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PSYCHIATRIC RUMINATIONS.

THE PRESIDENTIAL ADDRESS DELIVERED AT THE ONE HUNDRED AND SIXTH ANNUAL MEETING OF THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION HELD AT EASTBOURNE, 10 JULY, 1947.

By W. G. MASEFIELD, M.R.C.S., L.R.C.P., D.P.M.

BY time-honoured tradition one of the first duties of your newly-elected President is to inflict upon you a Presidential address. This is at once a very considerable responsibility and a privileged opportunity, but the feelings of awe and apprehension with which I face such a distinguished and erudite audience are mercifully lessened by the knowledge of the unwritten rule of our Association that no outspoken criticism of the subject matter of the address is permitted. I wish to ask you to bear with me, for a few minutes, whilst I put before you what I think may best be termed psychiatric reflections or ruminations, based on a certain amount of experience and, I can say quite sincerely, a true interest in the matters touched upon. I fear, however, that I have little or nothing original to offer you.

It appears to me that the present is a suitable time for something in the nature of a stocktaking of our position both as members of our Association and as psychiatrists—especially as we are shortly to embark upon the great adventure of a comprehensive Mental Health Service within the National Health Service. In our Royal Charter, granted in the 85th year of our Association's existence, and now, it is worthy of note, twenty-one years of age, the objects and purposes for which our Association is constituted are stated to be "for the formation and cultivation of science in relation to Mental Disease and the improvement on the treatment of persons suffering from Mental Disorder and to facilitate the exchange of information and ideas on the subjects amongst the members of the Association and otherwise." The succeeding subsections detail the methods by which the objects and purposes may be furthered: I quote—"by holding Meetings of the Association and Con-



ferences with other Associations in the United Kingdom or elsewhere ; by publishing a periodical journal ; by printing, translating and distributing books or treatises on or connected with science in relation to mental disease or with the treatment of those suffering from mental disorder or with allied sciences ; by expenditure on sending and maintaining in the United Kingdom or elsewhere any person or persons chosen by the Association for the investigation of science in relation to mental disease, treatment of mental disorder or allied subjects, and on inviting any person or persons, desired by the Association, to meetings convened by the Association, and on sending and defraying the expenses of representatives of the Association to any meetings convened for similar objects in any part of the United Kingdom or elsewhere ; by promoting and encouraging the study of science in relation to mental disease, of the scientific treatment of mental disorder and allied subjects by providing, instituting and maintaining lectures, classes, examinations and other means of instruction." These are the main points concerning the aims and objects of our Association to which I wish to draw your particular attention. I make no apology for quoting them and for reminding you of this very comprehensive (although perhaps a little old-fashioned) wording, and especially of the international implications, which you can read for yourselves in the Charter and Bye-Laws, and to which each ordinary member after election subscribes his or her name, thereby promising that he or she will promote the objects of the Association to the best of his or her ability.

During the past 40 years the membership of the Association has much increased in numbers—there are now on the books well over 1,000 names of active ordinary members, representative, I am very pleased to say, of all the branches of psychological medicine. We are all glad to welcome to our membership the recently elected Associate Members who have qualified for such addition to our ranks as being "non-medical members of the learned Professions specially interested in Psychological Medicine and its allied subjects." We take pride also in our Corresponding Members from overseas. The Association has certainly travelled a long way since the days when it was virtually a "closed shop" for those working in mental hospitals of local authorities and in licensed houses—and mainly Superintendents at that! I believe that the prestige and authority of the Association has increased considerably in recent years, that the quality of the papers and discussions at our meetings is of a higher level than ever before, and that the influence of the *Journal of Mental Science* is being steadily raised. That is all on the credit side, but nevertheless this is no time for complacency or for sitting back with halos of self-congratulation over our heads! The recent division of the activities of the Association into administrative committees and scientific sections is, I am sure, a step in the right direction, but we must constantly bear in mind our avowed aims and objects, and endeavour to make certain that we are keeping in step with progressive psychiatry. If we are to claim the right, as we most assuredly should, to speak with an authoritative voice for psychiatry in this country we must, I feel convinced, each of us cultivate a wider outlook concerning our great specialty. As I see it, the one great failing to which any psychiatrist is prone to succumb is narrowness of vision. It is imperative that we should

