, mainly because no one has yet suggested any satisfactory improvements.

In a recent case it was found that alterations of the blood and cerebrospinal fluid sugar greatly affected the accused's emotional stability, and the jury, against the direction of the judge, found the prisoner not guilty, though legally the judge's view was, of course, correct. In another case the ingestion of much fluid had upset stability in one predisposed, and here the jury did not accept the extenuating facts. The danger that psychiatric reports may be misread or misapplied is recognized in the armed forces, and the legal branch of the army endeavours to assess such reports, and give directions as to proceeding with charges before allowing them to be presented to a court untrained in utilizing such guidance.

The same danger arises with a bench of magistrates, but it is lessened when a stipendiary magistrate or judge deals with the matter. What is disturbing is that if given approximately the same set of facts, different action may be taken. The legal position is quite clear. These people are responsible for their actions, and should be found guilty, but what in effect is happening is that extenuating circumstances are taken into account in mitigating any punishment by the reviewing authority, so mingling leniency to the individual with protection to society. The increase of objective evidence of instability will, however, render juries liable to accept such evidence even against authoritative legal opinion. The danger of accepting a state of partial responsibility in unstable psychopaths is more than evident, especially as this is a group especially liable to impulsive crime. Once such people recognize that there is a chance of mitigation of their crimes they will exhibit even less responsibility than at present, and may even, like the ex-psychotic patient, utilize abnormality as a sound line of defence. Alternatively, the recognition that abnormality with asocial conduct together with objective evidence of instability is present may result in the earlier segregation of those who are a social menace. The case for any extension of the law would have to be very definitely indicated, as segregation of even such known cerebral dysrhythmia as epilepsy is not allowed without clear evidence of abnormal conduct.

According to peace-time statistics, 80 per cent. of these recidivists are normal unless the word abnormality is to be stretched and extended. Certifiable abnormality is probably much less. Nevertheless this group remains a social problem, which needs attention. Relief from want and unemployment will not solve the problem in a number of cases, as it is their own restless instability which is the essential factor. A psychopath of Italian extraction admitted that he could earn £10 to £12 a week as an asphalter, and that his average profits from a life of crime did not average £5 a week, but he said he could not stand a quiet life and a steady job. The prospect of dangerous adventure in the army may attract a few, but even these are unable to conform to the necessary discipline, and most of them detest any form of constraint and some abnormally dislike danger. Our ancestors solved the problem by transportation, fortunately diluting the psychopaths sufficiently so that useful communities arose. Can we solve the problem better? A committee of the Home Office has been set up to study the problem, at present not assisted by psychiatric advice.

INDUSTRIAL PSYCHOLOGY.

The help which psychology and psychological medicine has been able to give to industry has been recognized for a considerable time, and the reports of the Institute of Industrial Psychology indicate the scope and utility of the work done. Help has been given as to the best methods of work, the natural suitability of the individual worker and the hours which result in the maximum of productive work. In addition to these services, the breaking of monotony, the provision of suitable entertainments and the social relaxation, including welfare services, all touch on the psychological aspect.

There appears to be great variation among industrial medical officers in their appreciation of the psychological aspects of their work, and certainly under the stress of compulsion in wartime this is no negligible factor. The type of patients range from hysterical malingerers to evident neurotics. A number of the slighter cases could be alleviated with a softening of the difficulties and suitable adjustment. Ignoring such persons in the earlier stages increases the number needing serious attention, and increases the chances of strikes. Given full employment there should be great necessity for dealing with similar cases.

Instruction to bring psychiatric knowledge to bear on these subjects seems strongly indicated, and brief courses should fulfil a need, both immediately, and even after improved instruction for the medical student has made its effects felt.

It is not always fully appreciated that a large amount of minor and indefinite sickness is really or mainly psychiatric in nature, and if this were understood it would help greatly in maintaining staffs at a good level of efficiency.

