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FOUR DECADES OF PSYCHIATRY.

THE PRESIDENTIAL ADDRESS AT THE NINETY-FOURTH ANNUAL MEETING  
OF THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION, HELD IN  
THE MIDDLESEX GUILDHALL, WESTMINSTER, JULY 3, 1935.

By REGINALD WORTH, *O.B.E.*, M.B.,

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MAY I state at the outset that I am deeply sensible of the great honour you have conferred upon me in appointing me your President for the ensuing year? When you very kindly approached me with the invitation to become, so to speak, the reigning master of this august body, I hesitated at first, and the chief deterrent was the writing and delivering of the address. With all due humility, I must confess that pen and paper have never been great friends of mine; I can pretend to no literary or oratorical aspirations, and further, I have never been possessed by an overmastering passion to see myself in print. However, a greater output of mental energy, together with the assistance of a philosophy derived from some considerable experience and from my own maturity, have enabled me to conquer this earlier timidity. In common with every other President, I have automatically to assume the role of dominie, and you have perforce to listen to what I have to say.

I should like to commence with a few words about the county I have the pleasure to serve. In conferring the honour of Presidency upon me, you have at the same time paid tribute to the Middlesex County Council, and my Visiting Committee in particular. The broadminded and progressive policy pursued by the Council has resulted in the gradual evolution of a mental hospital service which, I venture to suggest, compares favourably with that of any other county in the British Isles. As an indication of the alertness and vigilance of this body, I think I am correct in asserting that my hospital was the first to offer beds to the War Office for the purpose of nursing wounded soldiers during the opening phases of the Great War. Secondly, it was the first institution of its kind to enter into a liaison with a general hospital, and the

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experiment has been truly justified, resulting, as it has done, in mutual profit and benefit. I allude to our affiliation with Westminster Hospital. Amongst other valuable considerations is the fact that we are able to avail ourselves of the services of consultants of the first rank in every branch of medicine and surgery, which must obviously contribute in no little extent to the opening up of every therapeutic approach to the mentally afflicted under our care. In my hospital itself I have at my command almost every modern piece of apparatus of diagnostic and therapeutic value, and literally no expense has been spared to bring the institution right up to date, and in keeping with every modern notion, architectural and otherwise, of what a modern hospital should be. Our very new sister ship, Shenley Hospital, recently opened by King George and Queen Mary, goes even a step further from a constructional point of view. Consequently you will agree with me that the public-spirited and progressive attitude of such committees is deserving of the highest praise both from those who observe and from those who take part in the war against mental disorder.

During the sixteen years that I have held the position of Secretary of this Association I have been privileged to sit beside each incoming President, and have had the opportunity of observing his audience *en masse*. As a detached observer I have derived no little amusement from the spectacle presented by some of my colleagues attempting with difficulty to keep awake, and others not so successful, being so overcome that profound slumber has resulted. So much so that I have been forcibly reminded of Pavlov's theory of sleep as a conditioned inhibition resulting from a constant stream of monotonous stimuli. I have assumed—possibly charitably—that consciences have been eased with the consideration that the presidential address must inevitably be published in the Journal of our Association and hence can be read at leisure. Please, I beg of you, do not change your habits in the slightest. Your critical faculty thus being dulled, I shall feel much happier.

The subject of my address is "Four Decades of Psychiatry". As far as possible I shall express my personal views derived from an experience of nearly forty years of intimate association with mental hospitals and their inhabitants. I shall also draw upon my observations of early mental disorder and neurosis obtained from the psychiatric out-patients' department of a large London general hospital which I have the honour to conduct. You must bear with me, therefore, if I tend to discursiveness, since I am no manufacturer of polished periods, and ours is a difficult and recondite subject.