each be tolerant of our colleagues' work and aims. Quite clearly we cannot be equally expert in each branch of psychological medicine, but we should be able to appreciate all forms of honest psychiatric endeavour. We hear and read far too much of what can only be fairly described as prejudice in connection with some of the methods of treatment now in use—and prejudice is surely no more than emotionally-toned ignorance or (perhaps less crudely and more politely) insufficient knowledge. I should like to make it quite clear that this criticism applies equally to those whose choice of treatment is predominantly by physical methods as to those whose allegiance is mainly to psychotherapy. In our present stage of knowledge it is surely unwise and unpractical to condemn any form of treatment, carried out with all due care and thought for the patient, which has been shown to achieve beneficial results, merely on the grounds that the way in which such results are brought about is only partly understood. It seems to me of the utmost importance that the psychological and physical ways of approach in the treatment of the varying degrees of behaviour disorder should be available, and that it should be recognized that in a high proportion of cases the two methods are complementary—the one being incomplete without the other. I do most sincerely urge that more use should be made of psychotherapeutic methods, of an elastic kind, in the treatment of the cases in our large mental hospitals. For a psychiatrist to have only one type of treatment to offer is surely specialism of a very inferior variety. One of the aims of the Association should be to encourage and to assist our younger members to visit special treatment centres both at home and abroad, and it is to be hoped that in the near future such valuable additional experience may be obtained far more easily than in the past. We have been too insular in our psychiatric outlook, and we ought to ensure that our rising generation of specialists has a reasonable opportunity of becoming familiar with international psychiatric thought and developments. One plea, however, I do put forward, and that is that their case-reports, papers and indeed their spoken contributions should be in plain English. At the present time some of our younger intellectuals make a point of using hybrid polysyllables of ill-mated classical parentage, the results being unpleasing both in form and sound, and certainly not generally understood. It has been well said that “ unless one is a genius it is best to aim at being intelligible.” It is my opinion that a good deal of the cynicism and prejudice on the part of our medical and surgical colleagues, and also of our legal friends, with regard to matters psychiatric, is brought about by the jargon which finds its way into a certain number of reports signed by psychiatrists. It should be quite possible to describe any case of mental illness using only words to be found in a good English dictionary. I stand firmly for simple language, and I believe that psychiatry will obtain a more sympathetic hearing with the majority of the medical and other learned professions when we speak more plainly. That brings me to the question of our relationship with our professional colleagues; which, I fear, at times tends to be somewhat equivocal and unsatisfactory. It is unfortunately true to say that we are thought by some to make unwarranted claims for psychiatry. It is made plain to us that we should realize that we are only in the process of development, and that we should be content, for the present at any rate, with

a place in the medical world as a minor specialty. I think I cannot do better, in this connection, than quote from the "Memorandum on the Future Organization of the Psychiatric Services," the joint production, issued in 1945, in the preparation of which our Association took a prominent part. I quote, "Where Psychiatry begins and ends has not been settled," and again, "Psychiatry is not a limited specialty. It permeates and influences General Medicine, Surgery, and Obstetrics and Gynaecology." The main difficulty is that in the eyes of some of the older and more conservative of our medical colleagues psychiatry represents simply the treatment of frank cases of mental disorder and of course mainly in mental hospitals or "asylums," which, I regret to say, is still the term used far too often by members of our own profession. It is, therefore, all important that, if possible, we should be able to agree upon a definition which covers the comprehensive modern conception of psychiatry, and at the same time shows its influence on all other branches of medicine. One suggestion, which is surely an over-simplification, has been that psychiatry can be described as "The Personal Aspect of Medicine"—I look upon this as being too vague for our purpose, remembering that it has been said that "A definition is nothing but an abbreviation in which the user of the term defined may please himself!" I venture to put forward as a possibly acceptable solution that "Psychiatry is that branch of medicine which is concerned with the prevention, causation and treatment of deviations of human behaviour." This emphasizes the importance of studying the personality behind the illness, and suggests the contribution which the psychiatric approach may make in cases of somatic illness. On the whole, however, I think that many of us will agree with Edmund Burke, who said, "I have no great opinion of a definition, the celebrated remedy for the disorder of uncertainty and confusion."

"Why is the patient ill?" is, to my mind, a question for which an answer should be sought just as zealously as any other form of investigation. There is a great deal of truth in the old saying that "More patients are ill because they are unhappy than unhappy because they are ill," and it is high time that we gave up dividing illness strictly into the two classes of organic and functional. There is much scope for missionary work in this connection, and I feel that we may have been remiss in the past in not preaching and teaching the importance of the emotional aspect in bodily illness; nevertheless I am persuaded that the younger generation of physicians and surgeons is becoming progressively impressed with the need for a detailed knowledge of the patient's background—home life, employment conditions and social environment—whatever the nature of the symptoms presented may be. This awakening of psychological interest is largely due, I believe, to experience gained in the fighting services and civilian practice will certainly reap the benefit. It is thus becoming established that, however thorough the physical examination of a patient may be, a psychiatric approach is needed as well, and that this may, in a number of cases, provide a clue as to the reasons for the continuance of the patient's invalidism. But we, as professing psychiatrists, must be keenly on our guard lest we become obsessed with the psychogenic view-point and so omit a thorough and careful physical examination of our patients. The anxious subject derives