A field which more closely concerns the expert is the worker who has broken down wholly or partly from neurosis. This becomes important when associated with disablement from accidents for which the employer is liable for compensation. We are promised that the whole subject of compensation will be placed on a proper footing, whereby there will be an inducement to become fit for work, whereas the present system has often resulted in semi-invalidism, with disastrous results on the worker's morale and future efficiency. A similar state of affairs resulted from the pension system when applied to neurosis after the last war, when the penalty for recovering from, say, an hysterical paraplegia was a loss of £2 a week pension.

This leads to the problem of properly organized rehabilitation centres for such cases, guided by proper psychiatric experience. There is now every reason to suppose that properly equipped rehabilitation centres will be set up for physical cases, in connection with the Social Service Schemes. Such centres will inevitably need psychiatric advice, even if it should be decided not to deal with psychiatric cases in such units. It should certainly be possible to deal with neurotic disabilities in the same unit as deals with the purely physical problem; indeed it will be difficult to separate them, as these cases mostly tend to have a mental aspect. There is a case for having a unit for unstable neurotics who are unable to face up to ordinary rehabilitation without some preliminary preparation. There is also probably a case for having a separate unit for the recovering psychotic, particularly if rehabilitation is attempted in long-standing cases.

Much of this latter work can and should be done in the mental hospital, but there is a good deal to be said for having smaller units where intensive rehabilitation and the re-acquiring of a habit of work can be established. So many psychotics who have become institutionalized lose their sense of responsibility and initiative and become incapable of sustained effort, and the re-establishment of these qualities tends to be slow. The same problem arises in long-standing neurotics, who require to be gradually aroused and stimulated into undertaking more and more work and responsibility, and into regaining their self-respect and personality. The rehabilitation experiment of the Ex-Services Welfare Society has succeeded in providing sheltered employment where men can be paid an economic rate of pay which gives them a sense that they were again becoming useful members of society—an essential attribute in dealing with this work.

The boarding-out system can do much to assist in the rehabilitation process, if suitable hosts and hostesses are available, who are willing to co-operate in the progress of the patient. If patients are merely allowed to potter about earning small monies while provided with board and lodging, there is little gain, apart from the fact that the patient generally appreciates his greater liberty, but in many cases

it is possible for the patient gradually to make progress from dependence to self-support, and even full self-guidance, which is true rehabilitation.

RELATION WITH THE CHURCH.

The realm of psychological medicine is again bringing medicine into relation with the Church, from which it gradually separated in late medieval times. It is the role of the Church to succour, advise and assist those who are distressed in mind, body and estate.

Psychological medicine deals with those distressed in mind; when these are also disturbed in conduct the role of the doctor is freely conceded, but when the disturbed in mind are controlled in conduct, doubt arises. The presence of a real neurosis suggests the need for medical care, while a mere emotional disturbance in a comparatively normal individual may be considered the province of the Church. There is inevitable overlapping, but the line of safety is stepped over if some members of the Church accept fees for treating such cases. When specific symptoms need treatment the case is within the domain of the medical man. General assurance for patients without symptoms falls not unreasonably within the purview of the Church.

A very real difficulty is the different modes of approach adopted by these professions. The Church lays down certain prescribed inhibitions, whereas the trend of psychotherapy is to release inhibitions and so relieve conflict. It is important in a disturbed unstable patient not to upset the beliefs of a lifetime. Much judgment is required in regard to releasing inhibitions in cases where these have caused a complete psychological upset.

Essentially the psychotherapist, and the Church by confession, relieve the pent-up tension and mental turmoil taking place in the individual. The reaction is, however, differently dealt with, in the one case by seeking to relieve the conflict, in the other by shedding the conflict.

The solution to a difficult situation appears to be the psychological education of the Clergy, which is slowly taking place. A conciliation between the psycho-analytical standpoint and that of the Church is slowly being evolved. The dividing line between those requiring medical psychological aid while exhibiting no conduct disorder or lack of control, and those who are mentally disturbed emotionally, will always remain a close one, only to be solved by goodwill and co-operation between our two professions.