To commence with, I should like to mention one or two salient happenings during my period of office as Honorary Secretary of the Association. I was appointed in 1919, and from that moment life became rather strenuous for me. For example, the first General Nursing Council was appointed in that year, and the question of the nursing of male mental patients by female nurses was much to the fore. Again, in 1920, the first Maudsley Lecture was delivered

by Sir James Crichton-Browne. Our advice was sought on such questions as the treatment of incipient mental disorder, leading up to the formation of the National Council for Mental Hygiene in 1923. Further, in 1925 the Association was honoured by His Majesty the King, inasmuch as permission was granted to us to use the prefix "Royal", and in the following year our Charter was granted and a Coat of Arms issued. Thereafter there occurred a number of significant happenings, all of which added cubits to the stature of the Association, but which I will not detail now. This brings us to 1930, when the late Col. Lord and I represented this Society at the House of Commons when the Mental Treatment Bill was discussed. Since then the Association has gone from strength to strength, and has become the powerful and authoritative body we now know. Needless to say, I am proud of its achievements, and I may say that we are consulted by almost every other important body on all sorts of matters such as research, sterilization, delinquency, child guidance and a whole host of subjects relevant to the present social order.

At the same time I have been able to observe the gradual evolution of mental science, the development of new psychologies and new methods of approach to the mentally afflicted. I have noted the gradual failure of the older academic psychology, which consisted in the main of much metaphysical speculation, and which provided a happy hunting-ground for the philosophers, who delighted in dancing airy dialectics around each other. Again, I have noted the somewhat petulant anger with which the psychiatrists turned from this quite unserviceable psychology towards newer and possibly brighter suns, and yet at the moment, I must confess that I am still not very happy. At the risk of bringing the whole of the elegant fabric of this learned society about my ears, I am going to make a bold statement. I maintain, whilst heartily deploring therapeutic nihilism, that we have advanced but little in the diagnosis and treatment of mental disorder; in fact, I am inclined to the view that some cases that have fallen within my purview have recovered in spite of, rather than because of, the treatment. We are plodding along, some of us desperately in earnest, experimenting with this and that in an empirical fashion, now a new drug and now a new electrical gadget, and so forth, and I express the view, again with all due humility, that I am after all this long time just as bewildered when confronted with a psychosis as I was at the outset of my career. Why and how does it arise? Are we able to benefit this condition any more than, shall I say, fifty years ago? The younger generation may observe and will probably assist in the elucidation of the mysteries which fall under the heading of "psychosis", the causes of which have so far escaped our vigilant watchfulness.

May I digress for a moment from the particular to the general? It has occurred to me that in certain directions the masses are suffering from over-education. Much of so-called psychology is being diffused, the public is being encouraged to purchase pseudo-medical text-books and "Home Doctors"

in fortnightly parts, and in general, is being persuaded into the acquirement of much useless and at times harmful knowledge. The young, therefore, of this generation discourse glibly about complexes, inhibitions and perversions. We have swung right away from the conditions of a decade or two ago, when, to quote from a recent book of my reading, "all women have intuition"—whatever that may be—"are pure at heart, or at least, more sinned against than sinning: parents are always right, clergymen are saints, politicians are sapient statesmen, lawyers are honest, judges unbiased, magistrates humane psychologists, generals are not only gallant but skilled strategists, and millionaires are honourable captains of industry. Sex is taboo, and is made a filthy thing to be practised surreptitiously, to be decried publicly, to be chortled over obscenely in smoke-rooms and boudoirs".

Well, Ladies and Gentlemen, many of our idols have fallen by the wayside, and the tendency of, at any rate, a large proportion of young people these days is towards cheap cynicism and iconoclasm. Is it to be wondered at that neurosis is on the increase? And what of the difficulties encountered in coping with neuropaths, who blithely discourse to you on inferiority complexes and even interpret their own dreams on a sexual basis? It appears to me that there is in these times too little self-discipline, a lack of restraint in conduct and in conversation together with a general loosening of the moral fabric, which is to be deplored. Exhibitions, loose talk, American slang and pornographic pot-boilers are all symptoms of the age, together with a restlessness and a desire always to be doing something resulting in the acquirement of a so-called "kick" out of life. This must inevitably lead to the development of a section of society "whose god is money, and whose minds are little more than greedy receiving sets for all forms of amusement and novelty broadcast by those who cater for the mental ineptitude of the masses". No doubt modern and rapid methods of locomotion are directly contributory, and the young male of this age is rapidly acquiring marked skill in the manipulation of a fast vehicle with one hand. In fact, so pronounced is this factor in these days that young womenfolk describe their conquests in terms of cars; and for that matter, the possession of a car, for preference an extremely low-built and noisy one, gives the young man of to-day a tremendously increased potentiality over his more sober brother who is compelled to travel by the prosaic bus or tram.