great confidence from a properly conducted investigation of his bodily symptoms, and without such investigation no course of psychological explanation and reassurance carries much weight or authority. The psychiatrist who disregards the somatic side of the picture is surely not far removed from the ranks of lay psychotherapy. But there is, nevertheless, no doubt that a wise and careful technique is required in the carrying out of the physical examination of the fearful and anxious neurotic. Nothing is more distressingly easy than to suggest additional or exaggerated suspicions or fears of organic disease by a manner which betrays a lack of confidence in one's own findings or by a vague reference to the desirability of further investigation. I feel strongly that the members of the Association have a duty to perform to the general public by spreading the gospel of the modern conception of psychiatry. I am a believer in the dissemination of knowledge—yes, of medical knowledge—which is based on scientific and proven facts. In this field it should be our aim to further the preventive side of psychiatry by instituting lectures and by providing suitable literature for the public. There is accumulating evidence that such enlightenment would be welcomed. Teachers, clergy, parents and adolescents are all groups for whom organized efforts on our part are overdue. For some time past there has been a ready sale for weekly and monthly periodicals exhibited on the bookstalls, which offer short-cut cures for the inferiority complex, blushing, shyness, frigidity and even yet more intimate handicaps at remarkably low cost. My view is that we as psychiatrists should not be content to leave this position as it is. The knowledge of the main fundamental facts concerning the autonomic nervous system and the endocrine glands linked with elementary medical psychology and explained with psychiatric insight would, in my opinion, prove a real buttress to many otherwise vulnerable and susceptible personalities. The opportunity of providing teachers with suitable material for handing on to their adolescent pupils is of particular interest at the present time. With the addition of a year's school life at the most impressionable age (14 to 15 years) for the vast majority of the children, the possibilities of education for character are immense—character being defined as human nature in its highest form.

In these days when broken homes and unfortunate or indifferent parental influence are so common, the duties, obligations and discipline of adult life, if inculcated at all, must in many cases be learnt in school or in social clubs, and the responsibility of the teacher or social leader is very great. I wonder if it is stretching a point too far if we see here the possible clue to the increasing number of adolescent and young adult anti-social personalities which have caused so much concern in the Services. I look upon these young men and women as being sentimentally immature and without any true character formation. They have no sense of altruism, and live on the fringe of society as "lone wolves" prompted by their primitive instincts, but without any allegiance to herd or social tradition. The conscience or moral sense has never developed because there has been no home or other satisfactory guiding influence to produce the necessary training and discipline; indeed one has seen the exact opposite in operation, viz., what may be termed an "immoral sense," highly developed as a direct result of home and parental influence of an unfor-

tunate kind, leading to thieving, lying and sexual laxity. There must surely be hope for reformation of such individuals in a completely changed environment with sympathetic training if sufficient time is allowed for a radical readjustment to social life.

I must confess that I see no justification for the view that there is, in such cases, an inborn defect which prevents the development of the moral sense, and surely it is only in the cases of organic cerebral lesion that the term moral defective can rightly have any application. I realize that a valid criticism of this view regarding the undesirable influences which tend to produce the psychopath is that cases showing strong anti-social tendencies and absence of altruistic feelings may crop up in families where religious and moral principles have always been prominent. The answer, I think, is that these are examples of the effect of frustration and rebellion against authority which has produced strong contra-suggestion, resulting in opposing moral and social beliefs and behaviour. In high social and political circles there have been notable examples of this particular type of black sheep of either sex. Another group of cases from which arise many juvenile and older delinquents is that of the highest grade mental defectives who tend to be so readily suggestible and easily influenced by those whose ethical standards are low. Among Army cases referred for a psychiatric opinion I have found that the high grade defective is frequently tried beyond his powers in the course of modern training, and that this results either in minor delinquency or in vague neurotic symptoms. It is at any rate satisfactory that there is a growing recognition that the psychiatrist may be of assistance in such situations. If we are to make progress in the preventive side of psychological medicine, close co-operation must be maintained with social medicine and our colleagues in public health. We are living in an age of social changes; class and educational differences are being lost, and fresh problems of community life are arising almost daily. Overcrowding and the housing shortage are evident in both town and country, and the temporary prefabricated houses, with hardly a semblance of privacy, are far removed from anyone's idea of "An Englishman's Castle"! The housewife's worries are hardly less than during the war years—queues, rationing and shortages make her day-to-day tasks extremely difficult. Such conditions are the forerunners of feelings of frustration and dissatisfaction, which lead towards neurotic forms of illness. Service pensioners, with some form of psycho-neurotic disability, are finding the housing problem particularly trying and difficult of adjustment, and are thereby handicapped in their progress towards rehabilitation. Loneliness is found in the midst of overcrowding, and this applies to those of all ages. We must all take a share in shouldering social responsibilities. I believe that well organized community centres and social clubs have a great part to play in the prevention of early symptoms of mental disharmony and neuroses. Recreation and relaxation in cheerful and congenial surroundings conduce to positive health, and one of our main aims must be to produce a real desire for fitness and good health and a pride in its possession which will overcome that weakness which grasps at escape into illness. As psychiatrists, who claim to be concerned with behaviour disorders of all types, we have on the whole paid too little attention to the subject of child psychiatry. The