PSYCHIATRIC EDUCATION.

A first essential to progress is the education of the public and of the medical profession.

The education of the medical profession is vital and must start with the medical student, who is grossly handicapped by an absence of ordered instruction in normal psychology. It is the absence of such instruction which causes the many wild extravagances which those with poor judgment are liable to take up. If pathology were self-taught, like psychology, we should have just as many wild theories as to the bases of physical diseases. The difficulty is to find time in the over-congested medical curriculum. The proper place is with the teaching of physiology, but this stage is already overloaded, and it may have to be placed among or substituted for some of the preliminary scientific subjects.

This should form a basis for the whole outlook on the clinical subjects, and give the student the chance of always considering his patient as a whole, and not merely in relation to certain obtruded symptoms. He should then be taught to realize the mental aspects of every type of case, and not merely those in which this aspect is predominant. In fact, if he is capable of assimilating this teaching he will be taught to be a successful practitioner. The neurotic element will, if appreciated, enable an effective grip to be taken of such cases at an early stage. The general practitioner sees the whole situation spread before him, while the specialist is merely able to inquire, and at best have reports by social workers. All this will make for greater psychiatric progress, but full advances will only be made when teachers of general medicine are imbued with this broadened outlook. Essentially, development will follow the psychiatrizing of the medical profession, rather than the multiplication of the psychiatric specialist, although this also is necessary.

The growth of psychiatric knowledge among teachers of medicine should result in students being required to know a more adequate amount about the neuroses, and even something about the psychoses. A separate compulsory paper, although desirable, is not likely in the immediate future, but the introduction of even a single question would compel the student to give attention to some aspects of a subject likely to affect his general outlook on medicine.

The education of the profession can hardly be complete unless a variety of aspects of social medicine are included. Eugenics and questions of population, housing, employment and industrial psychology all need close attention.

The education of the specialist has also been dealt with by the Committee of the Royal College of Physicians. The defect of the present Diploma is that people of very varied experience sit for a diploma which demands little in the way of actual experience of a variety of subjects on which they are liable to be examined. Those who know the neuroses may be ignorant of the psychoses, and *vice versa*, and both may be ignorant in regard to mental deficiency. It is most difficult for those living in the provinces to obtain practical experience in other branches than the one in which they specialize, and all find it difficult to gain experience in neurology.

The new proposals suggest following the American example of having a five years' course with three years' experience before sitting the examinations. A real specialist standard should then be obtainable, greatly increasing the value of the diploma—indeed raising it beyond the level of most other diplomas. This is probably all to the good, although the regulations will be more severe than those demanded by the F.R.C.S.Eng. and M.R.C.P.Lond., which have a proportionately higher reward, and it will severely limit those able to obtain such a diploma, and unless conditions change may be beyond the scope of the ordinary medical officer. It is to be hoped that such a diploma will attract the young neurologist and neuropathologist, which the present diploma fails to do.

Another issue is, what is to be the reward for all this study, allowing seven years to qualify in medicine and five years to study for the diploma? The recipient will average 30 years of age, and the money spent on education will, if invested, bring in as much or more on present values than the holder is likely to receive in pay and emoluments, some allowance being made for salary received after qualifying. For such an effort an increase of remuneration to at least £1,000 a year is essential. I do not say this to depreciate the need for a much higher standard in psychiatry, or for broadening the basis of education that all engaged in our specialty must attain if real progress is to be made. The effect of altering the basis of the diploma may be to alter the methods of staffing in the large institutions. It will be difficult, or impossible, to insist that all staff shall be qualified on such a high basis. At most, the two senior medical officers who, under present conditions, control the male and female sections of a mental hospital could reasonably be expected to be so qualified. This will leave a number of medical officers, some of whom will inevitably fail to qualify after many endeavours to obtain this diploma. The status of such officers, if retained, will be difficult. The ability of small hospitals to attract even one medical officer with such qualifications may be open to doubt.