We hear, *ad nauseam*, of the stern battle between modernity and Victorianism, and it appears to me that there is no intermediate course between the Scylla of repression and the Charybdis of expression. You will remember, perhaps, that Blake in his *Proverbs of Hell* stated that "He who desires but acts not, breeds pestilence". On the one hand we are told that repression in the predisposed precipitates neurosis, and, on the other, that expression invokes the still small voice of conscience, with its consequential train of disasters, conflict, self-reproach and so forth. The pitfalls of existence in

general, then, are exceedingly numerous ; therefore it behoves us all to tread delicately, like Agag of old.

At this stage I must introduce the subject of psycho-analysis. This topic, I may say, is extremely controversial, and still, after three decades or so, productive of much acrimonious discussion. It appears to me that from our own standpoint as psychiatrists there are numerous temperamental differences amongst us, involving varying degrees of acceptance of psycho-analytic theory. I personally find this new psychology useful from the following point of view. I refer to its dynamic character, and its capacity for elucidation, at least in part, of some of the mysterious ailments of the mind. Accepting some, at any rate, of its postulates, one can now determine a moderately definite mental pathology. Thus one obtains an insight into the mechanism and mode of evolution of neurosis and psychosis, which otherwise would appear to be completely chaotic and devoid of all reason. Unfortunately, the over-emphasis placed on sex matters as the universal cause of all mental difficulties has definitely given offence to certain individuals. May I quote from a recent volume of generalities? " Psycho-analysis may begin with common sense, but ends in a welter of black and beastly magic perfectly attuned to the swamp and jungle values of contemporary art and the knobkerry technique of contemporary politics. According to the psycho-analyst, libido is the governing factor in all life, and folk are rudderless vessels on the sea of desire, mere cattle driven hither and thither by the gad-fly of sex." A trifle caustic and doubtless extreme in the views expressed. Later, this same author writes as follows: " We are a sex-obsessed age, and our notions of life seem to have become stabilized somewhere around the hectic imaginings of puberty "; and further, " We must thank some of the so-called New Psychologists for the transformation of romance into a cause of self-agonized questioning. The rake's progress is surely none the better when it is turned into a course of psychic hygiene, particularly when the cure leaves the soul even unhealthier than it was before ". These, I may say, are the views of an educated layman, and we may take it that this writer has met one or two unfortunate individuals who have been incompletely treated on psycho-analytic lines, with a consequent exacerbation of their symptoms. Undoubtedly it is only too tragically obvious that the psycho-analytic approach to the therapeutics of the psychoses has failed. An acute mental catastrophe is quite inaccessible to mental treatment of this variety. On the other hand, in the milder neuroses and psycho-neuroses, some form of analysis is very useful and sometimes essential. I have endeavoured to include this subject for the sake of the completeness of my review of the development of mental treatment, and shall therefore not dilate upon it further.

I have of recent years been much impressed and disturbed by the notable increase in the amount of adolescent psychosis, and I have been much exercised in my mind as to the cause thereof. We hear a great deal nowadays about