study of maladjustment and emotional instability in childhood should take a leading part in the long-term policy of preventive mental treatment. It must be confessed, however, that there are not at the moment a sufficient number of psychiatrists experienced in this branch to take charge of all the clinics which are required so urgently in many parts of the country. The ideal plan is not for narrow specialism in this field, but for an increasing number of psychiatrists experienced in other directions to take their share of work in the clinics for children and so gain the additional experience gradually. It may well be that in the National Health Service a considerable part of the work of child psychiatry may be undertaken by those who are expert in mental deficiency. Their specialized knowledge has been kept within the confines of institutions and colonies far too long. Under the forthcoming regional planning it is to be hoped that every experienced psychiatrist in the Service will take his or her share of extra-mural duties. Psychiatry has much to gain from regional organization; of that I am convinced. It is quite impossible for medical services to function efficiently in watertight compartments as has been attempted unfortunately in past years. Co-ordination and co-operation to be successful require energy and good will on the part of all concerned. The future of psychiatry, as outlined in our joint memorandum, is in the hands of our younger members and of those who will be taught and guided by them; I look to them with confidence to see that our mental hospitals maintain a steady rate of progress and modernization. For obvious reasons during the war years some retardation was inevitable. Active and vigorous individual treatment for all types of case must be the rule. The idea that a mental hospital is in any way a home for incurables should once and for all be relegated to the past. The best possible type of young practitioner must be attracted to the work. This will be brought about only if the highest clinical standards are maintained. A term of apprenticeship in general practice is, in my opinion, highly desirable before taking up the specialty; in no other way can social conditions be so well studied and the early signs and symptoms of mental illness be so well observed. Indeed much minor psychotherapy is carried out and must continue to be carried out by those practising general medicine; it is well that it should be so, but it emphasizes the importance of the medical student receiving at the hands of his (or her) specialist teachers the broad outlines of modern psychiatry. Specialists in psychiatry are, as yet, too few in number to fill adequately all the posts which will be required in the new service. In the mental hospitals alone a very considerable increase in the numbers of the medical staff—part-time and whole-time—is necessary if the standard of treatment of *all* the patients is to be raised, as it should be, to that obtainable in the best general hospitals. We now have the varied means of treatment at our disposal—psycho-therapeutic, physical, surgical, pharmaceutical, occupational and recreational—and I want to see every ward in a mental hospital an active treatment ward. I hope that it may not be long before those whose only failing is due to the effects of old age are treated and housed in a more suitable place than a mental hospital ward. In the past, for a number of reasons, we have been far too ready to label a case "chronic"; and an aggregation of such cases, which are to a great extent the creation of



their surroundings, has made up a "chronic ward." That is the situation which we must determine to abolish. Given an adequate staff, medical and nursing, of sufficient experience, I see no reason why every individual patient should not be on the *active* treatment list. An Utopian prospect perhaps, but none the worse for that. The nursing question is a very serious one. I feel sure, however, that the more bedside nursing we have to offer, the more student nurses we shall attract. The large wards overcrowded with patients receiving little more than custodial care have acted as a very decided deterrent to the enthusiasm of a young, budding nurse; the facts must be faced, and we can no longer afford for the service to be unpopular. But I have the greatest faith in the present generation of younger (or at any rate less old) psychiatrists. I believe that, speaking generally, their interest in the work is greater than that of the preceding generation largely because of the advances in knowledge and possibilities in treatment and that, as the country's circumstances permit, new mental hospitals will be planned and built with smaller wards suited for continuous and intensive treatment and for a total patient population of not more than a thousand.

The simplification and modernization of the law relating to mental treatment—and especially as to the admission of patients into hospital—is now generally recognized as being over-due, but must still await its turn in the legislative queue. I look forward, however, eagerly to the time when very considerable extension of the use of temporary treatment without judicial intervention is permitted by amendment of the Act.

The responsibilities of our Association and of its individual members will be very considerable as the skeleton plan of the comprehensive Mental Health Service is organized, system by system, until it comes into being as a vivid entity. I believe that the prospects are bright, and that the opportunity of working in close harmony with general medicine is before us.

The pessimists in this country have always been wrong. I am an optimist. As regards psychiatry, "the present interests me more than the past and the future more than the present."

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