With standard salary scales in the municipal services the basis is likely to be the size of the hospital, the turnover, and specialist qualifications. In the general municipal hospitals this may conceivably result in a medical superintendent being paid less than some of his officers, and it is possible that this may happen in a mental hospital when, with new appointments, a rigid standard of specialist qualification may be insisted upon.

A further issue is the question of the responsibility of the medical superintendent for all cases under his charge. Given specialist assistance, this is now being recognized as unnecessary in general hospitals. In special hospitals, such as those dealing with tuberculosis and mental disease, the medical superintendent is generally the most experienced specialist. Nevertheless, it is being appreciated as wrong that one individual should dominate all clinical activities, and possibly forbid treatments which are tending to become standard. The suggestion is that municipal hospitals, including those devoted to special services, shall have a medical committee like those who guide and help general voluntary hospitals. Our junior colleagues may rightly resent the power to curb their clinical activity. Such power is, in fact, not often exercised, and the fear is probably much exaggerated, but an

alteration in regard to responsibility for clinical treatment appears necessary in the case of those who have passed the phase in which guidance is still needed.

The education of the public impinges on education in general. Psychology and psychiatry are slowly but progressively affecting and making more suitable and effective the education of the child. At the nursery school level indeed psychology has gained greatly by a study of the development of the child. As indicated in dealing with child psychiatry, the education of the teachers to think and act more psychologically is the key to the situation.

The biologist and medical man will both believe, and believe rightly, that education should concern itself more with the study of ourselves. The teaching of anatomy and physiology, at any rate to a first aid level, should become universal, and the removal of the taboo about the function of reproduction will allow real knowledge to take the place of much misleading information gathered as forbidden fruit. The astounding ignorance of young persons of both sexes about fundamental facts regarding themselves causes bewilderment and unhappiness. The teaching of proper physiology to replace lewd allusions will alone be a gain. With the extended school age it should be possible to teach elementary psychology before leaving school, so giving people some insight into the mainsprings of their conduct. The essential facts expressed in simple language and stripped of the less intelligible technical jargon is of intense interest to many people, both lettered and unlettered. The success of various "memory" courses depends on this fact, and proves the necessity and desire for such instruction.

Tuition to the public in respect to the abnormal is more open to doubt. The spreading knowledge as to the availability of help in mental stress is desirable, and perhaps some indication as to symptoms, but beyond this curiosity may be morbid without consequent benefit. Much propaganda on the above lines has already taken place in America, and has done a great deal to lessen the prejudices both of the profession and of the public. The necessity to train the highest type of intellect for the experimental and pathological aspects of our work I regard as of paramount importance. The late Sir Frederick Mott used to emphasize that without memory there could be no mind, and that without the brain there could be no memory, and that the brain depended on the general metabolism of the body. The importance of this truism has been again emphasized by the recent revival in physical treatments, and also by objective electrical observations on the function of the brain. In dealing with the mind it is foolish to neglect its mechanisms, and to ignore the stresses and conflicts which can occur, and which can be influenced by psychotherapy and alleviated by mental adjustments. The dramatic results produced by physical treatments, however, show how truly the mind is based on changes in the brain. The leucotomy results, even in chronic cases, lead up to the same conclusion, although here the relief of tension can be correlated with known physiological facts.

It is evident that our present methods are not ideal, and it seems certain that other methods will gradually be evolved. It is disappointing that so far the empirical methods of treatment have not given a better indication as to causation and pathology. The original explanations of convulsive therapy proved fallacious, and satisfactory explanations are slow to be evolved. The indications as to inherent instability and cerebral dysrhythmia exhibited by a number of cases show how difficult it may be to evolve satisfactory therapeutics, but there is evident work still to be done in explaining the sudden onset of acute schizophrenic and other psychotic episodes, especially when no evident toxic or vascular changes are present.