maladjustment, but as long ago as the beginning of this century Wells pointed to the existence of "those ill-adjusted units that abound in a society that has failed to develop a collective intelligence and a collective will for order commensurate with its complexities". So that even long ago this problem was realized, though but dimly. Is it a fact that life is conducted at too great a rate? Would these young people have survived under conditions of greater security? Are there, so to speak, too many stimuli impinging upon the nervous systems of these unfortunates? If we cannot seek the solution to this problem by the invocation of extraneous factors, then we must suppose that we are breeding an increasing number of psychopaths, or—shall I use the more elegant phrase?—those afflicted with constitutional psychopathic inferiority. With regard to the latter, facts for statistics are difficult to ascertain, and when hereditary factors have been discovered, the figures are to a large extent vitiated by the practically universal practice of family limitation. I am inclined to the view, denied by some physicians of eminence but without much psychiatric experience, that the comparatively sudden and exceedingly rapid complications of modern life produce increased strains and stresses which must inevitably be reflected in a large over-production of what Mautz has so aptly called situation psychoses. It is at any rate a regrettable fact that at out-patients I am called upon more and more to deal with cases resembling schizophrenia in their manifestations, one of the phenomena exhibited being delinquency; this, in spite of the rapid development of child-guidance clinics and controlled play centres. With regard to the latter, let us not fall into the error ably expressed in the following: "Go and see what the boy is doing and tell him not to." We must take great care that whilst we are "licking into shape", we do not "lick into deformity". I should like to advise a counsel of moderation. Up to the present, to quote again, "The remarkable toughness of the bourgeoisie in the highly organized societies of the West has enabled that class to cope with the tremendous shocks of modern life". By easy stages we appear to be losing that toughness, and hence neurosis and psychosis have both received a tremendous fillip.

At the other end of the scale I am exercised by the problems relating to involution. One asks oneself with unfailing regularity, "Why does involutional melancholia arise? Why does it not occur more often? How is it that we do not all lose confidence in middle life, relax our relatively insecure grip of life, become depressed and experience the consequent insomnia, become beset with groundless fears and doubts and evolve nihilistic notions? Conditions such as these are not cases for the analysts—of that I am certain. I feel that the problems of involution will eventually be solved in the laboratory. You will notice that I have propounded a number of queries and you are doubtless waiting for replies. Well, the fact is that I have no answer to these pertinent questions, and I am hoping to see the younger members of our craft produce solutions.



And now I should like to mention quite briefly the problems of obsession. I find in my daily contacts with people of all descriptions that phobias and obsessional states of a mild type are very common. As an instance of the kind of chronic fear which I mean, I refer to the terror which some folks have of crossing busy, traffic-laden streets. It appears to be my destiny to meet such afflicted persons in the most unlikely places—for example, at public dinners, where I absorb not only the essentials of the meal, but even peoples' troubles. I am firmly convinced that all such sufferers should seek advice much sooner than is customary with them, and in a large majority of the milder cases I am equally certain that much can be done for them by means of explanation, persuasion and reassurance to provide some relief and mental security.

This brings me to the subject of the nomenclature of mental disorder, and I find it appropriate here to insert a word of criticism. One has only to delve into the literature pertaining to our speciality to find symptoms glorified into diseases. Each discovery of a new phenomenon is hailed as being of world-shaking importance, and is immediately dragged into the realm of psychiatry as a new disease, probably with the name of the observant discoverer incorporated in the title. This is, to my mind, a very weak feature of modern investigation. May I instance the types of dementia præcox enumerated by an eminent psychiatrist as a paradigm of the extremes of futility. I cannot conceive what possible usefulness such piecemeal parcelling up of symptoms can subserve. The reactions of any one individual are legion; consequently a nomenclature built up on a basis of an infinite number of reaction types can lead to nothing but chaos.

Let us now turn to the chemical, biochemical and physical aspects of insanity. It is an undeniable fact, and one that has always impressed itself upon me very forcibly, that the insane patient is ill. He looks ill; and whilst in the throes of uncontrollable excitement, for example, one sees, to be sure but dimly, past the false elation, back to the sickness that is producing this urge, this katabolic pressure. Is it not equally as feasible that whilst psychological factors are not disputed, some toxic situation is present? Please do not mistake me. I am not attempting to resuscitate the septic focus bogey. This particular hare has been well and truly hunted to death, and no useful purpose would be subserved by its resurrection. I refer to the existence of some chemical irregularity, and have only to indicate, by way of example, the profound bodily and mental changes produced by the administration of such comparatively simple substances as thyroxin, adrenaline and insulin to make my meaning clear. With all due respect for the hard-working and earnest searchers after sepsis, I venture to think that mental disorder is a far greater issue than just a response, allergic or otherwise, to the absorption of toxins from some particular organ, whether it be teeth, tonsils, appendix, or any other of the more recent aids to remunerative surgery. Here

