Editorial

NEEDED REFORMS IN PSYCHIATRY AND NEUROLOGY

That there has been considerable progress in psychiatric work and education in this country in the last ten or fifteen years few will deny. But much more remains to be done. It is not that future progress need wait upon research—the knowledge and the precedents are there if we like to make use of them. But there are certain important points in which psychiatric practice is not yet abreast of the best continental and American standards.

There have even been some elements in the change of recent years which have not been altogether desirable. Alone of specialists among doctors, practitioners of the psychological aspect of medicine seem to find it necessary to lecture to sections of the public on the ultimate details of their specialty. It would not be thought desirable that a general physician or surgeon should expound the intimate working of the diseased organism; but it seems to be thought beneficial to dissect publicly the development of certain morbid attitudes of mind. This is a very doubtful policy, the more so as such lectures are apt to be attended largely by those whose curiosity is already morbid, or whose preliminary education along scientific and psychological lines is quite insufficient to enable them to listen to the lecture critically. It seems that lectures to the general public should be devoted not to itemized personal experience, but to general considerations such as the importance of healthy upbringing, of parental affection, reasonable education in certain matters at the right age, and knowledge of the earlier signs of mental illness. It would also be desirable to inform people where to go for reliable advice if nervous or mental illness appears to be developing or has already definitely
appeared, and to offer perhaps some elementary instruction in the attitude towards, and management of, those already ill.

This would be education of a useful kind and a source of information which the general public could assimilate without mental dyspepsia either regurgitant, bulimious, or flatulent.

The psychiatric education of doctors, both students and postgraduates, demands further attention. The recent curriculum conference focussed attention on the psychiatric education of the medical student; but the recommendations fell short of what some at least think is indispensable. The addition of lectures on psychology in the preclinical period will, of course, help; and the recommendation that clinical demonstrations should be less of mental hospital material and more of the commoner types and degrees of mental illness met with in practice is also wise. But nothing helps the student more in any subject than personal contact with patients. Undoubtedly the best thing to advance his psychiatric education is to see the individual patient at the out-patient department or the bedside. The latter will usually be out of the question until psychiatric clinics are built at general hospitals. The former could be arranged for a high percentage of, or in fact for all, students. At a large medical school with, say, a hundred students passing through per annum it would be possible to arrange that each student had approximately twelve three-hour sessions in the out-patient department. It is a pity that the curriculum conference did not recommend that this should be compulsory.

As regards postgraduate students, the consequences and implications of the diploma in psychological medicine have to be considered. At present the standard of general education and psychiatric information possessed by those passing the examination cannot be regarded as very high. The diploma has come to be looked on by many candidates, quite naturally, as a means of obtaining the extra £50 per annum awarded by most mental hospital authorities to those candidates who have the diploma. There is some evidence too that the diploma is open to abuse in that those who pass the examination feel naturally entitled to claim special knowledge of what might be called consulting quality, although the requirements
of the diploma as regards actual psychiatric experience are not great. It is worth considering whether the real value of the diploma should not be increased, so that anyone holding it must have had a standard of training in the basic sciences of psychiatry as well as in psychiatry itself considerably in advance of that professed by the majority of candidates of the present day. This requirement could be met by something equivalent to the tutorial system, requiring fairly close contact with teachers of psychiatry and others experienced enough to have a critical attitude towards the basic psychiatric sciences such as psychology. At present owing to the denial of facilities for study-leave a high percentage of the candidates are denied access to special tuition of this kind under such auspices for any length of time. But there will be great practical difficulty in raising the standard of postgraduate psychiatric education until the establishment at various university centres throughout the country of what has been advocated before in these pages, viz. psychiatric clinics including not only out-patient departments, but a considerable number of beds, as an integral part of the large teaching hospitals. Along with the establishment of such clinics should go the institution of chairs of psychiatry—and fulltime chairs preferably. It is an interesting fact that there is not a single such professorial post in this country. The Medical Research Council has lately been endowing psychiatric research more liberally; it is worth considering whether the funds available might not even more profitably be devoted to the endowment of one or two professorial chairs.

While in the diploma of psychological medicine the would-be psychiatrist must profess some knowledge of neurology, there is no corresponding converse arrangement for neurologists to make sure that they will profess some knowledge of psychiatry. Yet as a result of the popular misunderstanding of the term ‘nerves’ the ‘organic’ neurologist will continue to see a fair proportion of ‘functional’ nervous conditions whether he likes it or not; and if he undertakes to treat these it seems desirable that there should be some method of ensuring that he is properly trained to do so. Again the solution seems to be the provision of psychiatric clinics in the medical schools so that proper facilities for adding in this way to his training
will be readily available to the budding neurologist. It would then become a matter of conscience that he should avail himself of these opportunities until such time as a diploma in neurological medicine may appear to be indispensable.

In taking a wide view of the reforms that are needed in psychiatry the conditions under which patients reach the psychiatrist, or reach mental hospitals, cannot be left out of account. The legal reforms in the Mental Treatment Act of 1930 have undoubtedly helped considerably, but they do not go far enough, as Professor G. K. Henderson pointed out in his recent Norman Kerr Memorial Lecture. We are still gravely handicapped by the conditions under which certain types of unstable person have to be dealt with. The legal requirements of certification at present are such that unless the patient is obviously mentally ill in cross section, as it were—that is, on interviewing him—it may be quite impossible to certify him. No real allowance is made under the existing law for the scientific aspect of the matter, and indeed scientific is synonymous in this case with the practical aspect, viz. the actual history of the patient. He may have shown himself incapable of living an ordinary life, and may be ruining his family—as, for example, the chronic alcoholic often does. It is obviously not only necessary for the welfare of his dependents but also for himself that some measure of control should be legally exercised over him. Even the method of signing a voluntary letter which is the necessary prelude to the admission of a voluntary patient to a mental hospital or licensed house is a sufficient deterrent to many. The mere existence of this proviso, which again would not be necessary if it were a matter of admission to a psychiatric clinic, accounts to a considerable extent for the large number of small mental homes conducted away from official auspices. Again, if psychiatric clinics existed as part of general hospitals there would be no necessity for having regulations for the admission of patients there in any way different from the regulations which govern admission to the other parts of the hospital. The present policy of the Board of Control is naturally to foster the interests of their own institutions and to advocate the building of admission wards in the grounds of mental hospitals. These are excellent in
themselves but cannot be regarded as in any way a satisfactory substitute for the psychiatric clinics here advocated.

There are other minor reforms which would tend to facilitate this treatment of mental illness, e.g. removal of the term 'certificate' from the 'urgency order' so that the so-called stigma of certification would be completely dissociated from the 'urgency order.' The latter could then be used as the Board of Control advocates it should be used, viz. as a means of securing observation temporarily until the matter can be definitely decided one way or the other.