ORGANIZATION OF MENTAL HEALTH SERVICES.

In the recent Special Number of the *Journal of Mental Science* I have dealt with the problem of forming mental health services to correspond with the hypothetical regional areas which are envisaged as being self-sufficient for all medical purposes. The conception of such a service is incorporated in the official memoranda being prepared, and I only propose to comment very briefly on this.

The advantages of having mental health integrated with general medicine, both at the central and at the regional level, should be very great, and give a real impetus to our work. It has the overwhelming support of those engaged in other

branches of the profession. Adequate expert psychiatric advisory boards should safeguard our liberties, and our chances of having our work stultified should be no greater than in other branches of the profession, who are also somewhat nervously preparing to safeguard their liberties and interests.

A central mental health board with a chief adviser will function at the centre, and be in touch with each region. There have been attempts to separate the health functions from the legal functions of the present Board of Control. These are rather inextricably mixed together in dealing with the certified person, since the legal aspect must be considered in any person detained against his will.

If Section 5 of the Mental Treatment Act is extended to carry temporary admission of both non-volitional cases and recent unwilling cases, the law again will have to intervene. When chronicity occurs detention may become inevitable, and a number of these persons will object to detention, although many realize that they need care.

Some people suggest that such legal help can be given by any lawyer, but, in practice, it is found that the lawyer familiar with the problems gives much the best advice, and even at times indicates to the medical profession where their legal fetters may suitably be relaxed. On the medical side a suitable medical adviser, supported by a body of experts representing all sections of psychiatric practice, offers the best hope of guided progress. The presence of independent advisers in close touch with actual work, particularly in the voluntary hospitals, and also in the research and other centres, gives hope of the beneficial effects of balanced expert opinion.

When we come to the local level certain benefits will be counterbalanced by some difficulties. The influence of a central university institute in which special cases can be received, supported and investigated by every pathological and other investigation offers the best hope of establishing co-ordinated research likely to advance psychiatric knowledge. The influence of such an institute is likely to raise the level of work in all the local mental hospitals. At present workers to man a series of such institutes have still to be found—a fact rather over-emphasized in the Goodenough Report.

The establishment of reception units for recent cases raises more controversy as to siting and type of case. The patients going into wards in a general hospital are always likely to be of the voluntary type, and although some of these may be fairly acute, they will only touch the fringe of the acute psychiatric problem. Instead, many of those in such a unit are likely to be of a milder type, with many who are only suffering from a moderate or mild degree of neurosis. The voluntary hospital tends to flinch from the more acute type of those who, apart from objecting to care, are liable to be offensive to the special senses, either by noise, disordered conduct, general appearance, or in other ways. It is open to doubt whether these should be received in the specialized wards of a local authority hospital, or whether special units should be built for such cases. There is much to be said for treating them in the wards of a municipal hospital, where all services are available, and if special units are established they will also need to be in close touch with a general hospital. The integration of all services so that workers in each section share in the work in other sections is most important. Out-patient work is essential to all types of worker in the specialty, and contact with various types of in-patient work is equally important. Each type of worker should be attached to out-patient units, and to units for receiving patients in the general hospitals, and other reception units as well, as being in touch with the long-continued treatment cases in the large mental hospital. When this has been achieved, the problem of siting cases can be considered dispassionately. At present the location of the worker greatly influences argument, but if all workers are in touch with all types of cases this difficulty will be eliminated.

I personally feel that the over-riding interest of the patient should decide the issue. There are many terrors to a patient in entering a mental hospital, one of which is that he may end his days there. This fear can be removed by separating those undergoing the earlier phases of treatment from those who need prolonged treatment. It cannot eliminate the fact that a number of patients recover at any rate to a social level after prolonged care, but it can separate those who recover, at any rate within a year, from those who need permanent or semi-permanent care. At present this is largely done by segregation within the mental hospital, but this

does not reassure the public, and a definite separation of those needing temporary care and treatment from those who need permanent segregation seems indicated.