the usual argument, hallowed by years and blessed by its vintage characteristics, must naturally reappear. We have all seen hundreds and thousands of individuals with sufficient pus and sepsis in various parts of their organism to float the proverbial battleship; yet, whilst they might show symptoms of physical distress, not one of these folk was, is, or is likely to become insane. Once more the neuronomic delicacy theory emerges, poking its sly head out of the medical conjuror's bag, only to be pushed down into temporary obscurity by the votaries of the anaerobic bacteria and lymphatic response school.

With regard to the future, I feel firmly convinced that better histological methods and further research into structure and function must, and will, contribute vastly to the elucidation of the mysteries of mental disorder which have so far eluded us. Let me make myself quite clear. I have always maintained that success will, in the future, be attained on mechanistic rather than psychological lines, and I feel sanguine that the despised section-cutting will provide fruitful avenues of approach. I have only to point to many brilliant precedents to consolidate my argument. With full realization of my frailty, I find that I am strongly attracted to the organic aspects of our special subject, and whilst I am fully aware of the importance of the psychological features of insanity, I am rather inclined to range myself on the side of those much maligned folk, referred to by Prof. McDougall (whom incidentally we are delighted to see with us to-day), a shade contemptuously, as the "brain-staining" psychiatrists.

Only the distant future can prove us right or wrong, consequently I am quite happy in my choice of allies.

May I say a word or two about endocrines? It is very significant that the two critical epochs of life are fraught with danger; and when the rock of schizophrenia has been successfully negotiated, there are still the quicksands of involutional disorder awaiting to engulf the unwary wayfarer. I need not remind you that endocrine dysfunction gives rise to definite clinical entities, each with a fairly well circumscribed psychiatric colouring. Recent work indicates that the pituitary gland may possibly be the chief ganglion and controlling factor of the endocrine system, producing a number of substances which act as excitants of each of the other glands. Steadily and progressively improved biochemical methods are unearthing the secrets of these glands. I need but refer to the recent magnificent researches leading to the isolation of the gonadal secretions, with the consequent shedding of much light upon the functions and physiology of the generative glands. To use a trite but not inappropriate adage, a chain is as strong as its weakest link. It is obvious therefore that any breakdown in the endocrine system must give rise not only to changes characteristic of malfunction of the defective organ, but must lead to other more subtle and elusive effects due to the upset of the delicate interrelationships extant amongst this group of organs. It follows further that, taking these glands together, the permutations and combinations of types of



dysfunction must give origin to numerous varieties of disability, the whole forming a mass of endocrine dyscrasia of which we have but barely penetrated the crust. Therein lies a tremendous and fruitful field which it behoves us carefully to investigate, without, however, falling into the error of which at least one psychiatrist is guilty, namely, that of giving these wretchedly over-worked glands the credit for the production of every crime in the psychopathological calendar; and with this I must conclude this section of my address.

As regards occupation therapy, may I say very briefly that I am convinced of its value and importance in the rehabilitation of the psychotic, but I feel that it has already been exhaustively discussed, so that I shall pass on.

• And now I must make mention of the brighter side of our work, namely, the recovery-rate. I do not hold to the view that the presence of hallucinations and even delusions necessarily militate entirely against discharge from hospital. At Springfield our discharge-rate is fairly high—in the vicinity of 50%. This high figure largely results from the fact that I regard the question of discharge from a social rather than from a legal point of view. If it is possible to rehabilitate an individual so that he becomes capable of returning to his original employment for as short a period as three months, I feel that something has been accomplished, inasmuch as the burden upon the community is reduced by just the cost of that period in hospital—that is to say, in a large proportion of cases. It is our endeavour to return patients to their proper sphere adequately equipped to carry out their own particular tasks. We do not in any way pretend to perform miracles of readjustment or resocialization. Unlike correspondence courses which turn office-boys into admirals with the aid of twelve postal lessons, we cannot turn an artisan, for example, into a Labour peer, but we can return him to his plumbing, bricklaying or what not, sufficiently recovered to carry on an independent existence without the ægis of the hospital. He may not be perfectly well according to our alleged standards of intelligence, but for that matter, we are still quarrelling over the definition of the latter word; so that I propose to continue this policy, which, so far, has proved eminently practical and successful. In point of fact, my medical officers and I often encounter folk in all walks of life, and in particular the relatives of our own patients, who are much more eccentric and difficult than the patients themselves. As an example of this situation, one of my colleagues told me of the very great difficulty he experienced recently in trying to explain very patiently to an anxious wife, not overburdened with pyramidal cells, that G.P.I. was not a milk-borne disease. That, however, is only by the way.