The success of the early treatment will depend entirely on public demand. The transfer to a more chronic unit will excite even more antagonism than is earned at present on admission to a mental hospital. It may, however, lessen the resistance to early treatment which at present handicaps endeavour to treat recent cases in a suitable environment.

While co-ordinated mental health services with central research units and proper attention to prophylaxis represent a great advance, there are certain disadvantages in the large mental health service which loom large to those at present free from such entanglements. It involves decisions being made by a higher authority, sometimes without knowledge of local conditions. It is generally feasible to safeguard main questions of principle by conferences of medical superintendents and others concerned, although at times instances have occurred in which political or other considerations have decided issues without a proper presentation of medical opinion. Delays in permission in the adoption of new treatments due to bureaucratic intervention have also happened. It is to be hoped that with proper advisory councils such mistakes may be avoided. It is, however, difficult to instil into those concerned with general administrative medicine a real appreciation of psychiatric problems, and there is always a danger that those who desire active progress in our specialty may have to give way to those who may fail to push our necessary claims. It is probably in minor matters that centralized control is most trying. Co-ordination and centralization also always results in even small decisions being made centrally. Those, being of little importance, are decided by junior officials, but when issued under departmental authority have the full weight of important authority and may cause local irritation. The inevitable rigidity of the regulations of large authorities also makes individual administration more difficult. Despite all these minor irritations, given proper safeguards, large co-ordinated mental health services are likely to give more efficient service to the patients and the community at large, and to make for progress in our work.

What is to be the future of our Association, which has done such pioneer work? It has taught and examined nurses, starting before those in the general hospitals. General Nursing Councils have now been established, and the question arises whether our nursing examinations should be continued. All agree that two examinations are undesirable; the only debatable points are, will sufficient nurses qualify under the General Nursing Council's Examinations to provide for public needs? Will the G.N.C. vary their preliminary examination sufficiently to make it more suitable for our nurses? Even with the diminished supply of nurses joining up in war time, our candidates far exceeded those sitting for the G.N.C. examinations, and in peace time the proportion was about 10 to 1 in our favour. Up to the present we have provided a book to cover the whole of our examination. The new edition, which has been greatly delayed by the war, is likely to consist of a psychological and mental part, and possibly a later issue of the rest of the original book. The reputation of the Association will somewhat depend on the efficiency of the Psychiatric Section of their text-book.

The Association, by its certificate in Psychological Medicine, used to provide medical men with a certificate of competence in the subject, but since the inception of the D.P.M. the certificate is seldom taken, although the Gaskell Medal is still the subject for keen competition. All this represents recession, or rather the handing over of our pioneer work to more suitable bodies. There is no sign of recession in the Society or its activities, and the establishment of new sections suggests a great increase in its activities. Beyond this, further prospects or visions suggest themselves.

Should the Association have a house of its own, like many kindred bodies? Houses are expensive in a central area, but this is a possibility depending largely on finance, important now that our resources as an examining body may be curtailed. Some have even suggested a College of Psychiatry, and dividing our members into fellows, members and associates by examination and selection. Considerable development would need to occur before this is possible, and indeed the issue arises, is it desirable? Many of us belong to some section of the Royal College of Physicians, which have recently shown marked interest in our subject. A number of us are officially designated Physicians in Psychological Medicine to various general

hospitals ; in some mental hospitals the designation " Physician-Superintendent " and " Assistant Physician " are used. For the present this seems sufficient.

I have endeavoured to indicate in this paper in the broadest terms some of the great opportunities which await our specialty. We still have much prejudice to overcome, and much education of the public and even of our own profession is necessary. We have, however, a vast opportunity to be of the greatest use to our fellow citizens, and it is up to us to grasp it with ability and discrimination. Our object should be to give our nation positive mental health, and so be of service to our generation.