The concluding part of this address will consist of a review of mental hospital policy, with particular reference to administration. Until quite recently it has been customary to regard each mental hospital as a more or less self-contained unit. So far all hospitals have been constructed on a similar architectural and geographical plan, and roughly speaking, consist of acute and chronic wards. I remember, at our meeting last year, Dr. Yellowlees

advocated the segregation of the two main conditions in different buildings. As far as I am able to recollect, this suggestion did not exactly meet with a unanimous or enthusiastic response. It was felt, possibly, that the removal of probable chronic cases to a chronic hospital was a step in the wrong direction and indicative of therapeutic failure. It was also implied that such cases tend to gravitate into a slough of chronicity and neglect. Chronic cases there are and always will be, in spite of any sententious statements to the contrary. I do not admit that elaborated and established delusional states and dementias are in any way neglected. We have, in addition to our main hospital at Springfield, an annexe at Malden, which houses some 250 of such cases, and I maintain positively that they are equally as well nursed and treated, from both a medical and a psychiatric standpoint, as are the acute cases in the main hospital. This, then, can be regarded as a successful experiment. If recovery should take place, and a certain number of patients, particularly of the chronic depressed type, do eventually recover, such patients are immediately returned to the convalescent wards of the main hospital. Therefore I must confess to a sneaking regard for the establishment of centralized admission hospitals and treatment centres. This, however, is a question which is at the moment, so to speak, *sub judice*.

One word now in conclusion. There is a move on foot to oust the medical superintendent from his position as head of affairs in his own hospital. Various suggestions have been put forth with reference to the provision of lay directors or managers of mental hospitals. Furthermore, certain bodies connected with the Public Health Services are seeking to obtain administrative power in such mental hospitals. Added to this there is an insidious but very definite desire on the part of certain individuals to deprive visiting committees of their statutory powers, which, whether intended or merely incidental, must lead to the bringing of medical administration under the control of lay central officials. We have all experienced the effects of centralization and local bureaucratic methods, and I, for one, regret their advent.

There is something inhuman and machine-like about bureaucracy which bodes ill for the welfare of our patients. The standard of excellence of personal contacts depends very greatly upon the general contentment of the staff upon whom they are dependent. Robot administration, in my view, cannot be reconciled with psychological medicine, the practice of which must remain in the hands of medically trained and experienced individuals. I make a plea, therefore, for the retention of the *status quo*, which produces excellent results—results not to be improved upon by officialdom and red tape.

Before I conclude, I should like to make the suggestion that there should be more reciprocity between, at any rate neighbouring, local authorities. This, I feel, is particularly essential with regard to the admission of voluntary patients, and of the very acute cases necessitating the use of the urgency order. It should be possible for a patient to submit himself for treatment at the

nearest mental hospital irrespective of the domiciliary conditions. Surely the matter of cost could easily be adjusted, and this should not prove an insurmountable obstacle to the provision of a privilege which would go a long way towards establishing the happiness and contentment of those in need of rest and treatment.

Finally, Ladies and Gentlemen, I wish again to thank you most sincerely for the honour you have done me, and which I regard as the culminating point of my career. I thank you also for having borne with me so patiently, and for so tolerantly allowing me to ramble on in this disconnected fashion.

I quite realize that I have given you no concrete facts, have told you nothing new, but have just indulged in an orgy of criticism. For this I beg forgiveness, and on that apologetic note I must now close.